

How to Submit the Second Review of Applications Report in CNP Verification Reporting



Health and Nutrition Services
Arizona Department of Education





Disclaimer

This training was developed by the Arizona Department of Education (ADE) Health and Nutrition Services Division (HNS). The content in this training is intended for professionals operating one or more USDA Child Nutrition Programs in Arizona under the direction of ADE. The information in this training is subject to change. Attendees are encouraged to access professional development materials directly from the training library to prevent use of outdated content.

Intended Audience

This How-To-Guide is intended for **School Food Authorities (SFAs)** operating the **National School Lunch Program (NSLP)** who are required to conduct a second review of the initial eligibility determinations for all household applications.

Objectives

At the end of this training, attendees should be able to:

- know why certain SFAs are required to complete the second review of applications;
- comprehend what the second review of applications entails and how to conduct the second review activities;
- implement best practices on how to obtain second review documentation;
- be able to successfully log in to CNP Verification Reporting; and,
- understand how to submit the Second Review of Applications Report in CNP Verification Reporting.

TRAINING HOURS

Information to include when documenting this training for Professional Standards:

Training Title: How to Submit the Second Review of Applications Report in CNP Verification Reporting

Key Area: 3000 - Administration

Learning Code: 3110

Length: 30 minutes

Eligibility Manual for School Meals Determining and Verifying Eligibility



USDA USDA Food and Nutrition Services
Child Nutrition Programs

July 18, 2017

The instruction within this Online Course is based on guidance from USDA's Eligibility Manual For School Meals, 2017.

It is recommended to review this manual in addition to reviewing this course for complete guidance on processing and verifying household applications.

[Click here](#) to access the manual.

Quiz Time



Throughout this guide, there will be comprehension quiz questions to test your knowledge and help you apply what you're learning. Be sure to review these quiz questions and answers available within the guide.

The question mark icon below will indicate a comprehension quiz question.



Table of Contents

Section 1: The Second Review of Applications	7-18
Section 2: Documenting Changes and Application Counts	19-21
Section 3: Completing the Second Review of Applications Report	22-26

The Second Review of Applications

SECTION 1



High Administrative Risk and Error

The second review of applications is required for School Food Authorities (SFAs) who have demonstrated a high amount of errors or risk during an Administrative Review (AR) in areas of eligibility determinations on household applications, certification, and/or verification.

The Healthy, Hunger-Free Kids Act of 2010 adapted this final rule in hopes to aid in the integrity of the Child Nutrition Programs and reduce future potential administrative errors.

Conducting the Second Review

The Arizona Department of Education (ADE) will alert SFAs required to conduct the second review of applications via email at the beginning of the school year.

When SFAs are required to conduct the second review, they must re-evaluate the initial eligibility determinations made by the original determining official on all household applications that were processed as free, reduced-price, and paid.

- The confirming official or the person who conducts this re-evaluation, must be someone other than the original determining official and is required to be trained on how to process household applications.
- Please note that re-evaluations of household applications must be done using the current year's Income Eligibility Guidelines (IEGs).

Re-Evaluation of Applications

The confirming official must confirm that the following have been completed on the initial application determination:

- Signature of an adult household member
- Last four digits of a Social Security Number (or an indication of “none”)
- Names of all household members, including the children for whom the application is made
- Indication of:
 - the income received by the household as a whole; or
 - the applicable Assistance Program and case number; or
 - the applicable program, for applications based on Other Source Categorical Eligibility.

Quiz Time

What is the Second Review of Applications?

- A** An extra review that the State Agency is required to conduct for SFAs who have demonstrated a high level of error associated with eligibility benefits.
- B** When the SFA is required to conduct a second review of applications using the previous year's IEGs.
- C** A review conducted by the SFA that requires a re-evaluation of the initial eligibility determinations.



Quiz Time

What is the Second Review of Applications?

- A** An extra review that the State Agency is required to conduct for SFAs who have demonstrated a high level of error associated with eligibility benefits.
- B** When the SFA is required to conduct a second review of applications using the previous year's IEGs.
- C** A review conducted by the SFA that requires a re-evaluation of the initial eligibility determinations.

The Second Review of Applications is completed by SFAs who are required to conduct a re-evaluation of applications after the initial eligibility determinations have been made. This re-evaluation must be done using the current year's IEGs and is required to be done prior to informing the household of their eligibility benefits.



Applications Certified Correctly

For applications that were found to be certified correctly as either free, reduced-price, or paid during the re-evaluation will simply need to be signed and dated by the confirming official. Please see the highlighted fields in the example below:

STEP 1

List ALL infants, children, and students up to and including grade 12 in your household (If more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of household members. Migrant or Runaway are eligible for free meals.

Child's First Name

MI

Child's Last Name

School Name

Household Size

Number of Children

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI? Circle one: Yes / No

If you answered NO - Complete STEP 3

If you answered YES - Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

File to the back of this application and receive the clearly titled "Sources of Income" for more information.

The "Sources of Income for Children" sheet will help you with the Child Income Section.

The "Sources of Income for Adults" sheet will help you with the Adult Household Members Income Section.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Child's GROSS income

How often?

B. All Adult Household Members (including yourself)

List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)

GROSS Income from Work

How often?

Public Assistance/Child Support/Alimony

How often?

Pensions/Paid Retirement/All Other Income

How often?

C. Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

STEP 4

Contact information and adult signature

Mail Completed Form to: INSERT SCHOOL/DISTRICT MAILING ADDRESS

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of adult completing the form

Today's date

Printed name of adult completing the form

Daytime Phone and Email (optional)

Street Address (if available)

Apartment #

City

State

Zip

OFFICE USE ONLY

Eligibility: Free Reduced Denied

Determining Official's Signature

Date

Case # Application Foster Application Directly Certified: Date of Disregard

Income Application

Household Size

Total Income

Per: Week Bi-Weekly (Every 2 Weeks) 2x Month Monthly Annual

Selected For Verification: Confirming Official's Signature

Date

Follow-Up Official's Signature

Date

INSERT SCHOOL/DISTRICT MAILING ADDRESS

OFFICE USE ONLY

Eligibility: Free Reduced ☒ Denied

Determining Official's Signature: Mona Randle

Date: 9/5/24

☐ Case # Application ☐ Foster Application ☐ Directly Certified: Date of Disregard:

☒ Income Application

Household Size: 4

Total Income: \$49,400

Per: ☐ Week ☐ Bi-Weekly (Every 2 Weeks) ☐ 2x Month ☐ Monthly ☒ Annual

☐ Selected For Verification: Confirming Official's Signature: Dave Clarke

Date: 9/6/24

Follow-Up Official's Signature: _____

Date: _____

Applications Certified Incorrectly

Applications that were found to be certified incorrectly as either free, reduced-price, or paid during the re-evaluation will still need to be signed and dated by the confirming official, but the change in eligibility status will need to be documented and corrected. Please see the highlighted fields in the example below:

Insert School Year Application for Free and Reduced-Price School Meals
Complete one application per household. Please use a pen (not a pencil).
Dave Clark 9/16/24

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Homeless, Migrant, Runaway
Eric		Smith		☐
Rebecca		Smith		☐
				☐
				☐
				☐
				☐

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI? Circle one: Yes / No
If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

Are you unsure what income to include here?
Flip to the back of this application and review the charts titled "Sources of Income" for more information.
The "Sources of Income for Children" chart will help you with the Child Income Section.
The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.
Child's GROSS income: \$ _____
How often? Weekly ☐ Bi-Weekly ☐ In Month ☐ Months ☐

B. All Adult Household Members (including yourself)
List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work	Public Assistance/Child Support/Alimony	Pensions/Retirement/All Other Income
John Smith	\$ 200	\$ 500	\$
Emma Smith	\$ 500	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

C. Total Household Members 4
Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: XXXX 8142 Check if no SSN ☐

STEP 4 Contact information and adult signature Mail Completed Form to: **INSERT SCHOOL/DISTRICT MAILING ADDRESS**

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of adult completing the form: Emma Smith Today's date: 9/1/24
Printed name of adult completing the form: _____ Daytime Phone and Email (optional): _____
Street Address (if available): _____ Apt # _____ City _____ State _____ Zip _____

OFFICE USE ONLY
Eligibility: Free ___ Reduced ___ Denied ___
Determining Official's Signature: _____ Date: _____
☐ Case # Application ☐ Foster Application ☐ Directly Certified: Date of Disregard: _____
☒ Income Application
Household Size: 4
Total Income: \$49,400 Per: ☐ Week ☐ Bi-Weekly (Every 2 Weeks) ☐ 2x Month ☐ Monthly ☒ Annual
☐ Selected For Verification: Confirming Official's Signature: _____ Date: _____
Follow-Up Official's Signature: _____ Date: _____

An application was originally certified as denied but was found incorrect because of a calculation error. The application was changed to reduced on 9/6.

Dave Clark 9/16/24

INSERT SCHOOL/DISTRICT MAILING ADDRESS

OFFICE USE ONLY
☐ Error Prone

Eligibility: Free ___ Reduced ☒ Denied ☒
Determining Official's Signature: Mona Randle Date: 9/5/24

☐ Case # Application ☐ Foster Application ☐ Directly Certified: Date of Disregard: _____
☒ Income Application
Household Size: 4
Total Income: \$49,400 Per: ☐ Week ☐ Bi-Weekly (Every 2 Weeks) ☐ 2x Month ☐ Monthly ☒ Annual
☐ Selected For Verification: Confirming Official's Signature: Dave Clarke Date: 9/6/24
Follow-Up Official's Signature: _____ Date: _____

General Requirements of the Second Review

- All applications, regardless of their original eligibility determination, received on or before October 31, are required to be re-evaluated.
- The second review must be conducted prior to the household being notified of their eligibility determination.
- The second review cannot delay the application from being processed in a timely manner.
- Regardless of the second review, the SFA is required to notify the household of the child's eligibility determination no later than 10 operating days after receiving the application.

Reporting the Results of the Second Review

To fulfill all requirements of the second review process, the *Second Review of Applications Report* must be submitted to ADE.

- All applications that were submitted to the SFA on or before October 31 must be included in the report.
- The *Second Review of Applications Report* will be available for submission in CNP Verification Reporting each year by November 16.
- The final due date for the *Second Review of Applications Report* is February 1.
- It is recommended to submit the Second Review Report prior to the final due date to avoid a late submission.

Quiz Time

Which applications are required to be included in the second review?

- A** All applications that are reviewed on or prior to October 31st for the current school must be included.
- B** All applications that have been reviewed in past year must be included.
- C** Only 3% of applications that are reviewed on or prior to October 31st for the current school year must be included.



Quiz Time

Which applications are required to be included in the second review?

- A** All applications that are reviewed on or prior to October 31st for the current school must be included.
- B** All applications that have been reviewed in past year must be included.
- C** Only 3% of applications that are reviewed on or prior to October 31st for the current school year must be included.

It is important for LEAs to include all applications that are reviewed on or prior to October 31st in the second review. This should aid LEAs who have demonstrated a high level of error to increase their accuracy of certifying meal benefits.



Documenting Changes and Application Counts

SECTION 2



Collecting the Required Data

It is important for the SFA to document any changes that occurred during the re-evaluations to ease the burden of collecting this data at the time the report is being submitted.

A tool has been created to assist SFAs in obtaining this data. Please note that this tool is not required if the SFA prefers to document their application information using a different method.

- To locate the [Second Review Aggregate Tool](#), [click here](#).

Department of Agriculture, Food and Nutrition Service Local Educational Agency Second Review of Applications Template							
State agencies must report the information on this form ANNUALLY (by March 15th) for all local educational agencies (LEAs) selected to conduct a second review of applications required under 7 CFR 245.11(b)(1)(i-iv).							
This is a DRAFT TEMPLATE to be used as an optional tool that may help State Agencies and LEAs understand the data more clearly before entering it on the official FNS-742a spreadsheet. State Agencies are not required to use this format, but may use it in training if they find it helpful. It may also be helpful to LEAs in collecting the information manually before adding it to a spreadsheet.							
State Agency:		SFA/LEA ID:		SFA/LEA NAME:		School Year: From: 20__ To: 20__	
1-1: Total number of schools in LEA:				1-2: Total number of enrolled students in LEA:			
1-3: Total number of applications: <i>Report all applications subject to second review</i>				1-4: Total number of applications with changed eligibility determinations: <i>Report all applications resulting in a changed determination due to the second review process</i>			
1-5: Results of Second Review by Initial Eligibility Determination For each initial eligibility determination (A, B, & C), report the number of applications for each result category (1, 2, & 3), and error-source categories (a, b, c, & d).							
A. FREE- Determined as FREE based on application		B. REDUCED PRICE- Determined as REDUCED PRICE based on application		C. PAID- Determined as PAID based on application			
1. NO CHANGE:		1. NO CHANGE:		1. NO CHANGE:			
2. Changed to REDUCED PRICE:		2. Changed to FREE:		2. Changed to FREE:			
a. Incomplete application error:		a. Incomplete application error:		a. Incomplete application error:			
b. Categorical eligibility error:		b. Categorical eligibility error:		b. Categorical eligibility error:			
c. Gross income calculation error:		c. Gross income calculation error:		c. Gross income calculation error:			
d. Other error:		d. Other error:		d. Other error:			
3. Changed to PAID:		3. Changed to PAID:		3. Changed to REDUCED PRICE:			
a. Incomplete application error:		a. Incomplete application error:		a. Incomplete application error:			
b. Categorical eligibility error:		b. Gross income calculation error:		b. Categorical eligibility error:			
c. Gross income calculation error:		c. Other error:		c. Gross income calculation error:			
d. Other error:				d. Other error:			

Data Collection Checklist

To successfully submit the Second Review of Applications Report, ensure that the following information is collected throughout the year when household applications are being processed and certified:

- Total number of applications
- Total number of applications that changed eligibility determinations by category of free, reduced, and paid (if any)
- The reason for the change in eligibility; ex: incomplete application, income calculation error, etc.

Regardless of how this information is collected, SFAs will want to keep track of this information while each household application is processed to ensure that submitting the *Second Review of Applications Report* is simple and organized.

Completing the Second Review of Applications Report

SECTION 3



The Second Review of Applications Report

As a reminder, the *Second Review of Applications Report* must be submitted to ADE in the ADEConnect Application - CNP Verification Reporting.

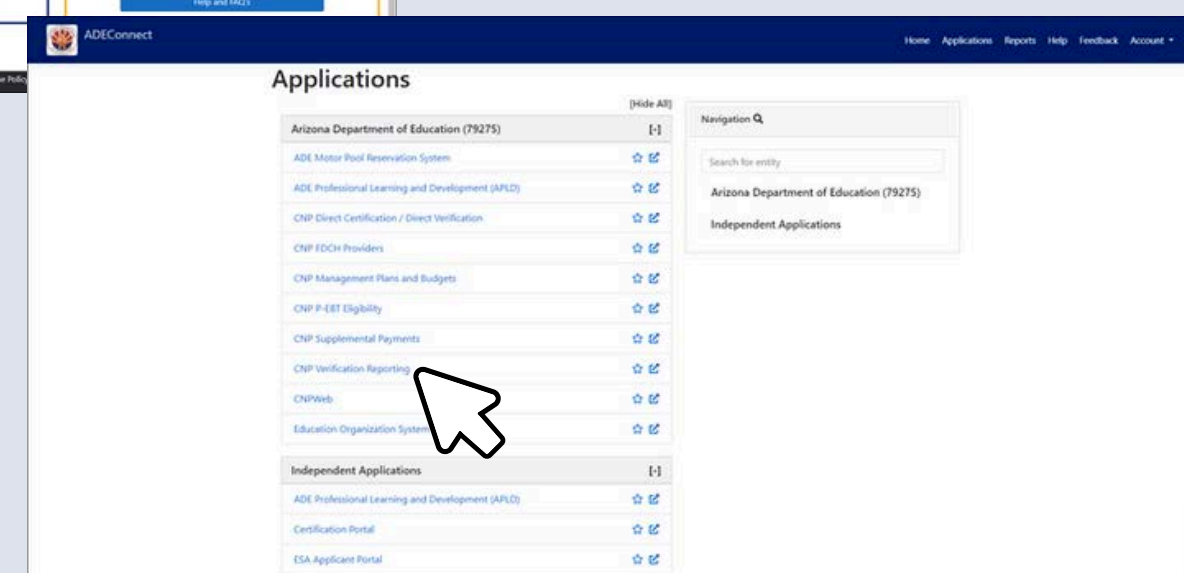
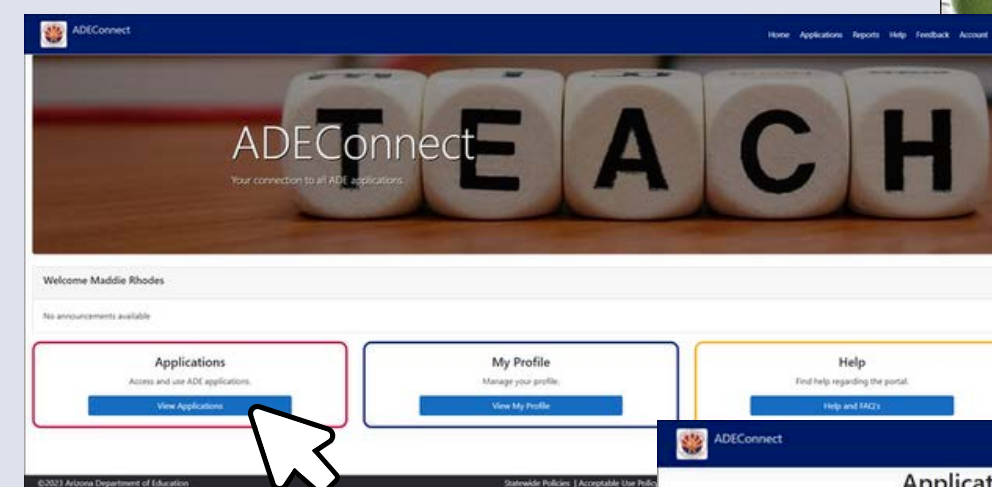
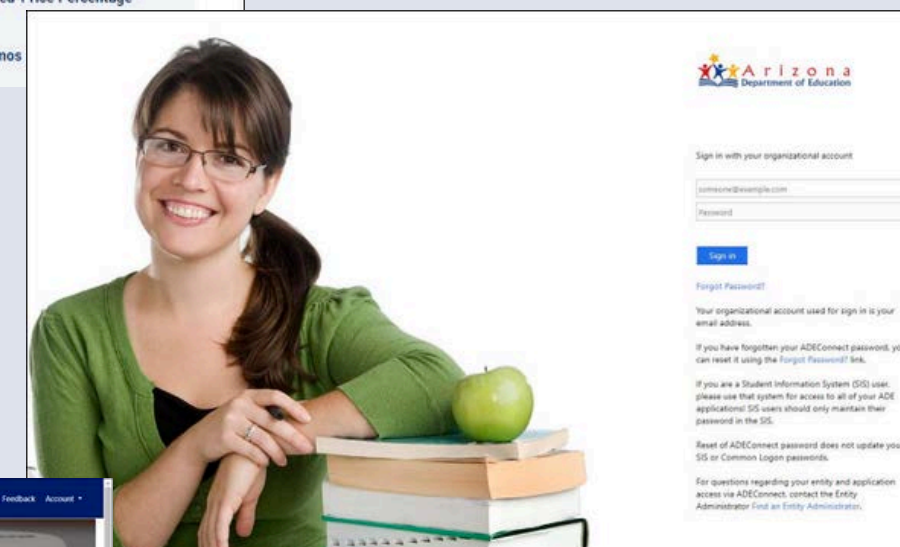
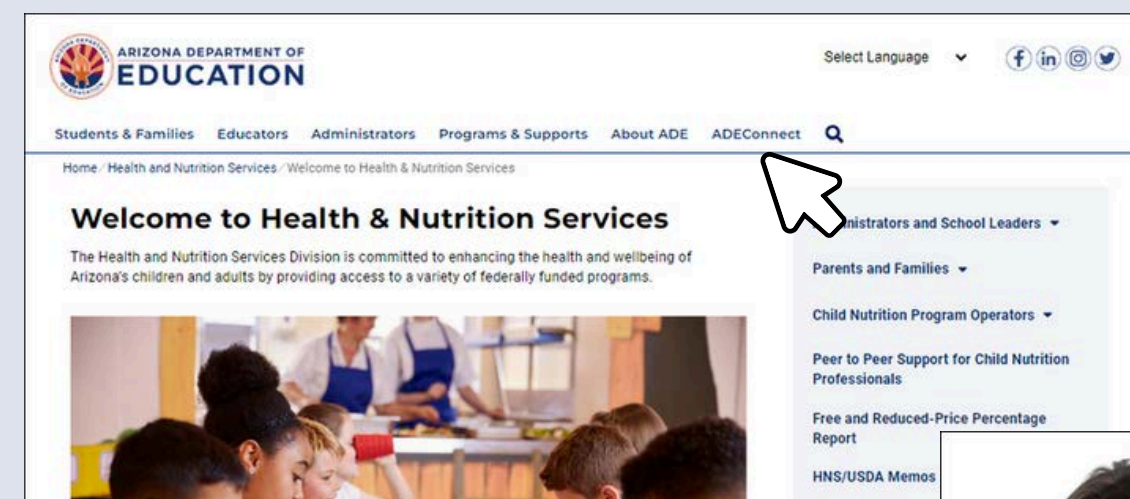
Reminders of Key Reporting Dates:

- The *Second Review of Applications Report* will be available for submission in CNP Verification Reporting each year by November 16.
- The final due date for the *Second Review of Applications Report* is February 1.

The following slides will review accessing and submitting the report in CNP Verification Reporting.

ADEConnect

- 1 Utilizing Google Chrome, go to any ADE webpage: www.azed.gov/hns
- 2 Click **ADEConnect**.
- 3 The system will either log you in automatically or you will need to enter your username and password.
- 4 Click **View Applications**.
- 5 Select **CNP Verification Reporting**.



CNP Verification Reporting

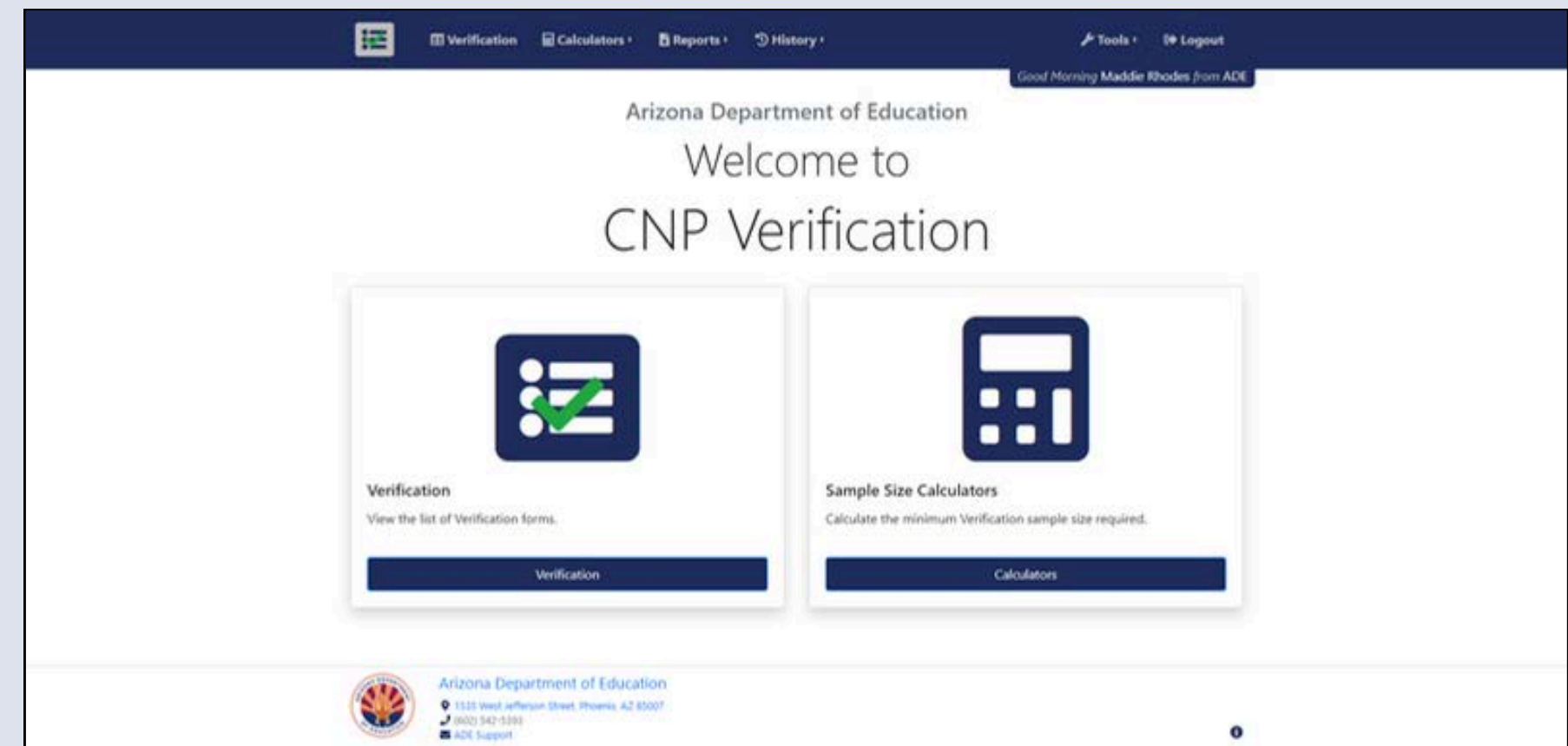
The **CNP Verification Reporting** application will load.

Next, select **Verification**.

You have successfully logged into CNP Verification, and Step 1 of your Verification Summary Report (VSR) will load.

Complete the prompted steps until you have arrived at question SR1-1.

**Note, this is the same page that will load when you are submitting the VSR. Ideally, the user will complete the VSR with the Second Review of Applications.*



Step 1 of 23:
Step Is Required

Total schools and Residential Child Care Institutions (RCCI)

Description:
Total schools and RCCIs

Instructions:
View, confirm and enter the number of NSLP schools and RCCIs. Click 'Save & Continue' after you've entered the information.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

[View Summary Report](#)

[Back](#) [Next](#) [Reject](#) [Approve](#)

Second Review of Applications Report

The Second Review of Applications Report will be completed on pages 19 through 22.

Once you have completed all required pages within both reports, click **Submit to ADE**.

The user can choose to save or submit their report to ADE. By saving their work, they can return to it later to make edits as necessary.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

[View Summary Report](#) [Back](#) [Next](#) [Save](#) [Submit to ADE](#)

Number	Question	Value	CNPWeb
SR1-1	Total number of schools in LEA	6	
SR1-2	Total number of enrolled students in LEA	1764	
SR1-3	Total number of applications Report all applications subject to second review	404	
SR1-4	Total number of applications with changed eligibility determinations Report all applications resulting in a changed determination due to the second review process	23	

Approved

Sponsor Name ASU Preparatory Academy (07-85-46-000) **Status** Approved

Description CNP Verification for All Sponsors TEST **Second Independent Review of Applications is Required**

Instructions TEST

Step 23 of 23: **Step Is Required**

Verification Completestest 12-09-19 KM

Description: **Congratulations! You have completed your Verificationtest 12-09-19 KM**

Instructions: **If there are no validation errors listed you can now submit the Verification to ADE.test 12-09-19 KM**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

[View Summary Report](#) [Back](#) [Next](#) [Save](#) [Submit to ADE](#)

CONTACT US

If you have a question or require additional assistance, please contact your assigned specialist or contact HNS.



602-542-8700



ContactHNS@azed.gov



www.azed.gov/hns





Congratulations

**You have completed the Online Course:
How to Submit the Second Review of Applications
Report in CNP Verification Reporting.**

Information to include when documenting this
training for Professional Standards:

Training Title:
**How to Submit the Second
Review of Applications
Report in CNP Verification
Reporting**

**Key Area: 3000 –
Administration**
Learning Code: 3110
Length: 30 Minutes

Please note, attendees must document the amount of training hours
indicated on the training despite the amount of time it takes to complete it.

Certificate

Requesting a training certificate

Please click the button to complete a brief survey about this online training. Once the survey is complete, you will be able to print your certificate of completion from Survey Monkey.



Information to include when documenting this training for Professional Standards:

Training Title:
**How to Submit the
Second Review of
Applications**

Key Area: 3000 – Administration
Learning Code: 3110
Length: 30 minutes

Please note, attendees must document the amount of training hours indicated on the training despite the amount of time it takes to complete it.





In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.