

VERIFICATION SUMMARY/RECORDKEEPING

Date Selected: _____

Selection Method:

Response Due: _____

☐ Error Prone

☐ Random

Second Notice Sent: _____

☐ Focused

Date Reduction/Termination Notice Sent: _____

SNAP/TANF/FDPIR Household Confirmed:

Income Household:

☐ SNAP/TANF/FDPIR Office

☐ Direct Verification

Income/Frequency: \$ _____

☐ Wage Stubs

☐ Written Documents

☐ Collateral Contacts

☐ Agency Records

☐ Other: _____

Not Confirmed:

☐ Eligibility not confirmed

Verification Result: Attach another sheet if more space is needed.

☐ No Change ☐ Reduced to Free ☐ Free to Reduced ☐ Ineligible

Family members affected and date change is made: _____

Name/Date

Name/Date

Name/Date

Name/Date

Reason for Change:

☐ High Income

☐ SNAP/TANF/FDPIR Eligibility Not Confirmed

☐ Refused to Cooperate

☐ Other

☐ N/A

Comments:

Signature of Verifying Official: _____ Date: _____