

## Local Educational Agency Second R

OMB APPROVED NO. XXXX-XXXX

Expiration Date: 03/31/2017

Form: FNS-742A

According to the Paperwork  
OMB control number. The  
minutes per response, inc

State Agency	SFA/LEA ID	SFA/LEA Name	School Year From	School Year To
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## Review of Applications Report

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB number for this collection is 0584-0026. The time required to complete this information collection is 15 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

<b>1-1. Total Number of Schools in LEA</b>	<b>1-2. Total Number of Enrolled Students in LEA</b>	<b>1-3. Total number of applications (Report all applications subject to second review)</b>	<b>1-4. Total number of applications with changed eligibility determinations (Report all applications resulting in a changed determination due to the second review process)</b>	<b>1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 1. NO CHANGE</b>
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<b>1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 2. Changed to REDUCED PRICE</b>	<b>1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 2. Changed to REDUCED PRICE a. Incomplete application error</b>	<b>1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 2. Changed to REDUCED PRICE b. Categorical eligibility error</b>	<b>1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 2. Changed to REDUCED PRICE c. Gross income calculation error</b>	<b>1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 2. Changed to REDUCED PRICE d. Other error</b>
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<b>1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 3. Changed to PAID</b>	<b>1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 3. Changed to PAID a. Incomplete application error</b>	<b>1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 3. Changed to PAID b. Categorical eligibility error</b>	<b>1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 3. Changed to PAID c. Gross income calculation error</b>	<b>1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 3. Changed to PAID d. Other error</b>
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<b>1-5B. Results of Second Review by Initial Eligibility Determination Benefit Type: REDUCED PRICE 1. NO CHANGE</b>	<b>1-5B. Results of Second Review by Initial Eligibility Determination Benefit Type: REDUCED PRICE 2. Changed to FREE</b>	<b>1-5B. Results of Second Review by Initial Eligibility Determination Benefit Type: REDUCED PRICE 2. Changed to FREE a. Incomplete application error</b>	<b>1-5B. Results of Second Review by Initial Eligibility Determination Benefit Type: REDUCED PRICE 2. Changed to FREE b. Categorical eligibility error</b>	<b>1-5B. Results of Second Review by Initial Eligibility Determination Benefit Type: REDUCED PRICE 2. Changed to FREE c. Gross income calculation error</b>
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<b>1-5B. Results of Second Review by Initial Eligibility Determination Benefit Type: REDUCED PRICE 2. Changed to FREE d. Other error</b>	<b>1-5B. Results of Second Review by Initial Eligibility Determination Benefit Type: REDUCED PRICE 3. Changed to PAID</b>	<b>1-5B. Results of Second Review by Initial Eligibility Determination Benefit Type: REDUCED PRICE 3. Changed to PAID a. Incomplete application error</b>	<b>1-5B. Results of Second Review by Initial Eligibility Determination Benefit Type: REDUCED PRICE 3. Changed to PAID b. Gross income calculation error</b>	<b>1-5B. Results of Second Review by Initial Eligibility Determination Benefit Type: REDUCED PRICE 3. Changed to PAID c. Other error</b>
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<p>1-5C. Results of Second Review by Initial Eligibility Determination Benefit Type: PAID 1. NO CHANGE</p>	<p>1-5C. Results of Second Review by Initial Eligibility Determination Benefit Type: PAID 2. Changed to FREE</p>	<p>1-5C. Results of Second Review by Initial Eligibility Determination Benefit Type: PAID 2. Changed to FREE a. Incomplete application error</p>	<p>1-5C. Results of Second Review by Initial Eligibility Determination Benefit Type: PAID 2. Changed to FREE b. Categorical eligibility error</p>	<p>1-5C. Results of Second Review by Initial Eligibility Determination Benefit Type: PAID 2. Changed to FREE c. Gross income calculation error</p>
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<b>1-5C. Results of Second Review by Initial Eligibility Determination Benefit Type: PAID 2. Changed to FREE d. Other error</b>	<b>1-5C. Results of Second Review by Initial Eligibility Determination Benefit Type: PAID 3. Changed to REDUCED PRICE</b>	<b>1-5C. Results of Second Review by Initial Eligibility Determination Benefit Type: PAID 3. Changed to REDUCED PRICE a. Incomplete application error</b>	<b>1-5C. Results of Second Review by Initial Eligibility Determination Benefit Type: PAID 3. Changed to REDUCED PRICE b. Categorical eligibility error</b>	<b>1-5C. Results of Second Review by Initial Eligibility Determination Benefit Type: PAID 3. Changed to REDUCED PRICE c. Gross income calculation error</b>
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**1-5C. Results of Second  
Review by Initial  
Eligibility Determination  
Benefit Type: PAID 3.  
Changed to REDUCED  
PRICE d. Other error**

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### Additional Instructions for Reporting the FN 5-742a

For LEAs selected to conduct the second reviews of applications, enter the State agency name, either the LEA or SFA identification code (only one code needed), name of LEA or SFA, and the appropriate school year.

**1-1:** Total number of schools within LEA.

**1-2:** Total number of enrolled students in LEA.

**1-3:** The total number of reviewed applications (includes all applications, **both those determined eligible and ineligible** in the initial application review). Value should equal the sum of the categories (1-4 + 1-5A1 + 1-5B1 + 1-5C1).

**1-4:** The total number of applications in the LEA whose eligibility determinations changed as a result of the Second Review of applications. This includes the count of changes in eligibility determinations for all applications, **both those determined eligible and ineligible** in the initial application review. Value should equal the sum of the categories (1-5A2(a-d); 1-5A3(a-d); 1-5B2(a-d) 1-5B3(a-c); 1-5C2(a-d); & 1-5C3(a-d)).

**1-5: This section captures information about the results from the second review of applications. All applications reported in 1-3 must be reported in this section (e.g. applications that were determined ELIGIBLE and INELIGIBLE during the INITIAL application review).**

For each initial eligibility determination (**A, B, & C**), report the number of applications for each result category (**1, 2, & 3**). For applications with a change in initial eligibility determination, report the number of applications in each error source category that resulted in the eligibility determination change (only report in one error source category for each application). In some scenarios, one or more of the error sources may not be relevant. Error sources are as follows:

**Incomplete application errors** include: lack of application signature, lack of SSN (last four digits), missing income value for household member(s), missing case numbers (i.e. SNAP), and other missing information that is necessary for an eligibility determination.

**Categorical eligibility errors** include: invalid case numbers/identifiers, categorical eligibility claims known to be false, and invalid categorical standards. **Gross income calculation errors** include: incorrectly calculating household size, incorrectly determining the frequency of receipt of income, not converting multiple income sources to annual income, not counting the child in the list of household members or counting the child twice, incorrect arithmetic, misclassifying reportable income, and other income computation errors.

**Other errors** include: any errors that are not included in the other categories that caused a change in eligibility determination or benefit level during the second review of applications.

**A1, B1, & C1:** The total number of applications, by initial eligibility determination, that did not result in a change in eligibility determination or benefit level.

**A2:** The total number of applications Determined as FREE during the initial review of applications that changed to REDUCED PRICE due to the second review. Value should equal the sum of the error source categories under 1-5A2 (a, b, c, & d).

**A2a-d:** The number of applications with changes in eligibility determination by each error source.

**A3:** The total number of applications Determined as FREE during the initial review of applications that changed to PAID due to the second review. Value should equal the sum of the error source categories under 1-5A3 (a, b, c, & d).

**A3a-d:** The number of applications with changes in eligibility determination by each error source.

**B2:** The total number of applications Determined as REDUCED PRICE during the initial review of applications that changed to FREE due to the second review. Value should equal the sum of the error source categories under 1-5B2 (a, b, c, & d).

**B2a-d:** The number of applications with changes in eligibility determination by each error source.

**B3:** The total number of applications Determined as REDUCED PRICE during the initial review of applications that changed to PAID due to the second review. Value should equal the sum of the error source categories under 1-5B3 (a, b, & c).

**B3a-c:** The number of applications with changes in eligibility determination by each error source.

**C2:** The total number of applications Determined as PAID during the initial review of applications that changed to FREE due to the second review. Value should equal the sum of the error source categories under 1-5C2 (a, b, c, & d).

**C2a-d:** The number of applications with changes in eligibility determination by each error source.

**C3:** The total number of applications Determined as PAID during the initial review of applications that changed to REDUCED PRICE due to the second review. Value should equal the sum of the error source categories under 1-5C3 (a, b, c, & d).

**C3a-d:** The number of applications with changes in eligibility determination by each error source.

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SFA identification code (only one

ble in the initial application review).

review of applications. This includes  
n the initial application review. Value

ported in 1-3 must be reported in this

& 3). For applications with a changed  
eligibility determination change (only  
not be relevant. Error sources are as

income value for household  
ility determination.

o be false, and invalid categorical  
etermining the frequency of receipt of  
sehold members or counting the child

ility determination or benefit level

change in eligibility determination or

to REDUCED PRICE due to the second

to PAID due to the second review.

t changed to FREE due to the second

t changed to PAID due to the second

to FREE due to the second review.

to REDUCED PRICE due to the second