Attachment N.15. Eligibility Certification and Benefit Issuance Error Worksheet (SFA-1)

This information is being collected from State agencies, school food authorities, schools. This is a revision of a currently approved information collection. The Richard B. Russell National School Lunch Act (NSLA) 42 U.S.C. § 1758, as amended, authorizes the National School Lunch Program (NSLP). This information is required to administer and operate this program in accordance with the NSLA. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0006. The time required to complete this information collection is estimated to average 47.5 hours of reporting burden per response. The burden consists of the time it takes for the State agency to conduct the off-site portion of the review which includes scheduling of the review and the completion of the Off-site Assessment, Resource Management Risk Indicator, and Site Selection Tools. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0006). Do not return the completed form to this address.

OMB #0584-0006
Expiration Date xx/xx/20xx

Administrative Review
Eligibility Certification and Benefit Issuance Error Worksheet INSTRUCTIONS

GENERAL COMMENTS	This form is used to record errors identified during the review of certification and benefit issuance. Only list errors related to reviewed students in the certification and benefit issuance sample. Other household members certified or issued benefits in error whose eligibility or benefit issuance must be corrected are listed on *Other Eligibility Certification and Benefit Issuance Error Worksheet* , SFA-2 The worksheet must be completed regardless of the certification and benefit issuance review method used. Provide a copy to the SFA no later than the exit conference. If the reviewer did not identicy errors, check [X] N/A
SFA	Enter the name of the School Food Authority
[ ] 100%	Check if 100% of the free and reduced price eligible students were reviewed
STUDENT	The student's name or other identifier such as a student identification number or application number is recorded in this space. When an identifier other than the student's name is used, adequate information must be provided to the SFA/school to identify the student(s) in error for corrective action purposes.
SFA ELIGIBILITY DETERMINATION	Enter the studen't eligibility status from the point of service benefit issuance document, free (F), or reduced-price (R)
APPROVAL DATE	If there is no date on the eligibility certification document, attempt to determine the date or approximate date of approval. This may be accomplished by asking the individual(s) responsible for the maintenance of the documents to provide an approval date, or by using the date the application was signed by the parent or received by the SFA/school. If direct certification, enter the date the certification was made. If it is not possible to determine an approval date, the document is considered valid for the time period being reviewed. In those situations where the approval date is not known, enter a dash (-) in the space.
DIRECT CERTIFICATION	Check [1] if the student was directly certified.
ELIGIBILITY BASED ON DOCUMENTATION	**Check [1]** if the student was determined eligible for free meal benefits based on migrant, homeless, runaway, Headstart, foster child, or EvenStart status
TYPE OF ERROR	**Check [1]** the categories which identify(ies) each type of application or benefit issuance error. More than one error may be identified for a student.
APPLICATIONS - MISSING INFORMATION	**Check [1]** the category (missing information. Incomplete application errors include missing child or household name (CH HH NM), lack of adult signature (AD SIG), lack of social security number last four digits (SS#), missing income amount or source (INC AMT SRC), missing case numbers (CS#), or other missing information) that is necessary for an eligibility determination.
APPLICATIONS - MISCATEGORIZED	**Check [1]** as applicable Miscategorized applications include: incorrectly calculating household size, incorrectly determining the frequency of reciept 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. Indicate the miscategorization, F/R, F/D, R/D or R/F.
BENEFIT ISSUANCE ERRORS	**Check [1]** as applicable Compare the eligibility certification documents (i.e. household applications, direct certification, other categorically eligible student documentation) to the benefit issuance document(s) used at the point of service to ensure students are receiving the benefits for which they were approved. An error exists when a free or reduced-price student is listed on the benefit issuance document in an eligibility category other than the category for which that student was approved, regardless of the correctness of the approval, or the SFA does not have proper documentation for a student receiving free or reduced-price benefits.
PS 1 VIOLATIONS	Indicate the correct level of benefits for each student as follows: F -> R; F -> **P**; R -> **P**; R -> F. Total and transfer to the Fiscal Action Workbook, Block 2.
DATE OF CORRECTION	Technical assistance and corrective action will be required for all certification and benefit issuance errors. Corrective action will be applied to all schools to ensure that previously deficient practices and procedures are revised system-wide.
[1] IF VERIFIED	**Check [1]** if the student's application was verified. This application may count towards the 10% verification sample.
DATA SUMMARY	Sum total the columns related to eligibility certification and benefit issuance errors. **The data summary row includes a formula to tabulate all entry in the rows above in the tab. Any modifications made may affect the totals.** The total **recorded on other forms to include the SFA-3** should include all SFA-1 worksheet pages used during the eligibility cerification and benefit issuance review.
COMMENTS	Enter appropriate comments related to eligibility certification, benefit issuance, and corrective action
COUNT OF REVIEWED STUDENTS	A. Enter SFA's count of reviewed students certified for free and reduced-price meals by category. Transfer these counts to the Fiscal Action Workbook, Block 1. B. Enter the SA's validated count of reviewed students certified for free or reduced-price meals by category. Transfer these counts to the Fiscal Action Workbook, Block 2. C. Enter the SA's count of reviewed student errors. Divide by the total number of reviewed students. Multiply result by 100 to determine the error percentage. If the SFA's percentage in error is 10% or more; the SFA will be required to conduct an Independent Review of Applications during the subsequent school year. D. Indicate by the drop down box whether the SFA has exceeded the 3% error threshold.

ADMINISTRATIVE REVIEW

SFA-1

Eligibility Certification and Benefit Issuance Error Worksheet

SFA Name:

		1. Eligibility Certification Errors												2. Benefit Issuance Errors				3. PS 1 Violation		[ ] if 100%
					A. Applications - Missing Information					B. Applications - Miscategorized						Paid, Received:		Pick Violation: F -> R, F -> P, R -> P, R -> F		
Student Name	Eligibility Status (F/R)	Approval Date	[1] if Directly Certified	[1] if Eligible by Documentation	Child or Household Name	Case Number	Income Amount or Source	Social Security # (last 4 digits)	Adult Signature	Free / Reduced	Free / Paid	Reduced / Paid	Reduced / Free	Reduced received Free	Free received Reduced	Free	Reduced		Date of Correction	[1] if verified
DATA SUMMARY (Total for each Column)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0

If the application has missing information only, do not check any boxes under miscategorization

Comments:

Reviewer: _____ Page: _____ of _____

4. COUNT OF REVIEWED STUDENTS

A. SFA count of reviewed students	B. SA count of reviewed students	C. Independent Review of Applications Calulator
Free: _____ Reduced Price: _____	Free: _____ Reduced Price: _____	÷ # of reviewed students: _____ Error Percentage: _____

Yes
No