

# Verification Collection Report (VCR)

## Detailed Instructions



**COLORADO**  
Department of Education

### VCR Overview

The VCR is required by the United States Department of Agriculture (USDA) to be completed annually by all participating School Food Authorities (SFAs). The School Nutrition Unit (School Nutrition) reviews the submissions of the VCR for accuracy prior to submitting the final report to USDA. All VCRs are due to School Nutrition by no later than February 1<sup>st</sup>.

This resource provides detailed instructions on how to accurately complete the VCR. For questions, contact [free&reducedpriceschoolmeals@cde.state.co.us](mailto:free&reducedpriceschoolmeals@cde.state.co.us).

### What will you need to complete the VCR?

- Total enrolled students (in participating sites) as of 10/31
- Number of directly certified students (by qualify type) as of 10/31
- Number of current year applications (categorical, free income, reduced income) as of 10/1
- Number of students on current year applications as of 10/31
- Number of error-prone applications as of 10/1
- Number of applications selected for verification; as well as any selected for verification for cause
- Results of verification

### Completing the VCR

Login to the CO Child Nutrition Hub: <https://cde.cnpus.com/codoe/Splash.aspx>. Select **Applications, Verification Report, Current School Year**.

Fill in contact information for person completing the VCR.

#### General Information

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Type of Organization: Public

#### Verification Contact Information

1. Name:	Salutation <input type="text"/>	First Name <input type="text"/>	Last Name <input type="text"/>
2. Email Address:	<input type="text"/>		
3. Phone:	<input type="text"/>	Ext: <input type="text"/>	Fax: <input type="text"/>
4. Title:	<input type="text"/>		

**Section 1:** If you are not a RCCI, only complete line 1-1. If you are a RCCI, complete only lines 1-2, 1-2a, 1-2b accordingly. All requested data is as of Oct. 31<sup>st</sup>. Do not include students in the Special Milk Program or students attending non-participating sites.

**Section 1 - Total Schools, Residential Child Care Institutions (RCCIs), and Enrolled Students**

All SFAs must report Section 1.

Report schools or institutions operating the NSLP and/or SBP as of the **last operating day in October**.

	A. Number of Schools OR Institutions	B. Number of Students
<b>1-1 Total schools (Do not include RCCIs):</b>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>1-2 Total RCCIs (Do not include schools counted in 1-1):</b>	<input type="text" value="0"/>	<input type="text" value="0"/>
1-2a RCCIs with day students (Report ONLY day students in 1-2aB):	<input type="text" value="0"/>	<input type="text" value="0"/>
1-2b RCCIs with NO day students:	<input type="text" value="0"/>	<input type="text" value="0"/>

Pre-populates

**Section 2 Provisional Programs ONLY:** If you operate the Community Eligibility Provision (CEP) or Provision 2, complete Section 2. All requested data is as of Oct. 31<sup>st</sup>. If you **do not operate** the mentioned provisions, skip to section 3.

**Section 2 - SFAs with schools operating alternate provisions**

Only SFAs with alternative provisions must report Section 2.

Report schools or institutions operating the NSLP and/or SBP as of the **last operating day in October**.

	A. Number of Schools AND Institutions	B. Number of Students
<b>2-1 Operating Provision 2/3 in a BASE year for NSLP and SBP:</b>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>2-2 Operating Provision 2/3 in a NON BASE year for NSLP and SBP:</b>	<input type="text" value="0"/>	<input type="text" value="0"/>
2-2a Provision 2/3 students reported as FREE in a NON BASE year:		<input type="text" value="0"/>
2-2b Provision 2/3 students reported as REDUCED PRICE in a NON BASE year:		<input type="text" value="0"/>
<b>2-3 Operating the Community Eligibility Provision (CEP):</b>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>2-4 Operating other alternatives for NSLP and SBP:</b>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>2-5 Operating an alternate provision(s) for only SBP or only NSLP:</b>	<input type="text" value="0"/>	<input type="text" value="0"/>

- 2-1A: Enter the number of schools that are on Provision 2 for both lunch and breakfast and that are in a base year.
- 2-1B: Enter the number of students in just the schools that are on Provision 2 for both lunch and breakfast and that are in a base year.
- 2-2A: Enter the number of schools that are on Provision 2 for both lunch and breakfast and that are in a non-base year.
- 2-2B: Enter the number of students in just the schools that are on Provision 2 for both lunch and breakfast and that are in a non-base year.
- 2-2aB: Only SFAs with schools on Provision 2 for both lunch and breakfast in a non-base year should answer this question. Multiply the free claiming percent by the number of students reported in 2-2B.

- 2-2bB: Only SFAs with schools on Provision 2 for both lunch and breakfast in a non-base year should answer this question. Multiply the reduced claiming percent by the number of students reported in 2-2B.
- 2-3A: SFAs with schools on the CEP will enter the number of schools on the CEP.
- 2-3B: SFAs with schools on the CEP will enter the number of students in schools on the CEP.
- 2-4A & B: These boxes will be 0s.
- 2-5A: This box will be completed only by SFAs operating Provision 2 for just breakfast (not lunch) for either a base year or non-base year. Enter the number of schools on Provision 2 for just breakfast.
- 2-5B: This box will be completed only by SFAs operating Provision 2 for just breakfast (not lunch) for either a base year or non-base year. Enter the number of students in schools on Provision 2 for just breakfast.

**Section 3:** Complete section 3 for non-provisional sites and participating sites only. All requested data is as of Oct. 31<sup>st</sup> and will include: students matched in the online direct certification system, extended eligible, liaison lists (county foster lists, homeless, Head Start, migrant) and applications completed by a school official.

**Section 3 - Students approved as FREE eligible NOT subject to verification**

All SFAs must report Section 3 or check box 3-1 if applicable.

Report students approved FREE eligible as of the **last operating day in October**.

ONLY CHECK box if provisional district-wide or RCCI – all residential

**3-1** Check the box only if all schools and/or RCCIs in the SFA were not required to perform direct certification **with SNAP** (i.e. NON BASE year Provision 2/3 or CEP for all schools).

**B. Number of FREE Students**

**3-2 Students directly certified through Supplemental Nutrition Assistance Program (SNAP):**  
Do **not** include students certified with **SNAP** through the letter method.

**3-3 Students directly certified through other programs:**  
Include those directly certified through Temporary Assistance for Needy Families (**TANF**), Food Distribution Program on Indian Reservations (**FDPIR**), or Medicaid (if applicable); those documented as homeless, migrant, runaway, foster, Head Start, Pre-K Even Start, or non-applicant but approved by local officials.

**DO NOT include SNAP students already reported in 3-2.**

**3-4 Students certified categorically FREE eligible through SNAP letter method.**

Include students certified for free meals through the family providing a letter from the **SNAP** agency.

- 3-2: Directly certified SNAP and extended eligible SNAP – these students will have been matched in the online system by 10/31 as SNAP, BOTH or SNAP/MIGRANT. Report these students here only, even if on an application. Also include extended eligible SNAP.
- 3-3: Directly certified by other programs – these students have been matched in the online system by 10/31 as TANF or MIGRANT. Report these students here only, even if on an application. Also include extended eligible TANF. 3-3 will also include all students who are homeless, migrant, runaway, foster on a list from the county (or on documentation other than an application), are directly certified with FDPIR or students on an application completed by school officials as of 10/31.
- 3-4: SNAP letter method only applies to households providing SNAP agency documentation to qualify. They did not complete an application and are not directly certified.

**Section 4:** Complete section 4 for all current year free and reduced-price meal applications. Column A are applications only as of Oct. 1st. Column B are students on applications (categorical, free income, reduced income) as of Oct. 31st.

## Section 4 - Students approved as FREE or REDUCED PRICE eligible through a household application

ALL SFA collecting applications must report Section 4. Report number of applications (A) approved as of October 1st. Report number of students (B) as of the last operating day in October.

- 4-1 Approved as categorically FREE Eligible.** Based on those providing documentation (e.g. a case number for SNAP, TANF, FDPIR on an application).
- 4-2 Approved as FREE eligible.** Based on household size and income information.
- 4-3 Approved as REDUCED PRICE eligible.** Based on household size and income information.

October 1	October 31
A. Number of Applications	B. Number of Students
0	0
0	0
0	0

- Column A – APPLICATIONS as of October 1st.
- Column B – STUDENTS as of October 31st.
- 4-1 will include foster only applications and case number applications that were not directly certified.

## Section 5: Report verification results

- 5-1 Check the box if ALL schools and/or RCCIs are exempt from verification.** (See instructions for list of exemptions.)

[Instructions](#)

ONLY CHECK box if provisional district-wide or RCCI – all residential

- 5-2 Was verification performed and completed?**

- Yes, completed by November 15th
- Yes, completed after November 15th
- No, verification was NOT performed or the process was not completed

- 5-3 Type of Verification process used:**

- Standard (Lesser of 3% or 3,000 error-prone)
- Alternate one (Lesser of 3% or 3,000 selected randomly)
- Alternate two (Lesser of 1% or 1,000 error prone applications PLUS lesser of one-half of one percent or 500 applications with SNAP/TANF/FDPIR case numbers)

- 5-4 Total ERROR PRONE applications:**

Report all applications as of October 1st considered error prone.

- 5-5 Number of applications selected for verification sample:**

ALL SFAs must report 5-7 or check box 5-6 if applicable.

- 5-6 Check the box if direct verification was not conducted in the SFA** (i.e. not one of the schools and/or RCCIs in the SFA performed direct verification). **If 5-6 is checked, skip 5-7.**

CHECK this box. Colorado does not conduct direct verification. 5-7 will then grey out.

- 5-7 Confirmed through direct verification:** Report if FREE and/or REDUCED PRICE eligibility is confirmed through direct verification with SNAP/TANF/FDPIR/MEDICAID as of November 15th.

Applications	Number of Students
0	0

- 5-2 Was verification performed and completed? This is referencing the verification process, not the completion of this report. Do not answer, “No, verification was NOT performed or the process was not completed.”
- 5-3 Type of verification process used: Indicate which sample size was used. Alternate sample sizes must have an assurance on file.

- 5-4 Error Prone: Enter the total number of error prone applications as of October 1st (i.e., within \$100 monthly or \$1,200 annually of the free or reduced thresholds). This includes ALL error-prone applications, not the applications within your sample size.
- 5-5 Number of applications selected for verification sample: Enter the number of applications verified (not including those verified for cause). This is your sample size, chosen from all approved applications as of close of business October 1, rounded up to the nearest whole number. Remember, to include applications that were selected for verification and then were later directly certified.

**5-8 Results of Verification by Original Benefit Type**

For each original benefit type (A, B, & C), report the number of applications and students as of November 15th for each result category (1, 2, 3, & 4).  
Do NOT include students and applications already reported in 5-7A or 5-7B (direct verification applications and students).

Result Category	A. FREE-Categorically Eligible Certified as FREE based on SNAP/TANF/FDPIR documentation (e.g. case number) on application		B. FREE-Income Certified as FREE based on income/household size application		C. REDUCED PRICE-Income Certified as REDUCED PRICE based on income/household size application	
	a. Applications	b. Students	a. Applications	b. Students	a. Applications	b. Students
<b>1. Responded, NO CHANGE:</b>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>2. Responded, Changed to REDUCED PRICE / FREE:</b>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>3. Responded, Changed to PAID:</b>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>4. NOT Responded, Changed to PAID:</b>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

**VC-1 Total questionable applications verified for cause** (Enter "N/A" if not applicable): Report the number of applications as of November 15th verified for cause in addition to the verification requirement.

- Columns A, B and C: What was the original status of the application?
- Rows 1, 2, 3, and 4: Did the household respond? Did the status change? Record the application and number of students on that application in correct column (original status) and row (how did they respond?).
  - For example, if a verified application was originally free based on income, and it changed to paid as a result of responding to the verification process, it would be listed in Column B (Free-Income) for the original status and in Row 3 (Responded, Changed to Paid) for the result. **Do not include applications selected for verification that became directly certified. Contact School Nutrition to report verified applications that later became directly certified.**
- VC-1: applications verified for cause as of November 15<sup>th</sup>. These are questionable applications outside of the required sample pool verified for cause. The results are to be recorded in table 5-8.

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## Submitting the VCR

- Once you have completed the VCR, click on the red Save button at the bottom of the form.
- If the system recognizes any errors, it will prompt you to return to the form to make these corrections.
- Once corrections are made, click on Save again.
- If the system does not find any errors, it will display a message that the VCR has been processed. Click on Finish.
- The Verification Report screen will show a status of Submitted.