SFA Verification Collection Report For School Year: 2017 - 2018

	91-SN-01-CS erican Indian Mo o	dal Schaols						
	12th St.	dei Schools						
Oakla CD:	and, CA 94607							
Vend	or #: C88200							
Gen	eral Information							
Туре	of Organization: B. (Charter School						
Veri	fication Contact In	formation						
		Salutation	First Name		Last Name			
1.	Name:	Ms. ▼	Tiffany		Tung			
2.	Email Address: 🤹	ttung@aimscl	hools.org					
3.	Phone:	(510) 613-87	01 Ext: 23	F	ax:			
4.	Title:	Data, Accoun	tability, and Operat	ions Coord	dinator			
			Due Date: Ja	nuary 1	5, 2018			
Inst	tructions							
	JALLY, each SFA, incl kfast Program (SBP)							
	rements, must comp			III. AII SI A	s, including	JI AJ WICH C	an schools exempe i	rom vermeation
NOTE	E: SFAs that are Spec	cial Milk Only are	e exempt from filing	g an SFA \	Verification	Collection R	eport.	
Sect	tion 1 - Total Sch	ools, Residen	ntial Child Care I	nstitutio	ons (RCCI	s), and Ei	nrolled Students	;
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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. 3-1 Check the box only if all schools and/or RCCIs in the SFA were not required to perform direct certification with CalFresh (i.e. NON BASE year Provision 2/3 for all schools) **B.** Number of **FREE Students** 3-2 Students directly certified through CalFresh: 119 Do **not** include students certified with **CalFresh** through the letter method. 3-3 Students directly certified through other programs: 147 Include those directly certified through California Work Opportunity and Responsibility to Kids (CalWorks), Food Distribution Program on Indian Reservations (FDPIR), Medi-Cal (eligible for free meals only); those documented as homeless, migrant, runaway, foster, Head Start, Pre-K Even Start, or non-applicant but approved by local officials. DO NOT include CalFresh students already reported in 3-2. 3-4 Students certified categorically FREE eligible through CalFresh letter method. 0 Include students certified for free meals through the family providing a letter from the CalFresh agency. B. Number of **MEDI-CAL Students** MP-1 Students directly certified through Medi-Cal for FREE meals. 144 MP-2 Students directly certified through Medi-Cal for REDUCED-PRICE meals. 27 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. A. Number of **B.** Number of **Applications** Students 4-1 Approved as categorically FREE Eligible. Based on those providing documentation 39 57 (e.g. a case number for CalFresh, CalWorks, FDPIR on an application) **4-2 Approved as FREE eligible.** Based on household size and income information. 77 130 4-3 Approved as REDUCED PRICE eligible. Based on household size and income 49 99 information T-1 Total FREE Eligible Students Reported 453 T-2 Total REDUCED PRICE Eligible Students Reported 99 Section 5 ALL SFAs must report Section 5 or check box 5-1 if applicable Check the box if ALL school and/or RCCIs are exempt from verification. (See instructions for list of exemptions.) Instructions 5-2 Was verification performed and completed? Yes, completed by November 15th Yes, completed after November 15th igcup 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) **Total ERROR PRONE applications:** 6 Report all applications as of October 1st considered error prone.

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

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 verific (i.e. not one of the schools and/ If 5-6 is checked, skip 5-7.				ation.)		✓
					4	A. Number of Applications	B. Number of Students
5-7	Confirmed through direct ver eligibility is confirmed through d November 15th.	PRICE PIR as of	0	0			
5-8	Results of Verification by Ori For each original benefit type (A result category (1, 2, 3, & 4). Do NOT include students and ap	, B, & C), repor	t the number				
		A. FREE-Categoricall Eligible Certified as FREE based CalFresh/CalWorks/FDP documentation (e.g. ca number) on applicatio		Certified as FREE based of income/household size application		C. REDUCED PRICE- Income Certified as REDUCED PRICE based on income/household size application	
	Result Category	a. Applications	b. Students	a. Applications	b. Students	a. Applications	b. Students
	1. Responded, NO CHANGE:	0	0	0	0	2	3
		REDUCED PRICE		REDUCED PRICE		FREE	
	2. Responded, Changed to REDUCED PRICE / FREE:	0	0	0	0	0	0
	3. Responded, Changed to PAID:	0	0	2	3	0	0
	4. NOT Responded, Changed to PAID:	0	0	0	0	1	2
VC-:	L Total questionable application number of applications as of Noverequirement.						C
Spor	rective Action Plan Attachmonsors are required to submit a Corication by the established deadline	rective Action F			nsor fails to c	omplete the elig	gibility
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	Attachment Count: 0						
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