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Policy Research, Inc.

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August 3, 2005

EPS-209

John R. Endahl
Special Nutrition Staff
Office of Analysis, Nutrition and Evaluation
USDA, Food and Nutrition Service
Office of Analysis, Nutrition and Evaluation
3101 Park Center Dr., Room 1014
Alexandria, VA 22302

Dear John:

Mathematica Policy Research, Inc. (MPR) is pleased to submit the revised "Supporting Statement for Request for OMB Approval of Data Collection" for the Access, Participation, Eligibility, and Certification Study (Contract No. AG-3198-C-04-0005).

We look forward to working with FNS and OMB to obtain final clearance.

Sincerely,

Michael Ponza

Enclosures

Contract No.: AG-3198-C-04-0005
MPR Reference No.: 6118-040

MATHEMATICA
Policy Research, Inc.

NSLP/SBP Access, Participation, Eligibility, and Certification Study

Supporting Statement for Request for OMB Approval of Data Collection

Revised

August 3, 2005

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Submitted to:
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PART A. JUSTIFICATION

A1. EXPLANATION OF CIRCUMSTANCES THAT MAKE THE COLLECTION OF INFORMATION NECESSARY

The National School Lunch Program (NSLP) and the School Breakfast Program (SBP) provide federal financial assistance and commodities to schools serving lunches and breakfasts that meet required nutritional standards. The subsidies are largest for children from families with relatively low incomes. Approved children living in households with income less than or equal to 130 percent of the federal poverty level (FPL) qualify for free meals. Children living in households with incomes above 130 percent but less that or equal to 185 percent of FPL qualify to receive reduced price meals. School Food Authorities (SFAs) establish the price for meals served to children from families with incomes more than 185 percent of poverty, although there is still some degree of federal subsidy paid for these meals. Local Education Authorities (LEAs) distribute application forms to the families of all students and receive and process the completed applications of families who want benefits. The information on the applications about household size, income, and participation in the Food Stamp Program (FSP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) is used to determine whether the household qualifies for benefits. Students may also become certified for free meal benefits through "direct certification," which allows LEAs to use information provided by the FS/TANF/FDPIR administering agency to establish that a student is a member of a household which is eligible for one of these programs, and is thus automatically eligible to receive free meals.

The accuracy of the information that families provide on applications for free and reduced price school meals, the accuracy with which School Food Authorities (SFAs) classify student

eligibility, and the effectiveness of procedures that Local Education Authorities (LEAs) use to approve and verify applications are key components of the integrity of the NSLP and SBP. In recent years, however, there has been evidence from auditing studies, aggregate data on participation, and other more specialized studies that a significant number of ineligible students have been approved for free and reduced-price meals, as well as evidence of the existence of other sources of payment errors (such as schools or school districts submitting improper meal counts for reimbursable meals). This evidence has raised concerns in the U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS), which administers the program, and in Congress.

Under the Improper Payments Information Act of 2002 (Public Law 107-300), federal agencies are required to report annually on the extent of the erroneous payments in programs which may be susceptible to significant erroneous payments and report the actions they are taking to reduce them. USDA must identify and reduce erroneous payments in various food and nutrition programs, including the NSLP and SBP. Erroneous payments under the NSLP and SBP can result from misclassification of the school meal eligibility status of participating students, due to administrative errors or misreporting by households at the time of application or verification. Payment errors also result when schools and school districts submit improper meal counts and claims for reimbursable meals. To comply with this legislation, USDA needs a reliable national estimate of erroneous payments in the NSLP and SBP in SY 2005-2006. In addition, since it is not feasible to field a national study each year, USDA also needs reliable estimation models based on readily obtainable, extant data sources that it can use for updating erroneous payment estimates annually.

FNS has contracted with Mathematica Policy Research, Inc. (MPR) to conduct the Access, Participation, Eligibility, and Certification (APEC) Study of the NSLP and SBP. The APEC

Study will collect a broad range of data from nationally representative samples of SFAs, schools, and households (for a sample of students) to answer the following questions of interest to the U.S. Congress, USDA, and other program stakeholders, under three main research objectives:

- ***Objective 1: Produce National Estimates of Erroneous Payments Due to Certification Errors and Meal Counting and Claiming Errors***
  - What is the extent of overpayments, underpayments, and overall erroneous payments made under the NSLP and SBP as a result of the misclassification of the school meal eligibility status of the students who participate in these programs?
  - How prevalent are certification errors in districts using direct certification?
  - What are erroneous payments due to certification error in Provision 2/3 schools, and do they differ from those in schools not using Provision 2/3?
  - What are the sources of erroneous payments due to certification error? What fraction is due to administrative error? What fraction is due to misreporting income and/or household size at the time of application/reapplication and at verification?
  - What proportion of households experience changes in incomes, and what proportion of households would be certified toward the end of the school year based on income data collected at that time?
  - What is the certification error rate detected by SFAs?
  - What is the payment error rate associated with errors in meal counting and meal claiming for the NSLP and SBP?

- ***Objective 2: Develop, Test, and Validate Estimation Models of Annual Erroneous Payments***
  - How do the overpayment, underpayment, and overall erroneous payment estimates for the NSLP and SBP that were generated by the estimation models compare with the estimates based on the on-site data collected in SY 2005-2006?
  - What additional data could help improve the estimates generated by the estimation models?
  - How do changes in the verification system (such as changes in verification requirements, shifts in the proportion of applications selected for random and focused sampling) affect the estimates of erroneous payment?

- ***Objective 3: Assess NSLP and SBP Access and Participation***
  - What are the characteristics of students approved for free meals, students approved for reduced-price meals and denied applicants?
  - What are the major reasons that denied applicants do not reapply? Why do households not apply for free or reduced-price meals if changes in income, household size, or program participation make them eligible to receive these benefits?
  - What would it take to make households consider reapplying for meal benefits?
  - How many families move from reduced-price to free eligibility, and what proportion apply for increased meal benefits?
  - Why do students from households certified for free or reduced-price meals not participate in the NSLP or SBP or participate more frequently? What is the relationship of perceived quality of meals to application and participation in the NSLP and SBP?
  - To what extent do certified households participate in the Summer Food Service Program (SFSP)? Why do they not participate in the SFSP? What would encourage them to participate?

Table A1.1 summarizes the overall research design.

A2. HOW THE INFORMATION WILL BE USED, BY WHOM, AND FOR WHAT PURPOSE

The *Improper Payments Information Act of 2002*, *P.L. 107-300* requires that Federal agencies identify and reduce erroneous payments in their programs. For USDA, this includes the National School Lunch Program and School Breakfast Program. An OMB directive, issued May 21, 2003, states that an annual erroneous payment estimate is the gross (not net) total of both overpayments and underpayments. That is, it is the sum of the absolute value of overpayments and underpayments. To comply with the Improper Payments Information Act, USDA needs a reliable measure to estimate NSLP and SBP erroneous payments on an annual basis. Therefore, USDA is conducting a nationally representative study that will collect data from school districts and households in School Year 2005-2006 for calculating national estimates of certification and payment errors and provide overall national estimates of erroneous payments in NSLP and SBP

TABLE A1.1

OVERVIEW OF STUDY DESIGN

Research Questions/Key Outcomes	Samples[a]	Data Collection	Analysis Methods
Objective 1: Generate National Estimates of Erroneous Payments and Meal Counting/Claiming Errors			
(1) Estimate Erroneous Payment Errors -- Amount of overpayments -- Amount of underpayments -- Sum of absolute value of over- and underpayments	Nationally representative cross-sectional sample of free and reduced-priced students/households -- 2,880 students/households	On-site data collection in SY 2005-2006 from school districts and households -- Household survey -- Record abstraction	Descriptive tabular analysis Separate estimates for NSLP and SBP 90% confidence interval of plus or minus 2.5% around the estimate of the percentage of erroneous payments
(2) Estimate Erroneous Payments for Direct Certification Districts	Nationally representative cross-sectional sample of free/reduced-price households attending direct certification districts (n = 432)	On-site data collection in SY 2005-2006 from school districts and households -- Household survey -- Record abstraction	Descriptive tabular analysis Separate estimates for NSLP and SBP
(3) Decompose Erroneous Payments by Source of Error -- Administrative error at application or verification -- Household misreports information at application	Nationally representative cross-sectional sample of free and reduced-price students/households -- 2,880 students/households	Data collection in SY 2005-2006 from school districts and households -- Household survey -- Record abstraction	Descriptive tabular analysis Estimate the source of error based on the full cross-sectional sample Separate estimates for NSLP and SBP
(4) Estimate the Proportion of Certified Households Experiencing Changes in Circumstances Over the School Year	Nationally representative sample of free and reduced-price students/households -- Panel sample (n = 800 students/households)	Data collection in SY 2005-2006 from school districts and households -- Household survey -- Record abstraction	Descriptive tabular analysis Separate estimates for NSLP and SBP
(5) Identify certification error rate detected by SFA's current verification activities	Nationally representative sample of 80 SFAs	Data collection in SY 2005-2006 from school districts	Descriptive tabular analysis
(6) Estimate Meal Counting and Claiming Errors -- Error rates and dollar amounts -- Decomposition by source of error	Nationally representative sample of 80 school districts and 264 schools	Data collection in SY 2005-2006 from school districts and schools -- Observation at point of sale -- Review of records -- Review of processes -- Staff interviews	Descriptive tabular analysis Separate estimates for NSLP and SBP

TABLE A1.1 (*continued*)

Research Questions/Key Outcomes	Samples[a]	Data Collection	Analysis Methods
Objective 2: Develop Estimation Models for Updating Annual Estimates of Erroneous Payments Based on Extant Data			
Annual Estimates of Erroneous Payments -- Amount of overpayments -- Amount of underpayments -- Gross total (sum of over- and underpayments) -- Predict changes in erroneous payments when verification requirements and other parameters change	Nationally representative sample of free and reduced-price students/households -- Separate cross-sections monthly covering entire school year (n = 2,880 students/households)	Data collected from school districts and households in SY 2005-2006 Extant data -- Common Core of Data (CCD) -- Census data -- Administrative data from FNS and other agencies	Regression modeling and estimation Separate estimates for NSLP and SBP
Objective 3: Assess Program Access and Related Issues			
(1) Determine the Characteristics of Households That Apply and Those That Do Not Reapply for School Meals	Nationally representative samples of: -- Free/reduced-price approved students/ households (n = 2,880) -- Denied applicants (n = 320)	Data collected from households in SY 2005-2006 Household survey	Descriptive tabular analysis Multivariate analysis
(2) Determine Reasons Denied Applicants (Denied due to Administrative Error) Do Not Reapply	Nationally representative sample of denied applicants (n = 320) *Note*: Sample of denied applicants denied due to administrative error will be smaller.	Data collected from school districts and households in SY 2005-2006 -- Household survey -- Record abstraction	Descriptive tabular analysis Multivariate analysis
(3) Determine the Proportion of Households That Qualify for Increased Meal Benefits During the School Year	Nationally representative samples of: -- Free/reduced-price approved students/ households (n = 800, panel sample) -- Denied applicants (n = 320)	Data collected from school districts and households in SY 2005-2006 -- Household survey -- Record abstraction	Descriptive tabular analysis Multivariate analysis
(4) Identify the Reasons for NSLP/SBP Nonparticipation	Nationally representative samples of: -- Free/reduced-price approved students/ households (n = 2,880) -- Denied applicants (n = 320)	Data collected from school districts and households in SY 2005-2006 -- Household survey	Descriptive tabular analysis Multivariate analysis
(5) Determine Relationship of Perceived Meal Quality to Application and Participation	Nationally representative samples of: -- Free/reduced-price approved students/ households (n = 2,880) -- Denied applicants (n = 320)	Data collected from school districts and households in SY 2005-2006 -- Household survey	Descriptive tabular analysis Multivariate analysis

TABLE A1.1 (*continued*)

Research Questions/Key Outcomes	Samples[a]	Data Collection	Analysis Methods
(8) Assess SFSP Participation and Reasons for Nonparticipation	Nationally representative samples of free/reduced-price approved students/households and denied applicants (n = 3,200)	Data collected from school districts and households in SY 2005-2006 -- Household survey	Descriptive tabular analysis Multivariate analysis

[a]Number of completed interviews.

that would be the gross of overpayments and underpayments. It would be cost prohibitive to conduct a large nationally representative study on a yearly basis. Therefore estimation models will be developed that would utilize the data collected during this study, augmented with available extant data sources in future years to generate updated yearly estimates of overpayments, underpayments and overall erroneous payments in NSLP and SBP until the next large onsite data collection is undertaken.

In addition to the annual national erroneous payment estimate based on misclassification of participating students' school meal eligibility status, this study will also provide national estimates of payment errors due to the improper counting and claiming of meals served under the NSLP and the SBP. The onsite data collected for this study, including household characteristic data, will also be used for providing some information on program access issues.

Information for the APEC Study will be collected by MPR under contract number AG-3198-C-04-0005, order number FNS-04-TMN-03, with the Food and Nutrition Service of the U.S. Department of Agriculture. MPR and FNS will analyze the data. The study will collect nationally representative data in a multi-stage sample. All primary data collection will be conducted in the contiguous 48 states and the District of Columbia.

The data collection plan for the study has five components: (1) an SFA survey, (2) household surveys, (3) application records abstraction and collection of other student records data, (4) observation and record review of meal-counting and -claiming processes, and (5) collection of administrative data for developing and testing models of estimating erroneous payments.

School Food Authority Survey. MPR executive interviewers will administer a telephone interview with school food service directors from a representative sample of 80 SFAs selected

from the population of all SFAs in public and private school districts that participate in the NSLP and SBP. The survey will collect the following information:

- ***Institutional Characteristics of SFAs that Participate in the NSLP and SBP.*** This information will include grade span, number of schools in the SFA by type of school (elementary, middle, and high school), enrollment, presence of charter schools, and number of school districts in the SFA (single-district SFA versus supervisory union of districts as the SFA).
- ***Meal Program Participation Data.*** We will collect information on the number of students certified by meal type, meal program participation (number of meals by type), Provision 2/3 status, and number of meals by Provision 2/3 status.
- ***Certification and Verification Procedures and Outcomes.*** We also will collect information on certification and verification procedures and outcomes: whether or not the district uses direct certification, the implementation of direct certification, and the free and reduced-price application and verification process (including information on verification error rates).
- ***School-Level Data.*** The SFA survey also will collect selected information on meal program participation and characteristics of the three schools sampled from within the SFA for on-site data collection, primarily on meal program characteristics and participation outcomes at the school level.

To expedite the interview, the SFA director will be sent in advance a "fact form" to be completed and faxed to MPR before the interview. The SFA directors will be interviewed between February and April 2006.

The SFA survey and fax-back fact form are included as Appendix A. There are two versions of the fax-back form: one for districts using one of the special provisions (Provision 2 or 3), and a shorter version for those districts not participating in Provision 2 or 3. Appendix A also includes the advance letters that were sent to school district superintendents and SFAs and the study overview.

Household Survey. MPR field staff will administer in-person interviews to parents or guardians of children selected in our scientifically selected, representative samples of certified free/reduced-price and denied applicant households in SY 2005-2006. Interviews will be

conducted throughout the school year, with most occurring during the first few months of the school year when most applications are received and certification and verification activities take place. We will complete 3,200 cross-sectional household surveys: 2,880 certified free and reduced price households; and 320 denied applicant households.

The survey will collect information on household characteristics and on experiences with the school meal benefit application process, denied applicant's perceptions about barriers or deterrents to reapplying, and participation of sampled children in the school meal programs. Most important, the household survey will collect information on household composition and size, as well as detailed information on the sources and amounts of income of family members 16 or older. The information on family composition and income will be used to establish (independently of information available from SFA records on the household's application for school meals) whether the student's family has income 130 percent or less of federal poverty level (eligible to be approved for free school meals), income of 131 to 185 percent of federal poverty level (eligible to be approved for reduced-price school meals), or income above 185 percent of the federal poverty level (not eligible for free or reduced-price school meals). Furthermore, in order to produce the most accurate possible independent estimates of household income, those who complete the in-person interview will be asked to show documents verifying the amounts of income they report for major income sources.

The purpose of the in-person interview with documentation is to obtain correct, documented income amounts for each student's family in order to measure certification error due to household misreporting. For households that applied for the school meal programs—certified and denied applicant households—these data will be compared with information on the household's school meal application and the SFA's certification decision, to assess the

prevalence of certification error and the amounts of erroneous payments and their source (whether due to administrative error or household misreporting).

We will randomly select a subsample from the study's sample of free and reduced-price approved households and interview them a second time, as part of a panel. We will complete interviews with 800 households in that panel. This panel will include primarily households sampled in September and October 2005, but it will include newly certified households selected between November 2005 and the end of the school year in 2006. The second interview will be shorter, focusing on changes in family composition and income. It will also collect information on meal program participation. The interview will be administered by telephone. MPR will use information from the panel sample to measure changes in certified free and reduced-price households' income and other circumstances over time. In addition, we may use information obtained during the follow-up interview about students' NSLP and SBP participation, to determine whether it will be necessary to adjust our measure of NSLP and SBP participation obtained from the first interview—that is, whether participation varies by the number of months since the household applied and was certified.

The household survey that will be administered to the parent or guardian of sampled F/RP approved and denied applicants in the cross section sample is included as Appendix B. Appendix B also contains the advance letter to households and the household survey brochure (English and Spanish versions). It also includes a confidentiality agreement. The telephone survey with members of the F/RP approved panel will be administered by telephone. It will be considerably shorter than the first survey (approximately 30 minutes), asking the respondent about the target child's NSLP and SBP participation during the target week and about household composition and income.

Abstraction of Meal Program Applications, Program Participation Data, and Other Data on Students. MPR field interviewers will make copies of meal program benefit applications (or if they cannot make copies, abstract data onto specially designed forms) for sampled children from the certified free and reduced-price and denied applicant samples (4,496 applications).[1] The data from the application will include the applicant's identifying information, household composition and income, qualifying program participation, and the result of the application (certification decision). In addition, for the 3,200 free and reduced-price approved households and denied applicant households that are being administered a household survey, we will obtain data on meal program participation from point-of-sale media (electronic or hard copy) for those schools that track meal program participation at the individual-student level. Finally, for sampled free and reduced-price households and denied applicants (3,200 households) that are being administered a household survey, we will obtain data on enrollment start and stop dates, as well as information on changes in meal program certification status during the school year. This enrollment and certification information will be collected from school staff at the end of the school year by telephone by MPR's central office staff.

The forms used for abstracting data from meal program applications and for collecting other student data are included in Appendix C.

Meal-Counting and -Claiming Data Collection. The study distinguishes a second major source of erroneous payments: those that occur after eligibility is determined up through the time when school districts submit reimbursement claims, denoted "meal counting and claiming

[1]Note that, for 3,200 of these students who are sampled from 216 non-Provision 2/3 schools and 24 Provision 2/3 base-year schools, we also will be conducting household interviews with their parents or guardians. We are completing application abstractions with 1,296 additional applications from Provision 2/3 schools (648 applications sampled from the 24 Provision 2/3 base year schools and 648 applications sampled from the 24 Provision 2/3 non-base year schools). In this supplemental sample, we are abstracting data from their meal program application but not interviewing the parent or guardian.

error." Field interviewers will collect data to measure this error, which consists of three main sources: (1) benefit issuance error, (2) cashier error, and (3) counting and reimbursement claiming error. To measure benefit issuance error, field interviewers will record the certification status of 30 students sampled from each study school's current benefit issuance list maintained at the point-of-service, then compare this information with the student's certification status on the application or direct certification document maintained by the SFA or school, for 240 schools.[2] Through observation of cashier transactions at 264 schools (100 lunch transactions and 50 breakfast transactions randomly selected for a target week for each school), field interviewers will collect information on the degree of accuracy with which cashiers classify meals as reimbursable.[3] Field interviewers also will collect information on each school's breakfast and lunch counts and claims made to SFAs for meals served and in turn how SFAs consolidate and report the schools meal counts and claims they receive on to state agencies for reimbursement.

Forms used to record these data are included in Appendix D.

Collecting Administrative Data for Developing and Testing Models. To support the development and testing of the study's models for estimating erroneous payments in future years, MPR will collect data from several administrative sources, including district-level administrative data from the SFA Verification Summary Reports (Form FNS-742), other district-level administrative data from State Child Education/Nutrition agencies, public school district-level data from the Common Core of Data (CCD) and Decennial Census, and private school-level data

[2]Benefit issuance error does not occur at Provision 2/3 schools in non-base years since meals are reimbursed according to claiming percentages determined in the base year. Therefore we will measure benefit issuance error at the study's non-Provision 2/3 schools (at least 216 schools) and Provision 2/3 base-year schools (24 schools), but not the 24 Provision 2/3 non-base year schools. However, the Provision 2/3 non-base year schools may use Provision 2/3 in breakfast but not lunch. In those instances, we would measure benefit issuance error in the lunch program's benefit issuance list.

[3]Cashier error may occur at Provision 2/3 non-base year schools when cashiers erroneously ring up a meal as reimbursable when it is not or do not count it as reimbursable when it should be.

from the Private School Survey (PSS). The form used to record these data from State Child Education/Nutrition agencies is included in Appendix E.

A3. USE OF IMPROVED TECHNOLOGY TO REDUCE BURDEN

The information to be collected for this study will come from existing records and data, in-person interviews or telephone interviews, and interviewer observations of meal transactions and meal count and reconciliation activities during school visits. Wherever possible, improved technology has been incorporated into the data collection, to reduce respondent burden. Information that is available to the contractor from a centralized source has not been included in the data collection instruments. For example, information on the name and location of SFAs, and the telephone number and address of SFA directors, was obtained from computerized files maintained by the state child nutrition agency. Electronic mail will be used, when possible, to send reminders and other communications to district and school staff. The initial sampling frame for SFAs was developed under a contract for another study (Child Nutrition Sample Frame task order, for USDA/FNS).

In addition, all in-person interviews with households will use computer-assisted (CAPI) technologies and the telephone survey with the F/RP approved panel will use CATI. Use of CAPI and CATI will make possible accurate skip patterns, customized wording for state-specific TANF names and income reference periods, response code validity checks, and consistent checking and editing which improve the pace and flow of the interviews and thus reduce respondent burden.

"According to the Government Paperwork Elimination Act, federal agencies are to provide electronic submission as an alternative to paper where feasible." The nature of this procurement precludes the ability to provide electronic submission.

A4. EFFORTS TO IDENTIFY AND AVOID DUPLICATION

Every effort has been made to avoid duplication of data collection efforts. These efforts included a review of USDA reporting requirements, state administrative agency reporting requirements, and special studies by government and private agencies.

FNS has the responsibility for administering the USDA school meal programs. It funds state agencies which, in turn, fund local SFAs. Within this organizational structure, SFAs are responsible for eligibility determination and food service delivery. SFAs report on their activities to the State Agency, which reports to FNS by way of seven regional offices. Other than sampling information (which, as a starting point, we are drawing on from another USDA study—SNDA-III study, which MPR is also conducting) and extant, district-level administrative data from the SFA Verification Summary Reports (Form FNS-742)—and public school district-level data from the Common Core of Data and Decennial Census, and private school-level data from the Private School Survey—the information required for this study is not currently reported to FNS on a regular basis in a standardized form nor available from any other previous, contemporary study.

A5. EFFORTS TO MINIMIZE BURDEN ON SMALL BUSINESSES OR OTHER SMALL ENTITIES

The data collection will not involve, and will have no direct impact on, either small businesses or small not-for-profit organizations.

A6. CONSEQUENCES TO FEDERAL PROGRAMS OR POLICIES IF DATA COLLECTION IS NOT CONDUCTED OR IS CONDUCTED LESS FREQUENTLY

If this data collection were not done, USDA would be prevented from meeting its federal reporting requirements (under the Improper Payments Information Act of 2002, to annually

measure erroneous payments in the NSLP and SBP and identify the sources of erroneous payments).

Virtually all the data being collected for the study involve a one-time data collection with no repetition. An exception is that the study is conducting a second interview (by telephone) with 800 certified free and reduced-price households that comprise a panel sample later during the school year, for the purpose of measuring how economic circumstances change that could affect eligibility, as well as to collect information on meal program participation subsequent to the time of certification. The second interview, which is shorter than the initial interview, will collect information on household characteristics, changes in income and family composition, and students' meal program participation.

A7. SPECIAL CIRCUMSTANCES REQUIRING COLLECTION OF INFORMATION IN A MANNER INCONSISTENT WITH SECTION 1320.5(D)(2)

The proposed data collection is consistent with the guidelines set forth in Section 1320.5(D)(2). As discussed in Part B of this OMB supporting statement, the selection of SFAs to be included in the study is designed to provide a nationally representative sample of public and private SFAs. Similarly, the selection of schools and students within these schools is designed to provide nationally representative samples.

A8. EFFORTS TO CONSULT WITH PERSONS OUTSIDE THE AGENCY

An announcement of FNS's intent to seek approval to collect this information provided an opportunity for public comment on this study. This announcement, published in the *Federal Register*, Vol. 70, No. 48, Monday, March 14, 2005, page 12441, specified a 60-day period for comment ending May 10, 2005. During that period no public comments were received. A copy of the *Federal Register* announcement is provided in Appendix F.

Consultations about the research design, sample design, data sources and needs, and study reports occurred during the study's design phase and will continue to take place throughout the study. The purpose of these consultations is to ensure the technical soundness of the study and the relevance of its findings, and to verify the importance, relevance, and accessibility of the information sought in the study.

Senior technical staff from MPR and FNS who are conducting the study are listed below:

Mathematica Policy Research, Inc.:		**USDA/FNS/OANE:**	
Michael Ponza	609-275-2361	John Endahl	703-305-2122
Phil Gleason	315-781-8495	Jay Hirschman	703-305-2119
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In addition to the above, the data collection plan for the study was reviewed by the Food and Nutrition Subcommittee of the Education Information Advisory Committee (EIAC) at their March 2005 meeting in Washington DC. EIAC is a committee of The Council of Chief State School Officers (CCSS0). Kathy Kuser served as EIAC Food and Nutrition Subcommittee Chair, and Katie Mordhorst was the EIAC study liaison. All members of this subcommittee provided written comments on the plan and revisions were made accordingly.

A9. PAYMENTS TO RESPONDENTS

Permission is requested to offer a financial incentive to promote cooperation and full participation in the household survey for the planned study. Sample members will be offered $25 to complete the in-person survey and provide documentation. The incentive will be offered in the advance letter and brochure.

Recent research summarized by Singer and Kulka (2000) indicates that financial incentives can be effective. They conclude that incentives significantly reduce survey nonresponse, and are cost-effective, lowering the overall cost and burden for most surveys.

We also note that both the National Study of WIC Participants and the Evaluation of the National School Lunch Program Application and Verification Pilot Projects studies offered similar financial incentives for completing a detailed in-home interview about household composition and income and for providing documentation of income amounts. These incentives were effective in achieving the high response rates of the surveys done in these studies.

A10. ASSURANCES OF CONFIDENTIALITY PROVIDED TO RESPONDENTS

All individuals participating in the study will be assured that the information they provide will not be released in a form that identifies individual respondents, unless required by law. No information will be reported by the contractor in any way that permits linkage to individual respondents. In addition, all individuals hired by the contractor will be required to sign an oath of confidentiality as a condition of employment.

FNS will supply the contractor with an endorsement letter that will be mailed to each respondent, along with a brochure prepared by MPR giving details of the study. This letter assures the respondent that the information being gathered is for research purposes only. The identify of the respondent, the school district, or the school will not be disclosed to anyone outside the project. The information gathered will not be used to evaluate any single district or school in any way. In addition, field interviewers and household respondents will sign a Confidentiality Assurance Agreement. A copy of all letters and the brochure are provided in Appendixes A and B.

A11. JUSTIFICATION OF QUESTIONS OF A SENSITIVE NATURE

With one exception, the questions asked in household surveys and interviews with SFAs do not involve questions of a sensitive nature. The exception consists of several questions about receipt of income, by source, for individual household members and receipt of income to the household as a whole, that appear on the household survey. As described under Item A10, all respondents will be assured confidentiality at the outset of the interview (and field staff will sign a confidentiality agreement in the presence of respondents). All survey responses will be held strictly confidential; respondents' answers will not be reported to school officials or any other program or agency, but will be combined with the responses of others so that individuals cannot be identified. FNS and the contractor will comply with the requirements of the Privacy Act. All the questions have been pretested, and all have been used extensively in previous surveys with no evidence of harm.

The following questions may be considered sensitive items: Questions on income sources (Section H) and amounts (Section I); and questions on receipt of public assistance (Section J).

Questions about income and public assistance receipt of household income are necessary to establish the family's actual eligibility for free and reduced-price meal benefits. Without these questions, the study will not be able to compare students' certification status with estimated eligibility status to estimate certification error and derive estimates of erroneous payments in the NSLP and SBP for SY 2005-2006. Questions similar to those concerning income receipt by persons in the household and public assistance receipt by the household and questions requesting documentation of income reported have been used successfully in three prior FNS studies: the Evaluation of the National School Lunch Program Application and Verification Pilot Projects (OMB#0584-0516), the National Survey of WIC Participants (OMB#0584-0484), and the Study of Income Verification in the National School Lunch Program (OMB#0584-0359).

A12. ESTIMATES OF RESPONDENT BURDEN

Table A12.1 shows sample sizes and estimated burden for each part of the data collection and overall. As this data collection effort is taking place during a single year, SY 2005-2006, the "annual time" is merely the time taken to provide information during that time. The estimates are based on a pretest of procedures held in January through February 2005 (see Section B.4 for information on the pretest).

A13. ESTIMATES OF THE COST BURDEN TO RESPONDENTS

There are no direct monetary costs to respondents other than their time to participate in the study.

A14. ESTIMATES OF COST TO THE FEDERAL GOVERNMENT

The estimated cost of the study to the federal government is $4,621,553 over a period of three years (September 27, 2004 through September 30, 2007). This represents the contractor's costs for labor, other direct costs, and indirect costs. The estimated total cost of the data collection is approximately $3,672,774, which can be broken down into three major components as follows:

- ***Develop Data Collection Instruments and OMB Clearance Package***. MPR developed draft, revised, and final versions of all data collection instruments and forms and the OMB Clearance Package and conducted pretests of data collection plans and instruments. The total budget for this activity was $168,911.
- ***Sample and Recruit School Districts, Schools, and Households.*** MPR sampled school districts and schools. We are conducting orientation conference calls with each sampled school district to describe the study and participation requirements, address any concerns districts and schools may have, and to reach agreements (formal Memoranda of Understanding) with each district. Field staff will prepare the sample frames of students and select the student samples onsite during visits to districts throughout the school year. The total budget for this activity is $605,116.
- ***Collect and Process Data***. MPR will conduct all in-person and telephone primary data collection during SY 2005-2006. In addition to the telephone and field activities, this task includes activities such as preparing training materials, hiring and training

TABLE A12.1

ESTIMATED RESPONDENT BURDEN FOR APEC STUDY (REVISED DESIGN)

Respondent/Instrument	Number of Respondents	Minutes per Instrument	Total Minutes/ Hours	Percentage of Overall Total
State Child Nutrition Agency Directors				
Provision of district-level data[a]	51	90		
Total minutes			4,590	
Total hours			**76.50**	**2.1**
SFA Food Service Directors				
Preparation time and complete fact sheet	80	90	7,200	
SFA survey	80	20	1,600	
Provision of reimbursement claims data[b]	80	60	4,800	
Total minutes			13,600	
Total hours			**226.67**	**6.3**
School Financial Administrator[c]				
Roster Verification Form	240	15	3,600	
School Meal Count Verification Forms	264	60	15,840	
Meal Transaction Observation Form	264	15	3,960	
Total minutes			23,400	
Total hours			**390.00**	**10.8**
School Liaison[d]				
Student Certification and Enrollment Form	240	30	7,200	
Provide meals claimed totals for SY 05-06[e]	24	15	360	
Total minutes			7,560	
Total hours			**126.00**	**3.5**
Households				
F/RP Approved Household Survey	2,880	45	129,600	
F/RP Approved Household Survey—2nd Interview	800	30	24,000	
F/RP Verified Applicant Household Survey	0	45	0	
Denied Applicant Household Survey	320	45	14,400	
Non-Applicant Household Survey	0	45	0	
Total minutes			168,000	
Total hours			**2,800.00**	**77.3**
Overall Total Hours			**3,619.17**	**100**

Note: F/RP = free and reduced-price.

[a]MPR is requesting meal program participation data for each district within a state from state agencies, to be provided to MPR in paper copy or electronic format.

[b]MPR is requesting data on the meal counts by meal type for a target month submitted to the SFA by the sampled schools, and the data on what the SFA submitted to the State Child Nutrition Agency for those sampled schools for that month, to be provided in paper copy.

TABLE 3B (*continued*)

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[c]School staff are not being administered any of these data collection instruments. Instead, they are providing data to field staff or access to the relevant data that school staff record for their own reporting purposes. Field staff will make copies of the forms that schools use to record the data or field staff will enter the information into the forms specially prepared for the study if they are not permitted to make photocopies.

[d]School staff will be asked to provide MPR with updated information on sampled students enrollment and certification status at the end of the school year by telephone for 14 students per school, 240 schools, or for 3,360 students overall.

[e]School staff from Provision 2/3 non-base-year schools will be asked, by telephone, to provide MPR with information on total meals claimed in SY 2005-2006 by meal type and meal claiming percentages used to arrive at reimbursement levels at the end of the school year.

telephone and field data collection staff, sample tracking and location activities for the panel component, and data edit/quality control and processing. The total budget for this activity is $2,898,747.

A15. REASONS FOR ANY PROGRAM CHANGES OR ADJUSTMENTS

Since this is a new project, it will add 3,619 hours to the OMB collection inventory.

A16. PLANS FOR TABULATIONS, STATISTICAL ANALYSIS, AND PUBLICATION

1. Study Schedule

The planned schedule for the APEC Study is as follows:

Project Activity	Dates
Select and Recruit SFAs and Schools	January 2005-September 2005
Conduct Data Collection	August 2005-July 2006
Prepare Data Files	January 2006-September 2006
Analyze Data, Develop and Estimate Models, Prepare Final Reports and Journal Articles	August 2006-September 2007

2. Analysis Plans

The APEC Study will provide national estimates of erroneous payments made under NSLP and SBP, based on on-site data collection in SY 2005-2006. The study will provide estimation models for FNS staff to use when annually updating erroneous payment estimates for NSLP and SBP using available extant data. Finally, the study will address NSLP and SBP participation and access issues related to administrative procedures designed to reduce erroneous payments. In the rest of this section, for each study objective, we present the major research questions, planned analyses to address them, and illustrative table shells of how the findings will be presented.

a. Objective 1: Generate National Estimates of Erroneous Payments

We will produce, separately, national estimates of erroneous payments (overpayment, underpayment, and overall total) made under the NSLP and SBP in SY 2005-2006 as a result of the misclassification of school meal eligibility status of certified students who participate in these programs. These estimates will be representative of erroneous payments due to certification error for all free or reduced-price meals consumed by certified students in the NSLP and SBP over the full school year. The estimation process will consist of three steps. First, we will classify each certified free and reduced-price sample member into a category indicating both the member's certification status and his or her income-eligibility status in each month. Second, we will calculate erroneous payments over the sample month, based on the students' certification/eligibility category in each month, along with the number of meals they consumed in each month.[4] Third, we will compute a weighted sum of students' monthly erroneous payments, to generate a national estimate of erroneous payments over the full school year. In addition to estimating the total amount of erroneous payments nationally, we will estimate national erroneous payment rates as the proportion of all payments made for free and reduced-price meals (over and above the payments for paid meals) that are in error. Table A16.1 shows how we will present the basic set of erroneous payment estimates. Similar tables will be produced for schools using Provision 2/3 and districts using direct certification procedures to determine eligibility.

[4]The amount of erroneous payments for each meal consumed by a student in a given certification/eligibility category is equal to the difference between the reimbursement amount for the type of meal for which the student is certified and the reimbursement amount for the type of meal for which the student is eligible.

TABLE A16.1

ERRONEOUS PAYMENTS DUE TO CERTIFICATION ERROR
IN THE NSLP AND SBP

	Erroneous NSLP Payments	Erroneous SBP Payments
Total Dollar Amount of:		
Overpayments		
Underpayments		
Total erroneous payments		
Erroneous Payments as a Percentage of Free/Reduced-Price Reimbursements		
Overpayments		
Underpayments		
Total erroneous payments		

Determining Sources of Erroneous Payments. After estimating total erroneous payments, we will estimate the proportion of erroneous payments due to two alternative sources: (1) administrative error by the SFA in processing applications, and (2) household misreporting of income or other family circumstances on the application. We will decompose erroneous payments into these alternative sources based on data from the full cross-sectional sample of free and reduced-price households. Based on the information in the application (along with any subsequent information acquired by the SFA for that student, such as the information obtained from students selected for verification), along with the certification status on file for the student, we will determine whether or not any erroneous payments made for meals consumed by the student were due to administrative error by the SFA. To estimate the proportion of erroneous payments due to household misreporting of income on the application, we propose to take advantage of the fact that, in the month in which students apply and are certified for free or reduced-price meals, any erroneous payments not due to administrative error must be due to misreporting of household circumstances on the application (or reapplication). The estimated amount of erroneous payments due to misreporting income on their application will be determined by the household's reported income, household size, and FS/TANF/FDPIR status obtained from the household survey versus on their application. In effect, this amount will be equal to the total amount of erroneous payments minus the amount of erroneous payments due to administrative error. In addition, we can calculate the proportion of erroneous payments due to administrative error and household misreporting by dividing the amount of erroneous payments due to these sources by the total amount of erroneous payments.

Estimating Case Error Rates. In addition to estimating the dollar amount of erroneous payments, the study will provide estimates of case error rates—the proportion of applicants incorrectly certified as well as not approved. Using the sample of certified free and

reduced-price and denied applicants that we have both application data as well as household survey data (3,200 households), we will estimate (1) the overall prevalence of case error; and (2) the prevalence of case error by source (administrative error versus household misreporting).[5] In each case, separate estimates will be derived for the NSLP and SBP, and for whether the school uses Provision 2/3 or not.

Our larger sample of applicants (4,496 applicants) will be used to assess the prevalence of certification error *due to administrative errors only*. Possible administrative errors include both over- and under-certification:

- Overcertification
  - Approved as free, should be reduced-price
  - Approved as free, should be paid
  - Approved as reduced-price, should be paid

- Undercertification
  - Approved as reduced-price, should be free
  - Denied, should be approved as free
  - Denied, should be approved as reduced-price
  - Erroneously determined incomplete, should be approved as free
  - Erroneously determined incomplete, should be approved as reduced-price

We will estimate the overall prevalence of administrative error and each of the eight types. In addition, we will provide estimates separately for Provision 2/3 schools (1,616 applicants from 48 Provision 2/3 schools) and for non-Provision 2/3 schools (2,880 applicants from 216

[5]For the analysis, a case will be defined to be "in error" only when the error results in misclassification of eligibility. For example, if an SFA miscalculates household income on an application but the error is such that it does not result in the household being misclassified, then this is not an administrative error.

non-Provision 2/3 schools), to assess whether administrative errors are more common in Provision 2/3 schools.

Estimating the Proportion of Households Experiencing Changes in Circumstances That Would Affect School Meal Eligibility if They Were to Reapply. Under regulations effective in SY 2005 - 2006, households approved for free or reduced-price meals remain eligible for the entire school year, even if they experience changes in income that would make them ineligible (or eligible for a lower amount of benefits) if they were to reapply.[6] We will estimate the proportion of students whose eligibility status would change during the school year due to changing household circumstances if eligibility *were* adjusted to reflect changing household circumstances, as under the former regulations. We will estimate this proportion by examining the longitudinal sample of students certified for free or reduced-price meals at the time of their initial application. Specifically, we will classify students as income-eligible for free or reduced-price meals based on their income, household size, and FS/TANF/FDPIR status at the time of application. For both groups, we will use data on household circumstances at the end of the school year to determine their hypothetical income-eligibility status if the status were updated to reflect changes in household circumstances. This will allow us to estimate the proportion whose eligibility status would have changed by the end of the school year if the actual status were updated to reflect changes in circumstances. Of particular interest will be the proportion experiencing changes that cause them to be eligible for a lower level of benefits later in the school year than they were at the time of application. Table A16.2 shows how we will present these estimates.

[6]In the past, households were required to report changes in circumstances, and eligibility status would be adjusted accordingly. This was changed in the most recent reauthorization. FNS is interested in knowing the extent of such changes in household circumstances, however.

TABLE A16.2

ESTIMATES OF CHANGES IN INCOME ELIGIBILITY STATUS OVER SCHOOL YEAR
DUE TO CHANGING HOUSEHOLD CIRCUMSTANCES

Income Eligibility Status	Number	Percentage	Percentage Whose Actual Status Changed to Correctly Reflect Changed Circumstances
1 to 2 Months After Approval			
Income Eligible for Free at Time of Application			
Income eligible for free 1 to 2 months after approval			
Income eligible for reduced-price 1 to 2 months after approval			
Income eligible for paid 1 to 2 months after approval			
Income Eligible for Reduced-Price at Time of Application			
Income eligible for free 1 to 2 months after approval			
Income eligible for reduced-price 1 to 2 months after approval			
Income eligible for paid 1 to 2 months after approval			
3 to 4 Months After Approval			
Income Eligible for Free at Time of Application			
Income eligible for free 3 to 4 months after approval			
Income eligible for reduced-price 3 to 4 months after approval			
Income eligible for paid 3 to 4 months after approval			
Income Eligible for Reduced-Price at Time of Application			
Income eligible for free 3 to 4 months after approval			
Income eligible for reduced-price 3 to 4 months after approval			
Income eligible for paid 3 to 4 months after approval			
5 to 6 Months After Approval			
Income Eligible for Free at Time of Application			
Income eligible for free 5 to 6 months after approval			
Income eligible for reduced-price 5 to 6 months after approval			
Income eligible for paid 5 to 6 months after approval			
Income Eligible for Reduced-Price at Time of Application			
Income eligible for free 5 to 6 months after approval			
Income eligible for reduced-price 5 to 6 months after approval			
Income eligible for paid 5 to 6 months after approval			
7 to 8 Months After Approval			
Income Eligible for Free at Time of Application			
Income eligible for free 7 to 8 months after approval			
Income eligible for reduced-price 7 to 8 months after approval			
Income eligible for paid 7 to 8 months after approval			
Income Eligible for Reduced-Price at Time of Application			
Income eligible for free 7 to 8 months after approval			
Income eligible for reduced-price 7 to 8 months after approval			
Income eligible for paid 7 to 8 months after approval			

Determining the Direct Certification-Related Error Rate. Students from households that receive FS/TANF/FDPIR benefits can be directly certified for free meals through a process by which state FS/TANF/FDPIR agencies share eligibility information with state child nutrition agencies. Among students selected for the study's sample, some will have been directly certified for free meals. Gleason et al. (2003) estimated that 17.9 percent of all students certified for free meals nationally are directly certified, which translates into about 15 percent of all students certified for either free or reduced-price meals. Thus, we expect that in our cross-sectional sample of 2,880 F/RP certified students, about 432 will have been directly certified.

We will define directly certified students' income eligibility for free meals in the same way as we measure the eligibility of other students certified for free meals-they are defined as income eligible if their household income in the previous month was no more than 130 percent of the federal poverty level or if they received FS/TANF/FDPIR benefits in the month in which direct certification eligibility was determined. Thus, we can measure overpayment error rates for this subgroup of directly certified students using the same methods as for the overall sample of certified students. To examine whether this error rate varies by the method of direct certification implementation, we will use data from the SFA survey on whether direct certification is used and, if so, how it is implemented. We will then examine whether the error rates differ among directly certified students attending districts that use different implementation methods. The key characteristic of implementation we will examine is whether the district uses active or passive consent for direct certification. Under active consent, households identified as being eligible for direct certification must notify the school district that they consent to their children being certified for free meals. Under passive consent, all children the food stamp or welfare office identifies as eligible are automatically directly certified for free meals (with parents only being given an opportunity to explicitly "turn down" this benefit for their child). In the latter case, one

might expect a larger proportion of errors, since directly certified households would not be as likely to be aware of the benefit and thus would be less likely to notify the school district if the food stamp/welfare office had made a mistake or if the household had experienced a change in circumstances. Table A.16.3 shows how we will present our estimates of the error rates associated with direct certification.

Estimating the Certification-Related Error Rate as Detected by Current School District Verification Procedures. Currently, all SFAs must conduct verification procedures, in which they select a small sample of households approved for free or reduced-price meals by application and collect documentation of their eligibility for these benefits, by November 15 of the school year. As part of the SFA survey, we will collect information from districts on the process they use to conduct verification and on the results of their verification activities. Based on the information reported, we will calculate the following statistics for each district's verification sample:

- Percentage of students certified for free meals, according to SFA determination, whose verification indicated a change to reduced price was required on the basis of documentation they provided
- Percentage of students certified for free meals, according to SFA determination, whose verification indicated that benefits were to be terminated (that is, to be changed to paid status) on the basis of documentation they provided
- Percentage of students certified for free meals, according to SFA determination, whose verification indicated benefits were to be terminated due to nonresponse
- Percentage of students certified for reduced-price meals, according to SFA determination, whose verification indicated a change to free price was required on the basis of documentation they provided
- Percentage of students certified for reduced-price meals, according to SFA determination, whose verification indicated that benefits were to be terminated on the basis of documentation they provided
- Percentage of students certified for reduced-price meals, according to SFA determination, whose benefits were to be terminated due to nonresponse

TABLE A16.3

CERTIFICATION-ERROR RATES ASSOCIATED WITH DIRECT CERTIFICATION

	Number	Percentage
Directly Certified Students, All Districts		
Correctly certified according to income eligibility		
Erroneously certified according to income eligibility		
Directly Certified Students in Districts That Use Active Consent		
Correctly certified according to income eligibility		
Erroneously certified according to income eligibility		
Directly Certified Students in Districts That Use Passive Consent		
Correctly certified according to income eligibility		
Erroneously certified according to income eligibility		

There are several different ways to define a certification-related error rate that is detected by verification procedures. These approaches differ according to how cases are handled where benefits were terminated due to nonresponse. If all these cases are considered errors, then the *benefit reduction/termination rate*—the percentage of verified applications that had benefits reduced or terminated as a result of verification—would be used as the certification-related error rate for overpayments, while the percentage of verified applications with benefits increased would be the error rate for underpayments. However, alternative assumptions about the true status of nonresponding households would lead to different estimates of the certification-related error rate. Prior studies provide estimates of the true percentage of nonresponding households that are not income-eligible for the level of benefits they were receiving before verification. We will use the approaches followed in these studies to generate alternative estimates of the certification-related error rate as detected by the verification process.

Estimates of Erroneous Payments Due to Meal-Counting and -Claiming Errors. We will estimate meal-counting and -claiming errors—both amounts and sources, based on a sample of 80 SFAs and 264 schools. We will estimate errors at key functional points in the administrative process, including errors in communicating meal price status to the cash register (for example, meal price status change not communicated to point of sale); errors that cashiers make at the point of sale; and aggregation errors (such as occur in transcribing and totaling data from individual cash registers and errors in districts' claims to state agencies for reimbursement). These errors will be aggregated at the school level, then at the district level, to produce national estimates of erroneous payments arising from meal-claiming and -counting errors, separately for the NSLP and SBP. Our final component of our lines of analysis will be to "normalize" the data to make them comparable, usually by converting them to (1) error counts as a percent of reimbursable meals, and (2) dollar errors as a percent of total dollars of reimbursements. This

will then allow us to aggregate the data to make national estimates of these different types of errors, both separately and in the aggregate.[7] Table A16.4 shows how we will present these estimates.

b. Objective 2: Modeling and Predicting Annual Erroneous Payments

Under Objective 2, we will develop an estimation model that FNS staff can use to update annual estimates of overpayments, underpayments, and overall erroneous payments in the NSLP and SBP. This model will also be used to estimate how changes in the verification process required of, and used by, districts affect the erroneous payments estimates. For example, the estimation model will be extended to produce estimates of erroneous payments for directly certified students.

Estimation of the Erroneous Payments Model in the Survey Year. Our proposed model begins with a *district-level econometric model of error rates*, estimated from the survey sample. We will estimate an econometric model of district-level error rates for both the NSLP and SBP in each of four possible categories of error: (1) free meals served to students eligible for reduced-price meals, (2) free meals served to students eligible for paid meals, (3) reduced-price meals served to students eligible for paid meals, and (4) reduced-price meals served to students eligible for free meals. The first three of these error categories lead to overpayments; the fourth leads to underpayments. Estimating the model in the survey year will involve creating the dependent variables, determining the values of the independent variables used in the model, estimating the error rate models, and assessing the fit of the model specifications being estimated.

[7]Some sources (such as benefit issuance and cashier error) can be estimated in terms of either gross or net error, whereas with aggregation error, we will be able to estimate net error only. Therefore, combining the three error sources into a single total measure is problematic. We will investigate the sensitivity of results to different approaches for estimating total error.

TABLE A16.4

ERRONEOUS PAYMENTS DUE TO MEAL COUNTING AND CLAIMING

Source of Error	Erroneous Payments (in Dollars)	Percentage of Reimbursement in Error
Roster Error		
Overpayment		
Underpayment		
Total		
Cashier Error		
Overpayment		
Underpayment		
Total		
Aggregation Error		
Total		
Total Counting and Claiming Error		
Total		

We will estimate two separate models, one for the NSLP and one for the SBP, each with four error rate variables defined as follows:

- ***%CF-RPE.*** Percentage of all meals reimbursed as free in the district that should have been classified as reduced-price (certified free, reduced-price-eligible)
- ***%CF-PE.*** Percentage of all meals reimbursed as free in the district that should have been classified as paid (certified free, paid-eligible)
- ***%CRP-PE.*** Percentage of all meals reimbursed as reduced-price in the district that should have been classified as paid (certified reduced-price, paid-eligible)
- ***%CRP-FE.*** Percentage of all meals reimbursed as reduced-price in the district that should have been classified as free (certified reduced-price, free-eligible)

As noted, each of these dependent variables is defined at the district level. To estimate these district-level variables, we will use data collected from sample members enrolled in the district. For example, the first dependent variable (***%CF-RPE***) will be based on sample members certified for free meals. The weighted sum of free meals served to students in a district eligible for reduced-price benefits only will be divided by the weighted sum of all free meals served to students in the district to calculate the value of this variable in the district. The sample weights will take into account the number of free meals served in each of the schools sampled in the district.

In selecting the independent variables for the model, we considered factors that are likely to be highly correlated with misclassification error rates. As discussed above, there are two possible sources of misclassification error: (1) administrative error, and (2) misreporting of income or household size by applicants. Administrative error is likely to be most heavily influenced by administrative features of the school meal program in the district and other administrative characteristics of the district. Misreporting of family circumstances may be influenced both by administrative features of the programs (such as the type of verification

procedures used) and by demographic characteristics of students and families in the district. Therefore, the explanatory variables we will consider include indicators of the administrative features of the NSLP and SBP in the district, other characteristics of the district, and demographic characteristics of students and families in the districts. Verification rates (and procedures) will also be included as an explanatory variable, since they may also be highly predictive of error rates in the district.

The proposed model of error rates will therefore include five groups of independent variables, as specified below:

$$(1)\ error_{jk} = \beta_0 + ADMIN*\beta_{k1} + DISTRICT*\beta_{k2} + DEMOG*\beta_{k3} + VERIF*\beta_{k4} + REGION*\beta_{k5} + u_{jk}$$

In these models, $error_{jk}$ represents the error rate in SFA *j* and error category *k* (%CF-RPE, %CF-PE, %CRP-FE, and %CRP-PE), for either the NSLP or the SBP. Error rates are assumed to be a function of administrative characteristics of the NSLP and SBP in the SFA (*ADMIN*), district characteristics (*DISTRICT*), demographic characteristics of students and families in the district (*DEMOG*), verification rates and verification procedures used in the SFA (*VERIF*), and the region in which the SFA is located (*REGION*).

The four NSLP and four SBP models described above will be estimated using ordinary least squares (OLS) estimation techniques.[8] Since the sample will include only 100 district observations, we will have a limited number of degrees of freedom in the model; so we will need

[8]The model will be weighted appropriately to estimate standard errors that take into account the heteroskedasticity that arises from the fact that the dependent variables are district-level averages. If a large fraction of districts in the sample have error rates that are equal to zero, OLS estimates may be biased, since the dependent variables are left-censored. We will examine the fraction of districts in our sample with error rates equal to zero in each error category. If this fraction exceeds a minimum threshold of 10 to 20 percent, we will check the model's robustness to different functional forms appropriate for left-censored dependent variables, such as a Tobit specification. If the Tobit model appears to be a more appropriate specification, we will follow the procedure discussed by Moffit and McDonald for using Tobit models for prediction.

to be economical in including independent variables in the model. We will test various specifications of equation (1) that include subsets of the independent variables listed above. We will test specifications of this model that, like equation (1), are linear, as well as specifications that are nonlinear. In particular, we may include interactions of the independent variables or nonlinear functions of individual variables, such as quadratic functions, a series of dummy variables, or a spline function. The goal of testing these alternative specifications will be to find the specification that best explains variation in district-level error rates.

To select the independent variables that are to be included in the model, we will follow a stepwise regression procedure. Under this procedure, we will evaluate each explanatory variable, in turn, on the basis of its significance level and accumulate the model by adding variables sequentially. At each step of this procedure, we will consider the cost of the additional variable, since the optimal specification will depend not only on how predictive the model is, but also on the ease of obtaining and using the data needed to estimate this specification. For each specification, as a supplement to the stepwise procedure, we will compute the Akaike information criterion, a statistic that reflects how well the model fits the data, while taking into account the loss of degrees of freedom due to the addition of variables. In addition to independent variables based on data available from extant data sources, we will consider the added predictive value of variables not currently available but that the survey will collect. If any of these variables are highly predictive of error rates, FNS may consider collecting them in future years.

After all of this model specification testing, we will determine an optimal estimation model for predicting the four categories of certification error rates for both the SBP and NSLP, based on the Akaike information criterion as well as our own judgment and input from FNS regarding the costs and benefits of including each variable. The primary output of these models will be

eight sets of parameter estimates—β_{k1} through β_{k5}, where k = 1 through 8. These parameter estimates will be combined with extant data to generate predictions of SBP and NSLP erroneous payments nationally in both the survey year and in future years, using procedures described below.

Using the Model to Predict National Erroneous Payments in Survey and Future Years. After the econometric model of error rates have been estimated using survey data, FNS can utilize a six-step procedure to estimate parameters of this model and generate national estimates of overpayments, underpayments, and overall erroneous payments in future years. This procedure is described below. To help describe the procedure, we have simplified equation (1) by rewriting it as follows:

(2) $E_{jk} = X_j\beta_k + u_{jk}$, $k=1, \ldots, 8$

The steps are:

1. Collect the extant data necessary to measure the independent variables included in the final specification of the model for all SBP/NSLP-participating districts in a given year. In other words, collect data on X_j.
2. Use the parameters estimated by the econometric model (β_1 through β_8), along with these independent variables to predict the eight error rates for each participating district. $\widehat{E}_{j1} = X_j\widehat{\beta}_1$, ... , $\widehat{E}_{j8} = X_j\widehat{\beta}_8$
3. For each district, multiply the predicted error rate in each category by the total number of meals reimbursed as free or reduced-price, as appropriate, using FNS administrative data on meal reimbursements. This procedure will generate estimates of total meals erroneously reimbursed by the district in each error category. For example:
    a. *Number of free meals erroneously served to reduced-price-eligible students in district j =*
        i. *#CF-RPE$_j$ = (total # free meals served in district j) ** $\widehat{E}_{j1}$
4. Multiply the estimated number of total meals erroneously reimbursed in each error category by the dollar value of the erroneous payment per meal in each error

category. The result of this computation will be an estimate of the total erroneous payments in each category for each district. For example:

   a. *Total $ of erroneous payments for free meals served to reduced-price-eligible students in district j = $CF-RPE$_j$ = #CF-RPE$_j$ * (0.40)*

5. Sum across the relevant error categories to compute total overpayments, underpayments, and overall erroneous payments in the NSLP and SBP for each district. To calculate overpayments in district *j*, for example:

   a. OP_j = $CF-RPE$_j$ + $CF-PE$_j$ + $CRP-PE$_j$

6. Sum across all participating districts to compute national estimates of overpayments, underpayments, and overall erroneous payments in the NSLP and SBP. To calculate total overpayments nationally, for example:

   a. $OP = \sum_{j=1}^{J} OP_j$

c. Objective 3: Assess Program Access and Participation

Under Objective 3, we will conduct analyses of a limited set of issues related to access to, and participation in, the school meal programs. We will examine research questions related to: (1) the extent to which application procedures are barriers (for eligible but erroneously denied students' families), and (2) NSLP and SBP participation. The remainder of this section presents analysis plans for Objective 3.

Characteristics of Students and Their Households. The first stage in the analysis will be to describe the characteristics of students and their families by application status: all applicants, F/RP certified, and denied applicants (see Table A.16.5). Characteristics examined will include demographic characteristics of the child and the household, socioeconomic characteristics such as education and employment of the parents, income levels relative to poverty, and participation in other means-tested benefit programs. These comparisons will provide descriptive background for the analysis of factors affecting application and participation decisions. We will perform bivariate as well as multivariate analyses of characteristics of applicants and certified students.

TABLE A16.5

CHARACTERISTICS BY APPLICATION AND ELIGIBILITY STATUS

	Applicants		
	All	Certified	Denied
Child's Grade			
PreK to K			
1 to 3			
4 to 5			
6 to 8			
9 to 12			
Gender			
Boy			
Girl			
Race/Ethnicity			
White, non-Hispanic			
Black, non-Hispanic			
Hispanic			
Other			
Location			
Urban			
Suburban			
Rural			
Household Headed by			
Two parents			
Single parent			
Other relative			
Nonrelative			
Parent's Education			
Less than high school			
High school or GED			
Some college			
College graduate			
Some graduate school			
Parent's Employment			
Works full-time			
Works part-time			
Not working			
Program Participation			
TANF			
Food stamps			
Medicaid			
For child(ren)			
For adult(s)			
SFSP			

TABLE A16.5 (*continued*)

	Applicants		
	All	Certified	Denied
Number of Children < 18 Years			
1			
2			
3			
4			
5+			
Age of Youngest Child			
Less than 5			
5 to 8			
9 to 13			
14 to 18			
Household Size			
1 to 3			
4 to 6			
7 to 9			
10+			
Income Relative to Poverty			
< 50 percent			
50 to < 100 percent			
100 to < 130 percent			
130 to < 185 percent			
185 to < 250 percent			
250 to < 400 percent			
400+ percent			

We plan to construct similar tables so that we can compare certified students who are daily participants with those who participate less often.

Application Process. To address the research questions about the application process, we will first examine the results of the application process according to administrative records and as reported by parents, separately for certified and denied applicant households (see Table A16.6). For denied applicants, we will use application data to determine whether the denial was due to administrative error, the application was incomplete, or the application was erroneously determined incomplete. We will compare different groups of applicants as to their knowledge of the application process (see Table A16.7) Table A16.8 shows how we would examine the prevalence of, and reasons for, incomplete applications, using data from the application forms. Table A16.9 explores the reasons why households whose initial application for free or reduced-price meal benefits is denied due to administrative error do not reapply for benefits.

Meal Program Participation. Our analysis of participation issues will start with a school-level analysis. For example, it will be possible to tabulate the average daily participation rate for free, reduced-price, and paid students in schools of different types (see Table A16.10). The participation rate for free lunches, for example, could be computed as (Number of free lunches served in previous month) / (Number of serving days * number of students certified free). These rates would not be subject to the reporting error that would likely occur in parent reports on their child's participation; but could be subject to bias due to counting and claiming errors. Such an analysis could be used to assess, for example, whether participation rates among certified students were lower at the high school level than at the elementary level, and whether they were lower in schools with a small percentage of certified students than in schools with a large percentage. Another line of analysis will involve assessing participation as reported by parents. Using carefully structured questions, participation will be measured for the previous day, and as

TABLE A16.6

APPLICATION STATUS AND RESULTS

	Percentage of Households	
	Households with Income Below 185% FPL	Households with Income Above 185% FPL
Status Based on Administrative Data		
Submitted incomplete application for free or reduced-price meals		
Submitted complete application for free or reduced-price meals		
Applied and was approved		
Applied and was denied		
Denied because reported income exceeded 185% FPL		
Denied due to administrative error		
Status Based on Self-Reported Data		
Submitted incomplete application for free or reduced-price meals		
Submitted complete application for free or reduced-price meals		
Applied and was approved		
Applied and was denied		
Denied because reported income exceeded 185% FPL		
Denied due to administrative error		
Sample Size		

FPL = federal poverty level.

TABLE A16.7

HOUSEHOLDS' KNOWLEDGE OF PROCEDURES FOR APPLYING FOR FREE/REDUCED-PRICE MEALS

	Percentage of Households	
	Households That Submitted a Complete Application	Households That Submitted an Incomplete Application
Knowledge of Application Procedures:		
Aware of availability of free/reduced-price benefits		
Received letter and/or application form from school		
Found application materials clear and easy to understand[a]		
Was contacted by school and encouraged to apply		
Knows where to get an application		
Familiar with eligibility criteria		
Understands can apply for benefits at any time during the year		
Sample Size		

Note: Other similar tables would show knowledge of application procedures by other household characteristics.

[a]For those who received them.

FPL = federal poverty level.

TABLE A16.8

PREVALENCE OF AND REASONS FOR INCOMPLETE APPLICATIONS FOR FREE/REDUCED-PRICE MEAL BENEFITS, AMONG ELIGIBLE AND INELIGIBLE APPLICANTS

	Percentage of Households	
	Households with Income Below 185% FPL	Households with Income Above 185% FPL
Application Incomplete (Based on Review of Administrative Data)		
Type of Information Missing from Incomplete Applications (Based on Review of Administrative Data)		
Food stamp, TANF, or FDPIR case number		
Names of all household members		
Income received in the prior month for each household member (amount and source)		
Signature of adult household member		
Social security number of adult who signed application		
Other		
Sample Size		

Note: Column percents may sum to greater than 100, because respondents could give more than one reason. This sample table shell shows reasons by income eligibility level. Other similar tables would show reasons by other household characteristics.

FPL = federal poverty level.

TABLE A16.9

REPORTED REASONS FOR NOT REAPPLYING FOR FREE/REDUCED-PRICE MEAL BENEFITS AFTER INITIAL APPLICATION DENIED OR INCOMPLETE, BY REASON FOR DENIAL

	Percentage of Households Citing Reason		
	Applications Denied Because Reported Income Exceeded 185% FPL	Applications Denied Due to Administrative Error	Applications Incomplete
Reasons for Not Reapplying Among Households Whose Applications Were Denied			
Costs of Reapplying for Benefits			
Wanted to avoid hassle of appeal or reapplication process			
Changed Mind About Wanting to Receive Benefits			
Did not want to receive government assistance			
Wanted to avoid stigma associated with receiving free/ reduced-price meals			
Child no longer wishes to eat school meals			
No Longer Eligible Due to Change in Household Circumstances			
Income increased			
Household size decreased			
No longer receiving food stamps or TANF			
Unaware of Eligibility/Reapplication Process			
Did not think they were eligible			
Did not know they could reapply after being denied free/reduced-price benefits			
Not familiar with process for reapplying			
Other Reasons for Not Applying			
Other			
Sample Size			

Note: Column percents may sum to greater than 100, because respondents could give more than one reason. Other similar tables would show reasons by income eligibility level and other household characteristics. We will also present a version of the table showing the most important reason cited by respondent for not applying.

FPL = federal poverty level.

TABLE A16.10

AVERAGE SCHOOL-LEVEL NSLP PARTICIPATION,
BY CERTIFICATION STATUS

	Certification Status		
	Free	Reduced-Price	Paid
Participation Rates for			
All Schools			
Elementary Schools			
Middle Schools			
High Schools			
Urban Schools			
Suburban Schools			
Rural Schools			
Number of Schools			

Note: Aggregate participation rates will be computed for each school for the calendar month prior to the target week. These rates will be computed, for each category, as follows:

$$Rate(i) = \frac{Total\ Meals\ to\ Group(i)}{(Number\ of\ Serving\ Days)\ x\ (Number\ of\ Children\ in\ Group(i)}$$

where i = free, reduced-price, or paid status.

A similar table would be prepared for SBP participation rates.

the number of days participating in the previous week (see Table A16.11). Separate measures will be constructed for breakfast and lunch.

Those who do not meet a threshold level of participation (say, 60 percent of the days in which school meals were available) will be asked their reasons for not participating or for not participating more often (see Table A16.12). In addition, out of the reasons offered, they will be asked to designate the most important reason. We also will ask parents for their views and their child's views on the quality of school meals along several dimensions: for children—taste, amount of food, and overall satisfaction; for parents—healthfulness and overall satisfaction (see Table A16.13). These variables will support an analysis of how the perceived quality of school meals is related to participation among students whose certification status is free, reduced-price, or paid. Multivariate analysis of participation will be used to examine the effects of certification status, income, and other student and school characteristics on participation, while holding other factors constant. For these analyses, participation may be defined as participation any time in the past week or participation for four or more days out of five.

Changes in Eligibility and Certification Status. One type of barrier in the application process is that most enrollment in the program occurs at the start of the school year, so that families may not be aware of benefits, or may not be motivated to apply for them, if they become eligible after the start of the year. The magnitude of this barrier depends in part on how common it is for families to become eligible for increased meal benefits after the start of the year—if such a change is rare, concern about barriers will be less. Table A16.14 shows the format we plan to use to examine changes in eligibility over time. Ideally, we would measure changes in eligibility between the start of the school year and the end of the school year, but our sample design will not allow that. Instead, for the panel sample of those certified at the beginning of the year, changes over time will be measured from the time of the first interview to the time of the second.

TABLE A16.11

PARTICIPATION AS REPORTED BY PARENTS,
BY CERTIFICATION STATUS

	Certification Status		
	Free	Reduced-Price	Paid[a]
Lunch			
Participation on day prior to interview			
Number of Days in Past Week That Child Participated			
None			
1			
2			
3			
4			
5 (every day)			
(Mean)			
Sample Size			
Breakfast			
Participation on Interview Day			
Number of Days in Past Week That Child Participated			
None			
1			
2			
3			
4			
5 (every day)			
(Mean)			
Sample Size			

Note: Similar tables would examine participation by eligibility status or other subgroups.

[a]These are denied applicants only

TABLE A16.12

REASONS FOR NOT PARTICIPATING IN NSLP,
BY CERTIFICATION STATUS

	Certification Status			
	Total	Free	Reduced-Price	Paid[a]
Reasons				
(All)				
Child Does Not Eat Lunch				
Child Does Not Like the Food Served				
Child Prefers to Bring Lunch From Home				
Child Does Not Have Enough Time to Get and Eat School Lunch				
Child Does Not Like Waiting in Line				
Child Thinks Only Needy Kids Eat School Lunch and He/She Does Not Want to be Thought of That Way				
Parent Prefers That Child Bring Lunch				
Child Does Not Want to Eat Lunch Because Friends Don't				
Most Important Reason				
Child Does Not Eat Lunch				
Child Does Not Like the Food Served				
Child Prefers to Bring Lunch From Home				
Child Does Not Have Enough Time to Get and Eat School Lunch				
Child Does Not Like Waiting in Line				
Child Thinks Only Needy Kids Eat School Lunch and He/She Does Not Want to be Thought of That Way				
Parent Prefers That Child Bring Lunch				
Child Does Not Want to Eat Lunch Because Friends Don't				
Sample Size				

Note: A similar table will cover reasons for not eating school breakfast.

[a]These are denied applicants only

TABLE A16.13

SATISFACTION WITH SCHOOL MEALS

	Certification Status			
	Total	Free	Reduced-Price	Paid[a]
Child's Satisfaction with Taste[b]				
Very satisfied				
Somewhat satisfied				
Somewhat dissatisfied				
Very dissatisfied				
Child Satisfaction with Amounts[a]				
Very satisfied				
Somewhat satisfied				
Somewhat dissatisfied				
Very dissatisfied				
Child's Overall Satisfaction[a]				
Very satisfied				
Somewhat satisfied				
Somewhat dissatisfied				
Very dissatisfied				
Parent's Satisfaction with Healthfulness				
Very satisfied				
Somewhat satisfied				
Somewhat dissatisfied				
Very dissatisfied				
Parent's Overall Satisfaction				
Very satisfied				
Somewhat satisfied				
Somewhat dissatisfied				
Very dissatisfied				
Sample Size				

[a]These are denied applicants only

[b]Parents are being asked to report child's satisfaction.

TABLE A16.14

CHANGES IN ELIGIBILITY OVER TIME

Percentage of Students' Households
Always Eligible
Always free-eligible
Always reduced-eligible
Changed from free to reduced
Changed from reduced to free
Changed from Eligible to Not Eligible
Sample Size

Note: Eligibility will be defined as income below 185 percent of poverty. Data will be from parent interviews for certified and denied applicants—weighted to be representative of all applicants. For the panel sample of those certified at the beginning of the year, changes will be measured from the time of the first interview to the time of the second interview. For the sample of those who were denied at the beginning of the year, changes will be measured from their retrospective reporting on the previous year to the time of their interview.

SFSP Participation. SFSP participation is relevant to the main objectives of the study as a background characteristic of the students sampled. Perhaps more important, this study provides an opportunity to gather information on this issue, which is of independent policy interest, at a low marginal cost. Among all school meal applicant households, we will examine what proportion participated in and received free meals from academic programs versus non-academic recreation programs during the previous summer. Table A16.15 shows how we plan to examine SFSP participation patterns. We will ascertain the prevalence of students' participation in programs in which they receive free meals and how frequently they participate and types of meals received. We also will determine the types and locations of programs that students attend. For nonparticipating students, we will determine whether parents are aware of programs that provide free meals during the summer, and if they are aware, their reasons for not participating. In addition, we will examine what other strategies parents of children who do not participate in the SFSP may use to feed their children during the summer. These strategies may include, for example, asking relatives for help, using a food pantry, spending food dollars more carefully, or buying less expensive types of food.

A17. DISPLAY OF EXPIRATION DATE FOR OMB APPROVAL

The OMB approval number and expiration date will be printed at the top of the cover page of each instrument.

A18. EXCEPTION TO THE CERTIFICATION STATEMENT IDENTIFIED IN ITEM 19.0 OF FORM OMB 83-1

None.

TABLE A16.15

SUMMER FOOD SERVICE PROGRAM PARTICIPATION

	Certification Status		
	Free	Reduced-Price	Total
Participated in a Program That Offered Free Meals to Children in Your Community in the Previous Summer			
Yes			
No			
Attended Summer School and Received Free Meals There in the Previous Summer			
Yes			
No			
Participated in the SFSP in Previous Summer			
Yes			
No			
Frequency of SFSP Participation			
Average number of days per week			
Average total number of days			
Types of Meals Typically Received While Attending Program			
Breakfast			
Lunch			
Supper			
Other			
Location Received Meals			
School			
Park			
Housing project			
Church			
Other			
Distance from Program			
Average number of blocks (or miles)			
Other Activity Associated with Program			
None			
Summer school			
Day camp			
Recreation program			
Other			

TABLE A16.15 (*continued*)

	Certification Status		
	Free	Reduced-Price	Total
Whether Child Liked the Food			
Yes			
No			
If Not Participating in SFSP,			
Aware of a free food for kids program nearby in the area?			
If yes, how far away (in blocks or miles)?			
Among Those Who Did Not Participate, Reasons for Not Participating			
Not aware of program nearby			
Transportation problem			
Child doesn't like food			
Child doesn't like other aspects of the program			
Wanted to avoid stigma			
Wanted child to stay home over the summer			
Concerned about safety of the child			
Child had different summer activities			
Other			
If Program Opened Up Close to Home, Would They Send Their Children to It?			
Yes			
No			
Don't know			
Among Those Who Did Not Participate, Other Strategies Parents Used			
Asked relatives for help			
Used a food pantry			
Spent food dollars more carefully			
Bought less expensive types of food			
Sample Size			

Note: We will prepare similar table for denied applicants.

PART B. COLLECTION OF INFORMATION USING STATISTICAL METHODS

B1. SAMPLING AND STATISTICAL PRECISION LEVELS

1. Overview

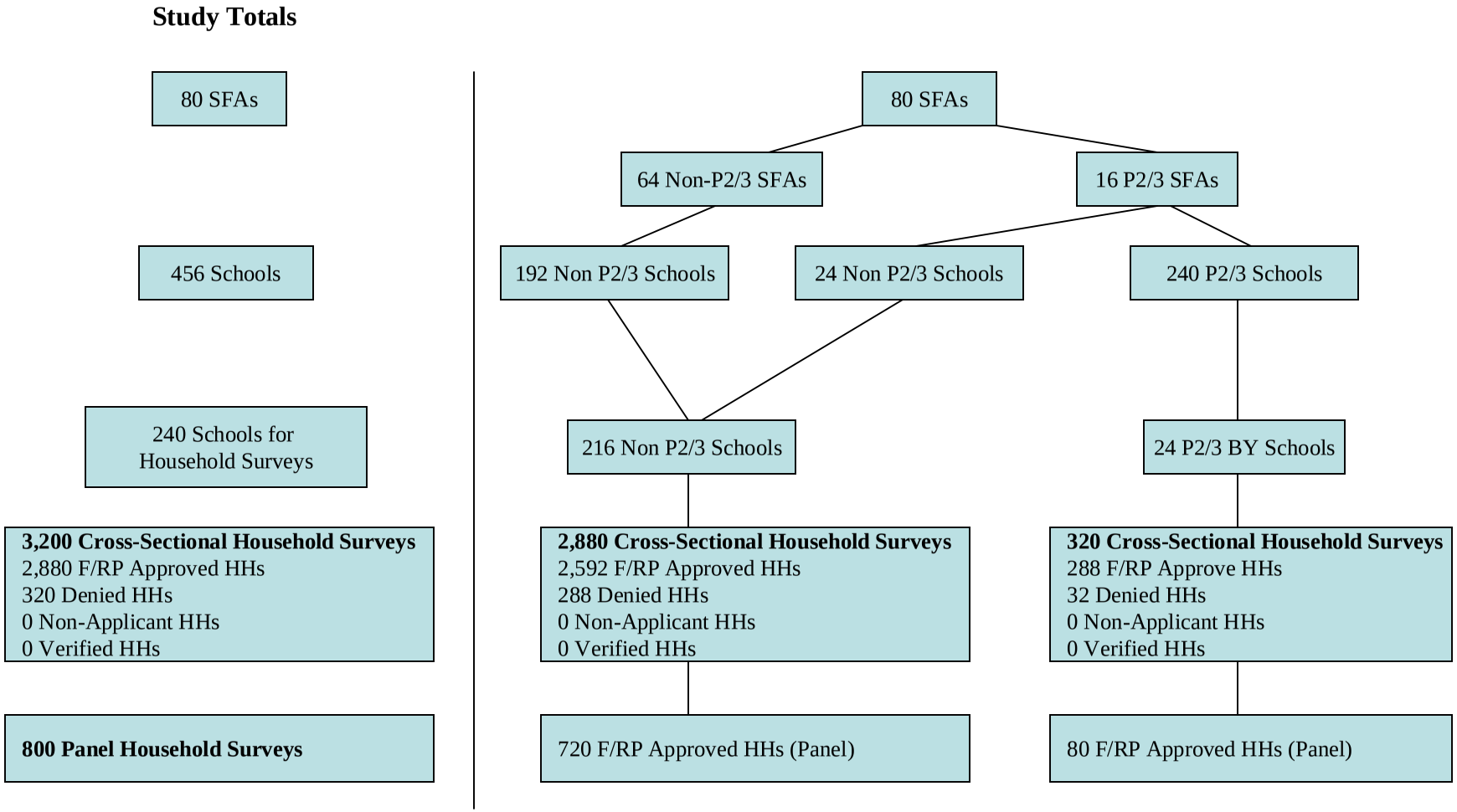
The APEC Study involves a multi-stage sample design that begins by sampling SFAs, then sampling schools served by the SFAs, and finally by sampling children who attend the schools (see Figure B1.1). Substantive data for the study will be obtained from the entities at each level of sampling. Students will not be interviewed, however; rather, Mathematica Policy Research, Inc. (MPR) field interviewers will interview parents and guardians of sampled students and abstract data from students records with the consent of parents and guardians.

The need for separate estimates of erroneous payments for lunches and breakfasts drives much of the sample design. Only three-fourths of the schools participating in the NSLP also participate in the SBP; at the student level, only about one-third as many eligible students consume free or reduced-price breakfasts as do lunches. Therefore, in order to achieve OMB precision standards for estimating erroneous payments for both the NSLP and SBP, our proposed main sample includes the completion of interviews with the parents or guardians of 2,880 students certified for free or reduced-price meals, including those attending schools that participate in Provision 2/3. We anticipate that at least 960 of these households will include students who participate in the SBP.

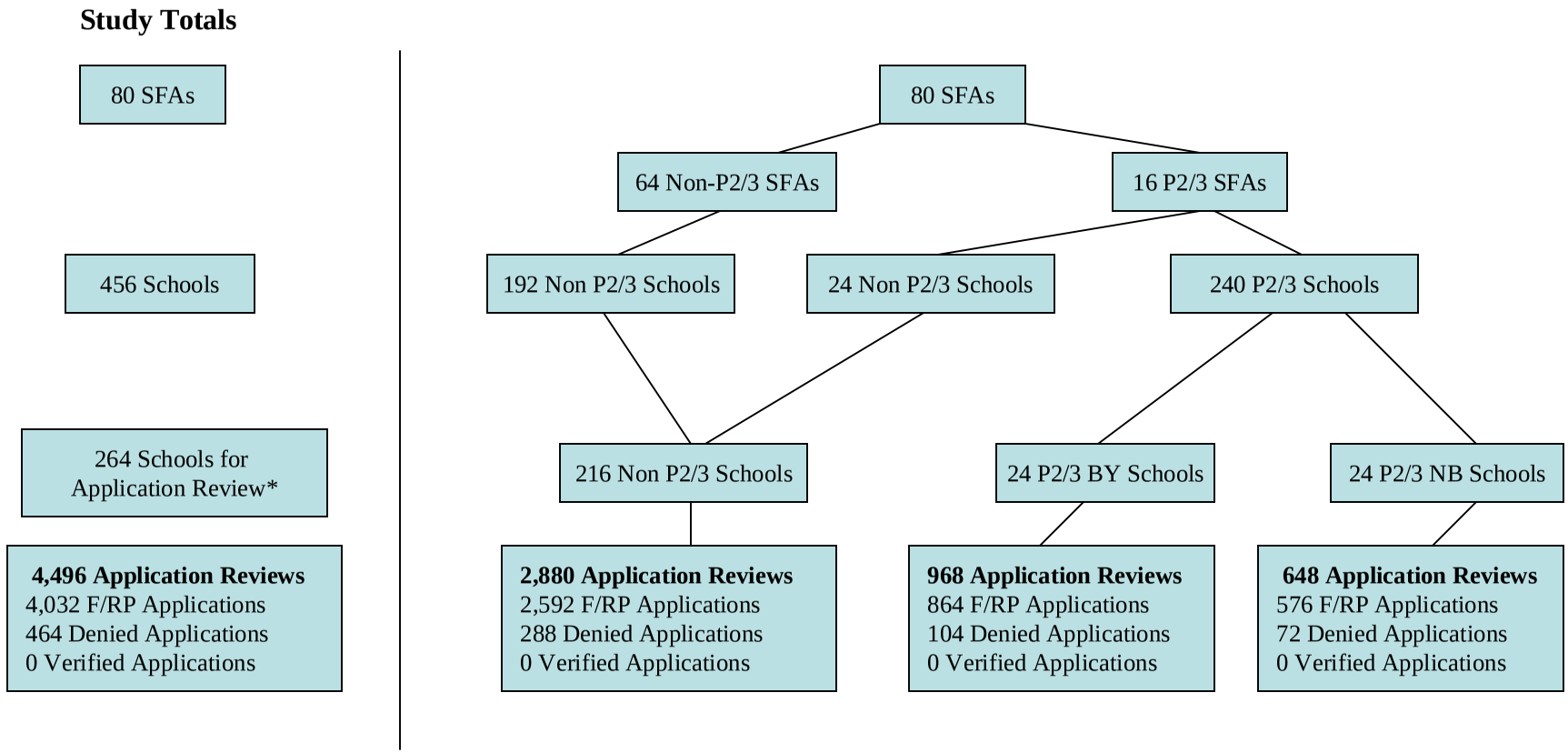
An additional consideration is the need to sample enough Provision 2/3 schools so that separate estimates of erroneous payments can be made for that group. Because of the nature of Provisions 2 and 3, obtaining enough Provision 2/3 schools *in their base year* is critical, since information about certification error in base-year schools will also be used to derive estimates of erroneous payments in Provision 2/3 schools in their non-base year during SY 2005-2006. FNS

FIGURE B.1

SAMPLE DESIGN FOR NSLP/SBP
ACCESS, PARTICIPATION, ELIGIBILITY AND CERTIFICATION STUDY
HOUSEHOLD SURVEYS



SAMPLE DESIGN FOR NSLP/SBP
ACCESS, PARTICIPATION, ELIGIBILITY AND CERTIFICATION STUDY
APPLICATION REVIEWS



*Note all schools selected for application reviews would also include data collection for counting and claiming errors

data suggest that approximately 20 percent of all Provision 2/3 schools will be in their base year in SY 2005-2006. We plan to sample 240 Provision 2/3 schools, expecting to obtain 24 base-year schools and complete 320 household interviews from those 24 schools (288 free and reduced-price households, 32 denied applicant households). Meal-counting and -claiming error data will be collected from 264 schools: 216 non- Provision 2/3 schools, 24 Provision 2/3 base year schools, and 24 Provision 2/3 non-base year schools.

2. Target Populations

The target populations are as follows:

- ***SFAs.*** At the district level, the study population refers to local SFAs that operate the NSLP and/or SBP. We will include both public and private SFAs.
- ***Schools.*** The target population consists of elementary and secondary schools (kindergarten through 12th grade). Both public and private schools are included.
- ***Students.*** We will sample two groups of students from schools: (1) students certified for free or reduced-price meals; and (2) denied applicants (which include completed applications, as well as incomplete ones).

3. Sampling Frames

To conduct the sampling, we started with a sampling frame, or list of SFAs in the contiguous United States and District of Columbia. The main frame for this study was the sample of public school SFAs selected for FNS by MPR as part of the NSLP Sample Frame Construction Project. This frame is being used for the current School Nutrition and Dietary Assessment Study (SNDA-III). It includes SFAs selected from the NCES Core of Common Data (CCD), plus data from three surveys with SFAs that collected information about participation in the NSLP and SBP, meal-planning methods, participation in Provisions 2/3, and other topics. Since public school SFAs cover geographically defined areas (that for the most part

do not overlap), and since private SFAs tend to be schools themselves, rather than districts, we plan to include private schools in the frame at a subsequent stage of selection, described below.

For each SFA selected, we compiled a sampling frame of schools to select the sample of schools. Public schools were added using data from the most recent CCD, and private schools are added from Quality Education Data (QED).[1] Since the public school SFAs cover all geographic areas in the contiguous United States, we added private schools to the frame for each sampled SFA, based on the private school's zip code. To give the schools not on the supplemented frame (the "new" schools) a chance to be selected, SFAs are asked to provide names, enrollment, and program participation data for schools that have come into existence since the last CCD. We discuss sampling of such schools below.

Finally, after the sample of schools is selected, each SFA (or school, as appropriate) will be asked to provide student lists with the information needed to stratify and select students, as well as to contact participating households. With support from MPR's central office, MPR field staff will compile the lists and perform the sampling on-site. Team leaders will visit sampled schools on or close to the first of each month of the school year to compile the lists and select samples of students for the household survey, including certified free and reduced-price students and students whose applications were denied.

Some school districts have policies that do not permit the release of the names and addresses of students without receiving prior, signed parental consent. MPR is working with school districts that have this policy by having the districts distribute consent packets to all enrolled students in the district's study schools. Only those parents who return signed consent forms would be included in the student frame and eligible for selection.

[1]The CCD does not contain information on private schools.

4. Sample Selection Procedures

Because of resource constraints, we had to scale back the scope of the sample design for the APEC study after we initially selected 100 SFAs. When we determined we needed to scale back the study's scale, we randomly selected a subsample of the 100 districts designed to yield 80 cooperative districts. In the remainder of this section, we first describe the procedures for selecting the initial sample of districts, and then describe procedures for ending up with the current sample design--80 districts.

a. The Initial Sample Design

We initially selected a sample of 100 SFAs.[2] We used stratification at several stages to increase statistical efficiency. This included:

- **SFA-Level Stratification.** We stratified the frame of SFAs by the geographic region and prevalence (estimated from the NSLP Sample Frame Construction Project) of schools with SBP and those using Provision 2/3, and by poverty. For the most part, we implicitly stratified (sorting based on the stratifying variables) the sample frame rather than used explicit stratification. A random, sequential selection at this stage from the sorted schools produced a stratification effect that ensures representation of schools in the range of the factors (see the next section for a description of the sorting and selection method used). The only instances in which we used explicit stratification are those where oversampling is called for. Explicit stratification was used to ensure selection of an adequate number of SFAs where Provision 2/3 is used.
- **School-Level Stratification.** The original design provides for selecting, on average, only three schools per SFA in non-Provision 2/3 SFAs, and approximately 16 to 17 schools per SFA in Provision 2/3 SFAs (data will be collected from only a subset of these Provision 2/3 schools, however). In SFAs where Provision 2 and 3 are not used, we plan on stratifying schools into two groups: (1) elementary schools and (2) middle- and high-schools, and then selecting schools from these two groups, reflecting that a larger percentage of reimbursements go to elementary schools than middle- and high schools. In these SFAs, we used implicit rather than explicit

[2]Based on our experience with SNDA-III, we expected that one or two SFAs will be selected with certainty. If these "certainty" SFAs are large enough, we would treat them as multiple SFAs and allocate more schools and students to them. In fact, there were initially eight certainty selections accounting for 10 district equivalents (New York City and Los Angeles were certainty selections and were given a double allocation). In this case, we selected 89 additional (noncertainty) SFAs.

stratification if oversampling is not called for based on the distribution of the study population (certified students). (Where oversampling is not needed, we used implicit stratification at the school level, because it is easier to implement and should lead to less variability in student level probabilities of selection, and hence in sampling weights, than would explicit stratification.) For example if on average half the study population is in the elementary group, implicit stratification will result in about half of the sampled schools being in the elementary group. If this distribution matches the desired sample distribution, no oversampling will be needed. In SFAs where Provision 2 or 3 is used, we stratified explicitly on that characteristic, so that this group can be adequately represented. Within these explicit strata we stratified on grade level. This second level of stratification was explicit or implicit based on the same considerations discussed for SFAs where Provision 2 and 3 are not used.

- **Student-Level Stratification.** Students in sampled schools will be partitioned into two frames: (1) certified free/reduced-price, and (2) denied applicants. Based on our experience using the same frame for selecting the SNDA-III sample, we expected that 20 of the SFAs will be those that use Provision 2/3. From these 20 SFAs, we planned on selecting 300 schools that use Provision 2/3 and would screen them to find 60 schools in their base year. In SFAs without Provision 2/3, we planned on selecting three schools, on average, or a total of 240 schools. In other SFAs (those with and without Provision 2/3 schools), we planned on selecting, on average, 16 to 17 schools (15 Provision 2/3 and 1 to 2 non-Provision 2/3, on average), or 330 schools. Allocation of the sample in this way would ensure that all schools in SFAs where Provision 2/3 is used have a chance of being sampled.

For the household survey, under the original sample design, we planned on sampling students in 300 schools from the 100 districts—270 schools not using Provision 2/3 and 30 Provision 2/3 schools in their base years. From those 300 schools, we planned to select samples large enough to yield completed interviews with 3,600 students certified for free and reduced-price meals and 400 denied applicant households. The distribution of the free and reduced-price sample during the year would mirror the proportion certified in each month, with most coming from those certified in August through October 2005. This is done so that interviews can take place near the time of certification. In each successive month from November 2005 through the end of the school year, MPR would augment this sample with a sample of 75 free and reduced-priced households newly certified during the current (and preceding month), totaling 600

households.[3] We planned on selecting and interviewing a panel subsample of 1,000 free and reduced-price students/households from the 3,600 related in the main sample.

Data from the meal program applications and surveys with the parents of the 3,600 certified free and reduced-price students and 400 denied applicants from the 270 non-Provision 2/3 schools and 30 Provision 2/3 base-year schools would be used to estimate erroneous payments due to certification error as well as total case error rates (case error rates here will be defined as resulting from either administrative error or household misreporting), separately for the NSLP and SBP. In addition, we will augment our sample of approved and denied applications by selecting samples of applications from the 60 Provision 2/3 schools (30 Provision 2/3 base year schools and 30 Provision 2/3 non-base year schools) where we are not conducting household surveys. This larger sample of applications (5,600 applications from 360 sampled schools) will be used to estimate the case error rate *due to administrative error* and to assess differences in this error by Provision 2/3 status.[4]

Since the main analytic variables of interest are at the student or meal reimbursement levels, the samples of SFAs and schools in sampled SFAs were selected with probability proportional to size (PPS). The frame we used comprises a sample of public school districts selected with PPS from the CCD where the measure of size (MOS) was the square root of the estimated enrollment.

[3]We had proposed to allow the possibility that applicants who were originally included in our "denied applicant" sample could reenter the data collection as part of the sample of free and reduced-price "new entrants," if they reapply, are determined eligible by the program, or happen to be drawn into the "new entrant" sample. Our basic reason for proposing to allow this to happen is that it is the appropriate thing to do from the point of view of sampling methodology—denied applicants who reapply later and are certified should be eligible for the newly certified free/reduced-price sample, since that is their new status. More formally, to have a valid statistical sample of free/reduced-price students/households requires that all members of the universe have a nonzero probability of selection; failure to allow them into the sample would violate this.

[4]This overall sample of applications was to be comprised of 3,240 approved F/RP and 360 denied applications from the 270 non-Provision 2/3 schools, 1,080 approved F/RP and 120 denied applications from 60 Provision 2/3 base year schools, and 720 approved F/RP and 80 denied applications from 30 Provision 2/3 non-base year schools. The applications for the non-base year schools refer to those from the base year of their current Provision 2/3 cycle.

Using a square root-based MOS is a common practice for multipurpose surveys and has been used in selecting other samples of SFAs and schools for FNS. However, because this study focuses on the precision of estimates regarding reimbursement errors for meals served to students, the use of the square root MOS is not optimal for this study. To select a sample of SFAs from the frame, we set the probability of selection (from the frame) for each SFA such that when schools are selected PPS within SFAs and an equal number of students are sampled per school, the resulting sample of students will be approximately self-weighting.[5] This will lead to greater precision for meal and student level estimates. PPS methods were also used in selecting schools within SFAs. We used an estimate of the number of certified students as the MOS for selecting schools.

MPR used SAS PROC SURVEY SELECT, to sequentially select stratified or zoned (implicitly stratified) samples. Where we do not use explicit strata, we used a probability minimum replacement (PMR) approach as defined in Chromy (1979). The units on the file are sorted in a manner that maximizes proximity of similar units within explicit strata.

While we have made every effort to ensure participation of the initial sample of SFAs and schools, some may refuse to participate. In these situations, we use substitution of random units from the same stratum. Substitute SFAs are selected at the same time as the main sample and released if necessary because of nonresponse. Where explicit stratification is used, we select a double sample in each stratum randomly pick half of the selection to serve as substitutes. Where implicit stratification is used we select a sample twice as large as desired and form pairs of SFAs

[5]Essentially, this will be done by developing an adjusted measure of size with which to select SFAs from the existing frame into the erroneous payments sample. The adjusted measure of size is relatively larger for larger schools and is set so that the overall probabilities of selection for the SFAs (taking account both of the initial into the frame and the secondary selection into the current sample) are approximately proportional to the numbers of students in the SFAs. A similar procedure was used in the SNDA-III study.

belonging to adjacent zones. One of each pair was randomly selected to serve as the substitute. As with SFAs, we selected a substitute sample for schools. In addition, we allowed for selection of schools that have come into existence since the most recent CCD was compiled. SFAs are contacted after schools are selected and asked if any schools have come into existence since the date of the most recent CCD. The new schools have been given a chance of selection proportional to their share of the sum of their MOS plus the MOS of the schools on the frame.[6]

As mentioned, students will be sampled by field interviewers from lists they will compile onsite from SFAs and schools. They will review lists to make sure only eligible students appear on the list and to make sure that the lists are sorted so that samples can be randomly selected. Field interviewers will use laptop computers with specially designed sampling programs to help them select the student samples. This usually involves entering the number of eligible students for a target group (e.g., free or reduced-price students) and clicking on a button that makes the random selections. The computer will provide a list of the random selections, identifying the selections by the student's position (line number) on the sample frame (list) and indicating the selection's "selection order." For students, a supplemental sample will be used that allows for nonresponse of households. For example, our target is 10 completes with free or reduced-price student households and our estimate is that on average we need to sample 13. The computer will make 20 selections, where 10 are "main" selections designated from immediate use and the remaining 10 are "replacements," for use if more parents than expected are uncooperative or

[6]It would be better to update the school frame before final selections were made, and this procedures is being followed in most districts. Schools will be selected within strata within LEA, after the LEAs are selected from the most recent CCD before contact with the LEA. LEAs will be asked if they have any schools that are new (opened since the date of the CCD) and eligible (participate in NSLP). If they report any, we will obtain information about enrollment numbers of certified students and participation in Provision 2/3. We will then: (1) check that each reported "new" school was not on the CCD (schools that were on the CCD will have already had a chance of selection); (2) assign new schools to their appropriate strata; (3) compute a new total measure of size (MOS) for each stratum (Revised_Total_MOS = Old_Total_MOS + New_Total_MOS); and (4) select a new sample of schools.

ineligible. Some households may have more than one student attending the sampled school. Should we happen to sample more than one child from a household, we will randomly select one child to serve as the "sampled student" for that household.[7]

b. The Final Sample Design

For the APEC study, our original design specified 100 districts. We selected a sample of 10 certainty districts (8 certainty selections equal to 10 district-equivalents) and then selected 89 "pairs" of districts (noncertainty selections), randomly assigning one district in each pair as the "main" selection and the other as the "replacement" should the main selection refuse to participate. Districts were sampled from two strata: non-Provision 2/3 (districts that did not include Provision 2/3 schools) and Provision 2/3 (districts that included at least one Provision 2/3 school). Districts with P2/3 schools were oversampled. Implicit stratification was used to help assure proportional representation on such district level characteristics as region, poverty level and participation in the SBP.

Because of resource constraints, we needed to reduce the study sample to approximately 80 districts. (As shown in Section 5, the study's estimates of erroneous payments will still remain well within the OMB precision standard of +/- 2.5 percent with this smaller sample of districts.)

[7]There are two possible approaches for treating situations where more than one student is selected from a particular household. Under the first, we could include all children that were sampled. For example, if the household had three children attending a school, and two were sampled, we would keep both. We would abstract their application. We would interview the household once. Under this approach we would need to expand the NSLP and SBP participation section to allow responses on each sampled child in the household. A second approach is to sample just one student per household. That is, in cases where more than one child from the same household is selected, we would randomly select one child to be the "Sample Student" for all data collection. Each has advantages and disadvantages. The sampling is easier under the first approach, but the household survey would be substantially longer since the questions on participation in the survey ask about participation on each day separately for the entire prior week before the interview, and separately for the SBP and NLSP. Sampling students under the second approach is somewhat more difficult to implement (field interviewers will need to sample one child per household and replace the student not selected with another selection), but is easier in terms of data collection. We are proposing to use the second approach and limit the sample to one child per household in order to minimize burden on parents when responding to the household survey.

In reducing the district sample, we wanted to accomplish the following objectives: (1) maintain the probabilistic nature of the sample, (2) have a distribution of districts that reflects that of the original sample, and (3) assure to the extent possible that at least 80 districts would participate in the study.

The approach we implemented entailed selecting a random subsample from all 100 districts (plus the alternates in the case of the noncertainty districts). We are currently recruiting only the those districts that included in this subsample of 80 districts. The selection employed explicit stratification on Provision 2/3 and implicit stratification on other characteristics to maintain the probabilistic nature of the sample and resulted in a distribution of the new sample that reflects the original sample. Under this approach, some districts that have already been recruited (e.g., agreed to participate and signed letters of understanding) needed to be dropped.

In the original design, if a "main" selection declines to participate, we release its alternate and attempt to recruit the alternate. We continue this method with the reduced sample. However, there have been two cases in which both the main and alternate selections have declined to participate. Because sampled districts that have not yet executed letters of understanding and their alternate could both decline to participate, we could end up with less than our target of 80 districts. We therefore selected 84 main districts (instead of 80), plus a reserve sample of three additional main districts (for a total of 87 districts overall in the new study design) to provide some margin should this occur. The reserve sample will be used, if in contacting the 84 main districts (and their alternates if needed) we obtain cooperation from fewer 80 districts. In this case we will take replacements from the reserve sample in random order until we obtain cooperation with 80 districts.

5. Statistical Precision

OMB specifications for statistical precision require a 90 percent confidence interval of "2.5 percent around the estimate of the percentage of erroneous payments.[8, 9] To obtain this level of precision for both the NSLP and SBP, we plan to complete household surveys with parents of 2,880 certified free and reduced-price students.

Table B1.1 presents the precision expected under the new design for estimates relating to the erroneous payments, expressed as a percentage of all free and reduced-price reimbursements. Precision values are 90 percent confidence intervals. The confidence interval for the study's estimate of the rate of erroneous payments in the NSLP is "1.34 percentage points and "2.03 for the SBP. Both are within the OMB precision standard of "2.5 percentage points.[10]

Because we also are interested in the characteristics of households belonging to each of the categories, the precision for a range of percentage estimates (of binary variables) are presented, in Table B1.2. This table presents confidence intervals of estimates percentages for the NSLP, the SBP and denied applicants.

[8]OMB's guidance on erroneous payments states that "significant erroneous payments are defined as annual erroneous payments in a program exceeding both 2.5% of program payments and $10 million." Programs and activities susceptible to significant erroneous payments, as defined above, are to determine an annual estimated amount of erroneous payments made in those programs and activities, identify the reasons the programs and activities are at risk of erroneous payments and implement a plan to reduce erroneous payments. OMB calls the first threshold the "error rate" and the second threshold the "error amount." We interpret this as meaning the error rate is the ratio of two "dollar-denominated" sums: total annual erroneous payments divided by total annual payments. For the NSLP (or SBP), the error rate will equal the total dollar amount of erroneous payments made to free approved and reduced-price approved students divided by total reimbursements for free and reduced-price meals under the NSLP (or SBP). The study also assesses the prevalence of "case error" rate: the percentage of all applicants erroneously certified or denied.

[9]This is mathematically equivalent to the requirement that the confidence interval around the ratio of average error, as a percentage of average reimbursement per meal, be plus or minus 2.5 percentage points.

[10]The error categories used in making our precision estimates for Table B1.1 are defined on the basis of the lunch reimbursements for SY 2004-2005. Assumptions about the frequencies of these error values, based on previous studies, are used as the basis for estimating the population parameters for school lunches. That is, the means and variances are obtained for each of the error situations (aggregate, underpay, and overpay).

TABLE B1.1

90 PERCENT CONFIDENCE INTERVALS: ABOUT MEAN AMOUNT IN ERROR
(REVISED DESIGN)

Mean Amount in Error	Sample Size (Students)	90 Percent Confidence Interval Error for Payments in Error[a]
NSLP		
Overall[b]	2,880	±1.34
Non-Provision 2/3[b]	2,592	±1.41
Provision 2/3[c]	288	±4.14
SBP[d]		
Overall[e]	960	±2.03
Non-Provision 2/3[e]	864	±2.14
Provision 2/3[e]	96	±6.25

[a]In percentage points.

[b]Assumes design effect equals 2.4.

[c]Assumes design effect of 2.3.

[d]Assumes one-third of sampled approved free/reduced-price students will participate in the SBP. This is a conservative assumption. It is likely that 40 percent of free/reduced-price students will participate in the SBP, which means the precision of these estimates will increase over what the table shows.

[e]Assumes design effect equals 1.8.

TABLE B1.2

90 PERCENT CONFIDENCE INTERVALS FOR PERCENTAGE ESTIMATES ABOUT TOTAL SAMPLE AND PROVISION 2/3 SUBGROUPS
(Entries Are Percentage Points)

REVISED DESIGN

		Estimated Proportion (P) Equals		
	Sample Size	10% or 90%	30% or 70%	50%
NSLP				
Total Free/Reduced-Price Sample	2,880	± 1.42	± 2.17	± 2.37
Non-Provision 2/3 Free/Reduced-Price	2,592	± 1.50	± 2.29	± 2.50
Provision 2/3 Free/Reduced-Price	288	± 4.40	± 6.72	± 7.33
SBP[a]				
Total Free/Reduced-Price Sample	960	± 2.13	± 3.25	± 3.55
Non-Provision 2/3 Free/Reduced-Price	864	± 2.25	± 3.43	± 3.74
Provision 2/3 Free/Reduced-Price	96	± 6.74	± 10.29	± 11.23

[a]Assumes one-third of sampled approved free/reduced-price students will participate in the SBP. This is a conservative assumption. It is likely that 40 percent of free/reduced-price students will participate in the SBP, which means the precision of these estimates will increase over what is shown in the table.

The precision of the estimates of the total case error rate (case error due to either administrative error or household misreporting) can be obtained from Table B1.2 since one can treat the proportion of approved applications that are in error as a characteristic of all approved free and reduced price students. For estimating the *percentage of cases in error* (defined over approved applicants and including certification error due to administrative error or household misreporting), the 90 percent confidence interval will be "2.17 percentage points for the NSLP and "3.25 percentage points for the SBP, assuming a case error rate due to both administrative error and household misreporting near 30 percent (see Column labeled ".30 or .70"). Note that these precision estimates apply to case error rates defined only for approved applicants (free and reduced-price certified students). That is, it excludes denied applicants from the base. For these analyses, we are treating erroneous payments and total case error (erroneously certified applicants) similarly in that they are both defined over approved applicants only. We also plan to estimate total case error rates over all applicants (those approved for free and reduced-price meals *and* denied applicants). The precision of the estimates for case error defined over all applicants is shown in Table B1.3 and B1.4. For estimating the *percentage of cases in error* (defined over all applicants and including certification error due to administrative error or household misreporting), the 90 percent confidence interval will be "2.13 percentage points for the NSLP and "3.20 percentage points for the SBP, assuming a case error rate due to both administrative error and household misreporting near 30 percent.

TABLE B1.3

90 PERCENT CONFIDENCE INTERVALS FOR PERCENTAGE ESTIMATES OF TOTAL CASE ERROR FOR ALL APPLICANTS[a,b]
(Entries Are Percentage Points)

		Estimated Proportion (P) Equals		
	Sample Size	10% or 90%	30% or 70%	50%
NSLP				
Total Sample	3,200	± 1.39	± 2.13	± 2.32
Non-Provision 2/3	2,880	± 1.46	± 2.23	± 2.44
Provision 2/3	320	± 4.31	± 6.59	± 7.19
SBP				
Total Sample	1,067	± 2.09	± 3.20	± 3.49
Non-Provision 2/3	960	± 2.19	± 3.35	± 3.66
Provision 2/3	107	± 6.40	± 9.83	± 10.73

[a]Calculated over approved and denied applicant students.

[b]Case error here includes error due to administrative error *and* household misreporting.

TABLE B1.4

90 PERCENT CONFIDENCE INTERVALS FOR THE DIFFERENCE IN ESTIMATES OF CASE ERROR BETWEEN NON-PROVISION 2/3 AND PROVISION 2/3[a,b]
(Entries Are Percentage Points)

	Estimated Proportions (P) Equal to or Near[c]		
	10% or 90%	30% or 70%	50%
NSLP	± 4.50	± 7.00	± 7.63
SBP	± 6.84	± 10.45	± 11.40

[a]Calculated over approved and denied applicant students.

[b]Case error here includes error due to administrative error *and* household misreporting.

[c]Table entries show the confidence intervals around the difference in proportions between Provision 2/3 and non-Provision 2/3 when both proportions are equal to or "near" the percentage shown in the column heading. For example, if the certification error rate was .09 in non-Provision 2/3 and .11 in Provision 2/3 for the NSLP, then the confidence interval around the difference, .02, would be +/- .0450, since the estimates of certification error are both near 10 percent. If the certification error rate was .29 in non-Provision 2/3 and .31 in Provision 2/3, then the confidence interval around the difference, .02, would be +/- .0700, since the estimates of certification error are both near 30 percent.

The study's sample design will provide a sample of 4,496 applicants from 264 sampled schools in which to estimate case error rate *due to administrative error.* This sample will be comprised of 2,592 approved F/RP and 288 denied applications from the 216 non-Provision 2/3 schools, 864 approved F/RP and 104 denied applications from 24 Provision 2/3 base year schools, and 576 approved F/RP and 72 denied applications from 24 Provision 2/3 non-base year schools. We will use this sample to estimate the overall prevalence of certification error due to administrative error separately for the NSLP and SBP; and we will provide separate estimates for case error rates due to administrative error in non-Provision 2/3 and Provision 2/3 schools. The estimates of case error rates due to administrative error are based on all applicants, approved and denied. Tables B1.5 and B1.6 provide estimates of expected precision. For this analysis of *case error due to administrative error only*, which will be based on a larger sample of applications, the 90 percent confidence interval will be "1.17 percentage points for the NSLP and "1.73 percentage points for the SBP, assuming a case error rate due to administrative error near 10 percent.

6. Analysis Weights

In this section, we present our procedures for calculating the weights to be used in analyzing the data collected for this study. An initial adjustment factor—the sampling weight—adjusts for difference in probabilities of selection. Subsequent weighting adjustment factors will adjust for nonresponse; also, if needed, a trimming factor will be used to reduce the influence of extremely large weights (outliers). Sampling weights will be calculated for each SFA, school, and student included in the sample.

Sampling weights equal the reciprocal of the selection probabilities, which are the primary sampling unit selection probabilities multiplied by the product of conditional selection probabilities at each subsequent stage of sampling. These are the basic weights needed to obtain

TABLE B1.5

90 PERCENT CONFIDENCE INTERVALS FOR PERCENTAGE ESTIMATES OF CASE ERROR DUE TO ADMINISTRATIVE ERROR[a,b]
(Entries Are Percentage Points)

		Proportion (P) Equals	
	Sample Size	10% or 90%	20% or 80%
NSLP			
Total Sample	4,496	± 1.17	± 1.56
Non-Provision 2/3	2,880	± 1.39	± 1.85
Provision 2/3	1,616	± 2.79	± 3.72
SBP			
Total Sample	1,498	± 1.73	± 2.31
Non-Provision 2/3	960	± 2.13	± 2.84
Provision 2/3	539	± 3.50	± 4.66

[a]Case error here is defined as due to administrative error only. It does not include certification error due to household misreporting.

[b]Calculated over approved and denied applicant students.

TABLE B1.6

90 PERCENT CONFIDENCE INTERVALS FOR THE DIFFERENCE IN ESTIMATES OF CASE ERROR DUE TO ADMINISTRATIVE ERROR BETWEEN NON-PROVISION 2/3 AND PROVISION 2/3[a]
(Entries Are Percentage Points)

	Estimated Proportions (P) Equal to or Near[c]	
	10% or 90%	20% or 80%
NSLP	± 3.13	± 4.18
SBP	± 4.12	± 5.49

[a]Case error here is defined as due to administrative error only. It does not include certification error due to household misreporting.

[b]Calculated over approved and denied applicant students.

[c]Table entries show the confidence intervals around the difference in proportions between Provision 2/3 and non-Provision 2/3 when both proportions are equal to or "near" the percentage shown in the column heading. For example, if the certification error rate due to administrative error was .09 in non-Provision 2/3 and .11 in Provision 2/3 for NSLP under the design, then the confidence interval around the difference, .02, would be +/- .0313, since the estimates of certification error are both near 10 percent. If the certification error rate was .19 in non-Provision 2/3 and .21 in Provision 2/3, then the confidence interval around the difference, .02, would be +/- .0418, since the estimates of certification error are both near 20 percent.

unbiased results. Obviously, unequal sampling weights are needed for developing SFA- and school-level estimates, because they are selected with PPS (larger units will be more prevalent in the sample than in the population). Depending on the selection method used, the sample of students will be included with approximately equal inclusion probabilities. However, even in this case, weights will be different due to possible errors in size measures and different levels of nonresponse.

Note that we have indicated this additional source of unequal weighting for meal observation, not for sample students. The reason is that sample SFAs, schools, and students will be stochastically assigned to month (meals cannot be so assigned, but the different sampling rates by month must be accounted for because of the time-dependent observations—more meals tend to be in error near the end of the school year). That is, each sample SFA, sample school, and sample student will have a known probability of being assigned to one of two sampling rates (panel month or other month). Thus, the sampling weight for each unit reflects both the inclusion probability for the panel months and the inclusion probabilities for the other months.

We will take several steps to adjust the sampling weights to obtain valid survey results. Essentially, these adjustments will be made to account for the nonresponse of sample SFAs, schools, and students; thus, the weights will sum to selected control totals, such as known number of program participants. We also will check for extreme weights, which may unduly affect estimates or estimation variances; these will be considered for trimming (see Potter 1993).

Two methods often used to adjust sampling weights for nonresponse are (1) weighting class adjustments, and (2) propensity modeling using logistic regression. Which of these is preferred depends largely on the extent of the nonresponse and the amount of information known about the units, both responding and nonresponding. We anticipate that the levels of nonresponse at the SFA and school levels will be relatively low; thus, it may be preferable to use weighting class

adjustments based on frame information. Student (household) nonresponse, on the other hand, may be more serious. In addition, since a substantial amount of information is known about program applicants, we consider the use of propensity modeling.

The propensity models predict the probability that households of sample students with a particular set of characteristics, based on the application and frame information, will respond to the survey. The weights of all respondents will be divided by these estimated probabilities to obtain the analysis weights.

B2. DATA COLLECTION STRATEGY

The data collection plan for the study has five components: (1) an SFA survey, (2) household surveys, (3) application records data abstraction, (4) observation and record review of meal-counting and -claiming processes, and (5) collection of administrative data for developing and testing models of estimating erroneous payments. Our data collection plans are summarized in Table B2.1, which shows, for each data collection, the mode, respondent, target number of completed interviews, and key data elements to be collected.

1. SFA Data Collection Procedures

MPR executive interviewers will conduct a telephone interview with 80 SFA directors in the sampled school districts. The respondent we will target for interviewing will be the person who knows the most about the district's administrative practices regarding the school meal programs—typically the district's food service director. The SFA survey will be administered between February and April 2006. To expedite the interview, the SFA director will be sent a "fact form" to be completed before the interview and faxed back to MPR's central office. During the initial orientation conference calls and subsequent exchanges of information, SFA directors will be made aware that they will be asked to complete the fact form and participate in

TABLE B2.1

OVERVIEW OF DATA COLLECTION

Instrument	Mode	Respondent/ Data Source	Number of Completes	Response Rate (Percent)	Key Data Elements
SFA Survey	Telephone	SFA director	80	100	*District characteristics:* institutional characteristics; meal program participation; certification procedures; verification procedures and outcomes *School characteristics:* For each of the three sampled schools per district, data on meal program participation characteristics and outcomes
Household Survey					
Approved Free/Reduced-Price	In-Person	Parent/Guardian	2,880	80	Certification status; NSLP and SBP participation; household income; family size and composition; perceptions of meal program quality; knowledge and perceptions of application and verification processes; SFSP participation and reasons for nonparticipation; demographic characteristics
Denied Applicants	In-Person	Parent/Guardian	320	80	Household income, family size; NSLP and SBP participation; knowledge and perceptions of application process; perceptions of meal programs; reasons not reapplied; retrospective questions on changes in income or household composition; demographic characteristics
Approved Free/Reduced-Price (Panel—2nd Interview)	Telephone	Parent/Guardian	800	80	Certification status; NSLP and SBP participation; household income; family size and composition
Record Abstractions					
Approved Free/Reduced-Price[a]	Interviewer Abstraction	n.a.	4,032	100	Meal program application information; NSLP/SBP participation (if school tracks participation); enrollment start and stop dates during school year
Denied Applicants[b]	Interviewer Abstraction	n.a.	464	100	Meal program application information; NSLP/SBP participation (if school tracks participation); enrollment start and stop dates during school year
Meal Claiming/ Counting Data					
Roster and Certification List Abstraction Form	Interviewer Abstraction	Records	25 students per school/ 240 schools	100	Certification status of sampled students on roster at point of sale and on certification list

TABLE B2.1 (*continued*)

Instrument	Mode	Respondent/ Data Source	Number of Completes	Response Rate (Percent)	Key Data Elements
Cashier Transactions Observation Form	Interviewer Observation	Cashier	100 lunch transactions/ 50 breakfast transactions per school covering target week, 264 schools	100	Food items on each tray; whether cashier records meal as reimbursable or not; type of individual purchasing meal (student or adult)
Meal Count Forms, Reimbursement Claiming Forms	Interviewer Abstraction	n.a.	264 schools and 80 SFAs	100	Day and week totals from all individual cash registers by meal type; week and month totals by meal type; week and month totals claimed by districts for sampled schools
Extant Data					
District Meal Program Data Acquisition Form	Telephone	State Education Agency Director	51	100	For all districts within a state: Number of NSLP and SBP reimbursable meals by meal claiming status type; number of schools by Provision 2/3 status; number of students enrolled by Provision 2/3 status
		Common Core of Data (CCD) Census data Other Adm. data	n.a.	n.a.	Other district-level data: Locale; enrollment; percent certified for free and reduced-price lunch; grade span of district; Title 1 status of schools; poverty rates; income levels; verification results; eligibility determinations made; NSLP and SBP certification and participation rates

[a]For 1,440 of the 4,032 free or reduced-price students we are only abstracting applications and not collecting any of the other data listed under "key data elements."

[c]For 176 of the 464 denied applicants we are only abstracting applications and not collecting any of the other data listed under "key data elements."

n.a. = not applicable.

a brief telephone interview. They will be given a list of the topics to be covered in the interview before it is administered. Interviewers will be trained to conduct these interviews at the SFA director's convenience. SFA directors will be given the option to contact MPR and set up a time for the interview. To complete some SFA director interviews, more than one session or more than one respondent may be required.

2. Household Survey Procedures

Contacting Parents. Regardless of the degree to which the schools and SFAs inform the parents about the study, MPR will take an active role in explaining the survey to prospective respondents. After we receive the contact information for sample members from team leaders, we will send advance letters to parents. The advance letters (printed on U.S. Department of Agriculture [USDA] letterhead) and project brochures will be mailed from MPR the week before in-person contacts are made at sampled households. The advance letters will describe the purpose and nature of the study and will explain the household data collection process and the time burden and incentive payments. In addition, they will mention that, as part of trying to understand how schools ascertain eligibility for free or reduced-price lunches, we will ask to see documents that show the amount of income household members receive. Finally, the advance letters will address the issue of confidentiality and the protection of respondents' privacy, noting that participation will not affect respondents' certification for free or reduced-price meals.

Crucial to obtaining cooperation from parents, both with respect to the in-home data collection and to the verification of income, will be establishing rapport with the parents and creating an acceptable context for our request for detailed income information and income-verification documents. This requires striking an appropriate balance between full disclosure of the purpose of the survey and encouraging compliance without biasing responses. We believe it is important (and appropriate, in terms of honesty about the study's objectives) for the

certification accuracy component to be presented as the primary piece of the survey. In introducing the study to respondents before beginning the interview, we will stress that FNS wants to understand the barriers to application for the NSLP, the difficulties applicants may have in reporting and verifying their incomes, the kinds of documents that are most easily available to applicants, and their experiences with the application process. In addition, we will stress that the study is focusing on school food programs, not individual participants. The field interviewer will sign a confidentiality agreement with the respondent prior to the interview.

Conducting the Household Survey. We will administer in-person household interviews to parents of children selected in our samples of certified free/reduced-price, verified free/reduced-price, denied applicant, and nonapplicant households. Interviews will be conducted throughout the school year; however, most of them will occur during the first few months when the bulk of applications are received and certification and verification activities take place. During September, October, and November 2005, we will visit all 240 schools sampled from the 100 districts once. We will select samples of free and reduced-price approved students (completing 10 per school) and denied applicants (completing 1 to 2 per school on average), for a total of 2,400 free and reduced-price approved students, 320 denied applicants. During the remaining eight months of the school year, we will complete interviews with 60 newly certified entrants each month for the F/RP cross-sectional sample, for a total of 480 newly certified students.[11] Members of the F/RP approved student panel sample are selected and interviewed beginning in mid-November 2005. Between then and the end of the school year (8 months), we will complete

[11]As mentioned, we assume for planning purposes to select a similar proportion of new entrants throughout the rest of the school year. However, it is possible that, for various reasons, the pattern of new entry is skewed toward the earlier part of the school year. We plan to ask the schools in the sample for their estimates of what the pattern of applications is and to develop sampling plans accordingly. If their prediction proves not to be exactly correct, this is not a serious problem for the analysis, since we can use weighting to correct for minor differences in probabilities of selection across periods.

interviews with 100 households per month for the F/RP panel sample, for a total of 800 second interviews. These panel interviews will be conducted by telephone.

Household interviews will be conducted by teams of interviewers who will spend a week in each district (sometimes nearly two weeks, depending on the number of schools sampled from the district). The team leaders will be responsible for coordinating the activities of the team and ensuring that the work of the local interviewers is performed efficiently. Because many interviews will be conducted in the evening and on weekends, interviewers will have to maintain flexible schedules. All the interviews except the F/RP panel interviews will be administered in person using computer-assisted personal interviewing (CAPI). Four-member teams (a leader and three interviewers) will travel to selected school areas to conduct the interviews during the first visit to districts, when interviewing demands are the greatest. Interviews will be scheduled during the second or fourth week of each month, so that accurate data on income and household composition can be collected for the month before the point of sample selection. In September and October, each four-person team will conduct household interviews at 12 schools in four school districts. Then, from November through the end of the school year, teams will be reduced to two-person teams, depending on the number of interviews to be done in each school district.

Collecting Data on Household Income and Other Eligibility-Related Characteristics. Obtaining an accurate measure of the household's monthly income and family size at the time of application is critical to estimating erroneous payments. We will implement a multi-step methodology adapted from MPR's evaluation of the NSLP Application/Verification Pilot Projects. We will begin by asking for all the different sources of income received by household members. Next, we will ask for the specific amount of income per person and source. Asking for the sources of income first, without asking for amounts or documentation, will encourage disclosure of more sources, since respondents may not expect to be asked further questions about

each source. At the end of the sequence, income sources across all adults and sources will be summed in order to derive a total monthly amount. Then we will ask respondents whether that total accurately reflects total household income at the time of application. If the answer is no, respondents will be asked what sources or household members differ, and by how much. Amounts will be adjusted to yield the appropriate monthly total for the time of application.

We will use income and other eligibility-related information obtained from the household survey to assess the accuracy of parents' reports of eligibility information when applying or verifying their eligibility. Therefore, it is crucial that the reference period covered in the survey matches exactly the one used on the application. Using information collected at the time we sample students from the sample frame and/or source applications (as required), we will identify the date the application was submitted or the date of certification, and use that as the reference month for the interview. In cases where we don't have that data we will ask the respondent when they applied and use that as the reference month. If the application date is unknown, we will use the first month of school, if school begins prior to the 15th, and if it starts after the middle of the month, we will use the next month. Our approach programs the CAPI survey to brings up the appropriate reference month for a given household, based on the household's circumstances.

3. Student Records Data Collection

Data on students' meal program applications are required to assess the accuracy with which SFAs determine eligibility and, when compared with information from the household survey, the accuracy of parents' reports of eligibility information. We also will collect data on students' meal program participation for those students attending schools that record and retain meal program participation at the individual-student level. Finally, we will need to collect data on

sampled students' enrollment start and stop dates, as well as any changes in certification status during the school year.

Obtaining Parental Consent for Student Records Data. For the study, special attention must be paid to concerns associated with confidentiality and parental consent. During the district orientation and recruiting calls, the evaluation team will discuss with school districts the form of consent that is needed. If a school district requires signed parental consent for the release of meal price-eligibility application records, we will obtain this consent during the household interviews. Consent forms and procedures for obtaining consent will be designed to be in full compliance with privacy protection laws. Consent forms will contain an explanation of the meal price verification process and how individual observations will be kept confidential and not disclosed to the SFA or other school or district officials. The consent forms will be printed on multi-ply NCR paper. Interviewers will leave a copy of this form, signed by both the interviewer and the respondent, with the respondent at the end of the interview. Appendix B contains a copy of the consent form.

Collection of Application Data. We will collect the data that appears on the certification applications for the samples of free and reduced-price approved students and denied applicants. Subject to approval by schools, team leaders will make copies of meal-price application forms when they revisit schools after obtaining parental consent. When schools do not permit us to make copies, the information will be hand-copied onto standardized data abstraction forms. Field staff team leaders will review application abstraction forms to ensure completeness. MPR central staff supervisors will provide ongoing oversight and assistance to field staff. The application certification data will be sent to MPR's central office, where quality control staff will assign codes to the data. The forms will then be data-entered.

Collecting Student-Level Records Data on NSLP and SBP Participation. We will collect—and keep—data on individual-level meal program participation for sampled students in districts and schools that compile individual-level participation data. This information will be collected for students in the free and reduced-price meal samples and denied applicants. Wherever possible, we will obtain participation information covering the entire school year. We anticipate that most schools which track participation do so electronically. In these cases, we will request copies of relevant data files. Some schools that track individual student participation may not do so electronically, but keep paper records instead. These data may, in some cases, be transferred to an electronic format after being collected at points of sale in the school. For example, the data could be recorded manually at the cash registers but later entered into a school billing system to bill the accounts of full-price and reduced-price parents, or they may be kept only as hard-copy information. In either case, we propose to request these data from the schools. Where schools are willing and able to supply these data, we will data-enter or reformat them as necessary, essentially using them the same way we will use the point-of-sale files.

Obtaining Information on Changes in Certification and Enrollment Status. Our estimate of erroneous payments due to certification error equals the difference between the reimbursement amount for the type of meal for which students are certified and the reimbursement amount for the type of meal for which they are eligible, times the number of meals they received during the year. We need to know enrollment end dates for sampled students, so as not to attribute erroneous payments to students no longer attending sampled schools because they transferred or dropped out of school. We need attendance stop dates on leavers and attendance start and stop dates on new enterers. To obtain these data, central MPR staff will contact sampled schools just before the end of school and ask them about the status of sampled students: to indicate the month last attended for those who dropped out or transferred.

Similarly, we will collect data on changes in sampled students' certification status during the school year. That information is needed to properly account for erroneous payments during the school year.

4. Counting and Claiming Data Collection

Counting and claiming errors can occur at various points in school and district operations. The study distinguishes errors that occur at each of three main stages of the claiming process: (1) benefit issuance; (2) cashier transactions; and (3) counting, consolidating, and claiming meal reimbursements. Data collection will be complicated by the fact that there is great variation across SFAs in their levels of technology and staff training, as well as in the specific procedures used. In addition, even in a specific district, the relevant systems may vary from school to school. Indeed, they can vary over time in a specific school—for example, when a school uses an automated system most of the time but reverts to a manual system when the computerized process breaks down. The plans MPR has developed for collecting data on and measuring counting and claiming error in the project take into account this variation in procedures. Since interview teams visit school districts and schools throughout the school year, data collection for meal counting and claiming activities will be staggered throughout the school year to obtain information representative of meal counting and claiming error across the entire school year.

Benefit Issuance Error Data Collection. Schools use benefit issuance documentation to identify the category in which a meal served to a student will be claimed for reimbursement. This documentation is based on information from the office that conducts the certifications. Errors occur when a student is listed on the benefit issuance document for the wrong reimbursement category. Six types of errors are possible: a student is (1) approved for free meals but is listed as "reduced-price"; (2) approved for free meals but is listed as "paid"; (3) approved for reduced-price meals but is listed as "free"; (4) approved for reduced-price meals

but is listed as "paid"; (5) ineligible for free or reduced-price benefits, or no application for direct certification/other eligibility documentation was on file, but was listed as "free"; and (6) ineligible for free or reduced-price benefits, or no application for direct certification/other eligibility documentation was on file, but was listed as "reduced-price." These errors might reflect clerical transcription error, or they might occur when the benefit issuance document is not updated properly.

To measure the errors associated with this process, sometimes referred to as "roster" errors, field interviewers will select a random sample of students from a school's benefit issuance documentation. Then, for that sample, the interviewers will compare the certification status shown on the benefit issuance document used in counting students for reimbursements with their certification status as recorded on the application or direct certification document maintained by the SFA or school. We plan to select a random sample of 25 students per sampled school (for 240 schools across the 80 districts). Team Leaders will select the students from the benefit issuance list using their laptop computer using specially designed sampling programs that make random selections. The computer will provide information on which students to select (based on the student's position on the list). We have developed procedures for selecting students from a single, centralized list; when lists are maintained in separate classrooms; and in mixed situations where some students are listed on individual classroom lists and others on a single, centralized list.

Cashier Error Data Collection. A key step in the counting and claiming process occurs at the point where a cashier judges whether the food on a student's tray is a reimbursable meal and records that information. Although details of this transaction vary greatly, some version of the process occurs in all NSLP and SBP schools. Furthermore, this point in the process may be especially vulnerable to error because of the variety of foods available to students in most

schools and the complexity of the rules that govern what combinations of foods are and are not reimbursable. Errors occur when cashiers record a meal as reimbursable that does not contain the required number of items/components.[12] Errors also occur when a second meal served to students in any category is claimed for reimbursement or when meals are served to ineligible people (such as teachers or adult visitors). Similarly, an error occurs if a cashier fails to count a meal as reimbursable that is eligible or is received by an eligible student.

In addition, besides determining whether a student's *meal* is reimbursable, at some schools, the cashier must determine and record the reimbursement status of the *student*. Increasingly, this determination is made based on passing a student ID card through electronic point-of-sale equipment (or entering a PIN number) without direct cashier involvement. However, systems are still in use in which cashiers must make this determination based on a code embedded in a ticket, on a list of students and their certification status, or in some other way. Mistakes in this process represent another form of cashier error.

Thus, it is possible for counting and claiming errors to occur in cashiers' assessments of the *meals* and in their determination of the reimbursement status of the *students* passing through the line. It is likely, however, that the mistakes related to *meals* are much more common, since the meal-related determination is made more often and is more difficult.

Our approach to collecting data on cashier error is to station MPR staff near points of sale for a sample of two days during a target week and meal periods and have the staff record enough details on a specially designed form about a sample of meal "transactions" to make possible an estimate of the prevalence of the following types of cashier error: (1) meals incorrectly recorded

[12]The quantity served may be insufficient to meet meal-pattern requirements; in principle, these meals should not be counted as reimbursable. However, we believe it would be instrusive and too difficult for field interviewers to accurately make this assessment; therefore, we do not include it when measuring cashier error.

as reimbursable, and (2) meals incorrectly recorded as non-reimbursable.[13] We used this approach successfully on the Competitive Foods Data Collection Methodology Study for FNS.

Specifically, for a given school, our approach involves:

- ***Obtain Information on Point-of-Sale Procedures.*** MPR central staff will first obtain enough information from school food service managers on the logistics of the school's point-of-service operations to finalize plans for drawing random samples of point-of-sale/time combinations.
- ***Select Samples of "Transactions" and Record Information.*** Team Leaders will enter information into their laptop computers for each cash register, by meal period and volume of transactions, separately for breakfast and lunch. The computer will randomly select cash registers to observe during periods and interval samples of individuals coming through the lines to observe. Field staff will record (1) what items are on each tray and the amounts of each item;[14] (2) whether the transaction involved a student, nonstudent, or other adult; and (3) whether the cashier records the tray as a reimbursable meal.[15] The sampled meal transactions could include reimbursable meals obtained by free and reduced-price approved students and full price paying students. We will not station field staff at "a la carte" only lines, but if "a la carte" meals can be purchased in the same lines as reimbursable meals then they will be included as a possible transaction that can be selected.
- ***Send Data to MPR's Central Office.*** The recorded information will then be sent to MPR's Princeton office, where coders fully trained in the rules governing whether or not meals are reimbursable will code this information. (The determinations depend on whether the school uses a food-based or a nutrient-based menu-planning approach and whether the school uses offer versus serve. This information will have been obtained earlier at the school.)

[13]The study will not directly measure errors when cashiers inaccurately record a student's meal reimbursement status. To measure this error would require identifying the student involved in each meal transaction and then collecting information on their certification status from administrative records and comparing it to what the cashier recorded. While this would be relatively easy to implement, identifying students either by asking them their names or asking school staff to provide their names is intrusive and would result in greater requirements for informed consent. We are concerned that this could cause districts and schools to be less willing to participate in the study. For similar reasons we are also not measuring the prevalence in which cashiers count as reimbursable second meals served to students. We do plan to obtain information to qualify these types of error. Field interviewers will ask school food service directors whether there is a procedure in place to prevent these types of errors, and if so, to describe the procedures. Then while conducting meal transaction observations, field interviews will assess whether the procedures are being followed.

[14]Food items available will be precoded on the form.

[15]There will be a column on the form for interviewers to make an assessment of whether the meal constitutes a reimbursable meal. This assessment will be confirmed at MPR's central office when the forms are reviewed.

Our earlier experience shows that it is almost always possible to find a spot near the cashier where student trays can be observed. Field staff will need to be flexible, both to accommodate the physical layout of the serving area and to accommodate the staff. If data collectors are flexible, staff will usually be well prepared to cooperate with the data collection and willing to make minor accommodations to facilitate accurate observation.

Critical to measuring these errors is the development of statistically efficient samples of point-of-sale locations and times. We plan to observe meal service operations at each of 264 schools on a randomly selected day when MPR field staff are at a school district for a target week and to collect, overall, data on 100 lunch transactions and (when relevant) 50 breakfast transactions per school. The information on the data collection instruments that are filled out at the schools will be coded and entered onto short coding forms—one per transaction—which will then be data-entered at MPR's central office.

Aggregation Error Data Collection. Aggregation error refers to all errors occurring between the time the meal reimbursement status is recorded at the point of sale and the time the district claims reimbursement for its meals from its State Agency. Errors can occur in adding up the meals from individual points of sale to a daily count at the school, adding the daily counts at the school to weekly or monthly levels, or (at the district level) entering the incorrect amount for a school or totaling counts across schools and filling out and submitting the appropriate claims material. Daily totals may not match totals across points of sale (cash registers) because of errors in totaling amounts from the registers. They may also be in error if schools use an inappropriate method for determining the daily counts. For example, a school might use daily attendance or a classroom count as the basis for its claims, count trays; or, instead of counting all meal categories, it might use a category "back-out" system where one or more categories are

calculated by subtracting the number of meals of one or more meal type from the total meal count.

MPR will collect data on each stage of the process. We will collect data for each sampled school for a target week (previous completed full week prior to the visit to the school) and target month (prior month). The reference week/month will be distributed across the school year. Our basic approach is to have field interviewers collect information from both sampled schools and SFAs; with MPR central office staff serving as a backup to collect district-level data when appropriate. We also will collect data on number of students in the meal pricing categories (free; reduced-price), enrollment, daily attendance, and number of serving days, to help us assess the accuracy of the meal counts. All raw data on counting, consolidation, and claiming will be processed by MPR central office staff to determine prevalence and amount-of-aggregation errors.

Our approach for collecting data on each source of aggregation error is as follows:

- ***Daily Counts for Target Week.*** During the visit to each study school to collect counting and claiming data, MPR field staff will meet with the school's food service manager to obtain data on the target week meal counts (most recently completed week prior to the visit). We will obtain the separate meal counts from all the cashiers, as well as the total daily count recorded for the daily report the school compiles each day. Field interviewers will photocopy all relevant documents, if possible; otherwise, they will enter the information onto specially designed forms. All these data will be obtained in formats broken down by meal reimbursement status—free, reduced-price, and paid, so the number of each type erroneously counted can be identified. Field staff must also validate the school's daily meal counts for the target week. They will use the same procedure as the food service worker (for example, counting tickets in a ticket system or counting check marks in a roster check-off system). In automated systems, we will obtain the register totals. We will need a printout or copy of a cash register tape for each register for each meal on each day of the target week. For a few schools, if they do not use a point of sale or cash register tape, we may have to go to the school every day as they clear the registers and write down the amounts. However, we anticipate that few schools will keep track of sales this way.
- ***Monthly Counts.*** Field staff will also request data in the same report formats for the previous full calendar month (called the target month). For example, if the data collection were taking place in the second week of April, school-level data would be obtained covering the full month of March. They will obtain the school recorded

counts that the school reports to the SFA, separately by free, reduced-price, paid, and total. Field staff do not verify these meal counts.

- ***District Reimbursement Claims for Sampled School.*** We will collect data from the district covering the same target week and month to determine whether the SFA accurately claimed meals for reimbursements for the sampled school when it submitted the claim to its State agency.[16,17] Team leaders will request the following information from the SFA: (1) records of the breakfast and lunch counts for the target week and month that the school submitted to the SFA, and (2) documentation showing the number of breakfasts and lunches the SFA claimed for reimbursement for the sampled school when submitting the claim to the State agency. We will obtain the breakdown by free, reduced-price, paid, and total meals. When field staff cannot obtain this information, MPR central office staff will make the request.

- ***District Consolidation and Claims Across All Schools.*** For a sampled month, we will collect data from the district on (1) the separate meal counts by type that each school submitted to the district and (2) the total meal counts reported (claimed) by the district to the State agency for meal reimbursement, to determine aggregation error from this source.

To supplement the data collection, we will also ask, during our telephone interviews with district staff, for respondents to give us their own assessment of whether there are places in the flow of information that are vulnerable to errors. We also will ask for information on any formal audits (either by state auditors or by school district auditors) that have involved the aggregation process and for the results of those audits. We will then use this information to supplement the information obtained from the direct observation of meal counts.

[16]Schools vary in how often they report meal counts to SFAs. Some schools report weekly, some monthly, and others daily. When tracking the school's meal count totals by category through the process of reporting the counts to the SFA, we will base the reporting period on what the school uses.

[17]Part of the initial interviews that will take place with the SFA directors will involve identifying what office in the school district is responsible for submitting reimbursement claims to the state and obtaining contact information. We will then telephone that office from Princeton and obtain detailed information about the flow of reimbursement count data to that office—including what offices or staff the data go through, what is done with the data at each stage, and how the data are transmitted to the next stage. (In some instances, collateral contacts to additional offices may be necessary to obtain comprehensive information.) In particular, in the discussions with the office that submits claims to the state, we will ask whether—in their office—data are available on a school-by-school level to support the overall totals. If so, we will obtain those data and assess whether they correspond to the information we obtained at the school level. If the data do not correspond to the data obtained from the schools, we will use additional telephone interviews to determine the reasons for the differences, thus assessing whether the discrepancies are due to aggregation error or to some other factor.

B3. METHODS TO MAXIMIZE RESPONSE RATES

MPR will do several things to maximize participation and reduce nonresponse in each data collection effort. These strategies are described below.

1. Maximizing Participation

a. Effective Strategies for Recruiting SFAs and Schools

To successfully implement the study, we need for districts and schools to cooperate with the research by providing sample frames of student households, including contact information, and access to sampled students' applications and related records. We believe that one of the greatest challenges of the evaluation work will be obtaining the timely cooperation of SFAs and schools.

School districts are complex organizations and are often conservative in their decision-making. Many SFAs may be concerned about confidentiality issues or about negative feedback from parents if they release the required information. Administrative burden in complying with the contractor's requests may also be a significant barrier.

Some school districts may refuse to cooperate. Even where there is a general willingness to cooperate, there may be delays in obtaining buy-in from all the relevant parties. Depending on the SFA, these can include the district superintendent, school principals, school attorneys, and even the full school board. (In some instances, considerable contractor time may be required just to determine who the relevant decision-makers are.) In addition, the contractor—or even FNS—has little leverage to force them to comply.

MPR is including in its study plans several features that, based on our previous work with school districts, we believe will maximize the likelihood of compliance:

- ***Using Senior Personnel to Contact School Districts.*** MPR will conduct an orientation meeting by teleconference with each sampled school district to inform the school district about the objectives of the project and the nature and scope of the data collection activities. These conference calls will allow MPR to discuss the

availability of school and individual records and reach some agreement on the data collection methods most suitable for each school district. Included in this discussion will be a determination of the type of parental consent required to obtain individual student records. MPR's project director, principal investigator, and survey director will conduct the conference calls with school districts. Because the school staff contacted during the calls will be senior officials, the MPR staff members involved in these contacts must be able to explain articulately the purposes and needs of the study and to answer any questions that arise.

- ***Forming Agreements with Each District.*** To foster mutual understanding of what will be involved in successfully implementing the study and the district's and schools' roles vis-à-vis MPR, we will prepare a written letter of understanding (LOU) with each district. The LOU will detail the decisions reached between MPR and the school district and will be signed by both parties. It will describe study procedures, data requirements and the data collection schedule, method of securing parental consent, confidentiality of data assurances, and the roles of the parties in the study. Discussions will also take place to designate an individual in each school district to be the primary contact person responsible for facilitating the collection of administrative data.

- ***Using School-Designated Liaisons to Assist with Recruitment and Obtaining Parent Consent.*** MPR will provide the school liaison with information on the study so that he or she can become familiar with the study and feel comfortable answering questions from parents and staff.

- ***Flexibility in How the Data Are to Be Provided.*** To minimize the work the schools will have to do, and to demonstrate our concern about the burdens we are placing on them, we will accept the required sample frame information in essentially any format and abstract information from applications if copies are not available. This also applies to administrative records data on participation of individual students in those schools that track participation of individual students.

Use of these and similar techniques will minimize noncooperation. In addition, it will be important for the MPR project director and the FNS project officer to work closely together to develop and implement any back-up strategies that may be needed. Such strategies might include enlisting federal or state personnel to encourage cooperation and, as a last resort, promptly replacing districts that do not cooperate.

b. Providing Incentives for Households

Obtaining cooperation on the income-verification questions and obtaining income documentation (pay stubs) during the household data collection are critical to the success of the

study. Similar to what MPR did in the evaluation of the NSLP Application/Verification Pilot Projects, we plan to use incentive payments designed to increase cooperation at each stage of the interviewing. Providing documentation increases the interview burden on respondents. Respondents will be offered $25 for the in-home interview, in the expectation that they would provide at least some income verification documents.

c. Sending Information on the Study to the Parents

To stimulate cooperation from parents, our plans include (1) advance mailings on USDA letterhead, (2) endorsements from USDA, the Education Information Advisory Committee (EIAC), the school districts and schools, and (3) encouragement from school officials—school principal (with a number to call to confirm the authenticity of the survey). The mailing to parents will include a brochure designed especially for them.

2. Reducing Nonresponse

In addition to maximizing participation, it is essential to minimize nonresponse among study participants (SFAs and households). The key to minimizing nonresponse is the use of experienced and highly skilled interviewers. Interviewers hired for this study will be selected based on their experience conducting in-person interviews with similar populations. Parent interviewers will be selected based on experience interviewing a variety of people, particularly low-income people, working in school settings, and their ability to work independently. Preference will be given to field interviewers who have worked with other studies involving the collection of data on households and in school settings. Bilingual interviewers will be hired where there is likely to be a concentration of non-English-speaking parents.

Interviewers will also receive extensive training. Parent interviewers will receive seven days of training on constructing student sample frames and sampling, gathering data on

household income and family composition, and parent experiences and attitudes toward the meal programs and application and certification procedures. As part of the training, parent interviewers will be asked to complete practice exercises using CAPI prior to the start of interviewing. They will be thoroughly trained on all record abstraction and observation and review forms as well.

In addition, several other techniques will be used to minimize nonresponse. To ensure privacy, interviews will be done in households, and as discussed in Items A10 and A11, all respondents will be assured of confidentiality. The household survey will be conducted using computer-assisted interviewing software. This will ensure that all questions are asked with the appropriate prompts and that the skip patters are followed. The computer programs also make the interviews go faster and thus reduce burden.

B4. TEST OF PROCEDURES

All procedures and instruments for collecting onsite data for the APEC study were pretested in January through March 2005. Seven school districts were visited in New Jersey and Pennsylvania. These districts were recruited from a list of SFAs in the Pennsylvania and New Jersey areas that were not included in the study's sample frame. At each district we discussed the goals of the project with the SFA Director, pretested student sampling, administration of on-site data collection forms and procedures including household surveys and application record abstraction, and gave SFA Directors copies of the SFA Fact Form for them to fill out and fax to MPR. We obtained information on the procedures SFAs use to certify students and on availability and formats of records data on approved students and location of applications for abstraction, and obtained information on procedures for benefit issuance, meal serving logistics, and meal counting and claiming procedures. The pretest demonstrated the feasibility of the planned data collection and provided information to refine the wording and formatting of

instruments, data collection forms, and instructions, and of procedures for acquiring the information.

Table 1 summarizes the instruments, number of sites, and number of respondents in the pretest.

TABLE 1

ON-SITE DATA COLLECTION PRETEST ACTIVITIES

Respondent/Instrument	Number of SFAs	Number of Respondents
SFA Food Service Director		
SFA Fax-Back Fact Form	5	5
SFA Survey	5	5
SFA Meal Consolidation and Claim Forms	4	4
School Staff		
Benefit Issuance Verification Form	2	2
School Meal Count Verification Forms	4	4
School Meal Count Reconciliation Form	4	4
Changes in Certification/Enrollment Form	2	2
Interviewer Abstraction/Observation		
Application/Verification Abstraction Form	1	4 applications
Meal Transaction Observation Form	2	2 schools
Households		
Household Survey	1	7

SFA Fax-Back Form and Survey. SFA fax-back forms were distributed to the seven SFA directors that we visited. Five SFA directors filled out the fact form and returned it and then participated in the telephone portion of the survey. The average time taken to fill out the fact form was 2.5 hours. One district took four hours and another took three, while three districts took 1, 1.5, and 2 hours. The districts that took the longest time used applications for all school children in each household and had to count the total number of students by hand. Districts that

did not have to count students by hand averaged 1.5 hours to complete the fact form. The telephone part of the SFA survey averaged about 15 minutes to complete. Interview times ranged from 10 to 30 minutes. There were frequent interruptions during the interview that lasted 30 minutes, which probably accounted for about 15 minutes of total interview time.

The primary changes to the fax-back form and questionnaire resulting from the pretest included:

- Creating two versions of the fax-back form: One version for districts containing Provision 2/3 schools, and a version for districts without Provision 2/3 schools.
- Adding titles and instructions to sections of the fax-back form.
- Revising questions on counts of enrolled students by ethnicity and race to ensure SFAs report ethnicity separately from race.
- Revising sections on counts of students and meals to take into account nuances of Provision 2 and 3, including appropriate treatment of base and non-base years.
- Eliminating redundancy regarding numbers of applications denied and incomplete.
- Revising the section on verification results to correspond to the way SFAs report verification information on the Verification Summary Report submitted to State Child Nutrition Agencies.

Meal Counting and Claiming Data Collection. Procedures for obtaining meal counts, consolidation, and reimbursement claim data and appropriateness of forms were tested in four SFAs and schools. At the schools we obtained daily lunch counts by cash register, separately for free, reduced-price, and paid meals, and then validated the counts by reviewing the cash register tapes. We did this for a sampled day, the entire previous week, and entire previous month. We then asked the SFA to provide data submitted to the SFA by these schools for the same time periods as well as the claims for these schools that the SFA submitted to their state agency. In addition, in two schools we randomly selected students as they approached cashiers and recorded the foods taken by students, whether meals were reimbursable, and the type of participant using

the Meal Transaction Observation Forms. At two schools we sampled students from the benefit issuance list and recorded their status and compared it against their status on the source applications.

The primary changes to meal counting and claiming and related procedures and forms included:

- On the school meal count forms, adding a section to obtain information about # students enrolled, # students free, # students reduced-price, and average daily attendance, and # of serving days, for the target week and previous month to facilitate interpretation of the data collected.
- On the meal transaction observation form, adding a column to indicate the component the food item satisfies regarding meeting requirements for a reimbursable meal to make it easier for field staff to determine whether meal is reimbursable or not.
- On the benefit issuance list verification form, having field staff compare status on the benefit issuance list against the source application (not Master Eligibility List).

Household Survey and Student Data Abstraction. One school district provided us with access to contact information for sampled students. We mailed letters to, contacted and arranged in-person interviews with free and reduced-price approved and denied applicants from that district. For a sample of students, the SFA provided copies of application forms from which we selected the student/household pretest sample. We completed four interviews with households in this sample. All together we completed interviews with seven households: four from the school district and three from a local organization that serves low income families.[18]

[18]While waiting for approval from the school superintendent to contact parents (to insure we could pretest the household survey on some households), we obtained the names of households with children from local social service agencies that MPR has had previous contacts with, who were local income households and receiving free lunches.

The average household interview took 50 minutes.[19] The meal status of the participating students was: 3 free, 1 reduced-price, 1 non-applicant, 1 denied applicant, and 1 verified applicant. The one major change resulting from the pretest was to move the income document verification questions into the section where we ask about each income amount. This became obvious as we conducted interviews because respondents had the income documentation when we asked the income questions. The rest of the revisions to the household questionnaire were minor wording and skip logic changes.

The application and verification record abstraction procedures and forms were tested on a four sampled applications. For three applications, we reviewed and filled out Application Data Abstraction Forms to make sure the forms contained all the relevant fields for abstracting the data needed from free and reduced-price meal applications. We also tested procedures for identifying verified applicants, and tested the application and verification abstraction form for one verified household. We revised the application abstraction forms to account for new ways to become eligible (runaway, migrant, and homeless) which we had not initially included in the form. At one SFA, the SFA did not enter the decision on the application, but rather directly onto a Master Eligibility file, so we revised the abstraction form to account for this situation, including providing instructions to the abstractor to examine the Master Eligibility list to ascertain the sampled student's certification status.

The study will contact either the SFA or school liaisons at the end of SY 2005-2006 to obtain data on changes in certification status and enrollment status of sampled students. This information will be collected by telephone from MPR's Princeton office. The proposed

[19]We administered a hard-copy version of the household survey in the pretest. Traditionally, CAPI administration runs 5 to 10 minutes shorter than hard copy administration, putting us at the 45 minute target administrative time assumed for OMB submission.

procedures for collecting these data were actually tested in-person (not by telephone) while onsite at two SFAs and two schools within those SFAs. The data were kept electronically. We asked the respondents to select a few students at random and without identifying them, tell us their initial certification status, and about any changes during the school year in certification status—dates and changes in status, and whether they were still enrolled.

B5. INDIVIDUALS CONSULTED ON STATISTICAL ASPECTS OF THE DESIGN

The sampling procedures were developed by John Hall of MPR and reviewed by James C. Ohls and Daniel Kasprzyk, also of MPR. Analysis plans were developed by Michael Ponza, Philip Gleason, Melissa Clark, John Burghardt, Anne Gordon, and Lara Hulsey of MPR. Data collection plans were developed by Michael Ponza and Todd Ensor, also of MPR.

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APPENDIX A

SFA SURVEY AND RELATED FORMS

LETTER TO SUPERINTENDENT OF THE SCHOOL DISTRICT

Michael Ponza, Ph.D
Project Director

609-275-2361

EPS-XXX

Date

<<Name>>, <<Title>>
<<School District>>
<<Address>>
<<City, State Zip>>

Dear <<Name>>:

The U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS), has contracted with Mathematica Policy Research, Inc. (MPR) to conduct a national study of the National School Lunch Program (NSLP) and School Breakfast Program (SBP). The study will include nationally representative samples of school districts and schools and students within those sampled districts. It will examine access, participation, eligibility, and certification in the NSLP and the SBP. Amounts and sources of erroneous reimbursements due to certification error (administrative errors versus household misreporting) and meal counting and claiming errors will also be examined. Under the 2002 Improper Payments Information Act, all Federal agencies that administer large programs are required to report these findings to the Office of Management and Budget. The study will help USDA better understand the school meal programs and the application and verification processes, why some denied applicant households do not reapply to participate in the programs and the difficulties households experience in fulfilling the requirements of the application and certification process. Findings from this study will enable FNS to meet its Federal reporting requirements and help FNS provide guidance to school districts and schools on how to enhance program administration and target benefits effectively to those who are eligible for free and reduced-price meals.

Your district has been selected to participate in the study. We are in the process of selecting the schools from your district that we would like to participate. (If your district does not participate in Provision 2 or 3, we will select three schools; if it does participate in Provision 2 or 3, we may select up to five schools.) The study requires the collection of data from several sources: school records, school and school district officials responsible for collection, certification, and verification of school meal applications, and student households. For the sampled schools, we would like to select samples of students approved for free or reduced-price meals and denied applicants and conduct interviews with those student's parents or guardians on their experience with the school food program during School Year 2005-2006. The study also includes a telephone interview with the Director of the School Food Authority, about your district's participation in the NSLP and SBP, and visiting sampled schools during a target week once over the school year to observe and collect information on how school meals are counted and claimed for reimbursement from the USDA.

The information collected by the study will be aggregated to form national estimates and are for research purposes only. Results will never be used to identify any individual student or household, school, school food authority, or state, or to alter anyone's current benefit status or the reimbursements paid to school food authorities.

LETTER TO:
FROM: Michael Ponza
DATE:
PAGE: 2

At this time I am writing to you and the school food authority director to provide you with some initial background on the study (see enclosed Study Overview). We will be contacting you in the next few days to discuss your district's participation in the study.

To verify your state's support of the study and to address any questions you have you may contact your state's liaison for this study, the Child Nutrition Director, (<<FILL OF CN DIRECTOR NAME>>). USDA contacts include: (<<FILL REGIONAL OFFICE DIRECTOR CONTACT>>) and Dr. John Endahl (USDA, Office of Analysis, Nutrition, and Evaluation), the FNS project officer, at (703) 305-2122 or by e-mail at John.Endahl@fns.usda.gov.

If you have any questions about the study please contact me at (609) 275-2361 or e-mail me at mponza@mathematica-mpr.com. Thank you in advance for your help and cooperation. We look forward to working with you to conduct this important study.

Sincerely,

Michael Ponza
Project Director

Cc:

<<Name SFA Director>>

Attachments: Study Overview
Study Brochure for Households
USDA/FNS Study Endorsement Letter—State Child Nutrition Agency Director
USDA/FNS Study Endorsement Letter—SFA Director

LETTER TO SCHOOL FOOD AUTHORITY DIRECTOR

Michael Ponza, Ph.D
Project Director

609-275-2361

EPS-XXX

Date

<<Name>>, <<Title>>
<<School District>>
<<Address>>
<<City, State Zip>>

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LETTER TO:
FROM: Michael Ponza
DATE:
PAGE: 2

At this time I am writing to you and the school district superintendent to provide you with some initial background on the study (see enclosed Study Overview). We will be contacting you in the next few days to discuss your district's participation in the study.

To verify your state's support of the study and to address any questions you have you may contact your state's liaison for this study, the Child Nutrition Director, (<<FILL OF CN DIRECTOR NAME>>). USDA contacts include: (<<FILL REGIONAL OFFICE DIRECTOR CONTACT>>) and Dr. John Endahl (USDA, Office of Analysis, Nutrition, and Evaluation), the FNS project officer, at (703) 305-2122 or by e-mail at John.Endahl@fns.usda.gov.

If you have any questions about the study please contact me at (609) 275-2361 or e-mail me at mponza@mathematica-mpr.com. Thank you in advance for your help and cooperation. We look forward to working with you to conduct this important study.

Sincerely,

Michael Ponza
Project Director

Cc:

<<Name of District Superintendent>>

Attachments: Study Overview
Study Brochure for Households
USDA/FNS Study Endorsement Letter—State Child Nutrition Agency Director
USDA/FNS Study Endorsement Letter—SFA Director

OMB Approval No. 0536-xxxx;expirres mm/dd/yy

The National School Lunch and School Breakfast Programs: Access, Participation, Eligibility, and Certification Study

About the Study

The National School Lunch Program (NSLP) and School Breakfast Program (SBP) play a critical role in America's strategy to ensure that children have access to nutritious meals. These programs, which provide free and reduced-price meals for students from low-income families, must balance competing objectives: (1) ensuring that children and families who receive benefits are eligible; (2) maintaining ease of access for those who are eligible; and (3) keeping the costs and burden of determining eligibility reasonable both for School Food Authorities (SFAs) and for families. Meeting the first objective can sometimes increase administrative costs and make it more difficult for eligible children to participate. Simplifying access or streamlining procedures, however, can sometimes result in more benefits going to people who do not qualify, increasing costs of the program.

The U.S. Department of Agriculture, Food and Nutrition Service, has contracted with Mathematica Policy Research, Inc., to conduct the Access, Participation, Eligibility, and Certification Study. The study will include nationally representative samples of school districts, schools, and students within sampled schools. It is designed to provide information about children's access, participation, eligibility, and certification in the NSLP and SBP to help Congress and the U.S. Department of Agriculture improve the programs and ensure that intended recipients have access to them. The study will look at the application and certification process to identify reasons that some families do not participate, difficulties they experience in applying, and amounts and sources of erroneous reimbursements due to certification errors (administrative error versus household misreporting) and meal counting and claiming errors. The findings will help the Food and Nutrition Service provide guidance to school districts and schools on how to enhance program administration and target benefits effectively.

Participating in the Study

Mathematica is selecting a nationally representative sample of 80 school districts nationwide and about 3 to 6 schools per district. School district offices and schools will be requested to provide us with a minimal amount of data and assistance. During the 2005-2006 school year, SFAs and schools will be asked to:

- **Complete a survey.** Mathematica will interview each SFA food service director by telephone about the district's participation in school nutrition programs. The interview will take place sometime between March and April 2006.

- **Help field interviewers collect data on meal counting and claiming activities.** Mathematica field interviewers will visit each sampled school once to collect information on meal counts for a target week and month. SFAs will be asked to provide information on meal counts submitted by sampled schools and the claims SFAs submit to their state agency for reimbursement. Field staff will also collect data from the school's benefit issuance list and observe a random sample of breakfast and lunch cashier transactions. Field staff will be specially trained to ensure they observe breakfast and lunch transactions without being intrusive to school food service personnel or students.

- **Provide field staff access to lists of meal program applicants.** SFAs and/or schools, as appropriate, will be asked to provide field interviewers with access to applicant information. This information will be used to select representative samples of students certified for free or reduced-price meals and denied applicants. After selecting the samples, Mathematica will send letter to sampled households asking to interview parents on their experience with the school food program during the 2005-2006 school year.

- **Provide access to sampled students' applications and other data.** After the student samples have been selected, SFAs and/or schools will be asked to provide Mathematica with access to applications and other records for sampled students certified for free or reduced-price meals and denied for free and reduced-price meals. In addition, at the end of the school year and with consent from parents, Mathematica will ask SFAs for information on any changes during the school year in certification status or enrollment for sampled students.

- **Provide information on district characteristics.** At the end of SY 2005 - 2006, Mathematica will contact each State Child Nutrition Agency to request the following information for each district in the state: the number of reimbursable lunches and breakfasts claimed, and number of schools and enrolled students by Provision 2 and 3 status. This information will be used to develop models that FNS will use in the future to produce annual estimates of certification errors and amounts of erroneous payments in the NSLP and SBP to meet federal reporting requirements to Congress.

Protecting Confidentiality

All information gathered from school districts, schools, and households is for research purposes only and is strictly confidential to the full extent allowed by law. Your responses will be grouped with those of other participants, and no individual schools, districts, or students will be identified. We will inform parents of the study and our confidentiality procedures, and obtain parental consent for abstracting records data on their child. We are not conducting audits or monitoring visits. Participation in the study will not affect meal reimbursements to participating districts, schools, or households.

Disseminating the Findings

Mathematica will produce a final report on the research findings in summer 2007.

About Mathematica

Mathematica, one of the nation's leading research firms, has over 20 years of experience studying child nutrition programs. The company has offices in Princeton, NJ, Washington, DC, and Cambridge, MA.

For More Information

For more information about the study, please contact:

John Endahl
Office of Analysis, Nutrition, and Evaluation
Food and Nutrition Service, U.S. Department of Agriculture
John.Endahl@fns.usda.gov (703) 305-2122

Michael Ponza
Study Director
Mathematica Policy Research, Inc.
mponza@mathematica-mpr.com (609) 275-2361

OMB Approval No.:
Approval Expires:

NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SCHOOL FOOD AUTHORITY DIRECTOR DISTRICT (SFA) QUESTIONNAIRE

OMB Approval No.:
Approval Expires:

NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SCHOOL FOOD AUTHORITY DIRECTOR DISTRICT (SFA) QUESTIONNAIRE

ID NUMBER: |__|__|__|__|__|__|__|__|

DATE: |__|__| / |__|__| / |__|__|
MONTH DAY YEAR

TIME INTERVIEW BEGAN: |__|__|:|__|__| AM 1
HOUR MINUTE PM 2

SECTION A: INTRODUCTION

DIAL THE NUMBER ON THE CONTACT SHEET:

A1. **INTRODUCTION:** Hello, my name is INTERVIEWER'S FULL NAME and I am calling on behalf of the U.S. Department of Agriculture regarding a survey of school districts about their school lunch and breakfast programs. May I speak with the Director of the School Food Program, (Mr./Ms.) SFA DIRECTOR'S NAME?

WHEN SFA DIRECTOR COMES TO THE PHONE ..... (GO TO A3) 1

NOT AVAILABLE—SCHEDULE AN APPOINTMENT 2

NO LONGER WORKS THERE .... (GO TO A2) 3

CONNECTED TO A VOICE MAIL OR ANSWERING MACHINE, **RECORD NOTES ON CONTACT SHEET** 4

REFUSED, **RECORD NOTES ON CONTACT SHEET** ..... r

A2. May I please speak to the new SFA Director? **(CONTINUE TO A3 WITH NEW SFA DIRECTOR—RECORD NAME AND TELEPHONE NUMBER OF NEW SFA DIRECTORY ON CONTACT SHEET.)**

A3. **WHEN SPEAKING TO THE SFA DIRECTOR, SAY:**

Hello, my name is INTERVIEWER'S FULL NAME, and I am calling from Mathematica Policy Research on behalf of the U.S. Department of Agriculture's regarding a survey of school districts. We recently sent (you) a letter about the study and a fact form to help you prepare for this call. I would like to talk to you about your school district's participation in the National School Lunch Program and the School Breakfast Program. May we begin the interview now?

CONTINUE	(GO TO A6)	1
NOT THE BEST QUALIFIED PERSON TO ANSWER SURVEY. (GET NAME AND TELEPHONE NUMBER OF DESIGNATED RESPONDENT AND RECORD NOTES ON CONTACT SHEET)		2
DID NOT RECEIVE LETTER AND FACT SHEET	(OFFER TO FAX THEM. OBTAIN FAX NUMBER. ARRANGE CALLBACK TIME)	3
MORE INFO REQUIRED	(GO TO A4)	4
NOT A CONVENIENT TIME	(SCHEDULE A CALLBACK)	5
REFUSED	(RECORD NOTES ON CONTACT SHEET)	r

A4. **ADDITIONAL INFORMATION ON THE EVALUATION:**

This research is being conducted for the Food and Nutrition Service of the U.S. Department of Agriculture. The research topic is access, participation, eligibility, and certification of students in the National School Lunch and Breakfast Programs in a national sample of school districts. In addition, the study will examine how SFAs certify students for free and reduced-price meals, the verification process, and how schools and districts record and account for meals served to students. I would like to begin the interview now.

BEGIN INTERVIEW	(GO TO A6)	1
NEEDS MORE INFORMATION	(GO TO A5)	2
NOT A GOOD TIME	(SCHEDULE CALLBACK, RECORD ON CONTACT SHEET)	3
REFUSED	(DESCRIBE WHY THE SFA REFUSED ON THE CONTACT SHEET)	r

A5. READ ALL OR PART AS APPROPRIATE:

The superintendent of your school district has agreed to participate in this research project. You can contact (READ SUPERINTENDENT NAME ON CONTACT SHEET) to verify this. (IF NO NAME IS INDICATED, ASK THE RESPONDENT TO CONTACT THE SUPERINTENDENT'S OFFICE). Your state superintendent of schools, the Chief State School Officer, has also endorsed the project.

Also, your state's child nutrition director has agreed to serve as a state-level liaison for you to contact about this study. You can confirm the legitimacy of the study or ask questions about your district's participation in the study by contacting (READ THE STATE'S CHILD NUTRITION DIRECTOR NAME, TITLE, AGENCY AND PHONE NUMBER FROM THE LIST YOU HAVE BEEN SUPPLIED).

The information you provide will be used for research purposes only. It will not be disclosed to the USDA or anyone outside the project team. The information gathered will <u>not</u> be used to evaluate any single district in any way and will only be used in aggregate. Your district was selected in a sample of districts that is representative of the entire nation's school districts and the information you provide will only be reported in that way.

BEGIN INTERVIEW	(GO TO A6)	1
REFUSED	(DESCRIBE WHY THE SFA REFUSED ON THE CONTACT SHEET)	r

A6. **INTERVIEWER: WAS THE FACT FORM COMPLETED AND RETURNED?**

YES .....(GO TO B1).....1
NO 0

A7. Did you complete the fact sheet we sent you with the introductory letter?

YES .....(GO TO A8).....1
NO .....(GO TO A9).....0

A8. Most of the answers to my questions should come right off the fact sheet you filled out. Please fax it to me and I will call you back to finish the interview. **GIVE SFA DIRECTOR MPR's FAX NUMBER AND SCHEDULE CALL BACK.**

A9. It would be easier to answer my questions if you have the information on the fact sheet but let me begin and we can always go back and fill in items not readily available later. **CONTINUE TO B1**.

SECTION B: DISTRICT AND STUDENT CHARACTERISTICS

B1a. The first questions are about your SFA and the schools it serves. Does your School Food Authority include public schools only, private schools only, or both public and private schools?

PUBLIC SCHOOLS ONLY 1
PRIVATE SCHOOLS ONLY 2
BOTH PUBLIC AND PRIVATE SCHOOL 3

B1b. Does your SFA administer the NSLP or SBP for more than one school district or other legal entity?

YES 1
NO ..... (GO TO B1d) 0

B1c. How many public school districts or legal entities are in your SFA?

|__|__|__| NUMBER OF DISTRICTS OR LEGAL ENTITIES IN SFA

B1d. Is your SFA food service operation under the direction of a food service management company, or does your SFA use a consulting company or independent consultant to help plan or manage food service operations?

YES-USES FOOD SERVICE MANAGEMENT COMPANY 1
YES-USES OTHER TYPE OF CONSULTING SERVICE 2
NO 0

B2. What was the first day of the current school year?

PROBE: When did classes begin?

IF FIRST DAY VARIES, SAY: Please give me the most common starting day of school

|__|__| / |__|__| / |_0|_5|
MONTH DAY YEAR

B3. What is the last day of the current school year?

PROBE: When will classes end?

IF LAST DAY VARIES, SAY: Please give me the most common last day of school.

|__|__| / |__|__| / |_0_|_6_|
MONTH DAY YEAR

B3a. Are the first and last days the same for all schools in your SFA?

YES 1
NO 0

B4. What school grades are served by your school food authority or SFA?

CIRCLE ALL THAT APPLY

Pre-School..... P
Kindergarten..... K
First 1
Second 2
Third 3
Fourth 4
Fifth 5
Sixth 6
Seventh 7
Eighth 8
Ninth 9
Tenth 10
Eleventh 11
Twelfth 12
Other (SPECIFY).....0

_____

_____

_____

B5a. How many schools are in your SFA as of October 31, 2005?

PROBE: Please include all schools, both public and private.

|__|,|__|__|__| TOTAL SCHOOLS

B5b. How many of the schools are private schools?

|__|__|__| PRIVATE SCHOOLS

B6. The next questions are about student enrollment. We would like you to report in terms of students who have an opportunity to participate in the school meal programs in your SFA. Are you able to report enrollment in terms of those with the opportunity to participate or in terms of total students enrolled?

STUDENTS WITH OPPORTUNITY TO PARTICIPATE.....1

TOTAL STUDENTS ENROLLED.....2

B7. (A1) How many schools in your SFA operate either the NSLP only, the SBP only, or both the NSLP and SBP?

|__|,|__|__|__| SCHOOLS WITH NSLP OR SBP

B7a. (A1) On October 31, 2005, how many students were enrolled in the schools in your district that operated the NSLP, SBP, or both?

PROBE: If possible, please report the number of students who have the opportunity to eat school meals. Exclude those children who attend school half day and are not served meals at school.

|__|,|__|__|__|,|__|__|__| TOTAL ENROLLMENT

B8. (A1) Now we want to ask you about the number of elementary schools, middle or junior high schools, and high schools, in your SFA which operate the NSLP only, the SBP only, or both programs. We will also ask the number of students enrolled at each school level in the schools that operate these programs.

How many elementary schools operate the NSLP, the SBP, or both programs in your SFA?

|__|,|__|__|__| ELEMENTARY SCHOOLS

NONE..... (GO TO B11).....0

B9. What are the lowest and highest grade levels for those elementary schools?

PROBE: Please report the most common elementary school grade range.

|__| LOWEST GRADE

|__| HIGHEST GRADE

B10. (A1) How many students are enrolled in those elementary schools?

|__|,|__|__|__|,|__|__|__| ELEMENTARY STUDENTS

B11. (A1) How many middle or junior high schools operate the NSLP, a SBP, or both programs in your SFA?

|__|,|__|__|__| MIDDLE OR JUNIOR HIGH SCHOOLS

NONE ..... (GO TO B14).....0

B12. What are the lowest and highest grade levels for those middle or junior high schools?

PROBE: Please report the most common middle school grade range.

|__|__| LOWEST GRADE

|__|__| HIGHEST GRADE

B13. (A1) How many students are enrolled in those middle or junior high schools?

|__|,|__|__|__|,|__|__|__| MIDDLE OR JUNIOR HIGH STUDENTS

B14. (A1) How many high schools operate the NSLP, the SBP, or both programs in your SFA?

|__|,|__|__|__| HIGH SCHOOLS

NONE ..... (GO TO B17).....0

B15. What are the lowest and highest grade levels for those high schools?

PROBE: Please report the most common high school grade range.

|__|__| LOWEST GRADE

|__|__| HIGHEST GRADE

B16. How many students are enrolled in those high schools?
(A1)

|__|,|__|__|__|,|__|__|__| HIGH SCHOOL STUDENTS

B17. How many other schools or programs that offer the NSLP, the SBP, or both programs are in your SFA? By other schools or programs we mean preschool programs, kindergarten to 12 schools, programs for exceptional children, or other programs that are not elementary, middle, or high schools but operate the NSLP, SBP, or both.
(A1)

|__|,|__|__|__| OTHER SCHOOLS

NONE ..... (GO TO B20).....0

NO QUESTION B18 IN THIS VERSION

B19. How many students are enrolled in those schools?
(A1)

|__|,|__|__|__|,|__|__|__| OTHER SCHOOL STUDENTS

B20. The next questions are about the characteristics of (enrolled students/students with access to school meals) in your district(s).
(B1a)

Approximately how many or what percentage of your (enrolled students/students with access to school meals) are of Hispanic or Latino origin?

|__|,|__|__|__|,|__|__|__| NUMBER HISPANICS

OR

|__|__|__| PERCENTAGE HISPANIC

B21. How many are non-Hispanic?
(B1a)

|__|,|__|__|__|,|__|__|__| NUMBER NOT HISPANIC

OR

|__|__|__| PERCENTAGE NOT HISPANIC

B22. (B1b) Next I am going to ask you about the racial characteristics of your students. Please include Hispanic students in the following categories.

Approximately how many or what percentage of your students are White?

|__|,|__|__|__|,|__|__|__| TOTAL WHITE

OR

|__|__|__| PERCENTAGE WHITE

B23. (B1b) Approximately how many students are Black or African American?

|__|,|__|__|__|,|__|__|__| TOTAL BLACK OR AFRICAN AMERICAN

OR

|__|__|__| PERCENTAGE BLACK

B24. (B1b) (Approximately) how many are American Indian or Alaskan Natives?

|__|,|__|__|__|,|__|__|__| TOTAL AMERICAN INDIANS OR ALASKAN NATIVES

OR

|__|__|__| PERCENTAGE AMERICAN INDIAN

B25. (B1b) (Approximately) how many students are Asian?

|__|,|__|__|__|,|__|__|__| TOTAL ASIANS

OR

|__|__|__| PERCENTAGE ASIAN

B26. (B1b) (Approximately) how many are Native Hawaiian or other Pacific Islander?

|__|,|__|__|__|,|__|__|__| TOTAL HAWAIIAN PACIFIC ISLANDER

OR

|__|__|__| PERCENTAGE HAWAIIAN

B27. (Approximately) how many students are from other racial groups?

(B1b)

|__|,|__|__|__|,|__|__|__| TOTAL OTHER RACES

OR

|__|__|__| PERCENTAGE OTHER RACES

B28. (Approximately) how many or what percentage are male?

(B1c)

|__|,|__|__|__|,|__|__|__| MALE STUDENTS

OR

|__|__|__| PERCENTAGE MALE

B29. (Approximately) how many or what percentage are female?

(B1c)

|__|,|__|__|__|,|__|__|__| FEMALE STUDENTS

OR

|__|__|__| PERCENTAGE FEMALE

B30. Next I want to ask you specific questions about the schools that have been selected to participate in our study. Those schools are: **READ NAMES OF SAMPLED SCHOOLS. IF MORE THAN THREE SCHOOLS, USE SUPPLEMENTARY FORMS.**

LIST NAMES OF SCHOOLS ACROSS TOP OF GRID, THEN ASK QUESTIONS B31 THROUGH B36 FOR EACH SCHOOL.	**SCHOOL ONE NAME:** _____	**SCHOOL TWO NAME:** _____	**SCHOOL THREE NAME:** _____
B31. **INTERVIEWER: DO ALL SCHOOLS START AND END ON THE SAME DAYS? DOES B3a EQUAL "YES"?**	YES.....(GO TO B34) .....1 NO .....(GO TO B32) 0	YES ..... (GO TO B34) .....1 NO..... (GO TO B32) 0	YES .....(GO TO B34)..... 1 NO .....(GO TO B32)..... 0
B32. What was the first day of the current school year for SCHOOL?	|__|__| /|__|__| / |_0|_5| MONTH DAY YEAR	|__|__| /|__|__| / |_0|_5| MONTH DAY YEAR	|__|__| /|__|__| / |_0|_5| MONTH DAY YEAR
B33. When is the last day of the current school year for SCHOOL?	|__|__| /|__|__| / |_0|_6| MONTH DAY YEAR	|__|__| /|__|__| / |_0|_6| MONTH DAY YEAR	|__|__| /|__|__| / |_0|_6| MONTH DAY YEAR
B34. What grades does SCHOOL serve?	PRE-SCHOOL .....P KINDERGARTEN .....K FIRST .....1 SECOND .....2 THIRD.....3 FOURTH.....4 FIFTH.....5 SIXTH .....6 SEVENTH.....7 EIGHTH .....8 NINTH.....9 TENTH.....10 ELEVENTH.....11 TWELFTH.....12 OTHER (SPECIFY) .....0 _____ _____ _____	PRE-SCHOOL .....P KINDERGARTEN.....K FIRST.....1 SECOND.....2 THIRD .....3 FOURTH .....4 FIFTH .....5 SIXTH.....6 SEVENTH .....7 EIGHTH.....8 NINTH .....9 TENTH .....10 ELEVENTH .....11 TWELFTH .....12 OTHER (SPECIFY).....0 _____ _____ _____	PRE-SCHOOL..... P KINDERGARTEN ..... K FIRST ..... 1 SECOND ..... 2 THIRD..... 3 FOURTH..... 4 FIFTH ..... 5 SIXTH ..... 6 SEVENTH..... 7 EIGHTH ..... 8 NINTH..... 9 TENTH..... 10 ELEVENTH..... 11 TWELFTH..... 12 OTHER (SPECIFY) ..... 0 _____ _____ _____
B35. (C1) What is the total number of students with access to the NSLP only, the SBP only, or both the NSLP and the SBP enrolled in SCHOOL as of October 31, 2005?	|__|__|__|,|__|__|__| TOTAL ENROLLMENT	|__|__|__|,|__|__|__| TOTAL ENROLLMENT	|__|__|__|,|__|__|__| TOTAL ENROLLMENT

<table>
<tr><th>SCHOOL FOUR NAME:
______________________</th><th>SCHOOL FIVE NAME:
______________________</th><th>SCHOOL SIX NAME:
______________________</th><th>SCHOOL SEVEN NAME:
______________________</th></tr>
<tr><td>YES .... (GO TO B34)............1
NO............ (GO TO B32)............0</td><td>YES .... (GO TO B34)........... 1
NO............ (GO TO B32)........... 0</td><td>YES .... (GO TO B34)........... 1
NO............ (GO TO B32)........... 0</td><td>YES........... (GO TO B34)........... 1
NO............ (GO TO B32)........... 0</td></tr>
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MONTH DAY YEAR</td><td>|___|___| /|___|___| / |_0_|_5_|
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MONTH DAY YEAR</td><td>|___|___| /|___|___| / |_0_|_6_|
MONTH DAY YEAR</td></tr>
<tr><td>PRE-SCHOOL ....P
KINDERGARTEN......................K
FIRST..1
SECOND...................................2
THIRD 3
FOURTH 4
FIFTH..5
SIXTH..6
SEVENTH 7
EIGHTH....................................8
NINTH 9
TENTH 10
ELEVENTH 11
TWELFTH 12
OTHER (SPECIFY)...................0
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____
______________________</td><td>PRE-SCHOOL.......................... P
KINDERGARTEN..................... K
FIRST 1
SECOND 2
THIRD 3
FOURTH 4
FIFTH 5
SIXTH....................................... 6
SEVENTH 7
EIGHTH.................................... 8
NINTH 9
TENTH 10
ELEVENTH 11
TWELFTH 12
OTHER (SPECIFY) 0
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______________________</td><td>PRE-SCHOOL.......................... P
KINDERGARTEN..................... K
FIRST 1
SECOND 2
THIRD...................................... 3
FOURTH.................................. 4
FIFTH 5
SIXTH 6
SEVENTH................................. 7
EIGHTH 8
NINTH...................................... 9
TENTH.................................... 10
ELEVENTH............................. 11
TWELFTH............................... 12
OTHER (SPECIFY) 0
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______________________</td><td>PRE-SCHOOL...........................P
KINDERGARTEN......................K
FIRST 1
SECOND 2
THIRD..3
FOURTH...................................4
FIFTH..5
SIXTH 6
SEVENTH.................................7
EIGHTH 8
NINTH..9
TENTH.....................................10
ELEVENTH..............................11
TWELFTH................................12
OTHER (SPECIFY) 0
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TOTAL ENROLLMENT</td><td>|__|___|___|,|___|___|___|
TOTAL ENROLLMENT</td></tr>
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SECTION C: MEAL PROGRAM PARTICIPATION

C1. The next questions are about participation in the National School Lunch Program and the School Breakfast Program. Most of the questions are about your entire SFA, but for some questions I will ask specifically about the schools in our study. **READ NAMES OF SAMPLED SCHOOLS. IF MORE THAN SEVEN SCHOOLS, USE SUPPLEMENTARY FORMS.**

DAYS SERVING BREAKFAST OR LUNCH	SFA OR SCHOOL DISTRICT	SCHOOL ONE _____ _____	SCHOOL TWO _____ _____	SCHOOL THREE _____ _____
C2. Does (your SFA/ SCHOOL) operate the National School Lunch Program or NSLP?	YES ....(ASK ABOUT EACH SCHOOL)..... 1 NO ..... (GO TO C3) 0	YES.....1 NO.....0	YES .....1 NO 0	YES..... 1 NO 0
C3. Does (your SFA/ SCHOOL) operate the School Breakfast Program or SBP?	YES ....(ASK ABOUT EACH SCHOOL)..... 1 NO ..... (GO TO C3a) 0	YES.....1 NO.....0	YES .....1 NO 0	YES..... 1 NO 0
C3a. **INTERVIEWER: DOES THE (SFA/SCHOOL): OPERATE THE NSLP? DOES C2 EQUAL "YES"?**	YES ....(GO TO C4)..... 1 NO ..... (GO TO C5) 0	YES.... (GO TO C4) .....1 NO.....(GO TO C5).....0	YES ....(GO TO C4).....1 NO ..... (GO TO C5) 0	YES.... (GO TO C4) ..... 1 NO .....(GO TO C5)..... 0
C4. During October 2005, on how many days did the (SFA/ SCHOOL) serve lunch? **INTERVIEWER: ASK ABOUT THE ENTIRE SFA THEN ABOUT EACH SAMPLED SCHOOL THAT OPERATES A NSLP.**	|__|__| DAYS	|__|__| DAYS	|__|__| DAYS	|__|__| DAYS
C5. **INTERVIEWER: DOES THE (SFA/SCHOOL) OPERATE THE SBP? DOES C3 EQUAL "YES"?**	YES ....(GO TO C6)..... 1 NO .....(GO TO C7)..... 0	YES.... (GO TO C6) .....1 NO..... (GO TO C7) 0	YES ....(GO TO C6).....1 NO .....(GO TO C7).....0	YES.... (GO TO C6) ..... 1 NO ..... (GO TO C7) 0
C6. During October 2005, on how many days did the (SFA/ SCHOOL) serve breakfast? **INTERVIEWER: ASK ABOUT THE ENTIRE SFA THEN ABOUT EACH SAMPLED SCHOOL THAT OPERATES A SBP.**	|__|__| DAYS	|__|__| DAYS	|__|__| DAYS	|__|__| DAYS

SCHOOL FOUR	SCHOOL FIVE	SCHOOL SIX	SCHOOL SEVEN
_____	_____	_____	_____
YES .....1 NO 0	YES .....1 NO 0	YES .....1 NO 0	YES .....1 NO 0
YES .....1 NO 0	YES .....1 NO 0	YES .....1 NO 0	YES .....1 NO 0
YES .... (GO TO C4) .....1 NO ..... (GO TO C5) 0	YES .... (GO TO C4) .....1 NO ..... (GO TO C5) 0	YES .... (GO TO C4) .....1 NO ..... (GO TO C5) 0	YES .... (GO TO C4) .....1 NO ..... (GO TO C5) 0
|__|__| DAYS	|__|__| DAYS	|__|__| DAYS	|__|__| DAYS
YES .... (GO TO C6) .....1 NO ..... (GO TO C7) 0	YES .... (GO TO C6) .....1 NO ..... (GO TO C7) 0	YES .... (GO TO C6) .....1 NO ..... (GO TO C7) 0	YES .... (GO TO C6) .....1 NO ..... (GO TO C7) 0
|__|__| DAYS	|__|__| DAYS	|__|__| DAYS	|__|__| DAYS

SCHOOLS AND STUDENTS PARTICIPATING IN NSLP

C7. **INTERVIEWER: DOES THE SFA OPERATE BOTH THE NSLP AND SBP? DOES BOTH C2-SFA AND C3-SFA EQUAL "YES"?**	YES ..... (GO TO C8) ..... 1 NO ..... (GO TO C10) 0
C8. Do all of the schools in your SFA operate both the NSLP and SBP?	YES ..... (GO TO C16) ..... 1 NO ..... (GO TO C9) 0
C9. (D1) How many schools operate both a NSLP and SBP program? **PROBE:** These are schools that serve both breakfast and lunch and receive meal reimbursement for both.	|___|,|___|___|___| SCHOOLS OPERATING BOTH NSLP AND SBP NONE ..... (GO TO C10) 0
C9a. (D1) How many students are enrolled in the schools that operate both NSLP and SBP?	|___|,|___|___|___|,|___|___|___| STUDENTS ENROLLED IN SCHOOLS OPERATING BOTH NSLP AND SBP
C10. **INTERVIEWER: DOES THE SFA OPERATE THE NSLP? DOES C2-SFA EQUAL "YES"?**	YES ..... (GO TO C11) ..... 1 NO ..... (GO TO C13) 0
C11. (D2) How many schools operate only a NSLP? **PROBE:** These are schools that only serve lunch and receive meal reimbursements for lunches served.	|___|,|___|___|___| SCHOOLS OPERATING ONLY NSLP NONE ..... (GO TO C13) 0
C12. (D2) How many students are enrolled in the schools that operate only a NSLP?	|___|,|___|___|___|,|___|___|___| STUDENTS ENROLLED IN SCHOOLS OPERATING ONLY NSLP
C13. **DOES THE SFA OPERATE THE SBP? DOES C3-SFA EQUAL "YES"?**	YES ..... (GO TO C14) ..... 1 NO ..... (GO TO C16) 0
C14. (D3) How many schools operate only a SBP? **PROBE:** These are schools that only serve breakfast with no school lunch program and receive meal reimbursements for breakfasts served.	|___|,|___|___|___| SCHOOLS OPERATING ONLY SBP NONE ..... (GO TO C16) 0
C15. (D3) How many students are enrolled in the schools that operate only a SBP?	|___|,|___|___|___|,|___|___|___| STUDENTS ENROLLED IN SCHOOLS OPERATING ONLY SBP

PARTICIPATION IN PROVISION 2 AND 3	SFA OR SCHOOL DISTRICT
C16. Did any of the schools in your SFA participate in Provision 2 as of October 31, 2005? **DEFINITION:** Under Provision 2 funding, schools serve meals free to all students and after a base year do not need to track whether students receiving meals are eligible for free or reduced-price meals. Under Provision 2, the reimbursements they receive from USDA are based on the total number of meals they currently serve and the proportion of meals by type served to students in the base year.	YES ..... (GO TO C17) ..... 1 NO ..... (GO TO C17) 0
C17. Did any of the schools in your SFA participate in Provision 3 as of October 31, 2005? **DEFINITION:** Under Provision 3 funding, schools serve meals free to all students and after a base year do not need to track of whether students receiving meals are certified for free or reduced-price meals. Under Provision 3, their reimbursements equal the amounts they received in the base year after adjustments for changes in enrollment and inflation.	YES ..... (GO TO C18) ..... 1 NO ..... (GO TO C18) 0
C18. **INTERVIEWER: DOES THE SFA HAVE SCHOOLS THAT PARTICIPATE IN PROVISION 2? DOES C16 EQUAL "YES"?**	YES ..... (GO TO C19) ..... 1 NO ..... (GO TO C36) 0
C19. **INTERVIEWER: DOES THE SFA HAVE SCHOOLS THAT OPERATE BOTH THE NSLP AND SBP? IS C8 GREATER THAN "ZERO"?**	YES ..... (GO TO C19a) ..... 1 NO ..... (GO TO C24) 0
C19a. Do any of the schools which operate both the NSLP and SBP also participate in Provision 2?	YES ..... (GO TO C20) ..... 1 NO ..... (GO TO C24) 0
C20. (D1) How many of the Provision 2 schools which operate both the NSLP and SBP are in a base year?	|___|___|___| PROVISION 2 SCHOOLS OPERATING BOTH NSLP AND SBP IN A BASE YEAR NONE ..... (GO TO C22) 0
C21. (D1) How many students are enrolled in the Provision 2 schools which operate both the NSLP and SBP that are in a base year?	|___|,|___|___|___|,|___|___|___| ENROLLMENT IN PROVISION 2 SCHOOLS OPERATING BOTH NSLP AND SBP IN A BASE YEAR
C22. (D2) How many of the Provision 2 schools which operate both the NSLP and SBP are <u>not</u> in a base year?	|___|,|___|___|___| PROVISION 2 SCHOOLS OPERATING BOTH NSLP AND SBP NOT IN A BASE YEAR NONE ..... (GO TO C24) 0
C23. (D2) How many students are enrolled in the Provision 2 schools which operate both the NSLP and SBP that are <u>not</u> in a base year?	|___|,|___|___|___|,|___|___|___| ENROLLMENT IN PROVISION 2 SCHOOLS OPERATING BOTH NSLP AND SBP NOT IN A BASE YEAR
C24. **INTERVIEWER: DOES THE SFA HAVE SCHOOLS THAT OPERATE ONLY THE NSLP? IS C11 GREATER THAN "ZERO"?**	YES ..... (GO TO C25) ..... 1 NO ..... (GO TO C30) 0

	SFA OR SCHOOL DISTRICT
C25. Do any of the schools in your SFA which operate only the NSLP also participate in Provision 2?	YES ..... (GO TO C26) ..... 1 NO ..... (GO TO C30) 0
C26. How many of the Provision 2 schools which operate only the NSLP are in a base year? (D2)	|__|__|__| PROVISION 2 SCHOOLS OPERATING ONLY NSLP IN A BASE YEAR NONE ..... (GO TO C28) 0
C27. How many students are enrolled in the Provision 2 schools which operate only the NSLP that are in a base year? (D3)	|__|__|__|,|__|__|__| ENROLLMENT IN PROVISION 2 SCHOOLS OPERATING ONLY NSLP IN A BASE YEAR
C28. How many of the Provision 2 schools which operate only the NSLP are not in a base year? (D4)	|__|,|__|__|__| PROVISION 2 SCHOOLS OPERATING ONLY NSLP NOT IN A BASE YEAR NONE ..... (GO TO C30) 0
C29. How many students are enrolled in the Provision 2 schools which operate only the NSLP that are not in a base year? (D4)	|__|,|__|__|__|,|__|__|__| ENROLLMENT IN PROVISION 2 SCHOOLS OPERATING ONLY NSLP NOT IN A BASE YEAR
C30. **INTERVIEWER: DOES THE SFA HAVE SCHOOLS THAT OPERATE ONLY THE SBP? IS C14 GREATER THAN "ZERO"?**	YES ..... (GO TO C31) ..... 1 NO ..... (GO TO C36) 0
C31. Do any of the schools in your SFA which operate only the SBP also participate in Provision 2?	YES ..... (GO TO C32) ..... 1 NO ..... (GO TO C36) 0
C32. How many of the Provision 2 schools which operate only the SBP are in a base year? (D5)	|__|__|__| PROVISION 2 SCHOOLS OPERATING ONLY SBP IN A BASE YEAR NONE ..... (GO TO C34) 0
C33. How many students are enrolled in Provision 2 schools which operate only the SBP in a base year? (D5)	|__|__|__|,|__|__|__| ENROLLMENT IN PROVISION 2 SCHOOLS OPERATING ONLY SBP IN A BASE YEAR
C34. How many of your Provision 2 schools which operate only the SBP are not in a base year? (D5)	|__|,|__|__|__| PROVISION 2 SCHOOLS OPERATING ONLY SBP NOT IN A BASE YEAR NONE ..... (GO TO C36) 0
C35. How many students are enrolled in the Provision 2 schools which operate only the SBP that are not in a base year? (D5)	|__|,|__|__|__|,|__|__|__| ENROLLMENT IN PROVISION 2 SCHOOLS OPERATING ONLY SBP NOT IN A BASE YEAR

	SFA OR SCHOOL DISTRICT
C36. **INTERVIEWER: DOES THE SFA HAVE SCHOOLS THAT PARTICIPATE IN PROVISION 3? DOES C17 EQUAL "YES"?**	YES ..... (GO TO C37) ..... 1 NO ..... (GO TO C54) 0
C37. **INTERVIEWER: DOES THE SFA HAVE SCHOOLS THAT OPERATE BOTH THE NSLP AND SBP? IS C9 GREATER THAN "ZERO"?**	YES ..... (GO TO C37a) ..... 1 NO ..... (GO TO C42) 0
C37a. Do any of the schools which operate both the NSLP and SBP also participate in Provision 3?	YES ..... (GO TO C38) ..... 1 NO ..... (GO TO C42) 0
C38. (D7) How many of the Provision 3 schools which operate both the NSLP and SBP are in a base year?	|___|___|___| PROVISION 3 SCHOOLS OPERATING BOTH NSLP AND SBP IN A BASE YEAR NONE ..... (GO TO C40) 0
C39. (D7) How many students are enrolled in the Provision 3 schools which operate both the NSLP and SBP that are in a base year?	|___|,|___|___|___|,|___|___|___| ENROLLMENT IN PROVISION 3 SCHOOLS OPERATING BOTH NSLP AND SBP IN A BASE YEAR
C40. (D8) How many of the Provision 3 schools which operate both the NSLP and SBP are <u>not</u> in a base year?	|___|,|___|___|___| PROVISION 3 SCHOOLS OPERATING BOTH NSLP AND SBP NOT IN A BASE YEAR NONE ..... (GO TO C42) 0
C41. (D8) How many students are enrolled in the Provision 3 schools which operate both the NSLP and SBP that are <u>not</u> in a base year?	|___|,|___|___|___|,|___|___|___| ENROLLMENT IN PROVISION 3 SCHOOLS OPERATING BOTH NSLP AND SBP NOT IN A BASE YEAR
C42. **INTERVIEWER: DOES THE SFA HAVE SCHOOLS THAT OPERATE ONLY THE NSLP? IS C11 GREATER THAN "ZERO"?**	YES ..... (GO TO C43) ..... 1 NO ..... (GO TO C48) 0
C43. Do any of the schools in your SFA which operate the NSLP only also participate in Provision 3?	YES ..... (GO TO C44) ..... 1 NO ..... (GO TO C48) 0
C44. (D9) How many of the Provision 3 schools which operate only the NSLP are in a base year?	|___|___|___| PROVISION 3 SCHOOLS OPERATING ONLY NSLP IN A BASE YEAR NONE ..... (GO TO C46) 0
C45. (D9) How many students are enrolled in the Provision 3 schools which operate only the NSLP that are in a base year?	|___|___|___|,|___|___|___| ENROLLMENT IN PROVISION 3 SCHOOLS OPERATING ONLY NSLP IN A BASE YEAR

	SFA OR SCHOOL DISTRICT
C46. How many of the Provision 3 schools which operate only the NSLP are not in a base year? (D10)	|___|,|___|___|___| PROVISION 3 SCHOOLS OPERATING ONLY NSLP NOT IN A BASE YEAR NONE ..... (GO TO C48) 0
C47. How many students are enrolled in the Provision 3 schools which operate only the NSLP that are not in a base year? (D10)	|___|,|___|___|___|,|___|___|___| ENROLLMENT IN PROVISION 3 SCHOOLS OPERATING ONLY NSLP NOT IN A BASE YEAR
C48. **INTERVIEWER: DOES THE SFA HAVE SCHOOLS THAT OPERATE ONLY THE SBP? IS C14 GREATER THAN "ZERO"?**	YES ..... (GO TO C49) ..... 1 NO ..... (GO TO C54) 0
C49. Do any of the schools in your SFA which operate only the SBP also participate in Provision 3?	YES ..... (GO TO C50) ..... 1 NO ..... (GO TO C54) 0
C50. How many of the Provision 3 schools which operate only the SBP are in a base year? (D11)	|___|___|___| PROVISION 3 SCHOOLS OPERATING ONLY SBP IN A BASE YEAR NONE ..... (GO TO C52) 0
C51. How many students are enrolled in Provision 3 schools which operate only the SBP in a base year? (D11)	|___|___|___|,|___|___|___| ENROLLMENT IN PROVISION 3 SCHOOLS OPERATING ONLY SBP IN A BASE YEAR
C52. How many of the Provision 3 schools which operate only the SBP are not in a base year? (D12)	|___|,|___|___|___| PROVISION 3 SCHOOLS OPERATING ONLY SBP NOT IN A BASE YEAR NONE ..... (GO TO C54) 0
C53. How many students are enrolled in the Provision 3 schools which operate only the SBP that are not in a base year? (D12)	|___|,|___|___|___|,|___|___|___| ENROLLMENT IN PROVISION 3 SCHOOLS OPERATING ONLY SBP NOT IN A BASE YEAR
C54. What was the base year for your Provision 2 and 3 schools? **IF MORE THAN ONE, PROBE:** What is the most common base year?	|___|___|___|___| BASE YEAR

	SCHOOL ONE _____ _____	SCHOOL TWO _____ _____	SCHOOL THREE _____ _____
SCHOOL PARTICIPATION IN PROVISION 2 OR 3			
C55. **INTERVIEWER: DOES SCHOOL OPERATE A NSLP? DOES C2 EQUAL "YES"?**	YES ..... (GO TO C56) ..... 1 NO ..... (GO TO C59) 0	YES ..... (GO TO C56) ..... 1 NO ..... (GO TO C59) 0	YES ..... (GO TO C56) ..... 1 NO ..... (GO TO C59) 0
C56. The next questions are only about the sampled schools. Does SCHOOL use Provision 2 or 3 in its lunch program? **INTERVIEWER: ASK C57 THROUGH C62 FOR EACH SCHOOL, THEN GO TO C63.**	CIRCLE ONE PROVISION 2 ..... (GO TO C57) ..... 1 PROVISION 3 ..... (GO TO C57) ..... 2 DOES NOT USE ..... (GO TO C59) 0	CIRCLE ONE PROVISION 2 ..... (GO TO C57) ..... 1 PROVISION 3 ..... (GO TO C57) ..... 2 DOES NOT USE ..... (GO TO C59) 0	CIRCLE ONE PROVISION 2 ..... (GO TO C57) ..... 1 PROVISION 3 ..... (GO TO C57) ..... 2 DOES NOT USE ..... (GO TO C59) 0
C57. Is SCHOOL currently in its Provision 2 or 3 base year for its lunch program?	YES ..... (GO TO C59) ..... 1 NO ..... (GO TO C58) 0	YES ..... (GO TO C59) ..... 1 NO ..... (GO TO C58) 0	YES ..... (GO TO C59) ..... 1 NO ..... (GO TO C58) 0
C58. When was SCHOOL's Provision 2 or 3 base year for its lunch program?	|__|__|__|__|__| BASE YEAR	|__|__|__|__|__| BASE YEAR	|__|__|__|__|__| BASE YEAR
C59. **INTERVIEWER: DOES SCHOOL PARTICIPATE IN THE SBP? DOES C3 EQUAL "YES"?**	YES ..... (GO TO C60) ..... 1 NO ..... (GO TO C55, NEXT SCHOOL) 0	YES ..... (GO TO C60) ..... 1 NO ..... (GO TO C55, NEXT SCHOOL) 0	YES ..... (GO TO C60) ..... 1 NO ..... (GO TO C63) 0
C60. Does SCHOOL use Provision 2 or 3 for its breakfast program?	PROVISION 2 ..... (GO TO C61) ..... 1 PROVISION 3 ..... (GO TO C61) ..... 2 DOES NOT USE ..... (GO TO C55, NEXT SCHOOL) 0	PROVISION 2 ..... (GO TO C61) ..... 1 PROVISION 3 ..... (GO TO C61) ..... 2 DOES NOT USE ..... (GO TO C55, NEXT SCHOOL) 0	PROVISION 2 ..... (GO TO C61) ..... 1 PROVISION 3 ..... (GO TO C61) ..... 2 DOES NOT USE ..... (GO TO C55, NEXT SCHOOL) 0
C61. Is SCHOOL currently in its Provision 2 or 3 base year for its breakfast program?	YES ..... (GO TO C55, NEXT SCHOOL) .... 1 NO ..... (GO TO C62) 0	YES ..... (GO TO C55, NEXT SCHOOL) .. 1 NO ..... (GO TO C62) 0	YES ..... (GO TO C63) ..... 1 NO ..... (GO TO C62) 0
C62. When was SCHOOL's Provision 2 or 3 base year for its breakfast program?	|__|__|__|__|__| BASE YEAR **GO BACK TO C55, NEXT SCHOOL**	|__|__|__|__|__| BASE YEAR **GO BACK TO C55, NEXT SCHOOL**	|__|__|__|__|__| BASE YEAR **GO TO C63**

SCHOOL FOUR	SCHOOL FIVE	SCHOOL SIX	SCHOOL SEVEN
_____	_____	_____	_____
_____	_____	_____	_____
YES ..... (GO TO C56) ..... 1 NO ..... (GO TO C59) 0	YES ..... (GO TO C56) ..... 1 NO ..... (GO TO C59) 0	YES ..... (GO TO C56) ..... 1 NO ..... (GO TO C59) 0	YES ..... (GO TO C56) ..... 1 NO ..... (GO TO C59) 0
CIRCLE ONE PROVISION 2 ..... (GO TO C57) ..... 1 PROVISION 3 ..... (GO TO C57) ..... 2 DOES NOT USE ..... (GO TO C59) 0	CIRCLE ONE PROVISION 2 ..... (GO TO C57) ..... 1 PROVISION 3 ..... (GO TO C57) ..... 2 DOES NOT USE ..... (GO TO C59) 0	CIRCLE ONE PROVISION 2 ..... (GO TO C57) ..... 1 PROVISION 3 ..... (GO TO C57) ..... 2 DOES NOT USE ..... (GO TO C59) 0	CIRCLE ONE PROVISION 2 ..... (GO TO C57) ..... 1 PROVISION 3 ..... (GO TO C57) ..... 2 DOES NOT USE ..... (GO TO C59) 0
YES ..... (GO TO C59) ..... 1 NO ..... (GO TO C58) 0	YES ..... (GO TO C59) ..... 1 NO ..... (GO TO C58) 0	YES ..... (GO TO C59) ..... 1 NO ..... (GO TO C58) 0	YES ..... (GO TO C59) ..... 1 NO ..... (GO TO C58) 0
|__|__|__|__| BASE YEAR	|__|__|__|__| BASE YEAR	|__|__|__|__| BASE YEAR	|__|__|__|__| BASE YEAR
YES ..... (GO TO C60) ..... 1 NO ..... (GO TO C55, NEXT SCHOOL) 0	YES ..... (GO TO C60) ..... 1 NO ..... (GO TO C55, NEXT SCHOOL) 0	YES ..... (GO TO C60) ..... 1 NO ..... (GO TO C55, NEXT SCHOOL) 0	YES ..... (GO TO C60) ..... 1 NO ..... (GO TO C55, NEXT SCHOOL) 0
PROVISION 2 ..... (GO TO C61) ..... 1 PROVISION 3 ..... (GO TO C61) ..... 2 DOES NOT USE ..... (GO TO C55, NEXT SCHOOL) 0	PROVISION 2 ..... (GO TO C61) ..... 1 PROVISION 3 ..... (GO TO C61) ..... 2 DOES NOT USE ..... (GO TO C55, NEXT SCHOOL) 0	PROVISION 2 ..... (GO TO C61) ..... 1 PROVISION 3 ..... (GO TO C61) ..... 2 DOES NOT USE ..... (GO TO C55, NEXT SCHOOL) 0	PROVISION 2 ..... (GO TO C61) ..... 1 PROVISION 3 ..... (GO TO C61) ..... 2 DOES NOT USE ..... (GO TO C55, NEXT SCHOOL) 0
YES ..... (GO TO C55, NEXT SCHOOL) .... 1 NO ..... (GO TO C62) 0	YES ..... (GO TO C55, NEXT SCHOOL) .. 1 NO ..... (GO TO C62) 0	YES ..... (GO TO C55, NEXT SCHOOL) .... 1 NO ..... (GO TO C62) 0	YES ..... (GO TO C55, NEXT SCHOOL) .. 1 NO ..... (GO TO C62) 0
|__|__|__|__| BASE YEAR	|__|__|__|__| BASE YEAR	|__|__|__|__| BASE YEAR	|__|__|__|__| BASE YEAR

	SFA OR SCHOOL DISTRICT	SCHOOL ONE _____ _____	SCHOOL TWO _____ _____	SCHOOL THREE _____ _____
STUDENT CERTIFICATION FOR FREE OR REDUCED-PRICE MEALS				
C63. (E1) The next questions are about student certification for free or reduced-price meals. How many free eligible students were reported on your October report in (your entire SFA/ SCHOOL)? **PROBE:** Approved for free breakfasts or lunches? **IF SFA HAS PROVISION 2 OR 3 SCHOOLS, ASK:** How many free eligible students were on your October report for (your entire SFA/SCHOOL)?	|__|,|__|__|__|,|__|__|__| TOTAL STUDENTS CERTIFIED FOR FREE MEALS NONE ....(GO TO C66)..... 0	|__|__|__|,|__|__|__| STUDENTS CERTIFIED FOR FREE MEALS	|__|__|__|,|__|__|__| STUDENTS CERTIFIED FOR FREE MEALS	|__|__|__|,|__|__|__| STUDENTS CERTIFIED FOR FREE MEALS
C64. **INTERVIEWER: DOES THE (SFA/SAMPLED SCHOOL) PARTICIPATE IN PROVISION 2 OR 3? DOES C16 OR C17 EQUAL "YES" FOR THE SFA? DOES C56 OR C60 EQUAL "2" OR "3" FOR EACH SAMPLED SCHOOL?**	YES..... (GO TO C64a) ....1 NO..... (GO TO C69) 0	YES ... (GO TO C64b) .....1 NO ..... (GO TO C64, NEXT SCHOOL) 0	YES....(GO TO C64b).....1 NO.....(GO TO C64, NEXT SCHOOL).....0	YES ... (GO TO C64b) .....1 NO ..... (GO TO C64, NEXT .... NO MORE SCHOOLS) 0
C64a. Are any in schools in the SFA that participate in Provision 2 or 3 not in a base year?	YES..... (GO TO C65, ...1 NO..... (GO TO C66) 0			
C64b. **INTERVIEWER: IS SAMPLED SCHOOL IN ITS BASE YEAR? IS C58 <u>OR</u> C62 EQUAL TO 2005?**		YES .....(GO TO C64, SCHOOL 2) .....1 NO .....(GO TO C65)..... 0	YES..... (GO TO C64, SCHOOL 3).....1 NO..... (GO TO C65) 0	YES .....(GO TO C64b SCHOOL 4 OR 66 IF NO MORE SCHOOLS) .....1 NO .....(GO TO C65)..... 0
C65. (G1) **FOR SFA TOTAL, ASK**: How many free eligible students were reported for the Provision 2 and 3 schools which are not operating a base year? **FOR EACH SCHOOL ASK**: How many free eligible students were reported at SCHOOL?	|__|,|__|__|__|,|__|__|__| **GO TO C64, SCHOOL 1**	|__|__|,|__|__|__| **GO TO C64, SCHOOL 2**	|__|__|,|__|__|__| **GO TO C64, SCHOOL 3**	|__|__|,|__|__|__| **GO TO C64, SCHOOL 4, OR C66 IF NO MORE SCHOOLS**

SCHOOL FOUR	SCHOOL FIVE	SCHOOL SIX	SCHOOL SEVEN
_____ _____	_____ _____	_____ _____	_____ _____
|___|___|___|,|___|___|___| STUDENTS CERTIFIED FOR FREE MEALS	|___|___|___|,|___|___|___| STUDENTS CERTIFIED FOR FREE MEALS	|___|___|___|,|___|___|___| STUDENTS CERTIFIED FOR FREE MEALS	|___|___|___|,|___|___|___| STUDENTS CERTIFIED FOR FREE MEALS
YES ..... (GO TO C64b) .....1 NO ..... (GO TO C64, NEXT SCHOOL OR C66 IF NO MORE SCHOOLS) 0	YES ..... (GO TO C64b) ..... 1 NO ..... (GO TO C64, NEXT SCHOOL OR C66 IF NO MORE SCHOOLS) 0	YES ..... (GO TO C64b) .....1 NO ..... (GO TO C64, NEXT SCHOOL OR C66 IF NO MORE SCHOOLS) 0	YES ..... (GO TO C64b) ..... 1 NO ..... (GO TO C64, NEXT SCHOOL OR C66 IF NO MORE SCHOOLS) 0
YES ..... (GO TO C64b, SCHOOL 2) .....1 NO ..... (GO TO C65) 0	YES ..... (GO TO C64b, SCHOOL 3) ..... 1 NO ..... (GO TO C65) 0	YES ..... (GO TO C64b, SCHOOL 2) .....1 NO ..... (GO TO C65) 0	YES ..... (GO TO C64b, SCHOOL 3) ..... 1 NO ..... (GO TO C65) 0
|___|___|,|___|___|___| **GO TO C64, SCHOOL 5, OR C66 IF NO MORE SCHOOLS**	|___|___|,|___|___|___| **GO TO C64, SCHOOL 6, OR C66 IF NO MORE SCHOOLS**	|___|___|,|___|___|___| **GO TO C64, SCHOOL 7, OR C66 IF NO MORE SCHOOLS**	|___|___|,|___|___|___| **GO TO C64, SCHOOL 8, OR C66 IF NO MORE SCHOOLS**

	SFA OR SCHOOL DISTRICT	SCHOOL ONE _____ _____	SCHOOL TWO _____ _____	SCHOOL THREE _____ _____
C66. (E2) How many reduced-price eligible students were reported on your October report in (your entire SFA/ SCHOOL)?	|___|___|___|,|___|___|___| TOTAL STUDENTS CERTIFIED FOR REDUCED-PRICE MEALS NONE ....(GO TO C69)..... 0	|___|___|___|,|___|___|___| STUDENTS CERTIFIED FOR REDUCED-PRICE MEALS	|___|___|___|,|___|___|___| STUDENTS CERTIFIED FOR REDUCED-PRICE MEALS	|___|___|___|,|___|___|___| STUDENTS CERTIFIED FOR REDUCED-PRICE MEALS
C67. **INTERVIEWER: DOES THE (SFA/SAMPLED SCHOOL) PARTICIPATE IN PROVISION 2 OR 3?** **DOES THE C16 OR C17 EQUAL "YES" FOR THE SFA?** **DOES C56 OR C60 EQUAL "2" OR "3" FOR EACH SAMPLED SCHOOL?**	YES .....(GO TO C67a).. 1 NO .....(GO TO C69).... 0	YES...(GO TO C67b) .....1 NO.....(GO TO C67, NEXT SCHOOL) ...0	YES ...(GO TO C67b).....1 NO .....(GO TO C67, NEXT SCHOOL) ...0	YES... (GO TO C67b) ..... 1 NO (GO TO C67, NEXT ... IF NO MORE SCHOOLS) 0
C67a. **INTERVIEWER: ARE ANY OF THE SCHOOLS PARTICIPATING IN PROVISION 2 OR 3 NOT IN THEIR BASE YEAR? DOES C64a EQUAL "YES"?**	YES .....(GO TO C68, SFA) ..... 1 NO .....(GO TO C69).... 0			
C67b. **INTERVIEWER: IS SAMPLED SCHOOL IN ITS BASE YEAR? IS C58 <u>OR</u> C62 EQUAL TO 2005?**		YES..... (GO TO C67, SCHOOL 2)....1 NO..... (GO TO C68)....0	YES .....(GO TO C67, SCHOOL 3)....1 NO .....(GO TO C68) 0	YES.....(GO TO C67, SCHOOL 4, OR C69 IF NO MORE SCHOOLS) ..... 1 NO .....(GO TO C68).... 0
C68. (G4) **FOR SFA TOTAL, ASK**: How many reduced-price eligible students were reported for the Provision 2 and 3 schools which are not operating a base year? **FOR EACH SCHOOL ASK**: How many reduced-price eligible students were reported at SCHOOL? **NOTE:** The number is determined by adjusting the number of reduced-price eligibles in the base year for these schools to reflect current enrollment.	|___|,|___|___|___|,|___|___| | **GO TO C67, SCHOOL 1**	|___|___|,|___|___|___| **GO TO C67, SCHOOL 2**	|___|___|,|___|___|___| **GO TO C67, SCHOOL 3**	|___|___|,|___|___|___| **GO TO C67, SCHOOL 4, OR C69 IF NO MORE SCHOOLS**

SCHOOL FOUR	SCHOOL FIVE	SCHOOL SIX	SCHOOL SEVEN
_____ _____	_____ _____	_____ _____	_____ _____
|__|__|__|,|__|__|__| STUDENTS CERTIFIED FOR REDUCED-PRICE MEALS	|__|__|__|,|__|__|__| STUDENTS CERTIFIED FOR REDUCED-PRICE MEALS	|__|__|__|,|__|__|__| STUDENTS CERTIFIED FOR REDUCED-PRICE MEALS	|__|__|__|,|__|__|__| STUDENTS CERTIFIED FOR REDUCED-PRICE MEALS
YES ... (GO TO C67b) ..... 1 NO (GO TO C67, NEXT SCHOOL, OR C69 IF NO MORE SCHOOLS) 0	YES ... (GO TO C67b) ..... 1 NO (GO TO C67, NEXT SCHOOL, OR C69 IF NO MORE SCHOOLS) 0	YES ... (GO TO C67b) ..... 1 NO (GO TO C67, NEXT SCHOOL, OR C69 IF NO MORE SCHOOLS) 0	YES ... (GO TO C67b) ..... 1 NO (GO TO C67, NEXT SCHOOL, OR C69 IF NO MORE SCHOOLS) 0
YES ..... (GO TO C67b, SCHOOL 5, OR C69 IF NO MORE SCHOOLS) ..... 1 NO ..... (GO TO C68) 0	YES ..... (GO TO C67b, SCHOOL 6, OR C69 IF NO MORE SCHOOLS) ..... 1 NO ..... (GO TO C68) 0	YES ..... (GO TO C67b, SCHOOL 7, OR C69 IF NO MORE SCHOOLS) ..... 1 NO ..... (GO TO C68) 0	YES ..... (GO TO C67b, SCHOOL 8, OR C69 IF NO MORE SCHOOLS) ..... 1 NO ..... (GO TO C68) 0
|__|__|,|__|__|__| **GO TO C67, SCHOOL 5, OR C69 IF NO MORE SCHOOLS**	|__|__|,|__|__|__| **GO TO C67, SCHOOL 6, OR C69 IF NO MORE SCHOOLS**	|__|__|,|__|__|__| **GO TO C67, SCHOOL 7, OR C69 IF NO MORE SCHOOLS**	|__|__|,|__|__|__| **GO TO C67, SCHOOL 8, OR C69 IF NO MORE SCHOOLS**

	SFA OR SCHOOL DISTRICT	SCHOOL ONE _____ _____	SCHOOL TWO _____ _____	SCHOOL THREE _____ _____
C69. **INTERVIEWER: DOES THE SFA PARTICIPATE IN THE NSLP? DOES C2 EQUAL "YES"?**	YES..... (GO TO C70) .....1 NO..... (GO TO C76) 0			
REIMBURSABLE MEALS SERVED C70. (F1) The next questions are about the number of reimbursable meals claimed by your SFA and the sampled schools in October 2005. First, during October 2005, what is the total number of reimbursable school lunches claimed by (your SFA/ SCHOOL)? **IF SFA HAS PROVISION 2 OR 3 SCHOOLS SAY:** Please include all reimbursable lunches claimed except Provision 3 schools which are not in a base year.	___,___,___ TOTAL REIMBURSABLE LUNCHES CLAIMED NONE ....(GO TO C76)..... 0	___,___,___ REIMBURSABLE LUNCHES CLAIMED	___,___,___ REIMBURSABLE LUNCHES CLAIMED	___,___,___ REIMBURSABLE LUNCHES CLAIMED
C71. (F2) How many reimbursable free school lunches were claimed in (your SFA/SCHOOL)? **IF SFA HAS PROVISION 2 OR 3 SCHOOLS SAY:** Please include all reimbursable free lunches claimed except Provision 3 schools which are not in a base year.	___,___,___ FREE LUNCHES CLAIMED NONE ....(GO TO C72)..... 0	___,___,___ FREE LUNCHES CLAIMED	___,___,___ FREE LUNCHES CLAIMED	___,___,___ FREE LUNCHES CLAIMED
C72. (F3) How many reimbursable reduced-price school lunches were claimed in (your SFA/ SCHOOL)? **IF SFA HAS PROVISION 2 OR 3 SCHOOLS SAY:** Please include all reimbursable reduced-price lunches claimed except Provision 3 schools which are not in a base year.	___,___,___ TOTAL REDUCED-PRICE LUNCHES CLAIMED NONE ....(GO TO C73)..... 0	___,___,___ REDUCED-PRICE LUNCHES CLAIMED	___,___,___ REDUCED-PRICE LUNCHES CLAIMED	___,___,___ REDUCED-PRICE LUNCHES CLAIMED

SCHOOL FOUR	SCHOOL FIVE	SCHOOL SIX	SCHOOL SEVEN
_____ _____	_____ _____	_____ _____	_____ _____
|__|__|,|__|__|__|,|__|__|__| REIMBURSABLE LUNCHES CLAIMED	|__|__|,|__|__|__|,|__|__|__| REIMBURSABLE LUNCHES CLAIMED	|__|__|,|__|__|__|,|__|__|__| REIMBURSABLE LUNCHES CLAIMED	|__|__|,|__|__|__|,|__|__|__| REIMBURSABLE LUNCHES CLAIMED
|__|__|,|__|__|__|,|__|__|__| FREE LUNCHES CLAIMED	|__|__|,|__|__|__|,|__|__|__| FREE LUNCHES CLAIMED	|__|__|,|__|__|__|,|__|__|__| FREE LUNCHES CLAIMED	|__|__|,|__|__|__|,|__|__|__| FREE LUNCHES CLAIMED
|__|__|,|__|__|__|,|__|__|__| REDUCED-PRICE LUNCHES CLAIMED	|__|__|,|__|__|__|,|__|__|__| REDUCED-PRICE LUNCHES CLAIMED	|__|__|,|__|__|__|,|__|__|__| REDUCED-PRICE LUNCHES CLAIMED	|__|__|,|__|__|__|,|__|__|__| REDUCED-PRICE LUNCHES CLAIMED

	SFA OR SCHOOL DISTRICT	SCHOOL ONE _____ _____	SCHOOL TWO _____ _____	SCHOOL THREE _____ _____
C73. (F4) How many reimbursable full-price school lunches were claimed in (your SFA/SCHOOL)? **IF SFA HAS PROVISION 2 OR 3 SCHOOLS SAY:** Please include all reimbursable full-price lunches claimed except at Provision 3 schools which are not in a base year. **PROBE:** Full price meals are sometimes referred to as "paid" meals.	|__|__|,|__|__|__|,|__|__|__| FULL-PRICE LUNCHES CLAIMED NONE ....(GO TO C74)..... 0	|__|__|,|__|__|__|,|__|__|__| FULL-PRICE LUNCHES CLAIMED	|__|__|,|__|__|__|,|__|__|__| FULL-PRICE LUNCHES CLAIMED	|__|__|,|__|__|__|,|__|__|__| FULL-PRICE LUNCHES CLAIMED
C74. **INTERVIEWER: DOES THE (SFA/SAMPLED SCHOOL) PARTICIPATE IN PROVISION 2 OR 3?** **DOES C16 OR C17 EQUAL "YES" FOR THE SFA?** **DOES C56 OR C60 EQUAL "2" OR "3" FOR EACH SAMPLED SCHOOL?**	YES..... (GO TO C75) .....1 NO..... (GO TO C76) 0	YES ... (GO TO C74a) .....1 NO ..... (GO TO C74, NEXT SCHOOL) 0	YES....(GO TO C74a).....1 NO.....(GO TO C74, NEXT SCHOOL).....0	YES ... (GO TO C74a) .....1 NO ..... (GO TO C74, NEXT SCHOOL, OR C76 IF NO MORE SCHOOLS) ..0
C74a. **INTERVIEWER: IS SAMPLED SCHOOL OPERATING A BASE YEAR FOR LUNCH? DOES C58 EQUAL 2005 FOR SAMPLED SCHOOL?**		YES ... (GO TO C74, SCHOOL 2).....1 NO ..... (GO TO C75) 0	YES....(GO TO C74, SCHOOL 3) .....1 NO.....(GO TO C75)..... 0	YES ... (GO TO C76) .....1 SCHOOL 4).....1 NO ..... (GO TO C75) 0
C75. (H5) How many reimbursable lunches were claimed by Provision 3 schools which are not operating a base year in (your SFA/ SCHOOL)?	|__|__|,|__|__|__|,|__|__|__| **IF MORE THAN NONE, GO TO C74, SCHOOL 1** NONE ....(GO TO C76).... 0	|__|__|,|__|__|__|,|__|__|__| **GO TO C74, SCHOOL 2**	|__|__|,|__|__|__|,|__|__|__| **GO TO C74, SCHOOL 3**	|__|__|,|__|__|__|,|__|__|__| **GO TO C74, SCHOOL 4, OR C76 IF NO MORE SCHOOLS**
C76. **INTERVIEWER: DOES THE SFA PARTICIPATE IN THE SBP? DOES C3 EQUAL "YES"?**	YES .....(GO TO C77)... 1 NO .....(GO TO C83)... 0			

SCHOOL FOUR	SCHOOL FIVE	SCHOOL SIX	SCHOOL SEVEN
_____ _____	_____ _____	_____ _____	_____ _____
|__|__|,|__|__|__|,|__|__|__| FULL-PRICE LUNCHES CLAIMED	|__|__|,|__|__|__|,|__|__|__| FULL-PRICE LUNCHES CLAIMED	|__|__|,|__|__|__|,|__|__|__| FULL-PRICE LUNCHES CLAIMED	|__|__|,|__|__|__|,|__|__|__| FULL-PRICE LUNCHES CLAIMED
YES ..... (GO TO C74a) .....1 NO ..... (GO TO C74, NEXT SCHOOL, OR C76 IF NO MORE SCHOOLS) 0	YES..... (GO TO C74a)..... 1 NO ..... (GO TO C74, NEXT SCHOOL, OR C76 IF NO MORE SCHOOLS)..... 0	YES ..... (GO TO C74a) .....1 NO ..... (GO TO C74, NEXT SCHOOL, OR C76 IF NO MORE SCHOOLS) 0	YES..... (GO TO C74a)..... 1 NO ..... (GO TO C74, NEXT SCHOOL, OR C76 IF NO MORE SCHOOLS) 0
YES ..... (GO TO C74, SCHOOL 5) .....1 NO ..... (GO TO C75) 0	YES..... (GO TO C74, SCHOOL 6)..... 1 NO ..... (GO TO C75)..... 0	YES ..... (GO TO C74, SCHOOL 7) .....1 NO ..... (GO TO C75) 0	YES..... (GO TO C74, SCHOOL 8)..... 1 NO ..... (GO TO C75)..... 0
|__|__|,|__|__|__|,|__|__|__| **GO TO C74, SCHOOL 5, OR C76 IF NO MORE SCHOOLS**	|__|__|,|__|__|__|,|__|__|__| **GO TO C74, SCHOOL 6, OR C76 IF NO MORE SCHOOLS**	|__|__|,|__|__|__|,|__|__|__| **GO TO C74, SCHOOL 7, OR C76 IF NO MORE SCHOOLS**	|__|__|,|__|__|__|,|__|__|__| **GO TO C74, SCHOOL 8, OR C76 IF NO MORE SCHOOLS**

		SFA OR SCHOOL DISTRICT	SCHOOL ONE _____ _____	SCHOOL TWO _____ _____	SCHOOL THREE _____ _____
C77. (G1)	What is the total number of reimbursable breakfasts claimed by (your SFA/SCHOOL) in October 2005? **IF SFA HAS PROVISION 2 OR 3 SCHOOLS SAY:** Please include all breakfasts except Provision 3 schools which are not operating a base year.	|__|,|__|__|__|,|__|__|__| TOTAL REIMBURSABLE BREAKFASTS CLAIMED NONE..... (GO TO C83) 0	|__|,|__|__|__|,|__|__|__| REIMBURSABLE BREAKFASTS CLAIMED	|__|,|__|__|__|,|__|__|__| REIMBURSABLE BREAKFASTS CLAIMED	|__|,|__|__|__|,|__|__|__| REIMBURSABLE BREAKFASTS CLAIMED
C78. (G2)	How many reimbursable free-price breakfasts were claimed in (your SFA/ SCHOOL) in October 2005? **IF SFA HAS PROVISION 2 OR 3 SCHOOLS SAY:** Please include all breakfasts except Provision 3 schools which are not operating a base year.	|__|,|__|__|__|,|__|__|__| FREE BREAKFASTS CLAIMED NONE.....(GO TO C79).....0	|__|,|__|__|__|,|__|__|__| FREE BREAKFASTS CLAIMED	|__|,|__|__|__|,|__|__|__| FREE BREAKFASTS CLAIMED	|__|,|__|__|__|,|__|__|__| FREE BREAKFASTS CLAIMED
C79. (G3)	How many reimbursable reduced-price breakfasts were claimed in (your SFA/ SCHOOL) in October 2005? **IF SFA HAS PROVISION 2 OR 3 SCHOOLS SAY:** Please include all breakfasts except Provision 3 schools which are not operating a base year.	|__|,|__|__|__|,|__|__|__| REDUCED PRICE BREAKFASTS CLAIMED NONE.....(GO TO C80).....0	|__|,|__|__|__|,|__|__|__| REDUCED PRICE BREAKFASTS CLAIMED	|__|,|__|__|__|,|__|__|__| REDUCED PRICE BREAKFASTS CLAIMED	|__|,|__|__|__|,|__|__|__| REDUCED PRICE BREAKFASTS CLAIMED
C80. (G4)	How many reimbursable full-price breakfasts were claimed in (your SFA/ SCHOOL) in October 2005? **IF SFA HAS PROVISION 2 OR 3 SCHOOLS SAY:** Please include all breakfasts except Provision 3 schools which are not operating a base year.	|__|,|__|__|__|,|__|__|__| FULL-PRICE BREAKFASTS CLAIMED NONE.....(GO TO C81).....0	|__|,|__|__|__|,|__|__|__| FULL-PRICE BREAKFASTS CLAIMED	|__|,|__|__|__|,|__|__|__| FULL-PRICE BREAKFASTS CLAIMED	|__|,|__|__|__|,|__|__|__| FULL-PRICE BREAKFASTS CLAIMED
C81.	**INTERVIEWER: DOES THE (SFA/SAMPLED SCHOOL) PARTICIPATE IN PROVISION 2 OR 3?**	YES..... (GO TO C82) .....1 NO..... (GO TO C83) 0	YES ... (GO TO C81a) .....1 NO ..... (GO TO C81, NEXT SCHOOL) 0	YES ....(GO TO C81a) ..... 1 NO.....(GO TO C81, NEXT SCHOOL)..... 0	YES ... (GO TO C81a).....1 NO ..... (GO TO C81, NEXT SCHOOL, OR C82 IF NO MORE SCHOOLS) 0

SCHOOL FOUR	SCHOOL FIVE	SCHOOL SIX	SCHOOL SEVEN
_____ _____	_____ _____	_____ _____	_____ _____
|__|,|__|__|__|,|__|__|__| REIMBURSABLE BREAKFASTS CLAIMED	|__|,|__|__|__|,|__|__|__| REIMBURSABLE BREAKFASTS CLAIMED	|__|,|__|__|__|,|__|__|__| REIMBURSABLE BREAKFASTS CLAIMED	|__|,|__|__|__|,|__|__|__| REIMBURSABLE BREAKFASTS CLAIMED
|__|,|__|__|__|,|__|__|__| FREE BREAKFASTS CLAIMED	|__|,|__|__|__|,|__|__|__| FREE BREAKFASTS CLAIMED	|__|,|__|__|__|,|__|__|__| FREE BREAKFASTS CLAIMED	|__|,|__|__|__|,|__|__|__| FREE BREAKFASTS CLAIMED
|__|,|__|__|__|,|__|__|__| REDUCED PRICE BREAKFASTS CLAIMED	|__|,|__|__|__|,|__|__|__| REDUCED PRICE BREAKFASTS CLAIMED	|__|,|__|__|__|,|__|__|__| REDUCED PRICE BREAKFASTS CLAIMED	|__|,|__|__|__|,|__|__|__| REDUCED PRICE BREAKFASTS CLAIMED
|__|,|__|__|__|,|__|__|__| FULL-PRICE BREAKFASTS CLAIMED	|__|,|__|__|__|,|__|__|__| FULL-PRICE BREAKFASTS CLAIMED	|__|,|__|__|__|,|__|__|__| FULL-PRICE BREAKFASTS CLAIMED	|__|,|__|__|__|,|__|__|__| FULL-PRICE BREAKFASTS CLAIMED
YES ... (GO TO C81a) ..... 1 NO ..... (GO TO C81, NEXT SCHOOL, OR C82 IF NO MORE	YES .... (GO TO C81a) ..... 1 NO ..... (GO TO C81, NEXT SCHOOL, OR C82 IF NO MORE	YES ... (GO TO C81a) ..... 1 NO ..... (GO TO C81, NEXT SCHOOL, OR C82 IF NO MORE	YES .... (GO TO C81a) ..... 1 NO ..... (GO TO C81, NEXT SCHOOL, OR C82 IF NO MORE

SCHOOLS) 0	SCHOOLS)..... 0	SCHOOLS) 0	SCHOOLS) 0

	SFA OR SCHOOL DISTRICT	SCHOOL ONE _____ _____	SCHOOL TWO _____ _____	SCHOOL THREE _____ _____
C81a. **INTERVIEWER: IS SAMPLED SCHOOL OPERATING A BASE YEAR FOR BREAKFAST? DOES C62 EQUAL 2005 FOR SAMPLED SCHOOL?**		YES ... (GO TO C81, SCHOOL 2) ..... 1 NO ..... (GO TO C82) 0	YES .... (GO TO C81, SCHOOL 3) ..... 1 NO ..... (GO TO C82) 0	YES ... (GO TO C83, SCHOOL 4 OR 84 IF NO MORE SCHOOLS) ..... 1 NO ..... (GO TO C82) 0
C82. (I5) How many reimbursable breakfasts were claimed at **Provision 3 schools which are not operating a base year**	|__|__|,|__|__|__|,|__|__|__| **IF MORE THAN NONE, GO TO C81, SCHOOL 1** NONE..... (GO TO C83) 0	|__|__|,|__|__|__|,|__|__|__| **GO TO C81, SCHOOL 2**	|__|__|,|__|__|__|,|__|__|__| **GO TO C81, SCHOOL 3**	|__|__|,|__|__|__|,|__|__|__| **GO TO C83 SCHOOL 4, OR C84 IF NO MORE SCHOOLS**
C83. **INTERVIEWER: DOES THE SFA PARTICIPATE IN THE NSLP? DOES C2 EQUAL "YES"?**	YES ..... (GO TO C83a) ..... 1 NO ..... (GO TO C87) 0			
C83a. Does your SFA use a computerized system to process applications and determine free or reduced-price certification status?	YES ..... 1 NO 0			
RETENTION OF INDIVIDUAL STUDENT PARTICIPATION INFORMATION C84. Does your SFA retain records on NSLP meals consumed by individual students throughout the course of the school year at all of your schools, some of your schools, or none of your schools?	ALL ..... (GO TO C86-SFA) ..... 1 SOME .... (GO TO C85 AND ASK ABOUT EACH SCHOOL) ..... 2 NONE ..... (GO TO C87) 0			
C85. Does SCHOOL retain records on NSLP meals consumed by individual students throughout the course of the school year?		YES ..... (GO TO C86) ..... 1 NO ..... (GO TO C85, NEXT SCHOOL) 0	YES ..... (GO TO C86) ..... 1 NO ..... (GO TO C85, NEXT SCHOOL) 0	YES ..... (GO TO C86) ..... 1 NO ..... (GO TO C85, NEXT SCHOOL OR C87 IF NO MORE SCHOOLS) 0
C86. How does (your SFA/SCHOOL) retain records of NSLP meals consumed by individual students throughout the course of the school year? **PROBE:** Electronically or on hard copy?	ELECTRONICALLY ..... 1 HARD COPY ..... 2 OTHER (SPECIFY) ..... 3 _____ _____ _____ **GO TO C87**	ELECTRONICALLY ..... 1 HARD COPY ..... 2 OTHER (SPECIFY) ..... 3 _____ _____ _____ **GO TO C85, SCHOOL 2**	ELECTRONICALLY ..... 1 HARD COPY ..... 2 OTHER (SPECIFY) ..... 3 _____ _____ _____ **GO TO C85, SCHOOL 3**	ELECTRONICALLY ..... 1 HARD COPY ..... 2 OTHER (SPECIFY) ..... 3 _____ _____ _____ **GO TO C85, SCHOOL 4 OR C87 IF NO MORE SCHOOLS**

SCHOOL FOUR	SCHOOL FIVE	SCHOOL SIX	SCHOOL SEVEN
_____ _____	_____ _____	_____ _____	_____ _____
YES ..... (GO TO C83, SCHOOL 5 OR C84 IF NO MORE SCHOOLS) .....1 NO ..... (GO TO C82) 0	YES..... (GO TO C83, SCHOOL 6 OR C84 IF NO MORE SCHOOLS) ..... 1 NO ..... (GO TO C82) 0	YES ..... (GO TO C83, SCHOOL 7 OR C84 IF NO MORE SCHOOLS) .....1 NO ..... (GO TO C82) 0	YES..... (GO TO C83, SCHOOL 8 OR C84 IF NO MORE SCHOOLS) ..... 1 NO ..... (GO TO C82) 0
|__|__|,|__|__|__|,|__|__|__| **GO TO C83 SCHOOL 4, OR C84 IF NO MORE SCHOOLS**	|__|__|,|__|__|__|,|__|__|__| **GO TO C83 SCHOOL 4, OR C84 IF NO MORE SCHOOLS**	|__|__|,|__|__|__|,|__|__|__| **GO TO C83 SCHOOL 4, OR C84 IF NO MORE SCHOOLS**	|__|__|,|__|__|__|,|__|__|__| **GO TO C83 SCHOOL 4, OR C84 IF NO MORE SCHOOLS**
YES ..... (GO TO C86).....1 NO ..... (GO TO C85, NEXT SCHOOL OR C87 IF NO MORE SCHOOLS).....0	YES..... (GO TO C86) ..... 1 NO ..... (GO TO C85, NEXT SCHOOL OR C87 IF NO MORE SCHOOLS) 0	YES ..... (GO TO C86) .....1 NO ..... (GO TO C85, NEXT SCHOOL OR C87 IF NO MORE SCHOOLS).....0	YES..... (GO TO C86) ..... 1 NO ..... (GO TO C85, NEXT SCHOOL OR C87 IF NO MORE SCHOOLS) 0
ELECTRONICALLY.....1 HARD COPY .....2 OTHER (SPECIFY) .....3 _____ _____ _____ **GO TO C85, SCHOOL 5 OR C87 IF NO MORE SCHOOLS**	ELECTRONICALLY ..... 1 HARD COPY..... 2 OTHER (SPECIFY)..... 3 _____ _____ _____ **GO TO C85, SCHOOL 6 OR C87 IF NO MORE SCHOOLS**	ELECTRONICALLY .....1 HARD COPY .....2 OTHER (SPECIFY) .....3 _____ _____ _____ **GO TO C85, SCHOOL 7 OR C87 IF NO MORE SCHOOLS**	ELECTRONICALLY ..... 1 HARD COPY ..... 2 OTHER (SPECIFY)..... 3 _____ _____ _____ **GO TO C85, SCHOOL 8 OR C87 IF NO MORE SCHOOLS**

	SFA OR SCHOOL DISTRICT	SCHOOL ONE _____ _____	SCHOOL TWO _____ _____	SCHOOL THREE _____ _____
C87. **INTERVIEWER: DOES THE SFA PARTICIPATE IN THE SBP? DOES C3 EQUAL "YES"?**	YES .. (GO TO C88) ..... 1 NO .... (GO TO D1) 0			
C88. Does your SFA retain records of SBP meals consumed by individual students throughout the course of the school year at all of your schools, some of your schools, or none of your schools?	ALL ..... (GO TO C90-SFA) ..... 1 SOME ... (GO TO C88 AND ASK ABOUT EACH SCHOOL) ... 2 NONE ... (GO TO D1) 0			
C89. Does SCHOOL retain records on SBP meals consumed by individual students throughout the course of the school year?		YES ... (GO TO C90) ..... 1 NO ..... (GO TO C89 NEXT SCHOOL) ... 0	YES ... (GO TO C90) ..... 1 NO ..... (GO TO C89 NEXT SCHOOL) ... 0	YES ... (GO TO C90) ..... 1 NO .... (GO TO C89, NEXT SCHOOL, OR D1 IF NO MORE SCHOOLS) 0
C90. How does (your SFA/SCHOOL) retain records of SBP meals consumed by individual students throughout the course of the school year? **PROBE:** Electronically or on hard copy?	ELECTRONICALLY ..... 1 HARD COPY ..... 2 OTHER (SPECIFY) ..... 3 _____ _____ _____ **GO TO D1**	ELECTRONICALLY ..... 1 HARD COPY ..... 2 OTHER (SPECIFY) ..... 3 _____ _____ _____ **GO TO C89, SCHOOL 2**	ELECTRONICALLY ..... 1 HARD COPY ..... 2 OTHER (SPECIFY) ..... 3 _____ _____ _____ **GO TO C89, SCHOOL 3**	ELECTRONICALLY ..... 1 HARD COPY ..... 2 OTHER (SPECIFY) ..... 3 _____ _____ _____ **GO TO C89, SCHOOL 4 OR D1 IF NO MORE SCHOOLS**

SCHOOL FOUR	SCHOOL FIVE	SCHOOL SIX	SCHOOL SEVEN
_____ _____	_____ _____	_____ _____	_____ _____
YES .....(GO TO C90).....1 NO.....(GO TO C89, NEXT SCHOOL, OR D1 IF NO MORE SCHOOLS) 0	YES .....(GO TO C90).....1 NO.....(GO TO C89, NEXT SCHOOL, OR D1 IF NO MORE SCHOOLS) 0	YES .....(GO TO C90).....1 NO.....(GO TO C89, NEXT SCHOOL, OR D1 IF NO MORE SCHOOLS) 0	YES .....(GO TO C90).....1 NO.....(GO TO C89, NEXT SCHOOL, OR D1 IF NO MORE SCHOOLS) 0
ELECTRONICALLY .....1 HARD COPY.....2 OTHER (SPECIFY).....3 _____ _____ _____ **GO TO C89, SCHOOL 5 OR D1 IF NO MORE SCHOOLS**	ELECTRONICALLY .....1 HARD COPY.....2 OTHER (SPECIFY).....3 _____ _____ _____ **GO TO C89, SCHOOL 6 OR D1 IF NO MORE SCHOOLS**	ELECTRONICALLY .....1 HARD COPY.....2 OTHER (SPECIFY).....3 _____ _____ _____ **GO TO C89, SCHOOL 7 OR D1 IF NO MORE SCHOOLS**	ELECTRONICALLY .....1 HARD COPY.....2 OTHER (SPECIFY).....3 _____ _____ _____ **GO TO C89, SCHOOL 8 OR D1 IF NO MORE SCHOOLS**

SECTION D: DIRECT CERTIFICATION

D1. The next questions are about direct certification, which allows SFAs to certify students as eligible for free meals based on information received from other public assistance programs instead of on the basis of an application submitted by the household.

Does your SFA use direct certification?

PROBE: Direct certification is a method of eligibility determination that does not require families to complete a school meal application form. Instead, school officials use documentation from the agencies which administer the TANF, Food Stamp, or Food Distribution Program on Indian Reservations programs to certify students who are members of TANF, Food Stamp, or FDPIR households for free school meal benefits.

YES 1
NO ..... (GO TO D3) 0

D2. In what year did your district begin using direct certification?

PROBE: Your best estimate is fine.

|__|__|__|__| YEAR **(GO TO D4)**

D3. Did your school district ever use direct certification?

YES ..... (GO TO D11) 1
NO ..... (GO TO D11) 0

	SFA OR SCHOOL DISTRICT
D4. Does your SFA have any students who are directly certified for free meals?	YES .....(GO TO D5).....1 NO .....(GO TO D12).....0
D5. Students are generally certified by three methods. Which of the following procedures is used by your SFA? Does the State Food Stamp or Education agency send letters to food stamp households with school age children telling them they are eligible for free meals and the household submits the letter to the SFA or school to have children become certified?	YES .....(GO TO D12).....1 NO .....(GO TO D6).....0
D6. Does the SFA send a list of enrolled students to a state-level agency, and the state agency matches names of students with names of children in food stamp, TANF, or FDPIR households, and sends a list of matches back to the SFA?	YES .....(GO TO D9).....1 NO .....(GO TO D7).....0
D7. Does a state agency send a list of students in food stamp, TANF, or FDPIR households who live in the SFAs attendance area and the SFA identifies enrolled students who are on the state list?	YES .....(GO TO D9).....1 NO .....(GO TO D8).....0
D8. How does your SFA directly certify students for free meals?	**RECORD RESPONSE VERBATIM:** _____ _____ _____ **GO TO D9**
D9. Does your SFA send letters to households notifying them that they are eligible for free meals?	YES .....(GO TO D10).....1 NO .....(GO TO D11).....0

	SFA OR SCHOOL DISTRICT
D10. Does the household have to return the letter to the SFA for the child to become certified for free meal benefits?	YES .....(GO TO D12).....1 NO .....(GO TO D12).....0
D11. How are households notified of their children's free meal eligibility?	CIRCLE ONE TELEPHONE CALL.....1 CHILD IS TOLD ORALLY.....2 IN-PERSON MEETING WITH PARENTS.....3 OTHER (SPECIFY).....4 _____ _____ _____

STUDENT CERTIFICATION	SFA OR SCHOOL DISTRICT	SCHOOL ONE _____ _____	SCHOOL TWO _____ _____	SCHOOL THREE _____ _____
D12. (H1) Of the NUMBER FROM C63 free eligible students, how many were directly certified on the basis of food stamps, TANF, or FDPIR? **IF NOT "NONE" FOR SFA ASK ABOUT EACH SCHOOL:** How many free eligible students from SCHOOL were directly certified?	|___|___|___|,|___|___|___| STUDENTS DIRECTLY CERTIFIED NONE .....(GO TO D13).....0	|___|___|___|,|___|___|___| STUDENTS DIRECTLY CERTIFIED NONE.....0	|___|___|___|,|___|___|___| STUDENTS DIRECTLY CERTIFIED NONE 0	|___|___|___|,|___|___|___| STUDENTS DIRECTLY CERTIFIED NO.....0
D13. (H2) Aside from directly certified students, how many of the free eligible students were approved <u>without having to submit an application</u>, such as those approved on the basis of observed need or homeless, runaway, or migrant students? **IF NOT "NONE" FOR THE SFA, ASK ABOUT EACH SCHOOL:** How many students were approved in this way at SCHOOL?	|___|___|___|,|___|___|___| APPROVED BY OBSERVED NEED NONE .. (GO TO D14) ... 0	|___|___|___|,|___|___|___| APPROVED BY OBSERVED NEED NONE.....0	|___|___|___|,|___|___|___| APPROVED BY OBSERVED NEED NONE 0	|___|___|___|,|___|___|___| APPROVED BY OBSERVED NEED NONE.....0
D14. (H3) Of the NUMBER FROM C63 free eligible students, how many were approved through the submission of an application? **IF NOT "NONE" FOR SFA ASK ABOUT EACH SCHOOL:** How many students from SCHOOL were approved by application?	|___|___|___|,|___|___|___| STUDENTS APPROVED BY APPLICATION NONE .....(GO TO D15).....0	|___|___|___|,|___|___|___| STUDENTS APPROVED BY APPLICATION NONE.....0	|___|___|___|,|___|___|___| STUDENTS APPROVED BY APPLICATION NONE 0	|___|___|___|,|___|___|___| STUDENTS APPROVED BY APPLICATION NONE.....0
D15. (H3a) Of the number from D14 students approved for free meals based on an application, how many were approved for free meals based on information on household size and income reported on an application in (your SFA/SCHOOL)? **IF NOT "NONE", ASK ABOUT EACH**	|___|___|___|,|___|___|___| APPROVED BASED ON INCOME NONE .....(GO TO D16).....0	|___|___|___|,|___|___|___| APPROVED BASED ON INCOME NONE.....0	|___|___|___|,|___|___|___| APPROVED BASED ON INCOME NONE 0	|___|___|___|,|___|___|___| APPROVED BASED ON INCOME NONE.....0

SCHOOL.				

SCHOOL FOUR	SCHOOL FIVE	SCHOOL SIX	SCHOOL SEVEN
_____ _____	_____ _____	_____ _____	_____ _____
|__|__|__|,|__|__|__| STUDENTS DIRECTLY CERTIFIED NONE 0	|__|__|__|,|__|__|__| STUDENTS DIRECTLY CERTIFIED NONE 0	|__|__|__|,|__|__|__| STUDENTS DIRECTLY CERTIFIED NONE 0	|__|__|__|,|__|__|__| STUDENTS DIRECTLY CERTIFIED NONE 0
|__|__|__|,|__|__|__| APPROVED BY OBSERVED NEED NONE 0	|__|__|__|,|__|__|__| APPROVED BY OBSERVED NEED NONE 0	|__|__|__|,|__|__|__| APPROVED BY OBSERVED NEED NONE 0	|__|__|__|,|__|__|__| APPROVED BY OBSERVED NEED NONE 0
|__|__|__|,|__|__|__| STUDENTS APPROVED BY APPLICATION NONE 0	|__|__|__|,|__|__|__| STUDENTS APPROVED BY APPLICATION NONE 0	|__|__|__|,|__|__|__| STUDENTS APPROVED BY APPLICATION NONE 0	|__|__|__|,|__|__|__| STUDENTS APPROVED BY APPLICATION NONE 0
|__|__|__|,|__|__|__| APPROVED BASED ON INCOME NONE 0	|__|__|__|,|__|__|__| APPROVED BASED ON INCOME NONE 0	|__|__|__|,|__|__|__| APPROVED BASED ON INCOME NONE 0	|__|__|__|,|__|__|__| APPROVED BASED ON INCOME NONE 0

	SFA OR SCHOOL DISTRICT	SCHOOL ONE _____ _____	SCHOOL TWO _____ _____	SCHOOL THREE _____ _____
D16. (H36b) How many of the number from D14 students were approved for free meals based on a food stamp, TANF, or FDPIR case number reported on an application in (your SFA/SCHOOL)? **PROBE:** This is sometimes referred to as categorical eligibility.	|___|___|___|,|___|___|___| APPROVED BASED ON CATEGORICAL ELIGIBILITY NONE... (GO TO D17) 0	|___|___|___|,|___|___|___| APPROVED BASED ON CATEGORICAL ELIGIBILITY NONE..... 0	|___|___|___|,|___|___|___| APPROVED BASED ON CATEGORICAL ELIGIBILITY NONE..... 0	|___|___|___|,|___|___|___| APPROVED BASED ON CATEGORICAL ELIGIBILITY NONE..... 0
D17. In your SFA, does a household with more than one school-age child submit one application for all its children or must it submit a separate application for each child?	ONE APPLICATION FOR ALL CHILDREN IN HOUSEHOLD ..... (GO TO D18) ....1 SEPARATE APPLICATION FOR EACH CHILD IN HOUSEHOLD ..... (GO TO D23) ....2 OTHER (SPECIFY) ..... (GO TO D23) ....3 _____ _____			

SCHOOL FOUR	SCHOOL FIVE	SCHOOL SIX	SCHOOL SEVEN
_____ _____	_____ _____	_____ _____	_____ _____
|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
APPROVED BASED ON CATEGORICAL ELIGIBILITY	APPROVED BASED ON CATEGORICAL ELIGIBILITY	APPROVED BASED ON CATEGORICAL ELIGIBILITY	APPROVED BASED ON CATEGORICAL ELIGIBILITY
NONE..... 0	NONE..... 0	NONE..... 0	NONE..... 0

APPROVED APPLICATIONS

D18. (I1) What was the total number of **applications** approved for free or reduced-priced meals received by the end of October 2005 in your SFA?

|__|__|__|,|__|__|__|. APPROVED APPLICATIONS RECEIVED

NONE.....(GO TO D19).....0

D19. (I2) What is the total number of applications approved for free meals?

|__|__|__|,|__|__|__|. APPLICATIONS APPROVED FOR FREE MEALS

NONE.....(GO TO D20).....0

D20. (I2a) What is the number of applications approved for free meals based on income and household size? Those that were income eligible?

|__|__|__|,|__|__|__|. APPLICATIONS BASED ON INCOME

NONE.....(GO TO D21).....0

D21. (I2b) What is the total number of applications approved for free meals based on TANF, Food Stamp, or FDPIR case number reported on the application?

|__|__|__|,|__|__|__|. APPLICATION APPROVED BASED ON TANF, FOOD STAMPS, OR FDPIR

NONE.....(GO TO D22).....0

D22. (I3) What is the total number of applications approved for reduced-price meals?

|__|__|__|,|__|__|__|. APPLICATIONS APPROVED FOR REDUCED-PRICE MEALS

NONE.....(GO TO D23).....0

DENIED APPLICATIONS

D23. (J1) The next questions are about denied applications.

What was the total number of denied and incomplete applications as of October 31, 2005 in your SFA?

PROBE: We mean applications that are not approved for free or reduced-price meal benefits, including complete and incomplete applications.

|__|__|__|,|__|__|__| DENIED AND INCOMPLETE APPLICATIONS

NONE.....(GO TO E1).....0

SECTION E: VERIFICATION

E1. Next I would like to ask you about the process where districts verify information for a sample of applications.

When did your SFA begin to verify applications for school year 2005-2006?

|__|__| / |__|__| / |__|__|
MONTH DAY YEAR

E2. When did your SFA complete verification activities on applications for school year 2005-2006?

|__|__| / |__|__| / |__|__|
MONTH DAY YEAR

E3a. (K1) Did your district verify a random sample only, a focused or error prone sample only, or did you use a mixture of random and focused or error prone method of selecting applications for verification?

RANDOM ONLY..... (GO TO E4) 1

FOCUSED OR ERROR PRONE ONLY..... (GO TO E4) 2

MIXTURE OF RANDOM AND ERROR PRONE..... (GO TO E3b) 3

ALL APPLICATIONS..... (GO TO E4) 4

OTHER (Please describe the methods used for selecting the applications to be verified and the number of applications verified) (GO TO E4) 5

_____

_____

GO TO E4

E3b. (K1a) What percentage of your verification sample was random?

|__|__|__| PERCENTAGE RANDOM

E3c. (K1a) What percentage of your verification sample was focused or error prone?

|__|__|__| PERCENTAGE FOCUSED OR ERROR PRONE

RESULTS OF VERIFICATION BY TYPE OF ELIGIBILITY AND TYPE OF CHANGE

This information comes from Items 2 through 7 on the Verification Summary Report submitted to State Child Nutrition Agencies for school year 2005 - 2006.		E4. How many free eligible (applications/ students) that were based on Food Stamps, TANF, or FDPIR applications, had their verification result in TYPE OF CHANGE? **PROBE:** The categorical eligible.	E5. How many free eligible (applications/ students) that were based on income and household size application, had their verification result in TYPE OF CHANGE? **PROBE:** The income eligible.	E6. How many reduced-price eligible (applications/ students) had their verification result in TYPE OF CHANGE?
TYPE OF CHANGE				
A. **No change**	1. Number of Applications	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
	2. Number of Students	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
B. **Responded, changed to free**	1. Number of Applications			|__|__|__|,|__|__|__|
	2. Number of Students			|__|__|__|,|__|__|__|
C. **Responded, changed to reduced-price**	1. Number of Applications	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	
	2. Number of Students	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	
D. **Responded, changed to paid**	1. Number of Applications	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
	2. Number of Students	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
E. **Did not respond**	1. Number of Applications	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
	2. Number of Students	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
F. **Reapplied and reapproved on or before February 15, 2006** **INTERVIEWER: CHECK HERE IF SFA DID NOT KEEP TRACK OF THOSE CASES ☐** **If SFA does keep track and none reapplied, enter "0" in the appropriate fields.**	1. Number of Applications	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
	2. Number of Students	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|

TIME INTERVIEW ENDED: |__\|__\|:\|__\|__\| AM.....1
PM.....2

OMB Approval No.:
Approval Expires:

NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

FAX BACK FACT FORM

VERSION FOR SFAS WITHOUT PROVISION 2 OR 3 SCHOOLS

SFA ID: |___|___|___|___|___|___|___|___|

SFA NAME: |___|___|___|___|___|___|___|___|

OMB Approval No.:
Approval Expires:

NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

FAX BACK FACT FORM

VERSION FOR SFAS WITHOUT PROVISION 2 OR 3 SCHOOLS

Please calculate and record counts of schools and students in terms of schools participating in the NSLP and/or SBP and students with access to the NSLP and SBP. If it is not possible to do this for students, please record the total students enrolled. Please indicate whether you are reporting the . . .

1. **Number of students with access to the NSLP or SBP** ..... ☐
2. **Total students enrolled**..... ☐

Please report the number of schools, students, meals served, and applications AS OF OCTOBER 31, 2005 or for the period which you reported to the State Child Education or Nutrition Agency.

Please fax the completed form to John Homrighausen at (609) 799-0005 or mail to P.O. Box 2393, Princeton, NJ 08540. Keep a copy of this form for reference when you are called to complete the telephone interview.

NOTE: If a given data item is not readily available, please do a hand count, as long as this does not require an unreasonable amount of work. If a hand count is not possible, your best estimate would be fine.

A. NUMBER OF SCHOOLS AND STUDENTS IN SFA AS OF OCTOBER 31, 2005: SFA TOTAL AND BY SCHOOL TYPE

	SFA TOTAL	ELEMENTARY SCHOOLS	MIDDLE OR JUNIOR HIGH	HIGH SCHOOLS	OTHER PROGRAMS
1 **Number of schools** operating either the NSLP only, the SBP only, or both the NSLP and the SBP	|__|,|__|__|__| SCHOOLS	|__|,|__|__|__| SCHOOLS	|__|,|__|__|__| SCHOOLS	|__|,|__|__|__| SCHOOLS	|__|,|__|__|__| SCHOOLS
2. Number of **enrolled students** with access to either the NSLP only, the SBP only, or both the NSLP and the SBP	|__|,|__|__|__|,|__|__|__| STUDENTS	|__|,|__|__|__|,|__|__|__| STUDENTS	|__|,|__|__|__|,|__|__|__| STUDENTS	|__|,|__|__|__|,|__|__|__| STUDENTS	|__|,|__|__|__|,|__|__|__| STUDENTS

B. ETHNICITY, RACE, AND GENDER OF STUDENTS FOR ENTIRE SFA AS OF OCTOBER 31, 2005

1. **Student characteristics** of enrolled students with access to either the NSLP only, SBP only, or both the NSLP and SBP Please include Hispanic students in one of the race categories.	a. ETHNICITY **HISPANIC** |__|__|__|,|__|__|__|	**NON-HISPANIC** |__|__|__|,|__|__|__|				
	b. RACE **WHITE** |__|__|__|,|__|__|__|	**BLACK OR AFRICAN AMERICAN** |__|__|__|,|__|__|__|	**INDIAN OR ALASKAN NATIVE** |__|__|__|,|__|__|__|	**ASIAN** |__|__|__|,|__|__|__|	**HAWAIIAN OR PACIFIC ISLANDER** |__|__|__|,|__|__|__|	**OTHER** |__|__|__|,|__|__|__|
	c. GENDER **MALE** |__|__|__|,|__|__|__|	**FEMALE** |__|__|__|,|__|__|__|				

C. STUDENT ENROLLMENT IN SAMPLED SCHOOLS AS OF OCTOBER 31, 2005

	SAMPLED SCHOOL ONE: _____	**SAMPLED SCHOOL TWO:** _____	**SAMPLED SCHOOL THREE:** _____
1. Number of **students enrolled in sampled schools** with access to the NSLP only, SBP only, or both the NSLP and the SBP.	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|

D. SCHOOLS AND STUDENTS WITH ACCESS TO NSLP AND SBP BY TYPE OF MEAL PROGRAM FOR ENTIRE SFA AS OF OCTOBER 31, 2005

	TOTAL SCHOOLS	**TOTAL STUDENTS ENROLLED**
1. Number of schools **which operate both NSLP and SBP** and number of students enrolled in those schools	|__|__|__|	|__|,|__|__|__|,|__|__|__|
2. Number of schools **which operate the NSLP only** and number of students enrolled in those schools	|__|__|__|	|__|,|__|__|__|,|__|__|__|
3. Number of schools **which operate SBP only** and number of students enrolled in those schools	|__|__|__|	|__|,|__|__|__|,|__|__|__|

E. STUDENTS CERTIFIED FOR ENTIRE SFA AND SAMPLED SCHOOLS AS OF OCTOBER 31, 2005

	TOTAL SFA STUDENTS	**SAMPLED SCHOOL ONE:** _____	**SAMPLED SCHOOL TWO:** _____	**SAMPLED SCHOOL THREE:** _____
1. Total number of students **certified for free meals**	|__|,|__|__|__|,|__|__|__|	|__|__|,|__|__|__|	|__|__|,|__|__|__|	|__|__|,|__|__|__|
2. Total number of students **certified for reduced-price meals**	|__|,|__|__|__|,|__|__|__|	|__|__|,|__|__|__|	|__|__|,|__|__|__|	|__|__|,|__|__|__|

F. LUNCHES CLAIMED FOR REIMBURSEMENT IN OCTOBER 2005 BY TYPE OF REIMBURSEMENT FOR ENTIRE SFA AND SAMPLED SCHOOLS

	TOTAL FOR SFA	SAMPLED SCHOOL ONE: _____	SAMPLED SCHOOL TWO: _____	SAMPLED SCHOOL THREE: _____
1. Total number of **school lunches** claimed for reimbursement in October 2005	|___|___|,|___|___|___|,|___|___|___|	|___|___|,|___|___|___|,|___|___|___|	|___|___|,|___|___|___|,|___|___|___|	|___|___|,|___|___|___|,|___|___|___|
2. Number of **free lunches** claimed for reimbursement in October 2005	|___|___|,|___|___|___|,|___|___|___|	|___|___|,|___|___|___|,|___|___|___|	|___|___|,|___|___|___|,|___|___|___|	|___|___|,|___|___|___|,|___|___|___|
3. Number of **reduced-price lunches** claimed for reimbursement in October 2005	|___|___|,|___|___|___|,|___|___|___|	|___|___|,|___|___|___|,|___|___|___|	|___|___|,|___|___|___|,|___|___|___|	|___|___|,|___|___|___|,|___|___|___|
4. Number of **full-price lunches** claimed for reimbursement in October 2005	|___|___|,|___|___|___|,|___|___|___|	|___|___|,|___|___|___|,|___|___|___|	|___|___|,|___|___|___|,|___|___|___|	|___|___|,|___|___|___|,|___|___|___|

G. BREAKFASTS CLAIMED FOR REIMBURSEMENT DURING OCTOBER 2005 BY TYPE OF REIMBURSEMENT FOR ENTIRE SFA AND SAMPLED SCHOOLS, (IF NO SBP, SKIP TO SECTION H)

	TOTAL FOR SFA	SAMPLED SCHOOL ONE: _____	SAMPLED SCHOOL TWO: _____	SAMPLED SCHOOL THREE: _____
1. Total number of **school breakfasts** claimed for reimbursement in October 2005	|__|__|,|__|__|__|,|__|__|__|	|__|__|,|__|__|__|,|__|__|__|	|__|__|,|__|__|__|,|__|__|__|	|__|__|,|__|__|__|,|__|__|__|
2. Number of **free breakfasts** claimed for reimbursement in October 2005	|__|__|,|__|__|__|,|__|__|__|	|__|__|,|__|__|__|,|__|__|__|	|__|__|,|__|__|__|,|__|__|__|	|__|__|,|__|__|__|,|__|__|__|
3. Number of **reduced-price breakfasts** claimed for reimbursement in October 2005	|__|__|,|__|__|__|,|__|__|__|	|__|__|,|__|__|__|,|__|__|__|	|__|__|,|__|__|__|,|__|__|__|	|__|__|,|__|__|__|,|__|__|__|
4. Number of **full-price breakfasts** claimed for reimbursement in October 2005	|__|__|,|__|__|__|,|__|__|__|	|__|__|,|__|__|__|,|__|__|__|	|__|__|,|__|__|__|,|__|__|__|	|__|__|,|__|__|__|,|__|__|__|

H. STUDENTS CERTIFIED FOR FREE MEALS BY TYPE OF CERTIFICATION FOR ENTIRE SFA AND SAMPLED SCHOOLS AS OF OCTOBER 31, 2005

NUMBER OF STUDENTS	SFA	SAMPLED SCHOOL ONE: _____	SAMPLED SCHOOL TWO: _____	SAMPLED SCHOOL THREE: _____
1. Number of students approved for free meals who were **directly certified by food stamps, TANF, or FDPIR**	|__|,|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
2. Aside from directly certified students, the number of free eligible students approved without having to submit an application, such as those approved on the basis of observed need or homeless, runaway, or migrant students	|__|,|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
3. Number of free eligible students **approved through submission of an application**	|__|,|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
3a. Number of free eligible students who submitted an application and were approved **based on household income and size**	|__|,|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
3b. Number of free eligible students who submitted an application and were approved based on **TANF, food stamp, or FDPIR case number**	|__|,|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|

I. NUMBER OF APPLICATIONS APPROVED BY TYPE FOR THE ENTIRE SFA AND SAMPLED SCHOOLS AS OF OCTOBER 31, 2005

	TOTAL NUMBER OF APPLICATIONS
1. Total number of applications approved for free or reduced-price meals	|___|,|___|___|___|,|___|___|___|
2. Total number of **applications approved for free meals**	|___|,|___|___|___|,|___|___|___|
2a. Number of applications approved for free meals **based on TANF, food stamp, or FDPIR case number**	|___|,|___|___|___|,|___|___|___|
2b. Number of applications approved for free meals **based on income and household size (income eligibility)**	|___|,|___|___|___|,|___|___|___|
3. Total number of **applications approved for reduced-price meals**	|___|,|___|___|___|,|___|___|___|

J. NUMBER OF DENIED AND INCOMPLETE APPLICATIONS AS OF OCTOBER 31, 2005

1. Number of **denied and incomplete applications**	|___|___|___|,|___|___|___|

K. RESULTS OF VERIFICATION BY APPLICATION TYPE FOR 2005-2006 SCHOOL YEAR

1. Check the type of verification used:
   - ☐ Random only
   - ☐ Focused/error prone only
   - ☐ Mixture of random and focused/error prone
   - ☐ All applications

1a. For those using a mixture of random and focused/error prone verification, record:

|__|__|__| PERCENTAGE RANDOM

|__|__|__| PERCENTAGE FOCUSED/ ERROR PRONE

Fill in Items 2 through 7 from the information on the Verification Summary Report submitted to your State Child Nutrition Agency for school year 2005-2006		**A. FREE ELIGIBLE based on Food Stamps, TANF, or FDPIR application (Categorical Eligible)**	**B. FREE ELIGIBLE based on income and household size application (Income Eligible)**	**C. REDUCED-PRICE ELIGIBLE**
2. **No change**	a. Number of Applications	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
	b. Number of Students	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
3. **Responded, changed to free**	a. Number of Applications			|__|__|__|,|__|__|__|
	b. Number of Students			|__|__|__|,|__|__|__|
4. **Responded, changed to reduced-price**	a. Number of Applications	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	
	b. Number of Students	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	
5. **Responded, changed to paid**	a. Number of Applications	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
	b. Number of Students	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
6. **Did not respond**	a. Number of Applications	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
	b. Number of Students	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
7. **Reapplied and reapproved on or before February 15, 2006**	a. Number of Applications	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
	b. Number of Students	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
Check this box if your SFA does not keep track of this information.....☐ Enter "0" in column A, B, or C if you keep track but none reapplied				

OMB Approval No.:
Approval Expires:

NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

FAX BACK FACT FORM

VERSION FOR SFA'S WITH PROVISION 2 OR 3 SCHOOLS

SFA ID: |___|___|___|___|___|___|___|___|

SFA NAME: |___|___|___|___|___|___|___|___|

OMB Approval No.:
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NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

FAX BACK FACT FORM

VERSION FOR SFA'S WITH PROVISION 2 OR 3 SCHOOLS

Please calculate and record counts of schools and students in terms of schools participating in the NSLP and/or SBP and students with access to the NSLP and SBP. If it is not possible to do this for students, please record the total students enrolled. Please indicate whether you are reporting the:

1. **Number of students with access to the NSLP or SBP** ..... ☐
2. **Total students enrolled**..... ☐

Please report the number of schools, students, meals served, and applications AS OF OCTOBER 31, 2005 or for the period which you reported to the State Child Education or Nutrition Agency.

Please fax the completed form to John Homrighausen at (609) 799-0005 or mail to P.O. Box 2393, Princeton, NJ 08540. Keep a copy of this form for reference when you are called to complete the telephone interview.

NOTE: If a given data item is not readily available, please do a hand count, as long as this does not require an unreasonable amount of work. If a hand count is not possible, your best estimate would be fine.

A. NUMBER OF SCHOOLS AND STUDENTS IN SFA AS OF OCTOBER 31, 2005: SFA TOTAL AND BY SCHOOL TYPE

	SFA TOTAL	ELEMENTARY SCHOOLS	MIDDLE OR JUNIOR HIGH	HIGH SCHOOLS	OTHER PROGRAMS
1 **Number of schools** operating either the NSLP only, the SBP only, or both the NSLP and the SBP	|__|,|__|__|__| SCHOOLS	|__|,|__|__|__| SCHOOLS	|__|,|__|__|__| SCHOOLS	|__|,|__|__|__| SCHOOLS	|__|,|__|__|__| SCHOOLS
2. Number of **enrolled students** with access to either the NSLP only, the SBP only, or both the NSLP and the SBP	|__|,|__|__|__|,|__|__|__| STUDENTS	|__|,|__|__|__|,|__|__|__| STUDENTS	|__|,|__|__|__|,|__|__|__| STUDENTS	|__|,|__|__|__|,|__|__|__| STUDENTS	|__|,|__|__|__|,|__|__|__| STUDENTS

B. ETHNICITY, RACE, AND GENDER OF STUDENTS FOR ENTIRE SFA AS OF OCTOBER 31, 2005

1. **Characteristics** of enrolled students with access to the NSLP only, SBP only, or both the NSLP and SBP Please include Hispanic students in one of the race categories.	a. ETHNICITY **HISPANIC** |__|__|__|,|__|__|__|	**NON-HISPANIC** |__|__|__|,|__|__|__|				
	b. RACE **WHITE** |__|__|__|,|__|__|__|	**BLACK OR AFRICAN AMERICAN** |__|__|__|,|__|__|__|	**INDIAN OR ALASKAN NATIVE** |__|__|__|,|__|__|__|	**ASIAN** |__|__|__|,|__|__|__|	**HAWAIIAN OR PACIFIC ISLANDER** |__|__|__|,|__|__|__|	**OTHER** |__|__|__|,|__|__|__|
	c. GENDER **MALE** |__|__|__|,|__|__|__|	**FEMALE** |__|__|__|,|__|__|__|				

C. SCHOOLS AND STUDENTS WITH ACCESS TO NSLP AND SBP BY TYPE OF MEAL PROGRAM FOR ENTIRE SFA AS OF OCTOBER 31, 2005

	TOTAL SCHOOLS	TOTAL STUDENTS ENROLLED
1. Number of schools **which operate both NSLP and SBP** and number of students enrolled in those schools	|__|__|__|	|__|,|__|__|__|,|__|__|__|
2. Number of schools **which operate the NSLP only** and number of students enrolled in those schools	|__|__|__|	|__|,|__|__|__|,|__|__|__|
3. Number of schools **which operate SBP only** and number of students enrolled in those schools	|__|__|__|	|__|,|__|__|__|,|__|__|__|

D. PROVISION 2 OR 3 SCHOOLS AND ENROLLED STUDENTS FOR ENTIRE SFA AS OF OCTOBER 31, 2005: Under Provision 2 or 3 special assistance, schools serve meals free to all students and after a base year do not take applications or need to track whether students receiving meals are eligible for free or reduced-price meals. Under Provision 2, the reimbursements they receive from USDA are based on the total number of meals they currently serve and the proportion of meals by type served to students in the base year. Under Provision 3, their reimbursements are the same as they were in the base year after adjustments for changes in enrollment and inflation.

	PROVISION 2 OR 3 SCHOOLS ONLY	
	SCHOOLS	**STUDENTS**
1. Number of schools which use **Provision 2** in **both NSLP and SBP** which are in a **base year**, and number of students enrolled in these schools.	|__|__|__|	|__|,|__|__|__|,|__|__|__|
2. Number of schools which use **Provision 2** in **both NSLP and SBP** which are in **non-base year**, and number of students enrolled in those schools.	|__|__|__|	|__|,|__|__|__|,|__|__|__|
3. Number of schools which use **Provision 2** in the **NSLP only** and are in a **base year**, and number of students enrolled in those schools.	|__|__|__|	|__|,|__|__|__|,|__|__|__|
4. Number of schools which use **Provision 2** in **NSLP only** which are in a **non-base year**, and number of students enrolled in those schools.	|__|__|__|	|__|,|__|__|__|,|__|__|__|
5. Number of schools which use **Provision 2** in **SBP only** which are in a **base year**, and number of students enrolled in those schools.	|__|__|__|	|__|,|__|__|__|,|__|__|__|
6. Number of schools which use **Provision 2** in **SBP only** which are in a **non-base year**, and number of students enrolled in those schools.	|__|__|__|	|__|,|__|__|__|,|__|__|__|
7. Number of schools which use **Provision 3** in **both NSLP and SBP** which are in a **base year**, and number of students enrolled in those schools.	|__|__|__|	|__|,|__|__|__|,|__|__|__|
8. Number of schools which use **Provision 3** in **both NSLP and SBP** which are in a **non-base year**, and number of students enrolled in those schools.	|__|__|__|	|__|,|__|__|__|,|__|__|__|
9. Number of schools which use **Provision 3** in the **NSLP only** which are in a **base year**, and number of students enrolled in those schools.	|__|__|__|	|__|,|__|__|__|,|__|__|__|
10. Number of schools which use **Provision 3** in **NSLP only** which are in a **non-base year**, and number of students enrolled in those schools.	|__|__|__|	|__|,|__|__|__|,|__|__|__|
11. Number of schools which use **Provision 3** in **SBP only** which are in a **base year**, and number of students enrolled in those schools.	|__|__|__|	|__|,|__|__|__|,|__|__|__|
12. Number of schools which use **Provision 3** in **SBP only** which are in a **non-base year**, and number of students enrolled in those schools.	|__|__|__|	|__|,|__|__|__|,|__|__|__|

E. STUDENT ENROLLMENT IN SAMPLED SCHOOLS AS OF OCTOBER 31, 2005

	SAMPLED SCHOOL ONE: _____	SAMPLED SCHOOL TWO: _____	SAMPLED SCHOOL THREE: _____	SAMPLED SCHOOL FOUR: _____	SAMPLED SCHOOL FIVE: _____
1. Number of **students enrolled in sampled schools** with access to the NSLP only, the SBP only, or both the NSLP and the SBP.	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|

F. PROVISION 2 AND 3 PARTICIPATION IN SAMPLED SCHOOLS.

	SAMPLED SCHOOL ONE: _____	SAMPLED SCHOOL TWO: _____	SAMPLED SCHOOL THREE: _____	SAMPLED SCHOOL FOUR: _____	SAMPLED SCHOOL FIVE: _____
1. Record whether each sampled school uses Provision 2 or 3 in its **lunch program**.	CIRCLE ONE PROVISION 2 ..... 1 PROVISION 3 ..... 2 DOES NOT USE 0	CIRCLE ONE PROVISION 2 ..... 1 PROVISION 3 ..... 2 DOES NOT USE 0	CIRCLE ONE PROVISION 2 ..... 1 PROVISION 3 ..... 2 DOES NOT USE 0	CIRCLE ONE PROVISION 2 .....1 PROVISION 3 .....2 DOES NOT USE 0	CIRCLE ONE PROVISION 2 .....1 PROVISION 3 .....2 DOES NOT USE 0
2. Enter each sampled school's Provision 2 or 3 base year for its **lunch program**.	|__|__|__|__| BASE YEAR	|__|__|__|__| BASE YEAR	|__|__|__|__| BASE YEAR	|__|__|__|__| BASE YEAR	|__|__|__|__| BASE YEAR
3. Record whether each sampled school uses Provision 2 or 3 for its **breakfast program**.	CIRCLE ONE PROVISION 2 ..... 1 PROVISION 3 ..... 2 DOES NOT USE 0	CIRCLE ONE PROVISION 2 ..... 1 PROVISION 3 ..... 2 DOES NOT USE 0	CIRCLE ONE PROVISION 2 ..... 1 PROVISION 3 ..... 2 DOES NOT USE 0	CIRCLE ONE PROVISION 2 .....1 PROVISION 3 .....2 DOES NOT USE 0	CIRCLE ONE PROVISION 2 .....1 PROVISION 3 .....2 DOES NOT USE 0
4. Enter each sampled school's Provision 2 or 3 base year for its **breakfast program**.	|__|__|__|__| BASE YEAR	|__|__|__|__| BASE YEAR	|__|__|__|__| BASE YEAR	|__|__|__|__| BASE YEAR	|__|__|__|__| BASE YEAR

G. STUDENTS CERTIFIED FOR THE ENTIRE SFA AND FOR SAMPLED SCHOOLS AS OF OCTOBER 31, 2005

INSTRUCTIONS: When answering Item #1 for "TOTAL SFA STUDENTS," enter the total number of free eligible students for the October reporting period. On Item #2, enter the number of free eligibles computed and reported for any Provision 2 or 3 schools **which are not operating a base year**, for the October reporting period.

	TOTAL SFA STUDENTS _____	**SAMPLED SCHOOL ONE:** _____	**SAMPLED SCHOOL TWO:** _____	**SAMPLED SCHOOL THREE:** _____	**SAMPLED SCHOOL FOUR:** _____	**SAMPLED SCHOOL FIVE:** _____
1. Total number of students **certified for free meals**	|__|__|,|__|__|__|,|__|__|__|	|__|__|,|__|__|__|	|__|__|,|__|__|__|	|__|__|,|__|__|__|	|__|__|,|__|__|__|	|__|__|,|__|__|__|
2. Number of students reported eligible for free meals from **Provision 2 or 3 schools which are not operating a base year.** **NOTE:** This number is determined by adjusting the number of free eligibles in the base year for these schools to reflect current enrollment	|__|__|,|__|__|__|,|__|__|__|	|__|__|,|__|__|__|	|__|__|,|__|__|__|	|__|__|,|__|__|__|	|__|__|,|__|__|__|	|__|__|,|__|__|__|

G. STUDENTS CERTIFIED FOR THE ENTIRE SFA AND FOR SAMPLED SCHOOLS AS OF OCTOBER 31, 2005 *(continued)*

INSTRUCTIONS: When answering Item #3 for "TOTAL SFA STUDENTS," enter the total number of reduced-price eligible students for the October reporting period. On Item #4, enter the number of reduced-price eligibles computed and reported for any Provision 2 or 3 schools **which are not operating a base year, during the October reporting period.**

	SAMPLED SCHOOL ONE: _____	**SAMPLED SCHOOL TWO:** _____	**SAMPLED SCHOOL THREE:** _____	**SAMPLED SCHOOL FOUR:** _____	**SAMPLED SCHOOL FIVE:** _____
3. Total number of students **certified for reduced-price meals**	|__|,|__|__|__|,|__|__|__|	|__|__|,|__|__|__|	|__|__|,|__|__|__|	|__|__|,|__|__|__|	|__|__|,|__|__|__|
4. Number of students reported eligible for reduced-price meals for **Provision 2 or 3 schools which are not operating a base year.** **NOTE:** The number is determined by adjusting the number of reduced-price eligibles in the base year for these schools to reflect current enrollment	|__|,|__|__|__|,|__|__|__|	|__|__|,|__|__|__|	|__|__|,|__|__|__|	|__|__|,|__|__|__|	|__|__|,|__|__|__|

H. LUNCHES CLAIMED FOR REIMBURSEMENT IN OCTOBER 2005 BY TYPE OF REIMBURSEMENT FOR THE ENTIRE SFA AND SAMPLED SCHOOLS

INSTRUCTIONS: In Items #1 through #4, include all lunches EXCEPT those served at Provision 3 schools which are in a non-base year. Enter information on lunches served at Provision 3 schools that are not operating a base year in Item #5.

	TOTAL FOR SFA	SAMPLED SCHOOL ONE: _____	SAMPLED SCHOOL TWO: _____	SAMPLED SCHOOL THREE: _____	SAMPLED SCHOOL FOUR: _____	SAMPLED SCHOOL FIVE: _____
1. Total number of **school lunches** claimed for reimbursement in October 2005	___,___,___	___,___,___	___,___,___	___,___,___	___,___,___	___,___,___
2. Number of **free lunches** claimed for reimbursement in October 2005	___,___,___	___,___,___	___,___,___	___,___,___	___,___,___	___,___,___
3. Number of **reduced-price lunches** claimed for reimbursement in October 2005	___,___,___	___,___,___	___,___,___	___,___,___	___,___,___	___,___,___
4. Number of **full-price lunches** claimed for reimbursement in October 2005	___,___,___	___,___,___	___,___,___	___,___,___	___,___,___	___,___,___
5. Number of lunches claimed for reimbursement by **Provision 3 schools which are not operating a base year in October 2005**	___,___,___	___,___,___	___,___,___	___,___,___	___,___,___	___,___,___

I. BREAKFASTS CLAIMED FOR REIMBURSEMENT DURING OCTOBER 2005 FOR THE ENTIRE SFA AND FOR SAMPLED SCHOOLS (IF NO SBP, SKIP TO SECTION J)

INSTRUCTIONS: In Items #1 through #4, include all breakfasts EXCEPT those served at Provision 3 schools which are in a non-base year. Enter information on breakfasts served at Provision 3 schools that are not operating a base year in Item #5.

	TOTAL FOR SFA	SAMPLED SCHOOL ONE: _____	SAMPLED SCHOOL TWO: _____	SAMPLED SCHOOL THREE: _____	SAMPLED SCHOOL FOUR: _____	SAMPLED SCHOOL FIVE: _____
1. Total number of **school breakfasts** claimed for reimbursement in October 2005	___,___,___	___,___,___	___,___,___	___,___,___	___,___,___	___,___,___
2. Number of **free breakfasts** claimed for reimbursement in October 2005	___,___,___	___,___,___	___,___,___	___,___,___	___,___,___	___,___,___
3. Number of **reduced-price breakfasts** claimed for reimbursement in October 2005	___,___,___	___,___,___	___,___,___	___,___,___	___,___,___	___,___,___
4. Number of **full-price breakfasts** claimed for reimbursement in October 2005	___,___,___	___,___,___	___,___,___	___,___,___	___,___,___	___,___,___
5. Number of breakfasts claimed for reimbursement at **Provision 3 schools which are not operating a base year in October 2005**	___,___,___	___,___,___	___,___,___	___,___,___	___,___,___	___,___,___

J. STUDENTS CERTIFIED FOR FREE MEALS BY TYPE OF CERTIFICATION FOR ENTIRE SFA AND FOR SAMPLED SCHOOLS AS OF OCTOBER 31, 2005

	SFA	SAMPLED SCHOOL ONE: _____	SAMPLED SCHOOL TWO: _____	SAMPLED SCHOOL THREE: _____	SAMPLED SCHOOL FOUR: _____	SAMPLED SCHOOL FIVE: _____
1. Number of students approved for free meals who were **directly certified by food stamps, TANF, or FDPIR**	|__|,|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
2. Aside from directly certified students, the number of free eligibles approved <u>without having to submit an application</u>, such as those approved on the basis of observed need or homeless, runaway, or migrant students	|__|,|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
3. Number of free eligibles **approved through submission of an application**	|__|,|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
3a. Number of free eligibles who submitted an application and were approved **based on household income and size**	|__|,|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
3b. Number of free eligibles who submitted an application and were approved based on **food stamp, TANF, or FDPIR case number**	|__|,|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|

K. NUMBER OF APPLICATIONS APPROVED BY TYPE FOR THE ENTIRE SFA AS OF OCTOBER 31, 2005

	TOTAL NUMBER OF APPLICATIONS
1. Total number of applications approved for free or reduced-price meals	|___|,|___|___|___|,|___|___|___|
2. Total number of **applications approved for free meals**	|___|,|___|___|___|,|___|___|___|
2a. Number of applications approved for free meals **based on income and household size (income eligibility)**	|___|,|___|___|___|,|___|___|___|
2b. Number of applications approved for free meals **based on food stamp, TANF, or FDPIR case number**	|___|,|___|___|___|,|___|___|___|
3. Total number of **applications approved for reduced-price meals**	|___|,|___|___|___|,|___|___|___|

L. NUMBER OF DENIED AND INCOMPLETE APPLICATIONS AS OF OCTOBER 31, 2005

1. Number of **denied and incomplete applications**	|___|___|___|,|___|___|___|

M. RESULTS OF VERIFICATION BY APPLICATION TYPE FOR 2005-2006 SCHOOL YEAR

1. Check the type of verification used:
   - ☐ Random only
   - ☐ Focused/error prone only
   - ☐ Mixture of random and focused/error prone
   - ☐ All applications

1a. For those using a mixture of random and focused/error prone verification, record:

|__|__|__| PERCENTAGE RANDOM

|__|__|__| PERCENTAGE FOCUSED/ ERROR PRONE

Fill in Items 2 through 7 from the information on the Verification Summary Report submitted to your State Child Nutrition Agency for school year 2005-2006		**A. FREE ELIGIBLE based on Food Stamps, TANF, or FDPIR application (Categorical Eligible)**	**B. FREE ELIGIBLE based on income and household size application (Income Eligible)**	**C. REDUCED-PRICE ELIGIBLE**
2. **No change**	a. Number of Applications	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
	b. Number of Students	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
3. **Responded, changed to free**	a. Number of Applications			|__|__|__|,|__|__|__|
	b. Number of Students			|__|__|__|,|__|__|__|
4. **Responded, changed to reduced-price**	a. Number of Applications	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	
	b. Number of Students	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	
5. **Responded, changed to paid**	a. Number of Applications	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
	b. Number of Students	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
6. **Did not respond**	a. Number of Applications	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
	b. Number of Students	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
7. **Reapplied and reapproved on or before February 15, 2006**	a. Number of Applications	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
	b. Number of Students	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|	|__|__|__|,|__|__|__|
Check this box if your SFA does not keep track of this information..... ☐ Enter "0" in column A, B, or C if you keep track but none reapplied				

APPENDIX B

HOUSEHOLD SURVEY

NAME
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP

Dear NAME:

I am writing to ask for your help with an important new study, ***the National School Lunch and School Breakfast Program Access, Participation, Eligibility and Certification Study***, sponsored by the U.S. Department of Agriculture (USDA). USDA wants to know about people's experiences with applying for school meal benefits. USDA also wants to know why some families do not eat school breakfasts and lunches more often. Your name was selected at random from families whose children go to school in the [SCHOOL DISTRICT NAME]. Please take part in the study even if your child does not eat a lunch or breakfast provided by the school.

USDA hired Mathematica Policy Research, Inc. to conduct the national study of the school breakfast and lunch programs, including conducting a survey of families in your school district. The survey asks questions about your experiences with school lunches and breakfasts. All information is strictly confidential, and no family or child will ever be identified. ***Your participation in the survey will not affect your eligibility for school meals, either now or in the future. The survey is for research purposes only to help USDA improve its programs.***

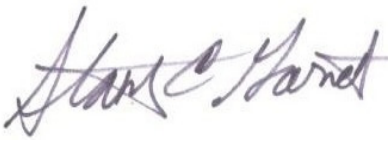
We will call you soon to schedule an interview. Please help us by making your voice heard about your experiences.

To thank you for your help, you will receive a $25 check for completing the survey.

The enclosed brochure provides more information. ***If you have questions, or want to set up an interview, please call Todd Ensor of Mathematica Policy Research, Inc., toll-free at 1-800-395-1995.***

Thank you for your help.

Sincerely,



Stanley C. Garnett
Director
Child Nutrition Division

How long will the interview take?

The interview, which will be done in person, usually takes about 45 minutes. To thank you for participating, you will receive $25.

Do I have to participate?

Your participation is entirely voluntary. You can also refuse to answer any question during the interview. However, your answers are important to make your voice heard about your experience with school meal programs.

Why should I participate?

The information you provide will help the USDA and Congress make decisions about our country's National School Lunch and School Breakfast Programs. Your experiences with the application process in your child's school and your opinions about school meals are vital to understanding how to improve the program. Remember, to thank you for completing the interview, you will receive $25.

For further information or to schedule an interview, please call Todd Ensor at Mathematica toll-free, (800) 395-1995.

MATHEMATICA
Policy Research, Inc.

P.O. Box 2393
Princeton, NJ 08543-2393

Phone: (609) 799-3535
Fax: (609) 799-0005
www.mathematica-mpr.com

Ensuring Access to Nutritious Meals:

The National School Lunch and School Breakfast Programs

Introducing the Access, Participation, Eligibility, and Certification Study

Why is this study being done?

The study is being sponsored by the U.S. Department of Agriculture (USDA) to learn more about how the school breakfast and lunch application process affects families' participation and eligibility. USDA is also interested in why parents choose to participate or not participate in school meal programs. This information will help USDA improve the program and get nutritious meals to those who need them.

Who is conducting the study?

Mathematica Policy Research, Inc., a leading research firm, is conducting the study for USDA. Mathematica has more than 20 years of experience studying school nutrition programs.

Why did you choose my child and household?

Your child was selected at random from a list provided by his or her school. The list included children who did and did not apply for free or reduced-price meals in the school breakfast and lunch programs. The study is designed to represent all children in your school district, whether or not they ever ate a school breakfast or lunch. The information you supply will help USDA understand parents' experiences with the school meal programs.

If my child does not eat school breakfasts or school lunches, should I still participate?

Yes. Even if your child has never eaten a school breakfast or school lunch, we need information on why you do not participate. This will help us understand how the school meal programs are working in your district.

Will my answers be kept confidential?

All information gathered for the study is strictly confidential to the full extent allowed by law. The person who interviews you is prohibited from disclosing your personal information to anyone other than authorized Mathematica staff.

No information on individual children will ever be reported. The study results will be summarized in such a way that no family can ever be identified.

What will I be asked?

The person who interviews you may ask about:

- Your experience with applying for school meals
- Your child's participation in school meal programs
- Your opinion of school meals
- Your household size and income

Why are you asking about income?

Income information will help document how accurately school districts run the school meal programs. We will be asking for your permission to examine income and eligibility records. Your permission is important to the success of this study. Remember, all information is completely confidential and will be used only for policy and planning purposes. The information you provide will not affect the reimbursements your child's school receives or your child's eligibility to receive school meals.

¿Cuánto tiempo tomará la entrevista?

La entrevista, que será conducida en persona, generalmente toma unos 45 minutos. Para agradecerle por su participación, usted recibirá $25.

¿Yo tengo que participar?

Su participación es completamente voluntaria. Usted también se puede negar a contestar cualquier pregunta durante la entrevista. Sin embargo, sus respuestas son importantes para que se pueda oir a su voz acerca de su experiencia con los programas de comidas en la escuela.

¿Por qué debo participar?

La información que usted proporcionará ayudará al USDA y al Congreso a tomar decisiones acerca de los National School Lunch and School Breakfast Programs–Programas Nacionales de Almuerzo y Desayuno de Escuela. Sus experiencias con el proceso de aplicación en la escuela de su hijo(a) y sus opiniones acerca de las comidas de la escuela son esenciales para entender cómo se puede mejorar el programa. Y recuerde, para agradecerle por completar la entrevista, usted recibirá $25.

Para más información o para fijar una entrevista, por favor llame a Todd Ensor en Mathematica al (800) 395-1995. Es una llamada libre de cargos (toll-free).

MATHEMATICA
Policy Research, Inc.

P.O. Box 2393
Princeton, NJ 08543-2393

Teléfono: (609) 799-3535
Fax: (609) 799-0005
www.mathematica-mpr.com

Asegurando Acceso a Comidas Nutritivas

Los Programas Nacionales de Almuerzo y Desayuno de Escuela

Introduciendo el Estudio de Acceso, Participación, Elegibilidad y Certificación

¿Por qué se está haciendo este estudio?

El estudio es auspiciado por el U.S. Department of Agriculture (USDA–Dpto. de Agricultura de los E.E.U.U.) para aprender más acerca de cómo el proceso de aplicación para el desayuno y almuerzo de escuela afecta la participación y elegibilidad de familias. El USDA también está interesado en por qué padres eligen participar o no participar en programas de comidas de escuela. Esta información ayudará al USDA a mejorar el programa y poner comidas nutritivas en las manos de los que los necesitan.

¿Quién está conduciendo el estudio?

Mathematica Policy Research, Inc., una destacada firma de estudios investigativos, está conduciendo el estudio para el USDA. Mathematica tiene más de 20 años de experiencia estudiando programas de nutrición en escuelas.

¿Por qué escogieron a mi hijo(a) y mi familia?

Su hijo(a) fue escogido(a) al azar de una lista proporcionada por su escuela. La lista incluía ambos a niños que aplicaron y que no aplicaron para recibir comidas gratis o a precio reducido de programas de desayuno y almuerzo de escuela. El estudio está diseñado para representar a todos los niños en su distrito escolar, ambos si comieron o no comieron alguna vez un desayuno o almuerzo de escuela. La información que usted proporciona ayudará al USDA a entender las experiencias de los padres con los programas de comidas de escuela.

¿Aún debo de participar si mi hijo(a) no come desayuno o almuerzo de la escuela?

Sí. Aún si su hijo(a) nunca ha comido un desayuno o un almuerzo de la escuela necesitamos información acerca del por qué usted no participa. Esto nos ayudará a entender cómo los programas de comidas de escuela están funcionando en su distrito.

¿Mis respuestas serán confidenciales?

Toda la información recolectada para el estudio es estrictamente confidencial hasta el nivel más amplio permitido por ley. La persona que le entrevistará está prohibida de divulgar su información personal a cualquier persona fuera del personal autorizado de Mathematica. Nunca se reportará información acerca de niños individuales.

Los resultados del estudio serán resumidos de tal manera que ninguna familia podrá ser identificada.

¿Qué me preguntarán?

La persona que le entrevistará puede hacerle preguntas acerca de:

- Su experiencia en aplicar para comidas de escuela
- La participación de su hijo(a) en programas de comida de escuela
- Su opinión de comidas de escuela
- El tamaño e ingreso de su familia

¿Por qué están preguntando acerca de ingresos?

Información de ingresos ayudará a documentar con que precisión distritos de escuela administran los programas de comida de escuela. Estaremos pidiendo su permiso para examinar registros de ingresos y elegibilidad. Recuerde, toda la información es completamente confidencial, y solamente será usada para propósitos de normas y planificación. La información que usted proporciona no afectará los reembolsos que la escuela de su hijo(a) recibe, o la elegibilidad de su hijo(a) para recibir comidas de escuela.

OMB Approval No.:
Approval Expires:

NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST PROGRAM ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

HOUSEHOLD QUESTIONNAIRE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 45 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.

OMB Approval No.:
Approval Expires:

NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST PROGRAM ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

HOUSEHOLD QUESTIONNAIRE

CASE ID NUMBER: |__|__|__|__|__|__|__|__|__|

DATE: |__|__| / |__|__| / |_2_|_0_|_0_|__|
MONTH DAY YEAR

INTERVIEWER ID NUMBER: |__|__|__|__|__|

TIME INTERVIEW BEGAN: |__|__|:|__|__| AM.....1
HOUR MINUTE PM.....2

SECTION A: INTRODUCTION

A1. **INTRODUCTION WHEN CALLING TO MAKE AN APPOINTMENT:** Hello, my name is INTERVIEWER'S FULL NAME and I am calling on behalf of the U.S. Department of Agriculture's study of the National School Lunch and School Breakfast Program. We recently sent (you/PARENT FROM APPLICATION FORM) you a letter describing the study. I would like to schedule an appointment with (you/PARENT FROM APPLICATION FORM/the parent of TARGET CHILD) to come to (your/his/her) home and interview (you/him/her) about (your/his/her) experience with the school meal programs. May I speak with (him/her)?

INTERVIEWER: ATTEMPT APPOINTMENT. MENTION $25.00 TO PARENT.

IF APPOINTMENT MADE—RECORD ON CONTACT SHEET AND POLITELY THANK RESPONDENT AND TERMINATE CALL .....(RECORD ON CONTACT SHEET).....1

WANTS TO KNOW MORE ABOUT THE STUDY ....(GO TO A2)....2

DID NOT GET LETTER—VERIFY ADDRESS AND OFFER TO BRING OR SEND LETTER.....(RECORD OUTCOME ON CONTACT SHEET).....3

HOW DID YOU GET MY NAME OR NUMBER .....(GO TO A3)....4

DO INTERVIEW NOW (TELEPHONE ONLY).....(GO TO B1)....5

TARGET CHILD DECEASED.....(GO TO B7)....6

PARENT FROM APPLICATION FORM DECEASED.....(GO TO B7)....7

NOT INTERESTED—RECORD ON CONTACT SHEET AND TERMINATE CALL .....(RECORD ON CONTACT SHEET) 8

A2. The U.S. Department of Agriculture is interested in learning about parents' experiences with the school meal program. In order to do this we have selected a sample of students whose parents applied for the school meal program, and we would like to talk to the parents of those students to find out about their experiences with the meal program, their children's participation, and the school meal certification process. TARGET CHILD was randomly selected. The interview usually takes about 45 minutes, and we will pay you $25.00 when it has been completed. When would be a good time to schedule the interview in your home?

IF APPOINTMENT MADE—RECORD ON CONTACT SHEET AND POLITELY THANK RESPONDENT AND TERMINATE CALL.....1

NOT INTERESTED—RECORD SITUATION ON CONTACT SHEET AND POLITELY TERMINATE CALL.....2

A3. We got your name from lists of parents who applied to the school meal program for this school year. We randomly selected TARGET CHILD and would like to interview (her/his) parents about their experiences with the meal program. The interview usually takes about 45 minutes and we will pay you $25.00 when it has been completed. When would be a good time to schedule the interview at your home?

IF APPOINTMENT MADE—RECORD ON CONTACT SHEET AND POLITELY THANK RESPONDENT AND TERMINATE CALL.....1

NOT INTERESTED—RECORD SITUATION ON CONTACT SHEET AND POLITELY TERMINATE CALL.....2

A4. **INTRODUCTION WHEN AT RESPONDENT'S HOME:** Hello, may I speak to PARENT FROM APPLICATION FORM? My name is INTERVIEWER'S FULL NAME and I am here on behalf of the U.S. Department of Agriculture's study of the National School Lunch and School Breakfast Program. The study will help the USDA understand the difficulties program applicants may have had with the program requirements, their experiences with the application process, and their children's participation in school meal programs.

WHEN PARENT ON APPLICATION FORM PRESENT: We are interviewing parents of children who attend school in the DISTRICT school district. You were selected at random to participate in this survey because you applied for school lunch or breakfast for TARGET CHILD. You will be paid $25.00 for completing the survey.

Participation in this study is voluntary and will not affect any benefits you may be receiving. All information is confidential and will not be used in any way that could identify you or your child. I would like to begin the interview now.

YES ..... (GO TO B1) 1

NOT A GOOD TIME, SCHEDULE REVISIT 2

REFUSED OR NOT INTERESTED—
RECORD SITUATION ON CONTACT
AND TERMINATE INTERVIEW 3

NOT SURE ABOUT DOING
THE SURVEY OR HAS
QUESTIONS ..... (GO TO A5) 4

NAMED PERSON NOT AVAILABLE
OR NOT CORRECT—RECORD
SITUATION ON CONTACT SHEET
AND TERMINATE INTERVIEW 5

NO LONGER HAS CUSTODY
OF FOSTER CHILD—ATTEMPT
INTERVIEW 6

STUDENT RESIDES IN GROUP HOME—
ATTEMPT INTERVIEW 7

SAMPLED CHILD NOW LIVES WITH
ANOTHER PARENT OR GUARDIAN—
ATTEMPT INTERVIEW 8

TARGET CHILD DECEASED .. (GO TO B7) ..... n

A5. **INFORMATION SCREEN FOR NSLP AND SBP APEC STUDY**

WHAT IS THE PURPOSE OF THE STUDY?

The U.S. Department of Agriculture is interested in learning about the difficulties some people may have with application requirements, about people's experiences with the application and verification process, and about their children's participation in school food programs.

MY CHILD DOES NOT EAT SCHOOL MEALS

Even if your child has never eaten a school breakfast or lunch, we need information on why you do not participate. This will help us understand how the school breakfast and lunch programs are working in your school district.

HOW DID YOU GET MY NAME? WHY SHOULD I PARTICIPATE?

Families with children enrolled in your child's school district were randomly selected from a list provided by your child's school, including children who did and did not apply for meal benefits. The information you provide will help provide an accurate picture of household's experiences with the school meal application process and program participation.

AM I REQUIRED TO PARTICIPATE?

Your participation in the survey is entirely voluntary and it will not affect you or your child's eligibility for school meals or any other programs. You may refuse to answer any question during the interview. However, your experiences and opinions are very important for the study and for the program's success. I will give you a check for $25.00 when the interview has been completed.

I HAVE OTHER CHILDREN WHO ATTEND SCHOOL IN THE DISTRICT, BUT YOU DID NOT NAME THEM

We have only identified one enrolled child to ask questions about for each household that we are contacting in the district. For the purposes of this survey, all the questions we ask you refer to TARGET CHILD.

I DO NOT HAVE THE TIME FOR THE SURVEY

I understand how valuable your time is. This survey will only take about 45 minutes, we can try to do it now or if this time is not convenient, I can arrange to come back at a better time for you.

I AM NOT SATISFIED WITH THE SCHOOL MEAL PROGRAM

That is a good reason to do the survey. Your comments will be especially important because the U.S. Department of Agriculture is interested in the different perspectives of people who use or have used the school meal program in the past.

IS THE SURVEY CONFIDENTIAL?

Yes. All of the information we collect in the survey is completely confidential to the full extent allowed by law and will be used for research purposes only. Your answers will be combined with the answers of other survey participants and will never be linked to your name or your child's name in any reports.

HOW LONG WILL THE SURVEY TAKE?

The length of the interview is different for different people, but it usually takes about 40 to 45 minutes.

WHY CAN'T YOU DO THE INTERVIEW BY TELEPHONE OR WHY DO YOU HAVE TO COME TO MY HOME?

Some of the survey questions may require you to look up information, which would take too much time over the telephone. The interviewer will also need to look at some documents as part of the survey.

WHAT IS THE INTERVIEW ABOUT?

The person who interviews you may ask you about experiences applying for school meal benefits, participation in the school breakfast and school lunch programs, perceptions of school meals, and household size and income. Remember, all information is completely confidential. The information you provide will not affect the meal reimbursements your school receives or your child's eligibility to receive school meal benefits.

WHY ARE YOU ASKING ABOUT INCOME?

Income information will help document how accurately school districts run the school meal programs. We will be asking you for your permission to examine income and eligibility records. Your permission is important to the success of this study. Remember, all information is completely confidential. The information you provide will not affect the meal reimbursements your school receives or your child's eligibility to receive school meal benefits.

WHO WILL COME TO MY HOME?

An interviewer who works for Mathematica will come to your home on the date and time you agreed to. The interviewer will have an identification badge stating that she or he works for Mathematica.

WHEN WILL I RECEIVE MY PAYMENT?

The Mathematica interviewer will give you your check after the completion of the interview.

SECTION B: ENROLLMENT STATUS

B0. **INTERVIEWER: CHECK CONTACT SHEET. IS THIS A PANEL SURVEY CASE?**

YES ..... (GO TO D1) 1
NO 0

B1. **CODE WITHOUT ASKING IF KNOWN OR ASK:** Is TARGET CHILD male or female?

MALE.....1
FEMALE 2
DOES NOT KNOW .....d
REFUSED .....r

B2. Does TARGET CHILD currently attend TARGET SCHOOL?

YES ..... (GO TO B5).....1
NO 0
DOES NOT KNOW ..... (GO TO C1) .....d
REFUSED ..... (GO TO C1) .....r

B3. What school does (she/he) attend now?

SCHOOL NAME AND ADDRESS _____

_____

_____

CHILD DROPPED OUT OF SCHOOL 1
CHILD DECEASED..... (GO TO B7).....2
DOES NOT KNOW .....d
REFUSED .....r

B4. When did (she/he) stop attending TARGET SCHOOL?

|__|__| / |__|__| / |__|__|
MONTH DAY YEAR

DOES NOT KNOW .....d

REFUSED .....r

B5. When did (she/he) begin attending TARGET SCHOOL this school year?

PROBE: By "this school year" I mean the current school year 2005-2006.

PROBE: Was that in the beginning, middle, or the end of the month? IF BEGINNING ENTER 5, IF MIDDLE ENTER 15, IF END ENTER 25.

|__|__| / |__|__| / |__|__|..... **(GO TO C1)**
MONTH DAY YEAR

FIRST DAY OF SCHOOL ..... (GO TO C1) .....f

NEVER ATTENDED THIS YEAR.....n

DOES NOT KNOW ..... (GO TO C1) .....d

REFUSED ..... (GO TO C1) .....r

B6. **INTERVIEWER: IF B5 EQUALS "NEVER ATTENDED THIS YEAR" THEN TERMINATE INTERVIEW AND REPORT DISPOSITION TO YOUR SUPERVISOR. FOR ALL OTHER SITUATIONS, PROCEED TO C1 AND CONDUCT INTERVIEW.**

B7. I am very sorry to hear about your loss. Thank you for your time. We will not do an interview. **INTERVIEWER TERMINATE CALL.**

SECTION C: APPLICATION PROCESS

C1. I would like to ask you about your experiences with the school meal program.

First, are you aware that the National School Lunch Program and School Breakfast Program offers free and reduced-price school meals to children who qualify on the basis of their family's income?

YES 1
NO 0
DOES NOT KNOW ..... d
REFUSED ..... r

C2. Did you receive an application form to apply for free or reduced-price meals for the school meal program from your school district for this school year—school year 2005-2006?

YES 1
NO 0
DOES NOT KNOW ..... d
REFUSED ..... r

C3. Did you or someone else in your household submit an application to receive free or reduced-price meals this school year—2005-2006?

YES 1
NO ..... (GO TO C5) 0
DOES NOT KNOW ..... (GO TO C5) ..... d
REFUSED ..... (GO TO C5) ..... r

C4. Was TARGET CHILD included in any application for free and reduced-price meals submitted this year?

YES 1
NO 0
DOES NOT KNOW ..... d
REFUSED ..... r

C5. Did you receive a letter from the state or county agency stating that TARGET CHILD was eligible for free school meals this school year because you or someone in your family received cash welfare or Temporary Assistance for Needy Families or TANF, food stamps, or participated in the Food Distribution Program on Indian Reservations. This is also called direct certification.

PROBE: TANF is cash welfare or welfare for families with children.

YES 1
NO ..... (GO TO C8) 0
DON'T/DIDN'T GET TANF/ FOOD STAMPS/FDPIR (VOLUNTEERED) ..... (GO TO C8) 2
DOES NOT KNOW ..... (GO TO C8) ..... d
REFUSED ..... (GO TO C8) ..... r

C6. Did the letter say that you had to return the letter to TARGET CHILD's school or district for (him/her) to be approved for free school meals?

YES 1
NO ..... (GO TO C9) 0
DOES NOT KNOW ..... (GO TO C9) ..... d
REFUSED ..... (GO TO C9) ..... r

C7. Did you return the letter to the school or district?

YES ..... (GO TO C13) 1
NO ..... (GO TO C10) 0
DOES NOT KNOW ..... (GO TO C10) ..... d
REFUSED ..... (GO TO C10) ..... r

C8. Did someone from the school or district send you a letter or call you to inform you that TARGET CHILD was already approved for free school meals this school year because you or someone in your family received cash welfare or Temporary Assistance for Needy Families or TANF, food stamps, or participated in the Food Distribution Program on Indian Reservations?

YES 1
NO ..... (GO TO C13) 0
DOES NOT KNOW ..... (GO TO C13) ..... d
REFUSED ..... (GO TO C13) ..... r

C9. Did you tell the school or district that you did not want your child to be approved for free meals, that is, did you decline the offer to receive free school meals?

YES 1
NO ..... (GO TO C13) 0
DOES NOT KNOW ..... (GO TO C13) ..... d
REFUSED ..... (GO TO C13) ..... r

C10. Why didn't you want TARGET CHILD to receive the school meals?

AFTER ANSWER, SAY: Were there other reasons?

CIRCLE ALL THAT APPLY

DID NOT WANT TO RECEIVE OR RELY ON GOVERNMENT ASSISTANCE 1
CHILD OR PARENT EMBARRASSED TO PARTICIPATE (STIGMA) 2
DOES NOT LIKE THE FOOD SERVED 3
EATS BREAKFAST AT HOME 4
BRINGS LUNCH FROM HOME 5
OTHERS NEEDED THE BENEFIT MORE THAN WE DO 6
PREFERRED TO PAY THE FULL PRICE 7
OTHER REASON (SPECIFY) 8

_____

DOES NOT KNOW ..... d
REFUSED ..... r

C11. **INTERVIEWER: IS THERE MORE THAN ONE RESPONSE TO C10?**

YES 1
NO ..... (GO TO C13) 0

C12. What is the most important reason that you didn't want TARGET CHILD to receive free school meals?

CIRCLE ONE

DID NOT WANT TO RECEIVE OR RELY ON GOVERNMENT ASSISTANCE 1
CHILD OR PARENT EMBARRASSED TO PARTICIPATE (STIGMA) 2
DOES NOT LIKE THE FOOD SERVED 3
EATS BREAKFAST AT HOME 4
BRINGS LUNCH FROM HOME 5
OTHERS NEEDED THE BENEFIT MORE THAN WE DO 6
PREFERRED TO PAY THE FULL PRICE 7
OTHER REASON (SPECIFY) 8

_____

DOES NOT KNOW ..... d
REFUSED ..... r

C13. **INTERVIEWER: DID THE HOUSEHOLD SUBMIT AN APPLICATION <u>THAT INCLUDED TARGET CHILD</u>? DOES C4 EQUAL "1"?**

YES 1
NO ..... (GO TO C24) 0

C14. In what month and year did you or someone else in your household submit the application that included TARGET CHILD?

|__|__| / |__|__| APPLICATION SUBMITTED
MONTH YEAR

DOES NOT KNOW ..... d
REFUSED ..... r

C15. Why did you apply for free or reduced-price meals?

PROBE: What are the reasons?

AFTER RESPONSE(S), SAY: Were there any other reasons?

	CIRCLE ALL THAT APPLY
COMPLIANCE WITH SCHOOL REQUIREMENTS	1
WAS ELIGIBLE	2
HAVE ALWAYS APPLIED	3
THOUGHT MIGHT BE ELIGIBLE	4
HOUSEHOLD INCOME IS LOW OR INCOME FELL	5
NOT WORKING OR SOMEONE IN HOUSEHOLD LOST A JOB	6
HOUSEHOLD SIZE CHANGED	7
HOUSEHOLD MEMBER WAS OR BECAME ILL OR DISABLED	8
HARD TO MAKE ENDS MEET	9
COULD NOT GET AS MUCH FOOD FROM FAMILY, FRIENDS, GOVERNMENT PROGRAMS, OR OTHER SOURCES SUCH AS FOOD BANKS	10
ENCOURAGED TO APPLY BY SCHOOL DISTRICT OR GOVERNMENT AGENCY	11
DID NOT APPLY OR SCHOOL COMPLETED APPLICATION FOR HOUSEHOLD	12
SCHOOL MEALS TOO EXPENSIVE	13
SO CHILD COULD EAT/HAVE FOOD	14
OTHER REASON (SPECIFY)	15
DOES NOT KNOW	d
REFUSED	r

C16. Now I would like to ask you some questions about what you know about the eligibility rules for the school meal program.

First, does a household's total income have to be at or below certain amounts in order to be eligible to receive free or reduced-price schools meals?

YES 1
NO 0
DOES NOT KNOW .....d
REFUSED .....r

C17. Can a child receive free meals if the household receives Food Stamps or TANF benefits?

PROBE: TANF is Temporary Assistance for Needy Families which is also called cash welfare.

YES 1
NO 0
DOES NOT KNOW .....d
REFUSED .....r

C18. May a household only apply for school meal program benefits at the beginning of the school year, or may you apply at any time during the school year?

BEGINNING OF SCHOOL YEAR ONLY 1
ANYTIME DURING THE SCHOOL YEAR 2
DOES NOT KNOW .....d
REFUSED .....r

C19. After an application is approved, may the school district ask families to show proof of earnings or other sources of income they enter on an application for free and reduced-price meals?

PROBE: Later in the school year.

YES 1
NO 0
DOES NOT KNOW .....d
REFUSED .....r

C20. The next questions are about the application form for free or reduced-price meals. Did you have trouble reading the application form?

YES 1
NO 0
SOMEONE ELSE OR SCHOOL OR GOVERNMENT COMPLETED APPLICATION..... (GO TO C23) 2
DID NOT SEE/DID NOT READ APPLICATION..... (GO TO C23) 3
DOES NOT KNOW .....d
REFUSED .....r

C21. Did you find the directions on the application form very easy, somewhat easy, somewhat hard, or very hard to understand?

CIRCLE ONE

VERY EASY 1
SOMEWHAT EASY.....2
SOMEWHAT HARD 3
VERY HARD 4
SOMEONE ELSE IN HOUSEHOLD COMPLETED THE APPLICATION ..... (GO TO C23) 5
SCHOOL OR GOVERNMENT AGENCY STAFF COMPLETED THE APPLICATION ..... (GO TO C23) 6
COULD NOT UNDERSTAND DIRECTIONS AT ALL 7
DID NOT READ INSTRUCTIONS.....8
OTHER (SPECIFY) 9

DOES NOT KNOW .....d
REFUSED .....r

C22. Was it hard for you to complete the application form?

YES 1
NO 0
DOES NOT KNOW .....d
REFUSED .....r

C23. Did the school contact you to ask you questions about the application you submitted for this school year?

PROBE: School year 2005 to 2006.

YES ..... (GO TO C31) 1
NO ..... (GO TO C31) 0
DOES NOT KNOW ..... (GO TO C31) .....d
REFUSED ..... (GO TO C31) .....r

C24. Now I would like to ask you some questions about what you know about the eligibility rules for the school meal program.

First, does a household's total income have to be at or below certain amounts in order to be eligible to receive free or reduced-price schools meals?

YES 1
NO 0
DOES NOT KNOW .....d
REFUSED .....r

C25. Can a child receive free meals if the household receives Food Stamps or TANF benefits?

PROBE: TANF is Temporary Assistance for Needy Families which is also called cash welfare.

YES 1
NO 0
DOES NOT KNOW .....d
REFUSED .....r

C26. May a household only apply for school meal program benefits at the beginning of the school year or may you apply at any time during the school year?

BEGINNING OF SCHOOL YEAR ONLY 1
ANYTIME DURING THE SCHOOL YEAR 2
DOES NOT KNOW .....d
REFUSED .....r

C27. After an application is approved, may the school district ask families to show proof of earnings or other sources of income they enter on an application for free and reduced-price meals?

PROBE: Later in the school year.

YES 1
NO 0
DOES NOT KNOW .....d
REFUSED .....r

C28. **INTERVIEWER: DID THE RESPONDENT RECEIVE AN APPLICATION? DOES C2 EQUAL "YES"?**

YES 1
NO ..... (GO TO D1) 0

C29. The next questions are about the application form for free or reduced-price meals. Did you have trouble reading the application form?

YES 1
NO 0
SOMEONE ELSE OR SCHOOL OR GOVERNMENT COMPLETED APPLICATION..... (GO TO D1) 2
DID NOT SEE/DID NOT READ APPLICATION..... (GO TO D1) 3
DOES NOT KNOW .....d
REFUSED .....r

C30. Did you find the directions on the application form very easy, somewhat easy, somewhat hard, or very hard to understand?

CIRCLE ONE

VERY EASY 1
SOMEWHAT EASY 2
SOMEWHAT HARD 3
VERY HARD 4
COULD NOT UNDERSTAND DIRECTIONS AT ALL 5
DOES NOT KNOW ..... d
REFUSED ..... r

ALL GO TO C61

C31. Was TARGET CHILD approved for free or reduced-price meals for this school year?

PROBE: School year 2005-2006.

YES 1
NO ..... (GO TO C33) 0
DOES NOT KNOW ..... (GO TO C33) ..... d
REFUSED ..... (GO TO C33) ..... r

C32. Is (she/he) currently approved to receive free meals, or is (she/he) approved to receive reduced-price meals at school?

FREE MEALS ..... (GO TO C48) 1
REDUCED-PRICE MEALS ... (GO TO C48) 2
NOT CURRENTLY APPROVED BECAUSE CHANGED TO PAID DURING VERIFICATION (VOLUNTEERED) ..... GO TO C48) 3
DOES NOT KNOW ..... (GO TO C48) ..... d
REFUSED ..... (GO TO C48) ..... r

C33. You said earlier that you or someone else in your household submitted an application and that TARGET CHILD was not approved for free or reduced-price meals. Why was your application not approved? Was the application complete but your household was ruled ineligible, or was your application not approved because it was incomplete or not filled out properly, or was it not approved for some other reason?

PROBE: A completed application may be denied or not approved because a household is ruled ineligible because its income is too high. An application may also be denied or not approved if it is incomplete, that is, if key pieces of information were not provided by the applicant.

COMPLETE APPLICATION, BUT RULED INELIGIBLE BECAUSE INCOME WAS TOO HIGH ..... (GO TO C40) 1

INCOMPLETE APPLICATION 2

OTHER (SPECIFY) ..... (GO TO C40) 3

_____

_____

DOES NOT KNOW ..... (GO TO C48) ..... d

REFUSED ..... (GO TO C48) ..... r

C34. Did you receive a letter from the school district or TARGET CHILD's school notifying you that your application was incomplete or not filled in properly?

YES ..... (GO TO C36) 1

NO 0

DOES NOT KNOW ..... d

REFUSED ..... r

C35. Did you receive a telephone call from the school district or TARGET CHILD'S school notifying you that your application was incomplete or not filled in properly?

YES 1

NO 0

DOES NOT KNOW ..... d

REFUSED ..... r

C36. What items were incomplete or not filled in properly?

CIRCLE ALL THAT APPLY

DID NOT ENTER CHILD'S NAME 1

DID NOT ENTER TANF, FOOD STAMP, OR FDPIR CASE NUMBER 2

ENTERED INVALID FORMAT FOR TANF, FOOD STAMP, OR FDPIR CASE NUMBER 3

DID NOT PROVIDE COMPLETE INFORMATION ON HOUSEHOLD INCOME 4

DID NOT SIGN APPLICATION 5

DID NOT PROVIDE SOCIAL SECURITY NUMBER OR INDICATION THAT SIGNER DOES NOT HAVE A SOCIAL SECURITY NUMBER 6

OTHER (SPECIFY) 7

_____

_____

_____

DOES NOT KNOW ..... d

REFUSED ..... r

C37. Did you provide the missing information or submit a new application?

YES ..... (GO TO C48) 1

NO 0

DOES NOT KNOW ..... (GO TO C48) ..... d

REFUSED ..... (GO TO C48) ..... r

C38. Why did you not supply the missing information or reapply after you were notified that your application was incomplete?

CIRCLE ONE

TOO MUCH BOTHER 1
NOT INTERESTED ANY MORE 2
DID NOT HAVE TIME 3
NO LONGER ELIGIBLE/INCOME TOO HIGH 4
OTHER (SPECIFY) 5

_____

_____

_____

DOES NOT KNOW ..... d
REFUSED ..... r

C39. Do you plan to reapply later this school year?

PROBE: School year 2005-2006.

YES ..... (GO TO C48) 1
NO ..... (GO TO C47) 0
DOES NOT KNOW ..... (GO TO C47) ..... d
REFUSED ..... (GO TO C47) ..... r

C40. Were you notified about how to appeal a denied application?

YES 1
NO 0
DOES NOT KNOW ..... d
REFUSED ..... r

C41. Did you appeal the denied application?

YES ..... (GO TO C43) 1
NO 0
DOES NOT KNOW ..... (GO TO C46) ..... d
REFUSED ..... (GO TO C46) ..... r

C42. Why didn't you appeal the denied application?

CIRCLE ALL THAT APPLY

AGREED THAT OUR HOUSEHOLD WAS NOT ELIGIBLE 1

TOO MUCH BOTHER 2

DID NOT WANT CHILD TO RECEIVE FREE OR REDUCED-PRICE MEALS ANY MORE 3

DID NOT KNOW HOW TO APPEAL 4

DID NOT HAVE TIME 5

NOT INTERESTED ANY MORE 6

OTHER (SPECIFY) 7

_____

_____

_____

DOES NOT KNOW ..... d

REFUSED ..... r

GO TO C46

C43. What was the result of your appeal?

CIRCLE ONE

APPEAL DENIED, GETTING PAID MEALS 1

WON APPEAL GETTING FREE MEALS ..... (GO TO C48) 2

WON APPEAL GETTING REDUCED-PRICE MEALS ..... (GO TO C48) 3

APPEAL STILL PENDING 4

OTHER (SPECIFY) 5

_____

_____

_____

DOES NOT KNOW ..... (GO TO C48) ..... d

REFUSED ..... (GO TO C48) ..... r

C44. Did you reapply for free or reduced-price meals after the appeals process had finished?

YES ..... (GO TO C48) 1
NO 0
DOES NOT KNOW ..... (GO TO C48) ..... d
REFUSED ..... (GO TO C48) ..... r

C45. Why didn't you not reapply after your appeal was denied?

CIRCLE ONE

WAS INELIGIBLE 1
TOO MUCH BOTHER 2
NOT INTERESTED ANY MORE 3
DID NOT HAVE TIME 4
APPLICATION PROCESS TOO COMPLICATED 5
OTHER (SPECIFY) 6

_____

_____

_____

DOES NOT KNOW ..... d
REFUSED ..... r

C46. Do you plan to reapply later this school year?

YES ..... (GO TO C48) 1
NO 0
DOES NOT KNOW ..... d
REFUSED ..... r

C47. What could the school food program do that would cause you to reapply for free or reduced-price meals?

CIRCLE ALL THAT APPLY

SIMPLIFY THE APPLICATION PROCESS 1
SERVE MORE NUTRITIOUS FOOD 2
SERVE BETTER TASTING FOOD 3
SERVE LARGER PORTIONS 4
SERVE THE FOODS MY CHILDREN LIKE 5
SERVE THE KINDS OF FOOD WE EAT AT HOME 6
HAVE BETTER CAFETERIA FACILITIES 7
FEWER SERVING LINES 8
LESS WAITING TIME 9
RAISE INCOME ELIGIBILITY THRESHOLD 10
USE THIRD PARTY, NOT SCHOOL STAFF, TO REVIEW INCOME DOCUMENTATION 11
NOTHING, NO SCHOOL FOOD PROGRAM ACTION WOULD INFLUENCE ME TO REAPPLY 12
OTHER (SPECIFY) 13

DOES NOT KNOW ..... d
REFUSED ..... r

C48. **INTERVIEWER: DID RESPONDENT OR SOMEONE ELSE IN HOUSEHOLD SUBMIT AN APPLICATION FOR TARGET CHILD TO GET FREE OR REDUCED-PRICE MEALS THIS SCHOOL YEAR—2005-2006? DOES C4 EQUAL YES?**

YES 1
NO ..... (GO TO C54) 0

C49. After you submitted the application for free or reduced-price meals for the 2005-2006 school year, were you or anyone in your household asked to send in proof of the information provided on the application, such as pay stubs or documentation that someone in the household receives TANF or Food Stamps?

PROBE: This is sometimes called verification.

YES 1
NO ..... (GO TO C54) 0
DOES NOT KNOW ..... (GO TO C54) ..... d
REFUSED ..... (GO TO C54) ..... r

C50. How were you notified that proof of income or TANF or Food Stamp receipt was necessary?

IF HESITATION, PROBE: Did you get a telephone call from school, a note brought home by your child, a letter in the mail, was it stated in the application material, or were you notified some other way?

CIRCLE ALL THAT APPLY

TELEPHONE CALL 1
NOTE BROUGHT HOME BY CHILD 2
LETTER IN MAIL 3
WAS IN APPLICATION MATERIAL 4
OTHER (SPECIFY) 5

_____

_____

_____

DOES NOT KNOW ..... d
REFUSED ..... r

C51. Did you or someone in your household provide the information that was requested?

YES 1
NO ..... (GO TO C53) 0
DOES NOT KNOW ..... (GO TO C54) ..... d
REFUSED ..... (GO TO C54) ..... r

C52. Would you say that getting these documents together was not difficult at all, somewhat difficult, or very difficult?

NOT DIFFICULT AT ALL 1
SOMEWHAT DIFFICULT 2
VERY DIFFICULT 3
DOES NOT KNOW .....d
REFUSED .....r

GO TO C54

C53. Why didn't you provide the information that was requested?

CIRCLE ALL THAT APPLY

WAS INELIGIBLE.....1
TOO MUCH BOTHER.....2
DID NOT WANT TO HAVE CHILD RECEIVE FREE OR REDUCED-PRICE MEAL ANY MORE 3
DID NOT HAVE TIME 4
DID NOT HAVE REQUESTED DOCUMENTATION.....5
COULD NOT FIND REQUESTED DOCUMENTATION.....6
LANGUAGE OR LITERACY PROBLEMS OR DID NOT UNDERSTAND REQUEST.....7
APPREHENSION OR FEAR.....8
RESENTED THE REQUEST 9
OTHER (SPECIFY).....10

_____

_____

_____

DOES NOT KNOW .....d
REFUSED .....r

C54. Do you think the application process for free or reduced-price meals through the school meal program is fair?

YES 1
NO 0
DOES NOT KNOW .....d
REFUSED .....r

C55. Do you think the amount of time it takes to complete an application for free or reduced-price meals at TARGET CHILD'S school is reasonable or unreasonable?

REASONABLE 1
UNREASONABLE 2
DOES NOT KNOW .....d
REFUSED .....r

SECTION D: PARTICIPATION IN SCHOOL LUNCH AND BREAKFAST PROGRAMS

D1. The next questions are about the meals TARGET CHILD eats at school.

I am going to ask you whether your child had a school breakfast or lunch (yesterday/Friday) and then ask about each day during the previous week. By school breakfast or lunch, I mean the meals your child's school provides to students under the School Breakfast and School Lunch Program. These are meals consisting of a set of food items from the menu that are free or, if paid for, are purchased for a single price, as opposed to individual foods, such as salads, meats, and desserts, that are priced and bought separately.

Did (she/he) attend school (yesterday/last Friday)?

YES 1
NO ..... (GO TO D9a) 0

D2. **INTERVIEWER: CHECK CONTACT SHEET. DOES TARGET CHILD'S SCHOOL HAVE A SCHOOL BREAKFAST PROGRAM (SBP)?**

YES 1
NO ..... (GO TO D5) 0
DOES NOT KNOW ..... (GO TO D5) ..... d
REFUSED ..... (GO TO D5) ..... r

D3. Did TARGET CHILD eat breakfast at school (yesterday/Friday)? Include breakfast served on the school bus.

YES 1
NO ..... (GO TO D5) 0
DOES NOT KNOW ..... (GO TO D5) ..... d
REFUSED ..... (GO TO D5) ..... r

D4a. Was that the school breakfast, or did your child get breakfast in some other way?

PROBE: By school breakfast we mean the meal received from the School Breakfast Program which consists of a set of food items from the menu that were either free or, if paid for, was purchased for a single price, as opposed to individual foods that are priced and bought separately.

HAD SCHOOL BREAKFAST .... (GO TO D5) 1
HAD SOMETHING ELSE.....0
DON'T KNOW .....d
REFUSED .....r

D4b. If it wasn't the school breakfast, did your child purchase individual foods from the school cafeteria that were priced and bought separately, purchase foods from the school store or from vending machines at school, or bring in foods from home or some other source?

CIRCLE ALL THAT APPLY

PURCHASED FOOD AS INDIVIDUAL FOOD ITEMS BUT NOT THE SCHOOL BREAKFAST.....1
PURCHASED FOOD FROM SCHOOL STORE.....2
PURCHASED FOOD FROM VENDING MACHINES.....3
BROUGHT FOOD FROM HOME 4
PURCHASED OR OTHERWISE OBTAINED FOOD AWAY FROM SCHOOL 5
OTHER (SPECIFY).....6

_____

_____

_____

DOES NOT KNOW.....d
REFUSED.....r

D5. **INTERVIEWER: CHECK CONTACT SHEET. DOES TARGET CHILD'S SCHOOL HAVE A SCHOOL LUNCH PROGRAM (SLP)?**

YES 1
NO ..... (GO TO D9a) 0

D6. NO QUESTION D6 IN THIS VERSION.

D7. Did (she/he) eat lunch at school (yesterday/last Friday)?

YES 1
NO ..... (GO TO D9a) 0
DOES NOT KNOW ..... (GO TO D9a) ..... d
REFUSED ..... (GO TO D9a) ..... r

D8a. Was that the school lunch, or did your child get lunch in some other way?

PROBE: By school lunch we mean the meal received from the School Lunch Program which consists of a set of food items from the menu that were either free or, if paid for, was purchased for a single price, as opposed to individual foods that are priced and bought separately.

HAD SCHOOL LUNCH ..... (GO TO D10) 1
HAD SOMETHING ELSE... 0
DON'T KNOW ..... d
REFUSED ..... r

D8b. If it wasn't the school lunch, did your child purchase individual foods from the school cafeteria that were priced and bought separately, purchase foods from the school store or from vending machines at school, or bring in foods from home or some other source?

CIRCLE ALL THAT APPLY

PURCHASED FOOD AS INDIVIDUAL FOOD ITEMS BUT NOT THE SCHOOL LUNCH 1
PURCHASED FOOD FROM SCHOOL STORE 2
PURCHASED FOOD FROM VENDING MACHINES 3
BROUGHT FOOD FROM HOME 4
PURCHASED OR OTHERWISE OBTAINED FOOD AWAY FROM SCHOOL 5
OTHER (SPECIFY) 6

_____

_____

_____

DOES NOT KNOW ..... d
REFUSED ..... r

D9a. **CODE WITHOUT ASKING IF KNOWN:**
When was the last full week of school?

LAST WEEK 1

FROM |__|__| |__|__| TO |__|__| |__|__|
DAY MONTH DAY MONTH

DOES NOT KNOW ..... d

REFUSED ..... r

D9b. Now please think about the last full week of school—that would be (Monday through Friday last week/from Monday—DATE to Friday—DATE). I will ask you about whether TARGET CHILD ate (breakfast/lunch/breakfast or lunch) at school each day and what was eaten. (Here is a menu of the food offered in school to help you recall what (she/he) may have had.)

Did (she/he) attend school (last Monday/on Monday, DATE)?

YES 1

NO ..... (GO TO D17) 0

DOES NOT KNOW ..... (GO TO D17) ..... d

REFUSED ..... (GO TO D17) ..... r

D10. **INTERVIEWER: CHECK CONTACT SHEET. DOES TARGET CHILD'S SCHOOL HAVE A SCHOOL BREAKFAST PROGRAM (SBP)?**

YES 1

NO ..... (GO TO D13) 0

D11. Did TARGET CHILD eat breakfast at school (last Monday/on Monday, DATE)?

YES 1

NO ..... (GO TO D13) 0

DOES NOT KNOW ..... (GO TO D13) ..... d

REFUSED ..... (GO TO D13) ..... r

D12a. Was that the school breakfast, or did your child get breakfast in some other way?

PROBE: By school breakfast we mean the meal received from the School Breakfast Program which consists of a set of food items from the menu that were either free or, if paid for, was purchased for a single price, as opposed to individual foods that are priced and bought separately.

HAD SCHOOL BREAKFAST .... (GO TO D13) 1
HAD SOMETHING ELSE.....0
DON'T KNOW .....d
REFUSED .....r

D12b. If it wasn't the school breakfast, did your child purchase individual foods from the school cafeteria that were priced and bought separately, purchase foods from the school store or from vending machines at school, or bring in foods from home or some other source?

CIRCLE ALL THAT APPLY

PURCHASED FOOD AS INDIVIDUAL FOOD ITEMS BUT NOT THE SCHOOL BREAKFAST.....1
PURCHASED FOOD FROM SCHOOL STORE.....2
PURCHASED FOOD FROM VENDING MACHINES.....3
BROUGHT FOOD FROM HOME 4
PURCHASED OR OTHERWISE OBTAINED FOOD AWAY FROM SCHOOL 5
OTHER (SPECIFY).....6

_____

_____

_____

DOES NOT KNOW.....d
REFUSED.....r

D13. **INTERVIEWER: CHECK CONTACT SHEET. DOES TARGET CHILD'S SCHOOL HAVE A SCHOOL LUNCH PROGRAM (SLP)?**

YES 1
NO ..... (GO TO D17) 0

D14. NO QUESTION D14 IN THIS VERSION.

D15. Did (she/he) eat lunch at school (last Monday/on Monday, DATE)?

YES 1
NO ..... (GO TO D17) 0
DOES NOT KNOW ..... (GO TO D17) ..... d
REFUSED ..... (GO TO D17) ..... r

D16a. Was that the school lunch, or did your child get lunch in some other way?

PROBE: By school lunch we mean the meal received from the School Lunch Program which consists of a set of food items from the menu that were either free or, if paid for, was purchased for a single price, as opposed to individual foods that are priced and bought separately.

HAD SCHOOL LUNCH ..... (GO TO D18) 1
HAD SOMETHING ELSE... 0
DON'T KNOW ..... d
REFUSED ..... r

D16b. If it wasn't the school lunch, did your child purchase individual foods from the school cafeteria that were priced and bought separately, purchase foods from the school store or from vending machines at school, or bring in foods from home or some other source?

CIRCLE ALL THAT APPLY

PURCHASED FOOD AS INDIVIDUAL FOOD ITEMS BUT NOT THE SCHOOL LUNCH 1
PURCHASED FOOD FROM SCHOOL STORE 2
PURCHASED FOOD FROM VENDING MACHINES 3
BROUGHT FOOD FROM HOME 4
PURCHASED OR OTHERWISE OBTAINED FOOD AWAY FROM SCHOOL 5
OTHER (SPECIFY) 6

_____

_____

_____

DOES NOT KNOW ..... d
REFUSED ..... r

D17. Did (she/he) attend school (last Tuesday/on Tuesday, DATE)?

YES 1
NO ..... (GO TO D25) 0
DOES NOT KNOW ..... (GO TO D25) .....d
REFUSED ..... (GO TO D25) .....r

D18. **INTERVIEWER: CHECK CONTACT SHEET. DOES TARGET CHILD'S SCHOOL HAVE A SCHOOL BREAKFAST PROGRAM (SBP)?**

YES 1
NO ..... (GO TO D21) 0

D19. Did (she/he) eat breakfast at school (last Tuesday/on Tuesday, DATE)?

YES 1
NO ..... (GO TO D21) 0
DOES NOT KNOW ..... (GO TO D21) .....d
REFUSED ..... (GO TO D21) .....r

D20a. Was that the school breakfast, or did your child get breakfast in some other way?

PROBE: By school breakfast we mean the meal received from the School Breakfast Program which consists of a <u>set</u> of food items from the menu that were either free or, if paid for, was purchased for a single price, as opposed to individual foods that are priced and bought separately.

HAD SCHOOL BREAKFAST .... (GO TO D21) 1
HAD SOMETHING ELSE.....0
DON'T KNOW .....d
REFUSED .....r

D20b. If it wasn't the school breakfast, did your child purchase individual foods from the school cafeteria that were priced and bought separately, purchase foods from the school store or from vending machines at school, or bring in foods from home or some other source?

CIRCLE ALL THAT APPLY

PURCHASED FOOD AS INDIVIDUAL FOOD ITEMS BUT NOT THE SCHOOL BREAKFAST 1

PURCHASED FOOD FROM SCHOOL STORE 2

PURCHASED FOOD FROM VENDING MACHINES 3

BROUGHT FOOD FROM HOME 4

PURCHASED OR OTHERWISE OBTAINED FOOD AWAY FROM SCHOOL 5

OTHER (SPECIFY) 6

_____

_____

_____

DOES NOT KNOW ..... d

REFUSED ..... r

D21. **INTERVIEWER: CHECK CONTACT SHEET. DOES TARGET CHILD'S SCHOOL HAVE A SCHOOL LUNCH PROGRAM (SLP)?**

YES 1

NO ..... (GO TO D25) 0

D22. NO QUESTION D22 IN THIS VERSION.

D23. Did (she/he) eat lunch at school (last Tuesday/on Tuesday, DATE)?

YES 1

NO ..... (GO TO D25) 0

DOES NOT KNOW ..... (GO TO D25) ..... d

REFUSED ..... (GO TO D25) ..... r

D24a. Was that the school lunch, or did your child get lunch in some other way?

PROBE: By school lunch we mean the meal received from the School Lunch Program which consists of a set of food items from the menu that were either free or, if paid for, was purchased for a single price, as opposed to individual foods that are priced and bought separately.

HAD SCHOOL LUNCH ..... (GO TO D26) 1
HAD SOMETHING ELSE... 0
DON'T KNOW ..... d
REFUSED ..... r

D24b. If it wasn't the school lunch, did your child purchase individual foods from the school cafeteria that were priced and bought separately, purchase foods from the school store or from vending machines at school, or bring in foods from home or some other source?

CIRCLE ALL THAT APPLY

PURCHASED FOOD AS INDIVIDUAL FOOD ITEMS BUT NOT THE SCHOOL LUNCH 1
PURCHASED FOOD FROM SCHOOL STORE 2
PURCHASED FOOD FROM VENDING MACHINES 3
BROUGHT FOOD FROM HOME 4
PURCHASED OR OTHERWISE OBTAINED FOOD AWAY FROM SCHOOL 5
OTHER (SPECIFY) 6

_____

_____

_____

DOES NOT KNOW ..... d
REFUSED ..... r

D25. Did (she/he) attend school (last Wednesday/on Wednesday, DATE)?

YES 1
NO ..... (GO TO D33) 0
DOES NOT KNOW ..... (GO TO D33) ..... d
REFUSED ..... (GO TO D33) ..... r

D26. **INTERVIEWER: CHECK CONTACT SHEET. DOES TARGET CHILD'S SCHOOL HAVE A SCHOOL BREAKFAST PROGRAM (SBP)?**

YES 1
NO ..... (GO TO D29) 0

D27. Did (she/he) eat breakfast at school (last Wednesday/on Wednesday, DATE)?

YES 1
NO ..... (GO TO D29) 0
DOES NOT KNOW ..... (GO TO D29) ..... d
REFUSED ..... (GO TO D29) ..... r

D28a. Was that the school breakfast, or did your child get breakfast in some other way?

PROBE: By school breakfast we mean the meal received from the School Breakfast Program which consists of a <u>set</u> of food items from the menu that were either free or, if paid for, was purchased for a single price, as opposed to individual foods that are priced and bought separately.

HAD SCHOOL BREAKFAST .... (GO TO D29) 1
HAD SOMETHING ELSE 0
DON'T KNOW ..... d
REFUSED ..... r

D28b. If it wasn't the school breakfast, did your child purchase individual foods from the school cafeteria that were priced and bought separately, purchase foods from the school store or from vending machines at school, or bring in foods from home or some other source?

CIRCLE ALL THAT APPLY

PURCHASED FOOD AS INDIVIDUAL FOOD ITEMS BUT NOT THE SCHOOL BREAKFAST 1

PURCHASED FOOD FROM SCHOOL STORE 2

PURCHASED FOOD FROM VENDING MACHINES 3

BROUGHT FOOD FROM HOME 4

PURCHASED OR OTHERWISE OBTAINED FOOD AWAY FROM SCHOOL 5

OTHER (SPECIFY) 6

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_____

_____

DOES NOT KNOW ..... d

REFUSED ..... r

D29. **INTERVIEWER: CHECK CONTACT SHEET. DOES TARGET CHILD'S SCHOOL HAVE A SCHOOL LUNCH PROGRAM (SLP)?**

YES 1

NO ..... (GO TO D33) 0

D30. NO QUESTION D30 IN THIS VERSION.

D31. Did (she/he) eat lunch at school (last Wednesday/on Wednesday, DATE)?

YES 1
NO ..... (GO TO D33) 0
DOES NOT KNOW ..... (GO TO D33) ..... d
REFUSED ..... (GO TO D33) ..... r

D32a. Was that the school lunch, or did your child get lunch in some other way?

PROBE: By school lunch we mean the meal received from the School Lunch Program which consists of a set of food items from the menu that were either free or, if paid for, was purchased for a single price, as opposed to individual foods that are priced and bought separately.

HAD SCHOOL LUNCH ..... (GO TO D34) 1
HAD SOMETHING ELSE... 0
DON'T KNOW ..... d
REFUSED ..... r

D32b. If it wasn't the school lunch, did your child purchase individual foods from the school cafeteria that were priced and bought separately, purchase foods from the school store or from vending machines at school, or bring in foods from home or some other source?

CIRCLE ALL THAT APPLY

PURCHASED FOOD AS INDIVIDUAL FOOD ITEMS BUT NOT THE SCHOOL LUNCH 1
PURCHASED FOOD FROM SCHOOL STORE 2
PURCHASED FOOD FROM VENDING MACHINES 3
BROUGHT FOOD FROM HOME 4
PURCHASED OR OTHERWISE OBTAINED FOOD AWAY FROM SCHOOL 5
OTHER (SPECIFY) 6

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_____

_____

DOES NOT KNOW ..... d
REFUSED ..... r

D33. Did (she/he) attend school (last Thursday/on Thursday, DATE)?

YES 1
NO ..... (GO TO D41) 0
DOES NOT KNOW ..... (GO TO D41) .....d
REFUSED ..... (GO TO D41) .....r

D34. **INTERVIEWER: CHECK CONTACT SHEET. DOES TARGET CHILD'S SCHOOL HAVE A SCHOOL BREAKFAST PROGRAM (SBP)?**

YES 1
NO ..... (GO TO D37) 0

D35. Did (she/he) eat breakfast at school (last Thursday/on Thursday, DATE)?

YES 1
NO ..... (GO TO D37) 0
DOES NOT KNOW ..... (GO TO D37) .....d
REFUSED ..... (GO TO D37) .....r

D36a. Was that the school breakfast, or did your child get breakfast in some other way?

PROBE: By school breakfast we mean the meal received from the School Breakfast Program which consists of a <u>set</u> of food items from the menu that were either free or, if paid for, was purchased for a single price, as opposed to individual foods that are priced and bought separately.

HAD SCHOOL BREAKFAST .... (GO TO D37) 1
HAD SOMETHING ELSE.....0
DON'T KNOW .....d
REFUSED .....r

D36b. If it wasn't the school breakfast, did your child purchase individual foods from the school cafeteria that were priced and bought separately, purchase foods from the school store or from vending machines at school, or bring in foods from home or some other source?

CIRCLE ALL THAT APPLY

PURCHASED FOOD AS INDIVIDUAL FOOD ITEMS BUT NOT THE SCHOOL BREAKFAST 1

PURCHASED FOOD FROM SCHOOL STORE 2

PURCHASED FOOD FROM VENDING MACHINES 3

BROUGHT FOOD FROM HOME 4

PURCHASED OR OTHERWISE OBTAINED FOOD AWAY FROM SCHOOL 5

OTHER (SPECIFY) 6

_____

_____

_____

DOES NOT KNOW ..... d

REFUSED ..... r

D37. **INTERVIEWER: CHECK CONTACT SHEET. DOES TARGET CHILD'S SCHOOL HAVE A SCHOOL LUNCH PROGRAM (SLP)?**

YES 1

NO ..... (GO TO D41) 0

D38. NO QUESTION D38 IN THIS VERSION.

D39. Did (she/he) eat lunch at school (last Thursday/on Thursday, DATE)?

YES 1

NO ..... (GO TO D41) 0

DOES NOT KNOW ..... (GO TO D41) ..... d

REFUSED ..... (GO TO D41) ..... r

D40a. Was that the school lunch, or did your child get lunch in some other way?

PROBE: By school lunch we mean the meal received from the School Lunch Program which consists of a set of food items from the menu that were either free or, if paid for, was purchased for a single price, as opposed to individual foods that are priced and bought separately.

HAD SCHOOL LUNCH ..... (GO TO D41) 1
HAD SOMETHING ELSE... 0
DON'T KNOW ..... d
REFUSED ..... r

D40b. If it wasn't the school lunch, did your child purchase individual foods from the school cafeteria that were priced and bought separately, purchase foods from the school store or from vending machines at school, or bring in foods from home or some other source?

CIRCLE ALL THAT APPLY

PURCHASED FOOD AS INDIVIDUAL FOOD ITEMS BUT NOT THE SCHOOL LUNCH 1
PURCHASED FOOD FROM SCHOOL STORE 2
PURCHASED FOOD FROM VENDING MACHINES 3
BROUGHT FOOD FROM HOME 4
PURCHASED OR OTHERWISE OBTAINED FOOD AWAY FROM SCHOOL 5
OTHER (SPECIFY) 6

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_____

_____

DOES NOT KNOW ..... d
REFUSED ..... r

D41. **INTERVIEWER: IS THE INTERVIEW BEING ADMINISTERED ON A MONDAY OR ON THE WEEKEND? DID WE ALREADY ASK ABOUT FRIDAY AT QUESTIONS D1 THROUGH D8?**

YES ..... (GO TO D50) 1
NO 0

D42. Did (she/he) attend school (last Friday/on Friday, DATE)?

YES 1
NO ..... (GO TO D50) 0
DOES NOT KNOW ..... (GO TO D50) .....d
REFUSED ..... (GO TO D50) .....r

D43. **INTERVIEWER: CHECK CONTACT SHEET. DOES TARGET CHILD'S SCHOOL HAVE A SCHOOL BREAKFAST PROGRAM (SBP)?**

YES 1
NO ..... (GO TO D46) 0

D44. Did (she/he) eat breakfast at school (last Friday/on Friday, DATE)?

YES 1
NO ..... (GO TO D46) 0
DOES NOT KNOW ..... (GO TO D46) .....d
REFUSED ..... (GO TO D46) .....r

D45a. Was that the school breakfast, or did your child get breakfast in some other way?

PROBE: By school breakfast we mean the meal received from the School Breakfast Program which consists of a <u>set</u> of food items from the menu that were either free or, if paid for, was purchased for a single price, as opposed to individual foods that are priced and bought separately.

HAD SCHOOL BREAKFAST .... (GO TO D46) 1
HAD SOMETHING ELSE.....0
DON'T KNOW .....d
REFUSED .....r

D45b. If it wasn't the school breakfast, did your child purchase individual foods from the school cafeteria that were priced and bought separately, purchase foods from the school store or from vending machines at school, or bring in foods from home or some other source?

CIRCLE ALL THAT APPLY

PURCHASED FOOD AS INDIVIDUAL FOOD ITEMS BUT NOT THE SCHOOL BREAKFAST 1

PURCHASED FOOD FROM SCHOOL STORE 2

PURCHASED FOOD FROM VENDING MACHINES 3

BROUGHT FOOD FROM HOME 4

PURCHASED OR OTHERWISE OBTAINED FOOD AWAY FROM SCHOOL 5

OTHER (SPECIFY) 6

_____

_____

_____

DOES NOT KNOW ..... d

REFUSED ..... r

D46. **INTERVIEWER: CHECK CONTACT SHEET. DOES TARGET CHILD'S SCHOOL HAVE A SCHOOL LUNCH PROGRAM (SLP)?**

YES 1

NO ..... (GO TO D50) 0

D47. NO QUESTION D47 IN THIS VERSION.

D48. Did (she/he) eat lunch at school (last Friday/on Friday, DATE)?

YES 1

NO ..... (GO TO D50) 0

DOES NOT KNOW ..... (GO TO D50) ..... d

REFUSED ..... (GO TO D50) ..... r

D49a. Was that the school lunch, or did your child get lunch in some other way?

PROBE: By school lunch we mean the meal received from the School Lunch Program which consists of a set of food items from the menu that were either free or, if paid for, was purchased for a single price, as opposed to individual foods that are priced and bought separately.

HAD SCHOOL LUNCH ..... (GO TO D50) 1
HAD SOMETHING ELSE... 0
DON'T KNOW ..... d
REFUSED ..... r

D49b. If it wasn't the school lunch, did your child purchase individual foods from the school cafeteria that were priced and bought separately, purchase foods from the school store or from vending machines at school, or bring in foods from home or some other source?

CIRCLE ALL THAT APPLY

PURCHASED FOOD AS INDIVIDUAL FOOD ITEMS BUT NOT THE SCHOOL LUNCH 1
PURCHASED FOOD FROM SCHOOL STORE 2
PURCHASED FOOD FROM VENDING MACHINES 3
BROUGHT FOOD FROM HOME 4
PURCHASED OR OTHERWISE OBTAINED FOOD AWAY FROM SCHOOL 5
OTHER (SPECIFY) 6

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_____

DOES NOT KNOW ..... d
REFUSED ..... r

D50. **INTERVIEWER: CHECK CONTACT SHEET. DOES THE TARGET CHILD'S SCHOOL HAVE A SCHOOL BREAKFAST PROGRAM (SBP)?**

YES 1
NO ..... (GO TO D60) 0

D51. **INTERVIEWER: DID THE TARGET CHILD PARTICIPATE IN THE SBP ON <u>ANY</u> DAY IN THE TARGET WEEK? ARE ANY QUESTIONS D4, D12, D20, D28, D36, AND D45 EQUAL TO "1"?**

YES ..... (GO TO D55) 1

NO 0

D52. You just mentioned that TARGET CHILD did not get the school breakfast on any day (she/he) attended school (last week/during the last week (she/he) went to school). Why didn't (she/he) get the school breakfast (last week/during that week)?

AFTER RESPONSE, SAY: Were there other reasons why (she/he) did not eat the school breakfast (last week/that week)?

PROBE: The complete school breakfast.

CIRCLE ALL
<u>THAT APPLY</u>

EATS BREAKFAST AT HOME 1

BRINGS BREAKFAST FROM HOME 2

DOES NOT LIKE THE FOOD AT SCHOOL 3

NOT ENOUGH TIME TO EAT AT SCHOOL 4

CHILD DOES NOT EAT BREAKFAST 5

ON A DIET 6

DOES NOT LIKE WAITING IN LINE 7

CHILD THINKS ONLY NEEDY CHILDREN EAT SCHOOL BREAKFASTS 8

CHILD DOES NOT EAT SCHOOL BREAKFAST BECAUSE FRIENDS DO NOT EAT IT 9

NOT IN SCHOOL THAT WEEK/ OUT SICK ALL WEEK 10

LATE FOR SCHOOL EVERY DAY THAT WEEK 11

HAD EARLY MORNING CLASSES THAT WEEK 12

CHILD OR PARENT TOO EMBARRASSED TO PARTICIPATE 13

OTHER (SPECIFY) 14

_____

_____

_____

DOES NOT KNOW ..... d

REFUSED ..... r

D53. **INTERVIEWER: IS THERE MORE THAN ONE ANSWER TO D52?**

YES 1
NO ..... (GO TO D59) 0

D54. What is the most important reason (she/he) did not get the school breakfast (last/that) week?

CIRCLE ALL THAT APPLY

EATS BREAKFAST AT HOME 1
BRINGS BREAKFAST FROM HOME 2
DOES NOT LIKE THE FOOD AT SCHOOL 3
NOT ENOUGH TIME TO EAT AT SCHOOL 4
CHILD DOES NOT EAT BREAKFAST 5
ON A DIET 6
DOES NOT LIKE WAITING IN LINE 7
CHILD THINKS ONLY NEEDY CHILDREN EAT SCHOOL BREAKFASTS 8
CHILD DOES NOT EAT SCHOOL BREAKFAST BECAUSE FRIENDS DO NOT EAT IT 9
NOT IN SCHOOL THAT WEEK/ OUT SICK ALL WEEK 10
LATE FOR SCHOOL EVERY DAY THAT WEEK 11
HAD EARLY MORNING CLASSES THAT WEEK 12
CHILD OR PARENT TOO EMBARRASSED TO PARTICIPATE 13
OTHER (SPECIFY) 14

_____

_____

_____

DOES NOT KNOW ..... d
REFUSED ..... r

GO TO D59

D55. **INTERVIEWER: DID THE TARGET CHILD GET THE SCHOOL BREAKFAST ON EVERY DAY (SHE/HE) ATTENDED SCHOOL IN THE TARGET WEEK? WHEN D9b EQUALS "1" DOES D12 EQUAL "1" AND WHEN D17 EQUALS "1" DOES D20 EQUAL "'1" AND WHEN D25 EQUALS "1" DOES D28 EQUAL "1" AND WHEN D33 EQUALS "1" DOES D36 EQUAL "1" AND WHEN D42 EQUALS "1" DOES D45 EQUAL "1"?**

YES ..... (GO TO D60) 1

NO 0

D56. You mentioned that TARGET CHILD did not get the school breakfast every day (she/he) attended school (last week/during (her/his) last week in school). Why did (she/he) not get the school breakfast every day (she/he) went to school that week?

AFTER RESPONSE, SAY: Were there any other reasons?

CIRCLE ALL THAT APPLY

ATE BREAKFAST AT HOME.....1

BROUGHT BREAKFAST FROM HOME.....2

DOES NOT ALWAYS LIKE THE FOOD SERVED 3

WAS NOT IN SCHOOL ON THAT OR THOSE DAYS/OUT SICK.....4

WAS LATE FOR SCHOOL 5

HAD EARLY MORNING CLASSES OR PROGRAMS 6

EARLY DISMISSAL OR STUDENT LEFT SCHOOL EARLY 7

SCHOOL CLOSED ALL DAY.....8

OTHER (SPECIFY) 9

_____

_____

_____

DOES NOT KNOW .....d

REFUSED .....r

D57. **INTERVIEWER: IS THERE MORE THAN ONE ANSWER TO D56?**

YES 1
NO ..... (GO TO D59) 0

D58. What is the most important reason (she/he) did not get the school breakfast on those days?

CIRCLE ALL THAT APPLY

ATE BREAKFAST AT HOME 1
BROUGHT BREAKFAST FROM HOME 2
DOES NOT ALWAYS LIKE THE FOOD SERVED 3
WAS NOT IN SCHOOL ON THAT OR THOSE DAYS/OUT SICK 4
WAS LATE FOR SCHOOL 5
HAD EARLY MORNING CLASSES OR PROGRAMS 6
EARLY DISMISSAL OR STUDENT LEFT SCHOOL EARLY 7
SCHOOL CLOSED ALL DAY 8
OTHER (SPECIFY) 9

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_____

_____

DOES NOT KNOW ..... d
REFUSED ..... r

D59. What could the school food program do that would increase the number of times TARGET CHILD eats the school breakfast each week?

CIRCLE ALL THAT APPLY

SERVE MORE NUTRITIOUS FOOD....1
SERVE BETTER TASTING FOOD....2
SERVE LARGER PORTIONS....3
SERVE THE FOODS MY CHILDREN LIKE....4
SERVE THE KINDS OF FOOD WE EAT AT HOME....5
HAVE BETTER CAFETERIA FACILITIES....6
MORE SERVING LINES....7
LESS WAITING TIME....8
MAKE SCHOOL BREAKFAST FREE FOR ALL STUDENTS....9
SERVE FOOD THAT LOOKS MORE APPETIZING....10
NOTHING....11
OTHER (SPECIFY)....12

_____

DOES NOT KNOW....d
REFUSED....r

D60. **INTERVIEWER: CHECK CONTACT SHEET. DOES THE TARGET CHILD'S SCHOOL HAVE A NATIONAL SCHOOL LUNCH PROGRAM (NSLP)?**

YES....1
NO.... (GO TO D70) 0

D61. **INTERVIEWER: DID THE TARGET CHILD PARTICIPATE IN THE NSLP ON ANY DAYS IN THE TARGET WEEK? ARE ANY QUESTIONS D8, D16, D24, D32, D40, AND D49 EQUAL TO "1"?**

YES.... (GO TO D65) 1
NO....0

D62. You mentioned that TARGET CHILD did not get the school lunch (last week/during the last week (she/he) went to school). Why did (she/he) not get the school lunch (last week/during that week)?

AFTER RESPONSE DAY: Were there any other reasons why (she/he) did not eat lunch at school (last week/that week)?

PROBE: The complete school lunch.

CIRCLE ALL
THAT APPLY

PREFERS TO BRING LUNCH FROM HOME 1
EATS LUNCH AT HOME 2
DOES NOT LIKE THE FOOD AT SCHOOL 3
NOT ENOUGH TIME TO EAT AT SCHOOL.....4
CHILD DOES NOT EAT LUNCH 5
ON A DIET 6
DOES NOT LIKE WAITING IN LINE.....7
CHILD THINKS ONLY NEEDY CHILDREN EAT SCHOOL LUNCHES.....8
CHILD DOES NOT EAT SCHOOL LUNCH BECAUSE FRIENDS DO NOT EAT IT 9
NOT IN SCHOOL THAT WEEK/ SICK ALL WEEK.....10
LATE FOR SCHOOL EVERY DAY THAT WEEK 11
HAD CLASSES DURING LUNCH PERIOD THAT WEEK 12
CHILD OR PARENT TOO EMBARRASSED TO PARTICIPATE.....13
OTHER (SPECIFY).....14

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_____

_____

DOES NOT KNOW .....d
REFUSED .....r

D63. **INTERVIEWER: IS THERE MORE THAN ONE ANSWER IN D62?**

YES 1
NO ..... (GO TO D69) 0

D64. What is the most important reason (she/he) did not get the school lunch (last/that) week?

CIRCLE ALL THAT APPLY

PREFERS TO BRING LUNCH FROM HOME 1
EATS LUNCH AT HOME 2
DOES NOT LIKE THE FOOD AT SCHOOL 3
NOT ENOUGH TIME TO EAT AT SCHOOL 4
CHILD DOES NOT EAT LUNCH 5
ON A DIET 6
DOES NOT LIKE WAITING IN LINE 7
CHILD THINKS ONLY NEEDY CHILDREN EAT SCHOOL LUNCHES 8
CHILD DOES NOT EAT SCHOOL LUNCH BECAUSE FRIENDS DO NOT EAT IT 9
NOT IN SCHOOL THAT WEEK/ OUT SICK ALL WEEK 10
LATE FOR SCHOOL EVERY DAY THAT WEEK 11
HAD CLASSES DURING LUNCH PERIOD THAT WEEK 12
CHILD OR PARENT TOO EMBARRASSED TO PARTICIPATE 13
OTHER (SPECIFY) 14

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_____

DOES NOT KNOW ..... d
REFUSED ..... r

GO TO D69

D65. **INTERVIEWER: DID THE TARGET CHILD GET THE SCHOOL LUNCH ON EVERY DAY (SHE/HE) ATTENDED SCHOOL IN TARGET WEEK? WHEN D9b EQUALS "1" DOES D16 EQUAL "1" AND WHEN D17 EQUALS "1" DOES D24 EQUAL "1" AND WHEN D25 EQUALS "1" DOES D32 EQUAL "1" AND WHEN D33 EQUALS "1" DOES D40 EQUAL "1" AND WHEN D42 EQUALS "1" DOES D49 EQUAL "1"?**

YES ..... (GO TO D70) 1

NO 0

D66. You mentioned that TARGET CHILD did not get the school lunch every day (she/he) attended school (last week/during (her/his) last week in school). Why did (she/he) not get the school lunch every day (she/he) went to school (last/that) week?

AFTER RESPONSE, SAY: Were there any other reasons?

CIRCLE ALL THAT APPLY

ATE LUNCH AT HOME 1

BROUGHT LUNCH FROM HOME 2

DOES NOT ALWAYS LIKE THE FOOD SERVED 3

WAS NOT IN SCHOOL ON THAT OR THOSE DAYS/OUT SICK 4

WAS LATE FOR SCHOOL 5

HAD EARLY MORNING CLASSES OR PROGRAMS 6

EARLY DISMISSAL OR STUDENT LEFT SCHOOL EARLY 7

SCHOOL CLOSED ALL DAY 8

OTHER (SPECIFY) 9

_____

_____

_____

DOES NOT KNOW ..... d

REFUSED ..... r

D67. **INTERVIEWER: IS THERE MORE THAN ONE ANSWER TO D66?**

YES 1
NO ..... (GO TO D69) 0

D68. What is the most important reason (she/he) did not get the school lunch on those days?

CIRCLE ALL THAT APPLY

ATE LUNCH AT HOME 1
BROUGHT LUNCH FROM HOME 2
DOES NOT ALWAYS LIKE THE FOOD SERVED 3
WAS NOT IN SCHOOL ON THAT OR THOSE DAYS/OUT SICK 4
WAS LATE FOR SCHOOL 5
HAD EARLY MORNING CLASSES OR PROGRAMS 6
EARLY DISMISSAL OR STUDENT LEFT SCHOOL EARLY 7
SCHOOL CLOSED ALL DAY 8
OTHER (SPECIFY).....9

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_____

DOES NOT KNOW .....d
REFUSED .....r

D69. What could the school food program do that would increase the number of times TARGET CHILD eats the school lunch each week?

CIRCLE ALL THAT APPLY

SERVE MORE NUTRITIOUS FOOD.....1
SERVE BETTER TASTING FOOD.....2
SERVE LARGER PORTIONS 3
SERVE THE FOODS MY CHILDREN LIKE 4
SERVE THE KINDS OF FOOD WE EAT AT HOME 5
HAVE BETTER CAFETERIA FACILITIES.....6
MORE SERVING LINES.....7
LESS WAITING TIME.....8
MAKE SCHOOL LUNCHES FREE FOR ALL STUDENTS 9
SERVE FOOD THAT LOOKS MORE APPETIZING 10
NOTHING 11
OTHER (SPECIFY).....12

_____

DOES NOT KNOW .....d
REFUSED.....r

D70. **INTERVIEWER: DID THE TARGET CHILD HELP THE RESPONDENT WITH THE QUESTIONS ON MEALS EATEN AT SCHOOL?**

YES.....1
NO.....0

SECTION E: PERCEPTIONS OF SCHOOL MEALS

E1. The next questions are about TARGET CHILD'S satisfaction with school meals. How satisfied is TARGET CHILD with how the food tastes? Overall is (she/he) very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

PROBE: How satisfied do you think (she/he) is with the food's taste?

VERY SATISFIED 1
SOMEWHAT SATISFIED 2
SOMEWHAT DISSATISFIED 3
VERY DISSATISFIED 4
CHILD NEVER EATS SCHOOL MEALS ..... (GO TO G1) ..... n
DOES NOT KNOW ..... d
REFUSED ..... r

E2. How satisfied is (she/he) with the amount or size of the portions of food (she/he) is given in school meals? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

PROBE: How satisfied do you think (she/he) is with the amount served?

VERY SATISFIED 1
SOMEWHAT SATISFIED 2
SOMEWHAT DISSATISFIED 3
VERY DISSATISFIED 4
DOES NOT KNOW ..... d
REFUSED ..... r

E3. Overall, how satisfied is TARGET CHILD with the food (she/he) gets in school?

PROBE: Very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

PROBE: Overall, how satisfied do you think (she/he) is?

VERY SATISFIED 1
SOMEWHAT SATISFIED 2
SOMEWHAT DISSATISFIED 3
VERY DISSATISFIED 4
DOES NOT KNOW ..... d
REFUSED ..... r

E4. The next questions are about your satisfaction with school meals. How satisfied are you with the healthfulness of the food TARGET CHILD is served at school?

PROBE: Very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

VERY SATISFIED 1
SOMEWHAT SATISFIED 2
SOMEWHAT DISSATISFIED 3
VERY DISSATISFIED 4
DOES NOT KNOW ..... d
REFUSED ..... r

E5. Overall, how satisfied are you with TARGET CHILD'S school's food program?

PROBE: Very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

VERY SATISFIED 1
SOMEWHAT SATISFIED 2
SOMEWHAT DISSATISFIED 3
VERY DISSATISFIED 4
DOES NOT KNOW ..... d
REFUSED ..... r

SECTION F HAS BEEN MOVED TO THE END OF THE QUESTIONNAIRE

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SECTION G: HOUSEHOLD COMPOSITION

G1. Next, I would like to ask you about the people you live with. How many people live with you not including yourself? Please include babies, small children, people who are not related to you, and people who are temporarily away, for example, at school or in a hospital.

INTERVIEWER: IF TRANSIENT HOUSEHOLDER(S), INCLUDE ALL WHO SLEEP THERE HALF THE MONTH OR MORE.

|__|__| PEOPLE IN HOUSEHOLD

NONE OR LIVES ALONE .....(GO TO G15) 0
DOES NOT KNOW .....d
REFUSED .....r

G1a. **CODE IF OBVIOUS OR ASK:** Does TARGET CHILD live with you?

YES 1
NO 0
DOES NOT KNOW .....d
REFUSED .....r

INTERVIEWER: NUMBER OF PERSONS LISTED AT G2 MUST EQUAL NUMBER IN G1.

G2.	(Besides TARGET CHILD), Please tell me the first name of everyone else who lives with you. **PROBE:** Who else lives with you? **RECORD TARGET CHILD'S FIRST NAME THEN RECORD NAMES OF ALL OTHER HOUSEHOLD MEMBERS ACROSS THE GRID FIRST, THEN ASK G3 THROUGH G14 FOR EACH PERSON.**	_____ TARGET CHILD TARGET CHILD NOT CURRENTLY LIVING IN HOUSEHOLD (GO TO NAME #2) 0	_____ NAME #2	_____ NAME #3
G3.	What is NAME's relationship to you? **CODE COHABITEE'S CHILD AND OTHER CHILDREN WHO ARE NOT NATURAL, ADOPTED, STEP, OR FOSTER, BUT FOR WHOM THE RESPONDENT TAKES RESPONSIBILITY, AS "OTHER CUSTODIAL CHILD."**	NATURAL CHILD ..... 1 STEPCHILD OR ADOPTED CHILD..... 2 OTHER CUSTODIAL CHILD ..... 3 FOSTER CHILD ..... 4 HUSBAND OR WIFE..... 5 BOYFRIEND, GIRLFRIEND, OR PARTNER ..... 6 PARENT ..... 7 STEPPARENT..... 8 GRANDPARENT OR GREAT-GRANDPARENT..... 9 AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE..... 10 SIBLING (BROTHER OR SISTER) ..... 11 NEPHEW OR NIECE..... 12 COUSIN ..... 13 GRANDCHILD..... 14 OTHER RELATIVE OR IN-LAW ..... 15 NON-RELATIVE (INCLUDING ROOMER OR BOARDER) ..... 16 OTHER (SPECIFY) ..... 17 _____ DOES NOT KNOW..... d REFUSED ..... r	NATURAL CHILD..... 1 STEPCHILD OR ADOPTED CHILD ..... 2 OTHER CUSTODIAL CHILD..... 3 FOSTER CHILD..... 4 HUSBAND OR WIFE..... 5 BOYFRIEND, GIRLFRIEND, OR PARTNER..... 6 PARENT..... 7 STEPPARENT ..... 8 GRANDPARENT OR GREAT-GRANDPARENT ..... 9 AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE ..... 10 SIBLING (BROTHER OR SISTER)..... 11 NEPHEW OR NIECE ..... 12 COUSIN ..... 13 GRANDCHILD..... 14 OTHER RELATIVE OR IN-LAW..... 15 NON-RELATIVE (INCLUDING ROOMER OR BOARDER) ..... 16 OTHER (SPECIFY) ..... 17 _____ DOES NOT KNOW ..... d REFUSED..... r	NATURAL CHILD .....1 STEPCHILD OR ADOPTED CHILD.....2 OTHER CUSTODIAL CHILD .....3 FOSTER CHILD.....4 HUSBAND OR WIFE .....5 BOYFRIEND, GIRLFRIEND, OR PARTNER .....6 PARENT .....7 STEPPARENT .....8 GRANDPARENT OR GREAT-GRANDPARENT .....9 AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE.....10 SIBLING (BROTHER OR SISTER).....11 NEPHEW OR NIECE .....12 COUSIN.....13 GRANDCHILD .....14 OTHER RELATIVE OR IN-LAW.....15 NON-RELATIVE (INCLUDING ROOMER OR BOARDER).....16 OTHER (SPECIFY).....17 _____ DOES NOT KNOW .....d REFUSED.....r
G4.	**CODE SEX. IF NECESSARY, ASK:** Is NAME female or male?	FEMALE..... 1 MALE..... 2	FEMALE..... 1 MALE 2	FEMALE .....1 MALE 2
G5.	**INTERVIEWER: IS NAME A NEPHEW, NIECE, OR GRANDCHILD? DOES G3 EQUAL "12" OR "14"?**	YES ..... 1 NO.....(GO TO G7)..... 0	YES ..... 1 NO ..... (GO TO G7)..... 0	YES .....1 NO ..... (GO TO G7) 0
G6.	Are you the adult who is primarily responsible for NAME?	YES.....(GO TO G8)..... 1 NO.....(GO TO G9)..... 0	YES.....(GO TO G8)..... 1 NO.....(GO TO G9)..... 0	YES ..... (GO TO G8) .....1 NO ..... (GO TO G9) 0
G7.	**INTERVIEWER: IS NAME A CHILD? DOES G3 EQUAL "01," "02," "03," OR "04"?**	YES ..... 1 NO.....(GO TO G9)..... 0	YES ..... 1 NO ..... (GO TO G9)..... 0	YES .....1 NO ..... (GO TO G9) 0
G8.	What is (her/his) date of birth?	|___|___|/|___|___|/|___|___| MONTH DAY YEAR DOES NOT KNOW..... d REFUSED ..... r **GO TO G10**	|___|___|/|___|___|/|___|___| MONTH DAY YEAR DOES NOT KNOW ..... d REFUSED..... r **GO TO G10**	|___|___|/|___|___|/|___|___| MONTH DAY YEAR DOES NOT KNOW .....d REFUSED.....r **GO TO G10**
G9.	How old is (he/she)? **FILL IN BLANK BOXES WITH ZEROES.**	A. YEARS.....|___|___| B. MONTHS.....|___|___|	A. YEARS.....|___|___| B. MONTHS .....|___|___|	A. YEARS. .....|___|___| B. MONTHS.....|___|___|

NAME #4	NAME #5	NAME #6	NAME #7
NATURAL CHILD 1	NATURAL CHILD 1	NATURAL CHILD 1	NATURAL CHILD 1
STEPCHILD OR ADOPTED CHILD 2	STEPCHILD OR ADOPTED CHILD 2	STEPCHILD OR ADOPTED CHILD 2	STEPCHILD OR ADOPTED CHILD 2
OTHER CUSTODIAL CHILD 3	OTHER CUSTODIAL CHILD 3	OTHER CUSTODIAL CHILD 3	OTHER CUSTODIAL CHILD 3
FOSTER CHILD 4	FOSTER CHILD 4	FOSTER CHILD 4	FOSTER CHILD 4
HUSBAND OR WIFE 5	HUSBAND OR WIFE 5	HUSBAND OR WIFE 5	HUSBAND OR WIFE 5
BOYFRIEND, GIRLFRIEND, OR PARTNER 6	BOYFRIEND, GIRLFRIEND, OR PARTNER 6	BOYFRIEND, GIRLFRIEND, OR PARTNER 6	BOYFRIEND, GIRLFRIEND, OR PARTNER 6
PARENT 7	PARENT 7	PARENT 7	PARENT 7
STEPPARENT 8	STEPPARENT 8	STEPPARENT 8	STEPPARENT 8
GRANDPARENT OR GREAT-GRANDPARENT 9	GRANDPARENT OR GREAT-GRANDPARENT 9	GRANDPARENT OR GREAT-GRANDPARENT 9	GRANDPARENT OR GREAT-GRANDPARENT 9
AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 10	AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 10	AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 10	AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 10
SIBLING (BROTHER OR SISTER) 11	SIBLING (BROTHER OR SISTER) 11	SIBLING (BROTHER OR SISTER) 11	SIBLING (BROTHER OR SISTER) 11
NEPHEW OR NIECE 12	NEPHEW OR NIECE 12	NEPHEW OR NIECE 12	NEPHEW OR NIECE 12
COUSIN 13	COUSIN 13	COUSIN 13	COUSIN 13
GRANDCHILD 14	GRANDCHILD 14	GRANDCHILD 14	GRANDCHILD 14
OTHER RELATIVE OR IN-LAW 15	OTHER RELATIVE OR IN-LAW 15	OTHER RELATIVE OR IN-LAW 15	OTHER RELATIVE OR IN-LAW 15
NON-RELATIVE (INCLUDING ROOMER OR BOARDER) 16	NON-RELATIVE (INCLUDING ROOMER OR BOARDER) 16	NON-RELATIVE (INCLUDING ROOMER OR BOARDER) 16	NON-RELATIVE (INCLUDING ROOMER OR BOARDER) 16
OTHER (SPECIFY) 17	OTHER (SPECIFY) 17	OTHER (SPECIFY) 17	OTHER (SPECIFY) 17
_____	_____	_____	_____
DOES NOT KNOW ..... d	DOES NOT KNOW ..... d	DOES NOT KNOW ..... d	DOES NOT KNOW ..... d
REFUSED ..... r	REFUSED ..... r	REFUSED ..... r	REFUSED ..... r
FEMALE 1	FEMALE 1	FEMALE 1	FEMALE 1
MALE 2	MALE 2	MALE 2	MALE 2
YES 1	YES 1	YES 1	YES 1
NO ..... (GO TO G7) 0	NO ..... (GO TO G7) 0	NO ..... (GO TO G7) 0	NO ..... (GO TO G7) 0
YES ..... (GO TO G8) 1	YES ..... (GO TO G8) 1	YES ..... (GO TO G8) 1	YES ..... (GO TO G8) 1
NO ..... (GO TO G9) 0	NO ..... (GO TO G9) 0	NO ..... (GO TO G9) 0	NO ..... (GO TO G9) 0
YES 1	YES 1	YES 1	YES 1
NO ..... (GO TO G9) 0	NO ..... (GO TO G9) 0	NO ..... (GO TO G9) 0	NO ..... (GO TO G9) 0
|___|___|/|___|___|/|___|___| MONTH DAY YEAR	|___|___|/|___|___|/|___|___| MONTH DAY YEAR	|___|___|/|___|___|/|___|___| MONTH DAY YEAR	|___|___|/|___|___|/|___|___| MONTH DAY YEAR
DOES NOT KNOW ..... d	DOES NOT KNOW ..... d	DOES NOT KNOW ..... d	DOES NOT KNOW ..... d
REFUSED ..... r	REFUSED ..... r	REFUSED ..... r	REFUSED ..... r
GO TO G10	**GO TO G10**	**GO TO G10**	**GO TO G10**
A. YEARS. ..... |___|___|	A. YEARS. ..... |___|___|	A. YEARS. ..... |___|___|	A. YEARS. ..... |___|___|
B. MONTHS ..... |___|___|	B. MONTHS ..... |___|___|	B. MONTHS ..... |___|___|	B. MONTHS ..... |___|___|

G2. (Besides TARGET CHILD), Please tell me the first name of everyone else who lives with you. **PROBE:** Who else lives with you? **RECORD TARGET CHILD'S FIRST NAME THEN RECORD NAMES OF ALL OTHER HOUSEHOLD MEMBERS ACROSS THE GRID FIRST, THEN ASK G3 THROUGH G14 FOR EACH PERSON.**	______________________ NAME #8	______________________ NAME #9	______________________ NAME #10
G3. What is NAME's relationship <u>to you</u>? **CODE COHABITEE'S CHILD AND OTHER CHILDREN WHO ARE NOT NATURAL, ADOPTED, STEP, OR FOSTER, BUT FOR WHOM THE RESPONDENT TAKES RESPONSIBILITY, AS "OTHER CUSTODIAL CHILD."**	NATURAL CHILD .... 1 STEPCHILD OR ADOPTED CHILD .... 2 OTHER CUSTODIAL CHILD .... 3 FOSTER CHILD .... 4 HUSBAND OR WIFE .... 5 BOYFRIEND, GIRLFRIEND, OR PARTNER .... 6 PARENT .... 7 STEPPARENT .... 8 GRANDPARENT OR GREAT-GRANDPARENT .... 9 AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE .... 10 SIBLING (BROTHER OR SISTER) .... 11 NEPHEW OR NIECE .... 12 COUSIN .... 13 GRANDCHILD .... 14 OTHER RELATIVE OR IN-LAW .... 15 NON-RELATIVE (INCLUDING ROOMER OR BOARDER) .... 16 OTHER (SPECIFY) .... 17 ______________________ DOES NOT KNOW .... d REFUSED .... r	NATURAL CHILD .... 1 STEPCHILD OR ADOPTED CHILD .... 2 OTHER CUSTODIAL CHILD .... 3 FOSTER CHILD .... 4 HUSBAND OR WIFE .... 5 BOYFRIEND, GIRLFRIEND, OR PARTNER .... 6 PARENT .... 7 STEPPARENT .... 8 GRANDPARENT OR GREAT-GRANDPARENT .... 9 AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE .... 10 SIBLING (BROTHER OR SISTER) .... 11 NEPHEW OR NIECE .... 12 COUSIN .... 13 GRANDCHILD .... 14 OTHER RELATIVE OR IN-LAW .... 15 NON-RELATIVE (INCLUDING ROOMER OR BOARDER) .... 16 OTHER (SPECIFY) .... 17 ______________________ DOES NOT KNOW .... d REFUSED .... r	NATURAL CHILD .... 1 STEPCHILD OR ADOPTED CHILD .... 2 OTHER CUSTODIAL CHILD .... 3 FOSTER CHILD .... 4 HUSBAND OR WIFE .... 5 BOYFRIEND, GIRLFRIEND, OR PARTNER .... 6 PARENT .... 7 STEPPARENT .... 8 GRANDPARENT OR GREAT-GRANDPARENT .... 9 AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE .... 10 SIBLING (BROTHER OR SISTER) .... 11 NEPHEW OR NIECE .... 12 COUSIN .... 13 GRANDCHILD .... 14 OTHER RELATIVE OR IN-LAW .... 15 NON-RELATIVE (INCLUDING ROOMER OR BOARDER) .... 16 OTHER (SPECIFY) .... 17 ______________________ DOES NOT KNOW .... d REFUSED .... r
G4. **CODE SEX. IF NECESSARY, ASK:** Is NAME female or male?	FEMALE .... 1 MALE 2	FEMALE .... 1 MALE 2	FEMALE .... 1 MALE 2
G5. **INTERVIEWER: IS NAME A NEPHEW, NIECE, OR GRANDCHILD? DOES G3 EQUAL "12" OR "14"?**	YES .... 1 NO .... (GO TO G7) 0	YES .... 1 NO .... (GO TO G7) 0	YES .... 1 NO .... (GO TO G7) 0
G6. Are you the adult who is primarily responsible for NAME?	YES .... (GO TO G8) .... 1 NO .... (GO TO G9) 0	YES .... (GO TO G8) .... 1 NO .... (GO TO G9) 0	YES .... (GO TO G8) .... 1 NO .... (GO TO G9) 0
G7. **INTERVIEWER: IS NAME A CHILD? DOES G3 EQUAL "01," "02," "03," OR "04"?**	YES .... 1 NO .... (GO TO G9) 0	YES .... 1 NO .... (GO TO G9) 0	YES .... 1 NO .... (GO TO G9) 0
G8. What is (her/his) date of birth?	|___|___|/|___|___|/|___|___| MONTH DAY YEAR DOES NOT KNOW .... d REFUSED .... r **GO TO G10**	|___|___|/|___|___|/|___|___| MONTH DAY YEAR DOES NOT KNOW .... d REFUSED .... r **GO TO G10**	|___|___|/|___|___|/|___|___| MONTH DAY YEAR DOES NOT KNOW .... d REFUSED .... r **GO TO G10**
G9. How old is (he/she)? **FILL IN BLANK BOXES WITH ZEROES.**	A. YEARS .... |___|___| B. MONTHS .... |___|___|	A. YEARS .... |___|___| B. MONTHS .... |___|___|	A. YEARS .... |___|___| B. MONTHS .... |___|___|

NAME #11	NAME #12	NAME #13	NAME #14
NATURAL CHILD ... 1	NATURAL CHILD ... 1	NATURAL CHILD ... 1	NATURAL CHILD ... 1
STEPCHILD OR ADOPTED CHILD ... 2	STEPCHILD OR ADOPTED CHILD ... 2	STEPCHILD OR ADOPTED CHILD ... 2	STEPCHILD OR ADOPTED CHILD ... 2
OTHER CUSTODIAL CHILD ... 3	OTHER CUSTODIAL CHILD ... 3	OTHER CUSTODIAL CHILD ... 3	OTHER CUSTODIAL CHILD ... 3
FOSTER CHILD ... 4	FOSTER CHILD ... 4	FOSTER CHILD ... 4	FOSTER CHILD ... 4
HUSBAND OR WIFE ... 5	HUSBAND OR WIFE ... 5	HUSBAND OR WIFE ... 5	HUSBAND OR WIFE ... 5
BOYFRIEND, GIRLFRIEND, OR PARTNER ... 6	BOYFRIEND, GIRLFRIEND, OR PARTNER ... 6	BOYFRIEND, GIRLFRIEND, OR PARTNER ... 6	BOYFRIEND, GIRLFRIEND, OR PARTNER ... 6
PARENT ... 7	PARENT ... 7	PARENT ... 7	PARENT ... 7
STEPPARENT ... 8	STEPPARENT ... 8	STEPPARENT ... 8	STEPPARENT ... 8
GRANDPARENT OR GREAT-GRANDPARENT ... 9	GRANDPARENT OR GREAT-GRANDPARENT ... 9	GRANDPARENT OR GREAT-GRANDPARENT ... 9	GRANDPARENT OR GREAT-GRANDPARENT ... 9
AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE ... 10	AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE ... 10	AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE ... 10	AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE ... 10
SIBLING (BROTHER OR SISTER) ... 11	SIBLING (BROTHER OR SISTER) ... 11	SIBLING (BROTHER OR SISTER) ... 11	SIBLING (BROTHER OR SISTER) ... 11
NEPHEW OR NIECE ... 12	NEPHEW OR NIECE ... 12	NEPHEW OR NIECE ... 12	NEPHEW OR NIECE ... 12
COUSIN ... 13	COUSIN ... 13	COUSIN ... 13	COUSIN ... 13
GRANDCHILD ... 14	GRANDCHILD ... 14	GRANDCHILD ... 14	GRANDCHILD ... 14
OTHER RELATIVE OR IN-LAW ... 15	OTHER RELATIVE OR IN-LAW ... 15	OTHER RELATIVE OR IN-LAW ... 15	OTHER RELATIVE OR IN-LAW ... 15
NON-RELATIVE (INCLUDING ROOMER OR BOARDER) ... 16	NON-RELATIVE (INCLUDING ROOMER OR BOARDER) ... 16	NON-RELATIVE (INCLUDING ROOMER OR BOARDER) ... 16	NON-RELATIVE (INCLUDING ROOMER OR BOARDER) ... 16
OTHER (SPECIFY) ... 17	OTHER (SPECIFY) ... 17	OTHER (SPECIFY) ... 17	OTHER (SPECIFY) ... 17
_____	_____	_____	_____
DOES NOT KNOW ... d	DOES NOT KNOW ... d	DOES NOT KNOW ... d	DOES NOT KNOW ... d
REFUSED ... r	REFUSED ... r	REFUSED ... r	REFUSED ... r
FEMALE ... 1	FEMALE ... 1	FEMALE ... 1	FEMALE ... 1
MALE ... 2	MALE ... 2	MALE ... 2	MALE ... 2
YES ... 1	YES ... 1	YES ... 1	YES ... 1
NO ... (GO TO G7) ... 0	NO ... (GO TO G7) ... 0	NO ... (GO TO G7) ... 0	NO ... (GO TO G7) ... 0
YES ... (GO TO G8) ... 1	YES ... (GO TO G8) ... 1	YES ... (GO TO G8) ... 1	YES ... (GO TO G8) ... 1
NO ... (GO TO G9) ... 0	NO ... (GO TO G9) ... 0	NO ... (GO TO G9) ... 0	NO ... (GO TO G9) ... 0
YES ... 1	YES ... 1	YES ... 1	YES ... 1
NO ... (GO TO G9) ... 0	NO ... (GO TO G9) ... 0	NO ... (GO TO G9) ... 0	NO ... (GO TO G9) ... 0
|___|___|/|___|___|/|___|___| MONTH DAY YEAR	|___|___|/|___|___|/|___|___| MONTH DAY YEAR	|___|___|/|___|___|/|___|___| MONTH DAY YEAR	|___|___|/|___|___|/|___|___| MONTH DAY YEAR
DOES NOT KNOW ... d	DOES NOT KNOW ... d	DOES NOT KNOW ... d	DOES NOT KNOW ... d
REFUSED ... r	REFUSED ... r	REFUSED ... r	REFUSED ... r
GO TO G10	**GO TO G10**	**GO TO G10**	**GO TO G10**
A. YEARS ... |___|___|	A. YEARS ... |___|___|	A. YEARS ... |___|___|	A. YEARS ... |___|___|
B. MONTHS ... |___|___|	B. MONTHS ... |___|___|	B. MONTHS ... |___|___|	B. MONTHS ... |___|___|

G10. **INTERVIEWER: CHECK G8 AND G9: IS NAME FIVE TO 18 YEARS OLD?**	YES .... 1 NO .... (GO TO G13) 0	YES .... 1 NO .... (GO TO G13) 0	YES .... 1 NO .... (GO TO G13) 0
G11. Is NAME currently attending school? **INTERVIEWER: IF TARGET CHILD, CODE WITHOUT ASKING.**	YES .... 1 NO .... (GO TO G13) .... 0 DOES NOT KNOW .... (GO TO G13) .... d REFUSED .... (GO TO G13) .... r	YES .... 1 NO .... (GO TO G13) .... 0 DOES NOT KNOW .... (GO TO G13) .... d REFUSED .... (GO TO G13) .... r	YES .... 1 NO .... (GO TO G13) .... 0 DOES NOT KNOW .... (GO TO G13) .... d REFUSED .... (GO TO G13) .... r
G12. What grade is (she/he) in? **NOTE: IF CHILD IS BETWEEN GRADES, CODE GRADE SHE OR HE WILL BE ENTERING.**	|___|___| GRADE **OR** PRESCHOOL .... p KINDERGARTEN .... k UNGRADED .... u DOES NOT KNOW .... d REFUSED .... r	|___|___| GRADE **OR** PRESCHOOL .... p KINDERGARTEN .... k UNGRADED .... u DOES NOT KNOW .... d REFUSED .... r	|___|___| GRADE **OR** PRESCHOOL .... p KINDERGARTEN .... k UNGRADED .... u DOES NOT KNOW .... d REFUSED .... r
G13. Did NAME live with you in MONTH?	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r
G14. **INTERVIEWER: CHECK G2. IS THERE ANOTHER PERSON TO ASK ABOUT?**	YES .... (GO TO G2, NAME 2) .... 1 NO .... (GO TO G15) 0	YES .... (GO TO G2, NAME 3) .... 1 NO .... (GO TO G15) 0	YES .... (GO TO G2, NAME 4) .... 1 NO .... (GO TO G15) 0

YES 1	YES..... 1	YES 1	YES..... 1
NO .....(GO TO G13).....0	NO ..... (GO TO G13) 0	NO .....(GO TO G13).....0	NO ..... (GO TO G13) 0
YES 1	YES..... 1	YES 1	YES..... 1
NO .....(GO TO G13).....0	NO ..... (GO TO G13) 0	NO .....(GO TO G13).....0	NO ..... (GO TO G13) 0
DOES NOT KNOW .....(GO TO G13).....d	DOES NOT KNOW..... (GO TO G13) ..... d	DOES NOT KNOW .....(GO TO G13).....d	DOES NOT KNOW..... (GO TO G13) ..... d
REFUSED ....(GO TO G13).....r	REFUSED.... (GO TO G13) ..... r	REFUSED ....(GO TO G13).....r	REFUSED.... (GO TO G13) ..... r
|___|___| GRADE **OR**	|___|___| GRADE **OR**	|___|___| GRADE **OR**	|___|___| GRADE **OR**
PRESCHOOL .....p	PRESCHOOL..... p	PRESCHOOL .....p	PRESCHOOL ..... p
KINDERGARTEN .....k	KINDERGARTEN..... k	KINDERGARTEN .....k	KINDERGARTEN..... k
UNGRADED .....u	UNGRADED..... u	UNGRADED .....u	UNGRADED ..... u
DOES NOT KNOW.....d	DOES NOT KNOW ..... d	DOES NOT KNOW.....d	DOES NOT KNOW ..... d
REFUSED .....r	REFUSED..... r	REFUSED .....r	REFUSED..... r
YES 1	YES..... 1	YES 1	YES..... 1
NO 0	NO 0	NO 0	NO 0
DOES NOT KNOW.....d	DOES NOT KNOW ..... d	DOES NOT KNOW.....d	DOES NOT KNOW ..... d
REFUSED .....r	REFUSED..... r	REFUSED .....r	REFUSED..... r
YES .....(GO TO G2, NAME 5) 1	YES..... (GO TO G2, NAME 6)..... 1	YES .....(GO TO G2, NAME 7) 1	YES..... (GO TO G2, NAME 8)..... 1
NO .....(GO TO G15).....0	NO ..... (GO TO G15) 0	NO .....(GO TO G15).....0	NO ..... (GO TO G15) 0

G10. **INTERVIEWER: CHECK G8 AND G9: IS NAME FIVE TO 18 YEARS OLD?**	YES .... 1 NO .... (GO TO G13) 0	YES .... 1 NO .... (GO TO G13) 0	YES .... 1 NO .... (GO TO G13) 0
G11. Is NAME currently attending school? **INTERVIEWER: IF TARGET CHILD, CODE WITHOUT ASKING.**	YES .... 1 NO .... (GO TO G13) .... 0 DOES NOT KNOW .... (GO TO G13) .... d REFUSED .... (GO TO G13) .... r	YES .... 1 NO .... (GO TO G13) .... 0 DOES NOT KNOW .... (GO TO G13) .... d REFUSED .... (GO TO G13) .... r	YES .... 1 NO .... (GO TO G13) .... 0 DOES NOT KNOW .... (GO TO G13) .... d REFUSED .... (GO TO G13) .... r
G12. What grade is (she/he) in? **NOTE: IF CHILD IS BETWEEN GRADES, CODE GRADE SHE OR HE WILL BE ENTERING.**	|___|___| GRADE **OR** PRESCHOOL .... p KINDERGARTEN .... k UNGRADED .... u DOES NOT KNOW .... d REFUSED .... r	|___|___| GRADE **OR** PRESCHOOL .... p KINDERGARTEN .... k UNGRADED .... u DOES NOT KNOW .... d REFUSED .... r	|___|___| GRADE **OR** PRESCHOOL .... p KINDERGARTEN .... k UNGRADED .... u DOES NOT KNOW .... d REFUSED .... r
G13. Did NAME live with you in MONTH?	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r
G14. **INTERVIEWER: CHECK G2. IS THERE ANOTHER PERSON TO ASK ABOUT?**	YES .... (GO TO G2, NAME 9) .... 1 NO .... (GO TO G15) 0	YES .... (GO TO G2, NAME 10) .... 1 NO .... (GO TO G15) 0	YES .... (GO TO G2, NAME 11) .... 1 NO .... (GO TO G15) 0

YES .... 1 NO ....(GO TO G13).............. 0	YES.. 1 NO .... (GO TO G13) 0	YES .... 1 NO................(GO TO G13).............. 0	YES.. 1 NO .... (GO TO G13) 0
YES .... 1 NO ....(GO TO G13).............. 0 DOES NOT KNOW ....(GO TO G13).............. d REFUSED ....(GO TO G13).............. r	YES.. 1 NO .... (GO TO G13) .... 0 DOES NOT KNOW.......... (GO TO G13) .... d REFUSED.... (GO TO G13) .... r	YES .... 1 NO................(GO TO G13).............. 0 DOES NOT KNOW ....(GO TO G13).............. d REFUSED ....(GO TO G13).............. r	YES.. 1 NO .... (GO TO G13) .... 0 DOES NOT KNOW.......... (GO TO G13) .... d REFUSED.... (GO TO G13) .... r
|___|___| GRADE **OR** PRESCHOOL .... p KINDERGARTEN .... k UNGRADED .... u DOES NOT KNOW........................... d REFUSED .... r	|___|___| GRADE **OR** PRESCHOOL................................... p KINDERGARTEN............................. k UNGRADED..................................... u DOES NOT KNOW .... d REFUSED.. r	|___|___| GRADE **OR** PRESCHOOL .... p KINDERGARTEN .... k UNGRADED..................................... u DOES NOT KNOW........................... d REFUSED .... r	|___|___| GRADE **OR** PRESCHOOL .... p KINDERGARTEN............................. k UNGRADED .... u DOES NOT KNOW .... d REFUSED.. r
YES .... 1 NO.. 0 DOES NOT KNOW........................... d REFUSED .... r	YES.. 1 NO .... 0 DOES NOT KNOW .... d REFUSED.. r	YES .... 1 NO.. 0 DOES NOT KNOW........................... d REFUSED .... r	YES.. 1 NO .... 0 DOES NOT KNOW .... d REFUSED.. r
YES ....(GO TO G2, NAME 12) .... 1 NO ....(GO TO G15).............. 0	YES.............. (GO TO G2, NAME 13)................. 1 NO .... (GO TO G15) 0	YES ....(GO TO G2, NAME 14) .... 1 NO................(GO TO G15).............. 0	YES.............. (GO TO G2, NEXT NAME) .... 1 NO .... (GO TO G15) 0

G15. Did anyone (else) not currently in this household live with you in MONTH?

YES 1
NO .... (GO TO H1) 0
DOES NOT KNOW............ (GO TO H1) .... d
REFUSED .... (GO TO H1) .... r

G16. How many other people lived with you in MONTH? Please do not count any of the household members you already told me about.

|__|__| ADDITIONAL HOUSEHOLD MEMBERS

G17. Please tell me the first name(s) of the other (person/people) who lived with you in MONTH, who no longer live with you. **PROBE:** Who else lived with you then? **RECORD NAMES OF ALL OTHER HOUSEHOLD MEMBERS ACROSS GRID FIRST, THEN ASK G18 THROUGH G28 FOR EACH PERSON.**	____________________________ NAME #1	____________________________ NAME #2	____________________________ NAME #3
G18. What is NAME's relationship to you? **CODE COHABITEE'S CHILD AND OTHER CHILDREN WHO ARE NOT NATURAL, ADOPTED, STEP, OR FOSTER BUT FOR WHOM THE RESPONDENT TAKES RESPONSIBILITY, AS "OTHER CUSTODIAL CHILD."**	NATURAL CHILD .... 1 STEPCHILD OR ADOPTED CHILD .... 2 OTHER CUSTODIAL CHILD .... 3 FOSTER CHILD .... 4 HUSBAND OR WIFE .... 5 BOYFRIEND, GIRLFRIEND, OR PARTNER .... 6 PARENT .... 7 STEPPARENT .... 8 GRANDPARENT OR GREAT-GRANDPARENT .... 9 AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE .... 10 SIBLING (BROTHER OR SISTER) .... 11 NEPHEW OR NIECE .... 12 COUSIN .... 13 GRANDCHILD .... 14 OTHER RELATIVE OR IN-LAW .... 15 NON-RELATIVE (INCLUDING ROOMER OR BOARDER) .... 16 OTHER (SPECIFY) .... 17 ____________________________ DOES NOT KNOW .... d REFUSED .... r	NATURAL CHILD .... 1 STEPCHILD OR ADOPTED CHILD .... 2 OTHER CUSTODIAL CHILD .... 3 FOSTER CHILD .... 4 HUSBAND OR WIFE .... 5 BOYFRIEND, GIRLFRIEND, OR PARTNER .... 6 PARENT .... 7 STEPPARENT .... 8 GRANDPARENT OR GREAT-GRANDPARENT .... 9 AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE .... 10 SIBLING (BROTHER OR SISTER) .... 11 NEPHEW OR NIECE .... 12 COUSIN .... 13 GRANDCHILD .... 14 OTHER RELATIVE OR IN-LAW .... 15 NON-RELATIVE (INCLUDING ROOMER OR BOARDER) .... 16 OTHER (SPECIFY) .... 17 ____________________________ DOES NOT KNOW .... d REFUSED .... r	NATURAL CHILD .... 1 STEPCHILD OR ADOPTED CHILD .... 2 OTHER CUSTODIAL CHILD .... 3 FOSTER CHILD .... 4 HUSBAND OR WIFE .... 5 BOYFRIEND, GIRLFRIEND, OR PARTNER .... 6 PARENT .... 7 STEPPARENT .... 8 GRANDPARENT OR GREAT-GRANDPARENT .... 9 AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE .... 10 SIBLING (BROTHER OR SISTER) .... 11 NEPHEW OR NIECE .... 12 COUSIN .... 13 GRANDCHILD .... 14 OTHER RELATIVE OR IN-LAW .... 15 NON-RELATIVE (INCLUDING ROOMER OR BOARDER) .... 16 OTHER (SPECIFY) .... 17 ____________________________ DOES NOT KNOW .... d REFUSED .... r
G19. **CODE SEX. IF NECESSARY, ASK:** Is NAME female or male?	FEMALE .... 1 MALE 2	FEMALE .... 1 MALE 2	FEMALE .... 1 MALE 2
G20. **INTERVIEWER: IS NAME A NEPHEW, NIECE, OR GRANDCHILD? DOES G18 EQUAL "12" OR "14"?**	YES .... 1 NO .... (GO TO G22) 0	YES .... 1 NO .... (GO TO G22) 0	YES .... 1 NO .... (GO TO G22) 0
G21. Are you the adult who was primarily responsible for NAME when (she/he) lived with you in MONTH?	YES .... (GO TO G23) .... 1 NO .... (GO TO G24) 0	YES .... (GO TO G23) .... 1 NO .... (GO TO G24) 0	YES .... (GO TO G23) .... 1 NO .... (GO TO G24) 0
G22. **INTERVIEWER: IS NAME A CHILD? DOES G18 EQUAL "01", "02", "03," OR "04"?**	YES .... 1 NO .... (GO TO G24) 0	YES .... 1 NO .... (GO TO G24) 0	YES .... 1 NO .... (GO TO G24) 0
G23. What is (her/his) date of birth?	|___|___|/|___|___|/|___|___| MONTH DAY YEAR DOES NOT KNOW .... d REFUSED .... r **GO TO G25**	|___|___|/|___|___|/|___|___| MONTH DAY YEAR DOES NOT KNOW .... d REFUSED .... r **GO TO G25**	|___|___|/|___|___|/|___|___| MONTH DAY YEAR DOES NOT KNOW .... d REFUSED .... r **GO TO G25**

G24. How old is (she/he)? **FILL IN BLANK BOXES WITH ZEROES.**	A. YEARS..... |___|___| B. MONTHS..... |___|___|	A. YEARS..... |___|___| B. MONTHS..... |___|___|	A. YEARS..... |___|___| B. MONTHS..... |___|___|
G25. **INTERVIEWER: CHECK G8 AND G9: IS NAME FIVE TO 18 YEARS OLD?**	YES..... 1 NO ..... (GO TO G28) .. 0	YES..... 1 NO..... (GO TO G28).... 0	YES..... 1 NO ..... (GO TO G28) ... 0
G26. Did NAME attend school during MONTH?	YES..... 1 NO ..... (GO TO G28) ..... 0 DOES NOT KNOW..... (GO TO G28) ..... d REFUSED..... (GO TO G28) ..... r	YES..... 1 NO..... (GO TO G28)... 0 DOES NOT KNOW..... (GO TO G28)... d REFUSED..... (GO TO G28).... r	YES..... 1 NO ..... (GO TO G28) .... 0 DOES NOT KNOW..... (GO TO G28) .... d REFUSED..... (GO TO G28) ..... r
G27. What grade was (she/he) in? **NOTE: IF CHILD IS BETWEEN GRADES, CODE GRADE HE OR SHE WILL BE ENTERING.**	|___|___| GRADE **OR** PRESCHOOL..... p KINDERGARTEN..... k UNGRADED..... u DOES NOT KNOW ..... d REFUSED..... r	|___|___| GRADE **OR** PRESCHOOL..... p KINDERGARTEN ..... k UNGRADED..... u DOES NOT KNOW..... d REFUSED ..... r	|___|___| GRADE **OR** PRESCHOOL ..... p KINDERGARTEN..... k UNGRADED ..... u DOES NOT KNOW ..... d REFUSED..... r
G28. **INTERVIEWER: CHECK G17. IS THERE ANOTHER PERSON TO ASK ABOUT?**	YES..... (GO TO G17, NAME 2)..... 1 NO ..... (GO TO H1) ...0	YES ..... (GO TO G17, NAME 3) ..... 1 NO..... (GO TO H1)..... 0	YES..... (GO TO G17, NAME 4 ON SUPPLEMENTAL FORM)..... 1 NO ..... (GO TO H1) ...0

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SECTION H: INCOME AND EARNINGS SOURCES

H0a. **INTERVIEWER: IS THE TARGET CHILD A FOSTER CHILD? DOES G3 EQUAL "4" FOR PERSON NUMBER 1?**

YES 1

NO ..... (GO TO H1) 0

H0b. Next I would like to ask you about the types of income TARGET CHILD may have had in MONTH. (I realize these questions may seem personal, but they are important to understanding the school food program application process and the needs of families whose children are enrolled in the DISTRICT NAME school district.) I would like to assure you that all of your responses are strictly confidential.

INTERVIEWER: GO TO H2a THEN CONTINUE TO H3 AND ASK ABOUT INCOME FOR TARGET CHILD ONLY.

H1. Next, I would like to ask you about sources of income you and your household may have had in MONTH. (I realize these questions may seem personal, but they are important to understanding the school food program application process and the needs of families whose children are enrolled in the DISTRICT NAME school district.) I would like to assure you that all of your responses are strictly confidential. **CONTINUE TO H2.**

H2. **INTERVIEWER: LIST THE RESPONDENT'S FIRST NAME IN COLUMN ONE OF THE GRID ON THE NEXT PAGE, THEN LIST IN SUBSEQUENT COLUMNS THE FIRST NAMES OF ALL HOUSEHOLD MEMBERS AGE 16 OR OLDER WHO CURRENTLY LIVE WITH THE RESPONDENT AS WELL AS THOSE WHO LIVED WITH (HIM/HER) DURING THE TARGET MONTH. INCLUDE ALL ADULTS LISTED AT G2 THAT HAVE A "YES" RESPONSE TO G13 AND ALL ADULTS LISTED IN G17. THEN CONTINUE TO H2a.**

H2a. **INTERVIEWER: RECORD THE MONTH AND YEAR FOR WHICH THE INCOME QUESTIONS ARE ASKED.**

|__|__| / |__|__|
MONTH YEAR

		RESPONDENT |__|__|	PERSON NUMBER |__|__|	PERSON NUMBER |__|__|
H3.	During MONTH, did (you/NAME) work at a job for pay? Please include paid work or salary received from your own business or military service. **PROBE:** Please do not include profit or loss from your own farm or business.	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r
H4.	My next questions are about other kinds of income (you/NAME) may have received during MONTH. During MONTH, did (you/NAME) receive income from unemployment compensation?	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r
H5.	During MONTH, did (you/NAME) receive income from worker's compensation? **PROBE:** During MONTH?	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r
H6.	During MONTH, did (you/NAME) receive income from Social Security or railroad retirement? **PROBE:** During MONTH?	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r
H7.	Income from private pensions, annuities, or survivor's benefits? **PROBE:** During MONTH?	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r
H8.	Income from Veteran's benefits? **PROBE:** During MONTH?	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r
H9.	During MONTH, did (you/NAME) receive supplemental Security Income or SSI? **PROBE:** During MONTH?	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r
H10.	Alimony payments? **PROBE:** During MONTH?	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r
H11.	Child support payments? **PROBE:** During MONTH?	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r
H12.	Income from interest and dividends? **PROBE:** During MONTH?	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r

PERSON NUMBER |__|__|	PERSON NUMBER |__|__|	PERSON NUMBER |__|__|	PERSON NUMBER |__|__|
YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r
YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r
YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r
YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r
YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r
YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r
YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r
YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r
YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r
YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r

	RESPONDENT |__|__|	PERSON NUMBER |__|__|	PERSON NUMBER |__|__|
H13. During MONTH, did (you/NAME) receive rental income? **PROBE:** Income (you/ NAME) received from others in the form of rent. **PROBE:** During MONTH?	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r
H14. Profit or loss from (your/her/his) own nonfarm business, partnership, or professional practice? **PROBE:** During MONTH?	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r
H15. Income or loss from (your/her/his) own farm? **PROBE:** During MONTH?	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r
H16. Did (you/NAME) receive financial aid for college students? Please exclude money used for tuition, books and fees, but include money used for room and board. **PROBE:** During MONTH?	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r
H17. During MONTH, did (you/NAME) receive income from money withdrawn from savings? **PROBE:** During MONTH? **PROBE:** Personal savings.	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r
H18. Income from <u>regular</u> contributions from persons outside the household, for example, cash gifts from friends or family? **PROBE:** During MONTH?	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r
H19. Any other cash income, such as net royalties, income from trusts, prize winnings, or bonuses? **PROBE:** During MONTH?	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r

PERSON NUMBER |__|__|	PERSON NUMBER |__|__|	PERSON NUMBER |__|__|	PERSON NUMBER |__|__|
YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r
YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r
YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r
YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r
YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r
YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r
YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r

	RESPONDENT |__|__|	PERSON NUMBER |__|__|	PERSON NUMBER |__|__|
H20. General assistance? Please do not include TANF or Food Stamp Program benefits, which I will ask about later. **PROBE:** During MONTH?	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r
H21. Did (you/NAME) receive a non-military housing subsidy? **PROBE:** During MONTH?	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r
H22. Black lung benefits? **PROBE:** During MONTH?	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r	YES ..... 1 NO ..... 0 DOES NOT KNOW ..... d REFUSED ..... r
H23. Did (you/NAME) receive any other kind of public assistance during MONTH? Please do not include TANF or Food Stamp Program benefits which we will talk about later.	YES ..... 1 NO ..... (GO TO H24) ..... 0 DOES NOT KNOW ..... (GO TO H24) ..... d REFUSED ..... (GO TO H24) ..... r	YES ..... 1 NO ..... (GO TO H24) ..... 0 DOES NOT KNOW ..... (GO TO H24) ..... d REFUSED ..... (GO TO H24) ..... r	YES ..... 1 NO ..... (GO TO H24) ..... 0 DOES NOT KNOW ..... (GO TO H24) ..... d REFUSED ..... (GO TO H24) ..... r
H23a. What kind of public assistance did (you/NAME) receive? **RECORD VERBATIM**	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
H24. **INTERVIEWER: CHECK H3. IS THERE ANOTHER PERSON TO ASK ABOUT?**	YES .....(GO TO H3, NAME 2) ... 1 NO ..... (GO TO I1)..... 0	YES .....(GO TO H3, NAME 3) ... 1 NO .....(GO TO I1) 0	YES .....(GO TO H3, NAME 4) ... 1 NO .....(GO TO I1) 0

______________ PERSON NUMBER |__|__|	______________ PERSON NUMBER |__|__|	______________ PERSON NUMBER |__|__|	______________ PERSON NUMBER |__|__|
YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r
YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r
YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r	YES .... 1 NO .... 0 DOES NOT KNOW .... d REFUSED .... r
YES .... 1 NO .... (GO TO H24) .... 0 DOES NOT KNOW .... (GO TO H24) .... d REFUSED ...... (GO TO H24) .... r	YES .... 1 NO .... (GO TO H24) .... 0 DOES NOT KNOW .... (GO TO H24) .... d REFUSED ...... (GO TO H24) .... r	YES .... 1 NO .... (GO TO H24) .... 0 DOES NOT KNOW .... (GO TO H24) .... d REFUSED ...... (GO TO H24) .... r	YES .... 1 NO .... (GO TO H24) .... 0 DOES NOT KNOW .... (GO TO H24) .... d REFUSED ...... (GO TO H24) .... r
______________ ______________ ______________ ______________	______________ ______________ ______________ ______________	______________ ______________ ______________ ______________	______________ ______________ ______________ ______________
YES ....(GO TO H3, NAME 5) ... 1 NO .... (GO TO I1)................ 0	YES ....(GO TO H3, NAME 6) ... 1 NO .... (GO TO I1)................ 0	YES ....(GO TO H3, NAME 7) ... 1 NO ....(GO TO I1) 0	YES ....(GO TO H3, SUPPLEMENT FORM)...... 1 NO ....(GO TO I1) 0

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SECTION I: INCOME AND EARNINGS AMOUNTS

I1. Next, I would like to ask you about the different amounts of income (you/you and the other adults in your household) received from the sources we just talked about. For each type of income you just reported, I would like to look at documentation you may have just to be sure we get the right amounts. We can take a short break now so you can collect the documentation. The types of documentation I would like to see are check stubs or last year's income tax return for earnings from jobs, receipts for cash jobs, leave and earnings statements, business records, or award letters. **WAIT FOR RESPONDENT TO COLLECT DOCUMENTS THEN PROCEED TO I2a.**

<table>
<tr><th>INCOME FROM WORKING AT A JOB FOR PAY</th><th>____________________
RESPONDENT |__|__|</th><th>____________________
PERSON NUMBER |__|__|</th><th>____________________
PERSON NUMBER |__|__|</th></tr>
<tr><td>I2a. **INTERVIEWER: WAS THERE EARNINGS FROM WORKING AT A JOB FOR PAY? DOES H3 EQUAL “YES”?**</td><td>YES.. 1
NO ....(GO TO NEXT PERSON OR I3a)............... 0</td><td>YES.. 1
NO ....(GO TO NEXT PERSON OR I3a)............... 0</td><td>YES.. 1
NO ....(GO TO NEXT PERSON OR I3a)............... 0</td></tr>
<tr><td>I2b. How much were (your/PERSON’s) earnings from paid jobs during MONTH, before taxes and other deductions? That would be (your/PERSON’s) total pay, not the amount that was brought home. Please include tips, commissions, and regular overtime pay.
PROBE: Please do not include profits or losses from your own farm or non-farm business, partnership, or professional practice in MONTH.</td><td>$ |___|___|,|___|___|___|
DOES NOT KNOW .... (GO TO I2e) ... d
REFUSED................. (GO TO I2e) ... r</td><td>$ |___|___|,|___|___|___|
DOES NOT KNOW .... (GO TO I2e) ... d
REFUSED................. (GO TO I2e) ... r</td><td>$ |___|___|,|___|___|___|
DOES NOT KNOW .... (GO TO I2e) ... d
REFUSED................. (GO TO I2e) ... r</td></tr>
<tr><td>I2c. **INTERVIEWER: IF TOTAL FOR MONTH NOT GIVEN, ENTER PAY PERIOD, OR PROBE:** Was the amount received per hour, per day, per week, twice a month, or every two weeks?</td><td>MONTH..................... (GO TO I2e) ... 1
WEEK 2
DAY.. 3
HOUR 4
BI-MONTHLY (TWICE A MONTH)..... 5
EVERY TWO WEEKS....................... 6
QUARTER................. (GO TO I2e) ... 7
YEAR .... (GO TO I2e) ... 8
DOES NOT KNOW .... (GO TO I2e) ... d
REFUSED................. (GO TO I2e) ... r</td><td>MONTH..................... (GO TO I2e) ... 1
WEEK 2
DAY.. 3
HOUR 4
BI-MONTHLY (TWICE A MONTH)..... 5
EVERY TWO WEEKS....................... 6
QUARTER................. (GO TO I2e) ... 7
YEAR .... (GO TO I2e) ... 8
DOES NOT KNOW .... (GO TO I2e) ... d
REFUSED................. (GO TO I2e) ... r</td><td>MONTH..................... (GO TO I2e) ... 1
WEEK 2
DAY.. 3
HOUR 4
BI-MONTHLY (TWICE A MONTH)..... 5
EVERY TWO WEEKS....................... 6
QUARTER................. (GO TO I2e) ... 7
YEAR .... (GO TO I2e) ... 8
DOES NOT KNOW .... (GO TO I2e) ... d
REFUSED................. (GO TO I2e) ... r</td></tr>
<tr><td>I2d. How many PERIODS in I2c did (you/PERSON) work in MONTH?
PROBE: Your best estimate is fine.</td><td>|___|___|___| UNITS WORKED
DOES NOT KNOW .... d
REFUSED... r</td><td>|___|___|___| UNITS WORKED
DOES NOT KNOW .... d
REFUSED... r</td><td>|___|___|___| UNITS WORKED
DOES NOT KNOW .... d
REFUSED... r</td></tr>
<tr><td>I2e. May I please look at (your/PERSON’s) pay stub that shows the amount you just reported?</td><td>YES.. 1
DON’T HAVE/ CAN’T FIND .... (GO TO NEXT PERSON OR I3a)....... 0
DOES NOT KNOW............ (GO TO NEXT PERSON OR I3a)....... d
REFUSED TO SHOW....... (GO TO NEXT PERSON OR I3a)....... r</td><td>YES.. 1
DON’T HAVE/ CAN’T FIND .... (GO TO NEXT PERSON OR I3a)....... 0
DOES NOT KNOW............ (GO TO NEXT PERSON OR I3a)....... d
REFUSED TO SHOW....... (GO TO NEXT PERSON OR I3a)....... r</td><td>YES.. 1
DON’T HAVE/ CAN’T FIND .... (GO TO NEXT PERSON OR I3a)....... 0
DOES NOT KNOW............ (GO TO NEXT PERSON OR I3a)....... d
REFUSED TO SHOW....... (GO TO NEXT PERSON OR I3a)....... r</td></tr>
<tr><td>I2f. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**</td><td>CHECK STUB.................................. 1
INCOME TAX RETURN 2
RECEIPT FOR CASH JOB 3
LEAVE AND EARNINGS STATEMENT 4
BUSINESS RECORDS 5
AWARD LETTER 6
EXPENSE RECEIPT......................... 7
OTHER (SPECIFY)........................... 8
____
____
______________________________</td><td>CHECK STUB.................................. 1
INCOME TAX RETURN 2
RECEIPT FOR CASH JOB 3
LEAVE AND EARNINGS STATEMENT 4
BUSINESS RECORDS 5
AWARD LETTER 6
EXPENSE RECEIPT......................... 7
OTHER (SPECIFY)........................... 8
____
____
______________________________</td><td>CHECK STUB.................................. 1
INCOME TAX RETURN 2
RECEIPT FOR CASH JOB 3
LEAVE AND EARNINGS STATEMENT 4
BUSINESS RECORDS 5
AWARD LETTER 6
EXPENSE RECEIPT......................... 7
OTHER (SPECIFY)........................... 8
____
____
______________________________</td></tr>
</table>

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
YES .....1 NO ..... (GO TO NEXT PERSON OR I3a).....0	YES.....1 NO .....(GO TO NEXT PERSON OR I3a) 0	YES .....1 NO ..... (GO TO NEXT PERSON OR I3a) 0	YES.....1 NO .....(GO TO NEXT PERSON OR I3a)..... 0
$ |___|___|,|___|___|___| DOES NOT KNOW.....(GO TO I2e)....d REFUSED .....(GO TO I2e)....r	$ |___|___|,|___|___|___| DOES NOT KNOW .... (GO TO I2e) ... d REFUSED..... (GO TO I2e) ... r	$ |___|___|,|___|___|___| DOES NOT KNOW.....(GO TO I2e)....d REFUSED .....(GO TO I2e)....r	$ |___|___|,|___|___|___| DOES NOT KNOW .... (GO TO I2e) ... d REFUSED..... (GO TO I2e) ... r
MONTH .....(GO TO I2e)....1 WEEK.....2 DAY.....3 HOUR.....4 BI-MONTHLY (TWICE A MONTH).....5 EVERY TWO WEEKS .....6 QUARTER .....(GO TO I2e)....7 YEAR.....(GO TO I2e)....8 DOES NOT KNOW.....(GO TO I2e)....d REFUSED .....(GO TO I2e)....r	MONTH..... (GO TO I2e) ... 1 WEEK ..... 2 DAY..... 3 HOUR ..... 4 BI-MONTHLY (TWICE A MONTH)..... 5 EVERY TWO WEEKS..... 6 QUARTER..... (GO TO I2e) ... 7 YEAR ..... (GO TO I2e) ... 8 DOES NOT KNOW .... (GO TO I2e) ... d REFUSED..... (GO TO I2e) ... r	MONTH .....(GO TO I2e)....1 WEEK.....2 DAY.....3 HOUR.....4 BI-MONTHLY (TWICE A MONTH) .....5 EVERY TWO WEEKS .....6 QUARTER .....(GO TO I2e)....7 YEAR.....(GO TO I2e)....8 DOES NOT KNOW.....(GO TO I2e)....d REFUSED .....(GO TO I2e)....r	MONTH..... (GO TO I2e) ... 1 WEEK ..... 2 DAY ..... 3 HOUR ..... 4 BI-MONTHLY (TWICE A MONTH)..... 5 EVERY TWO WEEKS..... 6 QUARTER ..... (GO TO I2e) ... 7 YEAR ..... (GO TO I2e) ... 8 DOES NOT KNOW .... (GO TO I2e) ... d REFUSED..... (GO TO I2e) ... r
|___|___|___| UNITS WORKED DOES NOT KNOW.....d REFUSED .....r	|___|___|___| UNITS WORKED DOES NOT KNOW ..... d REFUSED.....r	|___|___|___| UNITS WORKED DOES NOT KNOW.....d REFUSED .....r	|___|___|___| UNITS WORKED DOES NOT KNOW ..... d REFUSED.....r
YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I3a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I3a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I3a) .....r	YES.....1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I3a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I3a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I3a)..... r	YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I3a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I3a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I3a) .....r	YES.....1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I3a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I3a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I3a)..... r
CHECK STUB.....1 INCOME TAX RETURN.....2 RECEIPT FOR CASH JOB.....3 LEAVE AND EARNINGS STATEMENT.....4 BUSINESS RECORDS.....5 AWARD LETTER.....6 EXPENSE RECEIPT .....7 OTHER (SPECIFY) .....8 _____ _____ _____	CHECK STUB ..... 1 INCOME TAX RETURN ..... 2 RECEIPT FOR CASH JOB ..... 3 LEAVE AND EARNINGS STATEMENT ..... 4 BUSINESS RECORDS ..... 5 AWARD LETTER ..... 6 EXPENSE RECEIPT..... 7 OTHER (SPECIFY)..... 8 _____ _____ _____	CHECK STUB .....1 INCOME TAX RETURN.....2 RECEIPT FOR CASH JOB.....3 LEAVE AND EARNINGS STATEMENT.....4 BUSINESS RECORDS.....5 AWARD LETTER.....6 EXPENSE RECEIPT .....7 OTHER (SPECIFY) .....8 _____ _____ _____	CHECK STUB ..... 1 INCOME TAX RETURN ..... 2 RECEIPT FOR CASH JOB ..... 3 LEAVE AND EARNINGS STATEMENT ..... 4 BUSINESS RECORDS ..... 5 AWARD LETTER ..... 6 EXPENSE RECEIPT..... 7 OTHER (SPECIFY)..... 8 _____ _____ _____

	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I2g. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**	$ |__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|,|__|__|__| NOT ON DOCUMENT..... n
I2h. **INTERVIEWER: ENTER THE PAY PERIOD OF PAYMENT.**	MONTH..... (GO TO I2j) ..... 1 WEEK ..... 2 DAY..... 3 HOUR ..... 4 BI-MONTHLY (TWICE A MONTH)..... 5 EVERY TWO WEEKS..... 6 QUARTER..... (GO TO I2j) ..... 7 YEAR ..... (GO TO I2j) ..... 8 OTHER (SPECIFY)..... 9 _____	MONTH ..... (GO TO I2j)..... 1 WEEK..... 2 DAY..... 3 HOUR..... 4 BI-MONTHLY (TWICE A MONTH) ..... 5 EVERY TWO WEEKS ..... 6 QUARTER ..... (GO TO I2j)..... 7 YEAR..... (GO TO I2j)..... 8 OTHER (SPECIFY) ..... 9 _____	MONTH..... (GO TO I2j) ..... 1 WEEK ..... 2 DAY ..... 3 HOUR ..... 4 BI-MONTHLY (TWICE A MONTH)..... 5 EVERY TWO WEEKS..... 6 QUARTER ..... (GO TO I2j) ..... 7 YEAR ..... (GO TO I2j) ..... 8 OTHER (SPECIFY)..... 9 _____
I2i. **INTERVIEWER: ENTER UNITS WORKED FROM I2h.**	|__|__|__| UNITS WORKED NOT ON DOCUMENT..... n	|__|__|__| UNITS WORKED NOT ON DOCUMENT..... n	|__|__|__| UNITS WORKED NOT ON DOCUMENT..... n
I2j. **INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.**	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
I2k. **INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT**.	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n
I2l. **INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I2b, I2c, AND I2d. THEN COMPUTE THE TOTAL MONTHLY AMOUNT USING I2g, I2h, AND I2i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I3a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I3a. IS THERE ANOTHER PERSON?**	YES.....(GO TO NEXT PERSON) ..... 1 NO .....(GO TO I3a)..... 0	YES ..... (GO TO NEXT PERSON)..... 1 NO ..... (GO TO I3a) 0	YES.....(GO TO NEXT PERSON) ..... 1 NO .....(GO TO I3a)..... 0

PERSON NUMBER |__|__|	PERSON NUMBER |__|__|	PERSON NUMBER |__|__|	PERSON NUMBER |__|__|
$ |___|___|,|___|___|___|	$ |___|___|,|___|___|___|	$ |___|___|,|___|___|___|	$ |___|___|,|___|___|___|
NOT ON DOCUMENT .....n	NOT ON DOCUMENT..... n	NOT ON DOCUMENT .....n	NOT ON DOCUMENT..... n
MONTH .....(GO TO I2j).....1	MONTH..... (GO TO I2j) 1	MONTH .....(GO TO I2j).....1	MONTH..... (GO TO I2j) 1
WEEK.....2	WEEK 2	WEEK.....2	WEEK 2
DAY.....3	DAY..... 3	DAY.....3	DAY 3
HOUR.....4	HOUR 4	HOUR.....4	HOUR 4
BI-MONTHLY (TWICE A MONTH).....5	BI-MONTHLY (TWICE A MONTH)..... 5	BI-MONTHLY (TWICE A MONTH) 5	BI-MONTHLY (TWICE A MONTH)..... 5
EVERY TWO WEEKS 6	EVERY TWO WEEKS..... 6	EVERY TWO WEEKS 6	EVERY TWO WEEKS..... 6
QUARTER .....(GO TO I2j).....7	QUARTER..... (GO TO I2j) 7	QUARTER .....(GO TO I2j).....7	QUARTER ..... (GO TO I2j) 7
YEAR.....(GO TO I2j).....8	YEAR ..... (GO TO I2j) 8	YEAR.....(GO TO I2j).....8	YEAR ..... (GO TO I2j) 8
OTHER (SPECIFY) 9	OTHER (SPECIFY)..... 9	OTHER (SPECIFY) 9	OTHER (SPECIFY)..... 9
_____	_____	_____	_____
|___|___|___| UNITS WORKED	|___|___|___| UNITS WORKED	|___|___|___| UNITS WORKED	|___|___|___| UNITS WORKED
NOT ON DOCUMENT .....n	NOT ON DOCUMENT..... n	NOT ON DOCUMENT .....n	NOT ON DOCUMENT..... n
|___|___| |___|___| |___|___| MONTH DAY YEAR	|___|___| |___|___| |___|___| MONTH DAY YEAR	|___|___| |___|___| |___|___| MONTH DAY YEAR	|___|___| |___|___| |___|___| MONTH DAY YEAR
NOT ON DOCUMENT .....n	NOT ON DOCUMENT..... n	NOT ON DOCUMENT .....n	NOT ON DOCUMENT..... n
$ |___|___|___|,|___|___|___|	$ |___|___|___|,|___|___|___|	$ |___|___|___|,|___|___|___|	$ |___|___|___|,|___|___|___|
NOT ON DOCUMENT .....n	NOT ON DOCUMENT..... n	NOT ON DOCUMENT .....n	NOT ON DOCUMENT..... n
YES ..... (GO TO NEXT PERSON).....1	YES.....(GO TO NEXT PERSON) 1	YES ..... (GO TO NEXT PERSON).....1	YES.....(GO TO NEXT PERSON) 1
NO ..... (GO TO I3a) 0	NO .....(GO TO I3a)..... 0	NO ..... (GO TO I3a) 0	NO .....(GO TO I3a)..... 0

	UNEMPLOYMENT COMPENSATION	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I3a.	**INTERVIEWER: WAS THERE UNEMPLOYMENT COMPENSATION? DOES H4 EQUAL "YES"?**	YES ..... 1 NO .....(GO TO NEXT PERSON OR I4a)..... 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I4a) 0	YES ..... 1 NO .....(GO TO NEXT PERSON OR I4a)..... 0
I3b.	How much unemployment compensation did (you/PERSON) receive during MONTH?	$ |___|___|,|___|___|___| DOES NOT KNOW .... (GO TO I3e) ... d REFUSED..... (GO TO 13e) .. r	$ |___|___|,|___|___|___| DOES NOT KNOW.....(GO TO I3e)....d REFUSED .....(GO TO 13e)...r	$ |___|___|,|___|___|___| DOES NOT KNOW .... (GO TO I3e) ... d REFUSED..... (GO TO 13e) .. r
I3c.	**INTERVIEWER: ENTER PERIOD COVERED OR ASK:** Was that per week, every two weeks, or per month?	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I3e) ... 3 DOES NOT KNOW ..... d REFUSED..... r	WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I3e)....3 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I3e) ... 3 DOES NOT KNOW ..... d REFUSED..... r
13d.	How many PERIODS IN I3c of unemployment compensation did (you/PERSON) receive in MONTH?	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r
I3e.	May I look at the statement (you/PERSON) received showing the amount of unemployment compensation received in MONTH? **PROBE:** The check stub.	YES..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I4a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I4a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I4a)..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I4a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I4a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I4a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I4a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I4a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I4a)..... r
I3f.	**INTERVIEWER: ENTER TYPE OF DOCUMENT.**	STATEMENT ..... 1 CHECK STUB..... 2 OTHER (SPECIFY)..... 3 _____ _____	STATEMENT.....1 CHECK STUB .....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB..... 2 OTHER (SPECIFY)..... 3 _____ _____
I3g.	**INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT .....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n
I3h.	**INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n	WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n
I3i.	**INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .....n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n

PERSON NUMBER |__|__|	PERSON NUMBER |__|__|	PERSON NUMBER |__|__|	PERSON NUMBER |__|__|
YES ..... 1 NO ..... (GO TO NEXT PERSON OR I4a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I4a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I4a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I4a) 0
$ |___|___|,|___|___|___| DOES NOT KNOW ..... (GO TO I3e) .... d REFUSED ..... (GO TO 13e) ... r	$ |___|___|,|___|___|___| DOES NOT KNOW .... (GO TO I3e) ... d REFUSED ..... (GO TO 13e) .. r	$ |___|___|,|___|___|___| DOES NOT KNOW ..... (GO TO I3e) .... d REFUSED ..... (GO TO 13e) ... r	$ |___|___|,|___|___|___| DOES NOT KNOW .... (GO TO I3e) ... d REFUSED ..... (GO TO 13e) .. r
WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I3e) .... 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I3e) ... 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I3e) .... 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I3e) ... 3 DOES NOT KNOW ..... d REFUSED ..... r
|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r
YES ..... 1 DON'T HAVE/ CAN'T FIND ..... (GO TO NEXT PERSON OR I4a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I4a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I4a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I4a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I4a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I4a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND ..... (GO TO NEXT PERSON OR I4a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I4a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I4a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I4a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I4a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I4a) ..... r
STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____
$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n
WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n
|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n

		_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I3j.	**INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.**	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT ..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
I3k.	**INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n
I3l.	**INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I3b, I3c, AND I3d. THEN COMPUTE THE MONTHLY AMOUNT USING I3g, I3h, AND I3i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I4a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I4a. IS THERE ANOTHER PERSON?**	YES.....(GO TO NEXT PERSON) ..... 1 NO .....(GO TO I4a)..... 0	YES ..... (GO TO NEXT PERSON)..... 1 NO ..... (GO TO I4a) 0	YES.....(GO TO NEXT PERSON) ..... 1 NO .....(GO TO I4a)..... 0

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT.....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT.....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n
YES ..... (GO TO NEXT PERSON).....1 NO ..... (GO TO I4a) 0	YES.....(GO TO NEXT PERSON) ..... 1 NO .....(GO TO I4a)..... 0	YES ..... (GO TO NEXT PERSON).....1 NO ..... (GO TO I4a) 0	YES.....(GO TO NEXT PERSON) ..... 1 NO .....(GO TO I4a)..... 0

WORKER'S COMPENSATION	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I4a. **INTERVIEWER: WAS WORKER'S COMPENSATION RECEIVED? DOES H5 EQUAL "YES"?**	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I5a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I5a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I5a) 0
I4b. How much did (you/NAME) receive from worker's compensation in MONTH?	$ |___|___|,|___|___|___| DOES NOT KNOW ..... d REFUSED ..... r	$ |___|___|,|___|___|___| DOES NOT KNOW ..... d REFUSED ..... r	$ |___|___|,|___|___|___| DOES NOT KNOW ..... d REFUSED ..... r
I4c. **INTERVIEWER: ENTER PERIOD COVERED OR ASK:** Was that per week, every two weeks, or per month?	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I4e) ... 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I4e) ... 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I4e) ... 3 DOES NOT KNOW ..... d REFUSED ..... r
14d. How many PERIODS IN I4c of worker's compensation did (you/PERSON) receive in MONTH?	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r
I4e. May I look at the statement (you/PERSON) received showing the amount of worker's compensation received in MONTH? **PROBE:** The check stub.	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I5a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I5a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I5a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND ..... (GO TO NEXT PERSON OR I5a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I5a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I5a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I5a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I5a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I5a) ..... r
I4f. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____
I4g. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
YES .....1 NO ..... (GO TO NEXT PERSON OR I5a) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I5a)..... 0	YES .....1 NO ..... (GO TO NEXT PERSON OR I5a) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I5a)..... 0
$ |__|__|,|__|__|__| DOES NOT KNOW.....d REFUSED .....r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED..... r	$ |__|__|,|__|__|__| DOES NOT KNOW.....d REFUSED .....r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED..... r
WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I4e)....3 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I4e) ... 3 DOES NOT KNOW ..... d REFUSED..... r	WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I4e)....3 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I4e) ... 3 DOES NOT KNOW ..... d REFUSED..... r
|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r
YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I5a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I5a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I5a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND.... (GO TO NEXT PERSON OR I5a)..... 0 DOES NOT KNOW.....(GO TO NEXT PERSON OR I5a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I5a)..... r	YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I5a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I5a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I5a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND.... (GO TO NEXT PERSON OR I5a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I5a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I5a)..... r
STATEMENT.....1 CHECK STUB.....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____	STATEMENT.....1 CHECK STUB .....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB..... 2 OTHER (SPECIFY)..... 3 _____ _____
$ |__|__|,|__|__|__| NOT ON DOCUMENT .....n	$ |__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|,|__|__|__| NOT ON DOCUMENT .....n	$ |__|__|,|__|__|__| NOT ON DOCUMENT..... n

		_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I4h.	**INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n	WEEK..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n
I4i.	**INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT n
I4j.	**INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.**	|___|___| |___|___| |___|___| MONTH DAY YEAR NOT ON DOCUMENT..... n	|___|___| |___|___| |___|___| MONTH DAY YEAR NOT ON DOCUMENT ..... n	|___|___| |___|___| |___|___| MONTH DAY YEAR NOT ON DOCUMENT..... n
I4k.	**INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**	$ |___|___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|___|,|___|___|___| NOT ON DOCUMENT..... n
I4l.	**INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I4b, I4c, AND I4d. THEN COMPUTE THE MONTHLY AMOUNT USING I4g, I4h, AND I4i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I5a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I5a. IS THERE ANOTHER PERSON?**	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I5a) 0	YES ..... (GO TO NEXT PERSON)..... 1 NO..... (GO TO I5a)..... 0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I5a) 0

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n	WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n
|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT n
|___|___| |___|___| |___|___| MONTH DAY YEAR NOT ON DOCUMENT .....n	|___|___| |___|___| |___|___| MONTH DAY YEAR NOT ON DOCUMENT..... n	|___|___| |___|___| |___|___| MONTH DAY YEAR NOT ON DOCUMENT .....n	|___|___| |___|___| |___|___| MONTH DAY YEAR NOT ON DOCUMENT..... n
$ |___|___|___|,|___|___|___| NOT ON DOCUMENT .....n	$ |___|___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|___|,|___|___|___| NOT ON DOCUMENT .....n	$ |___|___|___|,|___|___|___| NOT ON DOCUMENT..... n
YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I5a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I5a) 0	YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I5a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I5a) 0

SOCIAL SECURITY INCOME	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I5a. **INTERVIEWER: WAS THERE SOCIAL SECURITY INCOME? DOES H6 EQUAL "YES"?**	YES ..... 1 NO .....(GO TO NEXT PERSON OR I6a)..... 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I6a) 0	YES ..... 1 NO .....(GO TO NEXT PERSON OR I6a)..... 0
I5b. How much did (you/NAME) receive from Social Security or Railroad Retirement in MONTH?	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r
I5c. **INTERVIEWER: ENTER PERIOD COVERED OR ASK:** Was that per week, every two weeks, or per month?	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I5e) .... 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH .....(GO TO I5e)..... 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I5e) .... 3 DOES NOT KNOW ..... d REFUSED ..... r
15d. How many PERIODS IN I5c of Social Security or Railroad Retirement benefits did (you/PERSON) receive in MONTH?	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r
I5e. May I look at the statement (you/PERSON) received showing the amount of Social Security or Railroad Retirement benefits received in MONTH? **PROBE:** The check stub.	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I6a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I6a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I6a)..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I6a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I6a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I6a) .....r	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I6a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I6a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I6a)..... r
I5f. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____
I5g. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**	$ |__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|,|__|__|__| NOT ON DOCUMENT..... n
I5h. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n
I5i. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n

____________________ PERSON NUMBER |__|__|	____________________ PERSON NUMBER |__|__|	____________________ PERSON NUMBER |__|__|	____________________ PERSON NUMBER |__|__|
YES .... 1 NO .... (GO TO NEXT PERSON OR I6a) 0	YES .... 1 NO .... (GO TO NEXT PERSON OR I6a) 0	YES .... 1 NO .... (GO TO NEXT PERSON OR I6a) 0	YES .... 1 NO .... (GO TO NEXT PERSON OR I6a) 0
$ |__|__|,|__|__|__| DOES NOT KNOW .... d REFUSED .... r	$ |__|__|,|__|__|__| DOES NOT KNOW .... d REFUSED .... r	$ |__|__|,|__|__|__| DOES NOT KNOW .... d REFUSED .... r	$ |__|__|,|__|__|__| DOES NOT KNOW .... d REFUSED .... r
WEEK .... 1 EVERY TWO WEEKS .... 2 MONTH .... (GO TO I5e) ..... 3 DOES NOT KNOW .... d REFUSED .... r	WEEK .... 1 EVERY TWO WEEKS .... 2 MONTH .... (GO TO I5e) ..... 3 DOES NOT KNOW .... d REFUSED .... r	WEEK .... 1 EVERY TWO WEEKS .... 2 MONTH .... (GO TO I5e) ..... 3 DOES NOT KNOW .... d REFUSED .... r	WEEK .... 1 EVERY TWO WEEKS .... 2 MONTH .... (GO TO I5e) ..... 3 DOES NOT KNOW .... d REFUSED .... r
|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW .... d REFUSED .... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW .... d REFUSED .... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW .... d REFUSED .... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW .... d REFUSED .... r
YES .... 1 DON'T HAVE/ CAN'T FIND ..... (GO TO NEXT PERSON OR I6a) .... 0 DOES NOT KNOW .... (GO TO NEXT PERSON OR I6a) .... d REFUSED TO SHOW .... (GO TO NEXT PERSON OR I6a) .... r	YES .... 1 DON'T HAVE/ CAN'T FIND ..... (GO TO NEXT PERSON OR I6a) .... 0 DOES NOT KNOW .... (GO TO NEXT PERSON OR I6a) .... d REFUSED TO SHOW .... (GO TO NEXT PERSON OR I6a) .... r	YES .... 1 DON'T HAVE/ CAN'T FIND ..... (GO TO NEXT PERSON OR I6a) .... 0 DOES NOT KNOW .... (GO TO NEXT PERSON OR I6a) .... d REFUSED TO SHOW .... (GO TO NEXT PERSON OR I6a) .... r	YES .... 1 DON'T HAVE/ CAN'T FIND ..... (GO TO NEXT PERSON OR I6a) .... 0 DOES NOT KNOW .... (GO TO NEXT PERSON OR I6a) .... d REFUSED TO SHOW .... (GO TO NEXT PERSON OR I6a) .... r
STATEMENT .... 1 CHECK STUB .... 2 OTHER (SPECIFY) .... 3 ______________________________ ______________________________	STATEMENT .... 1 CHECK STUB .... 2 OTHER (SPECIFY) .... 3 ______________________________ ______________________________	STATEMENT .... 1 CHECK STUB .... 2 OTHER (SPECIFY) .... 3 ______________________________ ______________________________	STATEMENT .... 1 CHECK STUB .... 2 OTHER (SPECIFY) .... 3 ______________________________ ______________________________
$ |___|___|,|___|___|___| NOT ON DOCUMENT .... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT .... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT .... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT .... n
WEEK .... 1 TWO WEEKS .... 2 MONTH .... 3 OTHER (SPECIFY) .... 4 ______________________________ NOT ON DOCUMENT n	WEEK .... 1 TWO WEEKS .... 2 MONTH .... 3 OTHER (SPECIFY) .... 4 ______________________________ NOT ON DOCUMENT n	WEEK .... 1 TWO WEEKS .... 2 MONTH .... 3 OTHER (SPECIFY) .... 4 ______________________________ NOT ON DOCUMENT n	WEEK .... 1 TWO WEEKS .... 2 MONTH .... 3 OTHER (SPECIFY) .... 4 ______________________________ NOT ON DOCUMENT n
|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .... n

		_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I5j.	**INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.**	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
I5k.	**INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n
I5l.	**INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I5b, I5c, AND I5d. THEN COMPUTE THE MONTHLY AMOUNT USING I5g, I5h, AND I5i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I6a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I6a. IS THERE ANOTHER PERSON?**	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I6a) 0	YES ..... (GO TO NEXT PERSON)..... 1 NO ..... (GO TO I6a)..... 0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I6a) 0

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT .....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT .....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n
YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I6a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I6a) 0	YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I6a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I6a) 0

PRIVATE PENSIONS	_____ RESPONDENT |___|___|	_____ PERSON NUMBER |___|___|	_____ PERSON NUMBER |___|___|
I6a. **INTERVIEWER: WERE THERE PRIVATE PENSIONS? DOES H7 EQUAL "YES"?**	YES ..... 1 NO .....(GO TO NEXT PERSON OR I7a)..... 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I7a) 0	YES ..... 1 NO .....(GO TO NEXT PERSON OR I7a)..... 0
I6b. How much did (you/PERSON) receive in private pensions during MONTH?	$ |___|___|,|___|___|___| DOES NOT KNOW ..... d REFUSED ..... r	$ |___|___|,|___|___|___| DOES NOT KNOW ..... d REFUSED ..... r	$ |___|___|,|___|___|___| DOES NOT KNOW ..... d REFUSED ..... r
I6c. **INTERVIEWER: ENTER PERIOD COVERED OR ASK:** Was that per week, every two weeks, or per month?	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I6e) ... 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH .....(GO TO I6e)....3 DOES NOT KNOW..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I6e) ... 3 DOES NOT KNOW ..... d REFUSED ..... r
I6d. How many PERIODS IN I6c of private pension payments did (you/PERSON) receive in MONTH?	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r
I6e. May I look at the statement (you/PERSON) received showing the amount of private pension payments received in MONTH? **PROBE:** The check stub.	YES..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I7a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I7a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I7a)..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I7a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I7a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I7a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I7a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I7a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I7a)..... r
I6f. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____	STATEMENT..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____
I6g. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n
I6h. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n	WEEK..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n
I6i. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
YES .....1 NO ..... (GO TO NEXT PERSON OR I7a) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I7a)..... 0	YES .....1 NO ..... (GO TO NEXT PERSON OR I7a) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I7a)..... 0
$ |___|___|,|___|___|___| DOES NOT KNOW.....d REFUSED .....r	$ |___|___|,|___|___|___| DOES NOT KNOW ..... d REFUSED..... r	$ |___|___|,|___|___|___| DOES NOT KNOW.....d REFUSED .....r	$ |___|___|,|___|___|___| DOES NOT KNOW ..... d REFUSED..... r
WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I6e)....3 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I6e) ... 3 DOES NOT KNOW ..... d REFUSED..... r	WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I6e)....3 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I6e) ... 3 DOES NOT KNOW ..... d REFUSED..... r
|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r
YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I7a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I7a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I7a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I7a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I7a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I7a)..... r	YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I7a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I7a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I7a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I7a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I7a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I7a)..... r
STATEMENT.....1 CHECK STUB.....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____	STATEMENT.....1 CHECK STUB .....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____
$ |___|___|,|___|___|___| NOT ON DOCUMENT.....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT .....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n
WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n	WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n
|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .....n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .....n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n

	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I6j. **INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.**	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
I6k. **INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n
I6l. **INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I6b, I6c, AND I6d. THEN COMPUTE THE MONTHLY AMOUNT USING I6g, I6h, AND I6i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I7a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I7a. IS THERE ANOTHER PERSON?**	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I7a) 0	YES ..... (GO TO NEXT PERSON)..... 1 NO ..... (GO TO I7a)..... 0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I7a) 0

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT .....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT .....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT.....n
YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I7a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I7a) 0	YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I7a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I7a) 0

VETERAN'S BENEFITS	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I7a. **INTERVIEWER: WERE THERE VETERAN'S BENEFITS? DOES H8 EQUAL "YES"?**	YES ..... 1 NO .....(GO TO NEXT PERSON OR I8a)..... 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I8a) 0	YES ..... 1 NO .....(GO TO NEXT PERSON OR I8a)..... 0
I7b. How much in Veteran's benefits did (you/NAME) receive in MONTH?	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r
I7c. **INTERVIEWER: ENTER PERIOD COVERED OR ASK:** Was that per week, every two weeks, or per month?	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH..... (GO TO I7e) ... 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I7e)....3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH..... (GO TO I7e) ... 3 DOES NOT KNOW ..... d REFUSED ..... r
I7d. How many PERIODS IN I7c of Veteran's benefits did (you/PERSON) receive in MONTH?	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r
I7e. May I look at the statement (you/PERSON) received showing the amount of Veteran's benefits received in MONTH? **PROBE:** The check stub.	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I8a)..... 0 DOES NOT KNOW.....(GO TO NEXT PERSON OR I8a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I8a)..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I8a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I8a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I8a) .....r	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I8a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I8a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I8a)..... r
I7f. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____
I7g. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n
I7h. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n
I7i. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
YES .....1 NO ..... (GO TO NEXT PERSON OR I8a) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I8a)..... 0	YES .....1 NO ..... (GO TO NEXT PERSON OR I8a) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I8a)..... 0
$ |__|__|,|__|__|__| DOES NOT KNOW.....d REFUSED .....r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED..... r	$ |__|__|,|__|__|__| DOES NOT KNOW.....d REFUSED .....r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED..... r
WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I7e)....3 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I7e) ... 3 DOES NOT KNOW ..... d REFUSED..... r	WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I7e)....3 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I7e) ... 3 DOES NOT KNOW ..... d REFUSED..... r
|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r
YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I8a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I8a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I8a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I8a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I8a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I8a)..... r	YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I8a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I8a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I8a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I8a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I8a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I8a)..... r
STATEMENT.....1 CHECK STUB.....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____	STATEMENT.....1 CHECK STUB .....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____
$ |__|__|,|__|__|__| NOT ON DOCUMENT .....n	$ |__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|,|__|__|__| NOT ON DOCUMENT .....n	$ |__|__|,|__|__|__| NOT ON DOCUMENT..... n
WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n	WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n
|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .....n	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .....n	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n

		_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I7j.	**INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.**	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT .....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
I7k.	**INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n
I7l.	**INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I7b, I7c, AND I7d. THEN COMPUTE THE MONTHLY AMOUNT USING I7g, I7h, AND I7i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I8a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I8a. IS THERE ANOTHER PERSON?**	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I8a) 0	YES .....(GO TO NEXT PERSON).....1 NO.....(GO TO I8a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I8a) 0

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT .....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT .....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n
YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I8a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I8a) 0	YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I8a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I8a) 0

SSI	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I8a. **INTERVIEWER: WAS THERE SSI? DOES H9 EQUAL "YES"?**	YES ..... 1 NO .....(GO TO NEXT PERSON OR I9a)..... 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I9a) 0	YES ..... 1 NO .....(GO TO NEXT PERSON OR I9a)..... 0
I8b. How much Supplemental Security Income or SSI did (you/NAME) receive in MONTH?	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r
I8c. **INTERVIEWER: ENTER PERIOD COVERED OR ASK:** Was that per week, every two weeks, or per month?	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I8e) ... 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK..... 1 EVERY TWO WEEKS ..... 2 MONTH .....(GO TO I8e)....3 DOES NOT KNOW..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I8e) ... 3 DOES NOT KNOW ..... d REFUSED ..... r
I8d. How many PERIODS IN I8c of SSI did (you/PERSON) receive in MONTH?	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW..... d REFUSED ..... r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r
I8e. May I look at the statement (you/PERSON) received showing the amount of SSI received in MONTH? **PROBE:** The check stub.	YES..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I9a)..... 0 DOES NOT KNOW.....(GO TO NEXT PERSON OR I9a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I9a)..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I9a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I9a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I9a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I9a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I9a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I9a)..... r
I8f. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**	STATEMENT ..... 1 CHECK STUB..... 2 OTHER (SPECIFY)..... 3 _____ _____	STATEMENT..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB..... 2 OTHER (SPECIFY)..... 3 _____ _____
I8g. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**	$ |__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|,|__|__|__| NOT ON DOCUMENT..... n
I8h. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n	WEEK..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n
I8i. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n
I8j. **INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.**	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT ..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
YES .....1 NO ..... (GO TO NEXT PERSON OR I9a) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I9a)..... 0	YES .....1 NO ..... (GO TO NEXT PERSON OR I9a) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I9a)..... 0
$ |__|__|,|__|__|__| DOES NOT KNOW.....d REFUSED .....r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED..... r	$ |__|__|,|__|__|__| DOES NOT KNOW.....d REFUSED .....r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED..... r
WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I8e)....3 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I8e) ... 3 DOES NOT KNOW ..... d REFUSED..... r	WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I8e)....3 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I8e) ... 3 DOES NOT KNOW ..... d REFUSED..... r
|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r
YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I9a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I9a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I9a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND.... (GO TO NEXT PERSON OR I9a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I9a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I9a)..... r	YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I9a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I9a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I9a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND.... (GO TO NEXT PERSON OR I9a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I9a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I9a)..... r
STATEMENT.....1 CHECK STUB.....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____	STATEMENT.....1 CHECK STUB .....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____
$ |__|__|,|__|__|__| NOT ON DOCUMENT .....n	$ |__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|,|__|__|__| NOT ON DOCUMENT .....n	$ |__|__|,|__|__|__| NOT ON DOCUMENT..... n
WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n	WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n
|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .....n	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .....n	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n
|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT .....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT .....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n

		_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I8k.	**INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n
I8l.	**INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I8b, I8c, AND I8d. THEN COMPUTE THE MONTHLY AMOUNT USING I8g, I8h, AND I8i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I9a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I9a. IS THERE ANOTHER PERSON?**	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I9a) 0	YES .....(GO TO NEXT PERSON).....1 NO.....(GO TO I9a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I9a) 0

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
$ |___|___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|___|,|___|___|___| NOT ON DOCUMENT ..... n
YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I9a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I9a) 0	YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I9a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I9a) 0

ALIMONY	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I9a. **INTERVIEWER: WAS THERE ALIMONY? DOES H10 EQUAL "YES"?**	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I10a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I10a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I10a) 0
I9b. How much in alimony payments did (you/NAME) receive in MONTH?	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r
I9c. **INTERVIEWER: ENTER PERIOD COVERED OR ASK:** Was that per week, every two weeks, or per month?	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I9e) ... 3 OTHER (SPECIFY) .... (GO TO I9e) ... 4 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I9e) .... 3 OTHER (SPECIFY) .... (GO TO I9e) .... 4 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I9e) ... 3 OTHER (SPECIFY) .... (GO TO I9e) ... 4 DOES NOT KNOW ..... d REFUSED ..... r
I9d. How many PERIODS IN I9c of alimony payments did (you/PERSON) receive in MONTH?	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r
I9e. May I look at the statement (you/PERSON) received showing the amount of alimony payments received in MONTH? **PROBE:** The check stub.	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I10a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I10a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I10a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND ..... (GO TO NEXT PERSON OR I10a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I10a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I10a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I10a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I10a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I10a) ..... r
I9f. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____
I9g. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**	$ |__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|,|__|__|__| NOT ON DOCUMENT ..... n
I9h. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n
I9i. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n
I9j. **INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.**	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT ..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT ..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT ..... n

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
YES .....1 NO ..... (GO TO NEXT PERSON OR I10a) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I10a)..... 0	YES .....1 NO ..... (GO TO NEXT PERSON OR I10a) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I10a)..... 0
$ |__|__|,|__|__|__| DOES NOT KNOW.....d REFUSED .....r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED..... r	$ |__|__|,|__|__|__| DOES NOT KNOW.....d REFUSED .....r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED..... r
WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I9e)....3 OTHER (SPECIFY) ....(GO TO I9e)....4 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I9e) ... 3 OTHER (SPECIFY).... (GO TO I9e) ... 4 DOES NOT KNOW ..... d REFUSED..... r	WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I9e)....3 OTHER (SPECIFY) ....(GO TO I9e)....4 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I9e) ... 3 OTHER (SPECIFY).... (GO TO I9e) ... 4 DOES NOT KNOW ..... d REFUSED..... r
|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r
YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I10a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I10a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I10a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I10a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I10a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I10a)..... r	YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I10a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I10a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I10a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I10a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I10a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I10a)..... r
STATEMENT.....1 CHECK STUB.....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____	STATEMENT.....1 CHECK STUB .....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____
$ |___|___|,|___|___|___| NOT ON DOCUMENT .....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT .....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n
WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n	WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n
|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .....n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .....n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n
|___|___| |___|___| |___|___| MONTH DAY YEAR NOT ON DOCUMENT .....n	|___|___| |___|___| |___|___| MONTH DAY YEAR NOT ON DOCUMENT..... n	|___|___| |___|___| |___|___| MONTH DAY YEAR NOT ON DOCUMENT .....n	|___|___| |___|___| |___|___| MONTH DAY YEAR NOT ON DOCUMENT..... n

	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I9k. **INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n
I9l. **INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I9b, I9c, AND I9d. THEN COMPUTE THE MONTHLY AMOUNT USING I9g, I9h, AND I9i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I10a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I10a. IS THERE ANOTHER PERSON? IS THERE ANOTHER PERSON?**	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I10a) 0	YES ..... (GO TO NEXT PERSON)..... 1 NO ..... (GO TO I10a)..... 0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I10a) 0

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
$ |___|___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|___|,|___|___|___| NOT ON DOCUMENT..... n
YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I10a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I10a) 0	YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I10a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I10a) 0

CHILD SUPPORT	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I10a. **INTERVIEWER: WAS THERE CHILD SUPPORT? DOES H11 EQUAL "YES"?**	YES ..... 1 NO .....(GO TO NEXT PERSON OR I11a)..... 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I11a) 0	YES ..... 1 NO .....(GO TO NEXT PERSON OR I11a)..... 0
I10b. How much child support payments did (you/NAME) receive in MONTH?	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r
I10c. **INTERVIEWER: ENTER PERIOD COVERED OR ASK:** Was that per week, every two weeks, or per month?	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I10e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH .....(GO TO I10e).. 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I10e) . 3 DOES NOT KNOW ..... d REFUSED ..... r
I10d. How many PERIODS IN I10c of child support payments did (you/PERSON) receive in MONTH?	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r
I10e. May I look at the statement (you/PERSON) received showing the amount of child support payments received in MONTH? **PROBE:** The check stub.	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I11a)..... 0 DOES NOT KNOW.....(GO TO NEXT PERSON OR I11a)..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I11a)..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I11a) ..... 0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I11a) ..... d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I11a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I11a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I11a)..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I11a)..... r
I10f. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____
I10g. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n
I10h. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n
I10i. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
YES .....1 NO ..... (GO TO NEXT PERSON OR I11a) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I11a)..... 0	YES .....1 NO ..... (GO TO NEXT PERSON OR I11a) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I11a)..... 0
$ |__|__|,|__|__|__| DOES NOT KNOW.....d REFUSED .....r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED..... r	$ |__|__|,|__|__|__| DOES NOT KNOW.....d REFUSED .....r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED..... r
WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I10e)..3 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I10e) . 3 DOES NOT KNOW ..... d REFUSED..... r	WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I10e)..3 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I10e) . 3 DOES NOT KNOW ..... d REFUSED..... r
|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r
YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I11a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I11a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I11a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND.... (GO TO NEXT PERSON OR I11a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I11a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I11a)..... r	YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I11a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I11a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I11a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND.... (GO TO NEXT PERSON OR I11a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I11a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I11a)..... r
STATEMENT.....1 CHECK STUB.....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____	STATEMENT.....1 CHECK STUB .....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____
$ |___|___|,|___|___|___| NOT ON DOCUMENT .....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT .....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n
WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n	WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n
|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .....n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .....n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n

	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I10j. **INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.**	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT ..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
I10k. **INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n
I10l. **INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I10b, I10c, AND I10d. THEN COMPUTE THE MONTHLY AMOUNT USING I10g, I10h, AND I10i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I11a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I11a. IS THERE ANOTHER PERSON?**	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I11a) 0	YES ..... (GO TO NEXT PERSON)..... 1 NO ..... (GO TO I11a)..... 0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I11a) 0

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT .....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT .....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT.....n
YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I11a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I11a) 0	YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I11a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I11a) 0

INTEREST INCOME	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I11a. **INTERVIEWER: WAS THERE INTEREST INCOME? DOES H12 EQUAL "YES"?**	YES ..... 1 NO .....(GO TO NEXT PERSON OR I12a)..... 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I12a) 0	YES ..... 1 NO .....(GO TO NEXT PERSON OR I12a)..... 0
I11b. How much income from interest and dividends did (you/NAME) receive in MONTH?	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r
I11c. **INTERVIEWER: ENTER PERIOD COVERED OR ASK:** Was that per week, every two weeks, or per month?	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I11e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH .....(GO TO I11e).. 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I11e) . 3 DOES NOT KNOW ..... d REFUSED ..... r
111d. How many PERIODS IN I11c of income from interest and dividends did (you/PERSON) receive in MONTH?	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r
I11e. May I look at the statement (you/PERSON) received showing the amount of interest and dividends received in MONTH? **PROBE:** The check stub.	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I12a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I12a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I12a)..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I12a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I12a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I12a) .....r	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I12a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I12a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I12a)..... r
I11f. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____
I11g. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n
I11h. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n
I11i. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
YES .....1 NO ..... (GO TO NEXT PERSON OR I12a) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I12a)..... 0	YES .....1 NO ..... (GO TO NEXT PERSON OR I12a) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I12a)..... 0
$ |__|__|,|__|__|__| DOES NOT KNOW.....d REFUSED .....r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED..... r	$ |__|__|,|__|__|__| DOES NOT KNOW.....d REFUSED .....r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED..... r
WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I11e)..3 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I11e) . 3 DOES NOT KNOW ..... d REFUSED..... r	WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I11e)..3 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I11e) . 3 DOES NOT KNOW ..... d REFUSED..... r
|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r
YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I12a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I12a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I12a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND.... (GO TO NEXT PERSON OR I12a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I12a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I12a)..... r	YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I12a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I12a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I12a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND.... (GO TO NEXT PERSON OR I12a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I12a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I12a)..... r
STATEMENT.....1 CHECK STUB.....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____	STATEMENT.....1 CHECK STUB .....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____
$ |___|___|,|___|___|___| NOT ON DOCUMENT .....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT .....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n
WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n	WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n
|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .....n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .....n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n

	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I11j. **INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:**	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT ..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
I11k. **INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n
I11l. **INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I11b, I11c, AND I11d. THEN COMPUTE THE MONTHLY AMOUNT USING I11g, I11h, AND I11i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I12a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I12a. IS THERE ANOTHER PERSON?**	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I12a) 0	YES ..... (GO TO NEXT PERSON)..... 1 NO ..... (GO TO I12a)..... 0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I12a) 0

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT.....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT.....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n
YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I12a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I12a) 0	YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I12a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I12a) 0

RENTAL INCOME	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I12a. **INTERVIEWER: WAS THERE RENTAL INCOME? DOES H13 EQUAL "YES"?**	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I13a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I13a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I13a) 0
I12b. How much rental income did (you/NAME) receive in MONTH?	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r
I12c. **INTERVIEWER: ENTER PERIOD COVERED OR ASK:** Was that per week, every two weeks, or per month?	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I12e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I12e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I12e) . 3 DOES NOT KNOW ..... d REFUSED ..... r
112d. How many PERIODS IN I12c of rental income did (you/PERSON) receive in MONTH?	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r
I12e. May I look at the statement (you/PERSON) received showing the amount of rental income received in MONTH? **PROBE:** The check stub.	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I13a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I13a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I13a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND ..... (GO TO NEXT PERSON OR I13a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I13a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I13a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I13a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I13a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I13a) ..... r
I12f. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____
I12g. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**	$ |__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|,|__|__|__| NOT ON DOCUMENT ..... n
I12h. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n
I12i. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n
I12j. **INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:**	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT ..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT ..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT ..... n

PERSON NUMBER |__|__|	PERSON NUMBER |__|__|	PERSON NUMBER |__|__|	PERSON NUMBER |__|__|
YES ....1 NO .... (GO TO NEXT PERSON OR I13a) 0	YES....1 NO ....(GO TO NEXT PERSON OR I13a)....0	YES ....1 NO .... (GO TO NEXT PERSON OR I13a) 0	YES....1 NO ....(GO TO NEXT PERSON OR I13a)....0
$ |__|__|,|__|__|__| DOES NOT KNOW....d REFUSED ....r	$ |__|__|,|__|__|__| DOES NOT KNOW ....d REFUSED....r	$ |__|__|,|__|__|__| DOES NOT KNOW....d REFUSED ....r	$ |__|__|,|__|__|__| DOES NOT KNOW ....d REFUSED....r
WEEK....1 EVERY TWO WEEKS ....2 MONTH ....(GO TO I12e)..3 DOES NOT KNOW....d REFUSED ....r	WEEK ....1 EVERY TWO WEEKS....2 MONTH.... (GO TO I12e) . 3 DOES NOT KNOW ....d REFUSED....r	WEEK....1 EVERY TWO WEEKS ....2 MONTH ....(GO TO I12e)..3 DOES NOT KNOW....d REFUSED ....r	WEEK ....1 EVERY TWO WEEKS....2 MONTH.... (GO TO I12e) . 3 DOES NOT KNOW ....d REFUSED....r
|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW....d REFUSED ....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ....d REFUSED....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW....d REFUSED ....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ....d REFUSED....r
YES ....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I13a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I13a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I13a) .....r	YES....1 DON'T HAVE/ CAN'T FIND.... (GO TO NEXT PERSON OR I13a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I13a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I13a)..... r	YES ....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I13a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I13a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I13a) .....r	YES....1 DON'T HAVE/ CAN'T FIND.... (GO TO NEXT PERSON OR I13a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I13a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I13a)..... r
STATEMENT....1 CHECK STUB....2 OTHER (SPECIFY) ....3 _____ _____	STATEMENT ....1 CHECK STUB ....2 OTHER (SPECIFY)....3 _____ _____	STATEMENT....1 CHECK STUB ....2 OTHER (SPECIFY) ....3 _____ _____	STATEMENT ....1 CHECK STUB ....2 OTHER (SPECIFY)....3 _____ _____
$ |__|__|,|__|__|__| NOT ON DOCUMENT ....n	$ |__|__|,|__|__|__| NOT ON DOCUMENT....n	$ |__|__|,|__|__|__| NOT ON DOCUMENT ....n	$ |__|__|,|__|__|__| NOT ON DOCUMENT....n
WEEK....1 TWO WEEKS ....2 MONTH ....3 OTHER (SPECIFY) ....4 _____ NOT ON DOCUMENT n	WEEK ....1 TWO WEEKS....2 MONTH....3 OTHER (SPECIFY)....4 _____ NOT ON DOCUMENT n	WEEK....1 TWO WEEKS ....2 MONTH ....3 OTHER (SPECIFY) ....4 _____ NOT ON DOCUMENT n	WEEK ....1 TWO WEEKS....2 MONTH....3 OTHER (SPECIFY)....4 _____ NOT ON DOCUMENT n
|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ....n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT....n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ....n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT....n
|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT ....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT ....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT....n

	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I12k. **INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n
I12l. **INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I12b, I12c, AND I12d. THEN COMPUTE THE MONTHLY AMOUNT USING I12g, I12h, AND I12i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I13a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I13a. IS THERE ANOTHER PERSON?**	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I13a) 0	YES ..... (GO TO NEXT PERSON)..... 1 NO ..... (GO TO I13a)..... 0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I13a) 0

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
$ |___|___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|___|,|___|___|___| NOT ON DOCUMENT ..... n
YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I13a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I13a) 0	YES .....(GO TO NEXT PERSON).....1 NO.....(GO TO I13a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I13a) 0

NON-FARM BUSINESS PROFIT OR LOSS	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I13a. **INTERVIEWER: WAS THERE BUSINESS PROFIT OR LOSS? DOES H14 EQUAL "YES"?**	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I14a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I14a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I14a) 0
I13b. During MONTH, how much profit or loss did (you/PERSONS) have from (your/her/his) own nonfarm business, partnership, or professional practice? **PROBE:** Was that profit or loss? **INTERVIEWER: INDICATE IF AMOUNT IS PROFIT OR LOSS.**	$ |__|,|__|__|__|,|__|__|__| PROFIT ..... 1 LOSS ..... 2 DOES NOT KNOW ..... d REFUSED ..... r	$ |__|,|__|__|__|,|__|__|__| PROFIT ..... 1 LOSS ..... 2 DOES NOT KNOW ..... d REFUSED ..... r	$ |__|,|__|__|__|,|__|__|__| PROFIT ..... 1 LOSS ..... 2 DOES NOT KNOW ..... d REFUSED ..... r
I13c. **INTERVIEWER: ENTER PERIOD COVERED OR ASK:** Was that per week, every two weeks, or per month?	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I13e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I13e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I13e) . 3 DOES NOT KNOW ..... d REFUSED ..... r
113d. How many PERIODS IN I13c of (profit/loss) from (your/PERSON'S) own business did (you/PERSON) realize in MONTH?	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r
I13e. May I look at the statement (you/PERSON) received showing the amount of (profit/loss) from (your/PERSON'S) own business in MONTH? **PROBE:** The check stub.	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I14a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I14a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I14a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND ..... (GO TO NEXT PERSON OR I14a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I14a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I14a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I14a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I14a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I14a) ..... r
I13f. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____
I13g. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**	$ |__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|,|__|__|__| NOT ON DOCUMENT ..... n
I13h. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
YES .....1 NO ..... (GO TO NEXT PERSON OR I14a) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I14a)..... 0	YES .....1 NO ..... (GO TO NEXT PERSON OR I14a) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I14a)..... 0
$ |__|,|__|__|__|,|__|__|__| PROFIT .....1 LOSS.....2 DOES NOT KNOW.....d REFUSED .....r	$ |__|,|__|__|__|,|__|__|__| PROFIT..... 1 LOSS ..... 2 DOES NOT KNOW ..... d REFUSED..... r	$ |__|,|__|__|__|,|__|__|__| PROFIT .....1 LOSS.....2 DOES NOT KNOW.....d REFUSED .....r	$ |__|,|__|__|__|,|__|__|__| PROFIT..... 1 LOSS ..... 2 DOES NOT KNOW ..... d REFUSED..... r
WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I13e)..3 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I13e) . 3 DOES NOT KNOW ..... d REFUSED..... r	WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I13e)..3 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I13e) . 3 DOES NOT KNOW ..... d REFUSED..... r
|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r
YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I14a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I14a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I14a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND.... (GO TO NEXT PERSON OR I14a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I14a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I14a)..... r	YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I14a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I14a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I14a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND.... (GO TO NEXT PERSON OR I14a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I14a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I14a)..... r
STATEMENT.....1 CHECK STUB.....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____	STATEMENT.....1 CHECK STUB .....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____
$ |___|___|,|___|___|___| NOT ON DOCUMENT .....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT .....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n
WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n	WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n

	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I13i. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**	|__|__| NUMBER OF TIMES RECEIVED	|__|__| NUMBER OF TIMES RECEIVED	|__|__| NUMBER OF TIMES RECEIVED
I13j. **INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:**	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT ..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
I13k. **INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n
I13l. **INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I13b, I13c, AND I13d. THEN COMPUTE THE MONTHLY AMOUNT USING I13g, I13h, AND I13i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I14a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I14a. IS THERE ANOTHER PERSON?**	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I14a) 0	YES ..... (GO TO NEXT PERSON)..... 1 NO ..... (GO TO I14a)..... 0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I14a) 0

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
|__|__| NUMBER OF TIMES RECEIVED	|__|__| NUMBER OF TIMES RECEIVED	|__|__| NUMBER OF TIMES RECEIVED	|__|__| NUMBER OF TIMES RECEIVED
|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT.....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT.....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT.....n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT.....n
YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I14a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I14a) 0	YES .....(GO TO NEXT PERSON).....1 NO.....(GO TO I14a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I14a) 0

FARM BUSINESS PROFIT OR LOSS	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I14a. **INTERVIEWER: WAS THERE FARM INCOME? DOES H15 EQUAL "YES"?**	YES ..... 1 NO .....(GO TO NEXT PERSON OR I15a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I15a) 0	YES ..... 1 NO .....(GO TO NEXT PERSON OR I15a) 0
I14b. During MONTH, how much profit or loss did (you/NAME) realize from (your/her/his) own farm?	$ |__|,|__|__|__|,|__|__|__| EARNING ..... 1 LOSS ..... 2 MONTH ..... 3 DOES NOT KNOW ..... d REFUSED ..... r	$ |__|,|__|__|__|,|__|__|__| EARNING ..... 1 LOSS ..... 2 MONTH ..... 3 DOES NOT KNOW ..... d REFUSED ..... r	$ |__|,|__|__|__|,|__|__|__| EARNING ..... 1 LOSS ..... 2 MONTH ..... 3 DOES NOT KNOW ..... d REFUSED ..... r
I14c. **INTERVIEWER: ENTER PERIOD COVERED OR ASK:** Was that per week, every two weeks, or per month?	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I14e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH .....(GO TO I14e).. 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I14e) . 3 DOES NOT KNOW ..... d REFUSED ..... r
114d. How many PERIODS IN I14c of (profit/loss) from (you/PERSON's) farm did (you/PERSON) receive in MONTH?	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r
I14e. May I look at the statement (you/PERSON) received showing the amount of (profit/loss) from (you/PERSON'S) farm received in MONTH? **PROBE:** The check stub.	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I15a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I15a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I15a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND .....(GO TO NEXT PERSON OR I15a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I15a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I15a) .....r	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I15a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I15a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I15a) ..... r
I14f. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____
I14g. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n
I14h. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n

PERSON NUMBER |__|__|	PERSON NUMBER |__|__|	PERSON NUMBER |__|__|	PERSON NUMBER |__|__|
YES ....1 NO .... (GO TO NEXT PERSON OR I15a) 0	YES ....1 NO .... (GO TO NEXT PERSON OR I15a) 0	YES ....1 NO .... (GO TO NEXT PERSON OR I15a) 0	YES ....1 NO .... (GO TO NEXT PERSON OR I15a) 0
$ |__|,|__|__|__|,|__|__|__| EARNING ....1 LOSS ....2 MONTH ....3 DOES NOT KNOW ....d REFUSED ....r	$ |__|,|__|__|__|,|__|__|__| EARNING ....1 LOSS ....2 MONTH ....3 DOES NOT KNOW ....d REFUSED ....r	$ |__|,|__|__|__|,|__|__|__| EARNING ....1 LOSS ....2 MONTH ....3 DOES NOT KNOW ....d REFUSED ....r	$ |__|,|__|__|__|,|__|__|__| EARNING ....1 LOSS ....2 MONTH ....3 DOES NOT KNOW ....d REFUSED ....r
WEEK ....1 EVERY TWO WEEKS ....2 MONTH .... (GO TO I14e) ..3 DOES NOT KNOW ....d REFUSED ....r	WEEK ....1 EVERY TWO WEEKS ....2 MONTH .... (GO TO I14e) . 3 DOES NOT KNOW ....d REFUSED ....r	WEEK ....1 EVERY TWO WEEKS ....2 MONTH .... (GO TO I14e) ..3 DOES NOT KNOW ....d REFUSED ....r	WEEK ....1 EVERY TWO WEEKS ....2 MONTH .... (GO TO I14e) . 3 DOES NOT KNOW ....d REFUSED ....r
|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ....d REFUSED ....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ....d REFUSED ....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ....d REFUSED ....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ....d REFUSED ....r
YES ....1 DON'T HAVE/ CAN'T FIND..... (GO TO NEXT PERSON OR I15a) .....0 DOES NOT KNOW .... (GO TO NEXT PERSON OR I15a) .....d REFUSED TO SHOW .... (GO TO NEXT PERSON OR I15a) .....r	YES ....1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I15a) ..... 0 DOES NOT KNOW .... (GO TO NEXT PERSON OR I15a) ..... d REFUSED TO SHOW .... (GO TO NEXT PERSON OR I15a) ..... r	YES ....1 DON'T HAVE/ CAN'T FIND..... (GO TO NEXT PERSON OR I15a) .....0 DOES NOT KNOW .... (GO TO NEXT PERSON OR I15a) .....d REFUSED TO SHOW .... (GO TO NEXT PERSON OR I15a) .....r	YES ....1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I15a) ..... 0 DOES NOT KNOW .... (GO TO NEXT PERSON OR I15a) ..... d REFUSED TO SHOW .... (GO TO NEXT PERSON OR I15a) ..... r
STATEMENT ....1 CHECK STUB ....2 OTHER (SPECIFY) ....3 ____________________ ____________________	STATEMENT ....1 CHECK STUB ....2 OTHER (SPECIFY) ....3 ____________________ ____________________	STATEMENT ....1 CHECK STUB ....2 OTHER (SPECIFY) ....3 ____________________ ____________________	STATEMENT ....1 CHECK STUB ....2 OTHER (SPECIFY) ....3 ____________________ ____________________
$ |___|___|,|___|___|___| NOT ON DOCUMENT ....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ....n
WEEK ....1 TWO WEEKS ....2 MONTH ....3 OTHER (SPECIFY) ....4 ____________________ NOT ON DOCUMENT n	WEEK ....1 TWO WEEKS ....2 MONTH ....3 OTHER (SPECIFY) ....4 ____________________ NOT ON DOCUMENT n	WEEK ....1 TWO WEEKS ....2 MONTH ....3 OTHER (SPECIFY) ....4 ____________________ NOT ON DOCUMENT n	WEEK ....1 TWO WEEKS ....2 MONTH ....3 OTHER (SPECIFY) ....4 ____________________ NOT ON DOCUMENT n

	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I14i. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**	|__|__| NUMBER OF TIMES RECEIVED	|__|__| NUMBER OF TIMES RECEIVED	|__|__| NUMBER OF TIMES RECEIVED
I14j. **INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:**	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT ..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
I14k. **INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n
I14l. **INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I14b, I14c, AND I14d. THEN COMPUTE THE MONTHLY AMOUNT USING I14g, I14h, AND I14i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I15a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I15a. IS THERE ANOTHER PERSON?**	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I15a) 0	YES ..... (GO TO NEXT PERSON)..... 1 NO ..... (GO TO I15a)..... 0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I15a) 0

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
|__|__| NUMBER OF TIMES RECEIVED	|__|__| NUMBER OF TIMES RECEIVED	|__|__| NUMBER OF TIMES RECEIVED	|__|__| NUMBER OF TIMES RECEIVED
|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT.....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT.....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT.....n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT.....n
YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I15a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I15a) 0	YES .....(GO TO NEXT PERSON).....1 NO.....(GO TO I15a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I15a) 0

COLLEGE FINANCIAL AID	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I15a. **INTERVIEWER: WAS THERE COLLEGE FINANCIAL AID? DOES H16 EQUAL "YES"?**	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I16a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I16a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I16a) 0
I15b. How much financial aid for college students did (you/NAME) receive in MONTH? Please exclude money used for tuition, books and fees, but include money used for room and board.	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r
I15c. **INTERVIEWER: ENTER PERIOD COVERED OR ASK:** Was that per week, every two weeks, or per month?	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I15e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I15e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I15e) . 3 DOES NOT KNOW ..... d REFUSED ..... r
115d. How many PERIODS IN I15c of financial aid for college students did (you/PERSON) receive in MONTH?	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r
I15e. May I look at the statement (you/PERSON) received showing the amount of financial aid for college students received in MONTH? **PROBE:** The check stub.	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I16a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I16a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I16a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND ..... (GO TO NEXT PERSON OR I16a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I16a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I16a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I16a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I16a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I16a) ..... r
I15f. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____
I15g. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n
I15h. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n
I15i. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
YES .....1 NO ..... (GO TO NEXT PERSON OR I16a) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I16a)..... 0	YES .....1 NO ..... (GO TO NEXT PERSON OR I16a) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I16a)..... 0
$ |__|__|,|__|__|__| DOES NOT KNOW.....d REFUSED .....r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED..... r	$ |__|__|,|__|__|__| DOES NOT KNOW.....d REFUSED .....r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED..... r
WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I15e)..3 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I15e) . 3 DOES NOT KNOW ..... d REFUSED..... r	WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I15e)..3 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I15e) . 3 DOES NOT KNOW ..... d REFUSED..... r
|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r
YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I16a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I16a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I16a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND.... (GO TO NEXT PERSON OR I16a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I16a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I16a)..... r	YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I16a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I16a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I16a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND.... (GO TO NEXT PERSON OR I16a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I16a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I16a)..... r
STATEMENT.....1 CHECK STUB.....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____	STATEMENT.....1 CHECK STUB .....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____
$ |___|___|,|___|___|___| NOT ON DOCUMENT .....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT .....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n
WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n	WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT n
|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .....n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .....n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n

	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I15j. **INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:**	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT ..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
I15k. **INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n
I15l. **INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I15b, I15c, AND I15d. THEN COMPUTE THE MONTHLY AMOUNT USING I15g, I15h, AND I15i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I16a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I16a. IS THERE ANOTHER PERSON?**	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I16a) 0	YES ..... (GO TO NEXT PERSON)..... 1 NO ..... (GO TO I16a)..... 0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I16a) 0

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT.....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT.....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n
YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I16a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I16a) 0	YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I16a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I16a) 0

SAVINGS WITHDRAWAL	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I16a. **INTERVIEWER: WAS THERE SAVINGS WITHDRAWAL? DOES H17 EQUAL "YES"?**	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I17a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I17a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I17a) 0
I16b. How much money did (you/NAME) withdraw from savings in MONTH?	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r
I16c. **INTERVIEWER: ENTER PERIOD COVERED OR ASK:** Was that per week, every two weeks, or per month?	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I16e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I16e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I16e) . 3 DOES NOT KNOW ..... d REFUSED ..... r
116d. How many PERIODS IN I16c did (you/PERSON) withdraw money from savings in MONTH?	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r
I16e. May I look at the statement (you/PERSON) received showing the amount of money withdrawn from savings in MONTH? **PROBE:** The check stub.	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I17a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I17a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I17a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND ..... (GO TO NEXT PERSON OR I17a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I17a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I17a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I17a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I17a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I17a) ..... r
I16f. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____
I16g. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n
I16h. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT n
I16i. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n

<table>
<tr><td>PERSON NUMBER |__|__|</td><td>PERSON NUMBER |__|__|</td><td>PERSON NUMBER |__|__|</td><td>PERSON NUMBER |__|__|</td></tr>
<tr><td>YES 1
NO .... (GO TO NEXT PERSON OR I17a) ....0</td><td>YES 1
NO .... (GO TO NEXT PERSON OR I17a) ....0</td><td>YES 1
NO .... (GO TO NEXT PERSON OR I17a) ....0</td><td>YES 1
NO .... (GO TO NEXT PERSON OR I17a) ....0</td></tr>
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DOES NOT KNOW ....d
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<tr><td>WEEK 1
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DOES NOT KNOW ....d
REFUSED ....r</td><td>WEEK 1
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EVERY TWO WEEKS 2
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DOES NOT KNOW ....d
REFUSED ....r</td><td>|___|___| NUMBER OF TIMES RECEIVED
DOES NOT KNOW ....d
REFUSED ....r</td></tr>
<tr><td>YES 1
DON’T HAVE/ CAN’T FIND ..... (GO TO NEXT PERSON OR I17a) 0
DOES NOT KNOW .... (GO TO NEXT PERSON OR I17a) ..... d
REFUSED TO SHOW .... (GO TO NEXT PERSON OR I17a) ..... r</td><td>YES 1
DON’T HAVE/ CAN’T FIND ..... (GO TO NEXT PERSON OR I17a) 0
DOES NOT KNOW .... (GO TO NEXT PERSON OR I17a) ..... d
REFUSED TO SHOW .... (GO TO NEXT PERSON OR I17a) ..... r</td><td>YES 1
DON’T HAVE/ CAN’T FIND ..... (GO TO NEXT PERSON OR I17a) 0
DOES NOT KNOW .... (GO TO NEXT PERSON OR I17a) ..... d
REFUSED TO SHOW .... (GO TO NEXT PERSON OR I17a) ..... r</td><td>YES 1
DON’T HAVE/ CAN’T FIND ..... (GO TO NEXT PERSON OR I17a) 0
DOES NOT KNOW .... (GO TO NEXT PERSON OR I17a) ..... d
REFUSED TO SHOW .... (GO TO NEXT PERSON OR I17a) ..... r</td></tr>
<tr><td>STATEMENT 1
CHECK STUB 2
OTHER (SPECIFY) 3
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________________________________</td><td>STATEMENT 1
CHECK STUB 2
OTHER (SPECIFY) 3
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TWO WEEKS 2
MONTH 3
OTHER (SPECIFY) 4
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NOT ON DOCUMENT n</td><td>WEEK 1
TWO WEEKS 2
MONTH 3
OTHER (SPECIFY) 4
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NOT ON DOCUMENT n</td><td>WEEK 1
TWO WEEKS 2
MONTH 3
OTHER (SPECIFY) 4
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NOT ON DOCUMENT ....n</td><td>|___|___| NUMBER OF TIMES RECEIVED
NOT ON DOCUMENT ....n</td></tr>
</table>

	RESPONDENT |__|__|	PERSON NUMBER |__|__|	PERSON NUMBER |__|__|
I16j. **INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:**	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT ..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
I16k. **INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n
I16l. **INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I16b, I16c, AND I16d. THEN COMPUTE THE MONTHLY AMOUNT USING I16g, I16h, AND I16i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I17a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I17a. IS THERE ANOTHER PERSON?**	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I17a) 0	YES ..... (GO TO NEXT PERSON)..... 1 NO ..... (GO TO I17a)..... 0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I17a) 0

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT.....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT.....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n
YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I17a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I17a) 0	YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I17a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I17a) 0

CONTRIBUTIONS FROM OUTSIDE PERSONS	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I17a. **INTERVIEWER: WERE THERE CONTRIBUTIONS FROM OUTSIDE PERSONS? DOES H18 EQUAL "YES"?**	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I18a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I18a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I18a) 0
I17b. How much income from regular contributions from persons outside the household, for example, cash gifts from friends or family did (you/NAME) receive in MONTH?	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r
I17c. **INTERVIEWER: ENTER PERIOD COVERED OR ASK:** Was that per week, every two weeks, or per month?	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I17e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I17e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I17e) . 3 DOES NOT KNOW ..... d REFUSED ..... r
117d. How many PERIODS IN I17c of regular income contributions did (you/PERSON) receive in MONTH?	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r
I17e. May I look at the statement (you/PERSON) received showing the amount of regular income contributions received in MONTH? **PROBE:** The check stub.	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I18a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I18a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I18a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND ..... (GO TO NEXT PERSON OR I18a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I18a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I18a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I18a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I18a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I18a) ..... r
I17f. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____
I17g. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n
I17h. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT ..... n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT ..... n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT ..... n

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
YES .....1 NO ..... (GO TO NEXT PERSON OR I18a) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I18a)..... 0	YES .....1 NO ..... (GO TO NEXT PERSON OR I18a) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I18a)..... 0
$ |__|__|,|__|__|__| DOES NOT KNOW.....d REFUSED .....r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED..... r	$ |__|__|,|__|__|__| DOES NOT KNOW.....d REFUSED .....r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED..... r
WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I17e)..3 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I17e) . 3 DOES NOT KNOW ..... d REFUSED..... r	WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I17e)..3 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I17e) . 3 DOES NOT KNOW ..... d REFUSED..... r
|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r
YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I18a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I18a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I18a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND.... (GO TO NEXT PERSON OR I18a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I18a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I18a)..... r	YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I18a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I18a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I18a) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND.... (GO TO NEXT PERSON OR I18a)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I18a)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I18a)..... r
STATEMENT.....1 CHECK STUB.....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____	STATEMENT.....1 CHECK STUB .....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____
$ |___|___|,|___|___|___| NOT ON DOCUMENT .....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT .....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n
WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT .....n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT..... n	WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT .....n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT..... n

	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I17i. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n
I17j. **INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:**	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
I17k. **INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n
I17l. **INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I17b, I17c, AND I17d. THEN COMPUTE THE MONTHLY AMOUNT USING I17g, I17h, AND I17i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I18a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I18a. IS THERE ANOTHER PERSON?**	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I18a) 0	YES ..... (GO TO NEXT PERSON)..... 1 NO ..... (GO TO I18a)..... 0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I18a) 0

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .....n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .....n	|___|___| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n
|___|___| |___|___| |___|___| MONTH DAY YEAR NOT ON DOCUMENT .....n	|___|___| |___|___| |___|___| MONTH DAY YEAR NOT ON DOCUMENT..... n	|___|___| |___|___| |___|___| MONTH DAY YEAR NOT ON DOCUMENT .....n	|___|___| |___|___| |___|___| MONTH DAY YEAR NOT ON DOCUMENT..... n
$ |___|___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|___|,|___|___|___| NOT ON DOCUMENT .....n	$ |___|___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|___|,|___|___|___| NOT ON DOCUMENT .....n
YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I18a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I18a) 0	YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I18a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I18a) 0

OTHER CASH INCOME	RESPONDENT |___|___|	PERSON NUMBER |___|___|	PERSON NUMBER |___|___|	
I18a. **INTERVIEWER: WAS THERE OTHER CASH INCOME? DOES H19 EQUAL "YES"?**	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I19a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I19a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I19a) 0	
I18b. How much other cash income, such as net royalties, income from trusts, prize winnings, or bonuses did (you/NAME) receive in MONTH?	$ |___|___|,|___|___|___| DOES NOT KNOW ..... d REFUSED ..... r	$ |___|___|,|___|___|___| DOES NOT KNOW ..... d REFUSED ..... r	$ |___|___|,|___|___|___| DOES NOT KNOW ..... d REFUSED ..... r	
I18c. **INTERVIEWER: ENTER PERIOD COVERED OR ASK:** Was that per week, every two weeks, or per month?	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I18e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I18e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I18e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	
118d. How many PERIODS IN I18c of other cash income did (you/PERSON) receive in MONTH?	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	
I18e. May I look at the statement (you/PERSON) received showing the amount of other cash income received in MONTH? **PROBE:** The check stub.	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I19a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I19a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I19a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND ..... (GO TO NEXT PERSON OR I19a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I19a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I19a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I19a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I19a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I19a) ..... r	
I18f. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	
I18g. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	
I18h. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT ..... n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT ..... n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT ..... n	
I18i. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r NOT ON DOCUMENT ..... n	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r NOT ON DOCUMENT ..... n	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r NOT ON DOCUMENT ..... n	

____________________ PERSON NUMBER |__|__|	____________________ PERSON NUMBER |__|__|	____________________ PERSON NUMBER |__|__|	____________________ PERSON NUMBER |__|__|
YES ....1 NO ....(GO TO NEXT PERSON OR I19a) 0	YES ....1 NO ....(GO TO NEXT PERSON OR I19a) 0	YES ....1 NO ....(GO TO NEXT PERSON OR I19a) 0	YES ....1 NO ....(GO TO NEXT PERSON OR I19a) 0
$ |__|__|,|__|__|__| DOES NOT KNOW ....d REFUSED ....r	$ |__|__|,|__|__|__| DOES NOT KNOW ....d REFUSED ....r	$ |__|__|,|__|__|__| DOES NOT KNOW ....d REFUSED ....r	$ |__|__|,|__|__|__| DOES NOT KNOW ....d REFUSED ....r
WEEK ....1 EVERY TWO WEEKS ....2 MONTH ....(GO TO I18e) ..3 DOES NOT KNOW ....d REFUSED ....r	WEEK ....1 EVERY TWO WEEKS ....2 MONTH ....(GO TO I18e) . 3 DOES NOT KNOW ....d REFUSED ....r	WEEK ....1 EVERY TWO WEEKS ....2 MONTH ....(GO TO I18e) ..3 DOES NOT KNOW ....d REFUSED ....r	WEEK ....1 EVERY TWO WEEKS ....2 MONTH ....(GO TO I18e) . 3 DOES NOT KNOW ....d REFUSED ....r
|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ....d REFUSED ....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ....d REFUSED ....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ....d REFUSED ....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ....d REFUSED ....r
YES ....1 DON'T HAVE/ CAN'T FIND .....(GO TO NEXT PERSON OR I19a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I19a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I19a) .....r	YES ....1 DON'T HAVE/ CAN'T FIND .....(GO TO NEXT PERSON OR I19a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I19a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I19a) .....r	YES ....1 DON'T HAVE/ CAN'T FIND .....(GO TO NEXT PERSON OR I19a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I19a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I19a) .....r	YES ....1 DON'T HAVE/ CAN'T FIND .....(GO TO NEXT PERSON OR I19a) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I19a) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I19a) .....r
STATEMENT ....1 CHECK STUB ....2 OTHER (SPECIFY) ....3 ____________________ ____________________	STATEMENT ....1 CHECK STUB ....2 OTHER (SPECIFY) ....3 ____________________ ____________________	STATEMENT ....1 CHECK STUB ....2 OTHER (SPECIFY) ....3 ____________________ ____________________	STATEMENT ....1 CHECK STUB ....2 OTHER (SPECIFY) ....3 ____________________ ____________________
$ |___|___|,|___|___|___| NOT ON DOCUMENT ....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ....n
WEEK ....1 TWO WEEKS ....2 MONTH ....3 OTHER (SPECIFY) ....4 ____________________ NOT ON DOCUMENT ....n	WEEK ....1 TWO WEEKS ....2 MONTH ....3 OTHER (SPECIFY) ....4 ____________________ NOT ON DOCUMENT ....n	WEEK ....1 TWO WEEKS ....2 MONTH ....3 OTHER (SPECIFY) ....4 ____________________ NOT ON DOCUMENT ....n	WEEK ....1 TWO WEEKS ....2 MONTH ....3 OTHER (SPECIFY) ....4 ____________________ NOT ON DOCUMENT ....n
|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ....d REFUSED ....r NOT ON DOCUMENT ....n	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ....d REFUSED ....r NOT ON DOCUMENT ....n	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ....d REFUSED ....r NOT ON DOCUMENT ....n	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ....d REFUSED ....r NOT ON DOCUMENT ....n

	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I18j. **INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:**	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT ..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
I18k. **INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n
I18l. **INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I18b, I18c, AND I18d. THEN COMPUTE THE MONTHLY AMOUNT USING I18g, I18h, AND I18i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I19a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I19a. IS THERE ANOTHER PERSON?**	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I19a) 0	YES ..... (GO TO NEXT PERSON)..... 1 NO ..... (GO TO I19a)..... 0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I19a) 0

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT.....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT.....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n
YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I19a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I19a) 0	YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I19a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I19a) 0

GENERAL ASSISTANCE	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____
I19a. **INTERVIEWER: WAS THERE GENERAL ASSISTANCE? DOES H20 EQUAL "YES"?**	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I20a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I20a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I20a) 0	
I19b. How much general assistance money did (you/NAME) receive in MONTH?	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	
I19c. **INTERVIEWER: ENTER PERIOD COVERED OR ASK:** Was that per week, every two weeks, or per month?	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I19e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I19e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I19e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	
119d. How many PERIODS IN I19c of general assistance did (you/PERSON) receive in MONTH?	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	
I19e. May I look at the statement (you/PERSON) received showing the amount of general assistance received in MONTH? **PROBE:** The check stub.	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I20a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I20a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I20a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND ..... (GO TO NEXT PERSON OR I20a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I20a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I20a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I20a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I20a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I20a) ..... r	
I19f. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	
I19g. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ..... n	
I19h. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT ..... n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT ..... n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT ..... n	
I19i. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r NOT ON DOCUMENT ..... n	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r NOT ON DOCUMENT ..... n	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r NOT ON DOCUMENT ..... n	

PERSON NUMBER |__|__|	PERSON NUMBER |__|__|	PERSON NUMBER |__|__|	PERSON NUMBER |__|__|
YES .... 1 NO .... (GO TO NEXT PERSON OR I20a) 0	YES .... 1 NO .... (GO TO NEXT PERSON OR I20a) 0	YES .... 1 NO .... (GO TO NEXT PERSON OR I20a) 0	YES .... 1 NO .... (GO TO NEXT PERSON OR I20a) 0
$ |__|__|,|__|__|__| DOES NOT KNOW .... d REFUSED .... r	$ |__|__|,|__|__|__| DOES NOT KNOW .... d REFUSED .... r	$ |__|__|,|__|__|__| DOES NOT KNOW .... d REFUSED .... r	$ |__|__|,|__|__|__| DOES NOT KNOW .... d REFUSED .... r
WEEK .... 1 EVERY TWO WEEKS .... 2 MONTH .... (GO TO I19e) .. 3 DOES NOT KNOW .... d REFUSED .... r	WEEK .... 1 EVERY TWO WEEKS .... 2 MONTH .... (GO TO I19e) . 3 DOES NOT KNOW .... d REFUSED .... r	WEEK .... 1 EVERY TWO WEEKS .... 2 MONTH .... (GO TO I19e) .. 3 DOES NOT KNOW .... d REFUSED .... r	WEEK .... 1 EVERY TWO WEEKS .... 2 MONTH .... (GO TO I19e) . 3 DOES NOT KNOW .... d REFUSED .... r
|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW .... d REFUSED .... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW .... d REFUSED .... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW .... d REFUSED .... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW .... d REFUSED .... r
YES .... 1 DON'T HAVE/ CAN'T FIND ..... (GO TO NEXT PERSON OR I20a) ..... 0 DOES NOT KNOW .... (GO TO NEXT PERSON OR I20a) ..... d REFUSED TO SHOW .... (GO TO NEXT PERSON OR I20a) ..... r	YES .... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I20a) ..... 0 DOES NOT KNOW .... (GO TO NEXT PERSON OR I20a) ..... d REFUSED TO SHOW .... (GO TO NEXT PERSON OR I20a) ..... r	YES .... 1 DON'T HAVE/ CAN'T FIND ..... (GO TO NEXT PERSON OR I20a) ..... 0 DOES NOT KNOW .... (GO TO NEXT PERSON OR I20a) ..... d REFUSED TO SHOW .... (GO TO NEXT PERSON OR I20a) ..... r	YES .... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I20a) ..... 0 DOES NOT KNOW .... (GO TO NEXT PERSON OR I20a) ..... d REFUSED TO SHOW .... (GO TO NEXT PERSON OR I20a) ..... r
STATEMENT .... 1 CHECK STUB .... 2 OTHER (SPECIFY) .... 3 ____________________ ____________________	STATEMENT .... 1 CHECK STUB .... 2 OTHER (SPECIFY) .... 3 ____________________ ____________________	STATEMENT .... 1 CHECK STUB .... 2 OTHER (SPECIFY) .... 3 ____________________ ____________________	STATEMENT .... 1 CHECK STUB .... 2 OTHER (SPECIFY) .... 3 ____________________ ____________________
$ |___|___|,|___|___|___| NOT ON DOCUMENT .... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT .... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT .... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT .... n
WEEK .... 1 TWO WEEKS .... 2 MONTH .... 3 OTHER (SPECIFY) .... 4 ____________________ NOT ON DOCUMENT .... n	WEEK .... 1 TWO WEEKS .... 2 MONTH .... 3 OTHER (SPECIFY) .... 4 ____________________ NOT ON DOCUMENT .... n	WEEK .... 1 TWO WEEKS .... 2 MONTH .... 3 OTHER (SPECIFY) .... 4 ____________________ NOT ON DOCUMENT .... n	WEEK .... 1 TWO WEEKS .... 2 MONTH .... 3 OTHER (SPECIFY) .... 4 ____________________ NOT ON DOCUMENT .... n
|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW .... d REFUSED .... r NOT ON DOCUMENT .... n	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW .... d REFUSED .... r NOT ON DOCUMENT .... n	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW .... d REFUSED .... r NOT ON DOCUMENT .... n	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW .... d REFUSED .... r NOT ON DOCUMENT .... n

	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I19j. **INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:**	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT ..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
I19k. **INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n
I19l. **INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I19b, I19c, AND I19d. THEN COMPUTE THE MONTHLY AMOUNT USING I19g, I19h, AND I19i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I20a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I20a. IS THERE ANOTHER PERSON?**	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I20a) 0	YES ..... (GO TO NEXT PERSON)..... 1 NO ..... (GO TO I20a)..... 0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I20a) 0

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT.....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT.....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n
YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I20a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I20a) 0	YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I20a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I20a) 0

NON-MILITARY HOUSEHOLD SUBSIDIES	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____
I20a. **INTERVIEWER: WAS THERE NON-MILITARY HOUSEHOLD SUBSIDIES? DOES H21 EQUAL "YES"?**	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I21a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I21a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I21a) 0	
I20b. How much did (you/NAME) receive in non-military housing subsidies in MONTH?	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	
I20c. **INTERVIEWER: ENTER PERIOD COVERED OR ASK:** Was that per week, every two weeks, or per month?	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I20e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I20e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I20e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	
120d. How many PERIODS IN I20c of non-military housing subsidies did (you/PERSON) receive in MONTH?	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	
I20e. May I look at the statement (you/PERSON) received showing the amount of non-military housing subsidies received in MONTH? **PROBE:** The check stub.	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I21a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I21a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I21a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND ..... (GO TO NEXT PERSON OR I21a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I21a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I21a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I21a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I21a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I21a) ..... r	
I20f. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	
I20g. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**	$ |__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|,|__|__|__| NOT ON DOCUMENT ..... n	
I20h. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT ..... n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT ..... n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT ..... n	
I20i. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r NOT ON DOCUMENT ..... n	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r NOT ON DOCUMENT ..... n	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r NOT ON DOCUMENT ..... n	

________________________ PERSON NUMBER |__|__|	________________________ PERSON NUMBER |__|__|	________________________ PERSON NUMBER |__|__|	________________________ PERSON NUMBER |__|__|
YES ....1 NO .... (GO TO NEXT PERSON OR I21a) 0	YES .... 1 NO .... (GO TO NEXT PERSON OR I21a) 0	YES ....1 NO .... (GO TO NEXT PERSON OR I21a) 0	YES .... 1 NO .... (GO TO NEXT PERSON OR I21a) 0
$ |__|__|,|__|__|__| DOES NOT KNOW ....d REFUSED ....r	$ |__|__|,|__|__|__| DOES NOT KNOW .... d REFUSED .... r	$ |__|__|,|__|__|__| DOES NOT KNOW ....d REFUSED ....r	$ |__|__|,|__|__|__| DOES NOT KNOW .... d REFUSED .... r
WEEK ....1 EVERY TWO WEEKS ....2 MONTH ....(GO TO I20e) ..3 DOES NOT KNOW ....d REFUSED ....r	WEEK .... 1 EVERY TWO WEEKS .... 2 MONTH .... (GO TO I20e) . 3 DOES NOT KNOW .... d REFUSED .... r	WEEK ....1 EVERY TWO WEEKS ....2 MONTH ....(GO TO I20e) ..3 DOES NOT KNOW ....d REFUSED ....r	WEEK .... 1 EVERY TWO WEEKS .... 2 MONTH .... (GO TO I20e) . 3 DOES NOT KNOW .... d REFUSED .... r
|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ....d REFUSED ....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW .... d REFUSED .... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ....d REFUSED ....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW .... d REFUSED .... r
YES ....1 DON'T HAVE/ CAN'T FIND .....(GO TO NEXT PERSON OR I21a) .....0 DOES NOT KNOW ....(GO TO NEXT PERSON OR I21a) .....d REFUSED TO SHOW ....(GO TO NEXT PERSON OR I21a) .....r	YES .... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I21a) ..... 0 DOES NOT KNOW .... (GO TO NEXT PERSON OR I21a) ..... d REFUSED TO SHOW .... (GO TO NEXT PERSON OR I21a) ..... r	YES ....1 DON'T HAVE/ CAN'T FIND .....(GO TO NEXT PERSON OR I21a) .....0 DOES NOT KNOW ....(GO TO NEXT PERSON OR I21a) .....d REFUSED TO SHOW ....(GO TO NEXT PERSON OR I21a) .....r	YES .... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I21a) ..... 0 DOES NOT KNOW .... (GO TO NEXT PERSON OR I21a) ..... d REFUSED TO SHOW .... (GO TO NEXT PERSON OR I21a) ..... r
STATEMENT ....1 CHECK STUB ....2 OTHER (SPECIFY) ....3 ________________________ ________________________	STATEMENT .... 1 CHECK STUB .... 2 OTHER (SPECIFY) .... 3 ________________________ ________________________	STATEMENT ....1 CHECK STUB ....2 OTHER (SPECIFY) ....3 ________________________ ________________________	STATEMENT .... 1 CHECK STUB .... 2 OTHER (SPECIFY) .... 3 ________________________ ________________________
$ |___|___|,|___|___|___| NOT ON DOCUMENT ....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT .... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT .... n
WEEK ....1 TWO WEEKS ....2 MONTH ....3 OTHER (SPECIFY) ....4 ________________________ NOT ON DOCUMENT ....n	WEEK .... 1 TWO WEEKS .... 2 MONTH .... 3 OTHER (SPECIFY) .... 4 ________________________ NOT ON DOCUMENT .... n	WEEK ....1 TWO WEEKS ....2 MONTH ....3 OTHER (SPECIFY) ....4 ________________________ NOT ON DOCUMENT ....n	WEEK .... 1 TWO WEEKS .... 2 MONTH .... 3 OTHER (SPECIFY) .... 4 ________________________ NOT ON DOCUMENT .... n
|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ....d REFUSED ....r NOT ON DOCUMENT ....n	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW .... d REFUSED .... r NOT ON DOCUMENT .... n	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ....d REFUSED ....r NOT ON DOCUMENT ....n	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW .... d REFUSED .... r NOT ON DOCUMENT .... n

	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I20j. **INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:**	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT ..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
I20k. **INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n
I20l. **INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I20b, I20c, AND I20d. THEN COMPUTE THE MONTHLY AMOUNT USING I20g, I20h, AND I20i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I21a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I21a. IS THERE ANOTHER PERSON?**	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I21a) 0	YES ..... (GO TO NEXT PERSON)..... 1 NO ..... (GO TO I21a)..... 0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I21a) 0

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT.....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT.....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n
YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I21a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I21a) 0	YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I21a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I21a) 0

BLACK LUNG DISEASE	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	
I21a. **INTERVIEWER: WAS THERE BLACK LUNG BENEFITS? DOES H22 EQUAL "YES"?**	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I22a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I22a) 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I22a) 0	
I21b. How much in black lung benefits did (you/NAME) receive in MONTH?	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	
I21c. **INTERVIEWER: ENTER PERIOD COVERED OR ASK:** Was that per week, every two weeks, or per month?	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I21e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I21e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH ..... (GO TO I21e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	
121d. How many PERIODS IN I21c of black lung benefits did (you/PERSON) receive in MONTH?	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	
I21e. May I look at the statement (you/PERSON) received showing the amount of black lung benefits received in MONTH? **PROBE:** The check stub.	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I22a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I22a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I22a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND ..... (GO TO NEXT PERSON OR I22a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I22a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I22a) ..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I22a) ..... 0 DOES NOT KNOW ..... (GO TO NEXT PERSON OR I22a) ..... d REFUSED TO SHOW ..... (GO TO NEXT PERSON OR I22a) ..... r	
I21f. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	
I21g. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**	$ |__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|,|__|__|__| NOT ON DOCUMENT ..... n	
I21h. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT ..... n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT ..... n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT ..... n	
I21i. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r NOT ON DOCUMENT ..... n	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r NOT ON DOCUMENT ..... n	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r NOT ON DOCUMENT ..... n	

PERSON NUMBER |__|__|	PERSON NUMBER |__|__|	PERSON NUMBER |__|__|	PERSON NUMBER |__|__|
YES ....1 NO .... (GO TO NEXT PERSON OR I22a) 0	YES... 1 NO ....(GO TO NEXT PERSON OR I22a)........ 0	YES ....1 NO................. (GO TO NEXT PERSON OR I22a) 0	YES... 1 NO ....(GO TO NEXT PERSON OR I22a)........ 0
$ |__|__|,|__|__|__| DOES NOT KNOW.............................d REFUSED ....r	$ |__|__|,|__|__|__| DOES NOT KNOW .... d REFUSED.. r	$ |__|__|,|__|__|__| DOES NOT KNOW.............................d REFUSED ....r	$ |__|__|,|__|__|__| DOES NOT KNOW .... d REFUSED.. r
WEEK...1 EVERY TWO WEEKS ....2 MONTH ....(GO TO I21e)..3 DOES NOT KNOW............................d REFUSED ....r	WEEK .... 1 EVERY TWO WEEKS........................ 2 MONTH...................... (GO TO I21e) . 3 DOES NOT KNOW .... d REFUSED... r	WEEK...1 EVERY TWO WEEKS ....2 MONTH ....(GO TO I21e)..3 DOES NOT KNOW............................d REFUSED ....r	WEEK .... 1 EVERY TWO WEEKS........................ 2 MONTH...................... (GO TO I21e) . 3 DOES NOT KNOW .... d REFUSED... r
|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW............................d REFUSED ....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW .... d REFUSED.. r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW............................d REFUSED ....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW .... d REFUSED.. r
YES ....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I22a) .....0 DOES NOT KNOW ....(GO TO NEXT PERSON OR I22a) .....d REFUSED TO SHOW ....(GO TO NEXT PERSON OR I22a) .....r	YES.. 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I22a)..... 0 DOES NOT KNOW............. (GO TO NEXT PERSON OR I22a)..... d REFUSED TO SHOW....... (GO TO NEXT PERSON OR I22a)..... r	YES ....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I22a) .....0 DOES NOT KNOW ....(GO TO NEXT PERSON OR I22a) .....d REFUSED TO SHOW ....(GO TO NEXT PERSON OR I22a) .....r	YES.. 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I22a)..... 0 DOES NOT KNOW............. (GO TO NEXT PERSON OR I22a)..... d REFUSED TO SHOW....... (GO TO NEXT PERSON OR I22a)..... r
STATEMENT.......................................1 CHECK STUB.....................................2 OTHER (SPECIFY) ....3 ________________________________ ________________________________	STATEMENT .... 1 CHECK STUB.................................... 2 OTHER (SPECIFY)............................. 3 ________________________________ ________________________________	STATEMENT.......................................1 CHECK STUB ....2 OTHER (SPECIFY) ....3 ________________________________ ________________________________	STATEMENT .... 1 CHECK STUB.................................... 2 OTHER (SPECIFY)............................. 3 ________________________________ ________________________________
$ |___|___|,|___|___|___| NOT ON DOCUMENT ....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT......................... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT ....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT......................... n
WEEK...1 TWO WEEKS ....2 MONTH ....3 OTHER (SPECIFY) ....4 ________________________________ NOT ON DOCUMENT ....n	WEEK .... 1 TWO WEEKS...................................... 2 MONTH... 3 OTHER (SPECIFY)............................. 4 ________________________________ NOT ON DOCUMENT......................... n	WEEK...1 TWO WEEKS ....2 MONTH ....3 OTHER (SPECIFY) ....4 ________________________________ NOT ON DOCUMENT ....n	WEEK .... 1 TWO WEEKS...................................... 2 MONTH... 3 OTHER (SPECIFY)............................. 4 ________________________________ NOT ON DOCUMENT......................... n
|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW............................d REFUSED ....r NOT ON DOCUMENT ....n	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW .... d REFUSED.. r NOT ON DOCUMENT......................... n	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW............................d REFUSED ....r NOT ON DOCUMENT ....n	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW .... d REFUSED.. r NOT ON DOCUMENT......................... n

	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I21j. **INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:**	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT ..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
I21k. **INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n
I21l. **INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I21b, I21c, AND I21d. THEN COMPUTE THE MONTHLY AMOUNT USING I21g, I21h, AND I21i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I22a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I22a. IS THERE ANOTHER PERSON?**	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I22a) 0	YES ..... (GO TO NEXT PERSON)..... 1 NO ..... (GO TO I22a)..... 0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I22a) 0

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT.....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT.....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n
YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I22a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I22a) 0	YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I22a).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I22a) 0

OTHER PUBLIC ASSISTANCE	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____
I22a. **INTERVIEWER: WAS THERE OTHER PUBLIC ASSISTANCE? DOES H23 EQUAL "YES"?**	YES ..... 1 NO .....(GO TO NEXT PERSON OR I23)..... 0	YES ..... 1 NO ..... (GO TO NEXT PERSON OR I23) 0	YES ..... 1 NO .....(GO TO NEXT PERSON OR I23)..... 0	
I22b. How much did (you/NAME) receive in any other kinds of public assistance during MONTH? Please do not include TANF or Food Stamp Program benefits; we will ask about that later.	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED ..... r	
I22c. **INTERVIEWER: ENTER PERIOD COVERED OR ASK:** Was that per week, every two weeks, or per month?	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I22e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS ..... 2 MONTH .....(GO TO I22e).. 3 DOES NOT KNOW ..... d REFUSED ..... r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I22e) . 3 DOES NOT KNOW ..... d REFUSED ..... r	
122d. How many PERIODS IN I22c of other kinds of public assistance did (you/PERSON) receive in MONTH?	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	|__|__| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED ..... r	
I22e. May I look at the statement (you/PERSON) received showing the amount of other kinds of public assistance received in MONTH? **PROBE:** The check stub.	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I23)..... 0 DOES NOT KNOW.....(GO TO NEXT PERSON OR I23)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I23)..... r	YES ..... 1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I23) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I23) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I23) .....r	YES ..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I23)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I23)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I23)..... r	
I22f. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY) ..... 3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____	
I22g. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**	$ |__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|,|__|__|__| NOT ON DOCUMENT..... n	
I22h. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT..... n	WEEK ..... 1 TWO WEEKS ..... 2 MONTH ..... 3 OTHER (SPECIFY) ..... 4 _____ NOT ON DOCUMENT ..... n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT..... n	

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
YES .....1 NO ..... (GO TO NEXT PERSON OR I23) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I23)..... 0	YES .....1 NO ..... (GO TO NEXT PERSON OR I23) 0	YES..... 1 NO .....(GO TO NEXT PERSON OR I23)..... 0
$ |__|__|,|__|__|__| DOES NOT KNOW.....d REFUSED .....r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED..... r	$ |__|__|,|__|__|__| DOES NOT KNOW.....d REFUSED .....r	$ |__|__|,|__|__|__| DOES NOT KNOW ..... d REFUSED..... r
WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I22e)..3 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I22e) . 3 DOES NOT KNOW ..... d REFUSED..... r	WEEK.....1 EVERY TWO WEEKS .....2 MONTH .....(GO TO I22e)..3 DOES NOT KNOW.....d REFUSED .....r	WEEK ..... 1 EVERY TWO WEEKS..... 2 MONTH..... (GO TO I22e) . 3 DOES NOT KNOW ..... d REFUSED..... r
|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW.....d REFUSED .....r	|___|___| NUMBER OF TIMES RECEIVED DOES NOT KNOW ..... d REFUSED..... r
YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I23) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I23) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I23) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I23)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I23)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I23)..... r	YES .....1 DON'T HAVE/ CAN'T FIND.....(GO TO NEXT PERSON OR I23) .....0 DOES NOT KNOW .....(GO TO NEXT PERSON OR I23) .....d REFUSED TO SHOW .....(GO TO NEXT PERSON OR I23) .....r	YES..... 1 DON'T HAVE/ CAN'T FIND .... (GO TO NEXT PERSON OR I23)..... 0 DOES NOT KNOW..... (GO TO NEXT PERSON OR I23)..... d REFUSED TO SHOW..... (GO TO NEXT PERSON OR I23)..... r
STATEMENT.....1 CHECK STUB.....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____	STATEMENT.....1 CHECK STUB .....2 OTHER (SPECIFY) .....3 _____ _____	STATEMENT ..... 1 CHECK STUB ..... 2 OTHER (SPECIFY)..... 3 _____ _____
$ |___|___|,|___|___|___| NOT ON DOCUMENT .....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n	$ |___|___|,|___|___|___| NOT ON DOCUMENT .....n	$ |___|___|,|___|___|___| NOT ON DOCUMENT..... n
WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT .....n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT..... n	WEEK.....1 TWO WEEKS .....2 MONTH .....3 OTHER (SPECIFY) .....4 _____ NOT ON DOCUMENT .....n	WEEK ..... 1 TWO WEEKS..... 2 MONTH..... 3 OTHER (SPECIFY)..... 4 _____ NOT ON DOCUMENT..... n

	_____ RESPONDENT |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
I22i. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT ..... n	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n
I22j. **INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:**	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT ..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
I22k. **INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT ..... n
I22l. **INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I22b, I22c, AND I22d. THEN COMPUTE THE MONTHLY AMOUNT USING I22g, I22h, AND I22i. IF THERE IS NO DIFFERENCE, CONTINUE NEXT PERSON OR TO I23. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I23. IS THERE ANOTHER PERSON?**	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I23) 0	YES ..... (GO TO NEXT PERSON)..... 1 NO ..... (GO TO I23)..... 0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I23) 0
I23. **INTERVIEWER: IS THERE ANOTHER PERSON TO ASK ABOUT?**	YES..... (GO TO I2, NAME 2)..... 1 NO ..... (GO TO J1) 0	YES ..... (GO TO I2, NAME 3) ..... 1 NO ..... (GO TO J1)..... 0	YES..... (GO TO I2, NAME 4)..... 1 NO ..... (GO TO J1) 0

_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|	_____ PERSON NUMBER |__|__|
|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .....n	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT .....n	|__|__| NUMBER OF TIMES RECEIVED NOT ON DOCUMENT..... n
|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT .....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT .....n	|__|__| |__|__| |__|__| MONTH DAY YEAR NOT ON DOCUMENT..... n
$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT..... n	$ |__|__|__|,|__|__|__| NOT ON DOCUMENT .....n
YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I23).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I23) 0	YES .....(GO TO NEXT PERSON).....1 NO .....(GO TO I23).....0	YES..... (GO TO NEXT PERSON) ..... 1 NO ..... (GO TO I23) 0
YES .....(GO TO I2, NAME 2) .....1 NO .....(GO TO J1).....0	YES..... (GO TO I2, NAME 3)..... 1 NO ..... (GO TO J1) 0	YES .....(GO TO I2, NAME 2) .....1 NO .....(GO TO J1).....0	YES..... (GO TO I2, NAME 3)..... 1 NO ..... (GO TO J1) 0

SECTION J: PUBLIC ASSISTANCE RECEIPT

J1. The next questions are about participation in other government programs.

During MONTH, did you or anyone else in your household receive (STATE TANF/TANF), Temporary Assistance for Needy Families, also know as cash welfare?

YES 1
NO ..... (GO TO J23) 0
DOES NOT KNOW ..... (GO TO J23) ..... d
REFUSED ..... (GO TO J23) ..... r

J2. Who in your household received (STATE TANF/TANF) benefits in MONTH?

PERSON	RELATIONSHIP TO THE RESPONDENT	CIRCLE ALL THAT APPLY
RESPONDENT		1
PERSON 2: _____	|__|__|	2
PERSON 3: _____	|__|__|	3
PERSON 4: _____	|__|__|	4
PERSON 5: _____	|__|__|	5
PERSON 6: _____	|__|__|	6
PERSON 7: _____	|__|__|	7
PERSON 8: _____	|__|__|	8
PERSON 9: _____	|__|__|	9
PERSON 10: _____	|__|__|	10
PERSON 11: _____	|__|__|	11
PERSON 12: _____	|__|__|	12
PERSON 13: _____	|__|__|	13
PERSON 14: _____	|__|__|	14
DOES NOT KNOW WHO ELSE (AT LEAST ONE RECIPIENT RECORDED)		15
DOES NOT KNOW		d
REFUSED		r

J3. **INTERVIEWER: DID THE RESPONDENT, SPOUSE, OR CHILDREN/WARDS GET TANF DURING TARGET MONTH? CHECK J2 FOR RELATIONSHIPS CODES 1, 2, 3, 4, OR 5 AND CODES 12 OR 14 WHEN G6 EQUALS 1.**

YES 1

NO ..... (GO TO J13) 0

J4. How much did [you and your (child/children)/you and your spouse and (child/children)] receive in (STATE TANF/TANF) benefits during MONTH?

$ |___|,|___|___|___| TANF

DOES NOT KNOW .....d

REFUSED .....r

J5. May I look at the statement you received showing the amount of (STATE TANF/TANF) benefits received in MONTH?

PROBE: The award letter or notification of the amount of (STATE TANF/TANF) benefits you receive.

YES—ALL 1

YES—PARTIAL.....2

NO/DOES NOT HAVE/CAN'T GET DOCUMENTATION.. (GO TO J13) 0

DOES NOT KNOW .. (GO TO J13) .....d

REFUSED TO SHOW DOCUMENTATION.. (GO TO J13) .....r

J6. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**

STATEMENT/NOTIFICATION 1

CHECK STUB 2

OTHER (SPECIFY) 3

_____

_____

J7. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**

$|___|___|,|___|___|___|

AMOUNT NOT ON DOCUMENT .....n

J8. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**

WEEK 1
TWO WEEKS 2
MONTH 3
OTHER (SPECIFY) 4

_____

PERIOD NOT ON DOCUMENT ..... n

J9. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**

|__|__|__| NUMBER OF TIMES RECEIVED

NUMBER OF TIMES NOT ON DOCUMENT ..... n

J10. **INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.**

|__|__| |__|__| |__|__| PERIOD ENDING DATE
MONTH DAY YEAR

END DATE NOT ON DOCUMENT ..... n

J11. **INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**

$|__|__|__|,|__|__|__|

AMOUNT NOT ON DOCUMENT ..... n

J12. **INTERVIEWER: COMPUTE THE MONTHLY AMOUNT USING J7, J8, AND J9. COMPARE IT TO THE AMOUNT RECORDED IN J4. IF THERE IS NO MORE THAN $100 DIFFERENCE, OR IF MONTHLY AMOUNT CANNOT BE COMPUTED DUE TO UNAVAILABLE PERIOD, NUMBERS, AMOUNTS, CONTINUE TO J13. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO J13. IF UNRESOLVABLE, CIRCLE CODE AND GO TO J13. CODE RESULT, BELOW.**

NO DIFFERENCE OR DIFFERENCE
LESS THAN $100 1

RESOLVED DIFFERENCE(S) TO $100
OR LESS 2

UNRESOLVABLE 3

J13. **INTERVIEWER: CHECK J2. DID OTHER HOUSEHOLD MEMBER(S) RECEIVE TANF DURING TARGET MONTH?**

YES 1
NO ..... (GO TO J23) 0

J14. How much in (STATE TANF/TANF) benefits did other members of your household receive in MONTH? (Please do not include the (STATE TANF/TANF) benefits received by you and your spouse.)

$ |___|___|,|___|___|___| (TANF)

DOES NOT KNOW ..... d
REFUSED ..... r

J15. May I look at the statement showing the amount of (STATE TANF/TANF) benefits other members of your household received in MONTH?

PROBE: The award letter or notification of the amount of (STATE TANF/TANF) benefits received.

YES—ALL 1
YES—PARTIAL 2
NO/DOES NOT HAVE/CAN'T GET DOCUMENTATION.. (GO TO J23) 0
DOES NOT KNOW .. (GO TO J23) ..... d
REFUSED TO SHOW DOCUMENTATION.. (GO TO J23) ..... r

J16. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**

STATEMENT/NOTIFICATION 1
CHECK STUB 2
OTHER (SPECIFY) 3

_____

_____

J17. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**

$|___|___|,|___|___|___|

AMOUNT NOT ON DOCUMENT ..... n

J18. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**

WEEK 1
TWO WEEKS 2
MONTH 3
OTHER (SPECIFY) 4

PERIOD NOT ON DOCUMENT ..... n

J19. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**

|__|__| NUMBER OF TIMES RECEIVED

NUMBER OF TIMES NOT ON DOCUMENT ..... n

J20. **INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.**

|__|__| |__|__| |__|__|
MONTH DAY YEAR

END DATE NOT ON DOCUMENT ..... n

J21. **INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**

$|__|__|__|,|__|__|__|

AMOUNT NOT ON DOCUMENT ..... n

J22. **INTERVIEWER: COMPUTE THE MONTHLY AMOUNT USING J17, J18, AND J19. COMPARE IT TO THE AMOUNT RECORDED IN J14. IF THERE IS NO MORE THAN $100 DIFFERENCE, OR IF MONTHLY AMOUNT CANNOT BE COMPUTED DUE TO UNAVAILABLE PERIOD, NUMBERS, AMOUNTS, CONTINUE TO J23. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO J23. IF UNRESOLVABLE, CIRCLE CODE AND GO TO J23. CODE RESULT, BELOW.**

NO DIFFERENCE OR DIFFERENCE LESS THAN $100 1

RESOLVED DIFFERENCE(S) TO $100 OR LESS 2

UNRESOLVABLE 3

J23. Did you or anyone else in your household receive food stamps during MONTH? Please include electronically transferred benefits.

YES 1

NO ..... (GO TO J46) 0

DOES NOT KNOW ..... (GO TO J46) ..... d

REFUSED ..... (GO TO J46) ..... r

J24. Who in your household received food stamp benefits in MONTH?

PERSON	RELATIONSHIP TO THE RESPONDENT	CIRCLE ALL THAT APPLY
RESPONDENT		1
PERSON 2: _____	|__|__|	2
PERSON 3: _____	|__|__|	3
PERSON 4: _____	|__|__|	4
PERSON 5: _____	|__|__|	5
PERSON 6: _____	|__|__|	6
PERSON 7: _____	|__|__|	7
PERSON 8: _____	|__|__|	8
PERSON 9: _____	|__|__|	9
PERSON 10: _____	|__|__|	10
PERSON 11: _____	|__|__|	11
PERSON 12: _____	|__|__|	12
PERSON 13: _____	|__|__|	13
PERSON 14: _____	|__|__|	14
DOES NOT KNOW WHO ELSE (AT LEAST ONE RECIPIENT RECORDED)		15
DOES NOT KNOW		d
REFUSED		r

J25. **INTERVIEWER: DID SAMPLE MEMBER, SPOUSE, OR CHILDREN RECEIVE FOOD STAMP BENEFITS DURING TARGET MONTH?**

YES 1
NO ..... (GO TO J35) 0

J26. How much did (you/you and your spouse) receive in food stamp benefits in MONTH?

$ |__|,|__|__|__| FOOD STAMPS

DOES NOT KNOW ..... d
REFUSED ..... r

J27. May I look at the statement you received showing the amount of food stamp benefits (you/you and your spouse) received in MONTH?

PROBE: The award letter or notification of the amount of food stamp benefits you receive.

YES—ALL 1
YES—PARTIAL 2
NO/DOES NOT HAVE/CAN'T GET DOCUMENTATION.. (GO TO J35) 0
DOES NOT KNOW .. (GO TO J35) ..... d
REFUSED TO SHOW DOCUMENTATION.. (GO TO J35) ..... r

J28. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**

STATEMENT/NOTIFICATION 1
CHECK STUB 2
OTHER (SPECIFY) 3
_____
_____

J29. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**

$|__|__|,|__|__|__|
AMOUNT NOT ON DOCUMENT ..... n

J30. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**

WEEK 1
TWO WEEKS 2
MONTH 3
OTHER (SPECIFY) 4
_____
PERIOD NOT ON DOCUMENT ..... n

J31. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**

|__|__| NUMBER OF TIMES RECEIVED
NUMBER OF TIMES NOT ON DOCUMENT ..... n

J32. **INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.**

|__|__| |__|__| |__|__|
MONTH DAY YEAR

END DATE NOT ON DOCUMENT .....n

J33. **INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**

$|__|__|__|,|__|__|__|

AMOUNT NOT ON DOCUMENT .....n

J34. **INTERVIEWER: COMPUTE THE MONTHLY AMOUNT USING J29, J30, AND J31. COMPARE IT TO THE AMOUNT RECORDED IN J26. IF THERE IS NO MORE THAN $100 DIFFERENCE, OR IF MONTHLY AMOUNT CANNOT BE COMPUTED DUE TO UNAVAILABLE PERIOD, NUMBERS, AMOUNTS, CONTINUE TO J35. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO J35. IF UNRESOLVABLE, CIRCLE CODE AND GO TO J35. CODE RESULT, BELOW.**

NO DIFFERENCE OR DIFFERENCE LESS THAN $100 1

RESOLVED DIFFERENCE(S) TO $100 OR LESS.....2

UNRESOLVABLE.....3

J35. **INTERVIEWER: CHECK J24. DID OTHER HOUSEHOLD MEMBERS RECEIVE FOOD STAMP BENEFITS DURING TARGET MONTH?**

YES 1

NO ..... (GO TO J46) 0

J36. How much did other members of your household receive in food stamp benefits during MONTH? (Please do not include food stamp benefits received by you and your spouse.)

$ |__|__|,|__|__|__| FOOD STAMPS

DOES NOT KNOW .....d

REFUSED .....r

J37. May I look at the statement showing the amount of food stamps received by other members of your household in MONTH?

PROBE: The award letter or notification of the amount of food stamp benefits received.

YES—ALL 1
YES—PARTIAL.....2
NO/DOES NOT HAVE/CAN'T GET DOCUMENTATION.. (GO TO J46) 0
DOES NOT KNOW .. (GO TO J46) .....d
REFUSED TO SHOW DOCUMENTATION.. (GO TO J46) .....r

J38. **INTERVIEWER: ENTER TYPE OF DOCUMENT.**

STATEMENT/NOTIFICATION 1
CHECK STUB 2
OTHER (SPECIFY) 3

_____

_____

J39. **INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.**

$ |___|___|,|___|___|___|

AMOUNT NOT ON DOCUMENT .....n

J40. **INTERVIEWER: ENTER THE PERIOD OF PAYMENT.**

WEEK.....1
TWO WEEKS.....2
MONTH 3
OTHER (SPECIFY) 4

_____

PERIOD NOT ON DOCUMENT.....n

J41. **INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.**

|__|__| NUMBER OF TIMES RECEIVED

NUMBER OF TIMES NOT ON DOCUMENT .....n

J42. **INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.**

|__|__| |__|__| |__|__|
MONTH DAY YEAR

END DATE NOT ON DOCUMENT .....n

J43. **INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.**

$|__|__|__|,|__|__|__|

AMOUNT NOT ON DOCUMENT .....n

J44. **INTERVIEWER: COMPUTE THE MONTHLY AMOUNT USING J39, J40, AND J41. COMPARE IT TO THE AMOUNT RECORDED IN J36. IF THERE IS NO MORE THAN $100 DIFFERENCE, OR IF MONTHLY AMOUNT CANNOT BE COMPUTED DUE TO UNAVAILABLE PERIOD, NUMBERS, AMOUNTS, CONTINUE TO J45. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO J45. IF UNRESOLVABLE, CIRCLE CODE AND GO TO J45. CODE RESULT, BELOW.**

NO DIFFERENCE OR DIFFERENCE LESS THAN $100 1

RESOLVED DIFFERENCE(S) TO $100 OR LESS.....2

UNRESOLVABLE.....3

J45. Did you participate in the Food Distribution Program on Indian Reservations or FDPIR during MONTH?

YES 1
NO 0
DOES NOT KNOW .....d
REFUSED .....r

J46. **INTERVIEWER: WERE ALL SOURCES OF INCOME DOCUMENTED? CHECK QUESTIONS I2e, I3e, I4e, I5e, I6e, I7e, I8e, I9e, I10e, I11e, I12e, I13e, I14e, I15e, I16e, I17e, I18e, I19e I20e, I21e, I22e, J5, J15, J27, AND J37 FOR ANY QUESTION NOT CODED "1."**

YES ..... (GO TO K1) 1
NO 0

J47. Why are you unable to show me all of the income documents?

CIRCLE ALL THAT APPLY

REFUSES ON OWN BEHALF/ REFUSES TO SHOW OWN DOCUMENTS 1
REFUSES ON BEHALF OF OTHER HOUSEHOLD MEMBER(S)/REFUSES TO SHOW OTHER HOUSEHOLD MEMBERS' DOCUMENTS 2
DO NOT HAVE DOCUMENTS 3
CAN'T FIND DOCUMENTS 4
TOO MUCH TROUBLE TO GET/ FIND DOCUMENTS 5
OTHER (SPECIFY) 6

_____

_____

_____

DOES NOT KNOW .....d
REFUSED .....r

SECTION K: TOTAL MONTHLY INCOME

K1. The computer just added up all the income sources you told me about and the total household income in MONTH (including the income of people no longer here) is AMOUNT. Does that sound about right?

YES ..... (GO TO K4) 1
NO 0
DOES NOT KNOW ..... (GO TO L1) ..... d
REFUSED ..... (GO TO L1) ..... r

K2. **INTERVIEWER: READ OR SHOW RESPONDENT EACH INCOME SOURCE AND AMOUNT AND MAKE ADJUSTMENTS WHERE NEEDED, THEN CONTINUE TO K3.**

K3. The revised total income for MONTH is now TOTAL AMOUNT? Does that sound right?

YES 1
NO ..... (GO TO BACK K2 AND REPEAT PROCEDURES UNTIL INCOME IS CORRECT TO THE RESPONDENT'S SATISFACTION THEN CONTINUE TO K4) 0
DOES NOT KNOW ..... d
REFUSED ..... r

K4. Was the TOTAL AMOUNT we just recorded for your household in MONTH a usual amount or was it more or less than the average you expect your monthly income to be this school year?

USUAL AMOUNT ..... (GO TO K6) 1
MORE THAN AVERAGE 2
LESS THAN AVERAGE 3
DOES NOT KNOW ..... (GO TO K6) ..... d
REFUSED ..... (GO TO K6) ..... r

K5. About how much do you expect your usual or normal monthly household income to be over the school year?

$ |__|__|__|,|__|__|__|

DOES NOT KNOW ..... d

REFUSED ..... r

K6. **INTERVIEWER: CHECK CONTACT SHEET. IS THE MONTH FOR WHICH INCOME WAS REPORTED THE MONTH HOUSEHOLD SUBMITTED AN APPLICATION?**

YES ..... (GO TO L1) 1

NO 0

APPLICATION MONTH NOT AVAILABLE 2

K7. Was the AMOUNT we just recorded for your household in MONTH about the same as your household income in APPLICATION MONTH?

YES ..... (GO TO L1) 1

NO 0

DOES NOT KNOW ..... (GO TO L1) ..... d

REFUSED ..... (GO TO L1) ..... r

K8. About how much was your household income in APPLICATION MONTH?

$ |__|__|__|,|__|__|__|

DOES NOT KNOW ..... d

REFUSED ..... r

NOTE: OLD QUESTION K6 THROUGH K11 (INCOME DOCUMENTATION QUESTIONS) HAVE BEEN INCORPORATED INTO SECTION I WHERE WE ASK FOR INCOME AMOUNTS.

SECTION L: SUMMER FOOD SERVICE PROGRAM PARTICIPATION

L0. **INTERVIEWER: IS THIS A PANEL SURVEY CASE? CHECK CONTACT SHEET.**

YES ..... (GO TO M1) 1
NO 0

L1. The next questions are about TARGET CHILD'S participation in programs that offer free meals to children in the community during summer vacation. These programs are often called summer food programs and are administered through schools, community centers, and summer recreation or day camp programs.

Did (she/he) participate in any programs like that last summer, the summer of 2005?

YES ..... (GO TO L3) 1
NO 0
DOES NOT KNOW .....d
REFUSED .....r

L2. Did (she/he) go to a school, park or community center to get free meals or snacks last summer?

YES 1
NO ..... (GO TO L15) 0
DOES NOT KNOW ..... (GO TO L15) .....d
REFUSED ..... (GO TO L15) .....r

L3. About how many days per week did (she/he) usually (go to the summer program/get the free meals)?

|__| DAYS PER WEEK

DOES NOT KNOW ..... d

REFUSED ..... r

L4. About how many total days did (she/he) (attend that summer program/get free meals) last summer?

PROBE: Your best estimate is fine.

|__|__| TOTAL DAYS

DOES NOT KNOW ..... d

REFUSED ..... r

L5. About how far did (she/he) have to travel to get (to that summer program/the meals)?

|__|__|__|.|__| BLOCKS 1

MILES 2

DOES NOT KNOW ..... d

REFUSED ..... r

L6. What meals did (she/he) usually get (at this program)? Was it breakfast, lunch, supper, snacks, or something else?

CIRCLE ALL THAT APPLY

BREAKFAST 1
LUNCH 2
SUPPER OR DINNER 3
SNACKS 4
SOMETHING ELSE (SPECIFY) 5

_____

_____

_____

DOES NOT KNOW ..... d
REFUSED ..... r

L7. Did (she/he) like the food?

YES 1
NO 0
SOMETIMES YES, SOMETIMES NO 2
DOES NOT KNOW ..... d
REFUSED ..... r

L8. Where were the meals served last summer? Was it at a school, park, a community center or recreation program, a program such as the YMCA or YWCA, or a Boys and Girls Club, a camp, or a church?

CIRCLE ALL THAT APPLY

SCHOOL 1
PARK 2
COMMUNITY CENTER 3
RECREATION PROGRAM 4
YMCA, YWCA, OR BOYS AND GIRLS CLUB 5
CAMP/DAY CAMP 6
CHURCH 7
OTHER (SPECIFY) 8

_____

_____

_____

DOES NOT KNOW ..... d
REFUSED ..... r

L9. Next, I will ask you about the kinds of activities available to children who attended that program. Was it a summer academic program?

YES 1
NO ..... (GO TO L11) 0
DOES NOT KNOW ..... (GO TO L11) ..... d
REFUSED ..... (GO TO L11) ..... r

L10. What is the name of the school where (she/he) attended the summer academic program? RECORD VERBATIM

GO TO L13

L11. Was it a day camp?

YES 1
NO 0
DOES NOT KNOW .....d
REFUSED .....r

L12. Was it a recreation program?

YES 1
NO 0
DOES NOT KNOW .....d
REFUSED .....r

L13. **INTERVIEWER: DID TARGET CHILD ATTEND A PROGRAM? DOES L9 OR L11 OR L12 EQUAL "1"?**

YES 1
NO ..... (GO TO L22) 0

L14. What (other) types of activities were available to children who attended the program?

(SPECIFY) _____

_____

_____

NONE 0
DOES NOT KNOW .....d
REFUSED .....r

GO TO L22

L15. Are you aware of programs or places that offer free food for children nearby in your area during the summer?

YES 1
NO ..... (GO TO L18) 0
DOES NOT KNOW ..... (GO TO L18) .....d
REFUSED ..... (GO TO L18) .....r

L16. How far is the nearest program from your home?

|__|__|__|.|__| BLOCKS 1
MILES 2
DOES NOT KNOW ..... d
REFUSED ..... r

L17. Why did TARGET CHILD not participate in that program last summer?

CIRCLE ALL THAT APPLY

DID NOT KNOW ABOUT PROGRAM/ SITE AT THE TIME 1
PROGRAM/SITE TOO FAR AWAY 2
PROGRAM/SITE IN BAD NEIGHBORHOOD 3
TRANSPORTATION PROBLEM 4
CHILD DOES NOT LIKE THE FOOD 5
STIGMA ASSOCIATED WITH PARTICIPATION 6
PREFERRED TO FEED CHILD AT HOME 7
CONCERNS ABOUT CHILD'S SAFETY 8
CHILD ATTENDED OTHER SUMMER ACTIVITIES 9
OTHER (SPECIFY) 10

_____

_____

_____

DOES NOT KNOW ..... d
REFUSED ..... r

GO TO L19

L18. If a summer program or a site that served free meals opened up close to your home, would you send your (child/children) to it?

YES 1
NO 0
DOES NOT KNOW ..... d
REFUSED ..... r

L19. Where did TARGET CHILD usually eat lunch last summer?

CIRCLE ALL THAT APPLY

HOME 1
RELATIVE'S HOME 2
FRIEND'S HOME 3
SCHOOL 4
RESTAURANT 5
OTHER (SPECIFY) 6

_____

_____

_____

DOES NOT KNOW ..... d
REFUSED ..... r

L20. **INTERVIEWER: IS THERE MORE THAN ONE RESPONSE TO F19?**

YES 1
NO ..... (GO TO L22) 0

L21. Where is the main place TARGET CHILD ate lunch last summer?

CIRCLE ONE

HOME 1
RELATIVE'S HOME 2
FRIEND'S HOME 3
SCHOOL 4
RESTAURANT 5
OTHER (SPECIFY) 6

_____

_____

_____

DOES NOT KNOW ..... d
REFUSED ..... r

L22. The next questions are about help you may have had with feeding your family last summer. During the past summer did you ask relatives for food or money to purchase food?

YES 1
NO 0
DOES NOT KNOW ..... d
REFUSED ..... r

L23. Did you use a food pantry or food bank last summer?

YES 1
NO 0
DOES NOT KNOW ..... d
REFUSED ..... r

L24. Did you buy less expensive types of food last summer than you did during the school year?

YES 1
NO 0
DOES NOT KNOW ..... d
REFUSED ..... r

L25. Did you receive food stamps or other assistance with food last summer?

YES 1
NO 0
DOES NOT KNOW .....d
REFUSED .....r

SECTION M: DEMOGRAPHIC CHARACTERISTICS

M0. **INTERVIEWER: CHECK CONTACT SHEET. IS THIS A PANEL SURVEY CASE?**

YES ..... (GO TO M3) 1
NO 0

M1. Just a few more questions about you. How old are you?

|__|__| AGE

OR

|__|__|__|__| YEAR BORN

DOES NOT KNOW .....d
REFUSED .....r

M2. **INTERVIEWER: CODE OR ASK:** Are you female or male?

FEMALE 1
MALE.....2
DOES NOT KNOW .....d
REFUSED .....r

M3. Are you currently married, living with a partner to whom you are not married, widowed, divorced, separated, or never married?

CIRCLE ONE

MARRIED.....1
LIVING WITH PARTNER TO WHOM YOU ARE NOT MARRIED 2
WIDOWED 3
DIVORCED 4
SEPARATED.....5
SINGLE AND NEVER MARRIED.....6
DOES NOT KNOW .....d
REFUSED .....r

M4. What is the highest grade or level of school that you have completed?

INTERVIEWER: IF GED, ENTER 12.

|__|__| HIGHEST GRADE COMPLETED

OTHER (SPECIFY) 0

_____

_____

_____

ASSOCIATES 1
BACHELORS 2
MASTERS 3
Ph.D. 4
LAW DEGREE 5
DOES NOT KNOW ..... d
REFUSED ..... r

M4a. **INTERVIEWER: CHECK CONTACT SHEET. IS THIS A PANEL STUDY CASE?**

YES ..... (GO TO M7) 1
NO 0

M5. Do you consider yourself to be Hispanic or of Latino origin?

PROBE: Cuban, Mexican, Puerto Rican, South or Central American, or from another Spanish culture or origin?

YES 1
NO 0
DOES NOT KNOW ..... d
REFUSED ..... r

M6. Are you White, Black or African American, American Indian or Alaskan Native, Asian, or Native Hawaiian or Pacific Islander?

	CIRCLE ALL THAT APPLY
WHITE	1
BLACK OR AFRICAN AMERICAN	2
AMERICAN INDIAN OR ALASKAN NATIVE	3
ASIAN	4
HISPANIC	5
OTHER (SPECIFY)	6
_____	
_____	
_____	
DOES NOT KNOW	d
REFUSED	r

M7. Are you a United States citizen?

YES	1
NO	0
DOES NOT KNOW	d
REFUSED	r

M8. What is the primary language spoken in your home?

CIRCLE ONE

ENGLISH....1
SPANISH....2
FARSI OR PERSIAN....3
VIETNAMESE....4
ARABIC....5
TONGAN....6
OTHER ASIAN LANGUAGE....7
FRENCH....8
ITALIAN....9
RUSSIAN....10
OTHER (SPECIFY)....11

_____

_____

_____

DOES NOT KNOW....d
REFUSED....r

M8a. **INTERVIEWER: CHECK CONTACT SHEET. IS THIS A PANEL SURVEY CASE?**

YES....(GO TO M11)....1
NO....0

M9. Is TARGET CHILD Hispanic or of Latino origin?

PROBE: Cuban, Mexican, Puerto Rican, South or Central American, or from another Spanish culture or origin?

YES....1
NO....0
DOES NOT KNOW....d
REFUSED....r

M10. Is (she/he) White, Black or African American, American Indian or Alaskan Native, Asian, or Native Hawaiian or Pacific Islander?

CIRCLE ALL THAT APPLY

WHITE 1

BLACK OR AFRICAN AMERICAN 2

AMERICAN INDIAN OR ALASKAN NATIVE 3

ASIAN 4

NATIVE HAWAIIAN OR PACIFIC ISLANDER 5

OTHER (SPECIFY) 6

_____

_____

_____

DOES NOT KNOW ..... d

REFUSED ..... r

M11a. We may want to talk to you again later in the school year. Can you give me the names, addresses, and phone numbers of two people who would know where to find you if you moved?

INTERVIEWER: PROBE FOR NON-HOUSEHOLD MEMBERS.

NAME 1: _____

ADDRESS: _____

_____

TELEPHONE: (_____) - _____ - _____

And what is NAME 1's RELATIONSHIP to you?

RELATIONSHIP: _____

NAME 2: _____

ADDRESS: _____

_____

TELEPHONE: (_____) - _____ - _____

And what is NAME 1's RELATIONSHIP to you?

RELATIONSHIP: _____

M11b. Do you plan to move in the near future?

YES 1
NO ..... (GO TO M12) 0

M11c. Where will you move?

M12. This is the end of the interview. Thank you very much for participating in our study.

INTERVIEWER: PAY THE RESPONDENT $25.

TIME INTERVIEW ENDED: |__|__|:|__|__| AM 1
HOUR MINUTE PM 2

NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

INFORMED CONSENT FOR PARTICIPATION

PURPOSE: The U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS), has contracted with Mathematica Policy Research, Inc. (MPR) to conduct a national study of the National School Lunch Program (NSLP) and School Breakfast Program (SBP). The study will address issues about access, participation, eligibility, and certification in the NSLP and the SBP. It will help USDA better understand the school meal programs and the application and verification processes, why some denied applicant households do not reapply to participate in the programs and the difficulties households experience in fulfilling the requirements of the application and certification process.

INFORMATION TO BE COLLECTED: MPR randomly selected students from application forms for free or reduced-price meals submitted to the school district and from student rosters for households that did not apply. Interviews will be conducted with parents in their homes about their experiences with the school food program. MPR will also collect information recorded on the application forms, changes in meal certification status, changes in enrollment status, and program participation at schools that keep participation information on individual students. Some households may be selected for a second follow-up survey.

STUDY DURATION: The survey and participation information data collection will be during the 2005 to 2006 school year.

RISKS: This study has no identified risks.

STUDY COSTS AND COMPENSATION: There are no costs to you for participating in the study. You will be paid $25.00 for completing an interview.

CONFIDENTIALITY: The information about you and your child collected for this study is being used for research purposes only and is strictly confidential to the full extent allowed by law. Your responses will be grouped with those of other households and will not be shared with your child's school, school district, or the USDA in a way which can identify you or your child. You or your child will not be identified in reports about the study written by MPR. Participation in the study will not affect your eligibility for the school meal program or any other program. It will not affect meal reimbursements paid to participating districts and schools or affect meal benefits your household receives.

VOLUNTARY PARTICIPATION: You do not have to take part in this study. Your decision to be in the study is completely voluntary. Signing this consent form does not waive any of your legal rights.

I have read and understood this entire consent form. I have been given the chance to ask questions about the study and all my questions have been answered to my satisfaction. I understand that if I have other questions about this study I can call Todd Ensor at (609) 275-2326. If I have questions about my rights as a participant in this study I can call [school district representative name and telephone number].

I agree to participate in this study, and will allow MPR to collect information on the application I submitted for free and reduced-price meals, my child's school breakfast and lunch program participation, changes in my child's meal certification status, and changes in my child's school enrollment status.

Child's Name (Please Print): _____

Parent's Name (Please Print): _____

Parent's Signature: _____ Date: _____

OMB Approval No.:
Approval Expires:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 45 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.

MPR DOCUMENTATION PURPOSES ONLY:

P:\Que\EPS\Forms\Informed Consent for Participation-2.doc

(NEW—4-26-05) 8/1/2005 6:04 PM

Lynne formatted for Todd Ensor

EPS – 6118-040

ESTUDIO NACIONAL DE ACCESO, PARTICIPACION, ELEGIBILIDAD Y CERTIFICACION PARA LOS ALMUERZOS Y DESAYUNOS ESCOLARES.

CONSENTIMIENTO INFORMADO PARA PARTICIPACION

PROPOSITO: El Departamento de Agricultura de los Estados Unidos (USDA), Servicio de Alimentos y Nutrición (FNS), ha contratado con Mathematica Policy Research, Inc. (MPR) para llevar a cabo un estudio nacional del Programa Nacional de Almuerzos Escolares (NSLP) y el Programa de Desayunos Escolares (SBP). El estudio investigará temas relacionados con acceso, participación, elegibilidad y certificación en el Programa de Almuerzos Escolares (NSLP) y el Programa de Desayunos Escolares (SBP). Ayudará al USDA a entender mejor los programas de comidas escolares, el proceso de aplicación, las razones porque algunos hogares no aplican para participar en los programas y las dificultades que algunos hogares puedan tener en cumplir con los requisitos de la aplicación y el proceso de certificación.

INFORMACION QUE SERA RECOGIDA: Al azar MPR seleccionó estudiantes de los formularios de aplicación para comidas gratuitas o de precios reducidos entregados a los distritos escolares y de las listas de estudiantes de hogares que no aplicaron. Se llevarán a cabo entrevistas con padres en sus hogares acerca de sus experiencias con el programa de comidas escolares. También MPR recogerá información de las aplicaciones, cambios en el estado de certificación para comidas, cambios en el estado de matrícula, y participación en el programa en escuelas que mantienen información acerca de estudiantes individuales. Algunos hogares pueden ser seleccionados para una segunda encuesta de seguimiento..

LA DURACION DEL ESTUDIO: La encuesta y la recopilación de información acerca de los participantes será durante el año escolar 2005-2006.

RIESGOS: Este estudio no tiene ningún riesgo identificado.

COSTOS Y COMPENSACION: Para usted no hay ningún costo por participar en el estudio. Usted recibirá $25.00 por completar una entrevista.

CONFIDENCIALIDAD: La información que se recoge para este estudio acerca de usted y su niño será usada para propósitos de investigación y es estrictamente confidencial hasta lo máximo que lo permita la Ley. Sus respuestas estarán agrupadas con las de otros hogares y no serán compartidas con la escuela de su niño, el distrito escolar, o el Departamento de Agricultura en una forma en que se le puede identificar a usted o a su niño. Usted o su niño no serán identificados en informes escritos por MPR acerca del estudio. Participación en el estudio no afectará su elegibilidad para el programa de comidas escolares o cualquier otro programa. No afectará los reembolsos pagados a distritos que participan o los beneficios de comidas que su hogar pueda recibir.

PARTICIPACION VOLUNTARIA: Usted no tiene que participar en este estudio. Su decisión de participar en este estudio es totalmente voluntaria. Al firmar este formulario de consentimiento usted no renuncia ninguno de sus derechos legales.

He leído y entendido todo este formulario. Tuve la oportunidad de hacer preguntas acerca del estudio y todas mis preguntas han sido contestadas a mi satisfacción. Entiendo que si tengo otras preguntas acerca del estudio puedo llamar a Todd Ensor a (609) 275-2326. Si tengo preguntas acerca de mis derechos como participante en este estudio, puedo llamar a [nombre y número de teléfono del representante del distrito escolar].

Doy mi consentimiento a participar en este estudio y permitiré que MPR recoja información acerca de la aplicación que entregué para recibir comidas gratuitas o de precios reducidos, la participación de mi niño en los programas de desayunos y almuerzos escolares, cambios en el estado de la certificación de mi niño para comidas, y cambios en el estado de la matrícula escolar de mi niño.

Nombre del niño (En letras de imprenta, por favor)_____

Nombre del Padre/Madre (En letras de imprenta, por favor):_____

Firma del Padre/Madre:_____Fecha: _____

OMB Approval No.:
Approval Expires:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 45 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.

MATHEMATICA
Policy Research, Inc.

NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST PROGRAM ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

STUDENT SAMPLE CONTACT INFORMATION FORM FOR FREE\REDUCED-PRICE AND DENIED APPLICANT SAMPLES

SCHOOL DISTRICT ID NUMBER: |__|__|__|__|__|__|__|__|__|

SCHOOL DISTRICT NAME:_____

SCHOOL ID NUMBER: |__|__|__|__|__|__|__|__|__|

SCHOOL NAME:_____

DATE: |__|__| / |__|__| / |__|__|
MONTH DAY YEAR

I. FREE AND REDUCED-PRICE SAMPLE

SAMPLE RESULTS

	A. Student Number	B. Selection Order	C. Selection Type (M or R)	D. Student Name	E. Grade	F. Parent's Name	G. Mailing Address	H. Telephone Number
1.				First:_____ Middle:_____ Last:_____		First:_____ Middle:_____ Last:_____	Street:_____ City:_____ State:_____ Zip:_____	( ) _____ _____
	I. **Application Number:** _____			J. **Certification Status:** _____ Free _____ Reduced Price		K. **Application/Certification Dates:** Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		
2.				First:_____ Middle:_____ Last:_____		First:_____ Middle:_____ Last:_____	Street:_____ City:_____ State:_____ Zip:_____	( ) _____ _____
	I. **Application Number:** _____			J. **Certification Status:** _____ Free _____ Reduced Price		K. **Application/Certification Dates:** Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		

SAMPLE RESULTS

	A. Student Number	B. Selection Order	C. Selection Type (M or R)	D. Student Name	E. Grade	F. Parent's Name	G. Mailing Address	H. Telephone Number
3.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( )
	I. Application Number:			J. Certification Status:		K. Application/Certification Dates:		
				_____ Free _____ Reduced Price		Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		
4.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( )
	I. Application Number:			J. Certification Status:		K. Application/Certification Dates:		
				_____ Free _____ Reduced Price		Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		
5.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( )
	I. Application Number:			J. Certification Status:		K. Application/Certification Dates:		
				_____ Free _____ Reduced Price		Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		

SAMPLE RESULTS

	A. Student Number	B. Selection Order	C. Selection Type (M or R)	D. Student Name	E. Grade	F. Parent's Name	G. Mailing Address	H. Telephone Number
6.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( )
	I. Application Number:			J. Certification Status:		K. Application/Certification Dates:		
				_____ Free _____ Reduced Price		Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		
7.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( )
	I. Application Number:			J. Certification Status:		K. Application/Certification Dates:		
				_____ Free _____ Reduced Price		Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		
8.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( )
	I. Application Number:			J. Certification Status:		K. Application/Certification Dates:		
				_____ Free _____ Reduced Price		Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		

SAMPLE RESULTS

	A. Student Number	B. Selection Order	C. Selection Type (M or R)	D. Student Name	E. Grade	F. Parent's Name	G. Mailing Address	H. Telephone Number
9.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( )
	I. Application Number:			J. Certification Status:		K. Application/Certification Dates:		
				_____ Free _____ Reduced Price		Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		
10.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( )
	I. Application Number:			J. Certification Status:		K. Application/Certification Dates:		
				_____ Free _____ Reduced Price		Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		
11.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( )
	I. Application Number:			J. Certification Status:		K. Application/Certification Dates:		
				_____ Free _____ Reduced Price		Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		

SAMPLE RESULTS

	A. Student Number	B. Selection Order	C. Selection Type (M or R)	D. Student Name	E. Grade	F. Parent's Name	G. Mailing Address	H. Telephone Number
12.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( )
	I. Application Number:			J. Certification Status: ____ Free ____ Reduced Price		K. Application/Certification Dates: Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		
13.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( )
	I. Application Number:			J. Certification Status: ____ Free ____ Reduced Price		K. Application/Certification Dates: Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		
14.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( )
	I. Application Number:			J. Certification Status: ____ Free ____ Reduced Price		K. Application/Certification Dates: Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		

SAMPLE RESULTS

	A. Student Number	B. Selection Order	C. Selection Type (M or R)	D. Student Name	E. Grade	F. Parent's Name	G. Mailing Address	H. Telephone Number
15.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( )
	I. Application Number:			J. Certification Status: _____ Free _____ Reduced Price		K. Application/Certification Dates: Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		
16.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( )
	I. Application Number:			J. Certification Status: _____ Free _____ Reduced Price		K. Application/Certification Dates: Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		
17.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( )
	I. Application Number:			J. Certification Status: _____ Free _____ Reduced Price		K. Application/Certification Dates: Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		

SAMPLE RESULTS

	A. Student Number	B. Selection Order	C. Selection Type (M or R)	D. Student Name	E. Grade	F. Parent's Name	G. Mailing Address	H. Telephone Number
18.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( )
	I. Application Number:			J. Certification Status: ____ Free ____ Reduced Price		K. Application/Certification Dates: Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		
19.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( )
	I. Application Number:			J. Certification Status: ____ Free ____ Reduced Price		K. Application/Certification Dates: Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		
20.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( )
	I. Application Number:			J. Certification Status: ____ Free ____ Reduced Price		K. Application/Certification Dates: Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		

II. DENIED APPLICANT SAMPLE

SAMPLE RESULTS

	A. Student Number	B. Selection Order	C. Selection Type (M or R)	D. Student Name	E. Grade	F. Parent's Name	G. Mailing Address	H. Telephone Number
1.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( ) _____ _____
	I. Application Number: _____			J. Certification Status: DENIED APPLICANT		K. Application/Certification Dates: Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		
2.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( ) _____ _____
	I. Application Number: _____			J. Certification Status: DENIED APPLICANT		K. Application/Certification Dates: Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		
3.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( ) _____ _____
	I. Application Number: _____			J. Certification Status: DENIED APPLICANT		K. Application/Certification Dates: Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available		

SAMPLE RESULTS

	A. Student Number	B. Selection Order	C. Selection Type (M or R)	D. Student Name	E. Grade	F. Parent's Name	G. Mailing Address	H. Telephone Number
4.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	( )

I. Application Number:	J. Certification Status:	K. Application/Certification Dates:
_____	DENIED APPLICANT	Application Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| MONTH DAY YEAR ☐ Date Not Available

MATHEMATICA
Policy Research, Inc.

NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST PROGRAM ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

STUDENT SAMPLE CONTACT INFORMATION FORM FOR NEWLY APPROVED FREE\REDUCED-PRICE SAMPLE

SCHOOL DISTRICT ID NUMBER: |__|__|__|__|__|__|__|__| SCHOOL DISTRICT NAME:_____

SCHOOL ID NUMBER: |__|__|__|__|__|__|__|__| SCHOOL NAME:_____

DATE: |__|__| / |__|__| / |__|__|
MONTH DAY YEAR

I. NEWLY APPROVED FREE AND REDUCED-PRICE SAMPLE

SAMPLE RESULTS

	A. Student Number	B. Selection Order	C. Selection Type (M or R)	D. Student Name	E. Grade	F. Parent's Name	G. Mailing Address	H. Telephone Number
1.				First:_____ Middle:_____ Last:_____		First:_____ Middle:_____ Last:_____	Street:_____ City:_____ State:_____ Zip:_____	Area Code: ( ) _____ _____
	I. **Application Number:** _____			J. **Certification Status:** _____ Free _____ Reduced Price		K. **Application/Certification Dates:** Application Date: |__|__| / |__|__| / |__|__| (MONTH DAY YEAR) ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| (MONTH DAY YEAR) ☐ Date Not Available		
2.				First:_____ Middle:_____ Last:_____		First:_____ Middle:_____ Last:_____	Street:_____ City:_____ State:_____ Zip:_____	Area Code: ( ) _____ _____
	I. **Application Number:** _____			J. **Certification Status:** _____ Free _____ Reduced Price		K. **Application/Certification Dates:** Application Date: |__|__| / |__|__| / |__|__| (MONTH DAY YEAR) ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| (MONTH DAY YEAR) ☐ Date Not Available		

SAMPLE RESULTS

	A. Student Number	B. Selection Order	C. Selection Type (M or R)	D. Student Name	E. Grade	F. Parent's Name	G. Mailing Address	H. Telephone Number
3.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	Area Code: ( )
	I. **Application Number:**			J. **Certification Status:**		K. **Application/Certification Dates:**	Application Date: |__|__| / |__|__| / |__|__| (MONTH DAY YEAR) ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| (MONTH DAY YEAR) ☐ Date Not Available	
				_____ Free _____ Reduced Price				
4.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	Area Code: ( )
	I. **Application Number:**			J. **Certification Status:**		K. **Application/Certification Dates:**	Application Date: |__|__| / |__|__| / |__|__| (MONTH DAY YEAR) ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| (MONTH DAY YEAR) ☐ Date Not Available	
				_____ Free _____ Reduced Price				
5.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	Area Code: ( )
	I. **Application Number:**			J. **Certification Status:**		K. **Application/Certification Dates:**	Application Date: |__|__| / |__|__| / |__|__| (MONTH DAY YEAR) ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| (MONTH DAY YEAR) ☐ Date Not Available	
				_____ Free _____ Reduced Price				
6.				First: Middle: Last:		First: Middle: Last:	Street: City: State: Zip:	Area Code: ( )
	I. Application Number:			**J. Certification Status:**		**K. Application/Certification Dates:**	Application Date: |__|__| / |__|__| / |__|__| (MONTH DAY YEAR) ☐ Date Not Available Certification Date: |__|__| / |__|__| / |__|__| (MONTH DAY YEAR) ☐ Date Not Available	
				_____ Free _____ Reduced Price				

APPENDIX C

STUDENT DATA ABSTRACTION FORMS

MATHEMATICA
Policy Research, Inc.

OMB Approval No.:
Approval Expires:

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

APPLICATION DATA ABSTRACTION FORM

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 0 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

APPLICATION DATA ABSTRACTION FORM

A. STUDENT INFORMATION

STUDENT: (Last Name, First Name)	MPR ID:
SFA ID #:	
SCHOOL:	GRADE:

IF NOT COMPLETING SECTIONS B, C, AND D, MARK REASON BELOW

DIRECT CERTIFICATION STUDENT ..... ☐
APPLICATION CANNOT BE FOUND ..... ☐
COPY OF APPLICATION ATTACHED ..... ☐
OTHER REASON *(Specify)*..... ☐
_____

B. HOUSEHOLD INFORMATION AND CERTIFICATION STATUS: Complete the information below using the most recent school meal application completed for school year 2005-2006 for the student named in Section A.

1. APPLICATION DATE

|__|__|/|__|__|/|__|__|
MONTH DAY YEAR

☐ Date Not Available

2. CERTIFICATION STATUS

☐ FREE
☐ REDUCED-PRICE
☐ DENIED
☐ TEMPORARY FREE
☐ TEMPORARY REDUCED-PRICE

☐ NOT RECORDED ON APPLICATION

CERTIFICATION STATUS:_____

3. BASIS FOR ELIGIBILITY

☐ INCOME
☐ TANF CASE #:_____
☐ FOOD STAMPS CASE #:_____
☐ FDPIR CASE #:_____
☐ FOSTER CHILD: Personal Use Income:
$_____
☐ Income Not Listed
☐ RUNAWAY
☐ HOMELESS
☐ MIGRANT
☐ INSTITUTIONALIZED
☐ OBSERVED NEED

4. NUMBER OF PERSONS IN HOUSEHOLD

|__|__|

☐ Not Listed

5. NUMBER OF STUDENTS COVERED BY APPLICATION

|__|__|

☐ Not Listed

6. TOTAL INCOME

$|__|__|,|__|__|__|.|__|__|

☐ Monthly ☐ Annual
☐ Not Listed

C. INCOME RECORDED ON APPLICATION FORMS: List all household members recorded on the application, including all students covered by application. Record income data for all persons receiving income exactly as shown on the application. Enter income denomination codes next to amounts under the "PER" column. W=Weekly; BW=Bi-weekly (every two weeks); SM=Semi-Monthly (twice a month); M=Monthly; Y=Yearly; OTH=Other (indicate period on form).

1.	2.		3.		4.		5.	
LIST HOUSEHOLD MEMBERS	EARNINGS FROM WORK		WELFARE, CHILD SUPPORT, OR ALIMONY (NO FOOD STAMPS)		PENSIONS, RETIREMENT, OR SOCIAL SECURITY		ALL OTHER INCOME	
	AMOUNT	PER	AMOUNT	PER	AMOUNT	PER	AMOUNT	PER
1.	$		$		$		$	
2.	$		$		$		$	
3.	$		$		$		$	
4.	$		$		$		$	
5.	$		$		$		$	
6.	$		$		$		$	
7.	$		$		$		$	
8.	$		$		$		$	
9.	$		$		$		$	
10.	$		$		$		$	

D. FORM COMPLETENESS

	Yes	No
1. Was target child's name listed?	1	0
2. If basis for eligibility is income, was income recorded for at least one household member?.....	1	0
3. If basis for eligibility is TANF, Food Stamps, or FDPIR, was case number recorded?.....	1	0
4. If basis for eligibility is foster child, is child's personal use income recorded?.....	1	0
5. Was the form signed by an adult household member?.....	1	0
6. Was SSN of adult signer entered or an indication that signer does not have SSN?	1	0

E. ABSTRACTOR'S SIGNATURE AND MPR ID

_____ |__|__|__| - |__|__|__|__|__|__|__|

DATE: |__|__| / |__|__| / |__|__|
MONTH DAY YEAR

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

INSTRUCTIONS FOR COMPLETING APPLICATION DATA ABSTRACTION FORM

General Instructions

Ask SFA or school staff whether you may photocopy the application.

If you are permitted to photocopy the application, the abstracting task is minimal. Complete Sections A—Student Information and Section E—Abstractors' Signature and Date. Check the box labeled "COPY OF APPLICATION ATTACHED," under the reason for not completing Sections B, C, and D, at Section A, sign, and date the abstraction form. Staple the copy of the application to the abstraction form.

If you cannot photocopy the application, then fill out the Application Data Abstraction Form using information contained in the student's application following the detailed instruction below.

Enter information onto the Form exactly as it appears on the application. If you spot errors on the application, do not correct them when entering the information onto the Application Data Abstraction Form. The purpose of the data collection is to measure errors if they occur, not to correct them!

If there is not an application on file for sampled student, determine the reason and enter it in the top right-hand part of the Form. If the student was approved for free meals by direct certification, then check box "Direct Certification." If the household's application is missing, check the box "Application Cannot be Found."

After you complete all Sections A – D, sign the Form and enter the date in Part E.

Detailed Instructions for Completing Parts A Through E of Form

Part A: Student Information

Write in the student's name, student's MPR ID #, the SFA ID number, school name, and student grade in the spaces provided in Part A.

- If you are allowed to photocopy the application, complete Part A, check the box labeled "COPY OF APPLICATION ATTACHED" in the top right-hand-side

of the form, and then sign and date the form in Part E, and staple the Application Data Abstraction Form to the photocopy of the application.

- If you are **not** allowed to photocopy the application, proceed with the instructions for completing Parts A through E below.

Part A: Box 2 (Top Right of Form)

- If you will not be completing Parts B through D of the abstraction form, indicate the reason in this section.
- If there is not an application on file for the sampled student, determine the reason and indicate it in the top right section of the form. If the student was approved for free meals by a direct certification process, check the box labeled "Direct Certification." (Direct Certification is granted when an outside agency such as TANF, Food Stamps, or FDIRP agency notifies the school that a child is eligible to receive free or reduced price meals, without the completion of an application.)
- If the household's application is missing, check the box "Application Cannot be Found".
- Describe any other reasons you are not completing Parts B through D, in the section labeled "Other Reason" and check that box.

Part B, Column 1: Application Date

- Write in the date when the applicant signed the free/reduced-price meal benefit application.
- If no date appears on the application, then check the box labeled "Date Not Available."

Part B, Column 2: Certification Status

- Put a "check" in the box indicating the district's eligibility determination decision for the household: either free, temporary free, reduced-price, temporary reduced-price, or denied. **Use these boxes only if this information is on the application.** This information will typically be found in a section labeled "For School Use Only" or similar wording.
- Sometimes the SFA or school does not record the eligibility determination on the application and may instead enter it directly onto a Master Eligibility List or elsewhere. If you have to obtain this information from somewhere other than the source application, check the box labeled

"NOT RECORDED ON APPLICATION". Then ask the district contact to allow you to look up the student's actual certification status on their Master Eligibility List or wherever it is recorded. When found, write in the student's certification status (either free, temporary free, reduced-price, temporary reduced-price, or denied) on the line labeled "CERTIFICATION STATUS:"

Part B, Column 3: Basis for Eligibility

The criteria used to determine the eligibility status recorded in the previous column for school lunch program applicants are recorded here.

- **Income Eligibility.** Many households will be approved based on their income. If the household was approved for free or reduced-price meals on the basis of income (that is, the application contains income information for at least one household member and is not applying based on Foster Child Status), then check the box "INCOME."

  NOTE: IF BOTH CATEGORICAL AND INCOME ELIGIBILITY INFORMATION APPEAR ON THE APPLICATION, ABSTRACT ALL INFORMATION ONTO THE FORM. CHECK APPROPRIATE BOX (I.E., INCOME) AND ALSO WRITE IN TANF OR FSP CASE NUMBER.

- **TANF, Food Stamps, or FDPIR.** Households receiving TANF, food stamps, or FDPIR benefits may qualify for free meals based on their "categorical" eligibility. They are approved if they provide a case number and sign the application.

  Check the box representing the program used to grant categorical eligibility and write in the case number in the space provided.

- **Foster Child.** Households that are applying for a foster child, are a household of "one" person and only need to indicate the child's personal use income and sign the application. There is typically a separate section on the application for foster child information.

  If the household application basis for approval is foster child, check the box labeled FOSTER CHILD and write in the child's personal use income as shown on the application.

  If the amount of the child's personal use income is $0, then write in $0 onto the Abstraction Form.

  If the child's personal use income not listed, check the box "INCOME NOT LISTED."

- **Other Special Basis For Eligibility.** Students may be determined eligible based on other special considerations, such as runaway child, homelessness, child of migrant worker, institutionalized, or observed need. If the student qualifies for free meals because of one of these reasons, please check the appropriate box.

Part B, Column 4: Summary Information

In the fourth column of Part B you will record information recorded by the SFA or school, based on its processing of the application. This information will typically be found in a section on the application labeled "For School Use Only" or similar wording.

- **Number of Persons in Household.** Write in the household size (number of persons in the household) as recorded on the application, typically in a "School Use Only" section. **Do not count the number of names listed**. If the information is not recorded, check the box labeled "NOT LISTED."
- **Number of Students Covered by the Application.** In SY 2005-06, districts are required to use a household application. That is, households submit a single application containing all the names of the children in the household that are covered by the application. Write in the number of children's names listed on the application form as being covered by the application. If the information is not recorded, check the box labeled "NOT LISTED."
- **Total Income.** Write in the information exactly as it appears on the application, as determined by the SFA or school. Enter the dollar amount and check the unit (either Monthly or Annual) of income being entered. This information will typically be recorded in a "School Use Only" section of the application. If the information is not recorded, check the box labeled "NOT LISTED." If this information is not on the student's application, do not calculate it yourself and enter it onto the Form.

NOTE: In most cases the income will be entered as a monthly total. However, SFAs are instructed to enter the total income as an "annual" amount if income sources are reported at more than one unit (some reported as monthly, some as weekly, and so on). The abstraction form allows for either monthly or annual income. PLEASE MAKE SURE YOU ENTER THE CORRECT UNIT (MONTHLY VERSUS ANNUAL).

Part C: Income Data

Households that are not categorically eligible (do not receive TANF, Food stamps, or FDPIR) or are not eligible for other special reasons (Runaway, Homeless, Migrant, Institutionalized, or Observed Need) may receive school meal benefits if their income is below certain amounts based on their household size.

Those trying to become certified on the basis of their income are suppose to list all the people in their household (whether they receive income or not) and the sources and amounts of income on the application. This means including students on the list.

However, often applicants to not include the students in the household since they do not have income (and they have already listed them at the top of the application, under students covered by the application).

CHECK THE NAMES OF THE STUDENTS COVERED BY THE APPLICATION AGAINST THE NAMES IN THE INCOME GRID ON THE APPLICATION. IF THE STUDENTS COVERED BY THE APPLICATION ARE NOT INCLUDED IN THE LIST OF HOUSEHOLD MEMBERS IN THE INCOME PART OF THE APPLICATION, LIST THEM ON THE APPLICATION DATA ABSTRACTION FORM AND ENTER $0 AS THEIR INCOME.

IT IS IMPORTANT TO DO THIS SO WE KNOW THE CORRECT NUMBER OF PERSONS IN THE HOUSEHOLD.

- **Column 1**: Record the name of each person in the household as listed on the application. IF STUDENTS COVERED BY THE APPLICATION ARE NOT LISTED, PLEASE INCLDE THEM IN THE LIST AND ENTER $0 AS THEIR INCOME.

- **Columns 2- 5**: Record the income amounts for all sources of income listed for each household member, going across the columns. **Record the information exactly as it appears in the application.** Write in the amounts under the appropriate columns based on the type of income received. Enter income denomination codes in boxes next to amount under "PER" column, where W = Weekly, BW = Biweekly, M = Monthly, SM = Semi-Monthly (2 times a Month), Y = Yearly, and OTH = Other. **If using "OTH" (OTHER), describe what it is; identify the item to which you are referring by the Person Number and Column Number.**

- **IF INCOME DENOMINATION (PER) IS MISSING FOR AN AMOUNT, ASK THE SFA DIRECTOR WHAT THE DEFAULT IS. IT IS MOST**

LIKELY "MONTHLY" BUT PLEASE CONFIRM THIS WITH THE SFA DIRECTOR AND ENTER THAT UNDER "PER" WHEN MISSING.

Part D: Form Completeness

Review the application and answer each question in Part D, by circling either a "1" (YES) or "2" (NO) response.

- **#1.** The target (sampled) child's name should be found at the top of the application or in a section "students covered by application." Circle "1" (YES) if target child is listed on the application.
- **#2**. Circle "1" (YES) if an income amount is entered for AT LEAST ONE adult household member
- **#3**. If no case number is recorded on the application for applicants categorically approved based on receipt of TANF, food stamps, or FDPIR, then circle "0" (NO). Double check Part B, Column B of the abstract to be sure you have recorded the case number there.
- **#4**. If no amount (NOT LISTED) on the application for child's personal use income, then circle "0" (NO).
- **#5**. Check the signature of the application and match it to the list of adult household members. Circle "1" (YES) if a match is found.
- **#6**. Check the application for a social security number. It will usually be close to the signature line. Circle "1" (YES) if a social security number (SSN) was reported OR IF THERE IS AN INDICATION ON THE APPLICATION THAT THE PERSON SIGNING THE APPLICATION DOES NOT HAVE A SSN.

Part E: Abstractor's Signature and Date

- **Signature.** Sign your name indicating you have completed the abstraction task for this sample member.
- **Date.** Write in the date you completed the form.

OMB Approval No.:
Approval Expires:

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

CHANGES IN STUDENT ELIGIBILITY STATUS FORM

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

CHANGES IN STUDENT ELIGIBILITY STATUS FORM

SCHOOL IDENTIFICATION NUMBER: |__|__|__|__|__|__|__|__|__|

SFA ID #: |__|__|__|__|__|__|__|__|

INTERVIEWER: ASK ABOUT CHANGES IN MEAL ELIGIBILITY STATUS DURING THE SCHOOL YEAR FOR EACH FREE, REDUCED-PRICE, AND DENIED APPLICANT SAMPLED STUDENT. RECORD THE NEW MEAL ELIGIBILITY STATUS AND THE DATE OF ALL CHANGES FOR EACH STUDENT DURING THE SCHOOL YEAR. MEAL ELIGIBILITY STATUS CODES ARE: F = FREE, RP = REDUCED PRICE, AND P = PAID (SOMETIMES CALLED "FULL PRICE.") ALSO ASK WHETHER STUDENTS LEFT SCHOOL BEFORE THE END OF SCHOOL YEAR, AND IF SO, WHEN THE STUDENT LAST ATTENDED SAMPLED SCHOOL.

A. **LIST OF SAMPLED STUDENTS NAME AND ID NUMBER:**	B. **FOR EACH STUDENT ASK:** Did STUDENT's meal eligibility status change during the school year?	C. When did the meal eligibility status change?	D. What was the new meal eligibility status?
	E. Did STUDENT leave school before the end of the school year?	F. When did STUDENT last attend this school?	
1. _____ |__|__|	B. YES.....(ASK C & D THEN ASK E).....1 NO .....(ASK E).....0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
	E. YES.....(ASK F).....1 NO ....(GO TO NEXT STUDENT) ..0	F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	
2. _____ |__|__|	B. YES.....(ASK C & D THEN ASK E).....1 NO .....(ASK E).....0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
	E. YES.....(ASK F).....1 NO ....(GO TO NEXT STUDENT) ..0	F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	
3. _____ |__|__|	B. YES.....(ASK C & D THEN ASK E).....1 NO .....(ASK E).....0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
	E. YES.....(ASK F).....1 NO ....(GO TO NEXT STUDENT) ..0	F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	
4. _____ |__|__|	B. YES.....(ASK C & D THEN ASK E).....1 NO .....(ASK E).....0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
	E. YES.....(ASK F).....1 NO ....(GO TO NEXT STUDENT) ..0	F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	

A. **LIST OF SAMPLED STUDENTS NAME AND ID NUMBER:**	B. **FOR EACH STUDENT ASK:** Did STUDENT's meal eligibility status change during the school year? E. Did STUDENT leave school before the end of the school year?	C. When did the meal eligibility status change? F. When did STUDENT last attend this school?	D. What was the new meal eligibility status?
5. _____ |__|__|	B. YES.....(ASK C & D THEN ASK E).....1 NO .....(ASK E).....0 E. YES.....(ASK F).....1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
6. _____ |__|__|	B. YES.....(ASK C & D THEN ASK E).....1 NO .....(ASK E).....0 E. YES.....(ASK F).....1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
7. _____ |__|__|	B. YES.....(ASK C & D THEN ASK E).....1 NO .....(ASK E).....0 E. YES.....(ASK F).....1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
8. _____ |__|__|	B. YES.....(ASK C & D THEN ASK E).....1 NO .....(ASK E).....0 E. YES.....(ASK F).....1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
9. _____ |__|__|	B. YES.....(ASK C & D THEN ASK E).....1 NO .....(ASK E).....0 E. YES.....(ASK F).....1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
10. _____ |__|__|	B. YES.....(ASK C & D THEN ASK E).....1 NO .....(ASK E).....0 E. YES.....(ASK F).....1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P

A. **LIST OF SAMPLED STUDENTS NAME AND ID NUMBER:**	B. **FOR EACH STUDENT ASK:** Did STUDENT's meal eligibility status change during the school year?	C. When did the meal eligibility status change?	D. What was the new meal eligibility status?
	E. Did STUDENT leave school before the end of the school year?	F. When did STUDENT last attend this school?	
11. _____|__|__|	B. YES.....(ASK C & D THEN ASK E).....1 NO .....(ASK E).....0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
	E. YES.....(ASK F).....1 NO ....(GO TO NEXT STUDENT) ..0	F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	
12. _____|__|__|	B. YES.....(ASK C & D THEN ASK E).....1 NO .....(ASK E).....0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
	E. YES.....(ASK F).....1 NO ....(GO TO NEXT STUDENT) ..0	F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	
13. _____|__|__|	B. YES.....(ASK C & D THEN ASK E).....1 NO .....(ASK E).....0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
	E. YES.....(ASK F).....1 NO ....(GO TO NEXT STUDENT) ..0	F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	
14. _____|__|__|	B. YES.....(ASK C & D THEN ASK E).....1 NO .....(ASK E).....0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
	E. YES.....(ASK F).....1 NO ....(GO TO NEXT STUDENT) ..0	F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	
16. _____|__|__|	B. YES.....(ASK C & D THEN ASK E).....1 NO .....(ASK E).....0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
	E. YES.....(ASK F).....1 NO ....(GO TO NEXT STUDENT) ..0	F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	
16. _____|__|__|	B. YES.....(ASK C & D THEN ASK E).....1 NO .....(ASK E).....0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
	E. YES.....(ASK F).....1 NO ....(GO TO NEXT STUDENT) ..0	F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	

A. **LIST OF SAMPLED STUDENTS NAME AND ID NUMBER:**	B. **FOR EACH STUDENT ASK:** Did STUDENT's meal eligibility status change during the school year? E. Did STUDENT leave school before the end of the school year?	C. When did the meal eligibility status change? F. When did STUDENT last attend this school?	D. What was the new meal eligibility status?
17. _____|__|__|	B. YES.....(ASK C & D THEN ASK E).....1 NO .....(ASK E).....0 E. YES.....(ASK F).....1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
18. _____|__|__|	B. YES.....(ASK C & D THEN ASK E).....1 NO .....(ASK E).....0 E. YES.....(ASK F).....1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
19. _____|__|__|	B. YES.....(ASK C & D THEN ASK E).....1 NO .....(ASK E).....0 E. YES.....(ASK F).....1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
20. _____|__|__|	B. YES.....(ASK C & D THEN ASK E).....1 NO .....(ASK E).....0 E. YES.....(ASK F).....1 NO ....(GO TO NEXT STUDENT) ..0 E. YES.....(ASK F).....1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

INSTRUCTIONS FOR COMPLETING CHANGES IN STUDENT STATUS FORM

- **Telephone Interviewers:** Administer this form to LEA or school staff at end of school year.

- Complete a separate form for each study school in the district.

- Obtain information for the school's sample of (1) approved free and reduced-price students, and (2) newly certified free and reduced-price students.
- Separately for each sampled student defined above,
  - First ask whether the student's meal eligibility status changed during the school year. If yes, obtain all dates certification status changed and the new meal eligibility status corresponding to each change
  - Then ask whether the student left school before the end of the school year. If yes, find out the date the student last attended the school

- Repeat sequence for each sampled student in this school. Repeat for remainder of study schools in the district.

- After you have completed the students in the above samples, use a separate form and ask the LEA or school, as appropriate, for the same information for the students in the verification sample.

APPENDIX D

MEAL COUNTING AND CLAIMING DATA COLLECTION FORMS

MATHEMATICA
Policy Research, Inc.

OMB Approval No.:
Approval Expires:

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

BENEFIT ISSUANCE LIST VERIFICATION FORM

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

BENEFIT ISSUANCE LIST VERIFICATION FORM

SFA ID #: |__|__|__|__|__|__|__|__|

School ID #: |__|__|__|__|__|__|__|__|

Date: |__|__| / |__|__| / |__|__|
MONTH DAY YEAR

Interviewer ID #: |__|__| - |__|__|__|__|

☐ Benefit issuance list contains free and reduced-price students only

☐ Benefit issuance list contains all students

NOTE: SEE LAST PAGE FOR SPECIAL INSTRUCTIONS

(1) BENEFIT ISSUANCE LIST		(2) APPLICATION OR DISTRICT CERTIFICATION DOCUMENTS	(3) If Columns 1(b) and 2 Don't Match
(a) Sampled Student's Name	(b) Benefit Issuance Status	Certification Status	Comments
1 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
2 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
3 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
4 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
5 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	

(1) BENEFIT ISSUANCE LIST		(2) APPLICATION OR DISTRICT CERTIFICATION DOCUMENTS		(3) If Columns 1(b) and 2 Don't Match
(a) Sampled Student's Name	(b) Benefit Issuance Status	Certification Status		Comments
6 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price)	☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
7 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price)	☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
8 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price)	☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
9 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price)	☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
10 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price)	☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
11 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price)	☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
12 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price)	☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
13 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price)	☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
14 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price)	☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
15 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price)	☐ Not applying ☐ No application or direct certification document on file Certification status: _____	

(1) BENEFIT ISSUANCE LIST		(2) APPLICATION OR DISTRICT CERTIFICATION DOCUMENTS	(3) If Columns 1(b) and 2 Don't Match
(a) Sampled Student's Name	(b) Benefit Issuance Status	Certification Status	Comments
16 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
17 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
18 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
19 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
20 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
21 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
22 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
23 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
24 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
25 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	

NOTE: A STUDENT'S STATUS ON THE BENEFIT ISSUANCE LIST MAY BE DIFFERENT THAN THEIR STATUS ON THE ORIGINAL APPLICATION OR DIRECT CERTIFICATION DOCUMENT—BUT BE CORRECT.

THIS CAN OCCUR IF THE STUDENT'S STATUS CHANGED AS A RESULT OF CASE REVIEW OR VERIFICATION AND THIS DIDN'T GET REFLECTED ON THE ORIGINAL APPLICATION OR APPLICATION FILES.

AFTER YOU COMPLETE THE BENEFIT ISSUANCE LIST VERIFICATION FORM, COMPARE COLUMNS 1(b) AND 2 FOR EACH SAMPLED STUDENT AND DO THE FOLLOWING WHEN COLUMN 1(b) AND COLUMN 2 ENTRIES DO NOT MATCH AND ARE AS FOLLOWS:

If Entries on Benefit Issuance List Verification Form Equal:		
Column 1B	**Column 2**	**Action to Take**
Reduced-Price	Free	Check if status changed because of verification. If "yes," then change Column 2 entry on Verification Form to "reduced-price" status and note reason why. Otherwise don't change entry.
Paid/Full-Price	Free	Check if status changed because of verification. If "yes," then change Column 2 entry on Verification Form to "Paid/Full-Price" status and note reason why. Otherwise don't change entry.
Paid/Full-Price	Reduced-price	Check if status changed because of verification. If "yes," then change Column 2 entry on Verification Form to "Paid/Full-Price" status and note reason why. Otherwise don't change entry.

INSTRUCTIONS FOR COMPLETING THE BENEFIT ISSUANCE LIST VERIFICATION FORM

STEP 1: An MPR central office Field Coordinator will tell you the logistics about each study school's benefit issuance system prior to your visit. The benefit issuance document may be (1) a single, centralized list maintained at the point-of-service, (2) separate lists maintained in individual classrooms, or (3) a combination of the two systems—some students on classroom lists and others on a single, centralized list.

STEP 2: Obtain the list(s) and use your laptop computer to select a sample of 25 students following the procedures described in "Volume III: Onsite Sampling Procedures" of your training manuals.

STEP 3A: IF SAMPLING FROM A SINGLE, CENTRALIZED LIST ONLY: For each sampled student on the hard copy list (sampled students' names will be circled), enter the name of the student onto the **Benefit Issuance List Verification Form** in Column 1(a) and then enter the student's meal eligibility status shown on the benefit issuance list in Column 1(b). The eligibility status on the benefit issuance list is either "free," "reduced-price," or "paid/full price." Repeat the process until you complete the form for the 25 sampled students from the centralized list. **GO TO STEP 4**

STEP 3B: IF SAMPLING FROM CLASSROOM LISTS ONLY: Starting with the first sampled classroom, for each sampled student on the classroom's hard copy list (name circled) enter the name of the student onto the **Benefit Issuance List Verification Form** in Column 1(a) and then enter the student's meal eligibility status shown on the benefit issuance list in Column 1(b). The eligibility status on the benefit issuance list is either "free," "reduced-price," or "paid/full price." Repeat the process for each sampled student on the first sampled classroom's list. Repeat the procedures for the next sampled classroom. Continue with all sampled classrooms until you make the 25 selections. **GO TO STEP 4**

STEP 3C: IF SAMPLING FROM CLASSROOM LISTS AND A SINGLE, CENTRALIZED LIST: Starting with the first sampled classroom, for each sampled student on the classroom's hard copy list (name circled) enter the student's name onto the **Benefit Issuance List Verification Form** in Column 1(a) and the student's meal eligibility status shown on the benefit issuance list in Column 1(b). Repeat the process for each sampled student on the first sampled classroom's list. Repeat the procedures for the next sampled classroom. Continue with all sampled classrooms until you make the selections identified by your laptop computer for classroom benefit issuance lists. Then for each sampled student on the hard copy centralized benefit issuance list (name circled), enter their name onto the **Benefit Issuance List Verification Form** in Column 1(a) and the student's meal eligibility status shown on the benefit issuance list in Column 1(b). Repeat the process for each sampled student on the centralized list until overall number of students selected from both sources (classroom lists and centralized list) equals 25 students. **GO TO STEP 4**

STEP 4: Obtain the application or direct certification documents for these 25 sampled students in order to record the certification status. These documents will usually be stored at the SFA, but in some cases may be at the school.

If these documents are maintained at the school, ask the school liaison to provide you with access to the applications and direct certification documents for the sampled students. If the documents are stored at the School Food Authority, then make arrangements to visit the School Food Authority to review the applications and direct certification documents for the sampled students.

Once you obtain access to the documents, for each sampled student you listed on the Benefit Issuance List Verification Form, find their application or direct certification document and enter the status shown on the document for them onto the Benefit Issuance List Verification Form, Column 2. The application will indicate whether the students' status is free, reduced price, denied, paid/full-price, or not applying. The direct certification document will indicate whether the student is approved for free meals.

If the sampled student does not have an application or direct certification document on file, then enter "NO DOCUMENT ON FILE" in Column 2. For students without an application or direct certification document on file, ask the school liaison or School Food Authority what the students' certification status is on master certification/eligibility list or on computerized file for the student, and record that status onto the form, next to **"NO DOCUMENT ON FILE."**

NOTE: A STUDENT'S STATUS ON THE BENEFIT ISSUANCE LIST MAY BE DIFFERENT THAN THE APPLICATION BUT BE CORRECT. THIS CAN OCCUR IF THE STUDENT'S STATUS CHANGED AS A RESULT OF CASE REVIEW OR VERIFICATION AND THIS DID NOT GET REFLECTED ON THE APPLICATION OR IN SOME OTHER DOCUMENT IN THE APPLICATION FILES.

COMPARE COLUMNS 1B AND 2 FOR EACH SAMPLED STUDENT. For any student where the status on the benefit issuance list does not match the status on the application (entries in Column 1b and 2 do not match), check the application files and consult with the SFA director about the results of verification to confirm that a true difference in status exists or whether you need to change the entry in Column 2.

For example, if the benefit issuance list shows that a sampled student is "reduced-price" while the application shows the status as "free," check with the SFA director to see if the student's certification status changed because of verification. If it did, then you will correct your entry in Column 2 (draw a line through the incorrect entry and initial it and check the box corresponding to the correct status). Describe the reason for the change in the space provided on the form in Column 3.

Specifically, for students in which Column 1b and Column 2 do not match, take the following action when Column 1b and Column 2 are equal to:

Column 1B	Column 2	Action Taken
Reduced-Price	Free	Check if status changed because of verification. If "yes," then change Column 2 entry to "reduced-price" status and note reason why. Otherwise don't change entry.
Paid/Full-Price	Free	Check if status changed because of verification. If "yes," then change Column 2 entry to "Paid/Full-Price" status and note reason why. Otherwise don't change entry.
Paid/Full-Price	Reduced-price	Check if status changed because of verification. If "yes," then change Column 2 entry to "Paid/Full-Price" status and note reason why. Otherwise don't change entry.

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Policy Research, Inc.

OMB Approval No.:
Approval Expires:

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

MEAL TRANSACTION OBSERVATION FORM

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.

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SFA:_____|__|__|__|__|

School:_____|__|__|__|__|

Observer:_____|__|__|__|__|

Transaction:_____|__|__|__|__|

Date: |__|__| / |__|__| / |__|__|__|__|
MONTH DAY YEAR

Time Began: |__|__| / |__|__| AM 1
HOUR MINUTE PM 2

Time Ended: |__|__| / |__|__| AM 1
HOUR MINUTE PM 2

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

MEAL TRANSACTION OBSERVATION FORM

Meal: ☐ Breakfast
☐ Lunch

Meal Period:_____

Serving Line/Cashier Sampled:_____

Approximate Number of Transactions:_____

First Person-Transaction to Observe:_____

Sampling Interval: Take Every _____th Transaction After The First Selection

Total Count of Transactions Observed:_____

Record each food item offered and the meal component it satisfies: Use "M" for meat/protein, "B" for Bread/grains, "V" for vegetable, "F" for fruit, and "Mlk" for Milk; or entrée (e), side dish (sd), or milk (milk) in nutrient analysis systems.		**Tray #: __________**				
Food Items	**Meal Component**	**Check if Food Item Taken**	**Number of Units Taken**	**Whether Reimb. Meal-Recorded by Cashier**	**Whether Reimb. Meal-Observer Assessment**	**Type of Participant**
				☐ Yes ☐ No	☐ Yes ☐ No	☐ Student ☐ Non-student ☐ Adult
				NOTES:		

INSTRUCTIONS FOR COMPLETING THE MEAL TRANSACTION OBSERVATION FORM

STEP 1: An MPR central office Field Coordinator will tell you the logistics about the study school's meal serving operations prior to your visit.

STEP 2: On each day of your 2-day visit to observe meals, obtain the information about meal periods, cash registers operating each meal period, approximate # of transactions at each cash register. First enter this information onto the hard copy Sampling Information Form for Meal Transactions (Part A for breakfasts, Part B for lunches). Then enter this information into the "Meal Transactions" sampling program on your laptop computer, following the procedures described in Volume III: Onsite Sampling Procedures, of your training manuals. The computer will then tell you which period/cash register combinations and the student-cashier transactions to select and observe.

STEP 3: Use a separate booklet of forms for each period/cash register you observe. Enter the name of the SFA, the MPR ID# for the SFA, the name of the school, and the MPR ID# for the school in the upper left-hand corner of the form. Then record the meal (breakfast; lunch), the serving line/cash register, random start number (first student-cashier transaction to observe), and the sampling interval—this tells you which student-cashier transaction to select after the first.

STEP 4: Now enter the food items that will be available at the serving line in the first column of the form under "Food Items." You only need to enter this once. Ask the food service manager what "meal components" each food satisfies for meeting definition of reimbursable meal and enter that in the second column labeled "Meal Component."

STEP 5: Select the first person-transaction to observe (this first selection is given by the "random start" number). As the person comes down the line, record the items that are on that person's tray and the amounts of each item taken. Then record whether the cashier rang up the meal as reimbursable (CHECK YES) or not (CHECK NO) in the column labeled "Whether Reimbursable Meal—Cashier Recorded." Then quickly make your own assessment about whether the meal is reimbursable or not and

record that in the column labeled "Whether Reimbursable—Observer Assessment" (CHECK YES if you think the meal should be reimbursable; CHECK NO if you think it should not be reimbursable). Then record whether the transaction involved a student, non-student, or adult.

STEP 6: Select the next person-transaction and repeat the process. The next person to select is given by the sampling interval. Take the nth person (where n = sampling interval). For example, if the first person selected was the 3rd person in line, and the sampling interval is "10," then you would select the 10th person in line after the 3rd person. In this example, this would be the 13th person in line. As the person comes down the line, record the items that are on that the person's tray and the amounts of each item taken. Then record whether the cashier rang up the meal as reimbursable (CHECK YES) or not (CHECK NO) in the column labeled "Whether Reimbursable Meal—Cashier Recorded." Then quickly make your own assessment about whether the meal is reimbursable or not and record that in the column labeled "Whether Reimbursable—Observer Assessment" (CHECK YES if you think the meal should be reimbursable; CHECK NO if you think it should not be reimbursable). Then record whether the transaction involved a student, non-student, or adult.

STEP 7: REPEAT THE PROCESS UNTIL SERVICE FOR THAT LINE THAT PERIOD IS COMPLETED.

STEP 8: REPEAT THE PROCESS FOR THE NEXT PERIOD/CASH REGISTER

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SCHOOL MEAL COUNT VERIFICATION FORM FOR TARGET WEEK

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.

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SFA:_____|__|__|__|__|__|__|__|__|

School:_____|__|__|__|__|__|__|__|__|

Target Week Start and End Dates: |__|__| / |__|__| / |__|__| To |__|__| / |__|__| / |__|__|
MONTH DAY YEAR MONTH DAY YEAR

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SCHOOL MEAL COUNT VERIFICATION FORM FOR TARGET WEEK

Meal Counts for: Lunch |___| Breakfast |___| (USE ONE FORM PER EATING OCCASION)

MONDAY: |__|__| / |__|__| / |__|__| MONTH DAY YEAR	**SCHOOL RECORDED COUNTS**	**MPR FIELD STAFF VERIFIED COUNTS**
Register 1:	Free: |__,__|__|__| Reduced: |__,__|__|__| Paid (Full-Price): |__,__|__|__| Total: |__,__|__|__|	Free: |__,__|__|__| Reduced: |__,__|__|__| Paid (Full-Price): |__,__|__|__| Total: |__,__|__|__|
Register 2:	Free: |__,__|__|__| Reduced: |__,__|__|__| Paid (Full-Price): |__,__|__|__| Total: |__,__|__|__|	Free: |__,__|__|__| Reduced: |__,__|__|__| Paid (Full-Price): |__,__|__|__| Total: |__,__|__|__|
Register 3:	Free: |__,__|__|__| Reduced: |__,__|__|__| Paid (Full-Price): |__,__|__|__| Total: |__,__|__|__|	Free: |__,__|__|__| Reduced: |__,__|__|__| Paid (Full-Price): |__,__|__|__| Total: |__,__|__|__|
Register 4:	Free: |__,__|__|__| Reduced: |__,__|__|__| Paid (Full-Price): |__,__|__|__| Total: |__,__|__|__|	Free: |__,__|__|__| Reduced: |__,__|__|__| Paid (Full-Price): |__,__|__|__| Total: |__,__|__|__|
Register 5:	Free: |__,__|__|__| Reduced: |__,__|__|__| Paid (Full-Price): |__,__|__|__| Total: |__,__|__|__|	Free: |__,__|__|__| Reduced: |__,__|__|__| Paid (Full-Price): |__,__|__|__| Total: |__,__|__|__|

MONDAY *(continued)*	**SCHOOL RECORDED COUNTS**	**MPR FIELD STAFF VERIFIED COUNTS**
Register 6:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 7:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 8:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 9:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 10:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
DAILY TOTAL FOR ALL REGISTERS	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
IF NO MEAL SERVED OR NO DATA AVAILABLE THAT DAY, RECORD REASON	School holiday .....1 Cafeteria closed.....2 Interviewer unable to access daily data 3	Other (SPECIFY):_____ _____ _____ _____

TUESDAY: |__|__| / |__|__| / |__|__| MONTH DAY YEAR	**SCHOOL RECORDED COUNTS**	**MPR FIELD STAFF VERIFIED COUNTS**
Register 1:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 2:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 3:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 4:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 5:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 6:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 7:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 8:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|

TUESDAY: (continued)	**SCHOOL RECORDED COUNTS**	**MPR FIELD STAFF VERIFIED COUNTS**
Register 9:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 10:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
DAILY TOTAL FOR ALL REGISTERS	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
IF NO MEAL SERVED OR NO DATA AVAILABLE THAT DAY, RECORD REASON	School holiday ..... 1 Cafeteria closed..... 2 Interviewer unable to access daily data 3	Other (SPECIFY):_____ _____ _____ _____

WEDNESDAY: |__|__| / |__|__| / |__|__| MONTH DAY YEAR	**SCHOOL RECORDED COUNTS**	**MPR FIELD STAFF VERIFIED COUNTS**
Register 1:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 2:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 3:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|

WEDNESDAY *(continued)*	**SCHOOL RECORDED COUNTS**	**MPR FIELD STAFF VERIFIED COUNTS**
Register 4:	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|
Register 5:	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|
Register 6:	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|
Register 7:	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|
Register 8:	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|
Register 9:	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|
Register 10:	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|
DAILY TOTAL FOR ALL REGISTERS	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|

IF NO MEAL SERVED OR NO DATA AVAILABLE THAT DAY, RECORD REASON	School holiday ..... 1 Cafeteria closed..... 2 Interviewer unable to access daily data 3	Other (SPECIFY):_____ _____ _____ _____

THURSDAY: |__|__| / |__|__| / |__|__| MONTH DAY YEAR	**SCHOOL RECORDED COUNTS**	**MPR FIELD STAFF VERIFIED COUNTS**
Register 1:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 2:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 3:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 4:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 5:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 6:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 7:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|

THURSDAY *(continued)*	**SCHOOL RECORDED COUNTS**	**MPR FIELD STAFF VERIFIED COUNTS**
Register 8:	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|
Register 9:	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|
Register 10:	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|
DAILY TOTAL FOR ALL REGISTERS	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|
IF NO MEAL SERVED OR NO DATA AVAILABLE THAT DAY, RECORD REASON	School holiday ..... 1 Cafeteria closed..... 2 Interviewer unable to access daily data 3	Other (SPECIFY):_____ _____ _____ _____

FRIDAY: |__|__| / |__|__| / |__|__| MONTH DAY YEAR	**SCHOOL RECORDED COUNTS**	**MPR FIELD STAFF VERIFIED COUNTS**
Register 1:	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|
Register 2:	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|

FRIDAY *(continued)*	**SCHOOL RECORDED COUNTS**	**MPR FIELD STAFF VERIFIED COUNTS**
Register 3:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 4:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 5:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 6:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 7:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 8:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 9:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 10:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|

FRIDAY *(continued)*	**SCHOOL RECORDED COUNTS**	**MPR FIELD STAFF VERIFIED COUNTS**
DAILY TOTAL FOR ALL REGISTERS	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|	Free: |___|,|___|___|___| Reduced: |___|,|___|___|___| Paid (Full-Price): |___|,|___|___|___| Total: |___|,|___|___|___|
IF NO MEAL SERVED OR NO DATA AVAILABLE THAT DAY, RECORD REASON	School holiday ..... 1 Cafeteria closed..... 2 Interviewer unable to access daily data 3	Other (SPECIFY):_____ _____ _____ _____

STUDENT INFORMATION FOR SCHOOL

1. Number of students approved for free meals: ..... |___|___|___|,|___|___|___|
2. Number of students approved for reduced-price meals:... |___|___|___|,|___|___|___|
3. Total students enrolled: ..... |___|___|___|,|___|___|___|
4. Average daily attendance: ..... |___|___|___|,|___|___|___|

COMPLETE IF PROVISION 2 OR 3 SCHOOL OPERATING A NON-BASE YEAR:

Lunch |___| Breakfast |___| (MUST MATCH EATING OCCASION CHECKED ON PAGE 1)

CLAIMING PERCENTAGES USED BY SCHOOL:

1. Free Meals.....|___|___|___| PERCENT
2. Reduced-Price Meals.....|___|___|___| PERCENT
3. Paid Meals.....|___|___|___| PERCENT

BASE YEAR PERIOD USED:

Yearly Percentages 1

Monthly Percentages.....2

Specify Month:

_____

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Approval Expires:

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SCHOOL MEAL COUNT VERIFICATION FORM FOR TARGET DAY

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.

MATHEMATICA
Policy Research, Inc.

SFA:_____|__|__|__|__|__|__|__|__|

School:_____|__|__|__|__|__|__|__|__|

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SCHOOL MEAL COUNT VERIFICATION FORM FOR TARGET DAY

Meal Counts for: Lunch |___| Breakfast |___| (USE ONE FORM PER EATING OCCASION)

DATE: |__|__| / |__|__| / |__|__| MONTH DAY YEAR	**SCHOOL RECORDED COUNTS**	**MPR FIELD STAFF VERIFIED COUNTS**
Register 1:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
Register 2:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
Register 3:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
Register 4:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
Register 5:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|

TARGET DAY *(continued)*	**SCHOOL RECORDED COUNTS**	**MPR FIELD STAFF VERIFIED COUNTS**
Register 6:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 7:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 8:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 9:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 10:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
DAILY TOTAL FOR ALL REGISTERS	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
IF NO MEAL SERVED OR NO DATA AVAILABLE THAT DAY, RECORD REASON	School holiday .....1 Cafeteria closed.....2 Interviewer unable to access daily data 3	Other (SPECIFY):_____ _____ _____ _____

STUDENT INFORMATION FOR SCHOOL

1. Number of students approved for free meals: .....|___|___|___|,|___|___|___|
2. Number of students approved for reduced-price meals:...|___|___|___|,|___|___|___|
3. Total students enrolled: .....|___|___|___|,|___|___|___|
4. Average daily attendance: .....|___|___|___|,|___|___|___|

COMPLETE IF PROVISION 2 OR 3 SCHOOL OPERATING A NON-BASE YEAR:

Lunch |___| Breakfast |___| (MUST MATCH EATING OCCASION CHECKED ON PAGE 1)

CLAIMING PERCENTAGES USED BY SCHOOL:

1. Free Meals.....|___|___|___| PERCENT
2. Reduced-Price Meals.....|___|___|___| PERCENT
3. Paid Meals.....|___|___|___| PERCENT

BASE YEAR PERIOD USED:

Yearly Percentages.....1

Monthly Percentages.....2

Specify Month:

_____

MATHEMATICA
Policy Research, Inc.

OMB Approval No.:
Approval Expires:

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SCHOOL MEAL COUNT VERIFICATION FORM FOR TARGET MONTH

MATHEMATICA
Policy Research, Inc.

SFA:_____|__|__|__|__|__|__|__|__|

School:_____|__|__|__|__|__|__|__|__|

Date: |__|__| / |__|__| / |__|__|
MONTH DAY YEAR

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SCHOOL MEAL COUNT VERIFICATION FORM FOR TARGET MONTH

A. PREVIOUS COMPLETED MONTH (IF ONLY KEEP WEEKLY RECORDS, GO TO D).

from |__|__| / |__|__| / |__|__| to |__|__| / |__|__| / |__|__|
MONTH DAY YEAR MONTH DAY YEAR

1. BREAKFAST COUNT—TOTAL

1. Free: |__|__|,|__|__|__|,|__|__|__|
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|
4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

2. LUNCH COUNT—TOTAL

1. Free: |__|__|,|__|__|__|,|__|__|__|
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|
4. Total Lunches: |__|__|,|__|__|__|,|__|__|__|

GO TO SECTION G: STUDENT INFORMATION

B. FIRST WEEK OF PREVIOUS COMPLETED MONTH

from |__|__| / |__|__| / |__|__| to |__|__| / |__|__| / |__|__|
MONTH DAY YEAR MONTH DAY YEAR

1. BREAKFAST COUNT—TOTAL

1. Free: |__|__|,|__|__|__|,|__|__|__|
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|
4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

2. LUNCH COUNT—TOTAL

1. Free: |__|__|,|__|__|__|,|__|__|__|
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|
4. Total Lunches: |__|__|,|__|__|__|,|__|__|__|

C. SECOND WEEK OF PREVIOUS MONTH

from |__|__| / |__|__| / |__|__| to |__|__| / |__|__| / |__|__|
MONTH DAY YEAR MONTH DAY YEAR

1. BREAKFAST COUNT—TOTAL

1. Free: |__|__|,|__|__|__|,|__|__|__|
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|
4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

2. LUNCH COUNT—TOTAL

1. Free: |__|__|,|__|__|__|,|__|__|__|
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|
4. Total Lunches: |__|__|,|__|__|__|,|__|__|__|

D. THIRD WEEK OF PREVIOUS MONTH

from |__|__| / |__|__| / |__|__| to |__|__| / |__|__| / |__|__|
MONTH DAY YEAR MONTH DAY YEAR

1. BREAKFAST COUNT—TOTAL

1. Free: |__|__|,|__|__|__|,|__|__|__|
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|
4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

2. LUNCH COUNT—TOTAL

1. Free: |__|__|,|__|__|__|,|__|__|__|
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|
4. Lunches: |__|__|,|__|__|__|,|__|__|__|

E. FOURTH WEEK OF PREVIOUS MONTH

from |__|__| / |__|__| / |__|__| to |__|__| / |__|__| / |__|__|
MONTH DAY YEAR MONTH DAY YEAR

1. BREAKFAST COUNT—TOTAL

1. Free: |__|__|,|__|__|__|,|__|__|__|
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|
4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

2. LUNCH COUNT—TOTAL

1. Free: |__|__|,|__|__|__|,|__|__|__|
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|
4. Total Lunches: |__|__|,|__|__|__|,|__|__|__|

F. FIFTH WEEK OF PREVIOUS MONTH

from |__|__| / |__|__| / |__|__| to |__|__| / |__|__| / |__|__|
MONTH DAY YEAR MONTH DAY YEAR

1. BREAKFAST COUNT—TOTAL

1. Free: |__|__|,|__|__|__|,|__|__|__|
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|
4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

2. LUNCH COUNT—TOTAL

1. Free: |__|__|,|__|__|__|,|__|__|__|
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|
4. Total Lunches: |__|__|,|__|__|__|,|__|__|__|

G. STUDENT INFORMATION FOR SCHOOL—TARGET MONTH

1. Number of students approved for free meals: |__|__|__|,|__|__|__|
2. Number of students approved for reduced-price meals: |__|__|__|,|__|__|__|
3. Total students enrolled: |__|__|__|,|__|__|__|
4. Average daily attendance: |__|__|__|,|__|__|__|
5. Number of serving days this month: |__|__|

H. COMPLETE IF PROVISION 2 OR 3 SCHOOL OPERATING A NON-BASE YEAR:

A. CLAIMING PERCENTAGES FOR BREAKFAST:

1. Free Meals ..... |__|__|__| PERCENT
2. Reduced-Price Meals ..... |__|__|__| PERCENT
3. Paid Meals..... |__|__|__| PERCENT
4. Base Year Period Used:

   Yearly Percentages 1

   Monthly Percentages..... 2

   Specify Month:

   _____

B. CLAIMING PERCENTAGES FOR LUNCH:

1. Free Meals ..... |__|__|__| PERCENT
2. Reduced-Price Meals ..... |__|__|__| PERCENT
3. Paid Meals..... |__|__|__| PERCENT
4. Base Year Period Used:

   Yearly Percentages 1

   Monthly Percentages..... 2

   Specify Month:

   _____

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Approval Expires:

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY
SCHOOL MEAL COUNT REPORTED TO SFA FOR TARGET WEEK AND MONTH

SUPPLEMENTAL REPORTING FORM
(FOR SAMPLED SCHOOL)

MATHEMATICA
Policy Research, Inc.

SFA:_____|__|__|__|__|

School:_____|__|__|__|__|

Date: |__|__| / |__|__| / |__|__|
MONTH DAY YEAR

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SCHOOL MEAL COUNT REPORTED TO SFA FOR TARGET WEEK AND MONTH

SUPPLEMENTAL REPORTING FORM
(FOR SAMPLED SCHOOL)

COMPLETE THIS SUPPLEMENTAL REPORTING FORM IF THE SCHOOL USES A SECOND FORM TO SUBMIT MEAL COUNTS TO SFA'S. THAT IS, IF THE SCHOOL RECORDS MEALS COUNTS ONTO A FORM AND THEN TRANSFERS THE MEAL COUNTS FROM THAT FORM ONTO ANOTHER FORM AND SUBMITS THAT SECOND FORM TO THE SFA, THEN RECORD THE INFORMATION FROM THE FORM USED TO REPORT MEALS COUNTS TO THE SFA ON THIS "SUPPLEMENTAL REPORTING FORM.

INSTRUCTIONS: COMPLETE SECTIONS A-C FOR THE TARGET WEEK. THEN COMPLETE SECTIONS D-F IF SCHOOL KEEPS MONTHLY TOTALS, OR G-U IF SCHOOL KEEPS WEEKLY (BUT NOT MONTHLY) TOTALS.

A. TARGET WEEK

from |__|__| / |__|__| / |__|__| to |__|__| / |__|__| / |__|__|
MONTH DAY YEAR MONTH DAY YEAR

B. TOTAL BREAKFASTS REPORTED TO SFA

IF PROVISION 2 OR 3 SCHOOL IN NON-BASE YEAR, ENTER THE BASE YEAR CLAIMING PERCENTAGES

1. Free: |__|__|,|__|__|__|,|__|__|__| ..... |__|__|__| PERCENT
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__| ..... |__|__|__| PERCENT
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__| ..... |__|__|__| PERCENT
4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

BASE YEAR PERIOD USED:

YEARLY PERCENTAGES 1
MONTHLY PERCENTAGES ..2
SPECIFY MONTH:

_____

C. TOTAL LUNCHES REPORTED TO SFA

1. Free: |__|__|,|__|__|__|,|__|__|__| ..... |__|__|__| PERCENT
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__| ..... |__|__|__| PERCENT
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__| ..... |__|__|__| PERCENT
4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

BASE YEAR PERIOD USED:

YEARLY PERCENTAGES 1

MONTHLY PERCENTAGES ..2

SPECIFY MONTH:

_____

D. PREVIOUS MONTH (IF ONLY KEEP WEEKLY RECORDS, GO TO G)

from |__|__| / |__|__| / |__|__| to |__|__| / |__|__| / |__|__|
MONTH DAY YEAR MONTH DAY YEAR

E. TOTAL BREAKFASTS REPORTED TO SFA

IF PROVISION 2 OR 3 SCHOOL IN NON-BASE YEAR, ENTER THE BASE YEAR CLAIMING PERCENTAGES

1. Free: |__|__|,|__|__|__|,|__|__|__| ..... |__|__|__| PERCENT
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__| ..... |__|__|__| PERCENT
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__| ..... |__|__|__| PERCENT
4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

BASE YEAR PERIOD USED:

YEARLY PERCENTAGES 1

MONTHLY PERCENTAGES ..2

SPECIFY MONTH:

_____

F. TOTAL LUNCHES REPORTED TO SFA

1. Free: |__|__|,|__|__|__|,|__|__|__| ..... |__|__|__| PERCENT
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__| ..... |__|__|__| PERCENT
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__| ..... |__|__|__| PERCENT
4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

BASE YEAR PERIOD USED:

YEARLY PERCENTAGES 1

MONTHLY PERCENTAGES ..2

SPECIFY MONTH:

_____

GO TO SECTION V, STUDENT INFORMATION

G. FIRST WEEK OF PREVIOUS MONTH

from |__|__| / |__|__| / |__|__| to |__|__| / |__|__| / |__|__|
MONTH DAY YEAR MONTH DAY YEAR

H. TOTAL BREAKFASTS REPORTED TO SFA

IF PROVISION 2 OR 3 SCHOOL IN NON-BASE YEAR, ENTER THE BASE YEAR CLAIMING PERCENTAGES

1. Free: |__|__|,|__|__|__|,|__|__|__| ..... |__|__|__| PERCENT
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__| ..... |__|__|__| PERCENT
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__| ..... |__|__|__| PERCENT
4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

BASE YEAR PERIOD USED:

YEARLY PERCENTAGES 1
MONTHLY PERCENTAGES ..2
SPECIFY MONTH:

_____

I. TOTAL LUNCHES REPORTED TO SFA

1. Free: |__|__|,|__|__|__|,|__|__|__| ..... |__|__|__| PERCENT
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__| ..... |__|__|__| PERCENT
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__| ..... |__|__|__| PERCENT
4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

BASE YEAR PERIOD USED:

YEARLY PERCENTAGES 1
MONTHLY PERCENTAGES ..2
SPECIFY MONTH:

_____

J. SECOND WEEK OF PREVIOUS MONTH

from |__|__| / |__|__| / |__|__| to |__|__| / |__|__| / |__|__|
MONTH DAY YEAR MONTH DAY YEAR

K. TOTAL BREAKFASTS REPORTED TO SFA

1. Free: |__|__|,|__|__|__|,|__|__|__|
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|
4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

L. TOTAL LUNCHES REPORTED TO SFA

1. Free: |__|__|,|__|__|__|,|__|__|__|
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|
4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

M. THIRD WEEK OF PREVIOUS MONTH

from |__|__| / |__|__| / |__|__| to |__|__| / |__|__| / |__|__|
MONTH DAY YEAR MONTH DAY YEAR

N. TOTAL BREAKFASTS REPORTED TO SFA

1. Free: |__|__|,|__|__|__|,|__|__|__|
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|
4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

O. TOTAL LUNCHES REPORTED TO SFA

1. Free: |__|__|,|__|__|__|,|__|__|__|
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|
4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

P. FOURTH WEEK OF PREVIOUS MONTH

from |__|__| / |__|__| / |__|__| to |__|__| / |__|__| / |__|__|
MONTH DAY YEAR MONTH DAY YEAR

Q. TOTAL BREAKFASTS REPORTED TO SFA

1. Free: |__|__|,|__|__|__|,|__|__|__|
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|
4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

R. TOTAL LUNCHES REPORTED TO SFA

1. Free: |__|__|,|__|__|__|,|__|__|__|
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|
4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

S. FIFTH WEEK OF PREVIOUS MONTH

from |__|__| / |__|__| / |__|__| to |__|__| / |__|__| / |__|__|
MONTH DAY YEAR MONTH DAY YEAR

T. TOTAL BREAKFASTS REPORTED TO SFA

1. Free: |__|__|,|__|__|__|,|__|__|__|
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|
4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

U. TOTAL LUNCHES REPORTED TO SFA

1. Free: |__|__|,|__|__|__|,|__|__|__|
2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|
3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|
4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

V. STUDENT INFORMATION—TARGET MONTH

1. Number of students approved for free meals: |__|__|__|,|__|__|__|
2. Number of students approved for reduced-price meals: |__|__|__|,|__|__|__|
3. Total students enrolled: |__|__|__|,|__|__|__|
4. Average daily attendance: |__|__|__|,|__|__|__|
5. Number of serving days in month: |__|__|

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

INSTRUCTIONS FOR COMPLETING SCHOOL MEAL COUNT FORMS

Objective

The school meal count forms will be used to collect data from study schools to examine the accuracy in which the study school counts the reimbursable meals it serves and reports them to the SFA for reimbursement for the target week and target month.

SCHOOL MEAL COUNT VERIFICATION FORM--TARGET WEEK

GENERAL INSTRUCTIONS:

- Use the "School Meal Count Verification Form—Target Week" to obtain the meal counts recorded by the school and to record your verified counts for each day of the target week. The target week is the completed week prior to your visit.
- If the school operates both a school breakfast and a school lunch program, then **use a separate form for breakfast** and **a separate form for lunch**. **Check the box at the top of the form** to indicate which type of meal (Breakfast; Lunch) the counts apply.
- **NOTE:** YOU ARE BEING ASKED TO OBTAIN THE DAILY COUNTS AND VERIFY THEM FOR EACH DAY OF THE TARGET WEEK (FOR THE COMPLETED WEEK PRIOR TO YOUR VISIT). IF THE SCHOOL DOES NOT RETAIN THE RECEIPTS FROM THE CASH REGISTERS THAT ARE USED TO PRODUCE THE DAILY COUNTS OR OTHER DOCUMENTS NECESSARY TO ENABLE YOU TO VERIFY THE DAILY COUNTS--THEN JUST OBTAIN THE DAILY TOTALS FOR THE PREVIOUS WEEK AND ENTER THEM ONTO THE "SCHOOL MEAL COUNT VERIFICATION FORM—TARGET WEEK."

  IN THIS CASE, SINCE YOU CANNOT VERIFY THE DAILY COUNTS FOR THE TARGET WEEK, WE ASK THAT YOU OBTAIN THE DAILY COUNTS AND VERIFY THE COUNTS FOR THE DAY OF YOUR VISIT TO THE SCHOOL TO OBSERVE MEAL TRANSACTIONS. OBTAIN THE MEAL COUNTS AND VERIFY THEM SEPARATELY FOR BREAKFAST AND LUNCH. **USE THE "MEAL COUNT VERIFICATION FORM—TARGET DAY" TO RECORD THESE DATA.**

ITEM BY ITEM INSTRUCTIONS:

- Enter the SFA name and MPR ID# for the SFA, the school name and MPR ID# for the school, and the start- and end-date of the target week on the top of the Form. THIS IS THE DATE FOR MONDAY – FRIDAY OF THE COMPLETED WEEK PRIOR TO YOUR VISIT.

- Separately for each cash register (or point-of-sale device), enter the counts recorded by the school for breakfast in the 2nd Column labeled "School Recorded Counts," separately for free, reduced-price, paid, and the total breakfasts, for the day. Do this for each day during the target week. Repeat the process for lunch meal counts using a separate form. Schools record these counts on specially designed forms (sometimes called Cash Reports, Cash & Sales Reports, or Meal Reports) and submit them directly to the SFA, on a daily or weekly basis. Obtain the form(s) they used to record the meal counts covering the target week and enter data from them.

  If the school does not obtain separate counts by cash register (or point-of-sale device), and just records the daily totals across all registers, then record these counts in the box labeled "Daily Total for All Registers," separately for free, reduced-price, paid, and total breakfasts. On the School Meal Count Verification Form, this is located at the end of each day's entries (e.g., Under Monday, appears after fox for entries for Register #10). Repeat for lunch counts.

  NOTE: Enter the school's recorded counts onto Column 2 of the Form exactly as they appear on their documents. If you spot errors on their documents, do not correct them when entering the information onto Column 2 of the Form.

- Then separately for each cash register (or point-of-sale device), validate the counts for breakfast, recording the information in the 3rd Column labeled "MPR Field Staff Verified Counts," separately for free, reduced-price, paid, and the total breakfasts for the day. Do this for each day during the target week. Then perform the validation for lunch counts using a separate form.

  If the school does not obtain separate counts by cash register (or point-of-sale device), and just records the daily totals across all registers, then validate these counts and enter the information in 3rd Column of the box labeled "Daily Total for All Registers" separately for free, reduced-price, paid, and total breakfasts. On the School Meal Count Verification Form, this is located at the end of each day's entries (e.g., Under Monday, appears after fox for entries for Register #10). Repeat for lunch counts.

  - ***To validate the counts, you need to obtain a count for each day using the same procedure as the school follows.*** For example:

- In a manual cash register system that records counts from information from cash register tapes or receipts, you would obtain the tape for each cash register and enter the meal counts from it into the 3rd Column of the Form.
- In a manual ticket system, you need to count the tickets, where codes on tickets indicate whether the breakfast (lunch) was free, reduced-price, or paid.
- In a roster check-off system, you need to count check marks in each category—free, reduced-price, and paid.
- An electronic point-of-sale system will be tested by manually performing some of the automated functions of the system.

- From the school cafeteria manager, obtain information on the number of the school's students that are approved for free meals, the number approved for reduced-price meals, total number of enrolled students, and the average daily attendance. Enter this information in the box labeled "STUDENT INFORMATION" on the last page of the Form—Target Week. ***Obtain the most current available information possible corresponding to the target week.***

- **IF SCHOOL IS PROVISION 2/3 NON-BASE YEAR SCHOOL**. Schools that participate in Provision 2 or 3 for breakfast (lunch) and are in a non-base year, serve all breakfasts (lunches) free to students. They only need to count the total number of reimbursable breakfasts (lunches) provided each day and then they apply their base-year claiming percentages to that total to determine how many breakfasts (lunches) to claim as free, reduced-price, and paid. If a school is Provision 2/3 in non-base year, find out from the school cafeteria manager what claiming percentages for free, reduced-price, and paid breakfasts (lunches) they are using and whether they are using an "annual" or the "monthly" percentage for the target week. Record this information in the box labeled "COMPLETE IF PROVISION 2 OR 3 SCHOOL OPERATING A NON-BASE YEAR" located on the last page of the Form—Target Week.

NOTE: A school may use Provision 2/3 for both its breakfast and lunch program or just for its breakfast program only. In cases where a school uses Provision 2/3 for both breakfast and lunch and both are in non-base years, the claiming percentages may be different, if the base years are different. Please consult with the school food service manager to get the appropriate information.

SCHOOL MEAL COUNT VERIFICATION FORM--TARGET DAY

General Instructions:

NOTE: YOU USE THIS FORM ONLY IF YOU COULD NOT VERIFY THE SCHOOL'S DAILY COUNTS FOR THE TARGET WEEK.

- Use the "School Meal Count Verification Form—Target Day" to obtain the meal counts recorded by the school and to record your verified counts for the Target Day. The Target Day is defined as the day you are visiting the school to observe meal transactions.
- Use a single form to record the meal counts and verify counts for both breakfast and lunch program.

Specific Instructions:

- Enter the SFA name and MPR ID# for the SFA, the school name and MPR ID# for the school, and the date of the Target Day.
- Separately for each cash register (or point-of-sale device), enter the counts recorded by the school for breakfast in the 2nd Column labeled "School Recorded Counts", for free, reduced-price, paid, and the total breakfasts, for the Target Day. Repeat for lunch counts. Schools record these counts on specially designed forms, sometimes called Cash Reports, Cash & Sales Reports, or Meal Reports, and submit them to the SFA, on a daily or weekly basis. Obtain the form they used to record the meal counts for the Target Day.

  If the school does not obtain separate counts by cash register (or point-of-sale device), and just records the daily totals across all registers, then record these counts in the box labeled "Daily Total for All Registers" separately for free, reduced-price, paid, and total breakfasts. Repeat for lunch counts.

  NOTE: Enter the school's recorded counts onto Column 2 of the Form exactly as they appear on their documents. If you spot errors on their documents, do not correct them when entering the information onto Column 2 of the Form.

- Then separately for each cash register (or point-of-sale device), validate the counts for breakfast, recording the information in the 3rd Column labeled "MPR Field Staff Verified Counts", for free, reduced-price, paid, and the total breakfasts for the Target Day. Then perform the validation for lunch counts.

If the school does not obtain separate counts by cash register (or point-of-sale device), and just records the daily totals across all registers, then validate these counts and enter the information in 3rd Column of the box labeled "Daily Total for All Registers" separately for free, reduced-price, paid, and total breakfasts (lunches).

- ***To validate the counts, you need to obtain a count for each day using the same procedure as the school follows.***

- From the school cafeteria manager, obtain information on the number of the school's students that are approved for free meals, the number approved for reduced-price meals, total number of enrolled students, and the average daily attendance. Enter this information in the box labeled "STUDENT INFORMATION" on the last page of the Form—Target Day. ***Obtain the most current available information possible corresponding to the week of your visit.***

- **IF SCHOOL IS PROVISION 2/3 NON-BASE YEAR SCHOOL**. Schools that participate in Provision 2 or 3 for breakfast (lunch) and are in a non-base year, serve all breakfasts (lunches) free to students. They only need to count the total number of reimbursable breakfasts (lunches) provided each day and then they apply their base-year claiming percentages to that total to determine how many breakfasts (lunches) to claim as free, reduced-price, and paid. If a school is Provision 2/3 in non-base year, find out from the school cafeteria manager what claiming percentages for free, reduced-price, and paid breakfasts (lunches) they are using and whether they are using an "annual" or the "monthly" percentage for the target week. Record this information in the box labeled "COMPLETE IF PROVISION 2 OR 3 SCHOOL OPERATING A NON-BASE YEAR" located on the last page of the Form—Target Day.

NOTE: A school may use Provision 2/3 for both its breakfast and lunch program or just for its breakfast program only. In cases where a school uses Provision 2/3 for both breakfast and lunch and both are in non-base years, the claiming percentages may be different, if the base years are different. Please consult with the school food service manager to get the appropriate information.

SCHOOL MEAL COUNT VERIFICATION FORM--TARGET MONTH

General Instructions:

- Use the "School Meal Count Verification Form—Target Month" to obtain the meal counts recorded by the school for the target month. The target month is the most recently completed month prior to your visit. For example, if your visit to the school is during the week of April 3 – 7, 2006, then the target month is March 2006.
- For the target month you use a single form to collect information on both breakfast and lunch. If the school operates both a school breakfast and lunch program, please make sure when recording the information to enter the information for breakfasts in the spaces labeled "BREAKFAST COUNTS" and to enter the information for lunches in the spaces labeled "LUNCH COUNTS."
- **You do not need to validate the meal counts for the target month.**

Specific Instructions:

- Enter the SFA name and MPR ID# for the SFA, the school name and MPR ID# for the school, and the date completing the form for the sampled school at the top of the Form.
- **Complete Part A of the Form if the school keeps records of the meal counts they report to the SFA on a monthly basis.** Enter the start and end-date of the target month in Part A of the form. For the target month, obtain the counts of the number of free, reduced-price, paid, and total breakfasts for the target month. Do the same for the counts of the number of free, reduced-price, paid, and total lunches for the target month. **Then go to Section G of the Form.**
- **Complete Parts B – F of the Form if the school keeps records of the meal counts they report to the SFA on a weekly basis (and not on a monthly basis).** For each week in the target month, obtain the counts of the number of free, reduced-price, paid, and total breakfasts that the school recorded. Do the same for the counts of the number of free, reduced-price, paid, and total lunches for each week in the target month.
- **Section G:** From the school food service manager, obtain information on the number of the school's students that are approved for free meals, the number approved for reduced-price meals, the total number of enrolled students, and the average daily attendance. Enter this information in the box on the next to last page of the Form, Part G. ***This information should be for the target month.***

- **COMPLETE SECTION H IF THE SCHOOL IS PROVISION 2/3 IN A NON-BASE YEAR**. Schools that participate in Provision 2 or 3 for breakfast (lunch) and are in a non-base year, serve all breakfasts (lunches) free to students. They only need to count the total number of reimbursable breakfasts (lunches) provided each day and then they apply their base-year claiming percentages to determine how many breakfasts (lunches) to claim as free, reduced-price, and paid. If a school is Provision 2/3 in non-base year, find out from the school cafeteria manager what claiming percentages for free, reduced-price, and paid breakfasts (lunches) they are using and whether they are using an "annual" or the "monthly" percentages for the target month. Record this information in the Form, Section H.

  NOTE: A school may use Provision 2/3 for both its breakfast and lunch program or just for its breakfast program only. In cases where a school uses Provision 2/3 for both breakfast and lunch, the claiming percentages may be different, if the base year is different.

SCHOOL MEAL COUNTS REPORTED TO SFA FOR TARGET WEEK AND TARGET MONTH—SUPPLEMENTAL REPORTING FORM

General Instructions:

- Use the "School Meal Counts Reported to SFA For Target Week and Target Month—Supplemental Report Form" if the school uses a second form to submit meal counts to the SFA. For example, while rare, the school food manager may record meal counts on a daily or weekly basis onto a form, usually called the Cash Report or Cash and Sales Report, but submit this information to someone else at the school, say a financial officer or other school staff member, and this person records the counts onto another form which is then submitted to the SFA.
- The Form is used to collect information on both breakfast and lunch. If the school operates both a school breakfast and lunch program, please make sure when recording the information to enter the information for breakfasts in the spaces labeled "BREAKFAST COUNTS" and to enter the information for lunches in the spaces labeled "LUNCH COUNTS."

Specific Instructions:

- Enter the SFA name and MPR ID# for the SFA, the school name and MPR ID# for the school, and the date completing the form for sampled school at the top of the Form.
- **If the school keeps records of the meal counts they report to the SFA on a monthly basis, complete Parts A through C of the Form.** Enter the start

and end-date of the target month in Part A of the form. For the target month, obtain the counts of the number of free, reduced-price, paid, and total breakfasts that the school reported to the SFA for the target month . Do the same for the counts of the number of free, reduced-price, paid, and total lunches that the school reported to the SFA for the target month.

- If the school keeps records of the meal counts they report to the SFA on a weekly basis only (and not monthly basis), complete Parts D – U of the Form. For each week in the target month, obtain the counts of the number of free, reduced-price, paid, and total breakfasts that the school reported to the SFA for the week. Do the same for the counts of the number of free, reduced-price, paid, and total lunches that the school reported to the SFA for each week.

- **IF SCHOOL IS PROVISION 2/3 NON-BASE YEAR SCHOOL**. Schools that participate in Provision 2 or 3 for breakfast (lunch) and are in a non-base year, serve all breakfasts (lunches) free to students. They only need to count the total number of reimbursable breakfasts (lunches) provided each day and then they apply their base-year claiming percentages to determine how many breakfasts (lunches) to claim as free, reduced-price, and paid. If a school is Provision 2/3 in non-base year, find out from the school cafeteria manager what claiming percentages for free, reduced-price, and paid breakfasts (lunches) they are using and whether they are using an "annual" or the "monthly" percentages for the target week and target month. Record this information in the Form. **NOTE: A school may use Provision 2/3 for both its breakfast and lunch program or just for its breakfast program only. In cases where a school uses Provision 2/3 for both breakfast and lunch, the claiming percentages may be different, if the base year is different.**

- From the school, obtain information on the number of the school's students that are approved for free meals, the number approved for reduced-price meals, total number of enrolled students, and the average daily attendance. Enter this information in the box on last page of the Form, Part V. ***This information should be for the target week and target month.***

MATHEMATICA
Policy Research, Inc.

OMB Approval No.:
Approval Expires:

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SFA REIMBURSEMENT CLAIM VERIFICATION FORM

TARGET WEEK FOR SAMPLED SCHOOL

MATHEMATICA
Policy Research, Inc.

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SFA REIMBURSEMENT CLAIM VERIFICATION FORM

TARGET WEEK FOR SAMPLED SCHOOL

SFA Name: _____

SFA ID: |___|___|___|___|___|___|___|___|

School Name: _____

School ID: |___|___|___|___|___|___|___|___|

Date: |__|__| / |__|__| / |__|__|
MONTH DAY YEAR

Target Week From: |__|__| / |__|__| / |__|__| TO |__|__| / |__|__| / |__|__|
MONTH DAY YEAR MONTH DAY YEAR

Number Serving Days:

Breakfast	Lunch
|__|__|	|__|__|

PART A: BREAKFAST

REPORTED TO SFA BY SCHOOL		REPORTED TO STATE AGENCY BY SFA	
Free:	|__|__|__|,|__|__|__|	Free:	|__|__|__|,|__|__|__|
Reduced:	|__|__|__|,|__|__|__|	Reduced:	|__|__|__|,|__|__|__|
Paid:	|__|__|__|,|__|__|__|	Paid:	|__|__|__|,|__|__|__|
Total:	|__|__|__|,|__|__|__|	Total:	|__|__|__|,|__|__|__|

IF PROVISION 2 OR PROVISION 3 IN NON-BASE YEAR, ENTER THE CLAIMING PERCENTAGES USED:

|__|__|__| %
FREE

|__|__|__| %
REDUCED

|__|__|__| %
PAID

BASE YEAR PERIOD USED:

YEARLY PERCENTAGES 1
MONTHLY PERCENTAGES.. 2
SPECIFY MONTH USED:

_____

PART B: LUNCH

REPORTED TO SFA BY SCHOOL		REPORTED TO STATE AGENCY BY SFA	
Free:	|__|__|__|,|__|__|__|	Free:	|__|__|__|,|__|__|__|
Reduced:	|__|__|__|,|__|__|__|	Reduced:	|__|__|__|,|__|__|__|
Paid:	|__|__|__|,|__|__|__|	Paid:	|__|__|__|,|__|__|__|
Total:	|__|__|__|,|__|__|__|	Total:	|__|__|__|,|__|__|__|

IF PROVISION 2 OR PROVISION 3 IN NON-BASE YEAR, ENTER THE CLAIMING PERCENTAGES USED:

|__\|__\|__\| % FREE

|__\|__\|__\| % REDUCED

|__\|__\|__\| % PAID

BASE YEAR PERIOD USED:

YEARLY PERCENTAGES 1

MONTHLY PERCENTAGES.... 2

SPECIFY MONTH USED: _____

PART C:

INTERVIEWER: The number of meals an SFA claims for a school may differ from what the schools report to the SFA because the SFA makes an error or because the SFA is correcting an error in the school's meal counts.

1. **COMPARE BREAKFAST COUNTS AND CLAIMS.** First for breakfast, compare the SFA claims against the school reports for each meal type (free, reduced-price, paid, and total) for the target week. If they differ, then check the SFA records to see if there are any notes in the file indicating that the SFA corrected the school breakfast counts and document in the space provided below under "COMMENTS."

   COMMENTS: _____

2. **COMPARE LUNCH COUNTS AND CLAIMS.** Next for lunch, compare the SFA claims against the school reports for each meal type (free, reduced-price, paid, and total) for the target week. If they differ, then check the SFA records to see if there are any notes in the file indicating that the SFA corrected the school lunch counts and document in the space provided below under "COMMENTS."

   COMMENTS: _____

MATHEMATICA
Policy Research, Inc.

OMB Approval No.:
Approval Expires:

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SFA REIMBURSEMENT CLAIM VERIFICATION FORM

TARGET MONTH FOR SAMPLED SCHOOL

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NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SFA REIMBURSEMENT CLAIM VERIFICATION FORM

TARGET MONTH FOR SAMPLED SCHOOL

SFA Name: _____

SFA ID: |___|___|___|___|___|___|___|___|

School Name: _____

School ID: |___|___|___|___|___|___|___|___|

Date: |__|__| / |__|__| / |__|__|
MONTH DAY YEAR

Target Month From: |__|__| / |__|__| / |__|__| TO |__|__| / |__|__| / |__|__|
MONTH DAY YEAR MONTH DAY YEAR

Number Serving Days:

Breakfast |__|__| Lunch |__|__|

PART A: BREAKFAST

REPORTED TO SFA BY SCHOOL		REPORTED TO STATE AGENCY BY SFA	
Free:	|__|__|__|,|__|__|__|	Free:	|__|__|__|,|__|__|__|
Reduced:	|__|__|__|,|__|__|__|	Reduced:	|__|__|__|,|__|__|__|
Paid:	|__|__|__|,|__|__|__|	Paid:	|__|__|__|,|__|__|__|
Total:	|__|__|__|,|__|__|__|	Total:	|__|__|__|,|__|__|__|

IF PROVISION 2 OR PROVISION 3 IN NON-BASE YEAR, ENTER THE CLAIMING PERCENTAGES USED:

|__|__|__| %
FREE

|__|__|__| %
REDUCED

|__|__|__| %
PAID

BASE YEAR PERIOD USED:

YEARLY PERCENTAGES 1
MONTHLY PERCENTAGES.. 2
SPECIFY MONTH USED: _____

PART B: LUNCH

REPORTED TO SFA BY SCHOOL		REPORTED TO STATE AGENCY BY SFA	
Free:	|__|__|__|,|__|__|__|	Free:	|__|__|__|,|__|__|__|
Reduced:	|__|__|__|,|__|__|__|	Reduced:	|__|__|__|,|__|__|__|
Paid:	|__|__|__|,|__|__|__|	Paid:	|__|__|__|,|__|__|__|
Total:	|__|__|__|,|__|__|__|	Total:	|__|__|__|,|__|__|__|

IF PROVISION 2 OR PROVISION 3 IN NON-BASE YEAR, ENTER THE CLAIMING PERCENTAGES USED:

|__\|__\|__\| % FREE

|__\|__\|__\| % REDUCED

|__\|__\|__\| % PAID

BASE YEAR PERIOD USED:

YEARLY PERCENTAGES 1

MONTHLY PERCENTAGES.... 2

SPECIFY MONTH USED: _____

PART C:

INTERVIEWER: The number of meals an SFA claims for a school may differ from what the schools report to the SFA because the SFA makes an error or because the SFA is correcting an error in the school's meal counts.

1. **COMPARE BREAKFAST COUNTS AND CLAIMS.** First for breakfast, compare the SFA claims against the school reports for each meal type (free, reduced-price, paid, and total) for the target month. If they differ, then check the SFA records to see if there are any notes in the file indicating that the SFA corrected the school breakfast counts and document in the space provided below under "COMMENTS."

   COMMENTS: _____

2. **COMPARE LUNCH COUNTS AND CLAIMS.** Next for lunch, compare the SFA claims against the school reports for each meal type (free, reduced-price, paid, and total) for the target month. If they differ, then check the SFA records to see if there are any notes in the file indicating that the SFA corrected the school lunch counts and document in the space provided below under "COMMENTS."

   COMMENTS: _____

MATHEMATICA
Policy Research, Inc.

OMB Approval No.:
Approval Expires:

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SFA REIMBURSEMENT CLAIM VERIFICATION FORM

FOR ALL SCHOOLS

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SFA REIMBURSEMENT CONSOLIDATION AND CLAIM VERIFICATION FORM

FOR ALL SCHOOLS

SFA ID: _____

Date: |__|__| / |__|__| / |__|__|
MONTH DAY YEAR

Target Month From: |__|__| / |__|__| / |__|__| TO |__|__| / |__|__| / |__|__|
MONTH DAY YEAR MONTH DAY YEAR

PART A.

Number of meals reported by the school to the SFA for School 1.	**BREAKFASTS REPORTED**	**LUNCHES REPORTED**
School 1 Name:_____	Free: |__|__|__|,|__|__|__|	Free: |__|__|__|,|__|__|__|
_____	Reduced: |__|__|__|,|__|__|__|	Reduced: |__|__|__|,|__|__|__|
_____	Paid: |__|__|__|,|__|__|__|	Paid: |__|__|__|,|__|__|__|
_____	Total: |__|__|__|,|__|__|__|	Total: |__|__|__|,|__|__|__|
Number of meals reported by the school to the SFA for School 2.	**BREAKFASTS REPORTED**	**LUNCHES REPORTED**
School 2 Name:_____	Free: |__|__|__|,|__|__|__|	Free: |__|__|__|,|__|__|__|
_____	Reduced: |__|__|__|,|__|__|__|	Reduced: |__|__|__|,|__|__|__|
_____	Paid: |__|__|__|,|__|__|__|	Paid: |__|__|__|,|__|__|__|
_____	Total: |__|__|__|,|__|__|__|	Total: |__|__|__|,|__|__|__|

Number of meals reported by the school to the SFA for School 3.	**BREAKFASTS REPORTED**	**LUNCHES REPORTED**
School 3 Name:_____	Free: |__|__|__|,|__|__|__|	Free: |__|__|__|,|__|__|__|
	Reduced: |__|__|__|,|__|__|__|	Reduced: |__|__|__|,|__|__|__|
	Paid: |__|__|__|,|__|__|__|	Paid: |__|__|__|,|__|__|__|
	Total: |__|__|__|,|__|__|__|	Total: |__|__|__|,|__|__|__|
Number of meals reported by the school to the SFA for School 4.	**BREAKFASTS REPORTED**	**LUNCHES REPORTED**
School 4 Name:_____	Free: |__|__|__|,|__|__|__|	Free: |__|__|__|,|__|__|__|
	Reduced: |__|__|__|,|__|__|__|	Reduced: |__|__|__|,|__|__|__|
	Paid: |__|__|__|,|__|__|__|	Paid: |__|__|__|,|__|__|__|
	Total: |__|__|__|,|__|__|__|	Total: |__|__|__|,|__|__|__|
Number of meals reported by the school to the SFA for School 5.	**BREAKFASTS REPORTED**	**LUNCHES REPORTED**
School 5 Name:_____	Free: |__|__|__|,|__|__|__|	Free: |__|__|__|,|__|__|__|
	Reduced: |__|__|__|,|__|__|__|	Reduced: |__|__|__|,|__|__|__|
	Paid: |__|__|__|,|__|__|__|	Paid: |__|__|__|,|__|__|__|
	Total: |__|__|__|,|__|__|__|	Total: |__|__|__|,|__|__|__|
Number of meals reported by the school to the SFA for School 6.	**BREAKFASTS REPORTED**	**LUNCHES REPORTED**
School 6 Name:_____	Free: |__|__|__|,|__|__|__|	Free: |__|__|__|,|__|__|__|
	Reduced: |__|__|__|,|__|__|__|	Reduced: |__|__|__|,|__|__|__|
	Paid: |__|__|__|,|__|__|__|	Paid: |__|__|__|,|__|__|__|
	Total: |__|__|__|,|__|__|__|	Total: |__|__|__|,|__|__|__|

Number of meals reported by the school to the SFA for School 7.	**BREAKFASTS REPORTED**	**LUNCHES REPORTED**
School 7 Name:_____	Free: |__|__|__|,|__|__|__|	Free: |__|__|__|,|__|__|__|
	Reduced: |__|__|__|,|__|__|__|	Reduced: |__|__|__|,|__|__|__|
	Paid: |__|__|__|,|__|__|__|	Paid: |__|__|__|,|__|__|__|
	Total: |__|__|__|,|__|__|__|	Total: |__|__|__|,|__|__|__|
Number of meals reported by the school to the SFA for School 8.	**BREAKFASTS REPORTED**	**LUNCHES REPORTED**
School 8 Name:_____	Free: |__|__|__|,|__|__|__|	Free: |__|__|__|,|__|__|__|
	Reduced: |__|__|__|,|__|__|__|	Reduced: |__|__|__|,|__|__|__|
	Paid: |__|__|__|,|__|__|__|	Paid: |__|__|__|,|__|__|__|
	Total: |__|__|__|,|__|__|__|	Total: |__|__|__|,|__|__|__|
Number of meals reported by the school to the SFA for School 9.	**BREAKFASTS REPORTED**	**LUNCHES REPORTED**
School 9 Name:_____	Free: |__|__|__|,|__|__|__|	Free: |__|__|__|,|__|__|__|
	Reduced: |__|__|__|,|__|__|__|	Reduced: |__|__|__|,|__|__|__|
	Paid: |__|__|__|,|__|__|__|	Paid: |__|__|__|,|__|__|__|
	Total: |__|__|__|,|__|__|__|	Total: |__|__|__|,|__|__|__|
Number of meals reported by the school to the SFA for School 10.	**BREAKFASTS REPORTED**	**LUNCHES REPORTED**
School 10 Name:_____	Free: |__|__|__|,|__|__|__|	Free: |__|__|__|,|__|__|__|
	Reduced: |__|__|__|,|__|__|__|	Reduced: |__|__|__|,|__|__|__|
	Paid: |__|__|__|,|__|__|__|	Paid: |__|__|__|,|__|__|__|
	Total: |__|__|__|,|__|__|__|	Total: |__|__|__|,|__|__|__|

PART B. SFA Consolidated Meal Claim – For All Schools in Target Month

Enter number of meals SFA claimed for all schools.

BREAKFASTS		LUNCHES	
Free:	|___|,|___|___|___|,|___|___|___|	Free:	|___|,|___|___|___|,|___|___|___|
Reduced:	|___|,|___|___|___|,|___|___|___|	Reduced:	|___|,|___|___|___|,|___|___|___|
Paid:	|___|,|___|___|___|,|___|___|___|	Paid:	|___|,|___|___|___|,|___|___|___|
Total:	|___|,|___|___|___|,|___|___|___|	Total:	|___|,|___|___|___|,|___|___|___|

PART C. Validation of School Reported Total Meal Counts – For All Schools in Target Month

Add numbers entered in Part A for all schools for each meal type.

BREAKFASTS		LUNCHES	
Free:	|___|,|___|___|___|,|___|___|___|	Free:	|___|,|___|___|___|,|___|___|___|
Reduced:	|___|,|___|___|___|,|___|___|___|	Reduced:	|___|,|___|___|___|,|___|___|___|
Paid:	|___|,|___|___|___|,|___|___|___|	Paid:	|___|,|___|___|___|,|___|___|___|
Total:	|___|,|___|___|___|,|___|___|___|	Total:	|___|,|___|___|___|,|___|___|___|

PART D. SFA CHANGES IN MEAL COUNTS

INTERVIEWER: The number of meals an SFA claims may differ from what the schools report to the SFA during the target month either because (1) the SFA makes an error, or (2) the SFA corrects an error in one or more of the school's meal counts.

1. COMPARE BREAKFAST COUNTS AND CLAIMS IN PART B AND PART C. If they differ, then the check the SFA records to see if there are any notes in the file indicating that the SFA corrected the breakfast counts of schools and document in the space provided below under "COMMENTS."

COMMENTS: _____

_____

_____

_____

2. COMPARE LUNCH COUNTS AND CLAIMS IN PART B AND PART C. If they differ, then check the SFA records to see if there are any notes in the file indicating that the SFA corrected the lunch counts of schools and document in the space provided below under "COMMENTS."

COMMENTS: _____

_____

_____

_____

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

INSTRUCTIONS FOR COMPLETING SFA MEAL CONSOLIDATION AND CLAIMING FORMS

Objective

The school food authority (SFA) meal consolidation and claiming forms will be used to collect data to enable the study to examine the accuracy in which the SFA claims meal reimbursements from its state agency for sampled schools for the target week and target month and the accuracy in which it consolidates and reports claims for all schools for a target month.

SFA REIMBURSEMENT CLAIM VERIFICATION FORM--TARGET WEEK FOR SAMPLED SCHOOL

General Instructions:

- Use the "SFA Reimbursement Claim Verification Form—Target Week for Sampled School" to obtain the meal counts that the school submits to the SFA, as documented by the SFA; and the meal counts that the SFA submits to its state agency on behalf of the sampled school when the SFA claims meal reimbursement.
- If the sampled school operates both a school breakfast and a school lunch program, then complete the requested information for both breakfasts and lunches for the target week.
- MPR central office staff will determine whether you will need to administer this Form and will provide that information to you prior to your visit. For example, if the school submits an individual school Claim for Reimbursement directly to the state agency, you do not need to administer this Form to the SFA for the sampled school. Also, if the SFA does not obtain weekly counts from the sampled school, but instead receives monthly counts (there is no breakdown for the target week), then only administer the "SFA REIMBURSEMENT CLAIM VERIFICATION FORM--TARGET MONTH FOR SAMPLED SCHOOL."

Specific Instructions:

- Enter the SFA name and MPR ID# for the SFA, the school name and MPR ID# for the school, and the start- and end-date of the target week on the top of the Form. Find out the number of serving days for the target week and enter that in the top of the Form.

- **Completing Part A Breakfast.** Ask the SFA to provide you documentation that shows the number of breakfasts that the school reported to the SFA for the target week. Enter the number of free, reduced-price, paid, and total breakfasts for the target week separately onto the first column of the Form labeled "REPORTED TO SFA BY SCHOOL."

- Still considering breakfast, now ask the SFA to provide you documentation that shows the number of breakfasts claim for reimbursement that the SFA reported to the state agency for the sampled school for the target week. Enter the number of free, reduced-price, paid, and total breakfasts separately for the target week onto the 2nd column of the Form labeled "REPORTED TO STATE AGENCY BY SFA."

- **If the School is a Provision 2 or 3 Breakfast Program in a Non-Base Year.** For a school using Provision 2 or 3 in its breakfast program and in a non-base year, find out from the SFA what the base-year claiming percentages the school should be using when claiming breakfasts. Enter the base year claiming percentages for free, reduced-price, and paid breakfasts in the spaces provided. Then mark whether the claiming percentages are based on the "yearly percentages," or for a specific "month." If the school is using the claiming percentages for a specific month, record the <u>month</u> the percentages apply to from the base year.

- **Completing Part B Lunches.** Repeat the process for lunches. Ask the SFA to provide you documentation that shows the number of lunches that the school reported to the SFA for the target week. Enter the number of free, reduced-price, paid, and total lunches separately for the target week onto the first column of the Form labeled "REPORTED TO SFA BY SCHOOL."

- Still considering lunches, now ask the SFA to provide you documentation that shows the number of lunches claimed for reimbursement that the SFA reported to the state agency for the sampled school for the target week. Enter the number of free, reduced-price, paid, and total lunches for the target week onto the 2nd column of the Form labeled "REPORTED TO STATE AGENCY BY SFA."

- **If the School is a Provision 2 or 3 Lunch Program in a Non-Base Year.** For a school using Provision 2 or 3 in its lunch program and in a non-base year, find out from the SFA what the base-year claiming percentages the school should be using when claiming lunches. Enter the base year claiming percentages for free, reduced-price, and paid lunches in the spaces provided. Then mark whether the claiming percentages are based on the "yearly percentages," or for a specific "month." If the school is using the claiming

percentages for a specific month, record the month the percentages apply to from the base year.

- **Completing Part C.** The number of breakfasts (lunches) an SFA claims for a school may differ from what the school reports to the SFA for two reasons: (1) the SFA makes an error consolidating the school report, or (2) the SFA checks the accuracy of the school's reports, identifies errors, and corrects errors in the school's meal counts.

- First for breakfast, compare the SFA claims against the school reports for each meal type (free, reduced-price, paid and total) for the target week. If they differ, then check the SFA records to see if there are any notes in the file indicating that the SFA corrected the school breakfast counts and document in the space provided on the Form under "COMMENTS."

- Then repeat for lunches. Compare the SFA claims against the school reports for each meal type (free, reduced-price, paid and total) for the target week. If they differ, then check the SFA records to see if there are any notes in the file indicating that the SFA corrected the school lunch counts and document in the space provided on the Form under "COMMENTS."

SFA REIMBURSEMENT CLAIM VERIFICATION FORM--TARGET MONTH FOR SAMPLED SCHOOL

General Instructions:

- Use the "SFA Reimbursement Claim Verification Form—Target Month for Sampled School" to obtain the meal counts that the school submits to the SFA, as documented by the SFA; and the meal counts that the SFA submits to its state agency on behalf of the sampled school when the SFA claims meal reimbursement.

- If the sampled school operates both a school breakfast and a school lunch program, then complete the requested information for both breakfasts and lunches for the target month.

- MPR central office staff will determine whether you will need to administer this Form and will provide that information to you prior to your visit. For example, if the school submits an individual school Claim for Reimbursement directly to the state agency, you do not need to administer this Form to the SFA for the sampled school.

Specific Instructions:

- Enter the SFA name and MPR ID# for the SFA, the school name and MPR ID# for the school, and the start- and end-date of the target month on the top of the Form. Find out the number of serving days for the target month and enter that in the top of the Form.

- **Completing Part A Breakfast.** Ask the SFA to provide you documentation that shows the number of breakfasts that the school reported to the SFA for the target month. Enter the number of free, reduced-price, paid, and total breakfasts for the target month separately onto in the first column of the Form labeled "REPORTED TO SFA BY SCHOOL."

- Still considering breakfast, now ask the SFA to provide you documentation that shows the number of breakfasts claim for reimbursement that the SFA reported to the state agency for the sampled school for the target month. Enter the number of free, reduced-price, paid, and total breakfasts separately for the target month onto in the 2nd column of the Form labeled "REPORTED TO STATE AGENCY BY SFA."

- **If the School is a Provision 2 or 3 Breakfast Program in a Non-Base Year.** For a school using Provision 2 or 3 in its breakfast program and in a non-base year, find out from the SFA what the base-year claiming percentages the school should be using when claiming breakfasts. Enter the base year claiming percentages for free, reduced-price, and paid breakfasts in the spaces provided. Then mark whether the claiming percentages are based on the "yearly percentages," or for a specific "month." If the school is using the claiming percentages for a specific month, record the <u>month</u> the percentages apply to from the base year.

- **Completing Part B Lunches.** Repeat the process for lunches. Ask the SFA to provide you documentation that shows the number of lunches that the school reported to the SFA for the target month. Enter the number of free, reduced-price, paid, and total lunches separately for the target month onto the first column of the Form labeled "REPORTED TO SFA BY SCHOOL."

- Still considering lunches, now ask the SFA to provide you documentation that shows the number of lunches claimed for reimbursement that the SFA reported to the state agency for the sampled school for the target month. Enter the number of free, reduced-price, paid, and total lunches for the target month onto the 2nd column of the Form labeled "REPORTED TO STATE AGENCY BY SFA."

- **If the School is a Provision 2 or 3 Lunch Program in a Non-Base Year.** For a school using Provision 2 or 3 in its lunch program and in a non-base year, find out from the SFA what the base-year claiming percentages the school should be using when claiming lunches. Enter the base year claiming percentages for free, reduced-price, and paid lunches in the spaces provided. Then mark whether the claiming percentages are based on the "yearly percentages," or for a specific "month." If the school is using the claiming

percentages for a specific month, record the month the percentages apply to from the base year.

- **Completing Part C.** The number of breakfasts (lunches) an SFA claims for a school may differ from what the school reports to the SFA for two reasons: (1) the SFA makes an error consolidating the school report, or (2) the SFA checks the accuracy of the school's reports, identifies errors, and corrects errors in the school's meal counts.

- First for breakfast, compare the SFA claims against the school reports for each meal type (free, reduced-price, paid and total) for the target month. If they differ, then check the SFA records to see if there are any notes in the file indicating that the SFA corrected the school breakfast counts and document in the space provided on the Form under "COMMENTS."

- Then repeat for lunches. Compare the SFA claims against the school reports for each meal type (free, reduced-price, paid and total) for the target month. If they differ, then check the SFA records to see if there are any notes in the file indicating that the SFA corrected the school lunch counts and document in the space provided on the Form under "COMMENTS."

SFA REIMBURSEMENT CONSOLIDATION AND CLAIM VERIFICATION FORM--TARGET MONTH FOR ALL SCHOOLS

General Instructions:

- Use the "SFA Reimbursement Consolidation and Claim Verification Form—Target Month for All Schools" to determine if the SFA has correctly consolidated the breakfast and lunch counts in submitting the Claim for Reimbursement for the target month. Obtain the meal counts submitted to the SFA by each school in the district and the total meals claimed from the state agency by the SFA for the target month.

- If a school operates both a school breakfast and a school lunch program, then be sure to complete the requested information for both breakfasts and lunches for the target month.

- MPR Central Office staff will determine prior to your visit and will notify you whether you will need to administer this Form. For example, if all schools in the district submit an individual school Claim for Reimbursement directly to the state agency, no consolidation takes place and you do not need to administer this Form to the SFA.

Specific Instructions:

- Enter the SFA name and MPR ID# for the SFA, and the start- and end-date of the target month on the top of the Form.

- **Completing Part A.** Starting with the first school in the district, ask the SFA to provide you documentation that shows the number of breakfasts reported to the SFA by the that school for the target month. Enter the number of free, reduced-price, paid, and total breakfasts for the target month onto in the 2nd column of the Form labeled "BREAKFASTS REPORTED." Repeat for lunches for the target month for that school.

- Repeat the process for the next school and continue until you obtain all counts of breakfasts and lunches (separately for free, reduced-price, paid, and total) for each school in the district. ***PLEASE USE ANOTHER FORM IF THE SFA HAS MORE THAN 10 SCHOOLS. IF IT IS POSSIBLE, HAVE THE SFA PRINT OUT AND GIVE YOU A HARD COPY SUMMARY THAT SHOWS THE MONTHLY TOTALS (BY FREE, REDUCED PRICE, PAID, AND TOTAL) FOR EACH SCHOOL IN THE DISTRICT FOR THE TARGET MONTH AND STAPLE IT TO THE FORM RATHER THAN COPYING THE NUMBERS.***

- **Completing Part B.** Ask the SFA to provide you with documentation that shows the consolidated totals for free, reduced-price, paid, and total meals, across all schools, that the SFA claimed for reimbursement from the State Agency.

- **Completing Part C.** Validate the free, reduced-price, and paid meals claimed for the target month by the SFA by adding the totals, by category, for the target month for each school in the SFA. Do this separately for breakfast and then lunch. Enter your validated totals in the space provided on the Form in Part C.

- **Completing Part D.** The number of breakfasts (lunches) an SFA claims across all schools may differ from what the school reported totals are for two reasons: (1) the SFA makes an error consolidating the school reports, or (2) the SFA checks the accuracy of the school's reports, identifies errors, and corrects errors in the school's meal counts.

- First, for breakfast, see if there is any information in the files to indicate that the SFA checked the accuracy of individual school reports and corrected errors. Document any changes in the space provided on the Form under "COMMENTS."

- Then repeat for lunches. See if there is any information in the files to indicate that the SFA checked the accuracy of individual school reports and corrected errors. Document any changes in the space provided on the Form under "COMMENTS."

APPENDIX E

STATE CHILD EDUCATION/NUTRITION AGENCY DATA COLLECTION FORM

LETTER TO STATE EDUCATION/NUTRITION AGENCY—VERSION 1

Michael Ponza, Ph.D
Project Director

609-275-2361

EPS-XXX

Date

<<Name>>, <<Title>>
<<State Agency>>
<<Address>>
<<City, State Zip>>

Dear <<Name>>:

The U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS), has contracted with Mathematica Policy Research, Inc. (MPR) to conduct a national study of the National School Lunch Program (NSLP) and School Breakfast Program (SBP). The study will include nationally representative samples of school districts and schools and students within those sampled districts during School Year 2005 - 2006. It will examine access, participation, eligibility, and certification in the NSLP and the SBP. Amounts and sources of erroneous reimbursements due to certification error (administrative errors versus household misreporting) and meal counting and claiming errors will also be examined. Under the 2002 Improper Payments Information Act, all Federal agencies that administer large programs are required to report these findings to the Office of Management and Budget. The study will help USDA better understand the school meal programs and the application and verification processes, why some denied applicant households do not reapply to participate in the programs and the difficulties households experience in fulfilling the requirements of the application and certification process. Findings from this study will enable FNS to meet its Federal reporting requirements and help FNS provide guidance to school districts and schools on how to enhance program administration and target benefits effectively to those who are eligible for free and reduced-price meals.

The study will collect data from several sources—state agencies, school food authorities, school records, and households (see enclosed Study Overview). School food authorities will be asked to complete a fax-back Fact Form and participate in a brief telephone follow-up survey and provide meal counting and claiming data on sampled schools. School food authorities will also be asked to release names, addresses, and telephone numbers of a sample of households approved for free and reduced-price meals and denied applicants. This information will be used to conduct household interviews. Finally, we will also need to collect some information from you at the end of the School Year 2005 – 2006 for the study. We will ask you to provide for each school district in your state, information on the number of reimbursable lunches and breakfasts served, number of schools and enrolled students by Provision 2 and 3 status. This information will be used to develop models that FNS will use in the future to produce annual estimates of certification errors and amounts of erroneous payments in the NSLP and SBP to meet federal reporting requirements to Congress.

All the information collected by the study will be aggregated to form national estimates and are for research purposes only. Results will never be used to identify any individual student or household, school, school food authority, or state, or to alter anyone's current benefit status or the reimbursements paid to school food authorities.

LETTER TO:
FROM: Michael Ponza
DATE:
PAGE: 2

MPR has selected the sample of 80 school districts. I am writing to you at this time to inform you that school districts in your state have been selected for the study. (See the attached list of sampled districts—the list for your state shows "main" selections and "alternates"—alternates are districts that potentially could be approached should any of the main districts sampled from your or any other state choose not to participate in the study). Please note that districts under "main" selections with an asterisk by them have also been selected for the School Nutrition Dietary Assessment (SNDA-III) Study, also being conducted by Mathematica for FNS. Some of these districts may already be participating in SNDA-III, while others are in the process of making their decision whether to participate. In order to avoid confusion between the two studies, we are holding off contacting these districts that overlap. Based on our experiences recruiting them for SNDA-III, we will decide in consultation with FNS whether to approach them about the APEC study. (Exceptions are the school districts from Los Angeles, New York, and Chicago, which are "certainty" selections, that do not have an alternate, and therefore will be recruited for the study.)

In the next few weeks senior project staff from Mathematica will be sending letters to and contacting the district superintendent and school food authority director of the sampled school districts (main selections only) by telephone to inform them of their selection into the study, and to discuss the district's participation in the study. At that time we will inform them about the schools that are sampled from their district. We will develop a "Memorandum of Understanding" between Mathematica and the district, which will document the agreements reached and the roles and responsibilities of the district, participating schools, and MPR in successfully implementing the study in the participating districts.

Should you have any questions about the study please contact me at (609) 275-2361 or e-mail me at mponza@mathematica-mpr.com. The USDA contact for the study is Dr. John Endahl (USDA, FNS, Office of Analysis, Nutrition, and Evaluation), at (703) 305-2122 or by e-mail at John.Endahl@fns.usda.gov.

Thank you in advance for your help and cooperation.

Sincerely,

Michael Ponza
Project Director

Attachments: USDA/FNS Endorsement Letter to State Child Nutrition Director
USDA/FNS Study Endorsement Letter to School Food Authority Director
List of State's Districts Selected for the Study (Main Selections and Alternates)
Study Overview
Household Survey Brochure

OMB Approval No. 0536-xxxx;expirres mm/dd/yy

LETTER TO STATE EDUCATION/NUTRITION AGENCY—VERSION 2

Michael Ponza, Ph.D
Project Director

609-275-2361

EPS-XXX

Date

<<Name>>, <<Title>>
<<State Agency>>
<<Address>>
<<City, State Zip>>

Dear <<Name>>:

The U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS), has contracted with Mathematica Policy Research, Inc. (MPR) to conduct a national study of the National School Lunch Program (NSLP) and School Breakfast Program (SBP). The study will include nationally representative samples of school districts and schools and students within those sampled districts during School Year 2005 - 2006. It will examine access, participation, eligibility, and certification in the NSLP and the SBP. Amounts and sources of erroneous reimbursements due to certification error (administrative errors versus household misreporting) and meal counting and claiming errors will also be examined. Under the 2002 Improper Payments Information Act, all Federal agencies that administer large programs are required to report these findings to the Office of Management and Budget. The study will help USDA better understand the school meal programs and the application and verification processes, why some denied applicant households do not reapply to participate in the programs and the difficulties households experience in fulfilling the requirements of the application and certification process. Findings from this study will enable FNS to meet its Federal reporting requirements and help FNS provide guidance to school districts and schools on how to enhance program administration and target benefits effectively to those who are eligible for free and reduced-price meals.

The study will collect data from several sources—state agencies, school food authorities, school records, and households (see enclosed Study Overview). School food authorities will be asked to complete a fax-back Fact Form and participate in a brief telephone follow-up survey and provide meal counting and claiming data on sampled schools. School food authorities will also be asked to release names, addresses, and telephone numbers of a sample of households approved for free and reduced-price meals and denied applicants. This information will be used to conduct household interviews.

All the information collected by the study will be aggregated to form national estimates and are for research purposes only. Results will never be used to identify any individual student or household, school, school food authority, or state, or to alter anyone's current benefit status or the reimbursements paid to school food authorities.

Mathematica has selected the national sample of 80 school districts participating in the study. None of the districts in your state were selected for the main sample. However, a few districts were selected into a replacement sample. (See the attached list of sampled districts—the list shows "alternates"—alternates are districts that potentially could be approached should any of the main districts sampled from any other state choose not to participate in the study). One or more of these districts may be selected to participate in the

study should districts in the main sample choose not to participate. We will notify you in the event that any of your districts currently in the replacement sample is selected for the main sample.

In the event that one or more of the districts in your state are selected into the study, senior project staff from Mathematica will contact the district superintendent and school food authority director to inform them of their selection into the study, and to discuss their district's participation in the study. At that time we will also inform them about the schools that are sampled from their district. We will develop a "Memorandum of Understanding" between Mathematica and the district, which will document the agreements reached and the roles and responsibilities of the district, participating schools, and MPR in successfully implementing the study in the participating districts.

If none of the districts currently on the list of alternates are selected, we will still need to collect some information from you at the end of School Year 2005 – 2006 for the study. At that time we will ask you to provide for each district in your state, information on the number of reimbursable lunches and breakfasts served, number of schools and enrolled students by Provision 2 and 3 status. This information will be used to develop models that FNS will use in the future to produce annual estimates of certification errors and amounts of erroneous payments in the NSLP and SBP to meet federal reporting requirements to Congress.

Should you have any questions about the study please contact me at (609) 275-2361 or e-mail me at mponza@mathematica-mpr.com. The USDA contact for the study is Dr. John Endahl (USDA, FNS, Office of Analysis, Nutrition, and Evaluation), at (703) 305-2122 or by e-mail at John.Endahl@fns.usda.gov.

Thank you in advance for your help and cooperation.

Sincerely,

Michael Ponza
Project Director

Attachments: USDA/FNS Endorsement Letter to State Child Nutrition Director
USDA/FNS Study Endorsement Letter to School Food Authority Director
List of State's Districts Selected as Possible Replacements for the Study
Study Overview
Household Survey Brochure

LETTER TO STATE EDUCATION/NUTRITION AGENCY—VERSION 3

Michael Ponza, Ph.D
Project Director

609-275-2361

EPS-XXX

Date

<<Name>>, <<Title>>
<<State Agency>>
<<Address>>
<<City, State Zip>>

Dear <<Name>>:

The U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS), has contracted with Mathematica Policy Research, Inc. (MPR) to conduct a national study of the National School Lunch Program (NSLP) and School Breakfast Program (SBP). The study will include nationally representative samples of school districts and schools and students within those sampled districts during School Year 2005 - 2006. It will examine access, participation, eligibility, and certification in the NSLP and the SBP. Amounts and sources of erroneous reimbursements due to certification error (administrative errors versus household misreporting) and meal counting and claiming errors will also be examined. Under the 2002 Improper Payments Information Act, all Federal agencies that administer large programs are required to report these findings to the Office of Management and Budget. The study will help USDA better understand the school meal programs and the application and verification processes, why some denied applicant households do not reapply to participate in the programs and the difficulties households experience in fulfilling the requirements of the application and certification process. Findings from this study will enable FNS to meet its Federal reporting requirements and help FNS provide guidance to school districts and schools on how to enhance program administration and target benefits effectively to those who are eligible for free and reduced-price meals.

The study will collect data from several sources—state agencies, school food authorities, school records, and households (see enclosed Study Overview). School food authorities will be asked to complete a fax-back Fact Form and participate in a brief telephone follow-up survey and provide meal counting and claiming data on sampled schools. School food authorities will also be asked to release names, addresses, and telephone numbers of a sample of households approved for free and reduced-price meals and denied applicants. This information will be used to conduct household interviews. We will also need to collect some information from you at the end of School Year 2005 – 2006 for the study.

All the information collected by the study will be aggregated to form national estimates and are for research purposes only. Results will never be used to identify any individual student or household, school, school food authority, or state, or to alter anyone's current benefit status or the reimbursements paid to school food authorities.

Mathematica has selected the national sample of 80 school districts that will be contacted to participate in the study. None of the districts in your state were selected. Although none of your districts were selected, we will still need to collect some information from you at the end of the School Year 2005 – 2006 for the study. At that time we will contact you and ask you to provide for each school district in your state,

information on the number of reimbursable lunches and breakfasts served, number of schools and enrolled students by Provision 2 and 3 status. This information will be used to develop models that FNS will use in the future to produce annual estimates of certification errors and amounts of erroneous payments in the NSLP and SBP to meet federal reporting requirements to Congress.

Should you have any questions about the study please contact me at (609) 275-2361 or e-mail me at mponza@mathematica-mpr.com. The USDA contact for the study is Dr. John Endahl (USDA, FNS, Office of Analysis, Nutrition, and Evaluation), at (703) 305-2122 or by e-mail at John.Endahl@fns.usda.gov.

Thank you in advance for your help and cooperation.

Sincerely,

Michael Ponza
Project Director

Attachments: USDA/FNS Endorsement Letter to State Child Nutrition Director
USDA/FNS Study Endorsement Letter to School Food Authority
Study Overview

APPENDIX F

FEDERAL REGISTER NOTICE

Done in Washington, DC, this 8th day of March 2005.

Elizabeth E. Gaston,

Acting Administrator, Animal and Plant Health Inspection Service.

[FR Doc. 05–4916 Filed 3–11–05; 8:45 am]

BILLING CODE 3410–34–P

DEPARTMENT OF AGRICULTURE

Food and Nutrition Service

Agency Information Collection Activities: Proposed Collection; Comment Request—National School Lunch Program/School Breakfast Program Access, Participation, Eligibility, and Certification Study (APEC Study)

AGENCY: Food and Nutrition Service, USDA.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, this notice announces the Food and Nutrition Service's intention to request Office of Management and Budget approval of the data collection instruments for the APEC study.

DATES: Written comments on this notice must be received by May 10, 2005, to be assured of consideration.

ADDRESSES: Comments may be sent to Alberta C. Frost, Director, Office of Analysis, Nutrition, and Evaluation, Food and Nutrition Service, U.S. Department of Agriculture, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on those who are to respond, including through the use of appropriate, automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

All responses to this notice will be summarized and included in the request for Office of Management and Budget (OMB) approval of the information collection. All comments will also become a matter of public record.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the proposed information collection forms should be directed to Alberta C. Frost, (703) 305–2017.

SUPPLEMENTARY INFORMATION:

Title: National School Lunch Program/School Breakfast Program Access, Participation, Eligibility, and Certification Study (APEC study).

OMB Number: Not yet assigned.

Expiration Date: N/A.

Type of Request: New collection of information.

Abstract: The Improper Payments Information Act of 2002, Public Law 107–300, requires the United States Department of Agriculture (USDA) to identify and reduce erroneous payments in various programs, including the National School Lunch Program (NSLP) and School Breakfast Program (SBP). An OMB directive, issued May 21, 2003, states that an annual erroneous payment estimate is the gross (not net) total of both overpayments and underpayments, *i.e.*, the sum of the absolute value of overpayments and underpayments. To comply with the Improper Payments Information Act, USDA needs a reliable measure to estimate NSLP and SBP erroneous payments on an annual basis. Therefore, USDA is conducting a nationally representative study that will collect data from school districts and households in School Year 2005–2006 for calculating national estimates of certification and payment errors and provide overall national estimates of erroneous payments in NSLP and SBP that would be the gross of overpayments and underpayments. It would be cost prohibitive to conduct a large nationally representative study on a yearly basis. Therefore, estimation models will be developed that will utilize the data collected during this study, augmented with available extant data sources in future years to generate updated yearly estimates of overpayments, underpayments and overall erroneous payments in NSLP and SBP until the next large on-site data collection is undertaken.

In addition to the annual national erroneous payment estimate based on misclassification of participating students' school meal eligibility status, this study will also provide national estimates of payment errors due to the improper counting and claiming of meals served under the NSLP and the SBP. The on-site data collected for this study, including household characteristic data, will also be used for informing program access issues including barriers and deterrence to participation.

In School Year 2005–2006 on-site data collection activities will be conducted in a nationally representative sample of schools selected from school districts across the 48 contiguous States and the District of Columbia. Data to be collected will include school administrative records, household income from parents/guardians and other information that will inform this study. OMB approval will be requested for the data collection instruments to be used for the APEC study.

Respondents:

Respondents include: (a) State Child Nutrition Agency Directors; (b) School Food Service Directors; (c) school financial administrative staff; (d) school liaisons; and (e) households.

Estimated Number of Respondents:

Respondents include: (a) 51 State Child Nutrition Agency Directors; (b) 100 School Food Service Directors; (c) 360 school financial administrative staff; (d) 360 school liaisons; and (e) 5,300 households.

Estimated Number of Responses per Respondent: Multiple responses will be obtained from most respondents with the exception of the State Child Nutrition Agency Directors and 4,300 households, who will be interviewed once. One thousand households will be interviewed twice. School financial administrative staff and school liaisons will be providing the contractor?s field staff the data or the access to administrative data on a recurring basis throughout the School Year.

Estimate of Burden:

Public reporting burden is estimated to range from 45 minutes for the household interview to 170 minutes for School Food Service Directors to complete fact sheets, provide claim data and be interviewed.

Estimated Total Annual Burden on Respondents: 5,525 hours.

(a) State Child Nutrition Agency Directors (51×90 minutes) = 76.5 hours; (b) School Food Service Directors (100×170 minutes) = 283.3 hours; (c) school financial administrative staff ((330×15 minutes + (360×60 minutes) + (360×15 minutes)) = 532.5 hours; (d) school liaisons ((300×30 minutes) + (30×15 minutes)) = 157.5 hours; and (e) households (($5,300 \times 45$ minutes) + ($1,000 \times 30$ minutes)) = 4,475 hours.

Dated: March 8, 2005.

Roberto Salazar,

Administrator, Food and Nutrition Service.

[FR Doc. 05–4968 Filed 3–11–05; 8:45 am]

BILLING CODE 3410–30–P