

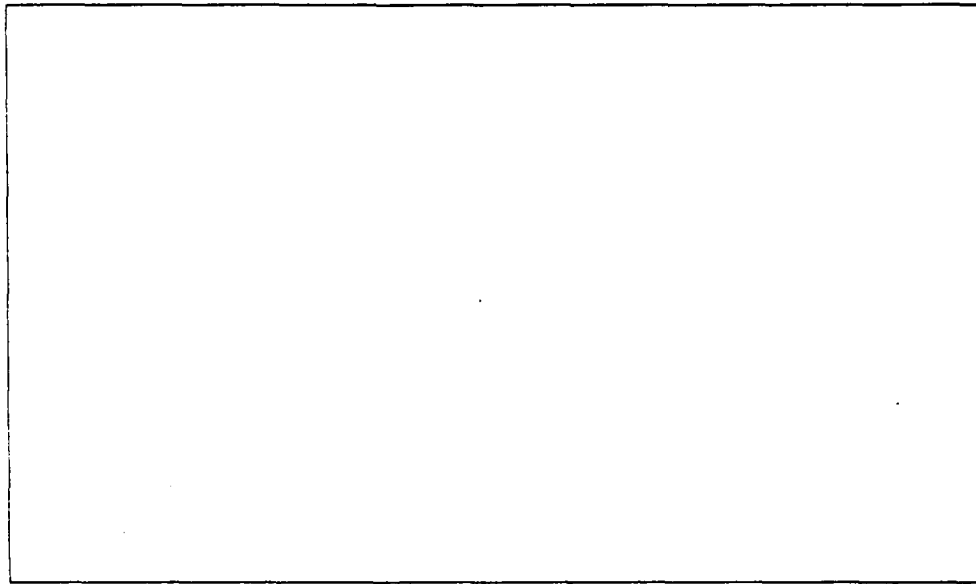
APPENDIX 2.3
Study Instruments

**SFA MANAGER INTERVIEW
(MAIL)**

For Public and Private SFAs

National School Lunch Program Income Verification Study

**School Food Service
Director Survey**



A national study of income verification practices in the National School Lunch Program

The study is sponsored by the Food and Nutrition Service of the U.S. Department of Agriculture.

Please take time now to answer all the questions and return the questionnaire in the enclosed envelope to:

Abt Associates Inc.
SRG DATA RECEIPT
55 Wheeler Street
Cambridge, MA
02138-9990

If you have any questions, please feel free to call Jean Layzer or Bob St. Pierre at (617) 492-7100.

Identification Number:

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1-77
8-10/
11-12/02

National School Lunch Program Income Verification Study

School Food Service Director Survey

PART I: GENERAL SCHOOL FOOD AUTHORITY INFORMATION

1. What was your total School Food Authority enrollment as of October 1st 1986? (Assume every child was present on that day.)

number of children

13-19/

2. Do any of your schools provide breakfast service?

Yes (GO TO QUESTION 2A)..... 1

20/

No (GO TO QUESTION 3)..... 2

2A. How many free and reduced-price breakfasts were served in October 1986?

number of breakfasts

21-27/

3. How many serving days did you have between the start of school in the fall of 1986 and December 15th, 1986?

number of serving days

28-29/

4. How many serving days do you expect to have between December 16th, 1986 and the end of the 1986-87 school year?

number of serving days

30-32/

PART 2: INCOME VERIFICATION PROCEDURES

5. How many applications for free and reduced-price meals did your School Food Authority receive by October 31st, 1986?

number of applications

33-39/

5A. How many of these applications were approved for free or reduced-price meals?

number of applications

40-46/

5B. How many of the applications in Question 5A were approved on the basis of participation in the Food Stamps program?

number of serving days

47-53/

6. Is income verification done centrally (i.e., at School Food Authority offices), or is it done at the school level?

School Food Authority (GO TO QUESTION 7).....1

54/

School-by-school (GO TO QUESTION 6A).....2

School Food Authority only has one school.....3
(GO TO QUESTION 7)

6A. If verification is done at the school level, do all schools verify income each year or do only a sample of schools verify income?

All schools.....1

55/

A sample.....2

6B. If verification is done at the school level, do all schools use the same sampling procedures (e.g., all select a 3% sample)?

Yes.....1

56/

No.....2

7. How was verification done? (CIRCLE ALL THAT APPLY)

Select random (3%) sample.....1

57/

Used "focused" (error-prone) sampling.....2

58/

Verify all applications.....3

59/

Conduct computer wage-matching.....4

60/

Other (SPECIFY).....1

61/

.....

62-63/

8. Did you request income documentation at the time of application?

Yes, at the time of application.....1

64/

No, after application is approved.....2

9. What types of income documentation were accepted as evidence either at the time of application or later?
(CIRCLE ALL THAT APPLY)

Wage stubs.....1

65/

Copies of checks.....2

66/

Income tax returns.....3

67/

Verification of income by employer.....4

68/

Evidence of Food Stamps participation.....1

69/

Evidence of participation in other federal programs.....2

70/

Court decrees of alimony.....3

71/

State wage data.....4

72/

Other (SPECIFY).....6

73/

.....1

74-75/

76-77/

78-80/

10. By what date were all required income verification activities completed for this school year?

month

day

13-16/

PART 3: INCOME VERIFICATION RESULTS

11. How many applications were selected for verification?

number of applications selected

17-21/

11A. For how many of these applications was income documentation never provided?

number of applications

22-26/

12. What procedures were used to followup those who did not respond to the initial request for documentation?
(CIRCLE ALL THAT APPLY)

No followup—immediate denial of benefits (GO TO QUESTION 14).....	1	27/
Mail subsequent notices.....	2	28/
Telephone calls.....	3	29/
Send caseworker.....	4	30/
Call school principals to get assistance.....	1	31/
Send notice home with children.....	2	32/
Other (SPECIFY).....	6	33/
<hr/>		34-35/
<hr/>		36-37/

13. If you used followup procedures, what is the average number of different attempts you made in order to obtain the documentation for each selected application?

average number of attempts

38-39/

14. How many children were denied benefits because of non-response to the request for documentation of household income?

	Number of Children*	
Changed from free to paid	_____	50-54/
Changed from reduced to paid	_____	45-49/

15. What were the results of verification for applications that provided income documentation?

	Number of Children*	
No change in eligibility	_____	50-54/
Changed from free to reduced	_____	55-59/
Changed from free to paid	_____	60-64/
Changed from reduced to free	_____	65-69/
Changed from reduced to paid	_____	70-74/

Thank you for completing this questionnaire.
Please return it in the enclosed, self-addressed, postage-paid envelope to:

National School Lunch Study
SRG Data Receipt
Abt Associates Inc.
55 Wheeler Street
Cambridge, MA 02138-9990

*We need to know about the number of children, not the number of applicants. For example, if a household submitted one application for two children, we would like you to count the two children, not the one application.

**SFA MANAGER INTERVIEW
(TELEPHONE)**

**STUDY TO ASSESS THE IMPLEMENTATION
AND IMPACT OF CURRENT SCHOOL
LUNCH INCOME VERIFICATION REQUIREMENTS**

**SFA TELEPHONE SURVEY OF INCOME VERIFICATION PROCEDURES,
FINDINGS, AND COSTS**

ID # -- 1-7/
 Batch # 8-10/
 Card # 11-12/ 0

3 x 5
SFA LABEL

RECORD OF CONTACTS

Contact #	Interviewer	Date	Time	Status	Notes

PART 2: INCOME VERIFICATION PROCEDURES

5. How many applications for free and reduced-price meals did your School Food Authority receive by October 31st 1986?

33-39/

number of applications

5A. How many of these applications were approved for free or reduced-price meals?

40-46/

number of applications

5B. How many of the approved applications were approved on the basis of participation in the Food Stamps program?

47-53/

number of applications

6. Is income verification done centrally? (that is, at School Food Authority offices), or is it done at the school level?

SCHOOL FOOD AUTHORITY).....1

54/

SCHOOL-BY-SCHOOL.....2

SCHOOL FOOD AUTHORITY ONLY HAS ONE SCHOOL (SKIP TO Q7).....3

SPLIT AUTHORITY.....4

6A. Do you verify in all schools each year or only in a sample of schools?

All schools.....1

55/

A sample.....2

District-wide sample.....3

6B. (ASK ONLY IF SCHOOLS DO VERIFICATION.) Do all schools use the same sampling procedures (for example, all select a 3 percent sample)?

Yes.....1

56/

No.....2

7. How was verification done? Did you... (READ LIST; CIRCLE ALL THAT APPLY AND RECORD ON DROP SHEET.)

- Select a random (3 percent) sample.....1 57/
- Use "focused" sampling.....2 58/
- Verify all applications.....3 59/
- Conduct computer wage-matching.....4 60/
- Use another method (SPECIFY).....1 61/

62-63/

8. Did you request income documentation at the time of application?

- Yes.....1 64/
- No (SKIP TO Q9).....2

8A. How many households generally comply with the request for up-front documentation? (DO NOT READ LIST; CIRCLE ONE.)

- 100%.....1 65/
- 75-99%.....2
- 50-74%.....3
- 25-49%.....4
- 0-24%.....1

8B. What action, if any, do you take if a household does not comply with the request for up-front documentation? (DO NOT READ LIST; CIRCLE ALL THAT APPLY.)

- NO ACTION IS TAKEN.....1 66/
- A SECOND REQUEST IS MADE BY MAIL.....2 67/
- A PHONE CALL IS MADE.....3 68/
- BENEFITS ARE DENIED.....4 69/
- OTHER (SPECIFY).....6 70/

71-72/
73-74/
75-76/

8C. Do you review the documentation submitted by all households?

Yes.....1 13/
No.....2

9. What types of income documentation were accepted as evidence, either at time of application or later? (DO NOT READ LIST; CIRCLE ALL THAT APPLY.)

WAGE STUBS.....1 14/
COPIES OF CHECKS.....2 15/
INCOME TAX RETURNS.....3 16/
VERIFICATION OF INCOME BY EMPLOYER.....4 17/
EVIDENCE OF FOOD STAMPS PARTICIPATION.....1 18/
EVIDENCE OF PARTICIPATION IN OTHER
FEDERAL PROGRAMS.....2 19/
COURT DECREES OF ALIMONY.....3 20/
STATE WAGE DATA.....4 21/
OTHER (SPECIFY).....6 22/
23-24/
25-26/

10. By what date were all required income verification activities completed for this school year?

_____/_____
MONTH DAY 27-30/

PART 3: INCOME VERIFICATION RESULTS

11. How many applications were selected for verification? 31-35/

number of applications selected

11A. How many families did not respond initially to your letter asking for documentation? An estimate will be fine. 36-40/

number of applications

12. What procedures were used to follow up those who did not respond to the initial request for documentation? (DO NOT READ LIST; CIRCLE ALL THAT APPLY.)

NO FOLLOWUP--IMMEDIATE DENIAL OF BENEFITS (GO TO Q14).....1	41/
MAIL SUBSEQUENT NOTICES.....2	42/
TELEPHONE CALLS.....3	43/
SEND CASEWORKER.....4	44/
CALL SCHOOL PRINCIPALS TO GET ASSISTANCE.....1	45/
SEND NOTICE HOME WITH CHILDREN.....2	46/
OTHER (SPECIFY).....6	47/
	48-49/
	50-51/

13. For this initial group of nonrespondents what was the average number of additional attempts you made in order to obtain the documentation? 52-53/

average number of attempts

13A. How well do your followup efforts work? That is, do they increase the percentage of applicants who provide income documentation... (READ LIST.)

To a great extent.....1	54/
Somewhat, or.....2	
Not at all.....3	

13B. For how many applications was income documentation never provided?

number of applications

14A. How many children changed from free to paid because of non-response?

55-58/

children

14B. How many children changed from reduced price to paid because of non-response?

59-62/

children

14C. How many children were reinstated after termination of benefits?

children

15. What were the results of verification for applications that provided income documentation? How many children... (READ LIST AND RECORD A RESPONSE FOR EACH ITEM; IF NONE, ENTER ZERO.)

	<u>Number of Children</u>	
Had no change in eligibility	_____	63-67/
Changed from free to reduced	_____	68-72/
Changed from free to paid	_____	73-77/
Changed from reduced to free	_____	<u>11-12/03</u> 13-17/
Changed from reduced to paid	_____	18-24/

PART 4: DETAILS ON VERIFICATION PROCEDURES

The next series of questions concerns the details of the procedures you use for income verification.

REFER TO DROPSHEET. IF SFA USES RANDOM SAMPLING, ASK Qs16-21.
IF SFA USES FOCUSED SAMPLING, SKIP TO Q22 ON PG. 11.
IF SFA VERIFIES ALL APPLICATIONS, SKIP TO Q29 ON PG. 14.

RANDOM SAMPLING

16. How do you decide how many applications you need to sample? Do you...
(READ LIST; CIRCLE ONE.)

Wait until all applications are in, or
until October 31st, and then compute
sample size.....1 23/

Start out using last year's sample
size; compute final sample size
after all applications are received.....2

Project the number of applications
based on enrollment at the start
of the school year.....3

DO SOMETHING ELSE (SPECIFY).....6

_____ 24-25/

_____ 26-27/

17. When do you select applications for verification? Do you... (READ LIST;
CIRCLE ONE.)

Select as applications are received.....1 28/

Wait until October 31st before
selecting the sample.....2

Select the sample at some
administratively convenient time
prior to October 31st.....3

Do something else (SPECIFY).....6

_____ 29-30/

18. What procedures do you use to select the random sample? (DO NOT READ LIST; CIRCLE ONE.)

SELECT EVERYONE FROM CERTAIN SCHOOLS.....1

31/

SELECT ALL NAMES STARTING WITH "A,"
OR "B", etc.....2

SELECT THE FIRST APPLICATIONS THAT
ARE RECEIVED.....3

SELECT EVERY 50TH, 100TH, ETC.
APPLICATION AS RECEIVED.....4

WAIT UNTIL ALL APPLICATIONS ARE
RECEIVED AND THEN USE A PROCEDURE
THAT GIVES EACH APPLICATION AN
EQUAL CHANCE OF BEING SELECTED.....5

Other (SPECIFY).....6

32/

33/

19. When you notify applicants that they are selected for income verification how often is the request made in the applicant's native language if that language is not English? Would you say... (READ LIST; CIRCLE ONE.)

Always.....1

34/

Usually.....2

Seldom.....3

Never.....4

20. Who is the "verifying" official--the person who offically reviews the documentation that is submitted in response to the verification request? (DO NOT READ LIST; CIRCLE ALL THAT APPLY.)

- SCHOOL PRINCIPAL.....1 35/
- SCHOOL CLERK.....2 36/
- CENTRAL OFFICE CLERK.....3 37/
- SCHOOL FOOD SERVICE DIRECTOR.....4 38/
- OTHER FOOD SERVICE PERSONNEL.....5 39/
- SOCIAL WORKER.....1 40/
- OTHER (SPECIFY).....6 41/
- _____ 42/
- _____ 43/

21. Why did you decide to use random sampling rather than another method of verification? (DO NOT READ LIST; CIRCLE ALL THAT APPLY.)

- STATE MANDATED IT.....1 44/
- STATE RECOMMENDED IT.....2 45/
- SIMPLEST PROCEDURE.....3 46/
- LEAST EXPENSIVE.....4 47/
- MOST EFFECTIVE PROCEDURE.....1 48/
- MOST POLITICALLY/SOCIALLY ACCEPTABLE.....2 49/
- OTHER (SPECIFY).....6 50/
- _____ 51-52/
- _____ 53-54/

SKIP TO PART 5: Q31 on PAGE 15

FOCUSED SAMPLING

22. How do you decide how many applications you need to sample? Do you...
(READ LIST; CIRCLE ONE.)

Wait until all applications are in, or
until October 31st, and then compute
sample size.....1 55/

Start out using last year's sample
size; and then compute final sample size
after all applications are received, or....2

Do you project the number of applications
based on enrollment at the start of
the school year.....3

Other (SPECIFY).....6

_____ 56/

23. When do you select applications for verification? Do you... (READ LIST;
CIRCLE ONE.)

Select as applications are received.....1 57/

Wait until October 31st before
selecting the sample.....2

Select the sample at some
administratively convenient
time prior to October 31st.....3

Do something else (SPECIFY).....6

_____ 58/

24. What arrangements have you made, if any, with the local welfare office
to verify applicants who receive food stamps? (RECORD VERBATIM.)

_____ 59-60/

_____ 61-62/

25. How do you go about selecting the focused sample? (RECORD VERBATIM.)

63-64/
65-66/
67-68/

26. When you notify applicant's that they are selected for income verification how often is the request made in the applicant's native language if that language is not English? Would you say... (READ LIST; CIRCLE ONE.)

- Always.....1
- Usually.....2
- Seldom.....3
- Never.....4

69/

27. Who is the "verifying" official--the person who officially reviews the documentation that is submitted in response to the verification request? (DO NOT READ LIST; DO NOT READ LIST; CIRCLE ALL THAT APPLY.)

- SCHOOL PRINCIPAL.....1
- SCHOOL CLERK.....2
- CENTRAL OFFICE CLERK.....3
- SCHOOL FOOD SERVICE DIRECTOR.....4
- OTHER FOOD SERVICE PERSONNEL.....1
- SOCIAL WORKER.....2
- OTHER (SPECIFY).....6

70/

71/

72/

73/

74/

75/

76/

77/

78/

28. Why did you decide to use focused sampling rather than another method of verification? (DO NOT READ LIST; CIRCLE ALL THAT APPLY.)

- STATE MANDATED IT.....1 13/
- STATE RECOMMENDED IT.....2 14/
- SIMPLEST PROCEDURE.....3 15/
- LEAST EXPENSIVE.....4 16/
- MOST EFFECTIVE PROCEDURE.....1 17/
- MOST POLITICALLY/SOCIALLY ACCEPTABLE.....2 18/
- OTHER (SPECIFY).....6 19/
- _____ 20-21/
- _____ 22-23/

SKIP TO PART 5: Q31 ON PAGE 15

VERIFY ALL APPLICATIONS

29. Who is the "verifying" official--the person who officially reviews the documentation that is submitted in response to the verification request? (DO NOT READ LIST; CIRCLE ALL THAT APPLY.)

- SCHOOL PRINCIPAL.....1 24/
- SCHOOL CLERK.....2 25/
- CENTRAL OFFICE CLERK.....3 26/
- SCHOOL FOOD SERVICE DIRECTOR.....4 27/
- OTHER FOOD SERVICE PERSONNEL.....1 28/
- SOCIAL WORKER.....2 29/
- OTHER (SPECIFY).....6 30/
- _____ 31/
- _____ 32/

30. Why did you decide to verify all applications rather than use another method of verification? (DO NOT READ LIST; CIRCLE ALL THAT APPLY.)

- STATE MANDATED IT.....1 33/
- STATE RECOMMENDED IT.....2 34/
- SIMPLEST PROCEDURE.....3 35/
- LEAST EXPENSIVE.....4 36/
- MOST EFFECTIVE PROCEDURE.....1 37/
- MOST POLITICALLY/SOCIALLY ACCEPTABLE.....2 38/
- OTHER (SPECIFY).....6 39/
- _____ 40-41/
- _____ 42-43/

PART 5: COMPUTER WAGE MATCHING

REFER TO DROP SHEET. IF SFA USES COMPUTER WAGE MATCHING, ASK Qs. 31-38. IF NOT, SKIP TO Q39 ON PAGE 19.

31. What percentage of applications do you verify? (DO NOT READ LIST; CIRCLE ONE.)

- 100Z.....1
- 75Z-99Z.....2
- 50Z-74Z.....3
- 25Z-49Z.....4
- 10Z-24Z.....1
- 1-9Z.....2

44/

32. Which data sources are used for computer verification? (DO NOT READ LIST; CIRCLE ALL THAT APPLY.)

DES/JOB SERVICE.....1	45/
UI BENEFITS.....2	46/
SSA WAGES.....3	47/
SSA SELF-EMPLOYMENT.....4	48/
SSA/BENDEX.....1	49/
SSI BENEFITS.....2	50/
STATE TAX FILES.....3	51/
BANK RECORDS - ACCOUNTS.....4	52/
BANK RECORDS - TRANSACTIONS.....1	53/
WELFARE FILES.....2	54/
AFDC FILES.....3	55/
ADULT GENERAL ASSISTANCE FILES.....4	56/
MEDICAID RECORDS.....1	57/
MEDICARE RECORDS.....2	58/
IRS 1099s (INTEREST INCOME RECORDS).....3	59/
RECORDS FROM OTHER JURISDICTIONS.....4	60/
(SPECIFY) _____	61-62/
OTHER (SPECIFY)	63-64/
_____	65-66/
_____	67-68/
_____	69-70/

33. Which items are verified? (DO NOT READ LIST; CIRCLE ALL THAT APPLY.)

- WAGES.....1 71/
- GROSS INCOME.....2 72/
- PUBLIC ASSISTANCE BENEFITS.....3 73/
- EMPLOYMENT STATUS.....4 74/
- HOUSEHOLD COMPOSITION.....1 75/
- OTHER (SPECIFY).....6 76/
- _____ 77-78/
- _____ 79-80/

34. What identifying information is used to match? (DO NOT READ LIST; CIRCLE ALL THAT APPLY.)

11-12/05

- SOCIAL SECURITY NUMBERS.....1 13/
- NAME.....2 14/
- ADDRESS.....3 15/
- OTHER (SPECIFY).....6 16/
- _____ 17-18/
- _____ 19-20/

35. Please describe the arrangements that have been made to perform the computer match. (RECORD VERBATIM.)

- _____ 21-22/
- _____ 23-24/
- _____ 25-26/

36. What percentage of applications usually result in a match (that is, of those applications sent for computer matching, what percentage have matching identifying information?)

_____ % 27-28/

37. What percentage of those initially matched show a discrepancy in income (that is, the application information is different from that on the computer file)?

_____ % 29-30/

37A. What percentage of those initially matched were found to be ineligible?

_____ % 31-32/

38. Why did you decide to use computer wage matching rather than another method of verification? (DO NOT READ LIST; CIRCLE ALL THAT APPLY.)

- STATE MANDATED IT.....1 33/
- STATE RECOMMENDED IT.....2 34/
- SIMPLEST PROCEDURE.....3 35/
- LEAST EXPENSIVE.....4 36/
- MOST EFFECTIVE PROCEDURE.....1 37/
- MOST POLITICALLY/SOCIALLY ACCEPTABLE.....2 38/
- OTHER (SPECIFY).....6 39/
- _____ 40-41/
- _____ 42-43/

PART 6: HANDLING OF ERRORS

Now I would like to ask you a few questions about what you do when you find a discrepancy between an application and the documentation that is submitted.

39. What do you do if a discrepancy is found that would affect benefit status? (DO NOT READ LIST; CIRCLE ALL THAT APPLY.)

DOUBLE-CHECK ARITHMETIC.....1	44/
SEND A LETTER TO THE PARENT REQUESTING ADDITIONAL DOCUMENTATION.....2	45/
INTERVIEW THE PARENT.....3	46/
CONTACT THIRD PARTIES TO VERIFY INFORMATION.....4	47/
TERMINATE IMMEDIATELY AND NOTIFY PARENTS.....1	48/
OTHER (SPECIFY).....6	49/
_____	50-51/
_____	52-53/

40. What types of discrepancies are most often found (DO NOT READ LIST; CIRCLE ALL THAT APPLY.)

MISTAKE MADE IN CALCULATING INCOME (i.e., USING WRONG MULTIPLIER).....1	54/
USING WRONG INCOME, i.e., NET vs. GROSS.....2	55/
UNREPORTED WAGE INCOME.....3	56/
UNREPORTED NON-WAGE INCOME.....4	57/
HOUSEHOLD MEMBERS NOT REPORTED.....1	58/
ARITHMETIC MISTAKES.....2	59/
OVER-REPORTED INCOME.....3	60/
OTHER (SPECIFY).....6	61/
_____	62-63/
_____	64-65/

PART 7: COST OF INCOME VERIFICATION

Now I have some questions concerning the cost of income verification. We realize that you probably do not keep records of these expenditures; however, we would appreciate it if you could help us get a reasonable estimate of what it costs to implement the Federal requirements.

Please be assured that this information will not be released in a way that would identify your school system. By asking these questions of many schools, we hope to get a reasonable idea of what it currently costs schools to conduct income verification.

Please think about your staff members, including yourself, who work on income verification during the year. You should think of all income verification activities (selecting samples, notifying parents, reviewing documentation, following up, etc.). Please be sure to count only the time you spend on verification, not the time spent on issuing, reviewing, and approving applications.

41. First, I'd like to know all the types of staff members who work on income verification during the year. Do any (READ STAFF TYPE) ever work on income verification? (ASK FOR ALL STAFF AND RECORD BELOW. AFTER ALL STAFF ARE LISTED, ASK A-G AS A UNIT FOR EACH STAFF TYPE WHO WORKS ON INCOME VERIFICATION.)

- A. How many (TYPE OF STAFF) work on income verification?
- B. Please estimate the total number of hours all (STAFF TYPE) will spend on income verification this school year. Please try to estimate the percentage of these hours that will be spent on each of following income verification activities: What percentage will be spent on... (ASK C-G).
- C. Sampling and notifying parents
- D. Reviewing documentation and third party contacts
- E. Eligibility determination and notifying parents and schools
- F. Follow up
- G. Other income verification activities

TYPE OF STAFF	41. DOES VERIFICATION?			A. NUMBER OF STAFF	B. TOTAL HOURS	C. SAMPLE, NOTIFY PARENTS %	D. REVIEW DOCUMENTATION, THIRD PARTY CONTACTS %	E. ELIGIBILITY DETERMINATION, PARENT AND SCHOOL LEVEL NOTIFICATION %	F. FOLLOW UP %	G. OTHER %
	YES	NO								
41A. School Principals	1	2	13/	___ 14-17/	___ 18-23/	___ 24-25/	___ 26-27/	___ 28-29/	___ 30-31/	___ 32-33/
41B. School Clerks/Secretaries	1	2	34/	___ 35-38/	___ 39-44/	___ 45-46/	___ 47-48/	___ 49-50/	___ 51-54/	___ 53-54/
41C. Central Office Clerks Secretaries	1	2	55/ 11-12/07	___ 56-59/	___ 60-65/	___ 66-67/	___ 68-69/	___ 70-71/	___ 72-73/	___ 74-75/
41D. Food Service Directors	1	2	13/	___ 14-17/	___ 18-23/	___ 24-25/	___ 26-27/	___ 28-29/	___ 30-31/	___ 32-33/
41E. Other Food Service Personnel	1	2	34/	___ 35-38/	___ 39-44/	___ 45-46/	___ 47-48/	___ 49-50/	___ 51-54/	___ 53-54/
41F. Social Workers	1	2	55/ 11-12/08	___ 56-59/	___ 60-65/	___ 66-67/	___ 68-69/	___ 70-71/	___ 72-73/	___ 74-75/
41G. Other _____ 13/	1	2	13/	___ 14-17/	___ 18-23/	___ 24-25/	___ 26-27/	___ 28-29/	___ 30-31/	___ 32-33/
41H. _____ 34/	1	2	34/	___ 35-38/	___ 39-44/	___ 45-46/	___ 47-48/	___ 49-50/	___ 51-54/	___ 53-54/
41I. _____ 55/	1	2	55/ 11-12/09	___ 56-59/	___ 60-65/	___ 66-67/	___ 68-69/	___ 70-71/	___ 72-73/	___ 74-75/
41J. _____ 13/	1	2	13/	___ 14-17/	___ 18-23/	___ 24-25/	___ 26-27/	___ 28-29/	___ 30-31/	___ 32-33/

CARD 6
11-12/06

42. In addition to personnel costs, how much do you incur in other, non-labor, costs?

\$ _____
total non-labor costs

34-40/

42A. Do you incur (READ ITEM) costs? (RECORD BELOW.)

42B. (IF YES TO 42A, ASK): How much do you think that will cost for this school year? (RECORD BELOW.)

42C. (IF 'DON'T KNOW' ASK): Can you estimate what percentage (ITEM) is of your total non-labor costs? (RECORD BELOW.)

<u>Type of Cost</u>	<u>42A.</u>		<u>42B.</u>		<u>42C.</u>
	<u>Cost Incurred</u>		<u>Amount</u>		<u>Percent of Total</u>
	<u>Yes</u>	<u>No</u>			
Data processing	1	2	41/	\$ _____ 42-47/	_____ 48-50/
Travel	1	2	51/	\$ _____ 52-57/	_____ 58-60/
Overhead (postage, printing, etc.)	1	2	61/	\$ _____ 62-67/	_____ 68-70/
Other (unspecified)	1	2	71/	\$ _____ 72-77/	_____ 78-80/

PART 8: EFFECTS OF INCOME VERIFICATION

Now I would like you to tell us what you think have been the effects of income verification in your district. In particular, ...

43. Has income verification affected the number of fraudulent applications submitted? That is, applications with deliberate misreporting of income? (IF "YES," PROBE FOR HOW IT HAS AFFECTED THEM; RECORD RESPONSE.)

_____ 13-14/
_____ 15-16/
_____ 17-18/

44. Has income verification affected the number and types of unintended errors that applicants make? (IF YES, PROBE FOR HOW; RECORD RESPONSE.)

_____ 19-20/
_____ 21-22/
_____ 23-24/

45. Are there other effects you would like us to note? (IF YES, ASK WHAT THEY ARE AND RECORD RESPONSE.)

_____ 25-26/
_____ 27-28/
_____ 29-30/

46. In your opinion, why do some applicants fail to respond to the School Food Authority's requests for documentation of income? (DO NOT READ LIST; CIRCLE ALL THAT APPLY.)

- THEY KNOW THEY HAVE SUBMITTED
A FRAUDULENT APPLICATION.....1 31/
- THE REQUEST IS TOO DIFFICULT TO
DEAL WITH.....2 32/
- THEY HAVE LANGUAGE/LITERACY PROBLEMS.....3 33/
- MAIL DOESN'T REACH THEM.....4 34/
- APPREHENSION/FEAR ON PART OF
APPLICANTS.....1 35/
- RESENTMENT OF REQUEST.....2 36/
- OTHER (SPECIFY).....6 37/
- _____ 38-39/
- _____ 40-41/

PART 9: PROBLEMS ENCOUNTERED

47. Have you had any problems trying to do income verification this year?

Yes (ASK Q47A).....1

42/

No (SKIP TO Q48).....2

47A. Can you tell us what they were starting with the most important of them? (RECORD VERBATIM.)

43-44/
45-46/
47-48/
49-50/
51-52/

48. Are you planning any changes in your income verification procedures?

Yes (ASK Q48A AND 48B).....1

53/

No (SKIP TO Q50).....2

48A. What are they? (RECORD VERBATIM.)

54-55/
56-57/
58-59/

48B. Why are you making these changes? (RECORD VERBATIM.)

60-61/
62-63/
64-65/

49. Do you take any actions that might reduce misreporting of income at the time of application? (IF YES, ASK WHAT THEY ARE AND RECORD RESPONSE.)

_____ 66-67/
_____ 68-69/
_____ 70-71/

50. Do you have any suggestions for changes in Federal income verification requirements? (RECORD VERBATIM.)

_____ 72-73/
_____ 74-75/
_____ 76-77/

PART 10: HISTORICAL DATA ON APPLICATION RATES

51. The final area of questions is related to your experiences with income verification from SY1983-84 through SY1985-86. As our letter indicated, these questions required you to collect some historical information. Were you able to locate the information? (IF SO, PROCEED WITH INTERVIEW. IF NOT, ASK IF THE RESPONDENT COULD OBTAIN SOME OF THE INFORMATION. IF SO, PROCEED WITH THOSE ITEMS. IF NO INFORMATION COULD BE OBTAINED, PROBE TO FIND OUT WHAT THE PROBLEM WAS AND DETERMINE IF THE INFORMATION COULD BE OBTAINED AND PROVIDED AT A LATER DATE.)

	School Year		
	<u>1983-1984</u>	<u>1984-1985</u>	<u>1985-1986</u>
A. Enrollment	_____ 13-19/	_____ 34-40/	_____ 55-61/
B. Number of applications* received	_____ 20-26/	_____ 41-47/	_____ 62-68/
C. Number of applications approved	_____ 27-33/	_____ 48-54/	_____ 69-75/

11-12/12

53. For each of the following school years, what kind of verification did you do? In (READ YEAR) did you do... (READ TYPES OF VERIFICATION AND CIRCLE ALL THAT APPLY. ASK FOR ALL SYs LISTED.)

<u>Type of Verification</u>	School Year		
	<u>1983-1984</u>	<u>1984-1985</u>	<u>1985-1986</u>
No verification	1 13/	1 19/	1 25/
Random sample verification	2 14/	2 20/	2 26/
Focused sample verification	3 15/	3 21/	3 27/
Verification of all applications	4 16/	4 22/	4 28/
Up-front documentation	5 17/	5 23/	5 29/
Computer wage matching	6 18/	6 24/	6 30/

CLOSING

Thank you for your help. We at Abt Associates sincerely appreciate all of the time you have given us.

NONAPPLICANT TELEPHONE INTERVIEW

ID # --
 Batch # 1-5/
 Card # 6-7/
 8-9/ 01

**STUDY TO ASSESS THE IMPLEMENTATION
 AND IMPACT OF CURRENT SCHOOL
 LUNCH INCOME VERIFICATION REQUIREMENTS**

SURVEY OF NON-APPLICANTS

(ASK TO SPEAK WITH PERSON ON LABEL. IF NOT AVAILABLE, ASK FOR SPOUSE. IF NECESSARY, ARRANGE CALL BACK.)

Time Begun _____

Hello, my name is _____. I'm calling from Abt Associates, a research firm in Cambridge, Massachusetts. We are conducting a study of the school lunch program for the U.S. Department of Agriculture. As part of this study, we are interviewing parents of children who attend schools in the (DISTRICT) school district.

Participation in this study is voluntary and will not affect any benefits you may receive from government programs. All information is confidential and will not be used in any way that could identify you.

Before we talk about the school lunch program, I have a couple of questions so that we can make sure we talk to all different kinds of families.

1. First, how many people live in your household. Count both adults and children and remember to include yourself.

_____ 10-11/

2. Counting income from all sources like wages, salaries, public benefits such as social security, unemployment compensation, and welfare as well as all other sources, was your total household income for 1986, before taxes or any other deductions, over or under (READ AMOUNT FROM TABLE BELOW. CIRCLE HOUSEHOLD SIZE FROM Q.1.)

OVER.....1

12/

UNDER OR EQUAL TO.....2

PLEASE CIRCLE

Household Size From Q.1	Amount
2	13,400
3	16,900
4	20,350
5	23,800
6	27,300
7 or more	30,800

3. Do you remember receiving an application for free and reduced-price meals from your child's school at the start of this school year?

YES (SKIP TO Q4).....1 13/

NO.....2

3A. Are you aware that the school lunch program offers free and reduced-price meals to children who qualify on the basis of their family income?

YES (SKIP TO Q5).....1 14/

NO (SKIP TO Q7).....2

4. Did you apply for free or reduced price meals for any of your children?

YES (TERMINATE).....1 15/

NO.....2

DON'T KNOW.....8

5. I'm going to read some reasons why people might not apply for free or reduced price school lunches. For each one, please tell me whether it was a reason you did not apply. Was (READ ITEM) a reason you didn't apply? READ ITEMS AND RECORD A RESPONSE FOR EACH.

	YES (WAS A REASON)	NO	DON'T KNOW	
a. You didn't think you were eligible.....	1	2	8	16/
b. You preferred to pay the full price for school lunches.....	1	2	8	17/
c. You or your children preferred lunches made at home.....	1	2	8	18/
d. You didn't want to give income information to the school.....	1	2	8	19/
e. The application form was hard to understand.....	1	2	8	20/
f. You didn't like the possibility of having your income verified.....	1 (ASK 5A)	2	8	21/
g. Some other reason (SPECIFY) _____				22-23/
_____				24-25/

(ASK 5A ONLY IF YES TO f. ABOVE)

5A. What didn't you like about having your income verified?
(PROBE FOR COMPLETE AND MEANINGFUL RESPONSE.)

_____ 26-27/
 _____ 28-29/
 _____ 30-31/

SKIP TO QUESTION 7

6. Did you know that the school can ask families to show proof of the earnings they put down on an application for free meals?

YES.....1 32/
 NO.....2

7. How many children do you have in public schools in this district?

Children

33-34/

8. Did anyone in your household receive any income from the following sources in April? From... (READ LIST)

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	
Wages or salaries	1	2	8	35/
Welfare payments or alimony	1	2	8	36/
Pensions, retirement, social security, or unemployment	1	2	8	37/
Self employment	1	2	8	38/

9. Counting income from all sources and for all members of the household, what was your total household income for April?

\$ _____ 39-43/

DON'T KNOW (ASK 9A).....99998

IF DON'T KNOW APRIL INCOME ASK:

9A. Can you tell me your total household income before taxes or any other deductions for 1986?

\$ _____

DON'T KNOW.....99998 44-49

REFUSED.....99997

10. Now I'd like to read two statements and have you tell me whether you agree or disagree with them. The (first/next) statement is ...

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DON'T</u> <u>KNOW</u>	
A. Some people lie about their incomes so that their children can get free meals. Do you agree or disagree?.....	1	2	8	50/
B. Knowing that some statements about income may be checked discourages cheating. Do you agree or disagree?.....	1	2	8	51/

[ENTRY: KEY LINKAGE ID FROM FACE SHEET]

52-62/

CLOSING: Thank you for your time and kind cooperation. This information will help the Department of Agriculture improve your school's lunch program.

TIME ENDED: _____ DATE COMPLETED ____/____/____

TELEPHONE NUMBER: (____)____-_____

INTERVIEWER: PRINT LAST NAME _____

CODER: PRINT LAST NAME _____

RECORD ABSTRACTING FORM

NATIONAL SCHOOL LUNCH PROGRAM INCOME VERIFICATION STUDY
ABSTRACTING FORM

_____|_____|_____|_____|_____|_____|_____|_____|
SFA ID #

_____|_____|
PSU ID #

_____|_____|_____|
STUDENT ID #

I. IDENTIFICATION INFORMATION

A. Name of school: _____

B. School district/SFA: _____

C. Student: _____
Last Name First Name

D. Date of application: ____|____| ____|____| 1986
M M D D

E. Number of persons in household ____|____|

F. Number of students covered by this application ____|

G. Student eligible for reduced-price lunch 1

Student eligible for free lunch 2

YES NO DK

H. Household receives food stamps 1 2 8

I1. Student is a foster child 1 2 8

I2. Student is institutionalized 1 2 8

I3. Student lives alone (emancipated student) 1 2 8

J. Household income was verified 1 (COMPLETE SECTIONS II, III, IV, & V)
Household income was not verified 2 (COMPLETE SECTIONS II & V)

NOTES

USE THIS SPACE FOR DESCRIBING "OTHER" CODES AND ANY UNUSUAL SITUATIONS; IDENTIFY THE ITEM TO WHICH YOU ARE REFERRING BY SECTION NUMBER, PERSON NUMBER, AND COLUMN LETTER.

INCOME DATA FROM APPLICATIONS FOR APPLICANTS

II. RECORD INCOME DATA FOR ALL PERSONS RECEIVING INCOME EXACTLY AS SHOWN ON APPLICATION. ENTER INCOME DENOMINATION CODES IN BOXES NEXT TO \$ AMOUNTS, USING THE BLUE CARD.

Households Members Full Names:	A. Earnings from Jobs	B. SSA/SSI Pensions, Retirement	C. Unemployment, Strike Benefits	D. Welfare, Alimony, Child Support	E. All Other
1.	\$. . .	\$. . .	\$. . .	\$. . .	\$. . .
2.	\$. . .	\$. . .	\$. . .	\$. . .	\$. . .
3.	\$. . .	\$. . .	\$. . .	\$. . .	\$. . .
4.	\$. . .	\$. . .	\$. . .	\$. . .	\$. . .
5.	\$. . .	\$. . .	\$. . .	\$. . .	\$. . .
6.	\$. . .	\$. . .	\$. . .	\$. . .	\$. . .
7.	\$. . .	\$. . .	\$. . .	\$. . .	\$. . .
8.	\$. . .	\$. . .	\$. . .	\$. . .	\$. . .

INCOME DATA FROM DOCUMENTATION FOR VERIFIED APPLICANTS

Total Monthly Income \$

III. RECORD INCOME DATA EXACTLY AS SHOWN IN SUPPORTING DOCUMENTS. ENTER INCOME DENOMINATION CODES IN LEFT-HAND BOXES NEXT TO \$ AMOUNTS, AND DOCUMENTATION CODES IN RIGHT HAND BOXES.

	A.	B.	C.	D.	E.
1.	\$. . .	\$. . .	\$. . .	\$. . .	\$. . .
2.	\$. . .	\$. . .	\$. . .	\$. . .	\$. . .
3.	\$. . .	\$. . .	\$. . .	\$. . .	\$. . .
4.	\$. . .	\$. . .	\$. . .	\$. . .	\$. . .
5.	\$. . .	\$. . .	\$. . .	\$. . .	\$. . .
6.	\$. . .	\$. . .	\$. . .	\$. . .	\$. . .
7.	\$. . .	\$. . .	\$. . .	\$. . .	\$. . .
8.	\$. . .	\$. . .	\$. . .	\$. . .	\$. . .

IV. VERIFICATION INFORMATION

A. Result of verification:

- No change 1
- From free to reduced-price lunch 2 For Codes 1 & 3:
- From reduced-price to free lunch 3 (SKIP TO INSTRUCTION BEFORE C)
- From reduced price lunch to paid lunch..... 4
- From free to paid lunch 5
- Household did not respond 6 For Codes 2, 4, 5, 6, & 7:
- Other (Specify) 7 (ANSWER B)

B. Reason ineligible

- Income/Household size 1
- Household refused to cooperate 2 } (SKIP TO SECTION V)
- Other (Specify) 3

IF NO INCOME INFORMATION ON APPLICATION, ANSWER C; OTHERWISE SKIP TO SECTION V.

C. No income information on application because:

- Household receives food stamps 1 (ANSWER D & E)
- Household has zero income
(DESCRIBE HOW YOU DETERMINED THIS) 2
- Household refused to participate
(DESCRIBE HOW YOU DETERMINED THIS) 3 } (SKIP TO SECTION V)
- Other (SPECIFY) 4

- D. Food stamp eligibility confirmed 1 (ANSWER E)
- Food stamp eligibility not confirmed 2 (SKIP TO SECTION V)

E. Food stamp eligibility confirmed by (CODE ALL THAT APPLY)

- Food stamp office 1
- Notice of eligibility 1 } (GO TO SECTION V)
- ATP card 1
- Other (SPECIFY) 1

V. CONTACT INFORMATION

- A. All information obtained at location on Face Sheet label 1 (SIGN FORM)
- All or part of information obtained elsewhere 2 (GO TO B)

B. Name of Place: _____ Telephone: () _____

Address: _____

Street City/Town State Zip

Contact Person's Name: _____ Title: _____

Abstractor's Signature: _____

Date: _____

IN-HOME AUDIT

OMB No.: 0584-0359

Expires: March, 1988

NSLP Income Verification Study

Core Audit Questionnaire

Conducted for:
Office of Analysis and Evaluation
Food and Nutrition Service
U.S. Department of Agriculture

Survey conducted by:

Westat Inc.
1650 Research Blvd.
Rockville, MD 20850

As part of a study conducted
in affiliation with:

Abt Associates, Inc.
55 Wheeler Street
Cambridge, MA 02138

INTRODUCTION AT DOOR:

Hello, my name is _____, and I am working on a study for Westat, a research firm located in Rockville, Maryland. Here is my identification card. (SHOW BADGE) I have an appointment to interview (RESPONDENT'S NAME).

Time Started: | | : | | AM
PM

READ TO RESPONDENT:

(As I have mentioned to you by telephone) We are conducting research for the Food and Nutrition Service of the U.S. Department of Agriculture. I'd like to ask you some questions about your household. Do you have the letter explaining the purpose of my visit? (SHOW LETTER.)

Later in the interview, I will be asking you questions about your income and I will need to see income records, tax returns, and certificates of eligibility as indicated on the list that you received along with the letter. Your accuracy in responding to the questions is important to the success of this study. The answers you provide will be completely confidential.

Here is a confidentiality agreement for our interview. As you can see, it states (READ AGREEMENT ALOUD). We are asking respondents to sign the agreement and keep a copy so that we can be sure that they understand both the importance of providing accurate responses and the promise that their responses will be held in confidence. Please sign your name here (POINT TO LINE), and I will sign there (POINT OUT LINE). The information you provide is for policy and planning purposes only, and in no way will affect you or your child directly. (HAND RESPONDENT BALL POINT PEN)

I would like to begin by asking you a few questions about free or reduced price meals that are provided for children at school.

- 1. Did you or someone else in your household apply for free or reduced price school meals for the children in your household in this school district this year? [SHOW APPLICATION FORM]

YES 1 (Q.2)
NO. 2 (Q.5)
DON'T KNOW. 8 (Q.5)

- 2. Did you have any difficulty reading the application form?

YES 1
NO. 2
DON'T KNOW. 8

- 3. How well did you understand the directions on the application form? Did you understand them . . .

Very well 1 (Q.5)
Well. 2 (Q.5)
Not very well 3 (Q.4)
Or, Did you not understand them at all. . . 4 (Q.4)
SOMEONE ELSE IN HOUSEHOLD COMPLETED FORM. . 5 (Q.5)
SCHOOL COMPLETED FORM 6 (Q.5)
DON'T KNOW. 8 (Q.5)

INTERVIEWER: IF THE ANSWER TO Q.2 WAS NO, SKIP TO Q.5

4. Was the application form in a language that you understood?

YES 1
NO. 2
DON'T KNOW. 8

5. Are any of the children in your household currently receiving free or reduced price school lunches?

YES 1 (Q.7)
NO. 2
DON'T KNOW. 8

6. Have these children received free or reduced price school lunches at any time during this school year (since September, 1986)?

YES 1
NO. 2
DON'T KNOW. 8

7. Are the children currently receiving free or reduced price breakfasts at school?

YES 1 (INSTRUCTION BOX)
NO. 2 (Q.8)
DON'T KNOW. 8 (Q.8)

8. Have the children received free or reduced price breakfasts at school at any time during this school year since September, 1986?

YES 1
NO. 2
DON'T KNOW. 8

INSTRUCTION BOX:

IF RESPONDENT ANSWERED "NO" TO ALL OF THE FOLLOWING
QUESTIONS, Q.1, 5, 6, 7, AND 8 1 (Q.10)

IF RESPONDENT ANSWERED "YES" TO ANY OF THE FOLLOWING
QUESTIONS, Q.1, 5, 6, 7, OR 8. 2 (Q.9)

9. Is this the first year that these children in your household received free or reduced price meals?

YES 1 (Q.11)
 NO. 2 (Q.11)
 DON'T KNOW. 8 (Q.11)

10. Why did you not apply for free or reduced price meals this year? (RECORD RESPONSE THEN CIRCLE ALL THAT APPLY)

a. DO NOT WANT BENEFITS. 1
 b. NOT AWARE OF PROGRAM. 1
 c. KNEW WE WERE NOT ELIGIBLE 1
 d. THOUGHT WE WERE NOT ELIGIBLE. 1
 e. LIVED SOMEPLACE ELSE. 1
 f. NEVER RECEIVED APPLICATION. 1
 g. CONCERN OVER POSSIBLE VERIFICATION
 PROCESS 1
 h. OTHER 1
 i. DON'T KNOW. 1

11. Have you applied for free or reduced price meals for the children in your household in past school years?

YES 1 (CONTINUE)
 NO. 2 (INSTRUCTION BOX)
 DON'T KNOW. 8 (INSTRUCTION BOX)

12. Did you apply for these meals . . . (SHOW HAND CARD)
 (READ ITEMS a-d AND CODE EACH ONE)

	<u>YES</u>	<u>NO</u>	<u>DK</u>
a. Last year (school year 85-86)?	1	2	8
b. The year before last (school year 84-85)?	1	2	8
c. School year 83-84?	1	2	8
d. School year 82-83?	1	2	8

INSTRUCTION BOX:

NOTE TO INTERVIEWER: IF RESPONDENT HAS INDICATED THAT HOUSEHOLD DID NOT FILL OUT AN APPLICATION OR THEIR CHILDREN ARE NOT RECEIVING REDUCED OR FREE MEALS, SKIP TO Q.15; OTHERWISE, CONTINUE.

13. Overall, how satisfied or dissatisfied have you been with the free or reduced school meal program? Please rank on a scale of one to four with one being very satisfied and four being very dissatisfied.

VERY SATISFIED. 1
SATISFIED 2
DISSATISFIED. 3
VERY DISSATISFIED 4
DON'T KNOW. 8

14. Why have you been satisfied/dissatisfied with the school meal program? (RECORD VERBATIM)

The next questions are about yourself and the members of your household.

15. What is your current marital status? Are you now . . .

Married,. 1
Not married but living with
a partner,. 2
Widowed,. 3
Divorced, 4
Separated, or 5
Never married?. 6

16. Do you consider yourself . . .

White, not Hispanic 1
Hispanic. 2
Black, not Hispanic 3
Asian or Pacific Islander 4
American Indian or Alaskan Native 5

17. What is the highest grade or year of regular school or college you have ever completed?

<u>SCHOOLING</u>	<u>NUMBER OF YEARS</u>
NO FORMAL SCHOOLING	00
<u>ELEMENTARY</u>	
1st GRADE	01
2nd GRADE	02
3rd GRADE	03
4th GRADE	04
5th GRADE	05
6th GRADE	06
7th GRADE	07
8th GRADE	08
<u>HIGH SCHOOL</u>	
1st YEAR.	09
2nd YEAR.	10
3rd YEAR.	11
4th YEAR.	12
<u>COLLEGE AND GRADUATE/PROFESSIONAL SCHOOL</u>	
1 YEAR.	13
2 YEARS	14
3 YEARS	15
4 YEARS	16
5 YEARS	17
6 YEARS	18
DON'T KNOW.	98

18. Do you have a high school equivalency certificate or a GED certificate?

YES	1
NO.	2
DON'T KNOW.	8

19. What is the main language spoken in your household?

ENGLISH	01
SPANISH	02
OTHER (SPECIFY)	03
<hr/>	
DON'T KNOW.	08

20. How many people live in this household?

NUMBER

21. The student who is receiving reduced-price or free lunch is (READ FIRST NAME OF STUDENT ON FACE SHEET. ENTER NAME ON LINE 01 IN TABLE OPPOSITE. IF NO LONGER LIVING IN HOUSEHOLD, WRITE "NOT IN HH" NEXT TO NAME.).

22. You are (RESPONDENT'S FIRST NAME)? (ENTER NAME ON LINE 02 IN TABLE OPPOSITE.)

23. And the other members of this household -- what are their first names? Let's begin with everyone related to (PERSON 01). (ENTER NAMES IN TABLE OPPOSITE.)

24. Are there any other people living here who are not related to (PERSON 01), such as friends or roomers? (IF YES, ENTER FIRST NAMES.)

YES 1
NO. 2

25. Is there anyone now away from home who usually lives here, for example, someone on a vacation or in a hospital? (IF HOUSEHOLD MEMBER, ENTER NAME IN TABLE OPPOSITE.)

YES 1
NO. 2

26. Are any of the persons in this household now on full-time active duty with the Armed Forces of the United States? (IF YES, ENTER "AF" ABOVE EACH NAME IN TABLE OPPOSITE AND PROBE FOR USUAL RESIDENCE. IF NOT HOUSEHOLD MEMBER, DRAW LINE THROUGH NAME IN TABLE OPPOSITE.)

YES 1
NO. 2

GO TO ENUMERATION TABLE AND ASK Q.27 THROUGH Q.35
IN SEQUENCE FOR EACH PERSON AS APPROPRIATE.

HOUSEHOLD ENUMERATION TABLE

AFTER LISTING HOUSEHOLD, ASK Q.27 THROUGH Q.34 GOING ACROSS FOR EACH PERSON AS APPROPRIATE.

27
STARTING WITH PERSON 02, what is (PERSON'S) relationship to (STUDENT)?

28
CODE SEX (ASK IF NOT OBVIOUS FROM Q.27)

29
How old was (PERSON) on (HIS/HER) last birthday?

	PERSON #	FIRST NAME	RELATIONSHIP	28		29	CHECK BOX IF 16 OR OVER
				M	F		
STUDENT	01		SELF	1	2		<input type="checkbox"/>
RESPONDENT	02			1	2		<input type="checkbox"/>
	03			1	2		<input type="checkbox"/>
	04			1	2		<input type="checkbox"/>
	05			1	2		<input type="checkbox"/>
	06			1	2		<input type="checkbox"/>
	07			1	2		<input type="checkbox"/>
	08			1	2		<input type="checkbox"/>
	09			1	2		<input type="checkbox"/>
	10			1	2		<input type="checkbox"/>
	11			1	2		<input type="checkbox"/>
	12			1	2		<input type="checkbox"/>
	13			1	2		<input type="checkbox"/>
	14			1	2		<input type="checkbox"/>
	15			1	2		<input type="checkbox"/>

(IF MORE THAN 15 HOUSEHOLD MEMBERS, GO TO CONTINUATION SHEET.)

ASK Q.31-33 FOR ALL PERSONS AGED 3-21

30. Was (PERSON) a member of the household when you applied for the school lunch program?		31. Is (PERSON) cur- rently attending a public grammar school, jr. high, or high school? (IF "NO," GO TO NEXT PERSON.)		32. What is the school name?	33. Is (PERSON) currently receiving free or re- duced price meals at school?	
Y	N	Y (Q.32)	N (NP)		Y	N (NP)
1	2	1	2		1	2
1	2	1	2		1	2
1	2	1	2		1	2
1	2	1	2		1	2
1	2	1	2		1	2
1	2	1	2		1	2
1	2	1	2		1	2
1	2	1	2		1	2
1	2	1	2		1	2
1	2	1	2		1	2
1	2	1	2		1	2
1	2	1	2		1	2
1	2	1	2		1	2
1	2	1	2		1	2
1	2	1	2		1	2
1	2	1	2		1	2
1	2	1	2		1	2

CHECK BOX IF NO ONE IN HOUSEHOLD AGE 3-21 | | AND GO TO NEXT PAGE.

CHECK ONE: RESPONDENT IS:	<u>FACE SHEET CODES</u>
NON-VERIFIED APPLICANT <input type="checkbox"/> (SUPPLEMENT A)	(CODE 2)
VERIFIED ELIGIBLE APPLICANT <input type="checkbox"/> (SUPPLEMENT B)	(CODE 3)
VERIFIED NON-RESPONDENT APPLICANT <input type="checkbox"/> (SUPPLEMENT C)	(CODE 5)

NSLP Income Verification Study

Supplement A

Non-Verified Applicant

Conducted for:
Office of Analysis and Evaluation
Food and Nutrition Service
U.S. Department of Agriculture

Survey conducted by:

Westat Inc.
1650 Research Blvd.
Rockville, MD 20850

As part of a study conducted
in affiliation with:

Abt Associates, Inc.
55 Wheeler Street
Cambridge, MA 02138

Supplement A
Non-Verified Applicant

1. Now, I will read the names of all the people you mentioned as living in your household who are 16 or over, including yourself. (READ NAMES FROM HH ENUMERATION AND RECORD IN COLUMNS BELOW AND ON P SA-2 - SA-4) I will then read some usual sources of income. For each source, please tell me whether any of the people I have listed received income from these sources in April, 1987. Let's start with Wages and Salaries from all jobs, including tips and bonuses. We can look at your documentation of the amounts as we go along. (CONTINUE WITH b-Q.)

FILL IN AMOUNTS OF INCOME. INDICATE IF DOCUMENTATION WAS AVAILABLE BY CIRCLING 1 FOR YES, 2 FOR NO.

INCOME TABLE

SOURCES OF INCOME		PERSON 02	PERSON # ____	PERSON # ____
		RESPONDENT		
		_____ (name)	_____ (name)	_____ (name)
a. Wages and salaries from all jobs (include tips and bonuses)	Amt.	\$ _____	\$ _____	\$ _____
	Documentation	1 2	1 2	1 2
b. Net income from own farm or business	Amt.	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2
c. Food stamps	Amt.	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2
d. Aid for Dependent Children (AFDC)	Amt.	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2
e. Supplemental Security Income (SSI) (pale gold checks)	Amt.	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2
f. Refugee Assistance	Amt.	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2
g. Other public assistance or welfare payments	Amt.	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2

PERSON # _____ _____ (name)	PERSON # _____ _____ (name)	PERSON # _____ _____ (name)	PERSON # _____ _____ (name)	PERSON # _____ _____ (name)	PERSON # _____ _____ (name)
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2

NOTE: FILL IN THE PERSON'S NAME FOR EACH HOUSEHOLD MEMBER.		PERSON 02	PERSON # _____	PERSON # _____
		_____	_____	_____
		(name)	(name)	(name)
h. Unemployment benefits	Amt.	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2
i. Workers Compensation or other payments resulting from job-related injury or illness	Amt.	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2
j. Social Security (green checks)	Amt.	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2
k. Survivor's benefits, such as pensions, estates, trusts or annuities	Amt.	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2
l. VA pension or compensa- tion (exclude retirement, insurance or GI Bill)	Amt.	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2
m. Other health-related or disability income	Amt.	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2
n. Regular pension or retirement (other than Social Security)	Amt.	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2
o. Child Support	Amt.	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2
p. Interest and Dividends	Amt.	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2
q. Other monthly income	Amt.	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2
(SPECIFY)		_____	_____	_____

PERSON # _____ _____ (name)	PERSON # _____ _____ (name)	PERSON # _____ _____ (name)	PERSON # _____ _____ (name)	PERSON # _____ _____ (name)	PERSON # _____ _____ (name)
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2

2. Has this household received Food Stamps for any of the following time periods? (SHOW HAND CARD) (READ ITEMS a-e AND CODE EACH ONE)

	<u>YES</u>	<u>NO</u>
a. THIS SCHOOL YEAR (86-87).	1	2
b. 85-86 SCHOOL YEAR	1	2
c. 84-85 SCHOOL YEAR	1	2
d. 83-84 SCHOOL YEAR	1	2
e. 82-83 SCHOOL YEAR	1	2

3. Did anyone in this household receive formula, milk, or food supplements from the Special Supplemental Food Program for Women, Infants and Children (the WIC program) last month?

YES	1
NO.	2 (Q.6)
DON'T KNOW.	8 (Q.6)

4. What are the names of the people who received these food supplements? What is this person's relationship to you? (ENTER NAME AND RELATIONSHIP TO RESPONDENT BELOW.)

PERSON #	FIRST NAME	RELATIONSHIP TO RESPONDENT
01	_____	_____
02	_____	_____
03	_____	_____
04	_____	_____
05	_____	_____
06	_____	_____
07	_____	_____

5. I have listed (READ NAMES IN ORDER). Is there anyone else living here now, such as friends, relatives, or roomers who received WIC food supplements? (IF YES, ADD NAMES TO LIST ABOVE.)

YES	1
NO.	2

6. Has anyone in this household received formula, milk, or food supplements from the WIC program since the beginning of this school year?

YES	1
NO.	2 (Q.9)
DON'T KNOW.	8 (Q.9)

7. What are the names of the people who received these food supplements? What is this person's relationship to you? (ENTER NAME AND RELATIONSHIP TO RESPONDENT BELOW.)

PERSON #	FIRST NAME	RELATIONSHIP TO RESPONDENT
01	_____	_____
02	_____	_____
03	_____	_____
04	_____	_____
05	_____	_____
06	_____	_____
07	_____	_____

8. I have listed (READ NAMES IN ORDER). Is there anyone else living here now, such as friends, relatives, or roomers who received WIC food supplements? (IF YES, ADD NAMES TO LIST ABOVE.)

YES 1
 NO. 2

Now, I have some more questions about the School Lunch Program.

9. What records did you use when you filled out the application for free or reduced price school meals? (RECORD RESPONSE AND CIRCLE ALL THAT APPLY.)

SOCIAL SECURITY CARDS 1
 PAY CHECK STUBS 1
 OTHER INCOME DOCUMENTATION. 1

NONE. 1
 DON'T KNOW. 1
 HOUSEHOLD DID NOT APPLY FOR BENEFITS.
 SCHOOL PERSONNEL COMPLETED APPLICATION. . 1 (SKIP TO END OF INTERVIEW)

10. In general, when you filled out the application for free or reduced price school meals were you extremely careful, pretty careful, or did you just guess in ...

	EXTREMELY CAREFUL	PRETTY CAREFUL	GUESSED
Recording Social Security numbers.	1	2	3
Recording income	1	2	3
Recording sources of income.	1	2	3
Listing every household member	1	2	3

11. When you filled out the application, did you know you might be asked to show proof of income?

YES 1 (CONTINUE)
NO. 2 (Q.14)
DON'T KNOW. 8 (Q.14)

12. How sure were you that you would be asked for proof of information. . .

Were you fairly sure that you would be asked? . 1
Did you think you might be asked. 2
Did you think that you would not be asked . . . 3
Or didn't you think about it one way or
the other 4

13. Did knowing that you might be asked for proof of information make you more careful about completing the application?

YES 1
NO. 2
DON'T KNOW. 8

14. Now I will read you two statements and ask you to tell me whether you agree or disagree with them.

	<u>AGREE</u>	<u>DISAGREE</u>
a. Some people do not report all their income so that their children can get free meals. Do you agree or disagree?	1	2
b. Knowing that some statements about income may be checked discourages cheating. Do you agree or disagree?	1	2

END OF INTERVIEW:

This concludes the interview. Thank you very much for your time. My supervisor may want to recontact you to verify the information I have obtained and to ask you some additional questions. If (he/she) needs to contact you, could you give me a convenient time to reach you?

|_|_|:|_|_| a.m.
|_|_|:|_|_| p.m.

Again, let me assure you that your name and any information that you have provided to me, or may provide to my supervisor, will be held in total confidence.

Again, thank you for your cooperation.

INTERVIEWER REMARKS
(FILL OUT AS SOON AS POSSIBLE AFTER LEAVING RESPONDENT)

R-1. (Was/Were) other persons present during the interview?

YES 1 (R-2)
NO. 2 (R-3)

R-2. Who was that? (LIST PEOPLE PRESENT BY RELATIONSHIP TO STUDENT)

R-3. The interview was conducted in:

ENGLISH 1
SPANISH 2
OTHER LANGUAGE (SPECIFY). 3

R-4. Was an interpreter used?

YES 1
NO. 2

R-5. Is R's dwelling:

UNATTACHED HOUSE OR DUPLEX. 1
AN APARTMENT. 2
A MOBILE HOME 3

R-6. Overall, was income documentation:

COMPLETE. 1
PARTIAL 2
NOT AVAILABLE 3

R-7. Note anything else essential to the interpretation and understanding of this interview.

OMB No.: 0584-0359

Expires: March, 1988

NSLP Income Verification Study

Supplement B

Verified Applicant

Conducted for:

**Office of Analysis and Evaluation
Food and Nutrition Service
U.S. Department of Agriculture**

Survey conducted by:

**Westat Inc.
1650 Research Blvd.
Rockville, MD 20850**

**As part of a study conducted
in affiliation with:**

**Abt Associates, Inc.
55 Wheeler Street
Cambridge, MA 02138**

Supplement B
Verified Applicant

1. Now I will read the names of all the people you mentioned as living in your household who are 16 or over, including yourself. (READ NAMES FROM HH ENUMERATION AND RECORD IN COLUMNS BELOW). Now I will read some usual sources of income. For each source please tell me whether any of the people I have listed received income from these sources in April, 1987 and October, 1986. Let's start with Wages and Salaries from all jobs, including tips and bonuses. We can look at your documentation of the amounts as we go along. (CONTINUE WITH b-q)

FILL IN AMOUNTS OF INCOME. INDICATE IF DOCUMENTATION WAS AVAILABLE BY CIRCLING 1 FOR YES AND 2 FOR NO.

INCOME TABLE

SOURCES OF INCOME NOTE: "A" IS THE MONTH OF APRIL AND "B" IS THE MONTH OF OCTOBER.		PERSON 02 RESPONDENT		PERSON # _____		PERSON # _____	
		(name)		(name)		(name)	
		Mo. A	Mo. B	Mo. A	Mo. B	Mo. A	Mo. B
a. Wages and salaries from all jobs (include tips and bonuses)	Amt. Doc.	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
b. Net income from own farm or business	Amt. Doc.	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
c. Food stamps	Amt. Doc.	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
d. Aid for Dependent Children (AFDC)	Amt. Doc.	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
e. Supplemental Security Income (SSI) (pale gold checks)	Amt. Doc.	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
f. Refugee Assistance	Amt. Doc.	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
g. Other public assistance or welfare payments	Amt. Doc.	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2

PERSON # _____	PERSON # _____	PERSON # _____	PERSON # _____	PERSON # _____	PERSON # _____
(name)	(name)	(name)	(name)	(name)	(name)
Mo. A Mo. B	Mo. A Mo. B	Mo. A Mo. B	Mo. A Mo. B	Mo. A Mo. B	Mo. A Mo. B
\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2
\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2
\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2
\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2
\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2
\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2
\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2	\$ _____ \$ _____ 1 2 1 2

NOTE: FILL IN THE PERSON'S NAME FOR EACH HOUSEHOLD MEMBER. "A" IS THE MOST RECENT MONTH AND "B" IS THE MONTH OF VERIFICATION.		PERSON 02		PERSON # _____		PERSON # _____	
		(name)		(name)		(name)	
		Mo. A	Mo. B	Mo. A	Mo. B	Mo. A	Mo. B
h. Unemployment benefits	Ant.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2	1 2	1 2	1 2
i. Workers Compensation or other payments resulting from job-related injury or illness	Ant.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2	1 2	1 2	1 2
j. Social Security (green checks)	Ant.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2	1 2	1 2	1 2
k. Survivor's benefits, such as pensions, estates, trusts or annuities	Ant.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2	1 2	1 2	1 2
l. VA pension or compensation (exclude retirement, insurance or GI Bill)	Ant.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2	1 2	1 2	1 2
m. Other health-related or disability income	Ant.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2	1 2	1 2	1 2
n. Regular pension or retirement (other than Social Security)	Ant.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2	1 2	1 2	1 2
o. Child Support	Ant.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2	1 2	1 2	1 2
p. Interest and Dividends	Ant.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2	1 2	1 2	1 2
q. Other monthly income	Ant.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Doc.	1 2	1 2	1 2	1 2	1 2	1 2
(SPECIFY)		_____	_____	_____	_____	_____	_____

2. Has this household received Food Stamps for any of the following time periods? (SHOW HAND CARD) (READ ITEMS a-e AND CODE EACH ONE)

	<u>YES</u>	<u>NO</u>
a. THIS SCHOOL YEAR.	1	2
b. 85-86 SCHOOL YEAR	1	2
c. 84-85 SCHOOL YEAR	1	2
d. 83-84 SCHOOL YEAR	1	2
e. 82-83 SCHOOL YEAR	1	2

3. Did anyone in this household receive formula, milk, or food supplements from the Special Supplemental Food Program for Women, Infants and Children (the WIC program) last month?

YES 1
 NO. 2 (Q.6)
 DON'T KNOW. 8 (Q.6)

4. What are the names of the people who received these food supplements? What is this person's relationship to you? (ENTER NAME AND RELATIONSHIP TO RESPONDENT BELOW.)

PERSON #	FIRST NAME	RELATIONSHIP TO RESPONDENT
01	_____	_____
02	_____	_____
03	_____	_____
04	_____	_____
05	_____	_____
06	_____	_____
07	_____	_____

5. I have listed (READ NAMES IN ORDER). Is there anyone else living here now, such as friends, relatives, or roomers who received WIC food supplements? (IF YES, ADD NAMES TO LIST ABOVE.)

YES 1
 NO. 2

6. Has anyone in this household received formula, milk, or food supplements from the WIC program since the beginning of this school year?

YES 1
 NO. 2 (Q.9)
 DON'T KNOW. 8 (Q.9)

7. What are the names of the people who received these food supplements? What is this person's relationship to you? (ENTER NAME AND RELATIONSHIP TO RESPONDENT BELOW.)

PERSON #	FIRST NAME	RELATIONSHIP TO RESPONDENT
01	_____	_____
02	_____	_____
03	_____	_____
04	_____	_____
05	_____	_____
06	_____	_____
07	_____	_____

8. I have listed (READ NAMES IN ORDER). Is there anyone else living here now, such as friends, relatives, or roomers who received WIC food supplements? (IF YES, ADD NAMES TO LIST ABOVE.)

YES 1
 NO. 2

Now I have some more questions about the School Lunch Program.

9. What records did you use when you filled out the application for free or reduced price school meals? (RECORD RESPONSE AND CIRCLE ALL THAT APPLY.)

SOCIAL SECURITY CARDS 1
 PAY CHECK STUBS 1
 OTHER INCOME DOCUMENTATION. 1
 NONE. 1
 DON'T KNOW. 1
 HOUSEHOLD DID NOT APPLY FOR BENEFITS.
 SCHOOL PERSONNEL COMPLETED APPLICATION. . 1 (SKIP TO END OF INTERVIEW)

10. In general, when you filled out the application for free or reduced price school meals were you extremely careful, pretty careful, or did you just guess in:

	EXTREMELY CAREFUL	PRETTY CAREFUL	JUST GUESSED
Recording Social Security numbers.	1	2	3
Recording income	1	2	3
Recording sources of income.	1	2	3
Listing every household member	1	2	3

11. When you filled out the application, did you know you might be asked to show proof of income?

YES 1 (CONTINUE)
NO. 2 (Q.14)
DON'T KNOW. 8 (Q.14)

12. How sure were you that you would be asked for proof of information. . .

Were you fairly sure that you would be asked. . . 1
Did you think you might be asked. 2
Did you think that you would not be asked . . . 3
Or didn't you think about it one way or
the other 4

13. Did knowing that you might be asked for proof of information make you more careful about completing the application?

YES 1
NO. 2
DON'T KNOW. 8

14. Now I will read you two statements and ask you to tell me whether you agree or disagree with them?

	<u>AGREE</u>	<u>DISAGREE</u>
a. Some people do not report all their income so that their children can get free meals. Do you agree or disagree?	1	2
b. Knowing that some statements about income may be checked discourages cheating. Do you agree or disagree?	1	2

15. Have you or someone in your household been asked to show proof of the information provided on the application?

YES 1
NO. 2 (GO TO END
DON'T KNOW. 8 OF INTERVIEW)

16. How were you notified that proof of information was necessary? Did you receive a . . .

Telephone call from school. 01
Note brought home by your child 02
Letter in the mail. 03
Other (SPECIFY) _____ 04

DON'T KNOW. 98

17. How well did you understand the notice about proof of information? Did you understand it . . .

Very well 1 (Q.21)
Well. 2 (Q.21)
Not very well 3 (Q.18)
Or did you not understand at all. 4 (Q.18)
DON'T KNOW. 8 (Q.18)

18. Did the notice that you received clearly identify the types of documents that were needed?

YES 1
NO. 2
DON'T KNOW. 8

19. Was the notice given in a language that you understand?

YES 1
NO. 2
DON'T KNOW. 8

20. Did the notice use words that you didn't understand?

YES 1
NO. 2
DON'T KNOW. 8

21. What papers or documents were you asked to provide? (RECORD RESPONSE AND CIRCLE ALL THAT APPLY)

CHECK STUBS 1
LETTER SPECIFYING ELIGIBILITY
FOR BENEFITS. 1
XEROX OF CHECK. 1
OTHER (SPECIFY) _____ 1

DON'T KNOW. 1

22. Did you or someone in your household attempt to get these documents together?

YES 1 (Q.23)
NO. 2 (GO TO END
DON'T KNOW. 8 OF INTERVIEW)

23. Would you say that getting these documents together was:

Not difficult at all. 1
Somewhat difficult. 2
Very difficult. 3

END OF INTERVIEW:

This concludes the interview. Thank you very much for your time. My supervisor may want to recontact you to verify the information I have obtained and to ask you some additional questions. If (he/she) needs to contact you, could you give me a convenient time to reach you?

_____|_____|:_____|_____| a.m.
p.m.

Again, let me assure you that your name and any information that you have provided to me, or may provide to my supervisor, will be held in total confidence in accordance with the agreement that you and I signed at the beginning of the interview.

Again, thank you for your cooperation.

INTERVIEWER REMARKS
(FILL OUT AS SOON AS POSSIBLE AFTER LEAVING RESPONDENT)

R-1. (Was/Were) other persons present during the interview?

YES 1 (R-2)
NO. 2 (R-3)

R-2. Who was that? (LIST PEOPLE PRESENT BY RELATIONSHIP TO STUDENT)

R-3. The interview was conducted in:

ENGLISH 1
SPANISH 2
OTHER LANGUAGE (SPECIFY). 3

R-4. Was an interpreter used?

YES 1
NO. 2

R-5. Is R's dwelling:

UNATTACHED HOUSE OR DUPLEX. 1
AN APARTMENT. 2
A MOBILE HOME 3

R-6. Overall, was income documentation:

COMPLETE. 1
PARTIAL 2
NOT AVAILABLE 3

R-7. Note anything else essential to the interpretation and understanding of this interview.

OMB No.: 0584-0359

Expires: March, 1988

NSLP Income Verification Study
Supplement C
Verified Applicant - Non-Respondent

Conducted for:
Office of Analysis and Evaluation
Food and Nutrition Service
U.S. Department of Agriculture

Survey conducted by:

Westat Inc.
1650 Research Blvd.
Rockville, MD 20850

As part of a study conducted
in affiliation with:

Abt Associates, Inc.
55 Wheeler Street
Cambridge, MA 02138

Supplement C
Verified Applicant - Non-Respondent

1. Now, I will read the names of all the people you mentioned as living in your household who are 16 or over, including yourself. (READ NAMES FROM HH ENUMERATION AND RECORD IN COLUMNS BELOW) I will then read some usual sources of income. For each source, please tell me whether any of the people I have listed received income from these sources in April, 1987. Let's start with Wages and Salaries from all jobs, including tips and bonuses. We can look at your documentation of the amounts as we go along. (CONTINUE WITH B-Q)

FILL IN AMOUNTS OF INCOME. INDICATE IF DOCUMENTATION WAS AVAILABLE BY CIRCLING 1 FOR YES, 2 FOR NO.

INCOME TABLE

SOURCES OF INCOME		PERSON 02	PERSON #	PERSON #
		RESPONDENT	_____	_____
		_____ (name)	_____ (name)	_____ (name)
a. Wages and salaries from all jobs (include tips and bonuses)	Amt. _____ Documentation 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
b. Net income from own farm or business	Amt. _____ Doc. 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
c. Food stamps	Amt. _____ Doc. 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
d. Aid for Dependent Children (AFDC)	Amt. _____ Doc. 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
e. Supplemental Security Income (SSI) (pale gold checks)	Amt. _____ Doc. 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
f. Refugee Assistance	Amt. _____ Doc. 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
g. Other public assistance or welfare payments	Amt. _____ Doc. 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2

PERSON # _____ _____ (name)	PERSON # _____ _____ (name)	PERSON # _____ _____ (name)	PERSON # _____ _____ (name)	PERSON # _____ _____ (name)	PERSON # _____ _____ (name)
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2
\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2	\$ _____ 1 2

NOTE: FILL IN THE PERSON'S NAME FOR EACH HOUSEHOLD MEMBER.	PERSON 02	PERSON # _____	PERSON # _____
	(name)	(name)	(name)
h. Unemployment benefits	Amt. \$ _____ Doc. 1 2	\$ _____ 1 2	\$ _____ 1 2
i. Workers Compensation or other payments resulting from job-related injury or illness	Amt. \$ _____ Doc. 1 2	\$ _____ 1 2	\$ _____ 1 2
j. Social Security (green checks)	Amt. \$ _____ Doc. 1 2	\$ _____ 1 2	\$ _____ 1 2
k. Survivor's benefits, such as pensions, estates, trusts or annuities	Amt. \$ _____ Doc. 1 2	\$ _____ 1 2	\$ _____ 1 2
l. VA pension or compensation (exclude retirement, insurance or GI Bill)	Amt. \$ _____ Doc. 1 2	\$ _____ 1 2	\$ _____ 1 2
m. Other health-related or disability income	Amt. \$ _____ Doc. 1 2	\$ _____ 1 2	\$ _____ 1 2
n. Regular pension or retirement (other than Social Security)	Amt. \$ _____ Doc. 1 2	\$ _____ 1 2	\$ _____ 1 2
o. Child Support	Amt. \$ _____ Doc. 1 2	\$ _____ 1 2	\$ _____ 1 2
p. Interest and Dividends	Amt. \$ _____ Doc. 1 2	\$ _____ 1 2	\$ _____ 1 2
q. Other monthly income	Amt. \$ _____ Doc. 1 2	\$ _____ 1 2	\$ _____ 1 2
(SPECIFY)	_____	_____	_____

2. Has (RESPONDENT'S NAME) received Food Stamps for any of the following time periods?
(SHOW HAND CARD)

	<u>YES</u>	<u>NO</u>
a. THIS SCHOOL YEAR (86-87)	1	2
b. 85-86 SCHOOL YEAR	1	2
c. 84-85 SCHOOL YEAR	1	2
d. 83-84 SCHOOL YEAR	1	2
e. 82-83 SCHOOL YEAR	1	2

3. Did anyone in this household receive formula, milk, or food supplements from the Special Supplemental Food Program for Women, Infants and Children (the WIC program) last month?

YES 1
 NO. 2 (Q.6)
 DON'T KNOW. 8 (Q.6)

4. What are the names of the people who received these food supplements? What is this person's relationship to you? (ENTER NAME AND RELATIONSHIP TO RESPONDENT BELOW.)

PERSON #	FIRST NAME	RELATIONSHIP TO RESPONDENT
01	_____	_____
02	_____	_____
03	_____	_____
04	_____	_____
05	_____	_____
06	_____	_____
07	_____	_____

5. I have listed (READ NAMES IN ORDER). Is there anyone else living here now, such as friends, relatives, or roomers who received WIC food supplements? (IF YES, ADD NAMES TO LIST ABOVE.)

YES 1
 NO. 2

6. Has anyone in this household received formula, milk, or food supplements from the WIC program since the beginning of this school year?

YES 1
 NO. 2 (Q.9)
 DON'T KNOW. 8 (Q.9)

7. What are the names of the people who received these food supplements? What is this person's relationship to you? (ENTER NAME AND RELATIONSHIP TO RESPONDENT BELOW.)

PERSON #	FIRST NAME	RELATIONSHIP TO RESPONDENT
01	_____	_____
02	_____	_____
03	_____	_____
04	_____	_____
05	_____	_____
06	_____	_____
07	_____	_____

8. I have listed (READ NAMES IN ORDER). Is there anyone else living here now, such as friends, relatives, or roomers who received WIC food supplements? (IF YES, ADD NAMES TO LIST ABOVE.)

YES 1
 NO. 2

Now I have some more questions about the School Lunch Program.

9. What records did you use when you filled out the application for free or reduced price school meals? (RECORD RESPONSE AND CIRCLE ALL THAT APPLY)

SOCIAL SECURITY CARDS 1
 PAY CHECK STUBS 1
 OTHER INCOME DOCUMENTATION. 1

NONE. 1
 DON'T KNOW. 1
 HOUSEHOLD DID NOT APPLY FOR BENEFITS.
 SCHOOL PERSONNEL COMPLETED APPLICATION. . 1 (SKIP TO END OF INTERVIEW)

10. In general, when you filled out the application for free or reduced price school meals were you extremely careful, pretty careful, or did you just guess in:

	EXTREMELY CAREFUL	PRETTY CAREFUL	JUST GUESSED
Recording Social Security numbers.	1	2	3
Recording income	1	2	3
Recording sources of income.	1	2	3
Listing every household member	1	2	3

11. When you filled out the application, did you know you might be asked to show proof of income?

YES 1 (CONTINUE)
 NO. 2 (Q.14)
 DON'T KNOW. 8 (Q.14)

12. How certain were you that you would be asked for proof of information?

Were you fairly sure that you would be asked. . . 1
 Did you think you might be asked. 2
 Did you think that you would not be asked . . . 3
 Or didn't you think about it one way or
 the other 4

13. Did knowing that you might be asked for proof of information make you more careful about completing the application?

YES 1
 NO. 2
 DON'T KNOW. 8

14. Now I will read you two statements and ask you to tell me whether you agree or disagree with them?

	<u>AGREE</u>	<u>DISAGREE</u>
a. Some people do not report all their income so that their children can get free meals. Do you agree or disagree?	1	2
b. Knowing that some statements about income may be checked discourages cheating. Do you agree or disagree?	1	2

15. Have you been asked to show proof of the information provided on the application?

YES 1 (CONTINUE)
NO. 2 (Q.25)
DON'T KNOW. 8 (Q.25)

16. How were you notified that proof of information was necessary? Did you receive a . . .

Telephone call from school. 01
Note brought home by your child 02
Letter in the mail. 03
Other (SPECIFY) _____ 04

17. How well did you understand the notice about proof of information? Did you understand it . . .

Very well 1 (Q.21)
Well. 2 (Q.21)
Not very well 3 (Q.18)
Or did not understand at all. 4 (Q.18)
DON'T KNOW. 8 (Q.18)

18. Did the notice that you received clearly identify the types of documents that were needed?

YES 1
NO. 2
DON'T KNOW. 8

19. Was the notice given in a language that you understand?

YES 1
NO. 2
DON'T KNOW. 8

20. Did the notice use words that you didn't understand?

YES 1
NO. 2
DON'T KNOW. 8

21. What papers or documents were you asked to provide? (RECORD RESPONSE AND CIRCLE ALL THAT APPLY)

CHECK STUBS 1
LETTER SPECIFYING ELIGIBILITY
FOR BENEFITS. 1
XEROX OF CHECK. 1
OTHER (SPECIFY) _____ 1

DON'T KNOW. 1

22. Did you or someone in your household attempt to get these documents together?

YES 1 (Q.23)
NO. 2 (Q.24)
DON'T KNOW. 8 (Q.24)

23. Would you say that getting these documents together was:

Not difficult at all. 1 (Q.26)
Somewhat difficult. 2 (Q.26)
Very difficult. 3 (Q.26)

24. School records indicate that you have not provided the documentation that was requested? Why is that? (RECORD RESPONSE AND CIRCLE ALL THAT APPLY)

DON'T REMEMBER 1
WAS UNABLE TO FIND THE INFORMATION 1
KNEW THAT ORIGINAL INFORMATION ON THE APPLICATION
WAS INCORRECT. 1
CHANGE IN HOUSEHOLD, KNEW NO LONGER ELIGIBLE 1
CHANGE IN INCOME, KNEW NO LONGER ELIGIBLE. 1
DIDN'T RECEIVE NOTIFICATION. 1
DIDN'T WANT TO CONTINUE THE PROGRAM. 1
OTHER (SPECIFY) _____ 1

[SKIP TO Q.26]

25. School records indicate that you were asked to provide proof of information but did not. Why didn't you provide this information? (RECORD RESPONSE AND CIRCLE ALL THAT APPLY)

DON'T REMEMBER 1
 WAS UNABLE TO FIND THE INFORMATION 1
 KNEW THAT ORIGINAL INFORMATION ON THE APPLICATION
 WAS INCORRECT. 1
 CHANGE IN HOUSEHOLD, KNEW NO LONGER ELIGIBLE 1
 CHANGE IN INCOME, KNEW NO LONGER ELIGIBLE. 1
 DIDN'T RECEIVE NOTIFICATION. 1
 DIDN'T WANT TO CONTINUE THE PROGRAM. 1
 OTHER (SPECIFY) _____ 1

26. Did you know that free or reduced price school meals would be stopped if you did not provide requested information?

YES 1
 NO. 2
 DON'T KNOW. 8

END OF INTERVIEW:

This concludes the interview. Thank you very much for your time. My supervisor may want to recontact you to verify the information I have obtained and to ask you some additional questions. If (he/she) needs to contact you, could you give me a convenient time to reach you?

[]:[] a.m.
 []:[] p.m.

Again, let me assure you that your name and any information that you have provided to me, or may provide to my supervisor, will be held in total confidence in accordance with the agreement that you and I signed at the beginning of the interview.

Again, thank you for your cooperation.

INTERVIEWER REMARKS
(FILL OUT AS SOON AS POSSIBLE AFTER LEAVING RESPONDENT)

R-1. (Was/Were) other persons present during the interview?

YES 1 (R-2)
NO. 2 (R-3)

R-2. Who was that? (LIST PEOPLE PRESENT BY RELATIONSHIP TO STUDENT)

R-3. The interview was conducted in:

ENGLISH 1
SPANISH 2
OTHER LANGUAGE (SPECIFY). 3

R-4. Was an interpreter used?

YES 1
NO. 2

R-5. Is R's dwelling:

UNATTACHED HOUSE OR DUPLEX. 1
AN APARTMENT. 2
A MOBILE HOME 3

R-6. Overall, was income documentation:

COMPLETE. 1
PARTIAL 2
NOT AVAILABLE 3

R-7. Note anything else essential to the interpretation and understanding of this interview.

APPENDIX 2.4

SFA Recruitment and Selection Materials

Abt Associates Inc.
55 Wheeler Street, Cambridge, Massachusetts 02138-1168
Telephone • 617-492-7100
TWX: 710-3201382

December 1986

Dear Sir or Madam,

Under contract to the U.S. Department of Agriculture, Abt Associates Inc. of Cambridge, Massachusetts is conducting a study of Income Verification in the National School Lunch Program. Your School Food Authority is one of a small number that has been selected to participate in the study and to represent School Food Authorities across the country.

Although income verification has been part of the school lunch program since 1982, the Department of Agriculture does not have systematic information on how school districts implement the regulations or on the effects of verification. The Department does not know the extent of detected errors and the associated savings. Nor does it know the extent to which income verification deters fraudulent applications or sets up barriers to application by eligible families. Finally, it does not have systematic data on the burdens that verification imposes on School Food Authorities.

This study will examine each of these issues by collecting three kinds of data. In the first, we will mail a brief questionnaire to approximately 900 School Food Authority directors across the country, asking about their income verification procedures. We will interview by telephone a smaller group (approximately 430) of School Food Authority directors, to obtain more detailed information on verification procedures, costs and outcomes. Finally, in a small group of School Food Authorities (approximately 100) we will interview parents of children who receive free and reduced-price lunches as well as parents of children who may be participating in the lunch program but who did not apply for free or reduced-price meals.

Your School Food Authority has been selected as one in which we would like to conduct the telephone and household interviews. Participation in the household survey is completely voluntary. All information received from School Food Authorities or from households will be held in strict confidentiality and will never be reported in such a way as to identify individuals or school districts. The interviews will take place in Spring 1987.

Because the Department would like the study completed by next summer, we need to move as quickly as possible to recruit School Food Authorities for the study. We will call you shortly to solicit your participation and to answer any questions you may have about the study. We look forward to working with you.

Sincerely,



Robert St. Pierre
Project Director

RSP:mem

An Equal Opportunity Employer



United States
Department of
Agriculture

Food and
Nutrition
Service

3101 Park Center Drive
Alexandria, VA 22302

Dear School Food Service Director:

The Food and Nutrition Service (FNS) has contracted with Abt Associates of Cambridge, Massachusetts, to assess the implementation and impact of income verification requirements in the National School Lunch Program. This will be the first nationwide examination of this issue since 1983 when FNS initially required school food authorities (SFAs) to verify household income of applicants for free and reduced-price meals.

The information collected will be used to determine whether free and reduced-price meal benefits are properly targeted to those who are legally eligible. Current and alternative verification policies will be evaluated. Therefore, it is important that the study results be as accurate and complete as possible.

Staff from Abt Associates will be asking for your cooperation in this study, and I encourage you to assist Abt in any way possible. Income verification is important to the School Lunch Program, and this study will assist FNS in making the best possible decisions about this activity.

Sincerely,

A handwritten signature in cursive script that reads "Robert E. Leard".

ROBERT E. LEARD
Administrator



November 21, 1986

The United States Department of Agriculture's Food and Nutrition Service (FNS) is conducting a study to assess the effects of income verification requirements in the National School Lunch Program (NSLP). This follow-up to a previous FNS study examines many critical issues that remain unresolved; e.g., verification effectiveness, barrier and deterrence effects, and costs of implementing procedures. Since income verification is an area subject to future Federal policy initiatives, it is important that the conclusions reached in this study rest upon the best information available.

I would like to thank you for providing our contractor, Abt Associates, with the names of school food authorities in your State that participate in the NSLP. The information has been used to select a sample of school food authorities for purposes of collecting data (scheduled to begin in February 1987). This letter confirms your continued participation in the study.

The study requires collection of data from several sources--school records, school officials responsible for verification activity, and households. Some school food authorities will be asked to complete a mail questionnaire and others will be asked to provide information via telephone interview.

A limited number of school food authorities in your State will be asked to release names, addresses, and telephone numbers of a sample of households applying for free and reduced price meals. Such school food authorities may also be asked to provide similar information for a small number of students eligible for paid meals. This information will be used to conduct household interviews. The information will be aggregated to form national estimates on the impact of income verification. Results will never be used to identify any individual, school food authority or State, or to alter anyone's current benefit status. Participation of individual households in the study is strictly voluntary.

Several State officials have recently asked for additional information on the legal basis for schools to release the names of households in the National School Lunch Program. The Food and Nutrition Service believes

November 21, 1986

- Page 2 -

that school food authorities are required, by law and by program regulation, to make all program records available for review by FNS or its agents. Under this authority, FNS has conducted many previous studies, including studies involving income verification and the use of household interviews.

Abt Associates will shortly be contacting several school food authorities in your State and will send you the names of these school districts before they are contacted.

Again, thank you for your continued cooperation. Should you have additional questions, feel free to contact David Goodwin, Evaluation Staff, (703) 756-3115.

Sincerely,

George Braley
Deputy Administrator
Special Nutrition Programs

GB/e

December 13, 1986

address

Dear _____

Thank you for agreeing to cooperate with us in the Department of Agriculture's study of Income Verification in the National School Lunch Program. Enclosed for you are several pieces of information: (1) a letter describing the study, (2) a letter from FNS Administrator Robert Leard urging school districts to participate in the study, and (3) a copy of a letter from George Braley of FNS to State Child Nutrition Directors informing them that FNS believes that school districts are required to make program records on applicants available for use in this study. You may certainly call your State Child Nutrition Director to discuss this matter if it presents a problem.

As we explained over the telephone, we need your help in three ways:

- (1) We would like you to agree to be interviewed by telephone about your income verification procedures, early next spring. The interview will take about 35 minutes and we will send you a list of topics and information needed, ahead of time. You might choose to designate someone else to respond to the questions if this seems appropriate.
- (2) We would like you to agree to help us select a small sample of free and reduced price applicants who would then be interviewed by us, at home. We would need access to application files to draw the sample, and we would need your help in compiling a list of parent names, addresses and telephone numbers for those children sampled.
- (3) We would like you to agree to help us select a second small sample of children not currently receiving free or reduced-price meals (that is, nonapplicants). They, too, would be interviewed by us, at home. For this sample we would need access to enrollment rosters, and would again need your help in compiling a list of parent names, addresses, and telephone numbers for those children that are sampled.

name
date

Our understanding is that you will agree to participate in the telephone interview and will help us select a sample of applicants for free and reduced-price meals, but that access to non-applicant names must be authorized by (the Board of Education). We would be grateful if you would pursue this issue with (the Board) and will contact you again in (early January) to find out whether your school district is willing to participate in this third aspect of the study, i.e. the sampling of non-applicants for household interviews. If you have any questions about the study or if it would be helpful for us to contact someone else in your school district directly please call me or Jean Layzer at (617) 492-7100.

Thank you again for agreeing to participate.

Sincerely

Robert St.Pierre
Project Director

INITIAL CONTACT

SFA Contact Sheet

Caller _____

	Date	Comments
1st contact		
2nd contact		
3rd contact		
4th contact		
5th contact		
6th contact		

SFA negative about releasing any information

SFA negative about releasing enrollment information but willing to release applicant information

SFA willing to participate in telephone survey only

SFA CONTACT QUESTIONS - 1

SFA # _____

PSU # _____

Based on what I have told you, would you be willing to help us in the three ways I described?

Telephone Interview.....Yes	No	Don't know
Applicant Sample.....Yes	No	Don't know
Nonapplicant sample.....Yes	No	Don't know

1. Is there additional information you need before you can agree to participate? What is it?

2. Are you as an individual authorized to make the commitment to participate or are other individuals or bodies involved in the decision? Who are they?

3. How long will it take to get agreement to participate?

4. What are the steps in the process and what can we do to facilitate the process?

5. (ASK IF SFA DIRECTOR IS UNWILLING TO RELEASE NAMES OF ENROLLED STUDENTS)

Would you be willing to participate if we asked for access to applications only and not to enrollment information?

SFA CONTACT QUESTIONS - 2

(ASK Qs. 1,2,4,11,12 during first call;
others when SFA agrees to participate)

SFA #: _____

PSU #: _____

1. How many schools are in your district?

Number of schools

2. Where is school enrollment information kept--at individual schools, centrally, or both?

At individual schools.....1
Central office.....2
Both places.....3

3. Is the enrollment information computerized?

Yes.....1
No.....2

4. Where are school lunch applications filed--at individual schools, centrally, or in both locations?

At individual schools.....1
Centrally (ASK 4A).....2
Both places (ASK 4A).....3

4A. What information is on those files? Do they contain (READ LIST):

	<u>Yes</u>	<u>No</u>
Student name.....1	1	2
Parent name.....1	1	2
Address.....1	1	2
Phone number.....1	1	2
School student attends.....1	1	2

5. Are applications filled out for an individual child or for a family?

Individual child.....1
Family.....2

6. Are application files organized by child name, by family name, or by classroom?

Child name.....1
Family name.....2
Classroom.....3
Other (SPECIFY) _____...4

7. Is the application file computerized or is it a paper file?

Computerized.....1
Paper.....2
Both (EXPLAIN) _____...3

8. Do application files contain notations of applications verified and of the outcomes of the verification?

Yes.....1
No (EXPLAIN) _____...2

9. For students who do not receive free or reduced-price meals, where is address and telephone information kept?

Individual schools.....1
Centrally.....2
Both.....3
Other (SPECIFY) _____

10. Is verification done centrally or by individual schools?

Centrally.....1
Individual schools.....2

11. Do you use focused or random sampling or another method?

Focused.....1

Random.....2

Other (SPECIFY) _____

12. Who would be the most appropriate person to answer questions about verification procedures, you or someone else in the school district?

Respondent.....1

Other (OBTAIN AND RECORD NAME).....2
AND TELEPHONE #) _____

13. Who in the school district would be our liaison as we arrange to visit and draw the sample?

Respondent.....1

Other (OBTAIN AND RECORD NAME).....2
AND TELEPHONE #) _____

APPENDIX 2.5

Analysis of Survey of Private SFAs

ANALYSIS OF SURVEY OF PRIVATE SCHOOLS

In addition to being mailed to a national sample of public SFAs, the SFA Manager Interview was also mailed to a sample of private schools (in most cases a private school is an SFA). Responses were obtained from 160 private schools. This Appendix presents an analysis of the data from these schools.

NUMBER OF PRIVATE SCHOOLS AND STUDENTS

An estimated 1,456 private schools serving 501,148 students participated in the NSLP during school year 1986-87. This represents about 5.6% of the national total of 26,616 private schools and 8.9% of the national total of 5,600,000 students enrolled in private schools.* These percentages reflect the relatively low rate of private school participation in the NSLP.

APPLICATIONS APPROVED AND VERIFIED

Exhibit A.2.5.1 presents national estimates of the numbers of applications (and associated numbers of students) for meal benefits received, approved, and selected for income verification in private schools. It can be seen that in school year 1986-87 private schools received an estimated 127,278 applications representing 149,144 students. An estimated 88.7% of these applications were approved for meal benefits, 16.5% on the basis of food stamp eligibility.

An estimated 12.7% of the approved applications were selected for income verification by private schools. This is a much higher percentage than is required by program regulations, and is double the percentage (6.4%) verified by public schools. Exhibit A.2.5.2 shows the distribution of percent of applications selected for verification in private schools. Only 15.5% of private schools verified 3% or less applications, and about 50% verified more than 10%.

*National totals as estimated by the U.S. Department of Education, Center for Statistics, Digest of Educational Statistics, 1987.

Exhibit A.2.5.1

NATIONAL ESTIMATES OF NSLP MEAL BENEFIT APPLICATIONS
IN PRIVATE SCHOOLS
(School Year 1986-87)

Characteristic	National Estimate		Students* (%)
	Applications (n) (Std. Error)	Students* (n) (Std. Error)	
Received as of 10/31/86	127,278 (28,747)	149,144 (33,686)	100.0%
Approved for Meal Benefits	112,866 (25,327)	132,256 (29,678)	88.7
Approved on Basis of Food Stamp Eligibility	18,628 (4,912)	21,828 (5,756)	16.5
Selected for Income Verification	14,368 (2,765)	16,835 (3,327)	12.7

Weighted N = 1,456 private schools
Unweighted N = 160 private schools

Source of Data: SFA Manager Interview (mail)

*All estimates of numbers of applications were derived directly from the SFA Manager Interviews, as was the estimated total student enrollment and the estimated number of students selected for verification. However, more than one child can be included on an application, and most private schools were only able to give counts of number of applications rather than number of students. Therefore, the ratio (1.1718) of students selected for verification (16,835) to applications selected for verification (14,367) was used to obtain the estimated number of students on applications received and approved.

Exhibit A.2.5.2

NATIONAL DISTRIBUTION OF PRIVATE SCHOOLS ON
 PERCENTAGE OF APPLICATIONS VERIFIED
 (School Year 1986-87)

Percent Verified (Rounded to nearest percent)	National Estimate		
	N of Pri- vate Schools	% of Pri- vate Schools	Cumulative %
1%	13	0.9%	0.9%
2	8	0.5	1.4
3	205	14.1	15.5
4	140	9.6	25.1
5	88	6.0	31.1
6	59	4.1	35.2
7	87	6.0	41.2
8	63	4.3	45.5
9	41	2.8	48.3
10	27	1.8	50.1
11	139	9.6	59.7
12	202	13.9	73.6
13	78	5.4	78.9
14	22	1.5	80.4
over 14	285	19.5	100.0
	TOTAL WEIGHTED N	1,456	100.0
	UNWEIGHTED N	160	

Source of Data: SFA Manager Interview (mail)

VERIFICATION PROCEDURES

Exhibit A.2.5.3 shows that most (an estimated 72.3%) private schools used random sampling to select the verification sample, while 7.0% used focused sampling and 20.7% verified all applications. The percentage of private schools that verify all applications is a good deal higher than the percentage of public schools that verify all (6.8%).

Exhibit A.2.5.4 shows that most verification in private schools was done at the school level, since for most private schools the SFA contains only one school. An estimated 79.4% of the private SFAs have only one school, 8.3% have more than one school but conduct verification at the school level, and 12.2% have more than one school and conduct verification centrally. This contrasts with data obtained for public SFAs, where SFAs tend to contain many schools.

Private schools were also more likely than public SFAs to request income documentation at the time of application. An estimate 36.5% of the private schools asked for income documentation at the time of application, compared with 11.7% of public SFAs.

Exhibit A.2.5.5 presents national estimates of the types of income documentation accepted by private schools. As was the case for public SFAs, many types of documents were acceptable with wage stubs (62.7%), copies of checks (32.5%), tax returns (43.6%), employer verification (26.6%), evidence of food stamp participation (68.8%), and evidence of participation in other Federal programs (32.4%) being cited most often. In general, the percentage of private schools accepting a given type of documentation was about 50% less than the percentage of public SFAs accepting the same type of documentation. This may indicate that private schools simply obtain less documentation than public SFAs.

Exhibit A.2.5.5 also shows the dates by which private schools that completed all required income verification activities. It can be seen that less than one-third (30.9%) of the private schools complete verification by December 15th, about half have completed verification by the end of December, and 93.2% have completed verification by the end of March. It appears to take private schools longer to complete income verification than public schools.

Exhibit A.2.5.3

NATIONAL ESTIMATES OF PRIVATE SCHOOL INCOME
 VERIFICATION SAMPLING PROCEDURES
 (School Year 1986-87)

Sampling Procedure	Private Schools		National Estimate Students	
	n (Std. Error)	% (Std. Error)	n	%
What sampling procedure was used?				
Random (3%) sample	1,052 (216)	72.3% (7.2)	338,459 mil.	67.5%
Focused sample	102 (34)	7.0 (2.6)	91,813 mil.	18.3
Verify all	302 (106)	20.7 (7.0)	70,876 mil.	14.2
TOTAL WEIGHTED	1,456 (221)	100.0	501,148 mil.	100.0
UNWEIGHTED	160			

Source of Data: SFA Manager Interview (mail and telephone)

Exhibit A.2.5.4

NATIONAL ESTIMATES OF VERIFICATION ACTIVITIES IN
PRIVATE SCHOOLS, BY VERIFICATION SAMPLING METHOD
(School Year 1986-87)

Verification Procedure	Verification Sampling Method			
	Random	Focused	Verify All	Total
Where was verification done?				
Centrally	14.3%	16.0%	4.0%	12.2%
School level	8.6	5.4	8.3	8.3
SFA has only one school	77.1	78.6	87.7	79.4
TOTAL PERCENT	100.0	100.0	100.0	100.0
WEIGHTED N	1,052	102	302	1,456
UNWEIGHTED N	121	17	22	160
Did you request income documentation at the time of application?				
Yes	34.6%	7.4%	53.3%	36.5%
No	65.4	92.6	46.7	63.5
TOTAL PERCENT	100.0	100.0	100.0	100.0
WEIGHTED N	1,052	102	302	1,456
UNWEIGHTED N	121	17	22	160

Source of Data: SFA Manager Interview (mail)

Exhibit A.2.5.5

NATIONAL ESTIMATES OF DESCRIPTIVE DATA ON INCOME
 VERIFICATION PROCEDURES FOR PRIVATE SCHOOLS
 (School Year 1986-87)

Verification Procedure	National Estimate
---------------------------	-------------------

What types of income
documentation were
accepted?

Wage stubs	62.7%
Copies of checks	32.5
Income tax returns	43.6
Verification by employer	26.6
Evidence of Food Stamp participation	68.6
Evidence of participation in other federal programs	32.4
Court decrees of alimony	10.7
Whatever regulations allow	6.8
Other	3.6
TOTAL PERCENT	na*
WEIGHTED N	1,456
UNWEIGHTED N	160

By what date were all required
income verification activities
completed?

August 31, 1986	0.0%
September 30, 1986	0.1
October 31, 1986	0.0
November 30, 1986	0.2
December 15, 1986	30.9
December 31, 1986	17.2
January 31, 1987	14.8
February 28, 1987	9.7
March 31, 1987	20.3
April 30, 1987	5.7
May 31, 1987	0.5
June 30, 1987	0.0
July 31, 1987	0.6
TOTAL PERCENT	100.0
WEIGHTED N	1,456
UNWEIGHTED N	160

Source of Data: SFA Manager Interview (mail)
 *Does not add to 100% as multiple responses were allowed.

ERROR RATES AND FEDERAL SAVINGS

This section contains findings from analyses describing the magnitude of misreporting error in applying for NSLP meal benefits for private schools. The procedures used were the same as those described earlier for public schools.

Data from a mail survey of 160 private schools was used to estimate the "detected" rate of change in benefits due to income verification. Exhibit A.2.5.6 shows national estimates of the results of income verification for private schools in fall 1986. Of the estimated 16,835 students verified, 76.2% were verified with no change in benefits, 18.0% were verified with a resulting change in benefits and 5.8% did not respond to the request for verification and, as a result, had their benefits terminated.

As was the case for public schools, these results vary by the type of verification sampling procedure used. SFAs which select a focused sample reported a much higher rate of error (25.5% due to actual verification and 21.3% from nonresponding students) than SFAs using random sampling (16.9% from actual verification and 3.6% from nonresponse).

As with public SFAs, the best estimate of a national error rate for private SFAs using SFA verification data can be derived from the SFAs using random sampling. This estimate, equal to 16.9%, breaks down as follows: 4.3% were changed from free to paid, 4.3% from free to reduced, 5.1% from reduced to paid, and 3.2% from reduced to free.

These verification results can be used to calculate Federal cost savings as was done for public SFAs. The estimated Federal savings associated with income verification in private SFAs is equal to \$125,691. Of this amount \$79,326 (63.1%) is associated with benefit changes resulting from documented errors, while \$46,365 (36.9%) is associated with benefits denied to students for failure to respond to the request for income documentation. This result differs from that determined for public SFAs where the majority of the savings was generated by the denial of benefits to nonresponders. It may be the case that small private schools are much more successful in getting families to respond to their verification requests than their public school counterparts. The total savings, however, is quite small due, in large part, to the small number of students verified.

Exhibit A.2.5.6

NATIONAL ESTIMATE OF NUMBER OF STUDENTS RECEIVING INCORRECT BENEFITS AND
 DETECTED ERROR RATES* BASED ON CURRENT INCOME VERIFICATION ACTIVITIES,
 FOR PRIVATE SCHOOLS
 (School Year 1986-87)

Verification Group and Type of Change in Benefits	Random**			Focused			Total		
	Number of Applications	Students N	%	Number of Applications	Students N	%	Number of Applications	Students N	%
Selected for verification	12,531	14,732	100.0%	1,837	2,103	100.0%	14,368	16,835	100.0%
Verified by SFA with no change in benefits		11,712	79.5		1,119	53.2		12,831	76.2
Verified by SFA with a resulting change in benefits:									
Free to paid		640	4.3		133	6.3		773	4.6
Free to reduced		633	4.3		138	6.6		771	4.6
Reduced to paid		755	5.1		162	7.7		916	5.4
Reduced to free		468	3.2		104	4.9		572	3.4
SUBTOTAL		2,596	16.9		537	25.5		3,032	18.0
Nonresponder to SFA verification request									
Free to paid		258	1.8		232	11.1		490	2.9
Reduced to paid		266	1.8		215	10.2		481	2.9
SUBTOTAL		524	3.6		447	21.3		971	5.8

*Error rates are calculated as the weighted number of students whose benefits were changed as a result of SFA verification divided by the weighted total number of students verified.

**Includes SFAs that verify all applications.

Source of Data: Private School SFA Manager Interview (mail)

Exhibit A.2.5.6a

STANDARD ERRORS FOR NATIONAL ESTIMATE OF NUMBER OF STUDENTS RECEIVING INCORRECT
BENEFITS AND DETECTED ERROR RATES* BASED ON CURRENT INCOME VERIFICATION ACTIVITIES,
FOR PRIVATE SCHOOLS
(School Year 1986-87)

Verification Group and Type of Change in Benefits	Random*		Focused			Total		
	Number of Applications	Students N %	Number of Applications	Students N %	Number of Applications	Students N %		
Selected for verification	(2,715)	(3,256)	(670)	(745)	(2,765)	(3,327)		
Verified by SFA with no change in benefits	(2,789)	(3.8)	(411)	(5.5)	(2,797)	(4.0)		
Verified by SFA with a resulting change in benefits:								
Free to paid	(158)	(0.9)	(51)	(1.8)	(174)	(0.9)		
Free to reduced	(150)	(0.8)	(51)	(0.7)	(167)	(0.8)		
Reduced to paid	(194)	(1.1)	(64)	(1.4)	(213)	(1.0)		
Reduced to free	(127)	(0.7)	(42)	(0.9)	(143)	(0.6)		
SUBTOTAL	(611)	(3.4)	(195)	(3.7)	(673)	(3.2)		
Nonresponder to SFA verification request								
Free to paid	(84)	(0.4)	(109)	(3.7)	(136)	(0.7)		
Reduced to paid	(92)	(0.4)	(126)	(4.1)	(160)	(0.8)		
SUBTOTAL	(170)	(0.7)	(220)	(6.6)	(279)	(1.4)		

*Includes SFAs that verify all applications.

Source of Data: Private School SFA Manager Interview (mail)