APPENDIX C

STUDENT DATA ABSTRACTION FORMS

OMB Approval No.:
Approval Expires:

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

APPLICATION DATA ABSTRACTION FORM

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

APPLICATION DATA ABSTRACTION FORM

A. STUDENT INFORMATION

STUDENT: (Last Name, First Name)	MPR ID:
SFA ID #:	
SCHOOL:	GRADE:

IF NOT COMPLETING SECTIONS B, C, AND D, MARK REASON BELOW

DIRECT CERTIFICATION STUDENT .... ☐
APPLICATION CANNOT BE FOUND .... ☐
COPY OF APPLICATION ATTACHED .... ☐
OTHER REASON *(Specify)*.. ☐
_____

B. HOUSEHOLD INFORMATION AND CERTIFICATION STATUS: Complete the information below using the most recent school meal application completed for school year 2005-2006 for the student named in Section A.

1. APPLICATION DATE

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

☐ Date Not Available

2. CERTIFICATION STATUS

☐ FREE
☐ REDUCED-PRICE
☐ DENIED
☐ TEMPORARY FREE
☐ TEMPORARY REDUCED-PRICE

☐ NOT RECORDED
   ON APPLICATION

CERTIFICATION
STATUS:_____

3. BASIS FOR ELIGIBILITY

☐ INCOME
☐ TANF   CASE #:_____
☐ FOOD STAMPS   CASE #:_____
☐ FDPIR   CASE #:_____

☐ FOSTER CHILD: Personal Use Income:

   $_____
   ☐ Income Not Listed

☐ RUNAWAY
☐ HOMELESS
☐ MIGRANT
☐ INSTITUTIONALIZED
☐ OBSERVED NEED

4. NUMBER OF PERSONS IN HOUSEHOLD

|__|__|

☐ Not Listed

5. NUMBER OF STUDENTS COVERED BY APPLICATION

|__|__|

☐ Not Listed

6. TOTAL INCOME

$|__|__|,|__|__|__|.|__|__|

☐ Monthly   ☐ Annual
☐ Not Listed

C. INCOME RECORDED ON APPLICATION FORMS: List all household members recorded on the application, including all students covered by application. Record income data for all persons receiving income exactly as shown on the application. Enter income denomination codes next to amounts under the "PER" column. W=Weekly; BW=Bi-weekly (every two weeks); SM=Semi-Monthly (twice a month); M=Monthly; Y=Yearly; OTH=Other (indicate period on form).

1. LIST HOUSEHOLD MEMBERS	2. EARNINGS FROM WORK		3. WELFARE, CHILD SUPPORT, OR ALIMONY (NO FOOD STAMPS)		4. PENSIONS, RETIREMENT, OR SOCIAL SECURITY		5. ALL OTHER INCOME	
	AMOUNT	PER	AMOUNT	PER	AMOUNT	PER	AMOUNT	PER
1.	$		$		$		$	
2.	$		$		$		$	
3.	$		$		$		$	
4.	$		$		$		$	
5.	$		$		$		$	
6.	$		$		$		$	
7.	$		$		$		$	
8.	$		$		$		$	
9.	$		$		$		$	
10.	$		$		$		$	

D. FORM COMPLETENESS

	Yes	No		Yes	No
1. Was target child's name listed?	1	0	4. If basis for eligibility is foster child, is child's personal use income recorded?..	1	0
2. If basis for eligibility is income, was income recorded for at least one household member?.....................................	1	0	5. Was the form signed by an adult household member?.....	1	0
3. If basis for eligibility is TANF, Food Stamps, or FDPIR, was case number recorded?..	1	0	6. Was SSN of adult signer entered or an indication that signer does not have SSN?	1	0

E. ABSTRACTOR'S SIGNATURE AND MPR ID

_____ |__|__| - |__|__|__|__|__|__|

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

Prepared by Mathematica Policy Research, Inc.

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

INSTRUCTIONS FOR COMPLETING APPLICATION DATA ABSTRACTION FORM

General Instructions

Ask SFA or school staff whether you may photocopy the application.

If you are permitted to photocopy the application, the abstracting task is minimal. Complete Sections A—Student Information and Section E—Abstractors' Signature and Date. Check the box labeled "COPY OF APPLICATION ATTACHED," under the reason for not completing Sections B, C, and D, at Section A, sign, and date the abstraction form. Staple the copy of the application to the abstraction form.

If you cannot photocopy the application, then fill out the Application Data Abstraction Form using information contained in the student's application following the detailed instruction below.

Enter information onto the Form <u>exactly</u> as it appears on the application. If you spot errors on the application, do not correct them when entering the information onto the Application Data Abstraction Form. The purpose of the data collection is to measure errors if they occur, not to correct them!

If there is not an application on file for sampled student, determine the reason and enter it in the top right-hand part of the Form. If the student was approved for free meals by direct certification, then check box "Direct Certification." If the household's application is missing, check the box "Application Cannot be Found."

After you complete all Sections A – D, sign the Form and enter the date in Part E.

Detailed Instructions for Completing Parts A Through E of Form

Part A: Student Information

Write in the student's name, student's MPR ID #, the SFA ID number, school name, and student grade in the spaces provided in Part A.

- If you are allowed to photocopy the application, complete Part A, check the box labeled "COPY OF APPLICATION ATTACHED" in the top right-hand-side

of the form, and then sign and date the form in Part E, and staple the Application Data Abstraction Form to the photocopy of the application.

- If you are **not** allowed to photocopy the application, proceed with the instructions for completing Parts A through E below.

Part A: Box 2 (Top Right of Form)

- If you will not be completing Parts B through D of the abstraction form, indicate the reason in this section.

- If there is not an application on file for the sampled student, determine the reason and indicate it in the top right section of the form. If the student was approved for free meals by a direct certification process, check the box labeled "Direct Certification." (Direct Certification is granted when an outside agency such as TANF, Food Stamps, or FDIRP agency notifies the school that a child is eligible to receive free or reduced price meals, without the completion of an application.)

- If the household's application is missing, check the box "Application Cannot be Found".

- Describe any other reasons you are not completing Parts B through D, in the section labeled "Other Reason" and check that box.

Part B, Column 1: Application Date

- Write in the date when the applicant signed the free/reduced-price meal benefit application.

- If no date appears on the application, then check the box labeled "Date Not Available."

Part B, Column 2: Certification Status

- Put a "check" in the box indicating the district's eligibility determination decision for the household: either free, temporary free, reduced-price, temporary reduced-price, or denied. **Use these boxes only if this information is on the application.** This information will typically be found in a section labeled "For School Use Only" or similar wording.

- Sometimes the SFA or school does not record the eligibility determination on the application and may instead enter it directly onto a Master Eligibility List or elsewhere. If you have to obtain this information from somewhere other than the source application, check the box labeled

"NOT RECORDED ON APPLICATION". Then ask the district contact to allow you to look up the student's actual certification status on their Master Eligibility List or wherever it is recorded. When found, write in the student's certification status (either free, temporary free, reduced-price, temporary reduced-price, or denied) on the line labeled "CERTIFICATION STATUS:"

Part B, Column 3: Basis for Eligibility

The criteria used to determine the eligibility status recorded in the previous column for school lunch program applicants are recorded here.

- **Income Eligibility.** Many households will be approved based on their income. If the household was approved for free or reduced-price meals on the basis of income (that is, the application contains income information for at least one household member and is not applying based on Foster Child Status), then check the box "INCOME."

  NOTE: IF BOTH CATEGORICAL AND INCOME ELIGIBILITY INFORMATION APPEAR ON THE APPLICATION, ABSTRACT ALL INFORMATION ONTO THE FORM. CHECK APPROPRIATE BOX (I.E., INCOME) AND ALSO WRITE IN TANF OR FSP CASE NUMBER.

- **TANF, Food Stamps, or FDPIR.** Households receiving TANF, food stamps, or FDPIR benefits may qualify for free meals based on their "categorical" eligibility. They are approved if they provide a case number and sign the application.

  Check the box representing the program used to grant categorical eligibility and write in the case number in the space provided.

- **Foster Child.** Households that are applying for a foster child, are a household of "one" person and only need to indicate the child's personal use income and sign the application. There is typically a separate section on the application for foster child information.

  If the household application basis for approval is foster child, check the box labeled FOSTER CHILD and write in the child's personal use income as shown on the application.

  If the amount of the child's personal use income is $0, then write in $0 onto the Abstraction Form.

  If the child's personal use income not listed, check the box "INCOME NOT LISTED."

- **Other Special Basis For Eligibility.** Students may be determined eligible based on other special considerations, such as runaway child, homelessness, child of migrant worker, institutionalized, or observed need. If the student qualifies for free meals because of one of these reasons, please check the appropriate box.

Part B, Column 4: Summary Information

In the fourth column of Part B you will record information recorded by the SFA or school, based on its processing of the application. This information will typically be found in a section on the application labeled "For School Use Only" or similar wording.

- **Number of Persons in Household.** Write in the household size (number of persons in the household) <u>as recorded on the application</u>, typically in a "School Use Only" section. **Do not count the number of names listed**. If the information is not recorded, check the box labeled "NOT LISTED."

- **Number of Students Covered by the Application.** In SY 2005-06, districts are required to use a household application. That is, households submit a single application containing all the names of the children in the household that are covered by the application. Write in the number of children's names listed on the application form as being covered by the application. If the information is not recorded, check the box labeled "NOT LISTED."

- **Total Income.** Write in the information exactly as it appears on the application, as determined by the SFA or school. Enter the dollar amount and check the unit (either Monthly or Annual) of income being entered. This information will typically be recorded in a "School Use Only" section of the application. If the information is not recorded, check the box labeled "NOT LISTED." If this information is not on the student's application, do not calculate it yourself and enter it onto the Form.

NOTE: In most cases the income will be entered as a monthly total. However, SFAs are instructed to enter the total income as an "annual" amount if income sources are reported at more than one unit (some reported as monthly, some as weekly, and so on). The abstraction form allows for either monthly or annual income. PLEASE MAKE SURE YOU ENTER THE CORRECT UNIT (MONTHLY VERSUS ANNUAL).

Part C: Income Data

Households that are not categorically eligible (do not receive TANF, Food stamps, or FDPIR) or are not eligible for other special reasons (Runaway, Homeless, Migrant, Institutionalized, or Observed Need) may receive school meal benefits if their income is below certain amounts based on their household size.

Those trying to become certified on the basis of their income are suppose to list all the people in their household (whether they receive income or not) and the sources and amounts of income on the application. This means including students on the list.

However, often applicants to not include the students in the household since they do not have income (and they have already listed them at the top of the application, under students covered by the application).

CHECK THE NAMES OF THE STUDENTS COVERED BY THE APPLICATION AGAINST THE NAMES IN THE INCOME GRID ON THE APPLICATION. IF THE STUDENTS COVERED BY THE APPLICATION ARE NOT INCLUDED IN THE LIST OF HOUSEHOLD MEMBERS IN THE INCOME PART OF THE APPLICATION, LIST THEM ON THE APPLICATION DATA ABSTRACTION FORM AND ENTER $0 AS THEIR INCOME.

IT IS IMPORTANT TO DO THIS SO WE KNOW THE CORRECT NUMBER OF PERSONS IN THE HOUSEHOLD.

- **Column 1**: Record the name of each person in the household as listed on the application. IF STUDENTS COVERED BY THE APPLICATION ARE NOT LISTED, PLEASE INCLDE THEM IN THE LIST AND ENTER $0 AS THEIR INCOME.

- **Columns 2- 5**: Record the income amounts for all sources of income listed for each household member, going across the columns. **Record the information exactly as it appears in the application.** Write in the amounts under the appropriate columns based on the type of income received. Enter income denomination codes in boxes next to amount under "PER" column, where W = Weekly, BW = Biweekly, M = Monthly, SM = Semi-Monthly (2 times a Month), Y = Yearly, and OTH = Other. **If using "OTH" (OTHER), describe what it is; identify the item to which you are referring by the Person Number and Column Number.**

- **IF INCOME DENOMINATION (PER) IS MISSING FOR AN AMOUNT, ASK THE SFA DIRECTOR WHAT THE DEFAULT IS. IT IS MOST**

LIKELY "MONTHLY" BUT PLEASE CONFIRM THIS WITH THE SFA DIRECTOR AND ENTER THAT UNDER "PER" WHEN MISSING.

Part D: Form Completeness

Review the application and answer each question in Part D, by circling either a "1" (YES) or "2" (NO) response.

- **#1.** The target (sampled) child's name should be found at the top of the application or in a section "students covered by application." Circle "1" (YES) if target child is listed on the application.

- **#2**. Circle "1" (YES) if an income amount is entered for AT LEAST ONE adult household member

- **#3**. If no case number is recorded on the application for applicants categorically approved based on receipt of TANF, food stamps, or FDPIR, then circle "0" (NO). Double check Part B, Column B of the abstract to be sure you have recorded the case number there.

- **#4**. If no amount (NOT LISTED) on the application for child's personal use income, then circle "0" (NO).

- **#5**. Check the signature of the application and match it to the list of adult household members. Circle "1" (YES) if a match is found.

- **#6**. Check the application for a social security number. It will usually be close to the signature line. Circle "1" (YES) if a social security number (SSN) was reported OR IF THERE IS AN INDICATION ON THE APPLICATION THAT THE PERSON SIGNING THE APPLICATION DOES NOT HAVE A SSN.

Part E: Abstractor's Signature and Date

- **Signature.** Sign your name indicating you have completed the abstraction task for this sample member.

- **Date.** Write in the date you completed the form.

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

CHANGES IN STUDENT ELIGIBILITY STATUS FORM

MATHEMATICA
Policy Research, Inc.

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

CHANGES IN STUDENT ELIGIBILITY STATUS FORM

SCHOOL IDENTIFICATION NUMBER: |__|__|__|__|__|__|__|__|

SFA ID #: |__|__|__|__|__|__|__|__|

INTERVIEWER: ASK ABOUT CHANGES IN MEAL ELIGIBILITY STATUS DURING THE SCHOOL YEAR FOR EACH FREE, REDUCED-PRICE, AND DENIED APPLICANT SAMPLED STUDENT.   RECORD THE NEW MEAL ELIGIBILITY STATUS AND THE DATE OF ALL CHANGES FOR EACH STUDENT DURING THE SCHOOL YEAR.   MEAL ELIGIBILITY STATUS CODES ARE: F = FREE, RP = REDUCED PRICE, AND P = PAID (SOMETIMES CALLED "FULL PRICE.") ALSO ASK WHETHER STUDENTS LEFT SCHOOL BEFORE THE END OF SCHOOL YEAR, AND IF SO, WHEN THE STUDENT LAST ATTENDED SAMPLED SCHOOL.

A. LIST OF SAMPLED STUDENTS NAME AND ID NUMBER:	B. FOR EACH STUDENT ASK: Did STUDENT's meal eligibility status change during the school year? / E. Did STUDENT leave school before the end of the school year?	C. When did the meal eligibility status change? / F. When did STUDENT last attend this school?	D. What was the new meal eligibility status?
1. _____ |__|__|__|	B. YES..........(ASK C & D THEN ASK E)...............1 NO ....(ASK E).....................0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
	E. YES..........(ASK F).....................1 NO ....(GO TO NEXT STUDENT) ..0	F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	
2. _____ |__|__|__|	B. YES..........(ASK C & D THEN ASK E)...............1 NO ....(ASK E).....................0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
	E. YES..........(ASK F).....................1 NO ....(GO TO NEXT STUDENT) ..0	F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	
3. _____ |__|__|__|	B. YES..........(ASK C & D THEN ASK E)...............1 NO ....(ASK E).....................0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
	E. YES..........(ASK F).....................1 NO ....(GO TO NEXT STUDENT) ..0	F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	
4. _____ |__|__|__|	B. YES..........(ASK C & D THEN ASK E)...............1 NO ....(ASK E).....................0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
	E. YES..........(ASK F).....................1 NO ....(GO TO NEXT STUDENT) ..0	F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	

A. **LIST OF SAMPLED STUDENTS NAME AND ID NUMBER:**	B. **FOR EACH STUDENT ASK:** Did STUDENT's meal eligibility status change during the school year? E. Did STUDENT leave school before the end of the school year?	C. When did the meal eligibility status change? F. When did STUDENT last attend this school?	D. What was the new meal eligibility status?
5. _____ |__|__|__|	B. YES..........(ASK C & D THEN ASK E)...............1 NO ....(ASK E).....................0 E. YES..........(ASK F).....................1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
6. _____ |__|__|__|	B. YES..........(ASK C & D THEN ASK E)...............1 NO ....(ASK E).....................0 E. YES..........(ASK F).....................1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
7. _____ |__|__|__|	B. YES..........(ASK C & D THEN ASK E)...............1 NO ....(ASK E).....................0 E. YES..........(ASK F).....................1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
8. _____ |__|__|__|	B. YES..........(ASK C & D THEN ASK E)...............1 NO ....(ASK E).....................0 E. YES..........(ASK F).....................1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
9. _____ |__|__|__|	B. YES..........(ASK C & D THEN ASK E)...............1 NO ....(ASK E).....................0 E. YES..........(ASK F).....................1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
10. _____ |__|__|__|	B. YES..........(ASK C & D THEN ASK E)...............1 NO ....(ASK E).....................0 E. YES..........(ASK F).....................1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P

CHANGES IN STUDENT STATUS FORM *(continued)*

A. **LIST OF SAMPLED STUDENTS NAME AND ID NUMBER:**	B. **FOR EACH STUDENT ASK:** Did STUDENT's meal eligibility status change during the school year? E. Did STUDENT leave school before the end of the school year?	C. When did the meal eligibility status change? F. When did STUDENT last attend this school?	D. What was the new meal eligibility status?
11. _____ |_|_|_|	B. YES..........(ASK C & D THEN ASK E)...............1 NO ....(ASK E)......................0 E. YES..........(ASK F).....................1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |_|_| / |_|_| / |_|_| |_|_| / |_|_| / |_|_| |_|_| / |_|_| / |_|_| F. MONTH / DAY / YEAR |_|_| / |_|_| / |_|_|	D. MEAL STATUS F RP P F RP P F RP P
12. _____ |_|_|_|	B. YES..........(ASK C & D THEN ASK E)...............1 NO ....(ASK E)......................0 E. YES..........(ASK F).....................1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |_|_| / |_|_| / |_|_| |_|_| / |_|_| / |_|_| |_|_| / |_|_| / |_|_| F. MONTH / DAY / YEAR |_|_| / |_|_| / |_|_|	D. MEAL STATUS F RP P F RP P F RP P
13. _____ |_|_|_|	B. YES..........(ASK C & D THEN ASK E)...............1 NO ....(ASK E)......................0 E. YES..........(ASK F).....................1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |_|_| / |_|_| / |_|_| |_|_| / |_|_| / |_|_| |_|_| / |_|_| / |_|_| F. MONTH / DAY / YEAR |_|_| / |_|_| / |_|_|	D. MEAL STATUS F RP P F RP P F RP P
14. _____ |_|_|_|	B. YES..........(ASK C & D THEN ASK E)...............1 NO ....(ASK E)......................0 E. YES..........(ASK F).....................1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |_|_| / |_|_| / |_|_| |_|_| / |_|_| / |_|_| |_|_| / |_|_| / |_|_| F. MONTH / DAY / YEAR |_|_| / |_|_| / |_|_|	D. MEAL STATUS F RP P F RP P F RP P
16. _____ |_|_|_|	B. YES..........(ASK C & D THEN ASK E)...............1 NO ....(ASK E)......................0 E. YES..........(ASK F).....................1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |_|_| / |_|_| / |_|_| |_|_| / |_|_| / |_|_| |_|_| / |_|_| / |_|_| F. MONTH / DAY / YEAR |_|_| / |_|_| / |_|_|	D. MEAL STATUS F RP P F RP P F RP P
16. _____ |_|_|_|	B. YES..........(ASK C & D THEN ASK E)...............1 NO ....(ASK E)......................0 E. YES..........(ASK F).....................1 NO ....(GO TO NEXT STUDENT) ..0	C. MONTH / DAY / YEAR |_|_| / |_|_| / |_|_| |_|_| / |_|_| / |_|_| |_|_| / |_|_| / |_|_| F. MONTH / DAY / YEAR |_|_| / |_|_| / |_|_|	D. MEAL STATUS F RP P F RP P F RP P

CHANGES IN STUDENT STATUS FORM *(continued)*

A. LIST OF SAMPLED STUDENTS NAME AND ID NUMBER:	B. FOR EACH STUDENT ASK: Did STUDENT's meal eligibility status change during the school year?	C. When did the meal eligibility status change?	D. What was the new meal eligibility status?
	E. Did STUDENT leave school before the end of the school year?	F. When did STUDENT last attend this school?	
17. _____ |__|__|__|	B. YES..........(ASK C & D THEN ASK E)..............1 NO ....(ASK E).....................0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
	E. YES..........(ASK F).....................1 NO ....(GO TO NEXT STUDENT) ..0	F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	
18. _____ |__|__|__|	B. YES..........(ASK C & D THEN ASK E)..............1 NO ....(ASK E).....................0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
	E. YES..........(ASK F).....................1 NO ....(GO TO NEXT STUDENT) ..0	F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	
19. _____ |__|__|__|	B. YES..........(ASK C & D THEN ASK E)..............1 NO ....(ASK E).....................0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
	E. YES..........(ASK F).....................1 NO ....(GO TO NEXT STUDENT) ..0	F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	
20. _____ |__|__|__|	B. YES..........(ASK C & D THEN ASK E)..............1 NO ....(ASK E).....................0	C. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__| |__|__| / |__|__| / |__|__|	D. MEAL STATUS F RP P F RP P F RP P
	E. YES..........(ASK F).....................1 NO ....(GO TO NEXT STUDENT) ..0	F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	
	E. YES..........(ASK F).....................1 NO ....(GO TO NEXT STUDENT) ..0	F. MONTH / DAY / YEAR |__|__| / |__|__| / |__|__|	

**NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY,
AND CERTIFICATION STUDY**

INSTRUCTIONS FOR COMPLETING CHANGES IN STUDENT STATUS FORM

- **Telephone Interviewers:** Administer this form to LEA or school staff at end of school year.

- Complete a separate form for each study school in the district.

- Obtain information for the school's sample of (1) approved free and reduced-price students, and (2) newly certified free and reduced-price students.

- Separately for each sampled student defined above,

  - First ask whether the student's meal eligibility status changed during the school year. If yes, obtain all dates certification status changed and the new meal eligibility status corresponding to each change

  - Then ask whether the student left school before the end of the school year. If yes, find out the date the student last attended the school

- Repeat sequence for each sampled student in this school. Repeat for remainder of study schools in the district.

- After you have completed the students in the above samples, use a separate form and ask the LEA or school, as appropriate, for the same information for the students in the verification sample.

APPENDIX D

MEAL COUNTING AND CLAIMING DATA COLLECTION FORMS

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Policy Research, Inc.

OMB Approval No.:
Approval Expires:

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

BENEFIT ISSUANCE LIST VERIFICATION FORM

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

BENEFIT ISSUANCE LIST VERIFICATION FORM

SFA ID #: |__|__|__|__|__|__|

School ID #: |__|__|__|__|__|__|

Date: |__|__|/|__|__|/|__|__|
MONTH DAY YEAR

Interviewer ID #: |__|__|__| - |__|__|__|__|

NOTE: SEE LAST PAGE FOR SPECIAL INSTRUCTIONS

☐ Benefit issuance list contains free and reduced-price students only

☐ Benefit issuance list contains all students

(1) BENEFIT ISSUANCE LIST		(2) APPLICATION OR DISTRICT CERTIFICATION DOCUMENTS	(3)
(a) Sampled Student's Name	(b) Benefit Issuance Status	Certification Status	If Columns 1(b) and 2 Don't Match Comments
1 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price)	☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
2 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price)	☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
3 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price)	☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
4 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price)	☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
5 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price)	☐ Not applying ☐ No application or direct certification document on file Certification status: _____	

(1) BENEFIT ISSUANCE LIST		(2) APPLICATION OR DISTRICT CERTIFICATION DOCUMENTS	(3) If Columns 1(b) and 2 Don't Match
(a) Sampled Student's Name	(b) Benefit Issuance Status	Certification Status	Comments
6 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
7 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
8 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
9 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
10 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
11 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
12 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
13 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
14 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	
15 _____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) ☐ Not applying ☐ No application or direct certification document on file Certification status: _____	

	(1) BENEFIT ISSUANCE LIST		(2) APPLICATION OR DISTRICT CERTIFICATION DOCUMENTS	(3) If Columns 1(b) and 2 Don't Match
	(a) Sampled Student's Name	(b) Benefit Issuance Status	Certification Status	Comments
16	_____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) / ☐ Not applying ☐ No application or direct certification document on file / Certification status: ____	
17	_____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) / ☐ Not applying ☐ No application or direct certification document on file / Certification status: ____	
18	_____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) / ☐ Not applying ☐ No application or direct certification document on file / Certification status: ____	
19	_____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) / ☐ Not applying ☐ No application or direct certification document on file / Certification status: ____	
20	_____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) / ☐ Not applying ☐ No application or direct certification document on file / Certification status: ____	
21	_____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) / ☐ Not applying ☐ No application or direct certification document on file / Certification status: ____	
22	_____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) / ☐ Not applying ☐ No application or direct certification document on file / Certification status: ____	
23	_____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) / ☐ Not applying ☐ No application or direct certification document on file / Certification status: ____	
24	_____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) / ☐ Not applying ☐ No application or direct certification document on file / Certification status: ____	
25	_____	☐ Free ☐ Reduced price ☐ Paid (full price)	☐ Free ☐ Reduced price ☐ Denied ☐ Paid (full price) / ☐ Not applying ☐ No application or direct certification document on file / Certification status: ____	

Prepared by Mathematica Policy Research, Inc.

NOTE: **A STUDENT'S STATUS ON THE BENEFIT ISSUANCE LIST MAY BE DIFFERENT THAN THEIR STATUS ON THE ORIGINAL APPLICATION OR DIRECT CERTIFICATION DOCUMENT—BUT BE CORRECT.**

THIS CAN OCCUR IF THE STUDENT'S STATUS CHANGED AS A RESULT OF CASE REVIEW OR VERIFICATION AND THIS DIDN'T GET REFLECTED ON THE ORIGINAL APPLICATION OR APPLICATION FILES.

AFTER YOU COMPLETE THE BENEFIT ISSUANCE LIST VERIFICATION FORM, COMPARE COLUMNS 1(b) AND 2 FOR EACH SAMPLED STUDENT AND DO THE FOLLOWING WHEN COLUMN 1(b) AND COLUMN 2 ENTRIES DO NOT MATCH AND ARE AS FOLLOWS:

If Entries on Benefit Issuance List Verification Form Equal:		
Column 1B	**Column 2**	**Action to Take**
Reduced-Price	Free	Check if status changed because of verification. If "yes," then change Column 2 entry on Verification Form to "reduced-price" status and note reason why. Otherwise don't change entry.
Paid/Full-Price	Free	Check if status changed because of verification. If "yes," then change Column 2 entry on Verification Form to "Paid/Full-Price" status and note reason why. Otherwise don't change entry.
Paid/Full-Price	Reduced-price	Check if status changed because of verification. If "yes," then change Column 2 entry on Verification Form to "Paid/Full-Price" status and note reason why. Otherwise don't change entry.

INSTRUCTIONS FOR COMPLETING THE BENEFIT ISSUANCE LIST VERIFICATION FORM

STEP 1: An MPR central office Field Coordinator will tell you the logistics about each study school's benefit issuance system prior to your visit. The benefit issuance document may be (1) a single, centralized list maintained at the point-of-service, (2) separate lists maintained in individual classrooms, or (3) a combination of the two systems—some students on classroom lists and others on a single, centralized list.

STEP 2: Obtain the list(s) and use your laptop computer to select a sample of 25 students following the procedures described in "Volume III: Onsite Sampling Procedures" of your training manuals.

STEP 3A: IF SAMPLING FROM A SINGLE, CENTRALIZED LIST ONLY: For each sampled student on the hard copy list (sampled students' names will be circled), enter the name of the student onto the **Benefit Issuance List Verification Form** in Column 1(a) and then enter the student's meal eligibility status shown on the benefit issuance list in Column 1(b). The eligibility status on the benefit issuance list is either "free," "reduced-price," or "paid/full price." Repeat the process until you complete the form for the 25 sampled students from the centralized list. **GO TO STEP 4**

STEP 3B: IF SAMPLING FROM CLASSROOM LISTS ONLY: Starting with the first sampled classroom, for each sampled student on the classroom's hard copy list (name circled) enter the name of the student onto the **Benefit Issuance List Verification Form** in Column 1(a) and then enter the student's meal eligibility status shown on the benefit issuance list in Column 1(b). The eligibility status on the benefit issuance list is either "free," "reduced-price," or "paid/full price." Repeat the process for each sampled student on the first sampled classroom's list. Repeat the procedures for the next sampled classroom. Continue with all sampled classrooms until you make the 25 selections. **GO TO STEP 4**

STEP 3C: IF SAMPLING FROM CLASSROOM LISTS AND A SINGLE, CENTRALIZED LIST: Starting with the <u>first sampled classroom</u>, for each sampled student on the classroom's hard copy list (name circled) enter the student's name onto the **Benefit Issuance List Verification Form** in Column 1(a) and the student's meal eligibility status shown on the benefit issuance list in Column 1(b). Repeat the process for each sampled student on the first sampled classroom's list. Repeat the procedures for the next sampled classroom. Continue with all sampled classrooms until you make the selections identified by your laptop computer for classroom benefit issuance lists. Then for each sampled student on the hard copy centralized benefit issuance list (name circled), enter their name onto the **Benefit Issuance List Verification Form** in Column 1(a) and the student's meal eligibility status shown on the benefit issuance list in Column 1(b). Repeat the process for each sampled student on the centralized list until overall number of students selected from both sources (classroom lists and centralized list) equals 25 students. **GO TO STEP 4**

STEP 4: Obtain the application or direct certification documents for these 25 sampled students in order to record the certification status. These documents will usually be stored at the SFA, but in some cases may be at the school.

If these documents are maintained at the school, ask the school liaison to provide you with access to the applications and direct certification documents for the sampled students. If the documents are stored at the School Food Authority, then make arrangements to visit the School Food Authority to review the applications and direct certification documents for the sampled students.

Once you obtain access to the documents, for each sampled student you listed on the Benefit Issuance List Verification Form, find their application or direct certification document and enter the status shown on the document for them onto the Benefit Issuance List Verification Form, Column 2. The application will indicate whether the students' status is free, reduced price, denied, paid/full-price, or not applying. The direct certification document will indicate whether the student is approved for free meals.

If the sampled student does not have an application or direct certification document on file, then enter "NO DOCUMENT ON FILE" in Column 2. For students without an application or direct certification document on file, ask the school liaison or School Food Authority what the students' certification status is on master certification/eligibility list or on computerized file for the student, and record that status onto the form, next to **"NO DOCUMENT ON FILE."**

NOTE: A STUDENT'S STATUS ON THE BENEFIT ISSUANCE LIST MAY BE DIFFERENT THAN THE APPLICATION BUT BE CORRECT. THIS CAN OCCUR IF THE STUDENT'S STATUS CHANGED AS A RESULT OF CASE REVIEW OR VERIFICATION AND THIS DID NOT GET REFLECTED ON THE APPLICATION OR IN SOME OTHER DOCUMENT IN THE APPLICATION FILES.

COMPARE COLUMNS 1B AND 2 FOR EACH SAMPLED STUDENT. For any student where the status on the benefit issuance list does not match the status on the application (entries in Column 1b and 2 do not match), check the application files and consult with the SFA director about the results of verification to confirm that a true difference in status exists or whether you need to change the entry in Column 2.

For example, if the benefit issuance list shows that a sampled student is "reduced-price" while the application shows the status as "free," check with the SFA director to see if the student's certification status changed because of verification. If it did, then you will correct your entry in Column 2 (draw a line through the incorrect entry and initial it and check the box corresponding to the correct status). Describe the reason for the change in the space provided on the form in Column 3.

Specifically, for students in which Column 1b and Column 2 do not match, take the following action when Column 1b and Column 2 are equal to:

Column 1B	Column 2	Action Taken
Reduced-Price	Free	Check if status changed because of verification. If "yes," then change Column 2 entry to "reduced-price" status and note reason why. Otherwise don't change entry.
Paid/Full-Price	Free	Check if status changed because of verification. If "yes," then change Column 2 entry to "Paid/Full-Price" status and note reason why. Otherwise don't change entry.
Paid/Full-Price	Reduced-price	Check if status changed because of verification. If "yes," then change Column 2 entry to "Paid/Full-Price" status and note reason why. Otherwise don't change entry.

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

MEAL TRANSACTION OBSERVATION FORM

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SFA:_____ |__|__|__|__|

School:_____ |__|__|__|__| Date: |__|__| / |__|__| / |__|__|__|__|
                                                              MONTH   DAY   YEAR

Observer:_____ |__|__|__|__| Time Began: |__|__| / |__|__| AM 1
                                                                    HOUR   MINUTE   PM 2

Transaction:_____ |__|__|__|__| Time Ended: |__|__| / |__|__| AM 1
                                                                    HOUR   MINUTE   PM 2

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

MEAL TRANSACTION OBSERVATION FORM

Meal: ☐ Breakfast
           ☐ Lunch

Meal Period:_____

Serving Line/Cashier Sampled:_____

Approximate Number of Transactions:_____

First Person-Transaction to Observe:_____

Sampling Interval: Take Every _____th Transaction After The First Selection

Total Count of Transactions Observed:_____

Record each food item offered and the meal component it satisfies: Use "M" for meat/protein, "B" for Bread/grains, "V" for vegetable, "F" for fruit, and "Mlk" for Milk; or entrée (e), side dish (sd), or milk (milk) in nutrient analysis systems.	Tray #: _____					
Food Items	**Meal Component**	**Check if Food Item Taken**	**Number of Units Taken**	**Whether Reimb. Meal-Recorded by Cashier**	**Whether Reimb. Meal-Observer Assessment**	**Type of Participant**
				☐ Yes ☐ No	☐ Yes ☐ No	☐ Student ☐ Non-student ☐ Adult
				NOTES:		

INSTRUCTIONS FOR COMPLETING THE MEAL TRANSACTION OBSERVATION FORM

STEP 1: An MPR central office Field Coordinator will tell you the logistics about the study school's meal serving operations prior to your visit.

STEP 2: On each day of your 2-day visit to observe meals, obtain the information about meal periods, cash registers operating each meal period, approximate # of transactions at each cash register. First enter this information onto the hard copy Sampling Information Form for Meal Transactions (Part A for breakfasts, Part B for lunches). Then enter this information into the "Meal Transactions" sampling program on your laptop computer, following the procedures described in Volume III: Onsite Sampling Procedures, of your training manuals. The computer will then tell you which period/cash register combinations and the student-cashier transactions to select and observe.

STEP 3: Use a separate booklet of forms for each period/cash register you observe. Enter the name of the SFA, the MPR ID# for the SFA, the name of the school, and the MPR ID# for the school in the upper left-hand corner of the form. Then record the meal (breakfast; lunch), the serving line/cash register, random start number (first student-cashier transaction to observe), and the sampling interval—this tells you which student-cashier transaction to select after the first.

STEP 4: Now enter the food items that will be available at the serving line in the first column of the form under "Food Items." You only need to enter this once. Ask the food service manager what "meal components" each food satisfies for meeting definition of reimbursable meal and enter that in the second column labeled "Meal Component."

STEP 5: Select the first person-transaction to observe (this first selection is given by the "random start" number). As the person comes down the line, record the items that are on that person's tray and the amounts of each item taken. Then record whether the cashier rang up the meal as reimbursable (CHECK YES) or not (CHECK NO) in the column labeled "Whether Reimbursable Meal—Cashier Recorded." Then quickly make your own assessment about whether the meal is reimbursable or not and

record that in the column labeled "Whether Reimbursable—Observer Assessment" (CHECK YES if you think the meal should be reimbursable; CHECK NO if you think it should not be reimbursable). Then record whether the transaction involved a student, non-student, or adult.

STEP 6: Select the next person-transaction and repeat the process. The next person to select is given by the sampling interval. Take the nth person (where n = sampling interval). For example, if the first person selected was the 3rd person in line, and the sampling interval is "10," then you would select the 10th person in line after the 3rd person. In this example, this would be the 13th person in line. As the person comes down the line, record the items that are on that the person's tray and the amounts of each item taken. Then record whether the cashier rang up the meal as reimbursable (CHECK YES) or not (CHECK NO) in the column labeled "Whether Reimbursable Meal—Cashier Recorded." Then quickly make your own assessment about whether the meal is reimbursable or not and record that in the column labeled "Whether Reimbursable—Observer Assessment" (CHECK YES if you think the meal should be reimbursable; CHECK NO if you think it should not be reimbursable). Then record whether the transaction involved a student, non-student, or adult.

STEP 7: REPEAT THE PROCESS UNTIL SERVICE FOR THAT LINE THAT PERIOD IS COMPLETED.

STEP 8: REPEAT THE PROCESS FOR THE NEXT PERIOD/CASH REGISTER

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SCHOOL MEAL COUNT VERIFICATION FORM FOR TARGET WEEK

SFA: _____ |__|__|__|__|__|__|__|__|

School: _____ |__|__|__|__|__|__|__|__|

Target Week Start and End Dates: |__|___| / |__|___| / |__|___| To |__|___| / |__|___| / |__|___|
MONTH   DAY   YEAR   MONTH   DAY   YEAR

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SCHOOL MEAL COUNT VERIFICATION FORM FOR TARGET WEEK

Meal Counts for: Lunch |___| Breakfast |___| (USE ONE FORM PER EATING OCCASION)

MONDAY: |__|___| / |__|___| / |__|___| MONTH DAY YEAR	**SCHOOL RECORDED COUNTS**	**MPR FIELD STAFF VERIFIED COUNTS**
Register 1:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 2:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 3:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 4:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 5:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|

MONDAY *(continued)*	SCHOOL RECORDED COUNTS	MPR FIELD STAFF VERIFIED COUNTS
Register 6:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
Register 7:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
Register 8:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
Register 9:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
Register 10:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
DAILY TOTAL FOR ALL REGISTERS	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
IF NO MEAL SERVED OR NO DATA AVAILABLE THAT DAY, RECORD REASON	School holiday ....1 Cafeteria closed...........................2 Interviewer unable to access daily data 3	Other (SPECIFY):_____ _____ _____ _____

TUESDAY: |__|__| / |__|__| / |__|__| MONTH DAY YEAR	SCHOOL RECORDED COUNTS	MPR FIELD STAFF VERIFIED COUNTS
Register 1:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 2:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 3:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 4:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 5:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 6:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 7:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 8:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|

TUESDAY: (continued)	SCHOOL RECORDED COUNTS	MPR FIELD STAFF VERIFIED COUNTS
Register 9:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
Register 10:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
DAILY TOTAL FOR ALL REGISTERS	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
IF NO MEAL SERVED OR NO DATA AVAILABLE THAT DAY, RECORD REASON	School holiday .... 1 Cafeteria closed............................ 2 Interviewer unable to access daily data 3	Other (SPECIFY):_____ _____ _____ _____

WEDNESDAY: |__|__| / |__|__| / |__|__| MONTH DAY YEAR	SCHOOL RECORDED COUNTS	MPR FIELD STAFF VERIFIED COUNTS
Register 1:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
Register 2:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
Register 3:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|

WEDNESDAY *(continued)*	SCHOOL RECORDED COUNTS	MPR FIELD STAFF VERIFIED COUNTS
Register 4:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
Register 5:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
Register 6:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
Register 7:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
Register 8:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
Register 9:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
Register 10:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
DAILY TOTAL FOR ALL REGISTERS	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|

<table>
<tr><td rowspan="4">IF NO MEAL SERVED OR NO DATA AVAILABLE THAT DAY, RECORD REASON</td><td>School holiday .... 1</td><td>Other (SPECIFY): _____</td></tr>
<tr><td>Cafeteria closed .... 2</td><td>_____</td></tr>
<tr><td rowspan="2">Interviewer unable to access daily data .... 3</td><td>_____</td></tr>
<tr><td>_____</td></tr>
</table>

THURSDAY: |__|__| / |__|__| / |__|__| MONTH DAY YEAR	**SCHOOL RECORDED COUNTS**	**MPR FIELD STAFF VERIFIED COUNTS**
Register 1:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 2:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 3:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 4:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 5:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 6:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 7:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|

THURSDAY *(continued)*	SCHOOL RECORDED COUNTS	MPR FIELD STAFF VERIFIED COUNTS
Register 8:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 9:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 10:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
DAILY TOTAL FOR ALL REGISTERS	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
IF NO MEAL SERVED OR NO DATA AVAILABLE THAT DAY, RECORD REASON	School holiday ....1 Cafeteria closed............................2 Interviewer unable to access daily data 3	Other (SPECIFY):_____ _____ _____ _____

FRIDAY: |__|__| / |__|__| / |__|__| MONTH DAY YEAR	SCHOOL RECORDED COUNTS	MPR FIELD STAFF VERIFIED COUNTS
Register 1:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 2:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|

FRIDAY *(continued)*	SCHOOL RECORDED COUNTS	MPR FIELD STAFF VERIFIED COUNTS
Register 3:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 4:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 5:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 6:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 7:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 8:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 9:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|
Register 10:	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|	Free: |__|,|__|__|__| Reduced: |__|,|__|__|__| Paid (Full-Price): |__|,|__|__|__| Total: |__|,|__|__|__|

FRIDAY *(continued)*	SCHOOL RECORDED COUNTS	MPR FIELD STAFF VERIFIED COUNTS
DAILY TOTAL FOR ALL REGISTERS	Free: |__|,__|__|__| Reduced: |__|,__|__|__| Paid (Full-Price): |__|,__|__|__| Total: |__|,__|__|__|	Free: |__|,__|__|__| Reduced: |__|,__|__|__| Paid (Full-Price): |__|,__|__|__| Total: |__|,__|__|__|
IF NO MEAL SERVED OR NO DATA AVAILABLE THAT DAY, RECORD REASON	School holiday .... 1 Cafeteria closed............................ 2 Interviewer unable to access daily data 3	Other (SPECIFY):_____ _____ _____ _____

STUDENT INFORMATION FOR SCHOOL

1. Number of students approved for free meals: ....\|__\|__\|__\|,\|__\|__\|__\|

2. Number of students approved for reduced-price meals:...\|__\|__\|__\|,\|__\|__\|__\|

3. Total students enrolled: ....\|__\|__\|__\|,\|__\|__\|__\|

4. Average daily attendance: ....\|__\|__\|__\|,\|__\|__\|__\|

COMPLETE IF PROVISION 2 OR 3 SCHOOL OPERATING A NON-BASE YEAR:

Lunch \|___\| Breakfast \|___\| (MUST MATCH EATING OCCASION CHECKED ON PAGE 1)

CLAIMING PERCENTAGES USED BY SCHOOL:

1. Free Meals.............................\|__\|__\|__\| PERCENT

2. Reduced-Price Meals..............\|__\|__\|__\| PERCENT

3. Paid Meals ....\|__\|__\|__\| PERCENT

BASE YEAR PERIOD USED:

Yearly Percentages 1

Monthly Percentages...2

Specify Month:

_____

OMB Approval No.:
Approval Expires:

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SCHOOL MEAL COUNT VERIFICATION FORM FOR TARGET DAY

SFA:_____ |__|__|__|__|__|__|__|

School:_____ |__|__|__|__|__|__|__|

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NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SCHOOL MEAL COUNT VERIFICATION FORM FOR TARGET DAY

Meal Counts for: Lunch |___| Breakfast |___| (USE ONE FORM PER EATING OCCASION)

DATE: |__|__| / |__|__| / |__|__| MONTH DAY YEAR	**SCHOOL RECORDED COUNTS**		**MPR FIELD STAFF VERIFIED COUNTS**	
Register 1:	Free:	|__|,|__|__|__|	Free:	|__|,|__|__|__|
	Reduced:	|__|,|__|__|__|	Reduced:	|__|,|__|__|__|
	Paid (Full-Price):	|__|,|__|__|__|	Paid (Full-Price):	|__|,|__|__|__|
	Total:	|__|,|__|__|__|	Total:	|__|,|__|__|__|
Register 2:	Free:	|__|,|__|__|__|	Free:	|__|,|__|__|__|
	Reduced:	|__|,|__|__|__|	Reduced:	|__|,|__|__|__|
	Paid (Full-Price):	|__|,|__|__|__|	Paid (Full-Price):	|__|,|__|__|__|
	Total:	|__|,|__|__|__|	Total:	|__|,|__|__|__|
Register 3:	Free:	|__|,|__|__|__|	Free:	|__|,|__|__|__|
	Reduced:	|__|,|__|__|__|	Reduced:	|__|,|__|__|__|
	Paid (Full-Price):	|__|,|__|__|__|	Paid (Full-Price):	|__|,|__|__|__|
	Total:	|__|,|__|__|__|	Total:	|__|,|__|__|__|
Register 4:	Free:	|__|,|__|__|__|	Free:	|__|,|__|__|__|
	Reduced:	|__|,|__|__|__|	Reduced:	|__|,|__|__|__|
	Paid (Full-Price):	|__|,|__|__|__|	Paid (Full-Price):	|__|,|__|__|__|
	Total:	|__|,|__|__|__|	Total:	|__|,|__|__|__|
Register 5:	Free:	|__|,|__|__|__|	Free:	|__|,|__|__|__|
	Reduced:	|__|,|__|__|__|	Reduced:	|__|,|__|__|__|
	Paid (Full-Price):	|__|,|__|__|__|	Paid (Full-Price):	|__|,|__|__|__|
	Total:	|__|,|__|__|__|	Total:	|__|,|__|__|__|

TARGET DAY *(continued)*	SCHOOL RECORDED COUNTS	MPR FIELD STAFF VERIFIED COUNTS
Register 6:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
Register 7:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
Register 8:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
Register 9:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
Register 10:	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
DAILY TOTAL FOR ALL REGISTERS	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|	Free: |__,|__|__|__| Reduced: |__,|__|__|__| Paid (Full-Price): |__,|__|__|__| Total: |__,|__|__|__|
IF NO MEAL SERVED OR NO DATA AVAILABLE THAT DAY, RECORD REASON	School holiday .... 1 Cafeteria closed .... 2 Interviewer unable to access daily data 3	Other (SPECIFY): _____ _____ _____ _____

STUDENT INFORMATION FOR SCHOOL

1. Number of students approved for free meals: ....|__|__|__|,|__|__|__|

2. Number of students approved for reduced-price meals:...|__|__|__|,|__|__|__|

3. Total students enrolled: ....|__|__|__|,|__|__|__|

4. Average daily attendance: ....|__|__|__|,|__|__|__|

COMPLETE IF PROVISION 2 OR 3 SCHOOL OPERATING A NON-BASE YEAR:

Lunch |__| Breakfast |__| (MUST MATCH EATING OCCASION CHECKED ON PAGE 1)

CLAIMING PERCENTAGES USED BY SCHOOL:

1. Free Meals..............................|__|__|__| PERCENT

2. Reduced-Price Meals..............|__|__|__| PERCENT

3. Paid Meals ....|__|__|__| PERCENT

BASE YEAR PERIOD USED:

Yearly Percentages 1

Monthly Percentages...2

Specify Month:

_____

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SCHOOL MEAL COUNT VERIFICATION FORM FOR TARGET MONTH

SFA:_____ |__|__|__|__|__|__|__|__|

School:_____ |__|__|__|__|__|__|__|__|

Date: |__|__| / |__|__| / |__|__|
      MONTH   DAY   YEAR

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SCHOOL MEAL COUNT VERIFICATION FORM FOR TARGET MONTH

A. PREVIOUS COMPLETED MONTH (IF ONLY KEEP WEEKLY RECORDS, GO TO D).

from |__|__| / |__|__| / |__|__| to |__|__| / |__|__| / |__|__|
       MONTH   DAY   YEAR   MONTH   DAY   YEAR

1. BREAKFAST COUNT—TOTAL

1. Free: |__|__|,|__|__|__|,|__|__|__|

2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|

3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|

4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

2. LUNCH COUNT—TOTAL

1. Free: |__|__|,|__|__|__|,|__|__|__|

2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|

3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|

4. Total Lunches: |__|__|,|__|__|__|,|__|__|__|

GO TO SECTION G: STUDENT INFORMATION

B. FIRST WEEK OF PREVIOUS COMPLETED MONTH

from |___|___| / |___|___| / |___|___| to |___|___| / |___|___| / |___|___|
      MONTH   DAY   YEAR   MONTH   DAY   YEAR

1. BREAKFAST COUNT—TOTAL

    1.   Free: |___|___|,|___|___|___|,|___|___|___|

    2.   Reduced-Price: |___|___|,|___|___|___|,|___|___|___|

    3.   Paid (Full Price): |___|___|,|___|___|___|,|___|___|___|

    4.   Total Breakfasts: |___|___|,|___|___|___|,|___|___|___|

2. LUNCH COUNT—TOTAL

    1.   Free: |___|___|,|___|___|___|,|___|___|___|

    2.   Reduced-Price: |___|___|,|___|___|___|,|___|___|___|

    3.   Paid (Full Price): |___|___|,|___|___|___|,|___|___|___|

    4.   Total Lunches: |___|___|,|___|___|___|,|___|___|___|

C. SECOND WEEK OF PREVIOUS MONTH

from |___|___| / |___|___| / |___|___| to |___|___| / |___|___| / |___|___|
        MONTH   DAY   YEAR   MONTH   DAY   YEAR

1. BREAKFAST COUNT—TOTAL

1. Free: |___|___|,|___|___|___|,|___|___|___|

2. Reduced-Price: |___|___|,|___|___|___|,|___|___|___|

3. Paid (Full Price): |___|___|,|___|___|___|,|___|___|___|

4. Total Breakfasts: |___|___|,|___|___|___|,|___|___|___|

2. LUNCH COUNT—TOTAL

1. Free: |___|___|,|___|___|___|,|___|___|___|

2. Reduced-Price: |___|___|,|___|___|___|,|___|___|___|

3. Paid (Full Price): |___|___|,|___|___|___|,|___|___|___|

4. Total Lunches: |___|___|,|___|___|___|,|___|___|___|

D. THIRD WEEK OF PREVIOUS MONTH

from |__|__| / |__|__| / |__|__| to |__|__| / |__|__| / |__|__|
        MONTH   DAY   YEAR   MONTH   DAY   YEAR

1. BREAKFAST COUNT—TOTAL

1. Free: |__|__|,|__|__|__|,|__|__|__|

2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|

3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|

4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

2. LUNCH COUNT—TOTAL

1. Free: |__|__|,|__|__|__|,|__|__|__|

2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|

3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|

4. Lunches: |__|__|,|__|__|__|,|__|__|__|

E. FOURTH WEEK OF PREVIOUS MONTH

from |__|__| / |__|__| / |__|__| to |__|__| / |__|__| / |__|__|
       MONTH   DAY   YEAR   MONTH   DAY   YEAR

1. BREAKFAST COUNT—TOTAL

1. Free: |__|__|,|__|__|__|,|__|__|__|

2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|

3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|

4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

2. LUNCH COUNT—TOTAL

1. Free: |__|__|,|__|__|__|,|__|__|__|

2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|

3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|

4. Total Lunches: |__|__|,|__|__|__|,|__|__|__|

F. FIFTH WEEK OF PREVIOUS MONTH

from |__|__| / |__|__| / |__|__| to |__|__| / |__|__| / |__|__|
       MONTH   DAY   YEAR   MONTH   DAY   YEAR

1. BREAKFAST COUNT—TOTAL

1. Free: |__|__|,|__|__|__|,|__|__|__|

2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|

3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|

4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

2. LUNCH COUNT—TOTAL

1. Free: |__|__|,|__|__|__|,|__|__|__|

2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__|

3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|

4. Total Lunches: |__|__|,|__|__|__|,|__|__|__|

G. STUDENT INFORMATION FOR SCHOOL—TARGET MONTH

1. Number of students approved for free meals: |__|__|__|,|__|__|__|

2. Number of students approved for reduced-price meals: |__|__|__|,|__|__|__|

3. Total students enrolled: |__|__|__|,|__|__|__|

4. Average daily attendance: |__|__|__|,|__|__|__|

5. Number of serving days this month: |__|__|

H. COMPLETE IF PROVISION 2 OR 3 SCHOOL OPERATING A NON-BASE YEAR:

A. CLAIMING PERCENTAGES FOR BREAKFAST:

1. Free Meals .... |__|__|__| PERCENT

2. Reduced-Price Meals .... |__|__|__| PERCENT

3. Paid Meals............................. |__|__|__| PERCENT

4. Base Year Period Used:

   Yearly Percentages 1

   Monthly Percentages...2

   Specify Month:

   _____

B. CLAIMING PERCENTAGES FOR LUNCH:

1. Free Meals .... |__|__|__| PERCENT

2. Reduced-Price Meals .... |__|__|__| PERCENT

3. Paid Meals............................. |__|__|__| PERCENT

4. Base Year Period Used:

   Yearly Percentages 1

   Monthly Percentages...2

   Specify Month:

   _____

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY
SCHOOL MEAL COUNT REPORTED TO SFA FOR TARGET WEEK AND MONTH

SUPPLEMENTAL REPORTING FORM
(FOR SAMPLED SCHOOL)

SFA:_____ |__|__|__|__|

School:_____ |__|__|__|__|

Date: |___|___| / |___|___| / |___|___|
        MONTH   DAY   YEAR

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SCHOOL MEAL COUNT REPORTED TO SFA FOR TARGET WEEK AND MONTH

SUPPLEMENTAL REPORTING FORM
(FOR SAMPLED SCHOOL)

COMPLETE THIS SUPPLEMENTAL REPORTING FORM IF THE SCHOOL USES A SECOND FORM TO SUBMIT MEAL COUNTS TO SFA'S. THAT IS, IF THE SCHOOL RECORDS MEALS COUNTS ONTO A FORM AND THEN TRANSFERS THE MEAL COUNTS FROM THAT FORM ONTO ANOTHER FORM AND SUBMITS THAT SECOND FORM TO THE SFA, THEN RECORD THE INFORMATION FROM THE FORM USED TO REPORT MEALS COUNTS TO THE SFA ON THIS "SUPPLEMENTAL REPORTING FORM.

INSTRUCTIONS: COMPLETE SECTIONS A-C FOR THE TARGET WEEK. THEN COMPLETE SECTIONS D-F IF SCHOOL KEEPS MONTHLY TOTALS, <u>OR</u> G-U IF SCHOOL KEEPS WEEKLY (BUT NOT MONTHLY) TOTALS.

A.   **TARGET WEEK**

from |___|___| / |___|___| / |___|___| to |___|___| / |___|___| / |___|___|
       MONTH   DAY   YEAR   MONTH   DAY   YEAR

IF PROVISION 2 OR 3 SCHOOL IN NON-BASE YEAR, ENTER THE BASE YEAR CLAIMING PERCENTAGES

B.   **TOTAL BREAKFASTS REPORTED TO SFA**

1. Free: |__|__|,|__|__|__|,|__|__|__| .... |__|__|__| PERCENT

2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__| .... |__|__|__| PERCENT

3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__| .... |__|__|__| PERCENT

4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

BASE YEAR PERIOD USED:

YEARLY PERCENTAGES 1

MONTHLY PERCENTAGES ..2

SPECIFY MONTH:

_____

C. TOTAL LUNCHES REPORTED TO SFA

1. Free: |__|__|,|__|__|__|,|__|__|__| .... |__|__|__| PERCENT

2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__| .... |__|__|__| PERCENT

3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__| .... |__|__|__| PERCENT

4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

BASE YEAR PERIOD USED:

YEARLY PERCENTAGES 1

MONTHLY PERCENTAGES ..2

SPECIFY MONTH:

_____

D. PREVIOUS MONTH (IF ONLY KEEP WEEKLY RECORDS, GO TO G)

from |__|__| / |__|__| / |__|__| to |__|__| / |__|__| / |__|__|
      MONTH   DAY   YEAR   MONTH   DAY   YEAR

IF PROVISION 2 OR 3 SCHOOL IN NON-BASE YEAR, ENTER THE BASE YEAR CLAIMING PERCENTAGES

E. TOTAL BREAKFASTS REPORTED TO SFA

1. Free: |__|__|,|__|__|__|,|__|__|__| .... |__|__|__| PERCENT

2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__| .... |__|__|__| PERCENT

3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__| .... |__|__|__| PERCENT

4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

BASE YEAR PERIOD USED:

YEARLY PERCENTAGES 1

MONTHLY PERCENTAGES ..2

SPECIFY MONTH:

_____

F. TOTAL LUNCHES REPORTED TO SFA

1. Free: |__|__|,|__|__|__|,|__|__|__| .... |__|__|__| PERCENT

2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__| .... |__|__|__| PERCENT

3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__| .... |__|__|__| PERCENT

4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

BASE YEAR PERIOD USED:

YEARLY PERCENTAGES 1

MONTHLY PERCENTAGES ..2

SPECIFY MONTH:

_____

| GO TO SECTION V, STUDENT INFORMATION |

G. FIRST WEEK OF PREVIOUS MONTH

from |__|__| / |__|__| / |__|__| to |__|__| / |__|__| / |__|__|
     MONTH   DAY   YEAR   MONTH   DAY   YEAR

IF PROVISION 2 OR 3 SCHOOL IN NON-BASE YEAR, ENTER THE BASE YEAR CLAIMING PERCENTAGES

H. TOTAL BREAKFASTS REPORTED TO SFA

1. Free: |__|__|,|__|__|__|,|__|__|__| .... |__|__|__| PERCENT

2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__| .... |__|__|__| PERCENT

3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__| .... |__|__|__| PERCENT

4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

BASE YEAR PERIOD USED:

YEARLY PERCENTAGES 1

MONTHLY PERCENTAGES ..2

SPECIFY MONTH:

_____

I. TOTAL LUNCHES REPORTED TO SFA

1. Free: |__|__|,|__|__|__|,|__|__|__| .... |__|__|__| PERCENT

2. Reduced-Price: |__|__|,|__|__|__|,|__|__|__| .... |__|__|__| PERCENT

3. Paid (Full Price): |__|__|,|__|__|__|,|__|__|__| .... |__|__|__| PERCENT

4. Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

BASE YEAR PERIOD USED:

YEARLY PERCENTAGES 1

MONTHLY PERCENTAGES ..2

SPECIFY MONTH:

_____

J. SECOND WEEK OF PREVIOUS MONTH

from |___|___| / |___|___| / |___|___| to |___|___| / |___|___| / |___|___|
       MONTH   DAY   YEAR   MONTH   DAY   YEAR

K. TOTAL BREAKFASTS REPORTED TO SFA

1. Free: |___|___|,|___|___|___|,|___|___|___|

2. Reduced-Price: |___|___|,|___|___|___|,|___|___|___|

3. Paid (Full Price): |___|___|,|___|___|___|,|___|___|___|

4. Total Breakfasts: |___|___|,|___|___|___|,|___|___|___|

L. TOTAL LUNCHES REPORTED TO SFA

1. Free: |___|___|,|___|___|___|,|___|___|___|

2. Reduced-Price: |___|___|,|___|___|___|,|___|___|___|

3. Paid (Full Price): |___|___|,|___|___|___|,|___|___|___|

4. Total Breakfasts: |___|___|,|___|___|___|,|___|___|___|

M. THIRD WEEK OF PREVIOUS MONTH

from |___|___| / |___|___| / |___|___| to |___|___| / |___|___| / |___|___|
     MONTH   DAY   YEAR   MONTH   DAY   YEAR

N. TOTAL BREAKFASTS REPORTED TO SFA

1. Free: |___|___|,|___|___|___|,|___|___|___|

2. Reduced-Price: |___|___|,|___|___|___|,|___|___|___|

3. Paid (Full Price): |___|___|,|___|___|___|,|___|___|___|

4. Total Breakfasts: |___|___|,|___|___|___|,|___|___|___|

O. TOTAL LUNCHES REPORTED TO SFA

1. Free: |___|___|,|___|___|___|,|___|___|___|

2. Reduced-Price: |___|___|,|___|___|___|,|___|___|___|

3. Paid (Full Price): |___|___|,|___|___|___|,|___|___|___|

4. Total Breakfasts: |___|___|,|___|___|___|,|___|___|___|

P.   FOURTH WEEK OF PREVIOUS MONTH

from |___|___| / |___|___| / |___|___| to |___|___| / |___|___| / |___|___|
       MONTH   DAY   YEAR   MONTH   DAY   YEAR

Q.   TOTAL BREAKFASTS REPORTED TO SFA

1.   Free: |___|___|,|___|___|___|,|___|___|___|

2.   Reduced-Price: |___|___|,|___|___|___|,|___|___|___|

3.   Paid (Full Price): |___|___|,|___|___|___|,|___|___|___|

4.   Total Breakfasts: |___|___|,|___|___|___|,|___|___|___|

R.   TOTAL LUNCHES REPORTED TO SFA

1.   Free: |___|___|,|___|___|___|,|___|___|___|

2.   Reduced-Price: |___|___|,|___|___|___|,|___|___|___|

3.   Paid (Full Price): |___|___|,|___|___|___|,|___|___|___|

4.   Total Breakfasts: |___|___|,|___|___|___|,|___|___|___|

S.   FIFTH WEEK OF PREVIOUS MONTH

from |__|__| / |__|__| / |__|__| to |__|__| / |__|__| / |__|__|
      MONTH   DAY   YEAR   MONTH   DAY   YEAR

T.   TOTAL BREAKFASTS REPORTED TO SFA

1.   Free: |__|__|,|__|__|__|,|__|__|__|

2.   Reduced-Price: |__|__|,|__|__|__|,|__|__|__|

3.   Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|

4.   Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

U.   TOTAL LUNCHES REPORTED TO SFA

1.   Free: |__|__|,|__|__|__|,|__|__|__|

2.   Reduced-Price: |__|__|,|__|__|__|,|__|__|__|

3.   Paid (Full Price): |__|__|,|__|__|__|,|__|__|__|

4.   Total Breakfasts: |__|__|,|__|__|__|,|__|__|__|

V.   STUDENT INFORMATION—TARGET MONTH

1.   Number of students approved for free meals: |__|__|__|,|__|__|__|

2.   Number of students approved for reduced-price meals: |__|__|__|,|__|__|__|

3.   Total students enrolled: |__|__|__|,|__|__|__|

4.   Average daily attendance: |__|__|__|,|__|__|__|

5.   Number of serving days in month: |__|__|

**NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY,
AND CERTIFICATION STUDY**

INSTRUCTIONS FOR COMPLETING SCHOOL MEAL COUNT FORMS

Objective

The school meal count forms will be used to collect data from study schools to examine the accuracy in which the study school counts the reimbursable meals it serves and reports them to the SFA for reimbursement for the target week and target month.

SCHOOL MEAL COUNT VERIFICATION FORM--TARGET WEEK

GENERAL INSTRUCTIONS:

- Use the "School Meal Count Verification Form—Target Week" to obtain the meal counts recorded by the school and to record your verified counts <u>for each day of the target week</u>. The target week is the completed week prior to your visit.

- If the school operates both a school breakfast and a school lunch program, then **use a separate form for breakfast** and **a separate form for lunch**. **Check the box at the top of the form** to indicate which type of meal (Breakfast; Lunch) the counts apply.

- **NOTE:** YOU ARE BEING ASKED TO OBTAIN THE DAILY COUNTS AND VERIFY THEM FOR <u>EACH DAY</u> OF THE TARGET WEEK (FOR THE COMPLETED WEEK PRIOR TO YOUR VISIT). IF THE SCHOOL DOES NOT RETAIN THE RECEIPTS FROM THE CASH REGISTERS THAT ARE USED TO PRODUCE THE DAILY COUNTS OR OTHER DOCUMENTS NECESSARY TO ENABLE YOU TO VERIFY THE DAILY COUNTS--THEN JUST OBTAIN THE DAILY TOTALS FOR THE PREVIOUS WEEK AND ENTER THEM ONTO THE "SCHOOL MEAL COUNT VERIFICATION FORM—TARGET WEEK."

  IN THIS CASE, SINCE YOU CANNOT VERIFY THE DAILY COUNTS FOR THE TARGET WEEK, WE ASK THAT <u>YOU OBTAIN THE DAILY COUNTS AND VERIFY THE COUNTS FOR THE DAY OF YOUR VISIT TO THE SCHOOL TO OBSERVE MEAL TRANSACTIONS</u>. OBTAIN THE MEAL COUNTS AND VERIFY THEM SEPARATELY FOR BREAKFAST AND LUNCH. **USE THE "MEAL COUNT VERIFICATION FORM—TARGET DAY" TO RECORD THESE DATA.**

ITEM BY ITEM INSTRUCTIONS:

- Enter the SFA name and MPR ID# for the SFA, the school name and MPR ID# for the school, and the start- and end-date of the <u>target week</u> on the top of the Form. THIS IS THE DATE FOR MONDAY – FRIDAY OF THE COMPLETED WEEK PRIOR TO YOUR VISIT.

- Separately for each cash register (or point-of-sale device), enter the counts recorded by the school for breakfast in the 2nd Column labeled "School Recorded Counts," separately for free, reduced-price, paid, and the total breakfasts, for the day. Do this for each day during the target week. Repeat the process for lunch meal counts using a separate form. Schools record these counts on specially designed forms (sometimes called Cash Reports, Cash & Sales Reports, or Meal Reports) and submit them directly to the SFA, on a daily or weekly basis. Obtain the form(s) they used to record the meal counts covering the target week and enter data from them.

  If the school does not obtain separate counts by cash register (or point-of-sale device), and just records the daily totals across all registers, then record these counts in the box labeled "Daily Total for All Registers," separately for free, reduced-price, paid, and total breakfasts. On the School Meal Count Verification Form, this is located at the end of each day's entries (e.g., Under Monday, appears after fox for entries for Register #10). Repeat for lunch counts.

  NOTE: Enter the school's recorded counts onto Column 2 of the Form exactly as they appear on their documents. <u>If you spot errors on their documents, do not correct them when entering the information onto Column 2 of the Form</u>.

- Then separately for each cash register (or point-of-sale device), <u>validate</u> the counts for breakfast, recording the information in the 3rd Column labeled "MPR Field Staff Verified Counts," separately for free, reduced-price, paid, and the total breakfasts for the day. Do this for each day during the target week. Then perform the validation for lunch counts using a separate form.

  If the school does not obtain separate counts by cash register (or point-of-sale device), and just records the daily totals across all registers, then validate these counts and enter the information in 3rd Column of the box labeled "Daily Total for All Registers" separately for free, reduced-price, paid, and total breakfasts. On the School Meal Count Verification Form, this is located at the end of each day's entries (e.g., Under Monday, appears after fox for entries for Register #10). Repeat for lunch counts.

  - *To validate the counts, you need to obtain a count for each day using the same procedure as the school follows.* For example:

- In a manual cash register system that records counts from information from cash register tapes or receipts, you would obtain the tape for each cash register and enter the meal counts from it into the 3rd Column of the Form.

- In a manual ticket system, you need to count the tickets, where codes on tickets indicate whether the breakfast (lunch) was free, reduced-price, or paid.

- In a roster check-off system, you need to count check marks in each category—free, reduced-price, and paid.

- An electronic point-of-sale system will be tested by manually performing some of the automated functions of the system.

- From the school cafeteria manager, obtain information on the number of the school's students that are approved for free meals, the number approved for reduced-price meals, total number of enrolled students, and the average daily attendance. Enter this information in the box labeled "STUDENT INFORMATION" on the last page of the Form—Target Week. **Obtain the most current available information possible corresponding to the target week.**

- **IF SCHOOL IS PROVISION 2/3 NON-BASE YEAR SCHOOL**. Schools that participate in Provision 2 or 3 for breakfast (lunch) and are in a <u>non-base year</u>, serve all breakfasts (lunches) free to students. They only need to count the total number of reimbursable breakfasts (lunches) provided each day and then they apply <u>their base-year claiming percentages</u> to that total to determine how many breakfasts (lunches) to claim as free, reduced-price, and paid. <u>If a school is Provision 2/3 in non-base year</u>, find out from the school cafeteria manager what claiming percentages for free, reduced-price, and paid breakfasts (lunches) they are using and whether they are using an "annual" or the "monthly" percentage for the target week. Record this information in the box labeled "COMPLETE IF PROVISION 2 OR 3 SCHOOL OPERATING A NON-BASE YEAR" located on the last page of the Form—Target Week.

NOTE: A school may use Provision 2/3 for both its breakfast and lunch program or just for its breakfast program only. In cases where a school uses Provision 2/3 for both breakfast and lunch and both are in non-base years, the claiming percentages may be different, if the base years are different. Please consult with the school food service manager to get the appropriate information.

SCHOOL MEAL COUNT VERIFICATION FORM--TARGET DAY

General Instructions:

> **NOTE:** YOU USE THIS FORM ONLY IF YOU COULD NOT VERIFY THE SCHOOL'S DAILY COUNTS FOR THE TARGET WEEK.

- Use the "School Meal Count Verification Form—Target Day" to obtain the meal counts recorded by the school and to record your verified counts <u>for the Target Day. The Target Day is defined as the day you are visiting the school to observe meal transactions</u>.

- Use a single form to record the meal counts and verify counts for both breakfast and lunch program.

Specific Instructions:

- Enter the SFA name and MPR ID# for the SFA, the school name and MPR ID# for the school, and the date of the Target Day.

- Separately for each cash register (or point-of-sale device), enter the counts recorded by the school for breakfast in the 2nd Column labeled "School Recorded Counts", for free, reduced-price, paid, and the total breakfasts, for the Target Day. Repeat for lunch counts. Schools record these counts on specially designed forms, sometimes called Cash Reports, Cash & Sales Reports, or Meal Reports, and submit them to the SFA, on a daily or weekly basis. Obtain the form they used to record the meal counts for the Target Day.

  If the school does not obtain separate counts by cash register (or point-of-sale device), and just records the daily totals across all registers, then record these counts in the box labeled "Daily Total for All Registers" separately for free, reduced-price, paid, and total breakfasts. Repeat for lunch counts.

  NOTE: Enter the school's recorded counts onto Column 2 of the Form exactly as they appear on their documents. <u>If you spot errors on their documents, do not correct them when entering the information onto Column 2 of the Form</u>.

- Then separately for each cash register (or point-of-sale device), <u>validate</u> the counts for breakfast, recording the information in the 3rd Column labeled "MPR Field Staff Verified Counts", for free, reduced-price, paid, and the total breakfasts for the Target Day. Then perform the validation for lunch counts.

If the school does not obtain separate counts by cash register (or point-of-sale device), and just records the daily totals across all registers, then validate these counts and enter the information in 3rd Column of the box labeled "Daily Total for All Registers" separately for free, reduced-price, paid, and total breakfasts (lunches).

- *To validate the counts, you need to obtain a count for each day using the same procedure as the school follows.*

- From the school cafeteria manager, obtain information on the number of the school's students that are approved for free meals, the number approved for reduced-price meals, total number of enrolled students, and the average daily attendance. Enter this information in the box labeled "STUDENT INFORMATION" on the last page of the Form—Target Day. *Obtain the most current available information possible corresponding to the week of your visit.*

- **IF SCHOOL IS PROVISION 2/3 NON-BASE YEAR SCHOOL**. Schools that participate in Provision 2 or 3 for breakfast (lunch) and are in a <u>non-base year</u>, serve all breakfasts (lunches) free to students. They only need to count the total number of reimbursable breakfasts (lunches) provided each day and then they apply <u>their base-year claiming percentages</u> to that total to determine how many breakfasts (lunches) to claim as free, reduced-price, and paid. <u>If a school is Provision 2/3 in non-base year</u>, find out from the school cafeteria manager what claiming percentages for free, reduced-price, and paid breakfasts (lunches) they are using and whether they are using an "annual" or the "monthly" percentage for the target week. Record this information in the box labeled "COMPLETE IF PROVISION 2 OR 3 SCHOOL OPERATING A NON-BASE YEAR" located on the last page of the Form—Target Day.

NOTE: A school may use Provision 2/3 for both its breakfast and lunch program or just for its breakfast program only. In cases where a school uses Provision 2/3 for both breakfast and lunch and both are in non-base years, the claiming percentages may be different, if the base years are different. Please consult with the school food service manager to get the appropriate information.

SCHOOL MEAL COUNT VERIFICATION FORM--TARGET MONTH

General Instructions:

- Use the "School Meal Count Verification Form—Target Month" to obtain the meal counts recorded by the school <u>for the target month</u>. The target month is the most recently completed month prior to your visit. For example, if your visit to the school is during the week of April 3 – 7, 2006, then the target month is March 2006.

- For the target month you use a <u>single form to collect information on both breakfast and lunch</u>. If the school operates both a school breakfast and lunch program, please make sure when recording the information to enter the information for breakfasts in the spaces labeled "BREAKFAST COUNTS" and to enter the information for lunches in the spaces labeled "LUNCH COUNTS."

- **You do not need to validate the meal counts for the target month.**

Specific Instructions:

- Enter the SFA name and MPR ID# for the SFA, the school name and MPR ID# for the school, and the date completing the form for the sampled school at the top of the Form.

- **Complete Part A of the Form if the school keeps records of the meal counts they report to the SFA on a <u>monthly</u> basis.** Enter the start and end-date of the target month in Part A of the form. For the target month, obtain the counts of the number of free, reduced-price, paid, and total breakfasts for the target month. Do the same for the counts of the number of free, reduced-price, paid, and total lunches for the target month. **Then go to Section G of the Form.**

- **Complete Parts B – F of the Form if the school keeps records of the meal counts they report to the SFA on a weekly basis (and not on a monthly basis).**   For each week in the target month, obtain the counts of the number of free, reduced-price, paid, and total breakfasts that the school recorded. Do the same for the counts of the number of free, reduced-price, paid, and total lunches for each week in the target month.

- **Section G:** From the school food service manager, obtain information on the number of the school's students that are approved for free meals, the number approved for reduced-price meals, the total number of enrolled students, and the average daily attendance. Enter this information in the box on the next to last page of the Form, Part G. ***This information should be for the target month.***

- **COMPLETE SECTION H IF THE SCHOOL IS PROVISION 2/3 IN A NON-BASE YEAR**. Schools that participate in Provision 2 or 3 for breakfast (lunch) and are in a non-base year, serve all breakfasts (lunches) free to students. They only need to count the total number of reimbursable breakfasts (lunches) provided each day and then they apply <u>their base-year claiming percentages</u> to determine how many breakfasts (lunches) to claim as free, reduced-price, and paid. <u>If a school is Provision 2/3 in non-base year</u>, find out from the school cafeteria manager what claiming percentages for free, reduced-price, and paid breakfasts (lunches) they are using and whether they are using an "annual" or the "monthly" percentages for the target month. Record this information in the Form, Section H.

    NOTE: A school may use Provision 2/3 for both its breakfast and lunch program or just for its breakfast program only. In cases where a school uses Provision 2/3 for both breakfast and lunch, the claiming percentages may be different, if the base year is different.

SCHOOL MEAL COUNTS REPORTED TO SFA FOR TARGET WEEK AND TARGET MONTH—SUPPLEMENTAL REPORTING FORM

General Instructions:

- Use the "School Meal Counts Reported to SFA For Target Week and Target Month—Supplemental Report Form" if the school uses a second form to submit meal counts to the SFA. For example, while rare, the school food manager may record meal counts on a daily or weekly basis onto a form, usually called the Cash Report or Cash and Sales Report, but submit this information to someone else at the school, say a financial officer or other school staff member, and this person records the counts onto another form which is then submitted to the SFA.

- The Form is used to collect information on both breakfast and lunch. If the school operates both a school breakfast and lunch program, please make sure when recording the information to enter the information for breakfasts in the spaces labeled "BREAKFAST COUNTS" and to enter the information for lunches in the spaces labeled "LUNCH COUNTS."

Specific Instructions:

- Enter the SFA name and MPR ID# for the SFA, the school name and MPR ID# for the school, and the date completing the form for sampled school at the top of the Form.

- **If the school keeps records of the meal counts they report to the SFA on a monthly basis, complete Parts A through C of the Form.** Enter the start

and end-date of the target month in Part A of the form. For the target month, obtain the counts of the number of free, reduced-price, paid, and total breakfasts that the school reported to the SFA for the target month . Do the same for the counts of the number of free, reduced-price, paid, and total lunches that the school reported to the SFA for the target month.

- If the school keeps records of the meal counts they report to the SFA on a weekly basis only (and not monthly basis), complete Parts D – U of the Form. For each week in the target month, obtain the counts of the number of free, reduced-price, paid, and total breakfasts that the school reported to the SFA for the week. Do the same for the counts of the number of free, reduced-price, paid, and total lunches that the school reported to the SFA for each week.

- **IF SCHOOL IS PROVISION 2/3 NON-BASE YEAR SCHOOL**. Schools that participate in Provision 2 or 3 for breakfast (lunch) and are in a non-base year, serve all breakfasts (lunches) free to students. They only need to count the total number of reimbursable breakfasts (lunches) provided each day and then they apply their base-year claiming percentages to determine how many breakfasts (lunches) to claim as free, reduced-price, and paid. If a school is Provision 2/3 in non-base year, find out from the school cafeteria manager what claiming percentages for free, reduced-price, and paid breakfasts (lunches) they are using and whether they are using an "annual" or the "monthly" percentages for the target week and target month. Record this information in the Form. **NOTE: A school may use Provision 2/3 for both its breakfast and lunch program or just for its breakfast program only. In cases where a school uses Provision 2/3 for both breakfast and lunch, the claiming percentages may be different, if the base year is different.**

- From the school, obtain information on the number of the school's students that are approved for free meals, the number approved for reduced-price meals, total number of enrolled students, and the average daily attendance. Enter this information in the box on last page of the Form, Part V. *This information should be for the target week and target month.*

OMB Approval No.:
Approval Expires:

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SFA REIMBURSEMENT CLAIM VERIFICATION FORM

TARGET WEEK FOR SAMPLED SCHOOL

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SFA REIMBURSEMENT CLAIM VERIFICATION FORM

TARGET WEEK FOR SAMPLED SCHOOL

SFA Name: _____

SFA ID: |__|__|__|__|__|__|__|__|

School Name: _____

School ID: |__|__|__|__|__|__|__|__|

Date: |__|__| / |__|__| / |__|__|
        MONTH   DAY   YEAR

Target Week From: |__|__| / |__|__| / |__|__| TO |__|__| / |__|__| / |__|__|
               MONTH   DAY   YEAR   MONTH   DAY   YEAR

Number Serving Days:

Breakfast   Lunch

|__|__| |__|__|

PART A: BREAKFAST

REPORTED TO SFA BY SCHOOL	REPORTED TO STATE AGENCY BY SFA
Free: |__|__|__|,|__|__|__|	Free: |__|__|__|,|__|__|__|
Reduced: |__|__|__|,|__|__|__|	Reduced: |__|__|__|,|__|__|__|
Paid: |__|__|__|,|__|__|__|	Paid: |__|__|__|,|__|__|__|
Total: |__|__|__|,|__|__|__|	Total: |__|__|__|,|__|__|__|

IF PROVISION 2 OR PROVISION 3 IN NON-BASE YEAR, ENTER THE CLAIMING PERCENTAGES USED:

BASE YEAR PERIOD USED:

|__|__|__| % |__|__|__| % |__|__|__| %
FREE   REDUCED   PAID

YEARLY PERCENTAGES 1

MONTHLY PERCENTAGES.. 2

SPECIFY MONTH USED:

_____

PART B: LUNCH

REPORTED TO SFA BY SCHOOL	REPORTED TO STATE AGENCY BY SFA
Free: |__|__|__|,|__|__|__|	Free: |__|__|__|,|__|__|__|
Reduced: |__|__|__|,|__|__|__|	Reduced: |__|__|__|,|__|__|__|
Paid: |__|__|__|,|__|__|__|	Paid: |__|__|__|,|__|__|__|
Total: |__|__|__|,|__|__|__|	Total: |__|__|__|,|__|__|__|

IF PROVISION 2 OR PROVISION 3 IN NON-BASE YEAR, ENTER THE CLAIMING PERCENTAGES USED:

BASE YEAR PERIOD USED:

|__|__|__| % |__|__|__| % |__|__|__| %
   FREE   REDUCED   PAID

YEARLY PERCENTAGES 1
MONTHLY PERCENTAGES.... 2
SPECIFY MONTH USED:

_____

PART C:

INTERVIEWER: The number of meals an SFA claims for a school may differ from what the schools report to the SFA because the SFA makes an error or because the SFA is correcting an error in the school's meal counts.

1. **COMPARE BREAKFAST COUNTS AND CLAIMS.** First for breakfast, compare the SFA claims against the school reports for each meal type (free, reduced-price, paid, and total) for the target week. If they differ, then check the SFA records to see if there are any notes in the file indicating that the SFA corrected the school breakfast counts and document in the space provided below under "COMMENTS."

   COMMENTS: _____

   _____

   _____

   _____

2. **COMPARE LUNCH COUNTS AND CLAIMS.** Next for lunch, compare the SFA claims against the school reports for each meal type (free, reduced-price, paid, and total) for the target week. If they differ, then check the SFA records to see if there are any notes in the file indicating that the SFA corrected the school lunch counts and document in the space provided below under "COMMENTS."

   COMMENTS: _____

   _____

   _____

   _____

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SFA REIMBURSEMENT CLAIM VERIFICATION FORM

TARGET MONTH FOR SAMPLED SCHOOL

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SFA REIMBURSEMENT CLAIM VERIFICATION FORM

TARGET MONTH FOR SAMPLED SCHOOL

SFA Name: _____

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

School Name: _____

School ID: |___|___|___|___|___|___|___|___|

Date: |___|___| / |___|___| / |___|___|
  MONTH   DAY   YEAR

Target Month From: |___|___| / |___|___| / |___|___| TO |___|___| / |___|___| / |___|___|
  MONTH   DAY   YEAR   MONTH   DAY   YEAR

Number Serving Days:

Breakfast   Lunch

|___|___| |___|___|

PART A: BREAKFAST

REPORTED TO SFA BY SCHOOL	REPORTED TO STATE AGENCY BY SFA
Free: |___|___|___|,|___|___|___|	Free: |___|___|___|,|___|___|___|
Reduced: |___|___|___|,|___|___|___|	Reduced: |___|___|___|,|___|___|___|
Paid: |___|___|___|,|___|___|___|	Paid: |___|___|___|,|___|___|___|
Total: |___|___|___|,|___|___|___|	Total: |___|___|___|,|___|___|___|

IF PROVISION 2 OR PROVISION 3 IN NON-BASE YEAR, ENTER THE CLAIMING PERCENTAGES USED:

BASE YEAR PERIOD USED:

|___|___|___| % |___|___|___| % |___|___|___| %
  FREE   REDUCED   PAID

YEARLY PERCENTAGES 1

MONTHLY PERCENTAGES .. 2

SPECIFY MONTH USED:

_____

PART B: LUNCH

REPORTED TO SFA BY SCHOOL	REPORTED TO STATE AGENCY BY SFA
Free: |__|__|__|,|__|__|__|	Free: |__|__|__|,|__|__|__|
Reduced: |__|__|__|,|__|__|__|	Reduced: |__|__|__|,|__|__|__|
Paid: |__|__|__|,|__|__|__|	Paid: |__|__|__|,|__|__|__|
Total: |__|__|__|,|__|__|__|	Total: |__|__|__|,|__|__|__|

IF PROVISION 2 OR PROVISION 3 IN NON-BASE YEAR, ENTER THE CLAIMING PERCENTAGES USED:

|__|__|__| %
    FREE

|__|__|__| %
    REDUCED

|__|__|__| %
    PAID

BASE YEAR PERIOD USED:

YEARLY PERCENTAGES 1

MONTHLY PERCENTAGES 2

SPECIFY MONTH USED:

_____

PART C:

INTERVIEWER: The number of meals an SFA claims for a school may differ from what the schools report to the SFA because the SFA makes an error or because the SFA is correcting an error in the school's meal counts.

1. **COMPARE BREAKFAST COUNTS AND CLAIMS.** First for breakfast, compare the SFA claims against the school reports for each meal type (free, reduced-price, paid, and total) for the target month. If they differ, then check the SFA records to see if there are any notes in the file indicating that the SFA corrected the school breakfast counts and document in the space provided below under "COMMENTS."

   COMMENTS: _____

   _____

   _____

   _____

2. **COMPARE LUNCH COUNTS AND CLAIMS.** Next for lunch, compare the SFA claims against the school reports for each meal type (free, reduced-price, paid, and total) for the target month. If they differ, then check the SFA records to see if there are any notes in the file indicating that the SFA corrected the school lunch counts and document in the space provided below under "COMMENTS."

   COMMENTS: _____

   _____

   _____

   _____

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SFA REIMBURSEMENT CLAIM VERIFICATION FORM

FOR ALL SCHOOLS

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

SFA REIMBURSEMENT CONSOLIDATION AND CLAIM VERIFICATION FORM

FOR ALL SCHOOLS

SFA ID: _____

Date: |___|___| / |___|___| / |___|___|
      MONTH   DAY   YEAR

Target Month From: |___|___| / |___|___| / |___|___| TO |___|___| / |___|___| / |___|___|
                   MONTH   DAY   YEAR   MONTH   DAY   YEAR

PART A.

Number of meals reported by the school to the SFA for School 1.	BREAKFASTS REPORTED	LUNCHES REPORTED
School 1 Name:_____ _____ _____ _____	Free: |___|___|___|,|___|___|___| Reduced: |___|___|___|,|___|___|___| Paid: |___|___|___|,|___|___|___| Total: |___|___|___|,|___|___|___|	Free: |___|___|___|,|___|___|___| Reduced: |___|___|___|,|___|___|___| Paid: |___|___|___|,|___|___|___| Total: |___|___|___|,|___|___|___|
Number of meals reported by the school to the SFA for School 2.	**BREAKFASTS REPORTED**	**LUNCHES REPORTED**
School 2 Name:_____ _____ _____ _____	Free: |___|___|___|,|___|___|___| Reduced: |___|___|___|,|___|___|___| Paid: |___|___|___|,|___|___|___| Total: |___|___|___|,|___|___|___|	Free: |___|___|___|,|___|___|___| Reduced: |___|___|___|,|___|___|___| Paid: |___|___|___|,|___|___|___| Total: |___|___|___|,|___|___|___|

SFA REIMBURSEMENT CONSOLIDATION AND CLAIM VERIFICATION FORM *(continued)*

Number of meals reported by the school to the SFA for School 3.	**BREAKFASTS REPORTED**	**LUNCHES REPORTED**
School 3 Name:_____	Free: |__|__|__|,|__|__|__|	Free: |__|__|__|,|__|__|__|
_____	Reduced: |__|__|__|,|__|__|__|	Reduced: |__|__|__|,|__|__|__|
_____	Paid: |__|__|__|,|__|__|__|	Paid: |__|__|__|,|__|__|__|
_____	Total: |__|__|__|,|__|__|__|	Total: |__|__|__|,|__|__|__|
Number of meals reported by the school to the SFA for School 4.	**BREAKFASTS REPORTED**	**LUNCHES REPORTED**
School 4 Name:_____	Free: |__|__|__|,|__|__|__|	Free: |__|__|__|,|__|__|__|
_____	Reduced: |__|__|__|,|__|__|__|	Reduced: |__|__|__|,|__|__|__|
_____	Paid: |__|__|__|,|__|__|__|	Paid: |__|__|__|,|__|__|__|
_____	Total: |__|__|__|,|__|__|__|	Total: |__|__|__|,|__|__|__|
Number of meals reported by the school to the SFA for School 5.	**BREAKFASTS REPORTED**	**LUNCHES REPORTED**
School 5 Name:_____	Free: |__|__|__|,|__|__|__|	Free: |__|__|__|,|__|__|__|
_____	Reduced: |__|__|__|,|__|__|__|	Reduced: |__|__|__|,|__|__|__|
_____	Paid: |__|__|__|,|__|__|__|	Paid: |__|__|__|,|__|__|__|
_____	Total: |__|__|__|,|__|__|__|	Total: |__|__|__|,|__|__|__|
Number of meals reported by the school to the SFA for School 6.	**BREAKFASTS REPORTED**	**LUNCHES REPORTED**
School 6 Name:_____	Free: |__|__|__|,|__|__|__|	Free: |__|__|__|,|__|__|__|
_____	Reduced: |__|__|__|,|__|__|__|	Reduced: |__|__|__|,|__|__|__|
_____	Paid: |__|__|__|,|__|__|__|	Paid: |__|__|__|,|__|__|__|
_____	Total: |__|__|__|,|__|__|__|	Total: |__|__|__|,|__|__|__|

SFA REIMBURSEMENT CONSOLIDATION AND CLAIM VERIFICATION FORM *(continued)*

Number of meals reported by the school to the SFA for School 7.	**BREAKFASTS REPORTED**	**LUNCHES REPORTED**
School 7 Name:_____ _____ _____ _____	Free: |__|__|__|,|__|__|__| Reduced: |__|__|__|,|__|__|__| Paid: |__|__|__|,|__|__|__| Total: |__|__|__|,|__|__|__|	Free: |__|__|__|,|__|__|__| Reduced: |__|__|__|,|__|__|__| Paid: |__|__|__|,|__|__|__| Total: |__|__|__|,|__|__|__|
Number of meals reported by the school to the SFA for School 8.	**BREAKFASTS REPORTED**	**LUNCHES REPORTED**
School 8 Name:_____ _____ _____ _____	Free: |__|__|__|,|__|__|__| Reduced: |__|__|__|,|__|__|__| Paid: |__|__|__|,|__|__|__| Total: |__|__|__|,|__|__|__|	Free: |__|__|__|,|__|__|__| Reduced: |__|__|__|,|__|__|__| Paid: |__|__|__|,|__|__|__| Total: |__|__|__|,|__|__|__|
Number of meals reported by the school to the SFA for School 9.	**BREAKFASTS REPORTED**	**LUNCHES REPORTED**
School 9 Name:_____ _____ _____ _____	Free: |__|__|__|,|__|__|__| Reduced: |__|__|__|,|__|__|__| Paid: |__|__|__|,|__|__|__| Total: |__|__|__|,|__|__|__|	Free: |__|__|__|,|__|__|__| Reduced: |__|__|__|,|__|__|__| Paid: |__|__|__|,|__|__|__| Total: |__|__|__|,|__|__|__|
Number of meals reported by the school to the SFA for School 10.	**BREAKFASTS REPORTED**	**LUNCHES REPORTED**
School 10 Name:_____ _____ _____ _____	Free: |__|__|__|,|__|__|__| Reduced: |__|__|__|,|__|__|__| Paid: |__|__|__|,|__|__|__| Total: |__|__|__|,|__|__|__|	Free: |__|__|__|,|__|__|__| Reduced: |__|__|__|,|__|__|__| Paid: |__|__|__|,|__|__|__| Total: |__|__|__|,|__|__|__|

SFA REIMBURSEMENT CONSOLIDATION AND CLAIM VERIFICATION FORM *(continued)*

PART B. SFA Consolidated Meal Claim – For All Schools in Target Month

Enter number of meals SFA claimed <u>for all schools</u>.

BREAKFASTS	LUNCHES
Free: |___|,|___|___|___|,|___|___|___|	Free: |___|,|___|___|___|,|___|___|___|
Reduced: |___|,|___|___|___|,|___|___|___|	Reduced: |___|,|___|___|___|,|___|___|___|
Paid: |___|,|___|___|___|,|___|___|___|	Paid: |___|,|___|___|___|,|___|___|___|
Total: |___|,|___|___|___|,|___|___|___|	Total: |___|,|___|___|___|,|___|___|___|

PART C. Validation of School Reported Total Meal Counts – For All Schools in Target Month

Add numbers entered in Part A <u>for all schools</u> for each meal type.

BREAKFASTS	LUNCHES
Free: |___|,|___|___|___|,|___|___|___|	Free: |___|,|___|___|___|,|___|___|___|
Reduced: |___|,|___|___|___|,|___|___|___|	Reduced: |___|,|___|___|___|,|___|___|___|
Paid: |___|,|___|___|___|,|___|___|___|	Paid: |___|,|___|___|___|,|___|___|___|
Total: |___|,|___|___|___|,|___|___|___|	Total: |___|,|___|___|___|,|___|___|___|

SFA REIMBURSEMENT CONSOLIDATION AND CLAIM VERIFICATION FORM *(continued)*

PART D. SFA CHANGES IN MEAL COUNTS

INTERVIEWER: The number of meals an SFA claims may differ from what the schools report to the SFA during the target month either because (1) the SFA makes an error, or (2) the SFA corrects an error in one or more of the school's meal counts.

1. COMPARE BREAKFAST COUNTS AND CLAIMS IN PART B AND PART C. If they differ, then the check the SFA records to see if there are any notes in the file indicating that the SFA corrected the breakfast counts of schools and document in the space provided below under "COMMENTS."

COMMENTS: _____

_____

_____

_____

2. COMPARE LUNCH COUNTS AND CLAIMS IN PART B AND PART C. If they differ, then check the SFA records to see if there are any notes in the file indicating that the SFA corrected the lunch counts of schools and document in the space provided below under "COMMENTS."

COMMENTS: _____

_____

_____

_____

**NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY,
AND CERTIFICATION STUDY**

**INSTRUCTIONS FOR COMPLETING SFA MEAL
CONSOLIDATION AND CLAIMING FORMS**

Objective

The school food authority (SFA) meal consolidation and claiming forms will be used to collect data to enable the study to examine the accuracy in which the SFA claims meal reimbursements from its state agency for sampled schools for the target week and target month and the accuracy in which it consolidates and reports claims for all schools for a target month.

SFA REIMBURSEMENT CLAIM VERIFICATION FORM--TARGET WEEK FOR SAMPLED SCHOOL

General Instructions:

- Use the "SFA Reimbursement Claim Verification Form—Target Week for Sampled School" to obtain the meal counts that the school submits to the SFA, as documented by the SFA; and the meal counts that the SFA submits to its state agency on behalf of the sampled school when the SFA claims meal reimbursement.

- If the sampled school operates both a school breakfast and a school lunch program, then complete the requested information for both breakfasts and lunches for the target week.

- MPR central office staff will determine whether you will need to administer this Form and will provide that information to you prior to your visit. For example, if the school submits an individual school Claim for Reimbursement directly to the state agency, you do not need to administer this Form to the SFA for the sampled school. Also, if the SFA does not obtain weekly counts from the sampled school, but instead receives monthly counts (there is no breakdown for the target week), then only administer the "SFA REIMBURSEMENT CLAIM VERIFICATION FORM--TARGET MONTH FOR SAMPLED SCHOOL."

Specific Instructions:

- Enter the SFA name and MPR ID# for the SFA, the school name and MPR ID# for the school, and the start- and end-date of the target week on the top of the Form. Find out the number of serving days for the target week and enter that in the top of the Form.

- **Completing Part A Breakfast.** Ask the SFA to provide you documentation that shows the number of breakfasts that the school reported to the SFA for the target week. Enter the number of free, reduced-price, paid, and total breakfasts for the target week separately onto the first column of the Form labeled "REPORTED TO SFA BY SCHOOL."

- Still considering breakfast, now ask the SFA to provide you documentation that shows the number of breakfasts claim for reimbursement that the SFA reported to the state agency for the sampled school for the target week. Enter the number of free, reduced-price, paid, and total breakfasts separately for the target week onto the 2nd column of the Form labeled "REPORTED TO STATE AGENCY BY SFA."

- **If the School is a Provision 2 or 3 Breakfast Program in a Non-Base Year.** For a school using Provision 2 or 3 in its breakfast program and in a non-base year, find out from the SFA what the base-year claiming percentages the school should be using when claiming breakfasts. Enter the base year claiming percentages for free, reduced-price, and paid breakfasts in the spaces provided. Then mark whether the claiming percentages are based on the "yearly percentages," or for a specific "month." If the school is using the claiming percentages for a specific month, record the <u>month</u> the percentages apply to from the base year.

- **Completing Part B Lunches.** Repeat the process for lunches. Ask the SFA to provide you documentation that shows the number of lunches that the school reported to the SFA for the target week. Enter the number of free, reduced-price, paid, and total lunches separately for the target week onto the first column of the Form labeled "REPORTED TO SFA BY SCHOOL."

- Still considering lunches, now ask the SFA to provide you documentation that shows the number of lunches claimed for reimbursement that the SFA reported to the state agency for the sampled school for the target week. Enter the number of free, reduced-price, paid, and total lunches for the target week onto the 2nd column of the Form labeled "REPORTED TO STATE AGENCY BY SFA."

- **If the School is a Provision 2 or 3 Lunch Program in a Non-Base Year.** For a school using Provision 2 or 3 in its lunch program and in a non-base year, find out from the SFA what the base-year claiming percentages the school should be using when claiming lunches. Enter the base year claiming percentages for free, reduced-price, and paid lunches in the spaces provided. Then mark whether the claiming percentages are based on the "yearly percentages," or for a specific "month." If the school is using the claiming

percentages for a specific month, record the <u>month</u> the percentages apply to from the base year.

- **Completing Part C.** The number of breakfasts (lunches) an SFA claims for a school may differ from what the school reports to the SFA for two reasons: (1) the SFA makes an error consolidating the school report, or (2) the SFA checks the accuracy of the school's reports, identifies errors, and corrects errors in the school's meal counts.

- First for breakfast, compare the SFA claims against the school reports for each meal type (free, reduced-price, paid and total) for the target week. If they differ, then check the SFA records to see if there are any notes in the file indicating that the SFA corrected the school breakfast counts and document in the space provided on the Form under "COMMENTS."

- Then repeat for lunches. Compare the SFA claims against the school reports for each meal type (free, reduced-price, paid and total) for the target week. If they differ, then check the SFA records to see if there are any notes in the file indicating that the SFA corrected the school lunch counts and document in the space provided on the Form under "COMMENTS."

SFA REIMBURSEMENT CLAIM VERIFICATION FORM--TARGET MONTH FOR SAMPLED SCHOOL

General Instructions:

- Use the "SFA Reimbursement Claim Verification Form—Target Month for Sampled School" to obtain the meal counts that the school submits to the SFA, as documented by the SFA; and the meal counts that the SFA submits to its state agency on behalf of the sampled school when the SFA claims meal reimbursement.

- If the sampled school operates both a school breakfast and a school lunch program, then complete the requested information for both breakfasts and lunches for the target month.

- MPR central office staff will determine whether you will need to administer this Form and will provide that information to you prior to your visit. For example, if the school submits an individual school Claim for Reimbursement directly to the state agency, you do not need to administer this Form to the SFA for the sampled school.

Specific Instructions:

- Enter the SFA name and MPR ID# for the SFA, the school name and MPR ID# for the school, and the start- and end-date of the target month on the top of the Form. Find out the number of serving days for the target month and enter that in the top of the Form.

- **Completing Part A Breakfast.** Ask the SFA to provide you documentation that shows the number of breakfasts that the school reported to the SFA for the target month. Enter the number of free, reduced-price, paid, and total breakfasts for the target month separately onto in the first column of the Form labeled "REPORTED TO SFA BY SCHOOL."

- Still considering breakfast, now ask the SFA to provide you documentation that shows the number of breakfasts claim for reimbursement that the SFA reported to the state agency for the sampled school for the target month. Enter the number of free, reduced-price, paid, and total breakfasts separately for the target month onto in the 2nd column of the Form labeled "REPORTED TO STATE AGENCY BY SFA."

- **If the School is a Provision 2 or 3 Breakfast Program in a Non-Base Year.** For a school using Provision 2 or 3 in its breakfast program and in a non-base year, find out from the SFA what the base-year claiming percentages the school should be using when claiming breakfasts. Enter the base year claiming percentages for free, reduced-price, and paid breakfasts in the spaces provided. Then mark whether the claiming percentages are based on the "yearly percentages," or for a specific "month." If the school is using the claiming percentages for a specific month, record the month the percentages apply to from the base year.

- **Completing Part B Lunches.** Repeat the process for lunches. Ask the SFA to provide you documentation that shows the number of lunches that the school reported to the SFA for the target month. Enter the number of free, reduced-price, paid, and total lunches separately for the target month onto the first column of the Form labeled "REPORTED TO SFA BY SCHOOL."

- Still considering lunches, now ask the SFA to provide you documentation that shows the number of lunches claimed for reimbursement that the SFA reported to the state agency for the sampled school for the target month. Enter the number of free, reduced-price, paid, and total lunches for the target month onto the 2nd column of the Form labeled "REPORTED TO STATE AGENCY BY SFA."

- **If the School is a Provision 2 or 3 Lunch Program in a Non-Base Year.** For a school using Provision 2 or 3 in its lunch program and in a non-base year, find out from the SFA what the base-year claiming percentages the school should be using when claiming lunches. Enter the base year claiming percentages for free, reduced-price, and paid lunches in the spaces provided. Then mark whether the claiming percentages are based on the "yearly percentages," or for a specific "month." If the school is using the claiming

percentages for a specific month, record the <u>month</u> the percentages apply to from the base year.

- **Completing Part C.** The number of breakfasts (lunches) an SFA claims for a school may differ from what the school reports to the SFA for two reasons: (1) the SFA makes an error consolidating the school report, or (2) the SFA checks the accuracy of the school's reports, identifies errors, and corrects errors in the school's meal counts.

- First for breakfast, compare the SFA claims against the school reports for each meal type (free, reduced-price, paid and total) for the target month. If they differ, then check the SFA records to see if there are any notes in the file indicating that the SFA corrected the school breakfast counts and document in the space provided on the Form under "COMMENTS."

- Then repeat for lunches. Compare the SFA claims against the school reports for each meal type (free, reduced-price, paid and total) for the target month. If they differ, then check the SFA records to see if there are any notes in the file indicating that the SFA corrected the school lunch counts and document in the space provided on the Form under "COMMENTS."

SFA REIMBURSEMENT CONSOLIDATION AND CLAIM VERIFICATION FORM--TARGET MONTH FOR ALL SCHOOLS

General Instructions:

- Use the "SFA Reimbursement Consolidation and Claim Verification Form—Target Month for All Schools" to determine if the SFA has correctly consolidated the breakfast and lunch counts in submitting the Claim for Reimbursement for the target month. Obtain the meal counts submitted to the SFA by each school in the district and the total meals claimed from the state agency by the SFA for the target month.

- If a school operates both a school breakfast and a school lunch program, then be sure to complete the requested information for both breakfasts and lunches for the target month.

- MPR Central Office staff will determine prior to your visit and will notify you whether you will need to administer this Form. For example, if all schools in the district submit an individual school Claim for Reimbursement directly to the state agency, no consolidation takes place and you do not need to administer this Form to the SFA.

Specific Instructions:

- Enter the SFA name and MPR ID# for the SFA, and the start- and end-date of the target month on the top of the Form.

- **Completing Part A.** Starting with the first school in the district, ask the SFA to provide you documentation that shows the number of breakfasts reported to the SFA by the that school for the target month. Enter the number of free, reduced-price, paid, and total breakfasts for the target month onto in the 2nd column of the Form labeled "BREAKFASTS REPORTED." Repeat for lunches for the target month for that school.

- Repeat the process for the next school and continue until you obtain all counts of breakfasts and lunches (separately for free, reduced-price, paid, and total) for each school in the district. ***PLEASE USE ANOTHER FORM IF THE SFA HAS MORE THAN 10 SCHOOLS. IF IT IS POSSIBLE, HAVE THE SFA PRINT OUT AND GIVE YOU A HARD COPY SUMMARY THAT SHOWS THE MONTHLY TOTALS (BY FREE, REDUCED PRICE, PAID, AND TOTAL) FOR EACH SCHOOL IN THE DISTRICT FOR THE TARGET MONTH AND STAPLE IT TO THE FORM RATHER THAN COPYING THE NUMBERS.***

- **Completing Part B.** Ask the SFA to provide you with documentation that shows the consolidated <u>totals</u> for free, reduced-price, paid, and total meals, across all schools, that the SFA claimed for reimbursement from the State Agency.

- **Completing Part C.** Validate the free, reduced-price, and paid meals claimed for the target month by the SFA by adding the totals, by category, for the target month for each school in the SFA. Do this separately for breakfast and then lunch. Enter your validated totals in the space provided on the Form in Part C.

- **Completing Part D.** The number of breakfasts (lunches) an SFA claims across all schools may differ from what the school reported totals are for two reasons: (1) the SFA makes an error consolidating the school reports, or (2) the SFA checks the accuracy of the school's reports, identifies errors, and corrects errors in the school's meal counts.

- First, for breakfast, see if there is any information in the files to indicate that the SFA checked the accuracy of individual school reports and corrected errors. Document any changes in the space provided on the Form under "COMMENTS."

- Then repeat for lunches. See if there is any information in the files to indicate that the SFA checked the accuracy of individual school reports and corrected errors. Document any changes in the space provided on the Form under "COMMENTS."

APPENDIX E

STATE CHILD EDUCATION/NUTRITION AGENCY DATA COLLECTION FORM

Michael Ponza, Ph.D
Project Director

609-275-2361

EPS-XXX

Date

<<Name>>, <<Title>>
<<State Agency>>
<<Address>>
<<City, State Zip>>

Dear <<Name>>:

The U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS), has contracted with Mathematica Policy Research, Inc. (MPR) to conduct a national study of the National School Lunch Program (NSLP) and School Breakfast Program (SBP). The study will include nationally representative samples of school districts and schools and students within those sampled districts during School Year 2005 - 2006. It will examine access, participation, eligibility, and certification in the NSLP and the SBP. Amounts and sources of erroneous reimbursements due to certification error (administrative errors versus household misreporting) and meal counting and claiming errors will also be examined. Under the 2002 Improper Payments Information Act, all Federal agencies that administer large programs are required to report these findings to the Office of Management and Budget. The study will help USDA better understand the school meal programs and the application and verification processes, why some denied applicant households do not reapply to participate in the programs and the difficulties households experience in fulfilling the requirements of the application and certification process. Findings from this study will enable FNS to meet its Federal reporting requirements and help FNS provide guidance to school districts and schools on how to enhance program administration and target benefits effectively to those who are eligible for free and reduced-price meals.

The study will collect data from several sources—state agencies, school food authorities, school records, and households (see enclosed Study Overview). School food authorities will be asked to complete a fax-back Fact Form and participate in a brief telephone follow-up survey and provide meal counting and claiming data on sampled schools. School food authorities will also be asked to release names, addresses, and telephone numbers of a sample of households approved for free and reduced-price meals and denied applicants. This information will be used to conduct household interviews. Finally, we will also need to collect some information from you at the end of the School Year 2005 – 2006 for the study. We will ask you to provide for each school district in your state, information on the number of reimbursable lunches and breakfasts served, number of schools and enrolled students by Provision 2 and 3 status. This information will be used to develop models that FNS will use in the future to produce annual estimates of certification errors and amounts of erroneous payments in the NSLP and SBP to meet federal reporting requirements to Congress.

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

MPR has selected the sample of 80 school districts. I am writing to you at this time to inform you that school districts in your state have been selected for the study. (See the attached list of sampled districts—the list for your state shows "main" selections and "alternates"—alternates are districts that potentially could be approached should any of the main districts sampled from your or any other state choose not to participate in the study). Please note that districts under "main" selections with an asterisk by them have also been selected for the School Nutrition Dietary Assessment (SNDA-III) Study, also being conducted by Mathematica for FNS. Some of these districts may already be participating in SNDA-III, while others are in the process of making their decision whether to participate. In order to avoid confusion between the two studies, we are holding off contacting these districts that overlap. Based on our experiences recruiting them for SNDA-III, we will decide in consultation with FNS whether to approach them about the APEC study. (Exceptions are the school districts from Los Angeles, New York, and Chicago, which are "certainty" selections, that do not have an alternate, and therefore will be recruited for the study.)

In the next few weeks senior project staff from Mathematica will be sending letters to and contacting the district superintendent and school food authority director of the sampled school districts (main selections only) by telephone to inform them of their selection into the study, and to discuss the district's participation in the study. At that time we will inform them about the schools that are sampled from their district. We will develop a "Memorandum of Understanding" between Mathematica and the district, which will document the agreements reached and the roles and responsibilities of the district, participating schools, and MPR in successfully implementing the study in the participating districts.

Should you have any questions about the study please contact me at (609) 275-2361 or e-mail me at mponza@mathematica-mpr.com. The USDA contact for the study is Dr. John Endahl (USDA, FNS, Office of Analysis, Nutrition, and Evaluation), at (703) 305-2122 or by e-mail at John.Endahl@fns.usda.gov.

Thank you in advance for your help and cooperation.

Sincerely,

Michael Ponza
Project Director

Attachments: USDA/FNS Endorsement Letter to State Child Nutrition Director
USDA/FNS Study Endorsement Letter to School Food Authority Director
List of State's Districts Selected for the Study (Main Selections and Alternates)
Study Overview
Household Survey Brochure

Michael Ponza, Ph.D
Project Director

609-275-2361

EPS-XXX

Date

<<Name>>, <<Title>>
<<State Agency>>
<<Address>>
<<City, State Zip>>

Dear <<Name>>:

The U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS), has contracted with Mathematica Policy Research, Inc. (MPR) to conduct a national study of the National School Lunch Program (NSLP) and School Breakfast Program (SBP). The study will include nationally representative samples of school districts and schools and students within those sampled districts during School Year 2005 - 2006. It will examine access, participation, eligibility, and certification in the NSLP and the SBP. Amounts and sources of erroneous reimbursements due to certification error (administrative errors versus household misreporting) and meal counting and claiming errors will also be examined. Under the 2002 Improper Payments Information Act, all Federal agencies that administer large programs are required to report these findings to the Office of Management and Budget. The study will help USDA better understand the school meal programs and the application and verification processes, why some denied applicant households do not reapply to participate in the programs and the difficulties households experience in fulfilling the requirements of the application and certification process. Findings from this study will enable FNS to meet its Federal reporting requirements and help FNS provide guidance to school districts and schools on how to enhance program administration and target benefits effectively to those who are eligible for free and reduced-price meals.

The study will collect data from several sources—state agencies, school food authorities, school records, and households (see enclosed Study Overview). School food authorities will be asked to complete a fax-back Fact Form and participate in a brief telephone follow-up survey and provide meal counting and claiming data on sampled schools. School food authorities will also be asked to release names, addresses, and telephone numbers of a sample of households approved for free and reduced-price meals and denied applicants. This information will be used to conduct household interviews.

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

Mathematica has selected the national sample of 80 school districts participating in the study. None of the districts in your state were selected for the main sample. However, a few districts were selected into a replacement sample. (See the attached list of sampled districts—the list shows "alternates"—alternates are districts that potentially could be approached should any of the main districts sampled from any other state choose not to participate in the study). One or more of these districts may be selected to participate in the

study should districts in the main sample choose not to participate. We will notify you in the event that any of your districts currently in the replacement sample is selected for the main sample.

In the event that one or more of the districts in your state are selected into the study, senior project staff from Mathematica will contact the district superintendent and school food authority director to inform them of their selection into the study, and to discuss their district's participation in the study. At that time we will also inform them about the schools that are sampled from their district. We will develop a "Memorandum of Understanding" between Mathematica and the district, which will document the agreements reached and the roles and responsibilities of the district, participating schools, and MPR in successfully implementing the study in the participating districts.

If none of the districts currently on the list of alternates are selected, we will still need to collect some information from you at the end of School Year 2005 – 2006 for the study. At that time we will ask you to provide for each district in your state, information on the number of reimbursable lunches and breakfasts served, number of schools and enrolled students by Provision 2 and 3 status. This information will be used to develop models that FNS will use in the future to produce annual estimates of certification errors and amounts of erroneous payments in the NSLP and SBP to meet federal reporting requirements to Congress.

Should you have any questions about the study please contact me at (609) 275-2361 or e-mail me at mponza@mathematica-mpr.com. The USDA contact for the study is Dr. John Endahl (USDA, FNS, Office of Analysis, Nutrition, and Evaluation), at (703) 305-2122 or by e-mail at John.Endahl@fns.usda.gov.

Thank you in advance for your help and cooperation.

Sincerely,

Michael Ponza
Project Director

Attachments: USDA/FNS Endorsement Letter to State Child Nutrition Director
                USDA/FNS Study Endorsement Letter to School Food Authority Director
                List of State's Districts Selected as Possible Replacements for the Study
                Study Overview
                Household Survey Brochure

Michael Ponza, Ph.D
Project Director

609-275-2361

EPS-XXX

Date

<<Name>>, <<Title>>
<<State Agency>>
<<Address>>
<<City, State Zip>>

Dear <<Name>>:

The U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS), has contracted with Mathematica Policy Research, Inc. (MPR) to conduct a national study of the National School Lunch Program (NSLP) and School Breakfast Program (SBP). The study will include nationally representative samples of school districts and schools and students within those sampled districts during School Year 2005 - 2006. It will examine access, participation, eligibility, and certification in the NSLP and the SBP. Amounts and sources of erroneous reimbursements due to certification error (administrative errors versus household misreporting) and meal counting and claiming errors will also be examined. Under the 2002 Improper Payments Information Act, all Federal agencies that administer large programs are required to report these findings to the Office of Management and Budget. The study will help USDA better understand the school meal programs and the application and verification processes, why some denied applicant households do not reapply to participate in the programs and the difficulties households experience in fulfilling the requirements of the application and certification process. Findings from this study will enable FNS to meet its Federal reporting requirements and help FNS provide guidance to school districts and schools on how to enhance program administration and target benefits effectively to those who are eligible for free and reduced-price meals.

The study will collect data from several sources—state agencies, school food authorities, school records, and households (see enclosed Study Overview). School food authorities will be asked to complete a fax-back Fact Form and participate in a brief telephone follow-up survey and provide meal counting and claiming data on sampled schools. School food authorities will also be asked to release names, addresses, and telephone numbers of a sample of households approved for free and reduced-price meals and denied applicants. This information will be used to conduct household interviews. We will also need to collect some information from you at the end of School Year 2005 – 2006 for the study.

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

Mathematica has selected the national sample of 80 school districts that will be contacted to participate in the study. None of the districts in your state were selected. Although none of your districts were selected, we will still need to collect some information from you at the end of the School Year 2005 – 2006 for the study. At that time we will contact you and ask you to provide for each school district in your state,

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

information on the number of reimbursable lunches and breakfasts served, number of schools and enrolled students by Provision 2 and 3 status. This information will be used to develop models that FNS will use in the future to produce annual estimates of certification errors and amounts of erroneous payments in the NSLP and SBP to meet federal reporting requirements to Congress.

Should you have any questions about the study please contact me at (609) 275-2361 or e-mail me at mponza@mathematica-mpr.com. The USDA contact for the study is Dr. John Endahl (USDA, FNS, Office of Analysis, Nutrition, and Evaluation), at (703) 305-2122 or by e-mail at John.Endahl@fns.usda.gov.

Thank you in advance for your help and cooperation.

Sincerely,

Michael Ponza
Project Director

Attachments: USDA/FNS Endorsement Letter to State Child Nutrition Director
                USDA/FNS Study Endorsement Letter to School Food Authority
                Study Overview

APPENDIX F

FEDERAL REGISTER NOTICE

Done in Washington, DC, this 8th day of March 2005.

Elizabeth E. Gaston,

Acting Administrator, Animal and Plant Health Inspection Service.

[FR Doc. 05–4916 Filed 3–11–05; 8:45 am]

BILLING CODE 3410–34–P

DEPARTMENT OF AGRICULTURE

Food and Nutrition Service

Agency Information Collection Activities: Proposed Collection; Comment Request—National School Lunch Program/School Breakfast Program Access, Participation, Eligibility, and Certification Study (APEC Study)

AGENCY: Food and Nutrition Service, USDA.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, this notice announces the Food and Nutrition Service's intention to request Office of Management and Budget approval of the data collection instruments for the APEC study.

DATES: Written comments on this notice must be received by May 10, 2005, to be assured of consideration.

ADDRESSES: Comments may be sent to Alberta C. Frost, Director, Office of Analysis, Nutrition, and Evaluation, Food and Nutrition Service, U.S. Department of Agriculture, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on those who are to respond, including through the use of appropriate, automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

All responses to this notice will be summarized and included in the request for Office of Management and Budget (OMB) approval of the information collection. All comments will also become a matter of public record.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the proposed information collection forms should be directed to Alberta C. Frost, (703) 305–2017.

SUPPLEMENTARY INFORMATION:

Title: National School Lunch Program/School Breakfast Program Access, Participation, Eligibility, and Certification Study (APEC study).

OMB Number: Not yet assigned.

Expiration Date: N/A.

Type of Request: New collection of information.

Abstract: The Improper Payments Information Act of 2002, Public Law 107–300, requires the United States Department of Agriculture (USDA) to identify and reduce erroneous payments in various programs, including the National School Lunch Program (NSLP) and School Breakfast Program (SBP). An OMB directive, issued May 21, 2003, states that an annual erroneous payment estimate is the gross (not net) total of both overpayments and underpayments, *i.e.*, the sum of the absolute value of overpayments and underpayments. To comply with the Improper Payments Information Act, USDA needs a reliable measure to estimate NSLP and SBP erroneous payments on an annual basis. Therefore, USDA is conducting a nationally representative study that will collect data from school districts and households in School Year 2005–2006 for calculating national estimates of certification and payment errors and provide overall national estimates of erroneous payments in NSLP and SBP that would be the gross of overpayments and underpayments. It would be cost prohibitive to conduct a large nationally representative study on a yearly basis. Therefore, estimation models will be developed that will utilize the data collected during this study, augmented with available extant data sources in future years to generate updated yearly estimates of overpayments, underpayments and overall erroneous payments in NSLP and SBP until the next large on-site data collection is undertaken.

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

In School Year 2005–2006 on-site data collection activities will be conducted in a nationally representative sample of schools selected from school districts across the 48 contiguous States and the District of Columbia. Data to be collected will include school administrative records, household income from parents/guardians and other information that will inform this study. OMB approval will be requested for the data collection instruments to be used for the APEC study.

Respondents:

Respondents include: (a) State Child Nutrition Agency Directors; (b) School Food Service Directors; (c) school financial administrative staff; (d) school liaisons; and (e) households.

Estimated Number of Respondents:

Respondents include: (a) 51 State Child Nutrition Agency Directors; (b) 100 School Food Service Directors; (c) 360 school financial administrative staff; (d) 360 school liaisons; and (e) 5,300 households.

Estimated Number of Responses per Respondent: Multiple responses will be obtained from most respondents with the exception of the State Child Nutrition Agency Directors and 4,300 households, who will be interviewed once. One thousand households will be interviewed twice. School financial administrative staff and school liaisons will be providing the contractor?s field staff the data or the access to administrative data on a recurring basis throughout the School Year.

Estimate of Burden:

Public reporting burden is estimated to range from 45 minutes for the household interview to 170 minutes for School Food Service Directors to complete fact sheets, provide claim data and be interviewed.

Estimated Total Annual Burden on Respondents: 5,525 hours.

(a) State Child Nutrition Agency Directors (51 × 90 minutes) = 76.5 hours; (b) School Food Service Directors (100 × 170 minutes) = 283.3 hours; (c) school financial administrative staff ((330 × 15 minutes + (360 × 60 minutes) + (360 × 15 minutes)) = 532.5 hours; (d) school liaisons ((300 × 30 minutes) + (30 × 15 minutes)) = 157.5 hours; and (e) households ((5,300 × 45 minutes) + (1,000 × 30 minutes)) = 4,475 hours.

Dated: March 8, 2005.

Roberto Salazar,

Administrator, Food and Nutrition Service.

[FR Doc. 05–4968 Filed 3–11–05; 8:45 am]

BILLING CODE 3410–30–P