Direct Verification Evaluation

Local Education Agency (LEA) Survey

Responding Agency

[Affix label here]

Contact person(s), if different from above

Name: _____

Telephone: (_____) _____ - _____

E-mail address: _____

Please return the completed survey by November 30, 2007
A pre-paid Federal Express return envelope has been provided.

Questions about the content of the survey may be directed to:
Telephone: 866-638-2112 (toll-free)
E-mail: DirectVerificationStudy@abtassoc.com

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Instructions

This LEA Survey is conducted by Abt Associates Inc. for the United States Department of Agriculture (USDA), Food and Nutrition Service. The survey has been sent to approximately 240 local education agencies in 7 States participating in the Direct Verification Evaluation.

The survey will provide USDA with information about the feasibility and effectiveness of direct verification. The Child Nutrition and WIC Reauthorization Act of 2004 expanded authorization for direct verification and required that USDA determine if direct verification significantly decreases the portion of verification samples that must be verified, while ensuring that adequate verification information is obtained; and to determine if direct verification can be conducted by most State agencies and local educational agencies.

Your participation in this survey is voluntary and important to ensure scientifically valid findings. None of your responses will be released in a form that identifies you or any other agency staff member by name.

You are asked to provide **two types of data**:

1. Responses to survey questions

2. Documentation of direct verification - photocopies of directly verified NSLP applications, and photocopies of the information used for direct verification.

The LEA Survey consists of three pages and has two parts:
   a) Direct Verification Report - information about verification results, and your opinions about the process.
   b) Verification Time and Cost Report - information on the value of LEA staff time spent on direct verification (lookups and documentation) and other (household) verification.

Please complete this data collection by *November 30, 2007.*

- **Survey questions** - complete the survey questions on paper or via the Web. The web address and login information will be sent to you via e-mail in mid-November.

- **Documentation of direct verification** - Photocopies of **directly verified** NSLP applications must be submitted along with documentation of direct verification. Documentation should include a copy of the information available to confirm direct verification (e.g., printout of computer screen with query results).

   TO ENSURE DATA SECURITY, PLACE DOCUMENTS IN THE ENVELOPE MARKED "CONFIDENTIAL", AND INCLUDE IN THE FEDERAL EXPRESS TRANSMITTAL ENVELOPE.

NOTE: NSLP applicant information is confidential, however, the law permits release of this information for FNS program evaluation. Abt Associates will not contact NSLP applicants.

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     Thank you for your participation in this important
                          study!
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DIRECT VERIFICATION REPORT

1. When did your district begin to select the SY2007-08 sample of NSLP applications for verification?

    |__|__| / |__|__|
    month   day

2. What type of verification sample did you use this year? CHECK ONE.

    |__| 1. 3% of approved applications selected from error-prone applications

    |__| 2. Alternate sample: 3% selected at random

    |__| 3. Alternate sample: 1% selected from error-prone plus ½ of 1% of applications with Food Stamp (FS)/Temporary Assistance for Needy Families (TANF) case numbers

3. How many school meal applications and students were sampled for verification?

	Number of applications	Number of students
Free, based on income:	|__|__|__|	|__|__|__|
Free, based on Food Stamp (FS) or TANF case number	|__|__|__|	|__|__|__|
Reduced-price (RP)	|__|__|__|	|__|__|__|
TOTAL	|__|__|__|	|__|__|__|

5. Did your district use Food Stamp /TANF or Medicaid information to verify school meals applications?

    |__| 1. Food Stamp/TANF information only
    |__| 2. Medicaid information only
    |__| 3. Both
    |__| 4. None

    5b. If both Food Stamp and Medicaid data were not used, why not?

    _____

    _____

    _____

    _____

6. Please provide the counts of applications and students directly verified. *Count all students on directly verified applications.*

	Number of applications	Number of students
Directly verified with Food Stamp or TANF data	|__|__|__|	|__|__|__|
Approved for free meals and directly verified with Medicaid data	|__|__|__|	|__|__|__|
Approved for RP meals and directly verified with Medicaid data	|__|__|__|	|__|__|__|

7. How many applications and students were in households that did not respond to the verification request by November 15?

Number of applications: |__|__|__|__|

Number of students: |__|__|__|__|

8. On a scale of 1 to 5, where 1 is **not useful** at all and 5 is **very useful**, how useful was direct verification with *Medicaid* to your school district? [CIRCLE ONE.]

1   2   3   4   5
Not useful   Very useful

8b. What are the main reasons for your rating?

_____

_____

_____

_____

9. On a scale of 1 to 5, where 1 is **very easy** and 5 is **very difficult**, how difficult was direct verification with *Medicaid* for your school district? [CIRCLE ONE.]

1   2   3   4   5
Very easy   Very difficult

9b. What parts of the process were difficult, if any, and why?

_____

_____

_____

_____

10. Do you plan to use direct verification with *Medicaid* data next year?

|__| 1. Yes |__| 2. No |__| 3. Not sure

10b. What are your main reasons for using, or not using, direct verification with Medicaid next year?

_____

_____

_____

_____

_____

11. What part of the direct verification process do you want to do differently next year?

_____

_____

_____

_____

_____

Please feel free to provide additional comments on last page of booklet.

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VERIFICATION TIME AND COST REPORT

This information will be kept confidential and used only to compute verification costs. Begin by entering the start and end dates for verification activities.

Instructions for the data grid, by column number:

(1) List **titles** of all school district (LEA) personnel who conduct or assist in the verification of applications for free/reduced-price meals.

(2) Record the total number of hours spent on **direct verification** by each person from the start of verification activity through completion. Direct verification includes all activities using data from the Food Stamp, TANF, or Medicaid Program to verify applications without contacting households.

(3) Record the total number of hours spent on **other verification** activities by each person from the start of verification activity through completion. This includes requesting information from households, reviewing documentation from households or third-party contacts, and notification of changed/terminated benefits. *DO NOT include time spent sampling and re-reviewing applications prior to verification.*

(4) List salary or wages for each person (may be hourly, weekly, biweekly, monthly, or annual).

(5) Circle 1 if number if column 4 is hourly, 2 if weekly, 3 if biweekly, 4 if monthly, 5 if annual.

(6) Enter the **total paid hours per week** for each person. Paid hours include holidays and leave when taken. If hours vary, provide the average or usual amount.

(7) For each **salaried** employee ("5" is circled in column 5), enter the **number of paid weeks per year.**

Start of verification activities _____/_____   End of verification activities _____/_____
          month   day   month   day

(1) Title/Position	(2) Total Direct Verification Hours	(3) Total Other Verification Hours	(4) Salary/ Wage	(5) Basis Paid Hr. Wk. Bi. Mo. Yr.	(6) Total Paid Hours/ Week	(7) If salaried, enter Number Paid Weeks/Year
1.				1 2 3 4 5		
2.				1 2 3 4 5		
3.				1 2 3 4 5		
4.				1 2 3 4 5		
5.				1 2 3 4 5		
6.				1 2 3 4 5		
7.				1 2 3 4 5		
8.				1 2 3 4 5		
9.				1 2 3 4 5		
10.				1 2 3 4 5		

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