**OMB Control No.: 0584-NEW**

 **Expiration Date: xx/xx/20xx**

Public reporting burden for this collection of information is estimated to average (insert time) hours [or minutes] per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

<< Date>>

<<Name>>

<<Address>>

<<City, State Zip>>

Dear <<Honorific>> <<Last Name>>

Your child is part of the << PROGRAM>> at <<LOCATION>>. This summer program gives your child meals during the day and a backpack of meals for the weekends. The program is sponsored by <<SPONSOR>>. The food is provided by the U.S. Department of Agriculture (USDA) under the Agriculture, Rural Development, Food and Drug Administration and Related Agencies Appropriations Act of 2010 (Pub. L. 111-80, Sec. 749(g).

We’d like you to take part in a study sponsored by the USDA Food and Nutrition Service. Someone from Westat, a research company working with the USDA, will call you this week. Our interviewer will ask what you think about the meals your child brings home in the backpack and about your household. The interview will take about 30 minutes, and you’ll receive $20 in the mail as a thank you for your time.

If you agree to take part in the first interview in July, you’ll also be agreeing to take part in an interview in September of this year. If your child takes part in the program next year, we’ll also call you twice during the summer of 2012. Each time, we’ll ask questions about your household, how happy your child is with the foods and the program, and whether your household takes part in other food programs.

Everything you say in the interviews will be private. The information you give us won’t be seen by anyone other than the people conducting this study, except as otherwise required by law. Your information will be combined with information from other people taking part in the survey. That way no one’s answers can be identified. Taking part in the survey is up to you. If you don’t want to answer our questions, your child can still take part in the program.

If you don’t have a phone, we can call you on your cell phone or talk with you in person. If you have any questions or want to know more about the study, please call <<NAME>> at our toll-free telephone number XXXXXXXXXXXXX.

Thank you for your interest in this important study. Your participation will help us ensure that our children get the healthy foods they need during the summer months.

Sincerely, <<PROVIDER>>