

# APPENDIX A

## Child and Adult Care Food Program (CACFP)

### Improper Payment Meal Claims Assessment

(OMB No.: 0584-NEW)

**Project Officer:** Fred S. Lesnett

**Office:** Office of Research and Analysis

Food and Nutrition Service

Room 1014

3101 Park Center Drive

Alexandria, VA 22302

**Telephone:** 703-605-0811

**Fax:** 703-305-2576

**E-mail:** [Fred.Lesnett@FNS.USDA.GOV](mailto:Fred.Lesnett@FNS.USDA.GOV)

## CONTENTS

---

### Appendix A1: State Agency Contact Letter

|  |   |
|--|---|
| <a href="#">State Agency Contact Letter.....</a> | 2 |
|--|---|

### Appendix A2: State Agency Data Request Materials

|   |    |
|---|----|
| A. <a href="#">State Agency Data Request Script.....</a>                    | 5  |
| B. <a href="#">State Agency Follow-up Call for Missing Data Script.....</a> | 9  |
| C. <a href="#">State Agency Clarification of Data Received Script.....</a>  | 13 |

---

## **APPENDIX A1: State Agency Contact Letter**

---

---

# **State Agency Contact Letter**

---

---

# STATE AGENCY CONTACT LETTER

---

**CHILD AND ADULT FOOD CARE PROGRAM  
(CACFP) MEAL CLAIMS ASSESSMENT  
ICF International**

**Attn: Erika Gordon, Project Director  
11785 Beltsville Drive, Suite 300  
Calverton, MD 20705  
Tel: (800) 840-8248**

Public reporting burden for this collection of information is estimated to average 60 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, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

[MONTH, DATE], 2012

[ADDRESSEE  
DEPARTMENT  
STREET ADDRESS  
CITY, STATE ZIP CODE]

Dear [FIRST NAME LAST NAME],

As you know, strengthening the Child and Adult Care Food Program (CACFP) is a key goal of the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS), which is conducting a nationwide study to assess the integrity of the Program. The objective of this study is to develop a nationally representative estimate of the error rate in meal claiming. The study will help FNS meet its reporting requirements for the Improper Payments Information Act of 2002 (IPIA)—Public Law 107-300, which requires all Federal agencies to calculate the amount of improper payments in Federal programs and to periodically conduct detailed assessments of potentially vulnerable program components.

FNS has contracted with ICF International, an experienced program evaluation and research firm, to develop nationally representative estimates of the percentage and cost of invalid meal claims submitted by family day care homes (FDCHs) and reviewed by sponsoring organizations for reimbursement. The findings of the study are to be included in USDA's Performance and Accountability Report, which will be released to the public and submitted to the Office of Management and Budget, as required under IPIA.

The study is being conducted in two phases: (1) a feasibility study, and (2) a follow-up national expanded data collection effort. The feasibility study will test FNS' ability to use parent-recall interviews to validate meal claims made by FDCHs. Using procedures similar to the monitoring visit typically conducted by the sponsor, a one-time, 2-day in-home observation will be conducted at selected FDCHs to collect information on the number of children being served meals and the type of meals being served as a part of the feasibility study. Sampled sponsors will then be asked to provide 3 months of sponsor-edited meal claims for a sample of FDCHs to be used in the analysis. The study design calls for the selection of 16 States, 4 sponsoring organizations per State, and up to 8 FDCHs per sponsoring organization.

Using a random sampling methodology based on the number of FDCHs in each State during Fiscal Year 2010, [STATE] was selected for participation in this important study. A representative of the ICF International CACFP Meal Claims Assessment study team will contact you within the next few days to request information specific to your State, so that preliminary tasks in this study can be completed. The study specialist will be requesting the following information from you:

- A list of CACFP sponsors of FDCHs (including a full address and a telephone number) in your State as of [MONTH 2012], and the total number of FDCHs supported by each of these sponsors, by tiering level if possible.
- A count of the total number of active FDCHs that participate in the CACFP in the STATE as of [MONTH 2012].
- A copy of current existing guidelines that your State provides to sponsors who participate in the CACFP, including guidelines and procedures for sponsors and FDCHs that pertain to the completion, submission, and verification of monthly meal claims for reimbursement and those that pertain to determining the licensing capacities of FDCHs.

State agencies, sponsor organizations, and FDCHs' participation in the study is required by law, as condition of Section 305 of S.3307 Child Reauthorization Act – “Healthy, Hunger-Free Kids Act of 2010. Based on this requirement, a State/sponsor/FDCH participating in the CACFP is required to cooperate with officials and contractors acting on behalf of the Secretary in the conduct of evaluations and studies, as required under Section 28 of the Richard B. Russell National School Lunch Act (42 U.S.C 1769i).

The information that ICF International collects will not impact your State's participation in the CACFP or any benefits to your agency, sponsor organizations or the FDCHs they support are entitled to under the CACFP. The information that we collect from all entities will be handled privately and will not be released with individual child, parent, day care provider, or sponsor identifiers outside this data collection, except as otherwise required by law. Participants in this study will be subject to assurances and safeguards as provided by the Privacy Act of 1974 (5 USC 552a), which requires the safeguarding of individuals against invasion of privacy.

We would also like to partner with States to help sponsors understand the intent of the study. A member of the ICF International study team will contact you within a few days to confirm receipt of this letter and identify how we can facilitate the transmission of the requested information. Excel files, if available, are the preferred method for receiving the requested data. The information can be submitted electronically, by mail, or by fax. We would like to receive data files within a 1-week timeframe, no later than [MONTH DATE, 2012].

You can choose to mail the information care of Walter Rives, ICF International; 11785 Beltsville Drive, Suite 300; Calverton, MD 20705; via fax to 1-301-572-0999; or via e-mail to Walter River at [WRives@icfi.com](mailto:WRives@icfi.com) or to Marta Royer at [MRoyer@icfi.com](mailto:MRoyer@icfi.com). The study team member assigned to your State will provide contact information for the transmission of files and will answer any specific questions you may have.

If you have general questions about the study, please contact the FNS Project Officer for this study, Dr. Fred Lesnett, at 1-703-605-0811. If you have specific questions regarding the study procedures, you may contact the ICF International Project Director, Dr. Erika Gordon, toll-free at 1-800-840-8248. FNS and the study team look forward to working with you; your assistance in carrying out this important study is greatly appreciated.

Sincerely,

Dr. Erika Gordon  
Project Director, CACFP Improper Payments Meal Claims Assessment

---

## **APPENDIX A2: State Agency Data Request Materials**

---



---

## **A. State Agency Data Request Script**

---

---

## A. State Agency Data Request Script

---

CHILD AND ADULT FOOD CARE PROGRAM  
(CACFP) MEAL CLAIMS ASSESSMENT  
ICF International

Attn: Erika Gordon, Project Director  
11785 Beltsville Drive, Suite 300  
Calverton, MD 20705  
Tel: (800) 840-8248

Public reporting burden for this collection of information is estimated to average 10 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, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

**STATE AGENCY DATA REQUEST SCRIPT**

**A. [INTRODUCTION]:** Hello, my name is \_\_\_\_\_. I'm calling from ICF International, on behalf of the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS), to verify that you have received the letter recently sent you concerning the Child and Adult Care Food Program (CACFP) Meal Claims Assessment Study that FNS is conducting. I am calling today to follow up on that letter, to answer your potential questions, and to speak with you regarding our request for the information listed in the letter. Do you have a few minutes now?

1. Yes—**[PROCEED TO SECTION B.]**
2. No—[Obtain callback date and time]: Is there a better time when we can speak sometime this week, in the next 2 days?

**CALLBACK DATE:** \_\_\_\_\_ **CALLBACK TIME:** \_\_\_\_\_

Thank you for your time. I will call you back on \_\_\_\_\_ **[DAY]**/ \_\_\_\_\_ **[TIME]** to discuss the study.

**B.** Before we begin, is there someone in your organization, other than yourself, that you would like to designate as the study contact for this data collection?

1. Respondent will serve as study contact. **[GO TO SECTION D.]**
2. **Respondent designates someone else. [ENTER CONTACT INFORMATION IN TABLE BELOW.]**

|   |  |
|---|--|
| Name:   |  |
| Title:  |  |
| Address: (if different from organization's address) |  |
| Telephone Number:                                   |  |
| Fax:  |  |
| E-mail Address:                                     |  |

Would you like me to review our study data collection needs with you or should we contact \_\_\_\_\_ **[CONTACT NAME JUST GIVEN]** directly about the study?

1. Respondent wants you to tell them about the study → **[GO TO SECTION D.]**
2. Respondent wants you to call the designated study contact—**Respond:**

Thank you for your time. I will contact \_\_\_\_\_ **[CONTACT NAME]** about the study. Have a nice day!

**[INSTRUCTION: UPDATE CONTACT DATABASE TO REFLECT NEW CONTACT INFORMATION. SEND STATE DATA REQUEST LETTER TO STUDY CONTACT VIA E-MAIL. MAKE SURE TO CHANGE CONTACT'S NAME ON LETTER BEFORE SENDING IT OUT. SCHEDULE A TIME FOR YOU TO GET IN TOUCH WITH DESIGNATED STUDY CONTACT WITHIN 2 DAYS OF SENDING E-MAIL.]**

Expiration Date: xx/xx/xxxx

- C. **[INTRODUCTION FOR ALL CALLBACKS]:** Hello, this is \_\_\_\_\_ from ICF International. I'm calling you back as we had previously scheduled to discuss the Food and Nutrition Service (FNS) assessment of meal claiming errors in the Child and Adult Care Food Program (CACFP). I would like to follow up on the letter [or E-MAIL] we sent to you earlier this week, to answer questions you may have, and to speak with you about our request for the information listed in the letter/e-mail.
- D. **[EXPLANATION OF STUDY].** The study is being conducted in two phases: (1) a feasibility study, and (2) a follow-up national expanded data collection effort. The feasibility study will test the ability to use a parent-recall interview to validate meal claims made by family day care homes (FDCHs). Using similar procedures as the monitoring visit typically conducted by the sponsor, a one-time 2-day in-home observation will be conducted at the selected FDCHs to collect the number of children being served meals and the type of meals being served as a part of the feasibility study. Selected sponsors and FDCHs will then be asked to provide monthly meal claim data for a 3-month period, to be used in analysis. Using a random sampling methodology based on the number of FDCHs in each State during Fiscal Year 2010, [STATE] was selected to participate in this important study. The data you provide will be used to design the study's sampling approach. Your participation in the study is required by law, as condition of Section 305 of S.3307 Child Reauthorization Act – "Healthy, Hunger-Free Kids Act of 2010".

**[INSTRUCTION: REVIEW WITH STATE CONTACT EACH OF THE 4 ITEMS REQUESTED IN THE LETTER].** We would like to request information specific to your State, so that preliminary tasks in this study can be completed. We are asking you for the following information:

- ✓ **A list** of CACFP sponsors (including a full address) in the State as of [MONTH 2012]; the number of FDCHs supported by each of these sponsors, by tier, if possible.
- ✓ **The total number** of FDCHs participating in the CACFP in [STATE] as of [MONTH 2012] that are eligible for meal reimbursement. **[INSTRUCTION—CLARIFY IF NECESSARY: We would like the total number of FDCHs that each sponsor supports as of MONTH 2012 who were eligible to file a meal claim.]**
- ✓ **A count** of the total number of active FDCHs that participate in CACFP in [STATE] as of [MONTH 2012].
- ✓ **A copy of current existing guidelines** that your State provides to sponsors who participate in the CACFP, including guidelines and procedures for sponsors and FDCHs that pertain to the completion, submission, and verification of monthly meal claims for reimbursement. This would include any special guidance provided to sponsors to assist them with meal claiming, reporting, and editing of FDCH-submitted claims. We also want to find out the rules/guidance/procedures on licensing capacities of FDCHs in your State. **[INSTRUCTION—CLARIFY IF NECESSARY: We would like information on the maximum number of children a FDCH is allowed to have in its care at one time. If this is determined by a formula, please provide that information to us.]**

E. We would like to receive this information in an electronic format if possible. Are the data available as Excel or Word files?

1. Yes → If you are able to send the information electronically, you can e-mail it to [CACFPmealclaims@icfi.com](mailto:CACFPmealclaims@icfi.com). Would you be able to send the information by \_\_\_\_\_ [DATE] (1-week preference for receiving information)? [DATE DATA WILL BE SENT BY: \_\_\_\_\_]

2. No → If the files are in paper format; you can mail us the information using the pre-paid FedEx envelope you received with our letter. You can also fax us the information. Our fax number is 1-XXX-XXX-XXXX. If you do choose to fax us the information, please call me or send me a short email prior to faxing so I will know to look for your fax. We'd like to have your data by \_\_\_\_\_ [DATE] (1-week preference for receiving information).

I'd like to give you my contact information in case there are any questions or concerns about this request. I can be reached at [Name@icfi.com](mailto:Name@icfi.com). You can also call our toll-free study assistance number at 1-800-840-8248, between 8:30 a.m. and 5:30 p.m.

Can you provide me your email address so I can email you a confirmation when we receive your information?

[CONTACT E-MAIL ADDRESS]: \_\_\_\_\_

F. **[CLOSING]:** Thank you for taking the time today to discuss the study and the information that is being requested. I will notify you when we receive your agency's information. If you have questions about this study or the type of information we need, please call us on our toll-free hotline at 1-800-840-8248.

---

**B. State Agency Follow-up Call for Missing Data Script**

---

---

## **B. State Agency Follow-up Call for Missing Data Script**

---

**CHILD AND ADULT FOOD CARE PROGRAM  
(CACFP) MEAL CLAIMS ASSESSMENT  
ICF International**

**Attn: Erika Gordon, Project Director  
11785 Beltsville Drive, Suite 300  
Calverton, MD 20705  
Tel: (800) 840-8248**

Public reporting burden for this collection of information is estimated to average 30 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, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

## STATE AGENCY FOLLOW-UP CALL FOR MISSING DATA SCRIPT

---

A. **[INTRODUCTION]:** Hello, my name is \_\_\_\_\_. I'm calling from ICF International regarding the Food and Nutrition Service (FNS) nationwide assessment of meal claiming in the Child and Adult Care Food Program (CACFP). We spoke with you last week, on \_\_\_\_\_ [DATE], about our specific data needs for this study. We have not yet received your data and want to make sure the information has not been lost in transmission. Have you had the chance to send us your information?

1) Yes, information has been sent. How was the information sent? **[CONFIRM HOW DATA WAS ORIGINALLY TRANSMITTED: IF SENT VIA FEDEX SOFT PACK IN LAST 3 DAYS, GO TO A2.; IF SENT FEDEX MORE THAN 3 DAYS AGO, EMAIL, OR FAX, GO TO A1.]**

2) No, information not sent. **[GO TO SECTION B.]**

A1. Unfortunately, we have not received your information. Would it be possible for you to send the information to us again? To confirm, our [E-MAIL ADDRESS/FAX NUMBER] is [CACFPmealclaims@icfi.com](mailto:CACFPmealclaims@icfi.com) and 1-800-XXX-XXXX. You can send the data via e-mail, fax, or FedEx. **[CONFIRM METHOD FOR SENDING DATA: E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_ FEDEX: \_\_\_\_\_.]**

**[INSTRUCTION: IF INFORMATION CAN ONLY BE SENT VIA MAIL].** Please send your information to us in care of [YOUR NAME], ICF International; 11785 Beltsville Drive, Suite 500; Calverton, MD 20705. If possible, please send the information to us via FedEx. If you can send it to us via FedEx, I will e-mail you a FedEx reimbursement form that you can complete and include in your information packet so that our study can reimburse you for the cost. Will you be able to send the information to us via FedEx? **[CONFIRM RESPONDENT IS SENDING THE INFORMATION VIA FEDEX].** When do you believe you can re-send the information to us \_\_\_\_\_ [DATE INFORMATION WILL BE RE-SENT]? Thank you so much for re-sending us the information to us.

I will e-mail you to confirm that we have received the information. **[CONFIRM RESPONDENT'S E-MAIL ADDRESS: \_\_\_\_\_].** Thank you so much for your help on this important study! Have a nice day!

I would also like to give you my personal e-mail address to ensure that the information gets to us; it is [Name@icfi.com](mailto:Name@icfi.com). Would it be possible for you to re-send the information today \_\_\_\_\_ [DATE INFORMATION WILL BE RE-SENT]? Thank you so much for re-sending the information to us. I will e-mail you to confirm that we have received the information. Thank you so much for your help on this important study! Have a nice day!

A2. **[INSTRUCTION: IF INFORMATION WAS SENT VIA FEDEX SOFT PACK WITHIN THE LAST 3 DAYS].** Thank you for sending the information we have requested. I will look for the data packet to arrive in the next couple of days. I will e-mail you to confirm that we have received your information. Thank you so much for your help on this important study! Have a nice day!

B. **[INSTRUCTION: RESPONDENT HAS NOT HAD THE TIME TO SEND THE INFORMATION TO US OR IS STILL WORKING ON GATHERING THE INFORMATION].** Receiving this information is a very important step in conducting this study. This information is critical for us to be able to determine which sponsoring organizations and family



day care homes (FDCHs) should be contacted for the study. We realize that gathering the data may be burdensome, but we really want to conduct a study that represents the experiences of FDCHs from various sponsors, so that the full range of experiences can be represented. Would it be possible to send this information to us by \_\_\_\_\_ [GIVE DATE DEADLINE 3 DAYS FROM TODAY]? Please send the information to us in the format that is most convenient for you.

Again, our e-mail address is [CACFPmealclaims@icfi.com](mailto:CACFPmealclaims@icfi.com), or you can e-mail the information to me personally at [Name@icfi.com](mailto:Name@icfi.com). The data can also be faxed to us at 1-XXX-XXX-XXXX. You can also use the self-addressed, pre-paid FedEx Soft Pack we provided to send the information to us. [IF FEDEX SOFT PACK IS LOST/MISSING]: I will e-mail a FedEx reimbursement form to you that you can complete and include in your information packet so that our study can reimburse you.

**C. [IF RESPONDENT HAS QUESTIONS, NOTE WHAT RESPONDENT SAYS]:**

---

---

**[INSTRUCTION: PROVIDE RESPONSE TO THE RESPONDENT'S CONCERN BASED ON THE ISSUE RAISED.]**

- *States were randomly selected to participate in this study. Those states with a large number of sponsors and a subsequent large number of FDCHs are more likely to be selected.*
- *We have designed this study with FNS and Child Nutrition Services so it is conducted in the least burdensome way for all parties, including State agencies, sponsors, and the FDCHs selected to participate.*
- *The information we gather is important to FNS because it collects information that is required by the Federal Government to continue offering meal reimbursement to FDCHs under the CACFP.*
- *FNS wishes to gather this information to be better informed on meal claim policies and procedures enacted by States/sponsors nationwide.*
- *No information that we gather will be used to make a claim against an individual State/sponsor/ or FDCH. Identifying information will be kept confidential and all reporting will be done in an aggregated form—not identifying anyone by name.*

**D. [INSTRUCTION: IF COOPERATION IS ATTAINED, REVIEW WITH STATE CONTACT EACH OF THE 4 ITEMS REQUESTED IN THE LETTER].** I'd like to briefly review our request; we are asking you for the following items:

- A list of CACFP sponsors (including a full address) in [STATE] as of [MONTH 2012]; and the total number of FDCHs supported by each of these sponsors, by tiering level if possible;
- The total number of FDCHs participating in the CACFP in [STATE] as of [MONTH 2012] that are eligible for meal reimbursement.
- A copy of existing guidelines that your State provides to sponsors who participate in the CACFP.

- Rules/guidance/procedures that your State provides to sponsors regarding the mandatory monitoring visits of FDCHs they perform.

We look forward to receiving these data from your organization no later than [DATE 2012].

- E. **[INSTRUCTION: ONCE YOU HAVE CONFIRMED THE MEANS FOR SENDING THE INFORMATION]**. I look forward to receiving your information. I will e-mail you confirmation that we have received your data packet. **[CONFIRM RESPONDENT'S E-MAIL ADDRESS: \_\_\_\_\_]**. Thank you so much with your help on this important study!

Have a nice day!

---

**C. State Agency Clarification of  
Data Received Script**

---

---

## **C. State Agency Clarification of Data Received Script**

---

**CHILD AND ADULT FOOD CARE PROGRAM  
(CACFP) MEAL CLAIMS ASSESSMENT  
ICF International**

**Attn: Erika Gordon, Project Director  
11785 Beltsville Drive, Suite 300  
Calverton, MD 20705  
Tel: (800) 840-8248**

Public reporting burden for this collection of information is estimated to average 20 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, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

## STATE AGENCY CLARIFICATION OF DATA RECEIVED SCRIPT

---

A. **[INTRODUCTION]:** Hello, my name is \_\_\_\_\_. I'm calling from ICF International regarding the Food and Nutrition Service (FNS) Child and Adult Care Food Program (CACFP) Assessment Study. I would like to thank you for providing the data you recently sent to us. After reviewing the information you sent, we would like to clarify some points with you. Do you have a few minutes now?

1. Yes—**[PROCEED TO APPROPRIATE QUESTION IN SECTION B.]**
2. No—**[OBTAIN CALLBACK DATE AND TIME]:** When would be a better time for me to call you tomorrow?

**CALLBACK DATE:** \_\_\_\_\_ **CALLBACK TIME:** \_\_\_\_\_

Thank you for your time. I will call you back on \_\_\_\_\_ **[DAY]** \_\_\_\_\_ **[TIME]** to discuss the study.  
Have a nice day!

B. I would like to clarify:

|   |                                  |
|---|----------------------------------|
| <b>[INSERT QUESTION PERTAINING TO LICENSE CAPACITY]:</b><br><br>QUESTION: | 1. <b>RESPONDENT'S RESPONSE:</b> |
|---|----------------------------------|

|   |                                  |
|---|----------------------------------|
| <b>[INSERT QUESTION PERTAINING TO TIERING STATUS]:</b><br><br>QUESTION: | 2. <b>RESPONDENT'S RESPONSE:</b> |
|---|----------------------------------|

|  |                                  |
|--|----------------------------------|
| <b>[INSERT QUESTION PERTAINING TO MEAL CLAIMING]:</b><br><br>QUESTION: | 3. <b>RESPONDENT'S RESPONSE:</b> |
|--|----------------------------------|

|  |   |
|--|---|
| <p><b>[INSERT QUESTION PERTAINING TO TOTAL NUMBER OF SPONSORS/FDCHS]:</b></p> <p>QUESTION:</p> | <p>4. <b>RESPONDENT'S RESPONSE:</b></p> |
|--|---|

**C. [INSTRUCTION—IF ADDITIONAL DATA ARE NEEDED]:** We would like to receive the information we just spoke about in an electronic format if possible. Are the data in Excel or Word?

1. Yes—**[PROVIDE THE STUDY E-MAIL ADDRESS; GO TO SECTION D.]**

2. No—**[IF NO]:** If the files are in paper format, please use the postage-paid mailer you received with our letter to send them to us. We'd like to have your data by \_\_\_\_\_ **[DATE]** (3-day preference for receiving information).

**D.** If you are able to send the information electronically, you can submit it by e-mail to [CACFPmealclaims@icfi.com](mailto:CACFPmealclaims@icfi.com). We'd like to have your data by \_\_\_\_\_ **[DATE]** (3-day preference for receiving information). I'd like to give you my contact information in case there are any questions or concerns about this request. I can be reached at [Name@icfi.com](mailto:Name@icfi.com). If you have additional questions or concerns, you can also call our toll-free study assistance number—1-800-840-8248, between 8:30 a.m. and 5:30 p.m. We also have a fax number for the study—1-XXX-XXX-XXXX.

I'd also like to confirm your e-mail address so that I can confirm receipt of your data via e-mail and by telephone. \_\_\_\_\_ **[E-MAIL ADDRESS]**

**E.** Once again, thank you for providing us information for this important study and for clarifying our question(s). Have a nice day!