



Attachment F.1- CERTIFIED AND DENIED APPLICANT SAMPLING FORM

OMB Approval No.: 0584-0530
Approval Expires:

**NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY (APEC-II)
STUDENT SAMPLE CONTACT INFORMATION FORM FOR FREE\REDUCED-PRICE
AND DENIED APPLICANT SAMPLES**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0584-0530. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.

SAMPLE RESULTS							
A.	B.	C.	D.	E.	F.	G.	H.
Student Number	Selection Order	Selection Type (M or R)	Student Name	Grade	Parent's Name	Mailing Address	Telephone Number
			Middle: _____ Last: _____		Middle: _____ Last: _____	City: _____ State: _____ Zip: _____	_____ _____
I. Application Number: _____			J. Certification Status: _____ Free _____ Reduced Price		K. Application/Certification Dates: Application Date: __ _ _ / __ _ _ / __ _ _ <input type="checkbox"/> Date Not Available MONTH DAY YEAR Certification Date: __ _ _ / __ _ _ / __ _ _ <input type="checkbox"/> Date Not Available MONTH DAY YEAR		
4.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ City: _____ State: _____ Zip: _____	() _____ _____
I. Application Number: _____			J. Certification Status: _____ Free _____ Reduced Price		K. Application/Certification Dates: Application Date: __ _ _ / __ _ _ / __ _ _ <input type="checkbox"/> Date Not Available MONTH DAY YEAR Certification Date: __ _ _ / __ _ _ / __ _ _ <input type="checkbox"/> Date Not Available MONTH DAY YEAR		
5.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ City: _____ State: _____ Zip: _____	() _____ _____
I. Application Number: _____			J. Certification Status: _____ Free _____ Reduced Price		K. Application/Certification Dates: Application Date: __ _ _ / __ _ _ / __ _ _ <input type="checkbox"/> Date Not Available MONTH DAY YEAR Certification Date: __ _ _ / __ _ _ / __ _ _ <input type="checkbox"/> Date Not Available MONTH DAY YEAR		

SAMPLE RESULTS							
A.	B.	C.	D.	E.	F.	G.	H.
Student Number	Selection Order	Selection Type (M or R)	Student Name	Grade	Parent's Name	Mailing Address	Telephone Number
6.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ City: _____ State: _____ Zip: _____	()
	I. Application Number: _____		J. Certification Status: _____ Free _____ Reduced Price		K. Application/Certification Dates: Application Date: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available Certification Date: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available		
7.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ City: _____ State: _____ Zip: _____	()
	I. Application Number: _____		J. Certification Status: _____ Free _____ Reduced Price		K. Application/Certification Dates: Application Date: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available Certification Date: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available		
8.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ City: _____ State: _____ Zip: _____	()
	I. Application Number: _____		J. Certification Status: _____ Free _____ Reduced Price		K. Application/Certification Dates: Application Date: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available Certification Date: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available		
9.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ City: _____ State: _____ Zip: _____	()
	I. Application Number: _____		J. Certification Status: _____ Free _____ Reduced Price		K. Application/Certification Dates: Application Date: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available Certification Date: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available		

SAMPLE RESULTS							
A.	B.	C.	D.	E.	F.	G.	H.
Student Number	Selection Order	Selection Type (M or R)	Student Name	Grade	Parent's Name	Mailing Address	Telephone Number
17.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ City: _____ State: _____ Zip: _____	()
I. Application Number: _____			J. Certification Status: _____ Free _____ Reduced Price		K. Application/Certification Dates: Application Date: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available Certification Date: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available		
18.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ City: _____ State: _____ Zip: _____	()
I. Application Number: _____			J. Certification Status: _____ Free _____ Reduced Price		K. Application/Certification Dates: Application Date: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available Certification Date: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available		
19.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ City: _____ State: _____ Zip: _____	()
I. Application Number: _____			J. Certification Status: _____ Free _____ Reduced Price		K. Application/Certification Dates: Application Date: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available Certification Date: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available		
20.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ City: _____ State: _____ Zip: _____	()

SAMPLE RESULTS			D.	E.	F.	G.	H.
A.	B.	C.	D.	E.	F.	G.	H.
Student Number	Selection Order	Selection Type (M or R)	Student Name	Grade	Parent's Name	Mailing Address	Telephone Number
I. Application Number: _____			J. Certification Status: _____ Free _____ Reduced Price		K. Application/Certification Dates: Application Date: __ _ / __ _ / __ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available Certification Date: __ _ / __ _ / __ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available		

II. DENIED APPLICANT SAMPLE

SAMPLE RESULTS							
A. Student Number	B. Selection Order	C. Selection Type (M or R)	D. Student Name	E. Grade	F. Parent's Name	G. Mailing Address	H. Telephone Number
1.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ City: _____ State: _____ Zip: _____	() _____ - _____
I. Application Number: _____			J. Certification Status: DENIED APPLICANT		K. Application/Certification Dates: Application Date: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available Certification Date: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available		
2.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ City: _____ State: _____ Zip: _____	() _____ - _____
I. Application Number: _____			J. Certification Status: DENIED APPLICANT		K. Application/Certification Dates: Application Date: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available Certification Date: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available		
3.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ City: _____ State: _____ Zip: _____	() _____ - _____
I. Application Number: _____			J. Certification Status: DENIED APPLICANT		K. Application/Certification Dates: Application Date: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available Certification Date: __ _ _ / __ _ _ / __ _ _ MONTH DAY YEAR <input type="checkbox"/> Date Not Available		
4.			First: _____		First: _____	Street: _____	()

SAMPLE RESULTS							
A. Student Number	B. Selectio n Order	C. Selectio n Type (M or R)	D. Student Name	E. Grad e	F. Parent's Name	G. Mailing Address	H. Telephon e Number
			Middle: _____ Last: _____		Middle: _____ Last: _____	City: _____ State: _____ Zip: _____	_____ - _____
I. Application Number: _____			J. Certification Status: DENIED APPLICANT		K. Application/Certification Dates: Application Date: __ _ _ / __ _ _ / __ _ _ <input type="checkbox"/> Date Not Available MONTH DAY YEAR Certification Date: __ _ _ / __ _ _ / __ _ _ <input type="checkbox"/> Date Not Available MONTH DAY YEAR		