

## Community Eligibility Option Evaluation Application Data Form

INTERVIEWER NOTE: Introduce yourself to the respondent. Remind them of the reason for your visit (refer to advance letter if needed). Review informed consent paragraph from the advance letter; and give them a copy of this letter.

**A. Student Information**

	Copy information in this column from the Certification Record Abstraction Form and see if it matches the application
LEA ID #:	LEA Student ID #:
LEA Name:	Abt Record ID #:
School ID #:	Application ID #:
School Name:	

**B. Household Information and Certification Status:**

<p>Complete this column using the most recent school meal application for school year 2012-2013 for the student named in Section A</p>	<p>Complete this column based on information from the section of the application completed by school/LEA staff or LEA application database</p>
<p>1. APPLICATION DATE</p> <p style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </p> <p style="text-align: center;">                 Month                      Day                      Year             </p> <p><input type="checkbox"/> Date Not Available</p>	<p>4. CERTIFICATION DATE</p> <p style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </p> <p style="text-align: center;">                 Month                      Day                      Year             </p> <p><input type="checkbox"/> Date Not Available</p>
<p>2. BASIS FOR ELIGIBILITY</p> <p><input type="checkbox"/> Income</p> <p><input type="checkbox"/> Categorical Case                  No of digits of Categorical Case #: _____</p> <p style="margin-left: 20px;"> <input type="checkbox"/> TANF  <input type="checkbox"/> FDPIR  <input type="checkbox"/> SNAP/FOOD STAMPS  <input type="checkbox"/> Not Specified             </p> <p><input type="checkbox"/> Foster Child                  Personal Use Income: \$ _____  <input type="checkbox"/> Income Not Listed</p> <p><input type="checkbox"/> Runaway  <input type="checkbox"/> Homeless  <input type="checkbox"/> Migrant  <input type="checkbox"/> Institutionalized  <input type="checkbox"/> Observed Need/No Income/Temporary</p>	<p>5. CERTIFICATION STATUS</p> <p><input type="checkbox"/> Free  <input type="checkbox"/> Reduced-Price  <input type="checkbox"/> Denied  <input type="checkbox"/> Not Listed</p> <p>6. LEA's basis for eligibility determination</p> <p><input type="checkbox"/> Income Eligibility  <input type="checkbox"/> Categorical Eligibility  <input type="checkbox"/> Not Listed  <input type="checkbox"/> Not Applicable (if checked, skip questions 7-9 and go to part D)</p>
<p>4. NUMBER OF STUDENTS COVERED BY APPLICATION</p> <p style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </p>	<p>7. LEA'S ASSESSMENT OF NUMBER OF PERSONS IN HOUSEHOLD</p> <p style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </p> <p><input type="checkbox"/> Not Listed</p> <p>8. LEA'S ASSESSMENT OF TOTAL INCOME</p> <p>\$ _____</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Weekly  <input type="checkbox"/> Bi-weekly  <input type="checkbox"/> Semi-monthly  <input type="checkbox"/> Annual  <input type="checkbox"/> Not Listed  <input type="checkbox"/> Other: _____             </p>

CEO C\_3 Application Data Form  
Please complete Sections C through E on the back →

CEO C\_3 Application Data Form  
**C. Household Composition and Income**

List all household members recorded on the application by their initials, including all students covered by application. Record income data for all persons receiving income exactly as shown on the application. Circle income period codes next to amounts under the "PER" column. W=Weekly; B=Bi-weekly (every two weeks); S=Semi-Monthly (twice a month); M=Monthly; Y=Yearly; O=Other (if Other, write period on line). If students covered by the application are not listed in the application's income grid, list them in Column 1 and check the box in column 1a. If more than 10 people are listed, use an additional Application Data Form to capture the household composition and income.

1. LIST ALL HOUSEHOLD MEMBERS' INITIALS	1a. PERSON NOT LISTED	2. INCOME LISTED	3. GROSS EARNINGS FROM WORK		4. WELFARE, CHILD SUPPORT, OR ALIMONY		5. PENSIONS, RETIREMENT, SOCIAL SECURITY, SSI, VA BENEFITS		6. ALL OTHER INCOME	
			AMOUNT	PER	AMOUNT	PER	AMOUNT	PER	AMOUNT	PER
1.	<input type="checkbox"/>	<input type="checkbox"/> Not Listed <input type="checkbox"/> No Income	\$	W B S M Y O: _____	\$	W B S M Y O: _____	\$	W B S M Y O: _____	\$	W B S M Y O: _____
2.	<input type="checkbox"/>	<input type="checkbox"/> Not Listed <input type="checkbox"/> No Income	\$	W B S M Y O: _____	\$	W B S M Y O: _____	\$	W B S M Y O: _____	\$	W B S M Y O: _____
3.	<input type="checkbox"/>	<input type="checkbox"/> Not Listed <input type="checkbox"/> No Income	\$	W B S M Y O: _____	\$	W B S M Y O: _____	\$	W B S M Y O: _____	\$	W B S M Y O: _____
4.	<input type="checkbox"/>	<input type="checkbox"/> Not Listed <input type="checkbox"/> No Income	\$	W B S M Y O: _____	\$	W B S M Y O: _____	\$	W B S M Y O: _____	\$	W B S M Y O: _____
5.	<input type="checkbox"/>	<input type="checkbox"/> Not Listed <input type="checkbox"/> No Income	\$	W B S M Y O: _____	\$	W B S M Y O: _____	\$	W B S M Y O: _____	\$	W B S M Y O: _____
6.	<input type="checkbox"/>	<input type="checkbox"/> Not Listed <input type="checkbox"/> No Income	\$	W B S M Y O: _____	\$	W B S M Y O: _____	\$	W B S M Y O: _____	\$	W B S M Y O: _____
7.	<input type="checkbox"/>	<input type="checkbox"/> Not Listed <input type="checkbox"/> No Income	\$	W B S M Y O: _____	\$	W B S M Y O: _____	\$	W B S M Y O: _____	\$	W B S M Y O: _____
8.	<input type="checkbox"/>	<input type="checkbox"/> Not Listed <input type="checkbox"/> No Income	\$	W B S M Y O: _____	\$	W B S M Y O: _____	\$	W B S M Y O: _____	\$	W B S M Y O: _____
9.	<input type="checkbox"/>	<input type="checkbox"/> Not Listed <input type="checkbox"/> No Income	\$	W B S M Y O: _____	\$	W B S M Y O: _____	\$	W B S M Y O: _____	\$	W B S M Y O: _____
10.	<input type="checkbox"/>	<input type="checkbox"/> Not Listed <input type="checkbox"/> No Income	\$	W B S M Y O: _____	\$	W B S M Y O: _____	\$	W B S M Y O: _____	\$	W B S M Y O: _____

W = Weekly; B = Bi-weekly; S = Semi-monthly; M = Monthly; Y = Yearly; O = Other (specify)

**D. Form Completeness**

	YES	NO	NOT APPLICABLE
1. If the basis for eligibility is income, was income recorded for at least one household member?	1	0	8
2. Was the form signed by an adult household member?	1	0	8
3. Were the last 4 SSN digits of adult signer entered or did signer indicate that he/she does not have SSN?	1	0	8

E. Abstractor Abt ID: \_\_\_\_\_

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

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-XXXX. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.