OMB Clearance # 0584-XXXX

Expiration Date: XX/XX/20XX

**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:**

|  |  |
| --- | --- |
| Complete this column using the most recent school meal application for school year 2012-2013 for the student named in Section A | Complete this column based on information from the section of the application completed by school/LEA staff or LEA application database |
| 1. APPLICATION DATE

|\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|Month Day Year* Date Not Available
 | 4. CERTIFICATION DATE|\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|Month Day Year* Date Not Available
 |
| 1. BASIS FOR ELIGIBILITY
* Income
* Categorical Case

No of digits of Categorical Case #: \_\_\_\_\_\_\_\_* + TANF
	+ FDPIR
	+ SNAP/FOOD STAMPS
	+ Not Specified
* Foster Child

Personal Use Income: $ \_\_\_\_\_\_\_\_* + - * Income Not Listed
* Runaway
* Homeless
* Migrant
* Institutionalized
* Observed Need/No Income/Temporary
 | 5. CERTIFICATION STATUS* Free
* Reduced-Price
* Denied
* Not Listed
 |
| 6. LEA’s basis for eligibility determination * Income Eligibility
* Categorical Eligibility
* Not Listed
* Not Applicable (if checked, skip questions 7-9 and go to part D)
 |
| 1. NUMBER OF STUDENTS COVERED BY APPLICATION

|\_\_|\_\_| | 7. LEA’S ASSESSMENT OF NUMBER OF PERSONS IN HOUSEHOLD|\_\_|\_\_|* Not Listed
 |
| 8. LEA’S ASSESSMENT OF TOTAL INCOME$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Weekly
* Bi-weekly
* Semi-monthly
* Annual
* Not Listed
* Other: \_\_\_\_\_\_\_\_
 |

**Please complete Sections C through E on the back 🡪**

**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. | 1a. | 2. | 3. | 4. | 5. | 6. |
| LIST ALL HOUSEHOLD MEMBERS’ INITIALS | PERSON NOT LISTED | INCOME LISTED | GROSS EARNINGS FROM WORK | WELFARE, CHILD SUPPORT, OR ALIMONY | PENSIONS, RETIREMENT, SOCIAL SECURITY, SSI, VA BENEFITS | ALL OTHER INCOME |
| AMOUNT | PER | AMOUNT | PER | AMOUNT | PER | AMOUNT | PER |
| 1. |  | * Not Listed
* No Income
 | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ |
| 2. |  | * Not Listed
* No Income
 | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ |
| 3. |  | * Not Listed
* No Income
 | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ |
| 4. |  | * Not Listed
* No Income
 | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ |
| 5. |  | * Not Listed
* No Income
 | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ |
| 6. |  | * Not Listed
* No Income
 | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ |
| 7. |  | * Not Listed
* No Income
 | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ |
| 8. |  | * Not Listed
* No Income
 | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ |
| 9. |  | * Not Listed
* No Income
 | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ |
| 10. |  | * Not Listed
* No Income
 | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ | $ | W B S M YO:\_\_\_\_\_\_\_\_\_ |

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 |
| 1. Was the form signed by an adult household member?
 | 1 | 0 | 8 |
| 1. 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.