

**Community Eligibility Option Evaluation**  
**LEA Foodservice Director Web Survey for Eligible  
Non-Participating LEAs**

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 number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 28 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.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, Virginia 22302.

*Prepared for:*  
U.S. Department of Agriculture  
Food and Nutrition Service  
Office of Research and Analysis

*Prepared by:*  
Abt Associates Inc.

Thank you for taking part in our web survey for the Community Eligibility Option Evaluation. Abt Associates has been hired by the Food and Nutrition Service of the U.S. Department of Agriculture to conduct an evaluation of the Community Eligibility Option, a new system of reimbursement for the National School Lunch Program and School Breakfast Program. Below are a few links that will provide you with detailed information about this evaluation and the survey. They include a fact sheet about the Community Eligibility Option Evaluation, the advance email sent to respondents of this survey describing details about this survey, and a worksheet that describes information you will need to collect in order to complete this survey. **To complete this survey you will need to access your records – see details under worksheet link below.** Note, if you cannot complete the survey in one sitting, you can save it and complete it at a later date. This survey will take about 28 minutes to complete.

[Community Eligibility Option Evaluation fact sheet](#)

[Advance email about the Local Education Agency \(LEA\) Foodservice Director Web Survey](#)

[Worksheet for the LEA Foodservice Director Web Survey](#)

**Programming Note (PN):** When respondent clicks on above link, the appropriate document will be displayed in a PDF format, which the respondent may then print if desired.

Information provided in this survey will be kept private, to the extent provided by law. No data will be attributed to specific survey respondents. De-identified data from this study will be provided to the Food and Nutrition Service of the U.S Department of Agriculture, and aggregate measures of subgroups of Local Education Agencies (LEAs) may also be provided. Responses to the study will in no way affect your agency's receipt of funds from USDA's school meals program. As you may know, the Healthy-Free Kids Act of 2010 (PL 111-296, Section 305) requires cooperation with program research and evaluation by agencies and contractors participating in programs authorized under the Act and the Child Nutrition Act of 1966.

If you have any questions or concerns about your rights as a study participant, call Teresa Doksum. She is the Institutional Review Board Administrator at Abt Associates. Her phone number is 877-520-6835 (toll-free).

Your input is very important to assure the accuracy of this study. We thank you in advance for your time and cooperation. If you have any questions, feel free to contact Abt Associates at: 855-759-5752 (toll-free) or [CommunityEligibility@abtassoc.com](mailto:CommunityEligibility@abtassoc.com).

## CONTACT INFORMATION

PN: Q1, 3, 4, 5 will be populated with information specific to the LEA from the sampling frame. Survey will allow respondent to update/edit the prepopulated information.

Confirm or correct your contact information below and fill in any missing information

Q1. First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Q2. Job title:  
 Foodservice Director  
 Business Manager/Chief Financial Officer  
 Superintendent  
 Other, specify: \_\_\_\_\_

Q3. Name of your Local Education Agency (LEA): \_\_\_\_\_

Q4. Email address: \_\_\_\_\_  Decline to respond

Q5. Phone number: (\_\_\_\_\_) \_\_\_\_\_  Decline to respond

PN: Ensure standard email address and 10 digit phone number

PN: An indicator of whether a LEA is a Year 1 LEA or a Year 2 LEA will be provided by the sampling frame. A Year 1 LEA is an LEA that became eligible for CEO in Year 1 of the Option (SY 2011/12). A Year 2 LEA is an LEA that became eligible for CEO in year 2 of the Option (SY 2012/13).

## DEFINITIONS

Throughout this survey the following definitions will be used. If you come across a question using one of these words or phrases that is highlighted and underlined in green, you will be able to click on the word or phrase and a box up pop with the definition will appear on the screen.

**PN:** display list of terms and definitions in definition box below. Throughout the web survey allow pop up boxes for the following (except LEA, SBP, NSLP) when respondent clicks on the word.

### DEFINITION BOX

**LEA:** Local Education Agency. Your LEA may be a school district, a group of private schools, or an independent school.

**SBP:** School Breakfast Program

**NSLP:** National School Lunch Program

**Free and reduced price (FRP) meals:** The terms “free” and “reduced price” refer to the type/cost of school meals students receive. Students from families with incomes at or below 130% of the federal poverty level, and students who participate in specified Assistance Programs, are eligible for free school meals. Students from families with incomes between 130% and 185% of the federal poverty level are eligible for reduced-price meals. Students’ eligibility is determined by direct certification, identification from other agency lists, or by household application.

**Direct certification:** Students are “categorically” eligible and can be directly certified for free school meals without a household application if any member of their household receives benefits under an Assistance Program, including Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR). To conduct direct certification, the State and/or LEA matches enrolled students with lists of children participating in the Assistance Program. Students reported as enrolled in one of these assistance programs by household application are not considered directly certified.

**Identified from other agency lists:** Students identified as eligible for free meals, not by direct certification or by application, but from other agency lists, including homeless, runaway, migrant, foster child, Federal Head Start Program, State Funded Head Start Program, State-funded pre-kindergarten programs and Even Start Program fall under this category.

**Identified Student Percentage (ISP):** Number of identified students divided by number of students enrolled with access to SBP and/or NSLP

Identified students are identified by:

- Direct certification, or
- identified from other agency lists

**Traditional:** Under traditional reimbursement, LEAs determine eligibility of individual students for free and reduced-price meals annually, and count the meals taken by students in each meal category.

**Provision 1:** Under Provision 1 schools with at least 80% of children approved for free or reduced price meals are allowed to extend the eligibility of the children receiving free meals for 2 years. There is no requirement to serve meals at no charge to all students. Schools must continue to record daily meal counts by type as a basis for calculating reimbursement claims.

**Provision 2:** Under Provision 2 meals are served free to all students and applications for free/reduced price meals are required in “base” years only, every 4 years. Monthly reimbursement is calculated by applying the percentage of free, reduced price, and paid established in the corresponding month of the base year to total meal count.

**Provision 3:** Under Provision 3 meals are served free to all students and applications for free/reduced price meals are required in “base” years only, every 4 years. Reimbursement is not based on meal counts. Annual federal payment remains at the same level as the base year with adjustments for enrollment and inflation.

**Note to reviewers:** Each survey question identifies the associated research question(s) with blue text in parentheses. This information is for review and will be removed before the survey is administered.

## SCHOOLS

First we would like to collect some information about the schools in your LEA.

Q6. What is the number of schools in your LEA for the 2012-2013 School Year? \_\_\_\_\_ (RQ1, RQ5)

Q7. What is the number of schools in your LEA eligible to participate in the Community Eligibility Option? \_\_\_\_\_ (RQ1, RQ5)

PN: In Q8 and Q8a, if eligible in Year 1, display "2010-2011". If eligible in Year 2, display "2011-2012"

Q8. What types of reimbursement systems were used in school year [2010-2011/2011-2012]? (Select all that apply) (RQ5)

Traditional       Provision 1       Provision 2       Provision 3       Other, specify \_\_\_\_\_

PN: If more than one response selected in Q8, display Q8a. For each response selected in Q8, ask for the appropriate information in Q8a. If one response selected in Q8, go to Q9.

Q8a. In School Year [2010-2011/2011-2012], how many schools in your LEA used the following?

Traditional reimbursement: \_\_\_\_\_

Provision 1: \_\_\_\_\_

Provision 2: \_\_\_\_\_

Provision 3: \_\_\_\_\_

[TEXT FROM OTHER SPECIFY in Q11]: \_\_\_\_\_

## CALCULATION OF THE IDENTIFIED STUDENT PERCENTAGE (ISP)

The Identified Student Percentage (ISP) is defined as the number of students directly certified plus the number of students identified as eligible for free meals through other agency lists (such as, runaway, homeless, migrant, foster children) divided by the number of students enrolled. To be eligible for the Community Eligibility Option, a LEA or school must have an ISP of 40% or more.

Q9. What is the identified student percentage (ISP) that was most recently calculated for your LEA?

\_\_\_\_\_ % (IDENTIFIED STUDENT PERCENTAGE)

- Not applicable – LEA only has ISPs for individual schools (Go to Q9d)
- Don't know

Q9a. Who calculated the most recent identified student percentage (ISP) for your LEA? (Select one)

- The State calculated the ISP without input from the LEA (Go to Q10)
- The LEA provided information to the State to calculate the ISP
- The LEA calculated the ISP using its own data
- Other, specify: \_\_\_\_\_
- Don't know

Q9b. When was the most recent ISP calculated for your LEA?

|\_|\_| / |2|0|\_|\_|  
M M Y Y Y Y

- Don't know

Q9c. What data were used to calculate the most recent ISP for your LEA? (Fill in the numbers and indicate the date the data were collected in the table below).

If unable to complete this section, check here

Data Category	Number of Students	Are these data as of April 1, 2012? If not, specify date.	Source of Data Retrieval
<u>Directly Certified</u> (based on data from SNAP, TANF, FDPIR, or extended eligibility benefits for other children in the household)	_____	<input type="checkbox"/> Yes, as of April 1, 2012 <input type="checkbox"/> No, data as of:  __ __  /  2 0 __ __  M M Y Y	<input type="checkbox"/> POS or other electronic system <input type="checkbox"/> Direct Certification list <input type="checkbox"/> Other agency list <input type="checkbox"/> School enrollment file <input type="checkbox"/> Other
<u>Identified from other agency lists</u> (homeless ,runaway, migrant, Head start, foster children, or approved by local authorities)	_____	<input type="checkbox"/> Yes, as of April 1, 2012 <input type="checkbox"/> No, data as of:  __ __  /  2 0 __ __  M M Y Y	<input type="checkbox"/> POS or other electronic system <input type="checkbox"/> Direct Certification list <input type="checkbox"/> Other agency list <input type="checkbox"/> School enrollment file <input type="checkbox"/> Other
Students enrolled in schools offering the National School Lunch Program (NSLP) and/or School Breakfast Program (SBP)	_____	<input type="checkbox"/> Yes, as of April 1, 2012 <input type="checkbox"/> No, data as of:  __ __  /  2 0 __ __  M M Y Y	<input type="checkbox"/> POS or other electronic system <input type="checkbox"/> Direct Certification list <input type="checkbox"/> Other agency list <input type="checkbox"/> School enrollment file <input type="checkbox"/> Other

Q9d. Who calculated the most recent identified student percentages (ISP) for individual schools or groups of schools in your LEA? (Select one)

- The State calculated the ISPs without input from the LEA (go to Q10)
- The LEA provided information to the State to calculate the ISPs
- The LEA calculated the ISPs using its own data
- Other, specify: \_\_\_\_\_
- Does not apply—ISP not calculated for individual schools or groups of schools (go to Q10)
- Don't know



Q9e. When were the most recent [ISPs](#) calculated for individual schools or groups of schools in your LEA?

|\_|\_| / |2|0|\_|\_|  
M M Y Y

Don't know

Q10. Household applications and [direct certification](#) with SNAP are required to determine eligibility for [free and reduced price meals](#) in your LEA. What additional sources did your LEA use in School Year 2011-2012 for determining eligibility for [free and reduced price meals](#)? (Select all that apply) (RQ5)

[Direct certification](#) using TANF

[Direct certification](#) using FDPIR

Extended eligibility benefits for other children in household of [directly certified](#) child

Identified as homeless

Identified as runaway

Identified as migrant youth

Identified as foster child

Identified as Head Start

Identified as Even Start

Identified in state-funded pre-kindergarten programs

Other, specify \_\_\_\_\_

None of the above

## OTHER PROGRAMS

Q11. Does your LEA use [free and reduced price meals](#) eligibility data for any purpose other than for school meals eligibility (such as, for other funding eligibility, allocating funds among schools, or identifying economically disadvantaged students)? (Select one)

- Yes ([ask Q11a](#))                       No ([go to Q12](#))                       Don't know ([go to Q12](#))

PN: In Q11a show responses in one column unless scrolling is necessary, then show in two columns (6 responses each)

Q11a. Aside from school meals eligibility, for what other purpose does your LEA use [free and reduced-price \(FRP\) meals](#) eligibility data? (Select all that apply)

- Title 1 Funds
- National Assessment of Education Progress (NAEP)
- No Child Left Behind (NCLB) (measurement of adequate yearly progress)
- Other foodservice programs (Summer Feeding Program, Afterschool Snack Program, etc.)
- E-rate initiatives
- Early childhood education programs
- Vocational and technical education
- Literacy and reading programs
- State education funding
- Student loan forgiveness programs (for teachers)
- Waivers (AP or other test fees, sports fee, transportation, etc.)
- Reduced fees/free programs (such as, for summer school, tutoring programs, text books)
- Other, specify: \_\_\_\_\_
- None of the above

Q12. Aside from the School Breakfast Program and National School Lunch Program, in what other food assistance or USDA Food and Nutrition Service programs does your LEA participate? (Select all that apply) ([RQ5](#))

- Summer Feeding Program
- Afterschool Snack Program option under National School Lunch Program (NSLP)
- Healthier US Challenge
- Team Nutrition
- Fresh Fruit and Vegetable Program
- Child and Adult Care Food Program
- Other
- None of the above

Q13. Indicate whether the following duties with regard to school meals are the responsibility of the school, the LEA, or the State. If the duty is not the responsibility of the school, district, or State, select “Other Agency Responsibility”. If the responsibility does not apply, select “not applicable”. If the responsibility is shared across levels, check all levels that shared responsibility. (RQ5)

DUTY WITH REGARD TO SCHOOL MEALS	SCHOOL-LEVEL RESPONSIBILITY	LEA-LEVEL RESPONSIBILITY	STATE-LEVEL RESPONSIBILITY	OTHER AGENCY RESPONSIBILITY	NOT APPLICABLE
<u>Direct certification</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying eligible students from <u>other agency lists</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Free or reduced-price</u> eligibility verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household application distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household application collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household application processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal counting and claiming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipt of payment for student meals and/or non-reimbursable foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menu planning and recipe development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food purchasing and inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foodservice staff training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution and monitoring of foodservice funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PN: For each duty where “Other Agency Responsibility” was selected, ask Q13a:

Q13a. Specify the agency responsible for [INSERT DUTY FROM Q13]: \_\_\_\_\_

## COMMUNICATION ABOUT THE COMMUNITY ELIGIBILITY OPTION

Next we'd like to understand more about the communication that took place after the LEA was initially informed about the Community Eligibility Option.

Q14. Prior to being contacted for this survey, was your LEA informed about the Community Eligibility Option? (Select one) [\(RQ16\)](#)

- Yes                       No [\(go to Q21\)](#)                       Don't know [\(go to Q21\)](#)

Q14a. How did your LEA first hear about the Community Eligibility Option? (Select all that apply) [\(RQ16\)](#)

- In-person meeting/presentation                       In-person training                       Letter/mail                       Email                       Phone call
- Webinar                       Press release                       Other LEAs                       Other                       Don't know [\(go to Q16\)](#)

Q14b. Who provided this information? (Select one)

- USDA/FNS                       State Official                       Other, specify: \_\_\_\_\_                       Don't know

Q15. Who within your LEA first learned about the Community Eligibility Option? (Select all that apply?) [\(RQ16\)](#)

- USDA/FNS                       State official                       Superintendent                       Foodservice Director
- Foodservice Contract Management Company                       Other LEA administrator                       Other , specify: \_\_\_\_\_                       Don't know

Q16. Do you feel that the information your LEA received about the Community Eligibility Option was sufficient to make an informed decision? (Select one)

- Yes                       No                       Don't know



Q17. Did your LEA inform individual schools about the Community Eligibility Option? (Select one) (RQ4)

- Yes       No (go to Q19)       Don't know (go to Q19)

Q18. How did your LEA initially inform the schools about the Community Eligibility Option? (Select all that apply) (RQ4)

- In-person meeting/presentation       In-person training       Letter/mail       Email       School website  
 Phone call       Webinar       Press release       Other       Don't know

Q18a. Who was responsible at the LEA-level for initially communicating with the individual schools regarding the Community Eligibility Option? (Select one) (RQ4)

- Superintendent       Foodservice Director       Foodservice Contract Management Company  
 Other LEA administrator       Other, specify \_\_\_\_\_       Don't know

Q19. Did your LEA inform the community about the Community Eligibility Option? (Select one) (RQ4)

- Yes       No (go to Q21)       Don't know (go to Q21)

Q20. How did your LEA inform the community about the Community Eligibility Option? (Select all that apply) (RQ4)

- In-person meeting/presentation       Letter/mail       Email       School website       Phone call  
 Notice/letter sent home with students       Local newspaper       Other       Don't know

Q20a. Who was responsible for informing the community about the Community Eligibility Option? (Select one) (RQ4)

- Superintendent       Foodservice Director       Foodservice Contract Management Company  
 Other LEA administrator       Principals of individual schools       Other, specify: \_\_\_\_\_       Don't know

**DECISION REGARDING THE ADOPTION OF THE COMMUNITY ELIGIBILITY OPTION**

Now, we'd like to understand how the decision was made about whether or not to adopt the Community Eligibility Option.

Q21. How involved were each of the following groups in the decision regarding the adoption of the Community Eligibility Option in your LEA? Think of involved as displaying interest and/or providing input. (RQ1)

GROUP	VERY INVOLVED	MODERATELY INVOLVED	SOMEWHAT INVOLVED	NOT INVOLVED	DON'T KNOW
Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Principals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cafeteria Managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foodservice Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other LEA administrators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Department of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Governor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other elected officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q22. To what extent were you personally involved in the decision about whether or not to adopt and implement the Community Eligibility Option? (Select one) (RQ1)

- Very involved     Moderately involved     Somewhat involved     Not involved

Q23. Who ultimately made the final decision about whether or not to adopt the Community Eligibility Option in your LEA? (Select one) (RQ1)

- State Department of Education     LEA Superintendent     School Board     LEA Foodservice Director
- Other LEA Administrator     Other, specify: \_\_\_\_\_     Don't know

PN: Allow respondent option of up to 5 other specify in Q24

Q24. Which of the following possible barriers did your LEA see as making implementation of the Community Eligibility Option difficult or causing your LEA to decide against adopting the Option? (Select all that apply) (RQ1)

**Possible Barriers to Adopting the Community Eligibility Option**

- Community Eligibility Option not financially viable
- Uncertainty or concern about how much reimbursement the LEA would receive
- Uncertainty or concern about how the Option will affect funding for educational programs
- Not enough time to implement the Option and train staff
- Concern about schools participating in the Option being treated differently than other schools
- LEAs participating in the CE Option may be viewed as poor
- Difficulty establishing a School Breakfast Program
- Community not supportive
- Key LEA and/or school officials not supportive
- Other, specify: \_\_\_\_\_
- None of the above
- Don't know (go to Q25)

PN: In Q24a, list each possible barrier selected in Q24

Q24a. Shown below are the barriers to adopting the Community Eligibility Option that you indicated your LEA considered. Rate the importance of each of these possible barriers in the decision to adopt the Community Eligibility Option.

Possible Barriers to Adopting the Community Eligibility Option	Very Important	Moderately Important	Not Very Important	Not at All Important	Don't Know
POSSIBLE BARRIERS TO ADOPTING THE COMMUNITY ELIGIILITY OPTION IN Q24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PN: Only allow 3 choices for Q25

Q25. What were the most important determining factors that were considered in deciding whether or not to participate in the Community Eligibility Option? (Select up to 3 choices) (RQ1)

- Poverty of the community
- Identified Student Percentage or rate of reimbursement for school meals
- Staffing needs
- Financial impact
- Rate of participation in school meals programs
- Logistics or ease of implementation
- Considerations around schools being labeled as low income
- Consideration around students being labeled as low income
- Availability of Community Eligibility Option for the long term
- Eligibility of individual schools and/or entire district to participate
- Other, specify: \_\_\_\_\_
- Don't know

Q26. Although your LEA is not participating in the Community Eligibility Option, were there any aspects of it that your LEA saw as potentially beneficial to your LEA? (Select one)

- Yes
- No (go to Q28)
- Don't know (go to Q28)

PN: Allow respondent option of up to 5 other specify in Q27

Q27. Which of the following expected benefits of the Community Eligibility Option did your LEA consider in deciding whether to adopt the Community Eligibility Option? (Select all that apply) (RQ1)

**Expected Benefits to Adopting the Community Eligibility Option**

- Increased revenue
- Decreased costs
- Decreased administrative burden
- Decreased stigma for students in need
- Improved academic performance
- Increased school meal participation
- Improved nutritional quality of meals
- Relief for families under financial burden
- Other, specify: \_\_\_\_\_
- None of the above
- Don't know (go to Q28)

PN: In Q27a, list each possible benefit selected in Q27

Q27a. Shown below are the expected benefits of the Community Eligibility Option that you indicated your LEA considered. Rate the importance of each of these expected benefits in the decision to adopt the Community Eligibility Option.

Expected Benefits to Adopting the Community Eligibility Option	Very Important	Moderately Important	Not Very Important	Not at All Important	Don't Know
EXPECTED BENEFIT SELECTED IN Q34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q28. To what extent do you agree with each of the following statements about the Community Eligibility Option? (Provide a response for each statement) (RQ6)

I believe that the Community Eligibility Option would...	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
...be more costly to implement than what is currently in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...be well-received by school staff and students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...be confusing to implement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...result in increased meal participation that would be overwhelming to the staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...result in increased meal participation that would benefit students (access to more foods, healthy foods).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...create issues for determining eligibility for other assistance programs due to lack of free and reduced price data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...result in a lot more work to serve breakfast.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...increase plate waste.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PN: Allow respondent option of up to 5 other specify in Q29

Q29. What changes could be made to the Community Eligibility Option that would make it appealing to your LEA? (Select all that apply. Add additional changes if not listed) (RQ3)

- Increase reimbursement rate
- Elimination of School Breakfast Program requirement
- Greater lead time prior to implementation
- More training provided
- Available to all schools in an LEA and not just schools that are eligible
- Alternate method (other than **free and reduced price** data) to qualify for other assistance programs
- Other, specify: \_\_\_\_\_

PN: Display Q29, 29a, and 29b on same page, if applicable.

Q29a. If these changes were made, would your LEA elect the Community Eligibility Option next year? (Select one) (RQ3)

- Yes (go to Q30)     No     Don't know (go to Q30)

Q29b. Why not? \_\_\_\_\_ (RQ3)

Q30. If your LEA decided to participate in the Community Eligibility Option, how much lead time do you feel would be enough to prepare for the implementation of the Community Eligibility Option? (Enter number of weeks or months)

(Select one)

NUMBER: \_\_\_\_\_

weeks  months

## FUTURE IMPLEMENTATION OF THE COMMUNITY ELIGIBILITY OPTION

The following questions are about the multiplier that the Community Eligibility Option applies to the ISP to obtain the claiming percentage for free meals. If you require further explanation about the multiplier, click here: [Explanation of the multiplier](#)

PN: If respondent clicks on “Explanation of the multiplier” the description and example in the box below appears.

The Community Eligibility Option reimbursement is based on the **identified student percentage (ISP)**. To determine how much each school is reimbursed, the **Identified student percentage** is multiplied by a factor of 1.6. This new percentage is applied to the total number of meals served to determine how many meals are reimbursed at the free rate. The rest of the meals are reimbursed at the paid rate.

Example: A school under the Community Eligibility Option has an ISP of 50%. The ISP is multiplied by 1.6 to for an 80% free reimbursement rate ( $50 \times 1.6 = 80$ ). The remaining meals (20%) will be reimbursed at the paid reimbursement rate.

At the end of the month if the school counted and served 10,000 reimbursable meals, 8,000 would be claimed at the free reimbursement rate and 2,000 at the paid reimbursement rate.

The factor of 1.6 is called the “multiplier”.

Q31. Do you feel that the Community Eligibility Option multiplier of 1.6 is too high, about right, or too low? (Select one) (RQ8)

- Too high
- About right
- Too low (go to Q34)
- Don't know

Q32. Would your LEA participate in the Community Eligibility Option if the multiplier was less than 1.6? (RQ8) (Select one)

- Yes
- No (go to Q34)
- Don't know (go to Q34)

Q33. For each of the multipliers listed below, would your LEA consider participating in the Community Eligible Option? (For example, at an ISP of 50 and a multiplier of 1.6, the average reimbursement per lunch would be about \$2.27, whereas, if the multiplier was 1.3, the average reimbursement per lunch would be \$1.89.) (RQ8)

	Yes	No	Don't know
1.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q34. Do you think a 4-year term is an appropriate amount of time for a LEA to be eligible to participate in the Community Eligibility Option? (Select one) (RQ12)

- Yes (go to Q35)       No       Don't know

Q34a. What term length would be better? (Select one) (RQ12)

- 2 years       3 years       5 years       6 years       7 years       8 years       More than 8 years       Don't know

Q35. In considering the Community Eligibility Option, to what extent was your LEA concerned about meeting the eligibility requirements for the Option for a second 4-year term once the first 4-year term was up? (Select one) (RQ12)

- Very concerned       Moderately concerned       Slightly concerned       Not concerned at all       Don't know

Q36. How likely is your LEA to participate in the Community Eligibility option in the next year? (Select one)

- Very likely       Somewhat likely       Somewhat unlikely       Very unlikely       Don't know

**END SCRIPT:** That concludes our survey. Thank you very much for your participation. Your input is very valuable. If you have any questions about this survey, contact us at 855-759-5752 (toll-free) or [CommunityEligibility@abtassoc.com](mailto:CommunityEligibility@abtassoc.com).