



**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**

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NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST PROGRAM ACCESS,  
PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY (APEC-II)

STUDENT SAMPLE CONTACT INFORMATION FORM FOR FREE\REDUCED-PRICE  
AND DENIED APPLICANT SAMPLES

SCHOOL DISTRICT ID NUMBER: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

SCHOOL DISTRICT NAME: \_\_\_\_\_

SCHOOL ID NUMBER: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

SCHOOL NAME: \_\_\_\_\_

DATE: |\_|\_|\_|\_| / |\_|\_|\_|\_| / |\_|\_|\_|\_|  
MONTH DAY YEAR

I. FREE AND REDUCED-PRICE SAMPLE

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
1.			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		
2.			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		
3.			First: _____		First: _____	Street: _____	( )

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
<b>I.</b> Application Number: _____			<b>J.</b> Certification Status: _____ Free    _____ Reduced Price		<b>K.</b> <b>Application/Certification Dates:</b> Application Date:  __ _ _  /  __ _ _  /  __ _ _  MONTH    DAY    YEAR <input type="checkbox"/> Date Not Available Certification Date:  __ _ _  /  __ _ _  /  __ _ _  MONTH    DAY    YEAR <input type="checkbox"/> Date Not Available		
10.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ ( ) City: _____ State: _____ Zip: _____	
<b>I.</b> Application Number: _____			<b>J.</b> Certification Status: _____ Free    _____ Reduced Price		<b>K.</b> <b>Application/Certification Dates:</b> Application Date:  __ _ _  /  __ _ _  /  __ _ _  MONTH    DAY    YEAR <input type="checkbox"/> Date Not Available Certification Date:  __ _ _  /  __ _ _  /  __ _ _  MONTH    DAY    YEAR <input type="checkbox"/> Date Not Available		
11.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ ( ) City: _____ State: _____ Zip: _____	
<b>I.</b> Application Number: _____			<b>J.</b> Certification Status: _____ Free    _____ Reduced Price		<b>K.</b> <b>Application/Certification Dates:</b> Application Date:  __ _ _  /  __ _ _  /  __ _ _  MONTH    DAY    YEAR <input type="checkbox"/> Date Not Available Certification Date:  __ _ _  /  __ _ _  /  __ _ _  MONTH    DAY    YEAR <input type="checkbox"/> Date Not Available		
12.			First: _____ Middle: _____ Last: _____		First: _____ Middle: _____ Last: _____	Street: _____ ( ) City: _____ State: _____ Zip: _____	
<b>I.</b> Application Number: _____			<b>J.</b> Certification Status: _____ Free    _____ Reduced Price		<b>K.</b> <b>Application/Certification Dates:</b> Application Date:  __ _ _  /  __ _ _  /  __ _ _  MONTH    DAY    YEAR <input type="checkbox"/> Date Not Available Certification Date:  __ _ _  /  __ _ _  /  __ _ _  MONTH    DAY    YEAR <input type="checkbox"/> Date Not Available		
13.			First: _____ Middle: _____		First: _____ Middle: _____	Street: _____ ( ) City: _____	

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
			Last: _____		Last: _____	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		
14.			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		
15.			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		
16.			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							
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. <b>Application Number:</b> _____			J. <b>Certification Status:</b> _____ Free    _____ Reduced Price		K. <b>Application/Certification Dates:</b> Application Date:  __ _  /  __ _  /  __ _  <input type="checkbox"/> Date Not Available MONTH    DAY    YEAR Certification Date:  __ _  /  __ _  /  __ _  <input type="checkbox"/> Date Not Available MONTH    DAY    YEAR		



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		