



Attachment H.1-School Meal Count Form-Day

MATHEMATICA
Policy Research

OMB Approval No.: 0584-0530
Approval Expires:

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY (APEC-II)

SCHOOL MEAL COUNT VERIFICATION FORM FOR TARGET DAY

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SFA: _____|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

School: _____|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

**NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION
STUDY (APEC-II)**

**SCHOOL MEAL COUNT VERIFICATION FORM
FOR TARGET DAY**

A. Meal Counts for: Lunch |_|_| Breakfast |_|_| (USE ONE FORM PER EATING OCCASION)

**FOR A PROVISION 2 OR 3 SCHOOL OPERATING IN A NON-BASE YEAR OR A CEO SCHOOL,
ENTER TOTAL COUNTS ONLY.**

DATE: _ _ / _ _ / _ _ <small>MONTH DAY</small> YEAR	SCHOOL RECORDED COUNTS	FIELD STAFF VERIFIED COUNTS
Register 1:	Free: _ _ , _ _ _ _ _ Reduced: _ _ , _ _ _ _ _ Paid (Full-Price): _ _ , _ _ _ _ _ Total: _ _ , _ _ _ _ _	Free: _ _ , _ _ _ _ _ Reduced: _ _ , _ _ _ _ _ Paid (Full-Price): _ _ , _ _ _ _ _ Total: _ _ , _ _ _ _ _
Register 2:	Free: _ _ , _ _ _ _ _ Reduced: _ _ , _ _ _ _ _ Paid (Full-Price): _ _ , _ _ _ _ _ Total: _ _ , _ _ _ _ _	Free: _ _ , _ _ _ _ _ Reduced: _ _ , _ _ _ _ _ Paid (Full-Price): _ _ , _ _ _ _ _ Total: _ _ , _ _ _ _ _
Register 3:	Free: _ _ , _ _ _ _ _ Reduced: _ _ , _ _ _ _ _ Paid (Full-Price): _ _ , _ _ _ _ _ Total: _ _ , _ _ _ _ _	Free: _ _ , _ _ _ _ _ Reduced: _ _ , _ _ _ _ _ Paid (Full-Price): _ _ , _ _ _ _ _ Total: _ _ , _ _ _ _ _
Register 4:	Free: _ _ , _ _ _ _ _ Reduced: _ _ , _ _ _ _ _ Paid (Full-Price): _ _ , _ _ _ _ _ Total: _ _ , _ _ _ _ _	Free: _ _ , _ _ _ _ _ Reduced: _ _ , _ _ _ _ _ Paid (Full-Price): _ _ , _ _ _ _ _ Total: _ _ , _ _ _ _ _

TARGET DAY <i>(continued)</i>	SCHOOL RECORDED COUNTS	FIELD STAFF VERIFIED COUNTS
Register 5:	Free: _ , _ _ _ _ Reduced: _ , _ _ _ _ Paid (Full-Price): _ , _ _ _ _ Total: _ , _ _ _ _	Free: _ , _ _ _ _ Reduced: _ , _ _ _ _ Paid (Full-Price): _ , _ _ _ _ Total: _ , _ _ _ _
Register 6:	Free: _ , _ _ _ _ Reduced: _ , _ _ _ _ Paid (Full-Price): _ , _ _ _ _ Total: _ , _ _ _ _	Free: _ , _ _ _ _ Reduced: _ , _ _ _ _ Paid (Full-Price): _ , _ _ _ _ Total: _ , _ _ _ _
Register 7:	Free: _ , _ _ _ _ Reduced: _ , _ _ _ _ Paid (Full-Price): _ , _ _ _ _ Total: _ , _ _ _ _	Free: _ , _ _ _ _ Reduced: _ , _ _ _ _ Paid (Full-Price): _ , _ _ _ _ Total: _ , _ _ _ _
Register 8:	Free: _ , _ _ _ _ Reduced: _ , _ _ _ _ Paid (Full-Price): _ , _ _ _ _ Total: _ , _ _ _ _	Free: _ , _ _ _ _ Reduced: _ , _ _ _ _ Paid (Full-Price): _ , _ _ _ _ Total: _ , _ _ _ _
Register 9:	Free: _ , _ _ _ _ Reduced: _ , _ _ _ _ Paid (Full-Price): _ , _ _ _ _ Total: _ , _ _ _ _	Free: _ , _ _ _ _ Reduced: _ , _ _ _ _ Paid (Full-Price): _ , _ _ _ _ Total: _ , _ _ _ _
Register 10:	Free: _ , _ _ _ _ Reduced: _ , _ _ _ _ Paid (Full-Price): _ , _ _ _ _ Total: _ , _ _ _ _	Free: _ , _ _ _ _ Reduced: _ , _ _ _ _ Paid (Full-Price): _ , _ _ _ _ Total: _ , _ _ _ _
DAILY TOTAL FOR ALL REGISTERS	Free: _ , _ _ _ _ Reduced: _ , _ _ _ _ Paid (Full-Price): _ , _ _ _ _ Total: _ , _ _ _ _	Free: _ , _ _ _ _ Reduced: _ , _ _ _ _ Paid (Full-Price): _ , _ _ _ _ Total: _ , _ _ _ _
IF NO MEAL SERVED OR NO DATA AVAILABLE THAT DAY, RECORD REASON	School holiday.....1 Cafeteria closed.....2 Interviewer unable to access daily data.....3	Other (SPECIFY): _____ _____ _____ _____

B. STUDENT INFORMATION FOR SCHOOL

1. Total number of enrolled students:.....|_|_|_|,|_|_|_|

2. Average daily attendance:.....|_|_|_|,|_|_|_|

| % or |_|_|_|

**IF SCHOOL IS PROVISION 2 OR 3 SCHOOL IN NON-BASE YEAR, SKIP TO SECTION C.
IF SCHOOL IS CEO SCHOOL, SKIP TO SECTION D.**

3. Number of students approved for free meals:.....|_|_|_|,|_|_|_|

4. Number of students approved for reduced-price meals:.....|_|_|_|,|_|_|_|

C. PROVISION 2 OR 3 CLAIMING PERCENTAGES

COMPLETE ONLY FOR P2/3 SCHOOL IN NON-BASE YEAR

Lunch |_|_| Breakfast |_|_| (MUST MATCH EATING OCCASION CHECKED ON PAGE 1)

CLAIMING PERCENTAGES USED BY SCHOOL:

1. Free Meals.....|_|_|_| PERCENT

2. Reduced-Price Meals.....|_|_|_| PERCENT

3. Paid Meals.....|_|_|_| PERCENT

BASE YEAR PERIOD USED:

Yearly Percentages.....1

Monthly Percentages.....2

Specify Month:_____

D. CEO SCHOOL CLAIMING PERCENTAGES

COMPLETE ONLY FOR CEO SCHOOL

Lunch |_|_| Breakfast |_|_| (MUST MATCH EATING OCCASION CHECKED ON PAGE 1)

CLAIMING PERCENTAGES USED BY SCHOOL:

1. Free Meals.....|_|_|_| PERCENT

2. Paid Meals.....|_|_| PERCENT