



OMB Approval No.: 0584-0530  
Approval Expires:

NSLP AND SBP ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY (APEC-II)  
APPLICATION DATA ABSTRACTION FORM

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 0584-0530. The time required to complete this information collection is estimated to average 45 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.



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A. STUDENT INFORMATION

IF NOT COMPLETING SECTIONS B, C, AND D, MARK REASON BELOW

STUDENT: (Last Name, First Name) MPR ID:
SFA NAME AND ID #:
SCHOOL NAME AND ID #: GRADE:

DIRECT CERTIFICATION STUDENT.....
APPLICATION CANNOT BE FOUND.....
COPY OF APPLICATION ATTACHED.....
OTHER REASON (Specify).....


B. HOUSEHOLD INFORMATION AND CERTIFICATION STATUS: Complete the information below using the most recent school meal application completed for school year 2012-2013 for the student named in Section A.

Table with 2 columns and 7 rows containing application date, basis for eligibility, number of students covered, certification date, certification status, SFA's assessment of number of persons in household, and SFA's assessment of total income.



APPENDIX E.1 APPLICATION DATA ABSTRACTION FORM

	Source: _____
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Please complete Sections C through E on the back 

**C. INCOME RECORDED ON APPLICATION FORMS:** List all household members recorded on the application, including all students covered by application. Record income data for all persons receiving income exactly as shown on the application. Enter income denomination codes next to amounts under the "PER" column. W=Weekly; BW=Bi-weekly (every two weeks); SM=Semi-Monthly (twice a month); M=Monthly; Y=Yearly; OTH=Other (indicate period on form). If the period is printed in the column heading or instructions, rather than filled in by the applicant, then add "-DP" after the period code. If students covered by the application are not listed in the application's income grid, list them in Section C, Column 1, enter \$0 for their income, and initialize in the margin.

1.		2.		3.		4.		5.	
LIST HOUSEHOLD MEMBERS		EARNINGS FROM WORK		WELFARE, CHILD SUPPORT, OR ALIMONY (NO SNAP)		PENSIONS, RETIREMENT, OR SOCIAL SECURITY		ALL OTHER INCOME	
LAST NAME	FIRST NAME	AMOUNT	PER	AMOUNT	PER	AMOUNT	PER	AMOUNT	PER
1.		\$		\$		\$		\$	
2.		\$		\$		\$		\$	
3.		\$		\$		\$		\$	
4.		\$		\$		\$		\$	
5.		\$		\$		\$		\$	
6.		\$		\$		\$		\$	
7.		\$		\$		\$		\$	
8.		\$		\$		\$		\$	
9.		\$		\$		\$		\$	
10.		\$		\$		\$		\$	

**D. FORM COMPLETENESS**

	Yes	No	
1. Was target child's name listed?	1	0	
2. If basis for eligibility is income, was income recorded for at least one household member?	1	0	N/A
3. If basis for eligibility is TANF, SNAP, or FDPIR, was case number recorded?	1	0	N/A
4. Was the form signed by an adult household member?	1	0	
5. Was SSN of adult signer entered or an indication that signer does not have SSN?	1	0	

**E. ABTRACTOR'S SIGNATURE AND MPR ID**

\_\_\_\_\_ | \_\_\_\_\_ - \_\_\_\_\_

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