



## 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

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 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.



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

**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