**Attachment F.1- CERTIFIED AND DENIED APPLICANT SAMPLING FORM**



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| OMB Approval No.: 0584-0530Approval 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

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 15 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.

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: | | | / | | | / | | | □ Date Not Available MONTH DAY YEARCertification Date: | | | / | | | / | | | □ Date Not Available MONTH DAY YEAR |  |
| 2. |  |  |  | First: Middle: Last:  |  | First: Middle: Last:  | Street: City: State: Zip:  | ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| 3. |  |  |  | First: Middle: Last:  |  | First: Middle: Last:  | Street: City: State: Zip:  | ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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II. DENIED APPLICANT SAMPLE

|  | SAMPLE RESULTS |
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