

Appendix A.2: Certification and Participation Data Request Email

OMB #: 0584-xxxx
Expiration Date: xx/xx/20xx

From: Joshua Leftin
Sent: [DATE]
To: [STATE CN REPRESENTATIVE]
Cc: Lara Hulseley
Subject: DC-Medicaid Demonstration Evaluation Certification and Participation Data Request - [STATE]

Greetings. Thank you again for your participation in the DC-Medicaid Demonstration Evaluation Cost Survey. The next component of the study is the collection [*or, in subsequent rounds: It is now time to provide the next batch*] of administrative data on certification and participation in the school meal programs. The attached document provides details of the request for these data.

Please let me know if you have any questions.

Thanks,
Josh

Joshua Leftin
Research Analyst
Mathematica Policy Research
1100 1st Street, NE, 12th Floor
Washington, D.C. 20002-4221
Tel: 202-250-3531
Fax: 202-863-1763
jleftin@mathematica-mpr.com