**APPENDIX A**

**CERTIFICATION AND PARTICIPATION DATA REQUEST**

**Evaluation of Demonstrations of**

**NSLP/SBP Direct Certification of**

**Children Receiving Medicaid Benefits**

**(OMB No.: 0584-Xxxx  
Expiration Date: xx/xx/20xx)**

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**CONTENTS**

APPENDIX A.1: CERTIFICATION AND PARTICIPATION DATA REQUEST 3

APPENDIX A.2: CERTIFICATION AND PARTICIPATION DATA REQUEST Cover email 8