

Appendix G.2: District Cost Survey Follow-Up Email

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

TO: [Email for District Food and Nutrition Director]
FROM: FNS STUDY
SUBJECT: [Program Name] Direct Certification-Medicaid Evaluation

Dear District Food and Nutrition Director:

Recently, we sent you a letter asking for your help with the evaluation of the direct certification with Medicaid demonstration in which your district is participating.

For that evaluation, we are collecting district cost estimates for certification for the 2012–2013 school year. As you know, this is an important study for the Food and Nutrition Service and the U.S. Department of Agriculture, and your experiences in conducting the direct certification under the demonstration are extremely valuable. The demonstration and evaluation is mandated under the Healthy, Hunger-Free Kids Act of 2010. Participation of states and selected districts in the evaluation is required as a condition of inclusion in the demonstration.

Your participation is very important—the validity of the study results depends on your participation and that of other districts in the demonstration. Using the link below, please log on now and complete the survey.

Go to <https://XXXXX>

At the log-in screen, enter the following:

User ID: [user name]

Password: [password]

Please do not reply to this email. If you have questions about the study, please call us toll free at 866-XXX-XXXX between 9:00 a.m. and 9:00 p.m. Eastern Standard Time any day of the week. You may also email our help desk at XXXXX or contact me directly at xxx-xxx-xxxx.

If you have already completed the survey, thank you for your help.

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 information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 2 minutes per response.

DRAFT

G.5