

Enclosure 1: Study

Included in this document are screenshots of the SurveyMonkey survey.

School Meals Application Test

Thank you for participating in our research. In this study, we will show you sections of an application for the free or reduced price school meals program. You may or may not have seen a form like this before. We will ask you questions about the form one section at a time so we can evaluate the form itself and see if there are any ways to make it easier to fill out. **We are not asking you to fill out the form. Please do not use your name or the names of anyone else in your household when responding to the questions.**

The U.S. Census Bureau is conducting research to evaluate an application for free and reduced price school meals. The study will take 10 minutes or less to complete.

The survey does not collect personally identifiable information and your responses will not be shared with anyone in a way that could personally identify you. Your participation in this study is voluntary. The legal authority under which this information is being collected is Title 13 U.S.C. Chapter 5 Sections 141 and 193. This data collection is approved under OMB No. 0690-0030 and the approval expires 06/30/17.



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Now let's look at the first section of the form. Please take a moment to look at this section, and then answer the following questions:

2016-2017 Prototype Household Application for Free and Reduced Price School Meals

Apply online at www.abcdefgh.edu

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

| Definition of Household Member: Anyone who is living with you and shares income and expenses, even if not related. Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information. | Child's First Name | MI | Child's Last Name | Grade | Student? | | Foster Care | | Homeless, Migrant, Runaway | |
|---|--------------------|----|-------------------|-------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|
| | | | | | Yes | No | Check all that apply | Check all that apply | Check all that apply | Check all that apply |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1. Please tell me in your own words what information this section is asking for.

2. Can you tell me what "Household Member" means to you in this section?

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|---|--------------------|----|-------------------|-------|--------------------------|--------------------------|----------------------------|--------------------------|
| | | | | | Yes | No | Foster Care | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Sarah is filling out the application form for free and reduced price school meals. Sarah lives in a house with her husband Peter and their two children: Kevin, who is 15 years old and in high school, and Katie, who is 1 year old. Sarah's mother Karen also lives in the house with them and relies on Sarah to support her financially. Sarah's uncle Tim rents an apartment in their basement.

6. Who will Sarah list in Step 1 of the form (shown above)? Check all that apply.

- Sarah (herself)
- Peter, her husband
- Kevin, her 15 year old son
- Katie, her 1 year old daughter
- Karen, her mother
- Tim, her uncle

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

Are you unsure what income to include here?
 Flip the page and review the charts titled "Sources of Income" for more information.
 The "Sources of Income for Children" chart will help you with the Child Income section.
 The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income: \$ [][][][] How often? [] Weekly [] Bi-weekly [] 2x Month [] Monthly

B. All Adult Household Members (including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

| Name of Adult Household Members (First and Last) | Earnings from Work | How often? | | | | Public Assistance/ Child Support/Alimony | How often? | | | | Pensions/Retirement/ All Other Income | How often? | | | |
|--|--------------------|------------|-----------|----------|---------|---|------------|-----------|----------|---------|--|------------|-----------|----------|---------|
| | | Weekly | Bi-weekly | 2x Month | Monthly | | Weekly | Bi-weekly | 2x Month | Monthly | | Weekly | Bi-weekly | 2x Month | Monthly |
| [][][] | \$ [][][] | [] | [] | [] | [] | \$ [][][] | [] | [] | [] | [] | \$ [][][] | [] | [] | [] | [] |
| [][][] | \$ [][][] | [] | [] | [] | [] | \$ [][][] | [] | [] | [] | [] | \$ [][][] | [] | [] | [] | [] |
| [][][] | \$ [][][] | [] | [] | [] | [] | \$ [][][] | [] | [] | [] | [] | \$ [][][] | [] | [] | [] | [] |
| [][][] | \$ [][][] | [] | [] | [] | [] | \$ [][][] | [] | [] | [] | [] | \$ [][][] | [] | [] | [] | [] |
| [][][] | \$ [][][] | [] | [] | [] | [] | \$ [][][] | [] | [] | [] | [] | \$ [][][] | [] | [] | [] | [] |

Total Household Members (Children and Adults) [][] Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member [][][][] Check if no SSN

7. Who will Sarah list in Step 3, Part B of the form (shown above)? Check all that apply.

- Sarah (herself)
- Peter, her husband
- Kevin, her 15 year old son
- Katie, her 1 year old daughter
- Karen, her mother
- Tim, her uncle

8. How did you come up with your answer to question 7?

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12. How confident do you feel in your ability to complete this form if it had come from your child/children's school?

- Very confident
- Somewhat confident
- Somewhat unconfident
- Very unconfident

13. Have you ever applied for free or reduced school meals before?

- Yes
- No

14. What is the highest grade of school you have completed, or the highest degree you have received?

- Less than high school
- Completed high school
- Some college, no degree
- Associate's degree (AA/AS)
- Bachelor's degree (BA/BS)
- Post-Bachelor's degree (for example, MA, MS, PhD, JD)

15. Do you have any additional comments about this survey?

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Thank you for answering our survey! Your feedback will help us improve this form.

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Done