



OMB Control No.:0584-NEW  
Expiration Date: xx/xx/xxxx

Public reporting burden for this collection of information is estimated to average xx minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

## Appendix I2 PARENT INTRO LETTER

Date

RE: Interview Request

Dear Parent/Caregiver:

You are receiving this letter because you are the parent or guardian of a student who participates in the National School Lunch Program (NSLP). The U.S. Department of Agriculture (USDA) has hired Optimal Solutions Group, LLC (Optimal), to conduct interviews with parents and guardians to learn about reasons why they did or did not have their children participate in the summer food program. If you are interested in helping the USDA improve its service to America's youth, please complete and return the documents included in this packet. If you participate, you will receive a \$25 prepaid Visa gift card after the interview as a token of our appreciation. The interview will be conducted over the telephone and last about 30 minutes.

Participation in this study is voluntary. There will be no penalties if you decide not to respond, either to the information collection as a whole or to any particular question. The information you provide will be kept private and will not be disclosed in identifiable form to anyone but the researchers conducting this study or except as otherwise required by law.

One possible use of the information is in related research, where collaborating researchers and contractors may be allowed access to the research records to accomplish objectives consistent with our basic research purpose. Your privacy will be protected.

The following items are included with this letter:

- Informed consent form (two copies—one for you to keep and one to send to Optimal)
- Pre-addressed postage-paid envelope
- Participant contact form

**Please read and sign the consent form, keeping one copy for yourself, and complete the participant contact form.** You may e-mail the documents to [SFSP@optimalsolutionsgroup.com](mailto:SFSP@optimalsolutionsgroup.com) if you have the ability to do so. Otherwise, please use the pre-addressed postage-paid envelope to submit the forms via regular mail. The informed consent form provides details about the study and may answer questions you have.

If you return the forms included with this letter, at the end of the summer Optimal may contact you by e-mail or telephone to schedule the interview. Shortly after the interview is complete, you will receive your \$25 gift card in the mail.



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If you have any questions or concerns about your participation in this study, please contact Optimal at 877-776-8501 or [SFSP@optimalsolutionsgroup.com](mailto:SFSP@optimalsolutionsgroup.com).

Thank you for your time and cooperation.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mark Turner". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dr. Mark Turner  
Project Director