

Attachment C - Intervention-Reminder Call Script

Notes:

- [Fields in brackets] should be customized.
- Do not read to parent, to avoid sounding robotic. Feel free to use your own language

Hi [Susan],

- *Introduction:* I'm [Juanita Price] calling from [Mary, Tom, and Steven]'s school district, [school district name].
- *Purpose:* I'm the [coordinator] for free/reduced price meals. We asked you to send documents showing the information you listed on your free/reduced price meals application a few weeks ago and the deadline is [Oct 16], [three] days from today. If you do not send documents or let me know your situation by [Oct 16], [Mary, Tom, and Steven] will stop receiving free/reduced price meals.
- *Help:* I was wondering if you need any help submitting the documentation by the deadline?
 - o If "no", skip to *Remind*.
 - o If "yes", walk them through the steps below (see next page for details on document submission if needed). At the end, mention content in *Remind*.
 - Was someone in your household receiving benefits from [State SNAP], [State TANF] or [FDPIR] at the time of application, or since?
 - Is the child a homeless, migrant, or runaway child?
 - Is the child a foster child?
- *Remind:* This year, you can submit documents by taking a picture with on your phone or camera and emailing it to us at [email], indicating the name(s) of your child(ren). Or, you can send us original documents or copies along with the names of your child(ren) to [mailing address]. We'll send the originals back to you.




According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0584-0524. The time required to complete this information collection is estimated to average 5 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.

How to Prove Eligibility

Please provide **ONE** of the following by [Oct 16]. Documents can be dated from the time of application, one month prior to application, or any time since:

- | | | |
|----|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | [SNAP], [TANF] or [FDPIR] | Send your [SNAP], [TANF], or [FDPIR] Certification Notice or a letter from the same office that shows dates of certification.
<u>Do not send your EBT Card!</u> |
| | Foster child | Send documentation from a State child welfare agency or court. Or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child. |
| | Homeless, Migrant, Runaway child | Contact [school, homeless liaison, or migrant coordinator] at (xxx)-xxx-xxxx]. |
| OR | | |
| 2. | Proof of household income | Send documents for each income source showing the amount of the income, name of the person who received the income, the date it was received, and how often it was received. Acceptable documents below. |

Send this information via **ONE** of the following methods by [Oct 16].

- | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  Take pictures of the requested documents with your phone/camera and email them to [e-mail]. Include a picture of the first page of this letter. | OR |  Mail documents along with the first page of this letter to [mailing address] using the pre-paid envelope provided. We will send back originals. | OR |  Come in person to the office located at [address] to drop off the documents. Please bring this letter with you. |
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Acceptable Documents

- **Jobs:** Paycheck stub or pay envelope. If the stub or envelope does not list how often you receive pay, please include a letter from your employer stating gross (total) wages and how often you are paid; or, if you work for yourself, please include business or farming papers, such as ledger books or last year's tax return.
- **Social Security, Pensions, or Retirement:** Social Security retirement benefit letter, statement of benefits received, or pension award notice.
- **Unemployment, Disability, or Worker's Compensation:** Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation office.
- **Child Support or Alimony:** Court decree, agreement, or copies of checks received.
- **All Other Income:** Information that shows the amount of the income, name of the person who received the income, the date it was received, and how often it was received.
- **No Income:** A brief note explaining how you provide for your household expenses, and when you expect an income.

- **Military Housing Privatization Initiative:** Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

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