



**Incentive Receipt**

I have received a gift card in the dollar amount indicated below for my participation in the National Assessment of Meal Eligibility and Services Study (NAMES) Survey.

- \$20—Survey Completion
- \$50—Survey Completion and Provision of Income Documentation

\_\_\_\_\_  
Respondent Name (Printed)

\_\_\_\_\_  
Respondent Signature

\_\_\_\_\_  
Date

*(Respondent Copy)*

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*(Westat Copy)*

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-XXXX. The time required to complete this information collection is estimated to average 2 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the

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APPENDIX C29. NAMES SURVEY INCENTIVE RECEIVED FORM

OMB Number: 0584-XXXX  
Expiration Date: XX/XX/XXXX

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