

**Household Reporting Errors in the
National School Lunch Program (NSLP) and School Breakfast Program (SBP)**

Interviewing Protocol Guide: SFA Child Nutrition Director

Revision History

Date	Version Number	Author	Changes Made
7/11/16	1	Graber	New document
7/29/16	2	Graber	Integrated FNS comments

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Interviewing Protocol Guide: SFA/School Administrator

PARTICIPANT ID #: _____ DATE: ____ / ____ / ____

INTERVIEWER NAME: _____

START TIME: ____ : ____ AM/PM (circle one)

Section 1. Introduction and Informed Consent

PLACE THE CONSENT FORM IN FRONT OF THE RESPONDENT

Hello, I'm [INTERVIEWER NAME]. I work for the Census Bureau. Thanks for agreeing to help me today.

Before we start, I would like you to read over the document in front of you. It explains a little bit about this interview and provides information about your rights as a participant. It also asks for your permission to have this session audio recorded. Please ask me any questions you have about this document. Once you have finished reading, please sign it.

PARTICIPANT READS AND SIGNS FORM

IF PARTICIPANT CONSENTED TO AUDIO TAPING, READ:

I will now turn on the audio recorder.

TURN ON AUDIO RECORDER

The USDA Food and Nutrition Service has asked us to talk to [School Food Authorities/schools] about the application form used by families to request free or reduced price school meals.

Are you familiar with this process for [NAME OF SCHOOL(S)] served by [SFA NAME]?

IF YES, CONTINUE

IF NO, ASK

Can you give me the name and contact information of the person I should speak to about this?

Section 2. Structured Interview about Application Process

I'm going to ask you about the process used by families applying for free or reduced price school meals.

1. Are you employed by [SCHOOL NAME], [SFA NAME] or someone else?
2. How long have you worked for [RESPONSE FROM 1]?
3. What are your responsibilities related to the National School Lunch Program or the School Breakfast Program?
4. What form do applicants use to request free or reduced price school meals?

SHOW APPLICANT A COPY OF THE FORM AND CONFIRM THAT IT IS CORRECT.

5. Was this form developed by the USDA Food and Nutrition Service, the state of [STATE NAME] or [SFA NAME]?
6. Is it available online or just in paper form?
7. [IF ONLINE] For this current school year (2016-2017) approximately what percent of applications were submitted online versus on paper?
8. [IF SFA] How many students does the [SFA NAME] serve?
9. [IF SCHOOL] How many students attend [SCHOOL NAME]?
10. How do families find out about the school meals programs?
11. Can you tell me about the school meals application process?
[PROBE: ARE THE FORMS GIVEN OUT? MAILED TO HOUSEHOLD? DOES EVERYONE GET AN APPLICATION? ARE THEY GIVEN OTHER FORMS AT THE SAME TIME?]
12. How long do families have to complete the application form?
13. If someone had trouble completing the application, what would he or she do?
14. What support or help is offered to families to help them with the application process?

15. What do you think are the biggest problems applicants have when completing their forms?
16. What are the most common mistakes you have seen or heard about?
17. Tell me about the instructions that are given to applicants. Do you think these are used? Do you think they are helpful?
18. Overall, would you say the questions on the form are easy or difficult for people to respond to? For what reason(s)?
19. Do you think some people might find any of these questions sensitive? Which one(s)?
20. Our goal is to make this application easy to complete, while also ensuring people fill it out correctly. But we know that people often get confused about reporting everyone who lives in their household. Do you have any other thoughts about how to help people report everyone who lives in their household?
21. What about how to help to make sure all household income is reported?
22. Do you have anything else you would like to tell us that you haven't had a chance to mention yet?

Section 3. Closeout

I want to thank you very much for your participation.

TURN OFF THE TAPE RECORDER.