**Household Reporting Errors in the**

**National School Lunch Program (NSLP) and School Breakfast Program (SBP)**

**Additional Screening Questions for Respondents (Household Applicant Type)**

Is there a child living in your household who attends [NAME OF SCHOOL]?

|  |  |  |  |
| --- | --- | --- | --- |
| ⬜ | YES |  | ENTER IF THERE IS ONE OR MORE CHILDREN |
| ⬜ | NO | → | END |

At the beginning of the 2016 school year, did you or anyone in your household complete an application for [THIS CHILD/THESE CHILDREN] to receive free or reduced-price meals at school?

|  |  |  |  |
| --- | --- | --- | --- |
| ⬜ | YES |  |  |
| ⬜ | NO | → | END |

Who completed the application form?

|  |  |  |  |
| --- | --- | --- | --- |
| ⬜ | SCREENER RESPONDENT | → | APPOINTMENT |
| ⬜ | SOMEONE ELSE | → | COLLECTNAME |

{COLLECTNAME} Please tell me the name of the person who filled out the application form.

Does [NAME] live in your household with your [CHILD/CHILDREN]?

|  |  |  |  |
| --- | --- | --- | --- |
| ⬜ | YES | → | APPOINTMENT |
| ⬜ | NO | → | END |

{APPOINTMENT} We are going to be in your area during the week of [DATE] talking to families who have applied for free or reduced-price school meals. We would like to meet with [YOU/NAME] to hear about your experience with this program and ways it could be improved. Your help with this will in no way affect your [CHILD/CHILDREN]’s participation in the school meals program.