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 \rightarrow 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
To YES To 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]?
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{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.