

Participant feedback survey – school year 2015-2016 verification project

1. Please attach the final version of our modified initial verification notice that you sent this year.

2. How many households:
_____ received an initial verification notice, by letter, from your office
_____ submitted paper documents by mail
_____ emailed pictures of documents
_____ personally dropped off documents at your office (or at the school)
_____ other methods
_____ did not respond and received benefit termination letters from your office

3. How many households received one or more **follow-up** verification requests from your office (including letters, phone calls, email or text messages, etc.)?
(Please list the number of households contacted at least once after the initial letter, not the number of separate contacts made to each household.)

4. Did your office send stamped return envelopes with your initial verification letters?

 Y
 N

5. If any households responded with emailed pictures of documents, please comment on the general quality (readability, etc.) or completeness of those images.

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 0503-0021. The time required to complete this information collection is estimated to average 10 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.

6. Please comment on the general quality or completeness of documents delivered by other means (mailed photocopies, mailed originals, documents delivered in person).

What is the name of the software products and the name of the software vendors (ex., “Heartland”, “Horizon”) that your office uses to process applications, determine the verification sample, and print and/or send your verification letters?

For processing applications: Product _____ Vendor _____

For determining verification sample: Product _____ Vendor _____

For printing/sending verification letters: Product _____ Vendor _____

7. Please provide us with any additional feedback on your experience in this year’s verification project.