

OMB Approval No.: 0584-0530

Approval Expires:

NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST PROGRAM ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY (APEC-II)

SCHOOL FOOD AUTHORITY (SFA) DISTRICT DIRECTOR QUESTIONNAIRE

April 20, 2012

According to the Paperwork Reduction Act of 1995, no persons are 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 0584-0530. The time required to complete this information collection is estimated to average 90 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

|  |
| --- |
| THIS PAGE LEFT INTENTIONALLY BLANK. |

|  |
| --- |
| **SFA ID:** | | | | | | | | | |
| **SFA NAME:**  |

This research is being conducted for USDA’s Food and Nutrition Service. Your responses to this questionnaire will tell us about your school district’s participation in the National School Lunch Program (NSLP) and/or the School Breakfast Program (SBP), how you certify students for free and reduced-price meals, the verification process, and how you and your schools record and account for meals served to students.

The information you provide will be used for research purposes only. It will not be used to evaluate any single district and will only be used in aggregate.

|  |
| --- |
| **Instructions:**1. Please report the number of schools, students, meals served, and applications AS OF OCTOBER 31, 2012 or for the period which you reported to the State Child Education or Nutrition Agency.
2. When answering questions, circle the number next to the appropriate response and enter all numerical responses in the boxes provided after the question.
3. If a given data item is not readily available, please do a hand count if possible. If a hand count is not possible, your best estimate is fine.
4. You may not need to answer all the questions. The questions you answer will depend on whether your SFA has private schools, Provision 2 and 3 schools, schools participating in the Community Eligibility Option, or no schools with Provision 2 and 3, or participating in the Community Eligibility Option. Please follow the GO TO instructions to determine the next question that applies to your SFA.
5. Please keep a copy of this form for reference in case we call to clarify any of the information.
6. Please fax the completed form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_ or return it in the enclosed prepaid Federal Express envelope.
 |

Since the focus of this research is on USDA’s NSLP and SBP, **we ask that you calculate and record counts of both schools and students in terms of schools participating in the NSLP and/or SBP and students with access to the NSLP and SBP.** Please indicate whether you will report enrollment in terms of those students with the opportunity to participate in these programs, or only in terms of total students enrolled.

 STUDENTS WITH AN OPPORTUNITY

 TO PARTICIPATE IN THE NSLP AND/OR SBP 1

 TOTAL STUDENTS ENROLLED 2

|  |
| --- |
| **SECTION A: SFA DISTRICT AND STUDENT CHARACTERISTICS** |

A1. Please indicate if your SFA includes public schools only, private schools only, or both public and private schools, and the number of each as of October 31, 2012? (Publicly funded charter schools should be considered public schools.)

 HOW MANY?

 PUBLIC SCHOOLS ONLY 1  **|\_\_|,|\_\_|\_\_|\_\_|** PUBLIC SCHOOLS

 PRIVATE SCHOOLS ONLY 2  **|\_\_|,|\_\_|\_\_|\_\_|** PRIVATE SCHOOLS

 BOTH PUBLIC AND PRIVATE SCHOOLS 3  **|\_\_|,|\_\_|\_\_|\_\_|** PUBLIC SCHOOLS

 **|\_\_|,|\_\_|\_\_|\_\_|** PRIVATE SCHOOLS

A2. Does your SFA administer the NSLP or SBP for more than one school district or other legal entity?

 YES 1

 NO (GO TO A4) 0

A3. How many public school districts or legal entities are in your SFA?

 | | | | NUMBER OF

 DISTRICTS OR LEGAL ENTITIES

 IN SFA

A4. Is your SFA food service operation under the direction of a food service management company, or does your SFA use a consulting company or independent consultant to help plan or manage food service operations?

**(SS)**

 YES-USES FOOD SERVICE MANAGEMENT COMPANY 1

 YES-USES OTHER TYPE OF CONSULTING SERVICE 2

 NO 0

A4a. For each of the following procedures, record whether the SFA uses a manual process and/or hardcopy records, uses an automated process and/or electronic records, or uses a combination of both:

|  | **MANUAL PROCESS/HARDCOPY RECORDS** | **AUTOMATED PROCESS/ELECTRONIC RECORDS** | **COMBINATION** | **N/A** |
| --- | --- | --- | --- | --- |
| a. Accepting applications for free or reduced-price meal benefits | 1  | 2  | 3  | 4  |
| b. Approving applications for free or reduce-priced meal benefits | 1  | 2  | 3  | 4  |
| c. Conducting verification of a sample of approved applications | 1  | 2  | 3  | 4  |
| d. Directly certifying students for free meals (Direct Certification) | 1  | 2  | 3  | 4  |
| e. Tracking individual meal transactions at the point of sale/cashier | 1  | 2  | 3  | 4  |
| f. Compiling school meal counts and reporting meal counts to the SFA | 1  | 2  | 3  | 4  |
| g. SFA preparation and submission of meal reimbursement claims to state agency | 1  | 2  | 3  | 4  |
| h. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  | 2  | 3  | 4  |

A5. What was the first day of your current school year? If the day classes began varied, please provide the most common starting day of school.

**(SS)**

 | | | / | | | / | | |

 MONTH DAY YEAR

A6. What is the last day of the current school year? If the day classes end varies, please provide the most common last day of school.

 | | | / | | | / | | |

 MONTH DAY YEAR

A7. In the grid below, please record the number of schools and enrolled students for your entire SFA and type of school. Record the information as of October 31, 2012. (Elementary schools are most typically thought of as grades K-5, middle schools as 6-8, and high schools up through grade 12. If your schools don’t align with these categories, please fit them as closely as possible.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **a** | **b** | **c** | **d** | **e** |
|  | **TOTAL FOR SFA** | **ELEMENTARY SCHOOLS** | **MIDDLE OR JUNIOR HIGH** | **HIGH SCHOOLS** | **OTHER PROGRAMS** |
| 1 **Number of schools** operating the NSLP and/or the SBP | | |**,**| | | |SCHOOLS | | |**,**| | | |SCHOOLS | | |**,**| | | |SCHOOLS | | |**,**| | | |SCHOOLS | | |**,**| | | |SCHOOLS |
| 2. Number of **enrolled students** with access to the NSLP and/or SBP  | | |**,**| | | |**,**| | | |STUDENTS | | |**,**| | | |**,**| | | |STUDENTS | | |**,**| | | |**,**| | | |STUDENTS | | |**,**| | | |**,**| | | |STUDENTS | | |**,**| | | |**,**| | | |STUDENTS |

A8. As of October 31, 2012, please record the type of meal program by the number of schools, students with access to NSLP and/or SBP, and the number of days meals were served during October 2012.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **a** | **b** | **c** |
| **TYPE OF MEAL PROGRAM** | **TOTAL SCHOOLS OPERATING THE NSLP AND/OR SBP IN YOUR ENTIRE SFA** | **TOTAL STUDENTS ENROLLED IN THESE SCHOOLS WITH ACCESS TO NSLP AND/OR SBP** | **NUMBER OF DAYS LUNCH OR BREAKFAST WAS SERVED IN OCTOBER 2012** |
| 1. **Operate both the NSLP and the SBP**  | | |**,**| | | | | | |**,**| | | |**,**| | | | | | | | DAYS |
| 2. **Operate the NSLP only** | | |**,**| | | | | | |**,**| | | |**,**| | | | | | | | DAYS |
| 3. **Operate the SBP only** | | |**,**| | | | | | |**,**| | | |**,**| | | | | | | | DAYS |

A9. As of October 31, 2012, please record the ethnicity, race, and gender of enrolled students in your entire SFA.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Characteristics** of enrolled students with access to the NSLP and/or the SBP.  Record the number of students for each category. Please include Hispanic students in their appropriate race categories. | **a** | **b** | **c** | **d** | **e** | **f** |
|  |  |  |
| a. ETHNICITY |  |  |  |  |  |
| **HISPANIC** | **NON-HISPANIC** |  |  |  |  |
| | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | |  |  |  |  |
| b. RACE |  |  |  |  |  |
| **WHITE** | **BLACK OR AFRICAN AMERICAN** | **INDIAN OR ALASKA NATIVE** | **ASIAN** | **HAWAIIAN OR PACIFIC ISLANDER** | **OTHER** |
| | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | | | | | |**,**| | | | | | | | |**,**| | | | | | | | |**,**| | | | | | | | |**,**| | | | |
| c. GENDER |  |  |  |  |  |
| **MALE** | **FEMALE** |  |  |  |  |
| | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | |  |  |  |  |

|  |
| --- |
| **SECTION B: SFA PARTICIPATION IN PROVISION 2 AND 3 AND COMMUNITY ELIGIBILITY OPTION** |

B1. Under Provision 2 or 3 special assistance, schools serve meals free to all students, and, after a base year, do not take applications or need to track whether students receiving meals are certified for free or reduced-price meals. Under Provision 2, the reimbursements they receive from USDA in a non-base year are based on the total number of meals they serve during the non-base year and claiming percentages by meal reimbursement type that were established in the base year. Under Provision 3, their reimbursements are based on the total dollar reimbursement received during the base year and may be adjusted for changes in enrollment and inflation.

 Do any schools in your SFA participate in . . .

Provision 2 only? 1

Provision 3 only? 2

Both Provision 2 and 3? 3

Neither Provision 2 nor Provision 3? (GO TO B1b) 0

B1a. For which meal programs do Provision 2 or 3 schools in your SFA participate in Provision 2 or 3?

All Provision 2 or 3 schools in the SFA participate in Provision 2 or 3 for breakfast only. 1

Some Provision 2 or 3 schools in the SFA participate in Provision 2 or 3 for breakfast only,

while other schools participate for breakfast and lunch, or lunch only. 2

All Provision 2 or 3 schools participate in Provision 2 or 3 for breakfast and lunch

(if they serve breakfast). (GO TO B2) 3

B1b. What is the most important reason (more) schools in your SFA don't participate in Provision 2 or 3 for lunch?

Process is too complicated or time consuming. 1

Lack technology or resources to change current system. 2

State or local rules require SFA to collect and report individual meal application data yearly 3

Provision 2 or 3 is not economically beneficial in our schools not currently participating for lunch. 4

Other (specify) 5

B2. Please record the number of Provision 2 and/or 3 schools and the enrolled students for each category below for your entire SFA as of October 31, 2012.

| **- IF SFA PARTICIPATES IN PROVISION 2, ANSWER ITEMS 1 THROUGH 8** **- IF SFA PARTICIPATES IN PROVISION 3, ANSWER ITEMS 9 THROUGH 16****- IF SFA PARTICIPATES IN PROVISION 2 AND 3, ANSWER ALL ITEMS** | **a** | **b** |
| --- | --- | --- |
|  | **PROVISION 2 OR 3 SCHOOLS ONLY** |
|  | **NUMBER OF SCHOOLS** | **NUMBER OF ENROLLED STUDENTS** |
|  |
| 1. **Provision 2** in **both NSLP and SBP** which are both in a **base year**. | | |**,**| | | | | | |**,**| | | |**,**| | | | |
| 2. **Provision 2** in **both NSLP and SBP** which are both in **non-base year**. | | |**,**| | | | | | |**,**| | | |**,**| | | | |
| 3. **Provision 2** in **both NSLP and SBP** which **NSLP are in a base year** and **SBP are in non-base year**. | | |**,**| | | | | | |**,**| | | |**,**| | | | |
| 4. **Provision 2** in **both NSLP and SBP** which **NSLP are in a non-base year** and **SLP are in base year**. | | |**,**| | | | | | |**,**| | | |**,**| | | | |
| 5. **Provision 2** in the **NSLP only** and are in a **base year**. | | |**,**| | | | | | |**,**| | | |**,**| | | | |
| 6. **Provision 2** in **NSLP only** which are in a **non-base year**. | | |**,**| | | | | | |**,**| | | |**,**| | | | |
| 7. **Provision 2** in **SBP only** which are in a **base year**. | | |**,**| | | | | | |**,**| | | |**,**| | | | |
| 8. **Provision 2** in **SBP only** which are in a **non-base year**. | | |**,**| | | | | | |**,**| | | |**,**| | | | |
| 9. **Provision 3** in **both NSLP and SBP** which are both in a **base year**. | | |**,**| | | | | | |**,**| | | |**,**| | | | |
| 10. **Provision 3** in **both NSLP and SBP** which are both in a **non-base year**. | | |**,**| | | | | | |**,**| | | |**,**| | | | |
| 11. **Provision 3** in **both NSLP and SBP** which **NSLP are in a base year** and **SBP are in a non base year**. | | |**,**| | | | | | |**,**| | | |**,**| | | | |
| 12. **Provision 3** in **both NSLP and SBP** which **NSLP are in a non base year** and **SBP are in a base year**. | | |**,**| | | | | | |**,**| | | |**,**| | | | |
| 13. **Provision 3** in the **NSLP only** which are in a **base year**. | | |**,**| | | | | | |**,**| | | |**,**| | | | |
| 14. **Provision 3** in **NSLP only** which are in a **non-base year**. | | |**,**| | | | | | |**,**| | | |**,**| | | | |
| 15. **Provision 3** in **SBP only** which are in a **base year**. | | |**,**| | | | | | |**,**| | | |**,**| | | | |
| 16. **Provision 3** in **SBP only** which are in a **non-base year**. | | |**,**| | | | | | |**,**| | | |**,**| | | | |

B3. What was the base year for your Provision 2 and/or 3 schools? If your SFA has multiple base years, please provide the most common base year.

 | | | | |

 BASE YEAR

B4. The Community Eligibility Option (CEO) is a new program that can be elected by a local education agency (LEA, by a group(s) of schools within an LEA, or by individual schools in the LEA. Under the CEO, schools apply claiming percentages to the total number of reimbursable meals in the school(s) that elected CEO together. For example, a group of schools within an LEA that elects the CEO jointly will claim reimbursement based on the percentage of enrolled students from all schools in this group who are identified students, comprised of directly certified students and other groups of students (e.g., homeless, migrants, runaways) who are certified without submitting an application. A school that elects CEO individually will claim reimbursement based on the percentage of its enrolled students who are directly certified or other identified students.

 In your SFA, was CEO elected by…

one or more entire LEAs? (GO TO B5) 1

only individual schools? (GO TO SECTION C) 2

only groups of schools within LEAs? (GO TO SECTION C) 3

individual schools and groups of schools within LEAs? (GO TO SECTION C) 4

no schools, groups of schools, or LEAs? (GO TO SECTION B8) 0

B5. Is SY2012-2013 your LEA’s first year of participation in CEO?

Yes (ANSWER B7.1, THEN GO TO SECTION C) 1

No (GO TO B6) 1

B6. For its second year of CEO participation, did your LEA update its claiming percentages under CEO?

Yes (ANSWER B7.2, THEN GO TO SECTION C) 1

No (ANSWER B7.3, THEN GO TO SECTION C) 1

B7. The next questions ask about students in your LEA which has elected CEO for all schools. Please record the number of schools, enrolled students, directly certified or other identified students in your entire LEA. (Identified students are comprised of directly certified students and other groups of students e.g., homeless, migrants, runaways who are certified without submitting an application.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **a** | **b** | **c** | **d** | **e** |
|  |  | **CEO LEA ONLY** |
|  | **NUMBER OF SCHOOLS** | **NUMBER OF ENROLLED STUDENTS IN APRIL 1, 2011** | **NUMBER OF IDENTIFIED STUDENTS IN APRIL 1, 2011** | **NUMBER OF ENROLLED STUDENTS IN APRIL 1, 2012** | **NUMBER OF IDENTIFIED STUDENTS IN APRIL 1, 2012** |
| 1. **LEA** in the **first year** of **CEO**. | | |**,**| | | | |  |  | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | **GO TO SECTION C** |
| 2. **LEA** in the **second year** of **CEO** and **did adjust** claiming percentages after the first year. | | |**,**| | | | |  |  | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | **GO TO SECTION C** |
| 3. **LEA** in the **second year** of **CEO** and **did not adjust** claiming percentages after the first year. | | |**,**| | | | | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | |**GO TO SECTION C** |  |  |

B8. What is the most important reason your SFA did not elect CEO?

Process is too complicated or time consuming 1

Lack technology or resources to change current system 2

State or local rules require SFA to collect and report individual meal application data yearly 3

CEO is not economically beneficial in our SFA 4

No schools (or group of schools) were eligible 5

Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6

|  |
| --- |
| **SECTION C: CHARACTERISTICS OF YOUR SAMPLED SCHOOLS** |

The next questions ask about the schools that have been selected to participate in this study. If your SFA has more than six schools sampled, please use the extra pages of this questionnaire included with your packet.

C1. Answer the questions below as of October 31, 2012 for each of the schools sampled.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **a** | **b** | **c** | **d** | **e** | **f** |
|  | **SAMPLED**SCHOOL ONE:**«School\_Name»«Next Record»** | **SAMPLED**SCHOOL TWO:**«School\_Name»«Next Record»** | **SAMPLED**SCHOOL THREE:**«School\_Name»«Next Record»** | **SAMPLED**SCHOOL FOUR:**«School\_Name»«Next Record»** | **SAMPLED**SCHOOL FIVE:**«School\_Name»«Next Record»** | **SAMPLED**SCHOOL SIX:**«School\_Name»«Next Record»** |
| 1. Record the first day of your current school year. (If they are the same for all schools in your SFA, go to C2) | \_\_\_\_\_ / \_\_\_\_\_ /12 MONTH DAY  | \_\_\_\_\_ / \_\_\_\_\_ /12 MONTH DAY  | \_\_\_\_\_ / \_\_\_\_\_ /12 MONTH DAY  | \_\_\_\_\_ / \_\_\_\_\_ /12 MONTH DAY  | \_\_\_\_\_ / \_\_\_\_\_ /12 MONTH DAY  | \_\_\_\_\_ / \_\_\_\_\_ /12 MONTH DAY  |
| 2. Record the last day of your current school year. (If they are the same for all schools in your SFA, skip to C3) | \_\_\_\_ / \_\_\_\_\_ /\_\_\_\_\_MONTH DAY YEAR | \_\_\_\_ / \_\_\_\_\_ /\_\_\_\_\_MONTH DAY YEAR | \_\_\_\_ / \_\_\_\_\_ /\_\_\_\_\_MONTH DAY YEAR | \_\_\_\_ / \_\_\_\_\_ /\_\_\_\_\_MONTH DAY YEAR | \_\_\_\_ / \_\_\_\_\_ /\_\_\_\_\_MONTH DAY YEAR | \_\_\_\_ / \_\_\_\_\_ /\_\_\_\_\_MONTH DAY YEAR |
| 3. Circle the grades that each school serves. | PRE-SCHOOL PKINDERGARTEN KFIRST 1SECOND 2THIRD 3FOURTH 4FIFTH 5SIXTH 6SEVENTH 7EIGHTH 8NINTH 9TENTH 10ELEVENTH 11TWELFTH 12OTHER (SPECIFY) 96  | PRE-SCHOOL PKINDERGARTEN KFIRST 1SECOND 2THIRD 3FOURTH 4FIFTH 5SIXTH 6SEVENTH 7EIGHTH 8NINTH 9TENTH 10ELEVENTH 11TWELFTH 12OTHER (SPECIFY) 96  | PRE-SCHOOL PKINDERGARTEN KFIRST 1SECOND 2THIRD 3FOURTH 4FIFTH 5SIXTH 6SEVENTH 7EIGHTH 8NINTH 9TENTH 10ELEVENTH 11TWELFTH 12OTHER (SPECIFY) 96  | PRE-SCHOOL PKINDERGARTEN KFIRST 1SECOND 2THIRD 3FOURTH 4FIFTH 5SIXTH 6SEVENTH 7EIGHTH 8NINTH 9TENTH 10ELEVENTH 11TWELFTH 12OTHER (SPECIFY) 96  | PRE-SCHOOL PKINDERGARTEN KFIRST 1SECOND 2THIRD 3FOURTH 4FIFTH 5SIXTH 6SEVENTH 7EIGHTH 8NINTH 9TENTH 10ELEVENTH 11TWELFTH 12OTHER (SPECIFY) 96  | PRE-SCHOOL PKINDERGARTEN KFIRST 1SECOND 2THIRD 3FOURTH 4FIFTH 5SIXTH 6SEVENTH 7EIGHTH 8NINTH 9TENTH 10ELEVENTH 11TWELFTH 12OTHER (SPECIFY) 96  |
| 4. Number of **students enrolled in sampled schools** with access to the NSLP and/or the SBP as of October 31, 2012. | | | | |**,**| | | | | | | | |**,**| | | | | | | | |**,**| | | | | | | | |**,**| | | | | | | | |**,**| | | | | | | | |**,**| | | | |

C2. For each sampled school, record participation in Provision 2 and/or 3 and the NSLP and/or SBP as of October 31, 2012.

|  |
| --- |
| NOTE: If you do not have Provision 2 or 3 schools (your response to question B1 was “*Neither Provision 2 nor Provision 3*”), go to Question **5** in the grid below. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **a** | **b** | **c** | **d** | **e** | **f** |
|  | **SAMPLED**SCHOOL ONE: | **SAMPLED**SCHOOL TWO: | **SAMPLED**SCHOOL THREE: | **SAMPLED**SCHOOL FOUR: | **SAMPLED**SCHOOL FIVE: | **SAMPLED**SCHOOL SIX: |
| 1. Record whether each sampled school uses Provision 2 or 3 in its **lunch program**. |  CIRCLE ONEPROVISION 2 1PROVISION 3 2DID NOT PARTICIPATE 0 |  CIRCLE ONEPROVISION 2 1PROVISION 3 2DID NOT PARTICIPATE 0 |  CIRCLE ONEPROVISION 2 1PROVISION 3 2DID NOT PARTICIPATE 0 |  CIRCLE ONEPROVISION 2 1PROVISION 3 2DID NOT PARTICIPATE 0 |  CIRCLE ONEPROVISION 2 1PROVISION 3 2DID NOT PARTICIPATE 0 |  CIRCLE ONEPROVISION 2 1PROVISION 3 2DID NOT PARTICIPATE 0 |
| 2. Enter each sampled school’s Provision 2 or 3 base year for its **lunch program**. | | | | | |BASE YEARNOT APPLICABLE 0 | | | | | |BASE YEARNOT APPLICABLE 0 | | | | | |BASE YEARNOT APPLICABLE 0 | | | | | |BASE YEARNOT APPLICABLE 0 | | | | | |BASE YEARNOT APPLICABLE 0 | | | | | |BASE YEARNOT APPLICABLE 0 |
| 3. Record whether each sampled school uses Provision 2 or 3 for its **breakfast program**. |  CIRCLE ONEPROVISION 2 1PROVISION 3 2DID NOT PARTICIPATE 0 |  CIRCLE ONEPROVISION 2 1PROVISION 3 2DID NOT PARTICIPATE 0 |  CIRCLE ONEPROVISION 2 1PROVISION 3 2DID NOT PARTICIPATE 0 |  CIRCLE ONEPROVISION 2 1PROVISION 3 2DID NOT PARTICIPATE 0 |  CIRCLE ONEPROVISION 2 1PROVISION 3 2DID NOT PARTICIPATE 0 |  CIRCLE ONEPROVISION 2 1PROVISION 3 2DID NOT PARTICIPATE 0 |
| 4. Enter each sampled school’s Provision 2 or 3 base year for its **breakfast program**. | | | | | |BASE YEARNOT APPLICABLE 0 | | | | | |BASE YEARNOT APPLICABLE 0 | | | | | |BASE YEARNOT APPLICABLE 0 | | | | | |BASE YEARNOT APPLICABLE 0 | | | | | |BASE YEARNOT APPLICABLE 0 | | | | | |BASE YEARNOT APPLICABLE 0 |
| **SKIP IF C2.1=1 or 2**5. Does school participate in the NSLP? | YES 1NO 0 | YES 1NO 0 | YES 1NO 0 | YES 1NO 0 | YES 1NO 0 | YES 1NO 0 |
| 6. During October 2012, on how many days was lunch served? | | | | DAYS | | | | DAYS | | | | DAYS | | | | DAYS | | | | DAYS | | | | DAYS |
| **SKIP IF C2.3=1 or 2**7. Does school participate in the SBP? | YES 1NO 0 (Go to C2.1b) | YES 1NO 0 (Go to C2.1c) | YES 1NO 0 (Go to C2.1d) | YES 1NO 0 (Go to C2.1e) | YES 1NO 0 (Go to C2.1f) | YES 1NO 0 (Go to C3) |
| 8. During October 2012, on how many days was breakfast served? | | | | DAYS | | | | DAYS | | | | DAYS | | | | DAYS | | | | DAYS | | | | DAYS |

C3. For each sampled school, record participation in CEO.

|  |
| --- |
| NOTE: If your LEA has elected CEO for *all* of its schools or if your LEA does not have *any* CEO schools (your response to question B1 was “*one or more entire LEAs*” or “*no schools, groups of schools, or LEAs*”), go to Section D. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **a** | **b** | **c** | **d** | **e** | **f** |
|  | **SAMPLED**SCHOOL ONE: | **SAMPLED**SCHOOL TWO: | **SAMPLED**SCHOOL THREE: | **SAMPLED**SCHOOL FOUR: | **SAMPLED**SCHOOL FIVE: | **SAMPLED**SCHOOL SIX: |
| 1. Record how each sampled school is participating in CEO. | CIRCLE ONEYES, AS AN INDIVIDUAL SCHOOL 1YES, WITH A SET OF SCHOOLS 2DID NOT PARTICIPATE 0 | CIRCLE ONEYES, AS AN INDIVIDUAL SCHOOL 1YES, WITH A SET OF SCHOOLS 2DID NOT PARTICIPATE, , 0 | CIRCLE ONEYES, AS AN INDIVIDUAL SCHOOL 1YES, WITH A SET OF SCHOOLS 2DID NOT PARTICIPATE, , 0 | CIRCLE ONEYES, AS AN INDIVIDUAL SCHOOL 1YES, WITH A SET OF SCHOOLS 2DID NOT PARTICIPATE, , 0 | CIRCLE ONEYES, AS AN INDIVIDUAL SCHOOL 1YES, WITH A SET OF SCHOOLS 2DID NOT PARTICIPATE, , 0 | CIRCLE ONEYES, AS AN INDIVIDUAL SCHOOL 1YES, WITH A SET OF SCHOOLS 2DID NOT PARTICIPATE, , 0 |
| 2. Record whether each school is in its first or second year of participation | CIRCLE ONEFIRST YEAR 1SECOND YEAR, DID NOT UPDATE CLAIMING PERCENTAGES 2SECOND YEAR, UPDATED CLAIMING PERCENTAGES 3NOT APPLICABLE 0 | CIRCLE ONEFIRST YEAR 1SECOND YEAR, DID NOT UPDATE CLAIMING PERCENTAGES 2SECOND YEAR, UPDATED CLAIMING PERCENTAGES 3NOT APPLICABLE 0 | CIRCLE ONEFIRST YEAR 1SECOND YEAR, DID NOT UPDATE CLAIMING PERCENTAGES 2SECOND YEAR, UPDATED CLAIMING PERCENTAGES 3NOT APPLICABLE 0 | CIRCLE ONEFIRST YEAR 1SECOND YEAR, DID NOT UPDATE CLAIMING PERCENTAGES 2SECOND YEAR, UPDATED CLAIMING PERCENTAGES 3NOT APPLICABLE 0 | CIRCLE ONEFIRST YEAR 1SECOND YEAR, DID NOT UPDATE CLAIMING PERCENTAGES 2SECOND YEAR, UPDATED CLAIMING PERCENTAGES 3 NOT APPLICABLE 0 | CIRCLE ONEFIRST YEAR 1SECOND YEAR, DID NOT UPDATE CLAIMING PERCENTAGES 2SECOND YEAR, UPDATED CLAIMING PERCENTAGES 3 NOT APPLICABLE 0 |
| **IF SCHOOL IN SECOND YEAR OF PARTICIPATION AND CLAIMING PERCENTAGES NOT UPDATED,ANSWER 3 AND 4.** |
| 3. Record student enrollment as of April 1, 2011 | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | |
| 4. Record the number of directly certified or other identified students as of April 1, 2011 | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | |
| **IF SCHOOL IN FIRST OR SECOND YEAR AND CLAIMING PERCENTAGES UPDATED, ANSWER 5 AND 6.** |
| 5. Record student enrollment as of April 1, 2012 | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | |
| 6. Record the number of directly certified or other identified students as of April 1, 2012 | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | | | |**,**| | | |**,**| | | | |
| **ANSWER 6 AND 7 FOR SAMPLED SCHOOLS IN CEO, REGARDLESS OF YEAR.** |
| 7. Record the CEO claiming percentage for reimbursement at the “free” level of benefits. | | | | | % | | | | | % | | | | | % | | | | | % | | | | | % | | | | | % |
| 8. Record the CEO claiming percentage for reimbursement at the “paid” level of benefits. | | | | | % | | | | | % | | | | | % | | | | | % | | | | | % | | | | | % |

C4. For each sampled school that participated in CEO with a set of schools within the LEA (your response to that school for question C3.1 was 1, “YES, WITH A SET OF SCHOOLS”), record total enrolled students and directly certified or other identified students for that set of schools.

NOTE: If your LEA does not contain any schools that elected CEO jointly with other schools, go to Section D.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **a** | **b** | **c** | **d** | **e** | **f** |
|  | **SAMPLED**SCHOOL ONE’sCEO SCHOOL SET: | **SAMPLED**SCHOOL ONE’sCEO SCHOOL SET: | **SAMPLED**SCHOOL ONE’sCEO SCHOOL SET: | **SAMPLED**SCHOOL ONE’sCEO SCHOOL SET: | **SAMPLED**SCHOOL ONE’sCEO SCHOOL SET: | **SAMPLED**SCHOOL ONE’sCEO SCHOOL SET: |
| 1. Record total student enrollment as of October 31, 2012 in the full set of schools with which the sampled school elected CEO | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 |
| **IF SCHOOL SET IN SECOND YEAR OF PARTICIPATION AND CLAIMING PERCENTAGES NOT UPDATED, ANSWER 2 AND 3.** |
| 2. Record total student enrollment as of April 1, 2011, in the full set of schools with which the sampled school elected CEO  | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 |
| 3. Record total number of directly certified or other identified student enrollment as of April 1, 2011, in the full set of schools with which the sampled school elected CEO | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 |
| **IF SCHOOL SET IN FIRST OR SECOND YEAR AND CLAIMING PERCENTAGES UPDATED, ANSWER 4 AND 5.** |
| 4. Record total student enrollment as of April 1, 2012 in the full set of schools with which the sampled school elected CEO | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 |
| 5. Record total number of directly certified or other identified student enrollment as of April 1, 2012, in the full set of schools with which the sampled school elected CEO | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 | | |**,**| | | |**,**| | | |NOT APPLICABLE 0 |

|  |
| --- |
| **SECTION D: STUDENT CERTIFICATION FOR FREE OR REDUCED-PRICE MEALS**  |

D1. Record the number of students certified for program meals for both your entire SFA and each sampled school as of October 31, 2012.

|  |
| --- |
| NOTE:* When answering Items 1 and 3 for "TOTAL FOR SFA," enter the total number of free or reduced-price eligible students for the October reporting period.
* Any Provision 2 or 3 schools operating a base year should be included in answers to Items 1 and 3.
* For Items 2 and 4, enter the number of free or reduced-price eligibles computed and reported for any Provision 2 or 3 schools **which are not operating a base year, during the October 2012 reporting period.**
* If your LEA has elected CEO for *all* of its schools, go to Section E.
* Schools electing CEO should not be included in responses to D1.
 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **a** | **b** | **c** | **d** | **e** | **f** | **g** |
|  | **TOTAL****FOR SFA** | **SAMPLED**SCHOOL ONE: | **SAMPLED**SCHOOL TWO: | **SAMPLED**SCHOOL THREE: | **SAMPLED**SCHOOL FOUR: | **SAMPLED**SCHOOL FIVE: | **SAMPLED**SCHOOL SIX: |
| 1. Total number of students **certified for free meals** | | |**,**| | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | |
| 2. Number of students reported eligible for **free** meals from **Provision 2 or 3 schools which are not operating a base year.** | | |**,**| | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | |
| 3. Total number of students **certified for reduced –price meals** | | |**,**| | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | |
| 4. Number of students reported eligible for **reduced-price** meals from **Provision 2 or 3 schools which are not operating a base year**.  | | |**,**| | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | |

|  |
| --- |
| **SECTION E: REIMBURSABLE LUNCHES AND BREAKFASTS SERVED** |

E1. Record the number of **lunches** claimed for reimbursement by type of reimbursement for the entire SFA and each sampled school for the **month** of October 2012.

|  |
| --- |
| NOTE:* If your SFA does not participate in the NSLP go to E2.
* In Items 1 through 4, include all lunches EXCEPT those served at Provision 3 schools which are in a non-base year.
* For CEO schools, enter the number of lunches claimed based on claiming percentages. Enter lunches claimed for the sampled school only, even if they elected CEO jointly with other schools.
* Enter information on lunches served at Provision 3 schools that are not operating a base year in Item 5.
 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **a** | **b** | **c** | **d** | **e** | **f** | **g** |
|  | **TOTAL**FOR SFA | **SAMPLED**SCHOOLONE: | **SAMPLED**SCHOOLTWO: | **SAMPLED**SCHOOL THREE: | **SAMPLED**SCHOOL FOUR: | **SAMPLED**SCHOOL FIVE: | **SAMPLED**SCHOOLSIX: |
| 1. Total number of **school lunches** claimed for reimbursement in October 2012 | | |**,**| | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | |
| 2. Number of **free lunches** claimed for reimbursement in October 2012 | | |**,**| | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | |
| 3. Number of **reduced-price lunches** claimed for reimbursement in October 2012 | | |**,**| | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | |
| 4. Number of **full-price (“paid”) lunches** claimed for reimbursement in October 2012 | | |**,**| | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | |
| 5. Number of lunches claimed for reimbursement by **Provision 3 schools which are not operating a base year in October 2012** | | |**,**| | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | |

E2. Record the number of **breakfasts** claimed for reimbursement by type of reimbursement for the entire SFA and each sampled school for the **month** of October 2012.

|  |
| --- |
| NOTE:* If your SFA does not participate in the SBP go to E3.
* In Items 1 through 4, include all breakfasts EXCEPT those served at Provision 3 schools which are in a non-base year.
* For CEO schools, enter the number of breakfasts claimed based on claiming percentages. Enter breakfasts claimed for the sampled school only, even if they elected CEO jointly with other schools.
* Enter information on breakfasts served at Provision 3 schools that are not operating a base year in Item 5.
 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **a** | **b** | **c** | **d** | **e** | **f** | **g** |
|  | **TOTAL**FOR SFA | **SAMPLED**SCHOOLONE: | **SAMPLED**SCHOOL TWO: | **SAMPLED**SCHOOL THREE: | **SAMPLED**SCHOOL FOUR: | **SAMPLED**SCHOOL FIVE: | **SAMPLED**SCHOOLSIX: |
| 1. Total number of **school breakfasts** claimed for reimbursement in October 2012 | | |**,**| | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | |
| 2. Number of **free breakfasts** claimed for reimbursement in October 2012 | | |**,**| | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | |
| 3. Number of **reduced-price breakfasts** claimed for reimbursement in October 2012 | | |**,**| | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | |
| 4. Number of **full-price (“paid”) breakfasts** claimed for reimbursement in October 2012 | | |**,**| | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | |
| 5. Number of breakfasts claimed for reimbursement by **Provision 3 schools which are not operating a base year in October 2012** | | |**,**| | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | |

E3. (C83) Does your SFA use a computerized system to process applications and determine free or reduced-price certification status?

 YES 1

 NO 0

|  |
| --- |
| **SECTION F: DIRECT CERTIFICATION** |

|  |
| --- |
| NOTE: If your LEA has elected a CEO, start at Question F4. |

F1. The next questions are about direct certification, which allows SFAs to certify students as eligible for free meals based on information received from other public assistance programs instead of on the basis of an application submitted by the household. Does your SFA use direct certification?

 YES 1

 NO (GO TO F12) 0

F2. Does your SFA have any students who are directly certified for free meals?

 YES 1

 NO (GO TO F12) 0

F3. Approximately, in what year did your district begin using direct certification?

 | | | | | YEAR

F4. Students are generally directly certified by one of three methods: state-level matching, district-level matching, or the letter method.

 With **State-level matching**, a State agency (usually Child Nutrition) is responsible for a system that matches a list of children in NSLP schools with a list of children in SNAP households using a common identifier or identifiers. This system can be set up in a variety of ways. Some examples include:

* A State agency matches State enrollment information with a State list of children in SNAP households. A list of students directly certified on the basis of this match is forwarded to districts.
* An initial match is conducted by a State agency. A list of matched students is sent to districts, who then verify the matches, get further information on students who are “potential” matches, or conduct other types of secondary matching.
* Districts upload enrollment information into a State-maintained computer or web-based system that conducts a match to a list of children in SNAP households. Students are directly certified on the basis of this match.

 With **district-level matching**, districts have primary responsibility for matching a list of children enrolled in their schools with a list of children in SNAP households using a common identifier or identifiers. Districts may use manual methods or their own computer system.

 With the **letter method**, the State mails letters to all SNAP households notifying them of their children’s eligibility for free school meals. Households who return the letters to the school district are certified for school meal benefits without having to fill out an application.

F5. Does your SFA use state-level matching to directly certify students?

 YES 1

 NO 0

F6. Does your SFA use district-level matching to directly certify students?

 YES 1

 NO (GO TO F10) 0

F7. If students are directly certified using district-level matching, is this matching performed manually or electronically?

Manual matching 1

Electronic matching 2

F8. If students are directly certified using both state- and district-level matching, what are the reasons districts perform data matching in addition to that conducted at the State level?

To confirm State-level data matching

results (quality control) 1

To determine direct certification status of students

identified by the State as “potential matches” 2

District preference 3

Statutory requirement 4

Additional check on new enrollments 5

State agency request 6

Other (specify) 7

Don’t use both state- and district-level matching 8

F9. Does your SFA use the letter method to directly certify students?

 YES 1

 NO 0

|  |
| --- |
| NOTE: If your LEA has elected CEO for *all* of its schools, skip to end of survey. |

|  |
| --- |
| NOTE: Provision 2 or 3 schools that are not operating in a base year and schools electing CEO should not be included in responses to F11. |

F10. Record the number of students certified for **free** meals by the type of certification for the entire SFA and for sampled schools as of October 31, 2012.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **a** | **b** | **c** | **d** | **e** | **f** | **g** |
|  | **TOTAL****FOR SFA** | **SAMPLED**SCHOOL ONE: | **SAMPLED**SCHOOL TWO: | **SAMPLED**SCHOOL THREE: | **SAMPLED**SCHOOL FOUR: | **SAMPLED**SCHOOLFIVE: | **SAMPLED**SCHOOLSIX: |
| 1. Number of students approved for free meals who were **directly certified by food stamps, TANF, or FDPIR without having to submit an application.** | | |**,**| | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | | |**,**| | | | |
| 2. Aside from directly certified students (in 1 above), the number of free eligibles approved without having to submit an application, such as those approved on the basis of observed need or homeless, runaway, or migrant students | | |**,**| | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | | |**,**| | | | |
| 3. Number of free eligibles **approved through submission of an application** | | |**,**| | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | | |**,**| | | | |
| 3a. Number of free eligibles who submitted an application and were approved **based on household income and size (i.e., income eligible)** | | |**,**| | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | |**,**| | | | | | | | |**,**| | | | |
| 3b. Number of free eligibles who submitted an application and were approved based on **food stamp, TANF, or FDPIR case number (i.e., categorical eligible)** | | |**,**| | | |**,**| | | | | | | | |**,**| | | | | | | | |**,**| | | | | | | | |**,**| | | | | | | | |**,**| | | | | | | | |**,**| | | | | | | | |**,**| | | | |

F11. What was the total number of denied and incomplete applications as of October 31, 2012 in your SFA? Please include applications that are not approved for free or reduced-price meal benefits, including complete and incomplete applications.

 | | | |**,**| | | | DENIED AND INCOMPLETE APPLICATIONS

 NONE 0

|  |
| --- |
| **SECTION G: VERIFICATION** |

G1. Next I would like to ask you about the process where districts verify information for a sample of applications.

 When did your SFA begin to verify applications for school year 2012-2013?

 | | | / | | | / | | |

 MONTH DAY YEAR

G2. When did your SFA complete verification activities on applications for school year 2012-2013?

 | | | / | | | / | | |

 MONTH DAY YEAR

G3a. Did your district verify a random sample only, a focused or error prone sample only, or did you use a mixture of random and focused or error prone method of selecting applications for verification, or did you verify all applications?

(M1)

CIRCLE ONE

 RANDOM ONLY (END OF SURVEY) 1

 FOCUSED OR ERROR

 PRONE ONLY (END OF SURVEY) 2

 MIXTURE OF RANDOM

 AND ERROR PRONE 3

 VERIFIED ALL APPLICATIONS (END OF SURVEY) 4

 OTHER (Please describe the methods used for

 selecting the applications to be verified and the

 number of applications verified) (END OF SURVEY) 5

G3b. What percentage of your verification sample was random?

(M1a)

 | | | | PERCENTAGE RANDOM

G3c. What percentage of your verification sample was focused or error prone?

(M1b)

 | | | | PERCENTAGE FOCUSED OR

 ERROR PRONE

**Thank you for your participation. Please return this questionnaire in the envelope provided. If you no longer have the envelope, please mail this questionnaire to:**

**Westat**

1600 Research Boulevard

Rockville, MD 20850