

OMB Number: 0584-0530
Expiration Date:
XX/XX/XXXX



Third Access, Participation,
Eligibility and Certification
Study Series

**Third Access, Participation, Eligibility and Certification Study
Series (APEC III)**

**SFA REIMBURSEMENT CLAIM VERIFICATION FORM—
SAMPLED SCHOOLS**

SUMMARY:

The data collector will obtain and abstract meal count and claims data for the Target Month, which is the most recent calendar month in which meal count and claims data were submitted. In the rare instances in which the data for the Target Month is no longer available or accessible, the data collector will abstract data for the Target Week, which is the week prior to the data collection visit. In the even more rare instance in which the Target Week is not available, the data collector will collect the data for the Target Day, which is the day of the data collection visit.

Data will be entered into the SFA Reimbursement Claim Verification Form—Sampled Schools on the computer, saved, and securely transmitted to the home office.

SFA meal claim data will be used to determine aggregation errors at the SFA level.

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 0584-0530. The time required for the SFA data manager to provide access to the SFA claim records is estimated to average 30 minutes per response during each data collection round, including the time to review instructions, search existing data resources,

APPENDIX B9. SFA REIMBURSEMENT CLAIM VERIFICATION FORM—SAMPLED SCHOOLS

APPENDIX B9. SFA REIMBURSEMENT CLAIM VERIFICATION FORM—SAMPLED SCHOOLS

COMPLETE ONE FORM PER SAMPLED SCHOOL

SFA Name: _____

SFA ID: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

School Name: _____

School ID: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Date Collected: |_|_|_|_| / |_|_|_|_| / |_|_|_|_|
MONTH DAY YEAR

Number Serving Days:	
Breakfast	Lunch
_ _ _	_ _ _

Select ONE (Target Month, Target Week, or Target Day):

Target Month: |_|_|_|_| / |_|_|_|_| ||_|_|_|_|
MONTH YEAR

Target Week: |_|_|_|_| / |_|_|_|_| / |_|_|_|_| TO |_|_|_|_| / |_|_|_|_| / |_|_|_|_|
MONTH DAY YEAR MONTH DAY YEAR

Target Day |_|_|_|_| / |_|_|_|_| / |_|_|_|_|
MONTH DAY YEAR

IF CEP SCHOOL, ENTER "FREE", "PAID" and "TOTAL" MEALS ONLY

APPENDIX B9. SFA REIMBURSEMENT CLAIM VERIFICATION FORM—SAMPLED SCHOOLS

PART A: BREAKFAST

REPORTED TO SFA BY SCHOOL	REPORTED TO STATE AGENCY BY SFA							
Free: _ _ _ _ , _ _ _ _	Free: _ _ _ _ , _ _ _ _							
Reduced: _ _ _ _ , _ _ _ _	Reduced: _ _ _ _ , _ _ _ _							
Paid: _ _ _ _ , _ _ _ _	Paid: _ _ _ _ , _ _ _ _							
Total: _ _ _ _ , _ _ _ _	Total: _ _ _ _ , _ _ _ _							
COMPLETE FOR PROVISION SCHOOL IN <u>NON-BASE</u> YEAR								
<table style="width:100%;"> <tr> <td style="width:50%;">ENTER THE CLAIMING PERCENTAGES USED:</td> <td style="width:50%;">BASE YEAR PERIOD USED:</td> </tr> <tr> <td> <table style="width:100%;"> <tr> <td style="text-align:center;"> _ _ _ _ % FREE</td> <td style="text-align:center;"> _ _ _ _ % REDUCED</td> <td style="text-align:center;"> _ _ _ _ % PAID</td> </tr> </table> </td> <td> YEARLY PERCENTAGES.....1 MONTHLY PERCENTAGES.....2 SPECIFY MONTH USED: _____ </td> </tr> </table>		ENTER THE CLAIMING PERCENTAGES USED:	BASE YEAR PERIOD USED:	<table style="width:100%;"> <tr> <td style="text-align:center;"> _ _ _ _ % FREE</td> <td style="text-align:center;"> _ _ _ _ % REDUCED</td> <td style="text-align:center;"> _ _ _ _ % PAID</td> </tr> </table>	_ _ _ _ % FREE	_ _ _ _ % REDUCED	_ _ _ _ % PAID	YEARLY PERCENTAGES.....1 MONTHLY PERCENTAGES.....2 SPECIFY MONTH USED: _____
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COMPLETE FOR CEP SCHOOL								
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ENTER THE CLAIMING PERCENTAGES USED:								
_ _ _ _ % FREE	_ _ _ _ % PAID							

PART B: LUNCH

REPORTED TO SFA BY SCHOOL	REPORTED TO STATE AGENCY BY SFA							
Free: _ _ _ _ , _ _ _ _	Free: _ _ _ _ , _ _ _ _							
Reduced: _ _ _ _ , _ _ _ _	Reduced: _ _ _ _ , _ _ _ _							
Paid: _ _ _ _ , _ _ _ _	Paid: _ _ _ _ , _ _ _ _							
Total: _ _ _ _ , _ _ _ _	Total: _ _ _ _ , _ _ _ _							
COMPLETE FOR PROVISION SCHOOL IN <u>NON-BASE</u> YEAR								
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ENTER THE CLAIMING PERCENTAGES USED:								
_ _ _ _ % FREE	_ _ _ _ % PAID							

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FREE	PAID
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PART C:

INTERVIEWER: The number of meals an SFA claims for a school may differ from what the schools report to the SFA because the SFA makes an error or because the SFA is correcting an error in the school's meal counts.

1. **COMPARE BREAKFAST COUNTS AND CLAIMS.** First for breakfast, compare the SFA claims against the school reports for each meal type (free, reduced-price, paid, and total) for the target month. [Or for CEP schools, free, paid and total for the target month]. If they differ, then check the SFA records to see if there are any notes in the file indicating that the SFA corrected the school breakfast counts and document in the space provided below under "COMMENTS."

Comparison Comments about **BREAKFAST** Counts and Claims: _____

2. **COMPARE LUNCH COUNTS AND CLAIMS.** Next for lunch, compare the SFA claims against the school reports for each meal type (free, reduced-price, paid, and total) for the target month. [Or for CEP schools, free, paid and total for the target month]. If they differ, then check the SFA records to see if there are any notes in the file indicating that the SFA corrected the school lunch counts and document in the space provided below under "COMMENTS."

Comparison Comments about **LUNCH** Counts and Claims: _____
