

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



**APEC III**

Third Access, Participation,  
Eligibility and Certification  
Study Series

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

**SFA REIMBURSEMENT CONSOLIDATION AND CLAIM  
VERIFICATION FORM—ALL 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 Consolidation and Claim Verification Form—All 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 B10. SFA REIMBURSEMENT CONSOLIDATION AND CLAIM VERIFICATION  
FORM—ALL SCHOOLS**



**APPENDIX B10. SFA REIMBURSEMENT CLAIM VERIFICATION FORM—ALL SCHOOLS**

Number of meals reported by the school to the SFA for School 3.	BREAKFASTS REPORTED	LUNCHES REPORTED
School 3 Name: _____ _____ _____ _____	Free:    _ _ _ _ _ , _ _ _ _ _  Reduced:  _ _ _ _ _ , _ _ _ _ _  Paid:     _ _ _ _ _ , _ _ _ _ _  Total:    _ _ _ _ _ , _ _ _ _ _	Free:    _ _ _ _ _ , _ _ _ _ _  Reduced:  _ _ _ _ _ , _ _ _ _ _  Paid:     _ _ _ _ _ , _ _ _ _ _  Total:    _ _ _ _ _ , _ _ _ _ _
Number of meals reported by the school to the SFA for School 4.	BREAKFASTS REPORTED	LUNCHES REPORTED
School 4 Name: _____ _____ _____ _____	Free:    _ _ _ _ _ , _ _ _ _ _  Reduced:  _ _ _ _ _ , _ _ _ _ _  Paid:     _ _ _ _ _ , _ _ _ _ _  Total:    _ _ _ _ _ , _ _ _ _ _	Free:    _ _ _ _ _ , _ _ _ _ _  Reduced:  _ _ _ _ _ , _ _ _ _ _  Paid:     _ _ _ _ _ , _ _ _ _ _  Total:    _ _ _ _ _ , _ _ _ _ _

\*Add additional row for each additional school

**PART B. SFA Consolidated Meal Claim – For All Schools in Target Month (IF TARGET MONTH IS NOT AVAILABLE, ENTER TARGET WEEK OR TARGET DAY DATA)**

Enter number of meals SFA claimed for all schools.

BREAKFASTS		LUNCHES	
Free:	_ _ , _ _ _ _ _ , _ _ _ _ _	Free:	_ _ , _ _ _ _ _ , _ _ _ _ _
Reduced:	_ _ , _ _ _ _ _ , _ _ _ _ _	Reduced:	_ _ , _ _ _ _ _ , _ _ _ _ _
Paid:	_ _ , _ _ _ _ _ , _ _ _ _ _	Paid:	_ _ , _ _ _ _ _ , _ _ _ _ _
Total:	_ _ , _ _ _ _ _ , _ _ _ _ _	Total:	_ _ , _ _ _ _ _ , _ _ _ _ _