Supporting Statement for OMB Clearance for the Study of Non-Response to the School Meals Application Verification Process

Appendix 36

Verification Data Request Confirmation Email



<<DATE>>

Dear <<SFA Director's Name>>

Thank you for speaking with me recently about Mathematica's upcoming visit to your district. During this visit, we will be gathering the data needed for the U.S. Department of Agriculture /Food and Nutrition Service (USDA/FNS)-sponsored School Meal Application Study.

Today, I am writing to confirm the day and time of our visit. According to our records, the data collector will arrive at <<**NAME OF SITE & ADDRESS>>** on <<**DATE>>** at <<**TIME>>**.

The name of the Mathematica data collector who will be visiting your school is: << FIRST AND LAST NAME>>.

As we discussed in our phone call, the data collector will gather the information listed below for your district's verification sample:

INSTRUCTION: CUSTOMIZE TABLE BASED ON WHAT IS NEEDED FROM THE DISTRICT

Background information on households selected for verification:

- Household ID, or other unique household identifier, if available. If no identifier is available, please assign a unique number to each household on the file.
- Household size (number of people living in the household at the time application was completed)
- 3. Household monthly income at the time of application
- 4. Number of students in household enrolled at the time the verification sample was selected
- 5. Name(s) of student (s) in household
- 6. School(s) of student (s) in household
- Grade level(s) of student(s) in household8.
- A variable to indicate if the student is a foster child (yes/no, y/n, 1/2, etc.)
- 9. A variable to indicate whether or not the student is still enrolled in the school (yes/no, y/n, 1/2, etc.).

Information related to the original application for school meal benefits:

- District's initial determination of eligibility status (free, reducedprice, paid, not recorded)
- A variable to indicate whether household was certified for free meals by application based on categorical eligibility (participation in SNAP, TANF, or FDPIR) (yes/no, y/n, 1/2, etc.)
- A variable to indicate whether household was certified for school meal benefits based on household income reported on the application (yes/no, y/n, 1/2, etc.)

Information related to verification process:

- A variable to indicate whether application was selected for cause (yes/no, y/n, 1/2, etc.)
- Result of verification process (no change, free to reduced-price, free to paid, reduced-price to free, reduced-price to paid, missing)
- 15. If there was a change in benefits after verification, reason for change in benefits (change in income eligibility, household income change in SNAP/TANF/FDPIR participation, refusal to cooperate, no response, other (please specify), missing)

16. A variable to indicate whether application was directly verified (direct verification allows districts to use records from public agencies to verify income or program participation) (yes/no, y/n, 1/2, etc.)

Locating information:

- 17. Parent/Guardian1 First Name
- 18. Parent/Guardian1 Last Name
- 19. Parent/Guardian1 Street Address, Line 1
- 20. Parent/Guardian1 Street Address, Line 2
- 21. Parent/Guardian1 City of Residence
- 22. Parent/Guardian1 State of Residence (2 letter code e.g. NJ, PA, TX, etc.)
- 23. Parent/Guardian1 Zip Code (5 digits)
- 24. Parent/Guardian1 Home Telephone Number (10 digits)
- 25. Parent/Guardian1 Cell Telephone Number (10 digits)
- 26. Parent/Guardian1 Work Telephone Number (10 digits + extension, if applicable)
- 27. Parent/Guardian1 Email Address
- Parent/Guardian Language1 (English/Spanish/Other (please specify))
- 29. Parent/Guardian2 First Name
- 30. Parent/Guardian2 Last Name
- 31. Parent/Guardian2 Street Address, Line 1
- 32. Parent/Guardian2 Street Address, Line 2
- 33. Parent/Guardian2 State of Residence
- 34. Parent/Guardian 2 City of Residence
- 35. Parent/Guardian2 Zip Code (5 digits)
- 36. Parent/Guardian2 Home Telephone Number (10 digits)
- 37. Parent/Guardian2 Cell Telephone Number (10 digits)
- 38. Parent/Guardian2 Work Telephone Number (10 digits + extension, if applicable)
- 39. Parent/Guardian2 Email Address
- 40. Parent/Guardian Language2 (English/Spanish/Other (please specify))

This information will be used to select households to participate in a 45 minute survey. Households will also be asked to spend up to two hours gathering income documentation beforehand to help answer survey questions. Please note that participation in this household survey will be optional, and no data will be retained on households who do not consent to participate in the study:

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-XXXX. The time required to complete this information collection is estimated to average six 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.

To help make this visit go smoothly, please have the appropriate documents ready for the data collector(s) upon their arrival. If you have any questions about the visit or if you need to reschedule please call our toll-free number at 1-8XX-XXX-XXXX.

Thank you for your participation and contribution to the School Meal Application Study.

Sincerely,

<<RECRUITER NAME>> <<RECRUITER'S MATHEMATICA SIGNATURE>>