

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

Appendix 28

Pretest Memo

MEMORANDUM

TO: Courtney Paolicelli

FROM: Meg Bishop, Cheryl DeSaw, Bryce Onaran,
Rachel Sutton-Heisey, and Eric Zeidman

DATE: 3/23/2017

SUBJECT: Pretest Summary for the Study of Non-Response to the
School Meals Application Verification Process

I. Introduction

As part of the Study of Non-Response to the School Meals Application Verification Process, Mathematica Policy Research will conduct several data collection efforts. To identify typical instrumentation problems, measure the response burden, and confirm there are no unforeseen difficulties in administration, Mathematica pretested two survey instruments and two data request forms. In the sections that follow, this memorandum briefly describes the instruments followed by the district and household pretest findings.

1. Verification Data Request

The Verification Data Request will collect data on household characteristics and verification results for all households selected for verification. Types of data collected will include background information on households selected for verification, information related to the original household application for school meal benefits, information related to the verification process, and parent or guardian contact information. Recruiters from Mathematica will encourage SFA directors to submit their data via a secure file transfer site. However, if respondents require assistance in abstracting the requested data from applications then Mathematica will send trained data collectors to the district to manually collect the information. We will use the data gathered from these requests to draw a random sample of households that we will approach to complete the household survey. Mathematica will send Verification Data Requests to the 20 participating School Food Authority (SFA) directors or their representatives in fall 2017.

2. Household survey

The in-home household survey will collect detailed information on household structure, sources of income, employment history of adult members of the household, and, for each household member, monthly income by source. The survey will also collect information about perceptions of the application and verification process, frequency with which students in the household eat schools meals, and perceptions of the school lunch program. We will administer this instrument to two key groups of households randomly selected from the verification data provided by the district in fall 2017: 1) households that did not respond to verification requests,

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and (2) responding households with no changes in benefits. The household survey will be administered (n=1480) in the winter and spring of 2018 and will be available in both English and Spanish.

3. District interview

The purpose of these interviews is to learn more about the district's verification for cause processes, and to complement the data collected in the Verification Data Request. During these interviews, SFA directors will also provide information about the following: how SFAs notify households that their application has been selected for verification, how and when districts select applications for cause, whether SFA directors use a formal or informal set of criteria to identify questionable applications, whether and how direct verification occurs among applications that have been selected for cause, and procedures for notifying households about their applications being verified for cause. We will administer the district interview by phone to SFA directors or their representatives in January and February 2018, to the 20 participating districts.

4. Reapplication Data Request

The Reapplication Data Request will collect data on reapplication information such as certification status resulting from reapplication, direct certification information, and enrollment status information. Mathematica will request that districts upload these data to the secure file transfer site by the end of March 2018. We will send the Reapplication Data Request to the SFA directors or representatives in each of the 20 participating districts in March 2018.

II. District pretest

1. District recruitment

Mathematica began recruiting SFAs for the pretest in late January 2017. We chose five districts that met the sampling criteria of the study¹. We also intentionally selected districts located far from districts likely to be part of the final sample, as the distant geographic locations of these pretest districts would make them unlikely to be included in the final sample for logistical reasons.

After we selected five districts to participate, the Food and Nutrition Service (FNS) asked the Western and Southeastern Regional Offices to email the State Child Nutrition (CN) agencies in California, Arizona, and Georgia about contacting the SFAs to participate in the study's

¹ The study will include districts that (1) had at least 61 households that did not respond to the verification request, and (2) at least 41 households that responded and had no change in certification status resulting from the verification process. The number of households for each criterion is the minimum starting sample size to achieve the target number of completed surveys, assuming response rates of 68 percent and 78 percent, respectively.

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pretest, and the Regional Offices asked the State CN directors to provide Mathematica with current SFA information. This included contact information for the SFA director and an indication of whether or not any applications were verified for cause in the fall of 2016. After the State CN directors emailed Mathematica this information, Mathematica began contacting the SFAs by email and follow-up phone calls. The email explained the goal of the pretest and requested SFA directors' help with: (1) testing the district interview, (2) reviewing the fall and spring data requests, and (3) providing contact and demographic information for about 10 to 25 households in the 2016 verification sample.²

Three of the five selected districts participated in the pretest. These participants completed the pretest activities during 1 to 1.5 hour phone calls with trained Mathematica staff from February 9 -15, 2017. Participant characteristics are presented in Table 1. We include more information regarding the methodology and findings for each of the pretest components below.

Table 1. District characteristics

Respondent	State	District size (number of students)	Did the district have any questionable applications that were verified for cause in fall 2016?	Number of applications verified for cause
1	California	14,437	No	n.a.
2	Arizona	48,455	Yes	30 applications
3	Georgia	111,751	Yes	25 applications

n.a. = not applicable

2. District interview

Methodology. Trained project staff conducted district interviews by phone. During the call, the interviewer took notes on the responses to the questions in the interview protocol, the administration time needed for each interview, and any issues related to wording and general understanding of the interview questions. Two of three interviews were audio-recorded for later playback and analysis. One SFA director preferred not to be recorded. We edited the district interview based on feedback from the first interview so that we could pretest the changes in the second two interviews. The second version of the survey with tracked changes is included in Appendix A.

In addition to testing interview procedures, flow, and administration times, interviewers used spontaneous probes when respondents hesitated or expressed confusion during the

² We requested that all 3 of the districts provide Mathematica with sample for the Household Survey. However, for logistical reasons we only conducted household interviews in AZ where we had staff who could easily conduct in person interviews.

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interview. The probes were designed to (1) determine whether any of the questions would be difficult for respondents to comprehend or recall, and (2) ascertain whether the questions were capturing information on intended constructs. This is a useful technique in pretesting, because interviewers can get immediate feedback on specific questions from pretest respondents while their responses are still fresh in their minds. This technique typically increases the length of pretest interview administration by a few minutes, and this increase should be kept in mind when interpreting average interview lengths from our pretest results.

Pretest Findings. During pretests, interviewers probed respondents when they hesitated or expressed confusion, which assisted us in identifying problematic questions and making necessary adjustments. For example, questions in Sections A and C were reordered to improve flow and clarity, transition and instruction language was updated, and we clarified when we were asking about verification or verification for cause.

The average length of the district interview for the three pretest respondents was 26 minutes (20 minutes, 24 minutes, and 34 minutes, respectively). As noted above, question probes added a burden of several minutes to each interview, so the administration time may be an overestimate. However, we thought it was necessary to cut a few problematic questions in order to reduce the administration time further. With these adjustments we estimate the district interview will take approximately 20 minutes to complete over the phone. This is more than our originally proposed 15-minute interview, but we see value in adding 5 minutes so that we have enough time get additional information about this topic. See Table 2 below for further details and information.

Table 2. Issues identified during pretest and modifications to the district interview

Interview section	Issue	Resolution
Section A: Selecting Applications for Verification	One of the respondents reported the district did not select any applications for cause. We anticipate some study districts will not have selected any applications for cause.	We edited the introduction instructions to explain that even if the district has not selected any applications for verification for cause we are interested in knowing about their process for selecting for cause because all districts have an obligation to verify all questionable applications.
	In the question that was originally 1a, respondents felt compelled to review their whole verification notification process and interviewers found it hard to effectively code the information as the question was originally written. Also, interviewers found that the information provided for question 1a was largely redundant with the information provided for A-1b and 1c.	We dropped this question.

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Interview section	Issue	Resolution
Section B: Selecting Applications for Cause	In the questions that were originally A-1d and 1e (Currently they are A-1a and 1b), all respondents said that the reference period of before two weeks versus after two weeks was difficult for them recall. Respondents could easily tell the interviewers the total time period that they attempted to contact households and the number of contacts via mail, phone, email, and text message they made to households throughout that period.	We rewrote the questions so that respondents tell us the total amount of time their district continues to contact households before they mark them as nonresponsive. The follow up question asks for the number of letters, emails, follow-up phone calls, and text messages the district will send during this timeframe.
	At B4a-e, when respondents answered "no" to these sub-items, they always volunteered more information regarding why they did not use the criteria.	We added an instruction to capture this information if the respondent volunteers it. If the SFA does not volunteer this information then we will not probe.
	SFA directors had trouble answering what was originally question B-5. The answers they provided were estimates (one called it "a total guess"). The directors said that he/she would need to verify his/her answers with timesheets. One commented that the answer depended on how many applications were selected for cause during the month, which is highly variable throughout the year.	We dropped this question because respondents were unsure they could provide accurate answers during the interview. Given concerns about instrument length and that this is a low priority item for analysis we dropped this.
	At what was originally B-6 (Currently B-5), respondents were having trouble understanding this question as it was written. Interviewers had to repeat and use the probe which usually clarified the question. SFA directors tended to want to talk about the process for selection rather than the process <i>after</i> the household was selected.	We reworded this question to clarify that we are interested in the SFAs process once households are selected.
	None.	Given concerns about instrument length and that this question does not answer a research question we dropped what was originally question B-7 in the survey.
	At what was originally B-8 (Currently B-7), respondents requested to have this question reread several times before they fully comprehended what we were asking.	We reworded the question and underlined sections to emphasize the distinction between the processes of approval and confirmation.

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Interview section	Issue	Resolution
Section C: Direct Verification	At what was originally C-10 (Currently C-9), the interviewers found that the “If not mentioned above” text was confusing because this is important information to gather in the interview. The interviewer also found that the question order in this section did not flow well.	We removed “If not mentioned above” from the stem of the question. We also added yes/no response options and defined the skip logic for the interviewer. If the respondent answers that the district does not conduct direct verification as a part of verification for cause then the interviewer will ask why the district does not do so. If the respondent does do direct verification as a part of verification for cause then the interviewer will ask the follow-up questions.
	In what was originally C-10a (Currently C-9a), the interviewers found that the probe in this question contains key information about how often a district conducts verification as part of verification for cause. This information should be collected if the respondent does not detail it in their answer. This is not optional information to collect.	We added interviewer instructions, “If not mentioned, probe....” to highlight that we want to collect information about how often this process occurs. The interviewer should ask this question specifically if the respondent doesn’t include the information in his/her initial response.
	In what was originally C-11 (Currently C-9b), interviewers had to ask the question several times before respondents fully comprehended it.	We added extra text clarifying that the question was comparing processes used for direct verification, and verification for cause.
Section D: Notifying Households	One respondent said that the verification for cause notification process is the same as the notification process for verification. This comment refers to the original questions D-12, 12b.1, and 12b.2 (currently they are D-11a, b, c, d, e)	We suggest reorganizing this section so that it mirrors the flow of the questions in the first section. If respondents say their verification for cause notification process is the same as their verification process then they could skip out of this series of questions. We added a question that was originally mentioned in the probe of D-11a to ask about whether the district uses the “We Must Check Your Application” letter that FNS drafted. We also added this question to the Section A question about verification.
	In what was originally D-12b (Currently D-11.1 and 11.2), the interviewers noticed that this item contained multiple questions, making it difficult for the respondents to address all components of the question.	We divided this question into two parts to ensure all components are addressed.
	In what was originally D-12b.2 and 13 (Currently D-11b.2 and 12), it was difficult to code the respondent’s answers in a “mark one only” question.	We made this an open-ended question, so that we can accommodate answers such as, “right away” or “that same day.”

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Interview section	Issue	Resolution
	In what was originally question D-14, respondents provided answers like, "it varies" and that "sometimes people never respond." It was difficult for the respondents to give an accurate answer.	We dropped this question because respondents cannot provide an accurate answer. Also, given concerns about instrument length and that this is a low priority item for analysis we dropped this.
Section E: Assessing Household	In what was originally E-15 (Currently E-13), the interviewers noticed this question asks about special procedures for siblings, but the details of these procedures are missing from the question stem.	We moved to the question stem the probe asking about the special procedures for siblings.
Section F: Finalizing the Verification for Cause Process	In what was originally F19 (Currently F-17), the probe in this question contains key information that we want to collect.	We added interviewer instructions, "If not mentioned, probe...." to highlight that this information is needed and should be asked if respondents do not include this information in their answers.

3. Data requests

Methodology. We emailed the Verification Data Request and the Reapplication Data Request to SFA directors one week before the pretest. We also included data file Excel templates to help respondents visualize the type of data file that we would like to receive. We asked SFA directors to review these materials before the pretest, but not to complete the data requests in order to limit burden. During pretesting, interviewers used a debriefing guide to structure a 5 to 10-minute conversation about the SFA directors' reaction to the request. This conversation occurred after the district interview was completed. Two of the three conversations were recorded. During this conversation the interviewer asked about and took notes on the burden of the request, clarity of the materials, and utility of the templates provided. Both data requests can be referenced in Appendix B.

Pretest findings. Overall, respondents found the data request and templates to be clear and manageable. Therefore, these data requests did not require extensive updates. One SFA director expressed some confusion regarding which year's verification sample we were requesting. This may be because an audit of the previous year's verification sample will occur during this same period. We have bolded and underlined "2017 verification sample" in the recruitment letter, recruitment script, and data request form. Regarding the Reapplication Data Request, one SFA director reported some confusion about the date range intended by "this year's verification determination date." We updated this language to specify that in most districts, verification is completed between mid-October and mid-November.

We estimate that the Verification Data Request will take districts an average of 4 hours to complete and the Reapplication Data Request will average 1 hour. There is some uncertainty attached to these estimates since school districts did not complete the full requests during the

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pretest, but were instead asked to estimate the level of effort based on a more limited interaction. The very small sample size of SFA directors participating in the pretest (3) and their lack of a consistent approach in calculating and sharing an estimated administration time limits the conclusions we can draw about the full level of burden this collection will entail. We do anticipate that there will be considerable variation in effort across districts depending on size, the way districts organize their verification data, and the accessibility of their data systems. Some more details about the districts perceptions of burden related to calendar time are described below.

Burden of the Verification Data Request. Feedback regarding SFA directors' perceptions of the burden of this request with regards to calendar time it would take to complete this request varied. The directors of the two smaller SFAs reported they could provide data electronically by December 15th, and that it would take about two weeks to respond to the request. Although one of these SFA directors reported this request would not be difficult to fulfill, the other noted the district works with a vendor who manages their verification process tracking system. This director explained, that the request might be time-consuming if the vendor had trouble creating a report that includes the data needed for the request (including more difficult items such as the number of individuals in household with income). She said obtaining some of the data may require manually sifting through applications, but her district should be able to handle the request because of its relatively small enrollment. She added that she would need to coordinate with her IT department to determine whether she could provide data in an Excel format.

The director of the largest district reported that because most of these data in the request are not already part of the SFAs regular December report that is submitted to the State, it would take her about one month to complete the request. The director went on to say she could not begin work on the data request before mid-November, because her district is typically busy in early November with an audit of the previous year's verification sample. This director also mentioned that because her district is focusing on the audits in addition to the current year's verification sample, she doubts her district could provide the data requested by December 15. However, when the interviewer mentioned that Mathematica could send a trained data collector to her district to help her abstract the necessary data from applications, she agreed the December 15 deadline was realistic.

The size of the largest district may have also contributed to this director's hesitation to meet the December 15th deadline. In preparation for working with districts that may be hesitant or slow to respond, the study team has developed a set of strategies to ensure it meets data collection targets. If the SFA director indicates that she or he is too busy to help with this request then we will offer to provide in-person data collection support as mentioned above, stress that study cooperation is required under the Healthy, Hunger-Free Kids Act of 2010, and identify other or additional staff at the district who may be knowledgeable about administrative data and are able to help. If the SFA director indicates that she or he is still reluctant to participate in the study then we will reach out to Regional Office directors for support and emphasize Mathematica's dedication to security.

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Burden of the Reapplication Data Request. All three SFA directors reported this request was relatively low burden and that they would be able to gather this information by March 30, 2018. Directors reported it would take two to three weeks to gather these data and that they could provide all of this information electronically via the secure file transfer site.

III. Household Pretest

1. Methodology

An experienced Mathematica researcher and specialist conducted a walkthrough of the household survey with the two interviewers before the start of household recruitment. During this training we also discussed the goals of the study, the verification process, and characteristics of the study population.

Because one of the districts that participated in our pretest was near to our Survey Operations Center in Tucson, AZ all pretest interviews were conducted in that location. Interviewers used a paper-and-pencil version of the instrument. We used paper-and-pencil because the computer-assisted personal interview (CAPI) instrument has not yet been developed; we will incorporate findings from the pretest into the final CAPI instrument. We decided to not pretest Section I because this section is heavily reliant on programming and it would have been hard for the interviewers to do the necessary math on the fly.

Interviewers used the pretests primarily to test survey procedures, check the flow of survey items, and estimate administration times. In addition, interviewers occasionally used spontaneous probes during the interviews in a manner similar to their use in the district interview pretest described above. The English and Spanish instruments that were used for the pretest are included in Appendix C.

2. Household recruitment

We asked the SFA directors to provide us with a list of 10 to 25 households in their 2016 verification sample to identify candidates for the household survey pretest. We requested the following information for each household: parent or guardian's contact information (name, primary language, address, phone number, and email); name of student; name of the student's school; whether or not the household responded to the verification request; and if possible, alternate contact information (work or emergency phone numbers). As part of the request to SFAs we also requested a mix of households that did and did not respond to the verification request as we will be working with both of these types of respondents during data collection. Lastly, we asked directors for Spanish- and English-speaking parents/guardians. To protect the privacy of pretest participants, we asked directors to provide us with this information over the phone rather than via email.

After we received the household sample from the SFA directors, we trained two interviewers on how to recruit households and conduct the survey. Interviewers were experienced, bilingual field staff based in Mathematica's Survey Operations Center in Tucson,

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Arizona. Interviewers used the call script we developed for data collection (with a few minor revisions) to talk to households about the study and set up interviews. Although we plan to send advance materials to households during data collection, we did not send such materials before the pretest due to time constraints. The interviewers began calling households in the sample on February 20 and completed five interviews with households who responded to the district's verification request by March 4, 2017 (see Table 4 for respondent characteristics).

Recruiting nonresponding households was challenging. Overall, the interviewers found that household contact information was not always accurate and respondents in this group were more likely to refuse to participate. During the pretest, one survey took place with an individual who did not respond to the fall verification request (Table 4). However, this person was very uncomfortable having the interviewer come to her home to conduct the survey. The interviewer offered to meet her in a neutral location (for example, a coffee shop), but the respondent was not willing to do this. To complete the pretest the interviewer offered to conduct the survey over the phone with the respondent. We do not expect to offer this phone option for the study; however, we may discuss the approach with FNS during data collection if we are unable to reach response rate targets through in-person administration.

Table 4. Household survey respondent characteristics

Respondent identification number	Did the household respond to the verification request?	Language of survey	Mode of survey
1	Yes	Spanish	In person
2	Yes	Spanish	In person
3	Yes	Spanish	In person
4	Yes	English	In person
5	Yes	English	In person
6	No	English	On the phone

3. Findings

Overall, the interviewers reported that the survey instrument worked very well. We uncovered a few issues with missing response categories and skip logic and fixed them in the final instruments.). In addition, we found that the call script was an effective tool for the interviewers to use during recruitment (see Table 5).

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Table 5. Issues identified during pretest and modifications to the household survey

Interview section	Issue	Proposed resolution
n.a.	Respondents commented that they were not fully confident in their ability to answer questions about their household's income in October 2016 in Sections E, F, G, and H. In general, it was difficult for respondents to provide income documentation for October 2016.	We will maintain the reference date of October 2017 in the survey for analytical consistency. However, we acknowledge there may be some effects on the data due to recall error.
Section C: Perceptions of School Meals	At C2b, respondents did not have an opinion about the school lunches because they did not have any knowledge of the lunches themselves. Respondents did not feel like they could answer the question.	We added a "Don't know" option for the interviewer to read aloud for C2a and b.
Section D: Perceptions of the Verification Process	At D3, respondents could often recall receiving a letter, email, or phone call. However, respondents could not easily recall whether this communication was from the school or district. As the question is currently written the interviewer would need to code "don't know" even if the respondent remembered receiving the letter, email, or phone call because they could not remember who tried to contact them.	We simplified this question to only ask whether the respondent was contacted by letter, email, or phone. We also added an additional option for contact by text message. Because pretest respondents were unable to recall whether they were contacted by the school or the district, we dropped this distinction.
	At D14b-D14g a respondent didn't know how to respond because she said her household does not receive that type of income. The respondent didn't feel comfortable selecting "Didn't need to provide" since she interpreted that response to mean that she received this source of income but the district didn't request her to provide it.	In the D8 and D14 series, we changed the response of "Didn't need to provide" to Not Applicable.
	The interviewers noted that the contact information for the households that did not respond to the verification request was not as reliable as that from the households in the sample that did respond to the verification request.	We added a series of questions (D11-D13) to ask households that did not respond to the verification request about whether they moved or their cell and/or home phone numbers changed since the beginning of the school year.
Section G: Income and Earning Sources	One interviewer noted that the fill at G6 is awkward because the phrase "income for paid work" does not seem to fit for all sources. Pretest participants also asked the interviewer if the question still applied to October 2017.	We deleted the phrase "income for paid work" so that the fill works properly. We also added text indicating that for the question is about the sources of income for October 2017.
	The interviewer noted that G9 did not seem applicable to people who not in the labor force. For example, one respondent was a stay-at-home mother and the line of questioning about what makes it hard for people to find or keep a job did not apply to her.	We added instructions to clarify that if a respondent is not in the labor force then they should answer as though they were looking for a job. We are also requiring that all respondents answer this question regardless of whether they received income from paid work.

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Interview section	Issue	Proposed resolution
Section H: Income and Earning Amounts	The interviewer noted that at H8 and H18, if a respondent would provide a W-2 as documentation then this would include information for the whole year.	We added a response option that says "ENTIRE YEAR OF 2017 (CURRENT YEAR)."

n.a. = not applicable.

The average length of survey administration for the three pretest respondents was 43 minutes and 5 seconds (Table 6). This is consistent with the 45 minute burden estimate that we were anticipating. Based on our past experience with similar pretests for instruments that were later programmed in CAPI, we anticipate the CAPI version will reduce the average duration of the paper-and-pencil administration by approximately five minutes. We do not recommend any additional cuts to the survey to reduce burden based upon the pretest findings. Given the fact that Section I was omitted from the pretest timings, we feel comfortable with the burden estimate of 45 minutes.

Table 6. Timing table for household survey administration

Respondent	Section A	Section B	Section C	Section D	Section E	Section F	Section G	Section H	Section I*	Section J	Section K	Total
20	:25	1:00	3:12	3:47	5:24	2:16	6:16	3:10	n.a.	5:08	:03	31:08
24	:45	1:30	3:20	5:18	5:49	5:04	12:42	5:14	n.a.	6:22	:05	46:04
4	:29	1:45	4:02	4:29	6:31	3:08	3:24	4:07	n.a.	6:54	:06	34:40
2	:13	6:36	1:08	4:36	12:22	2:54	8:27	9:58	n.a.	3:59	:04	50:17
13	:58	2:54	4:42	5:59	4:19	10:36	4:44	4:22	n.a.	12:24	:04	51:02
33	1:17	1:55	2:48	9:43	8:41	2:34	6:05	9:29	n.a.	2:25	:23	45:20
Average	:41	2:37	3:12	5:38	7:11	4:25	6:56	5:16	n.a.	4:57	:09	43:05

^a We decided not to pretest Section I because this section relies heavily on programming and interviewers might have found it challenging to make the necessary calculations on the spot.

n.a. = not applicable.

APPENDIX A

**DISTRICT INTERVIEW
PRETEST INSTRUMENT**

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School Meal Application Study Semi-Structured Interview

Name: _____

School District: _____

Phone #: _____

START TIME: |__|__|:|__|__| AM PM

During this interview, we will talk about your verification process and reasons for selecting applications for cause. Even if your SFA did not verify any applications for cause this year, we would still like to ask you questions about your verification for cause process.

PROBE: SFAs have an obligation to verify all questionable applications. This is known as “verification for cause.” Such verification efforts cannot delay the approval of applications. If an application is complete and indicates that the child is eligible for free or reduced-price meals, the application must be approved at face value. Only after determining eligibility can the school begin the “verification for cause” process.

Section A: Selecting Applications for Verification

Before we discuss your district’s “verification for cause” process, we will talk about your district’s process for selecting applications for verification.

- 1a. How do you notify households that their application has been selected for verification? Do you contact them by . . .

PROBE: Please include in your answer whether or not you send letters, emails, text message or make telephone calls.

MARK ALL THAT APPLY

- ~~1~~ Telephone
~~2~~ Mail
~~3~~ Email
~~4~~ Text messaging

- 1b. IF THE DISTRICT SENDS A LETTER/EMAIL/TEXT MESSAGE: Can you provide us with the letter, email, and/or text message that your district sends to households?

IF NO: Ok, no problem.

IF YES: Great, can you please send this letter, email, and/or text message to me after we have completed the interview?

- 1c. When contacting them, does your district use the household’s preferred language to communicate?

- 1 Yes
0 No

- 1d. Thinking about the households that respond within two weeks of the initial notification, about how many times does your district contact these households to inform them that their application has been selected for verification?

PROBE: *Include the number of letters sent, emails sent, text messages sent, telephone calls made.*

|_| NUMBER TIMES CONTACTED

- 1e. Thinking about the households that respond after two weeks of the initial notification, about how many times does your district contact these households?

PROBE: *Include the number of letters sent, emails sent, text messages sent, telephone calls made.*

|_| NUMBER TIMES CONTACTED

Address the following questions if not covered in respondent's answers above:

MARK ONE PER ROW

	YES	NO
a. Does your SFA automatically “verify for cause” all non-responders from the previous school year?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Does your SFA flag all error-prone applications and verify them for cause? ... <i>PROBE: Error-prone refers to those applications with an income listed within \$100/month (\$1,200/year) above or below the eligibility limit for free meals or \$100/month (\$1,200/year) below the eligibility limit for reduced-price meals.</i>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Does your SFA verify all applications that repeatedly list total income as \$0 on the application each year?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Does your SFA use available salary information to identify questionable applications for school district employees?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Does your SFA verify for cause when there are multiple application submissions with different information?	1 <input type="checkbox"/>	0 <input type="checkbox"/>

5. Excluding time spent developing or revising the criteria, how much staff time does it take to identify and pull applications for “verification for cause”?

PROBE: Can you provide the total number of hours or days this takes staff?

LENGTH OF TIME

1 Hours

0 Days

6. Once selected, what is your SFA’s process for verifying applications selected for cause?

PROBE: What steps does your SFA take to verify identified applications? What are the main activities in each of these steps?

7. How many staff are involved with the “verification for cause” process?

PROBE: Please include all staff who are involved in the process, including secretarial and clerical staff needed to produce materials and send out requests.

- 1 1 to 3
- 2 4 to 6
- 3 7 to 9
- 4 10 or more

8. What steps does your SFA take to ensure that the person who approved the applications does not conduct the confirmation of the applications selected for verification?

9. What steps does your SFA take to ensure employees are not approving their own household’s applications or verifying their own applications?

Section C: Direct Verification

Let's talk about direct verification of applications that have been selected for cause.

10. ~~If not mentioned above:~~ Does your SFA conduct direct verification as part of verification for cause?

1 Yes GO TO Q10a

0 No GO TO Q10b

10a. How does your SFA conduct direct verification?

PROBE: *How often does your SFA conduct direct verification as part of verification for cause?*

10b. Why doesn't your SFA conduct direct verification as part of verification for cause?

~~If mentioned above: How does your SFA conduct direct verification as part of verification for cause?~~

~~**PROBE:** *How does your SFA conduct direct verification as part of verification for cause?*
How often does your SFA conduct direct verification as part of verification for cause?~~

11. Does the direct verification process that your SFA conducts as part of verification for cause differ from the regular direct verification process used for other applications? If so, how?

Section D: Notifying Households

12a. What are your procedures for informing households that their application has been selected for “verification for cause?”

If not mentioned: Does your SFA send a “Notification of Selection” letter and/or email? When do you send the letter and/or email? Does your SFA also make follow-up phone calls or send text messages to households?

PROBE: What are the steps your district takes to notify households that their application is being verified?

12b.1 How many times does your SFA attempt to contact the households selected for “verification for cause”?

PROBE: Include the number of letters sent, emails sent, text messages sent, telephone calls made.

How many days, weeks, months?

12b. 2 After the initial request for verification, how long does your SFA attempt to contact non-responding households?

~~*PROBE: Include the number of letters sent, emails sent, text messages sent, telephone calls made.*~~

~~*How many days, weeks, months?*~~

12c. IF THE DISTRICT SENDS A LETTER/EMAIL/TEXT MESSAGE: **Can you provide us with the letter, email, and/or text message that your district sends to households?**

IF NO: **Ok, no problem.**

IF YES: **Great, can you please send this letter, email, and/or text message to me after we have completed the interview?**

13. **After selecting an application for verification for cause, how long does it take your SFA to initially notify a household that its application has been selected for verification?**

PROBE: How many days, weeks, months?

~~|||~~ NUMBER

~~MARK ONE ONLY~~

~~-1 Days~~

~~-2 Weeks~~

~~-3 Months~~

14. **Typically after the household is notified of the selection, how long does it take a household to respond to the verification for cause request?**

PROBE: How many days, weeks, months?

~~|||~~ NUMBER

~~MARK ONE ONLY~~

~~-1 Days~~

~~-2 Weeks~~

3



Months

Section E: Assessing Household Information

15. Does your SFA have any special procedures for siblings or children living at the same address in your “verification for cause” process?

PROBE: What are they?

16. What steps are taken when a household does not respond to the “verification for cause” request?

17. What steps are taken when a household submits incomplete or incorrect documentation/information during the “verification for cause” process?

18. What do you do if a household submits another application after its child(ren)'s certification status has been terminated due to non-response in the same school year?

Section F: Finalizing the Verification for Cause Process

19. After the household's information has been reviewed, how does your SFA communicate the results of the review to the household?

PROBE: Does your SFA send a "Your Application Has Been Reviewed" letter and/or email? If so, how soon after the household's information has been reviewed do you send a letter and/or email? What does the letter and/or email include?

20. How does your SFA report the results of the "verification for cause" process to your state agency?

PROBE: How does your SFA use the data collected during the verification period to report to your state agency? What does your SFA report to your state agency?

21. What data from the "verification for cause" process are you required to report to your state agency?

22. What information from the “verification for cause” process do you retain?

Where/how do you store this information?

Thank you for your time. Let me give you my contact information so you can send me the letters/emails/text messages.

END TIME: |__|__|:|__|__| AM PM

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APPENDIX B

**DATA REQUESTS
PRETEST INSTRUMENTS**

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SCHOOL MEAL APPLICATION STUDY

Conducted on behalf of USDA Food and Nutrition Service

Phone: 1 (8XX)-XXX-XXXX

Email: EMAIL@mathematica-mpr.com

HOUSEHOLD ADMINISTRATIVE DATA REQUEST PROTOCOL

This portion of the study will collect current information on **all households in your district's 2017 verification sample**. Please provide the information listed on the following page for each household in the verification sample.

For some fields we have provided recommended values or layouts in italics. Use of these recommended values and codes is not required; however, if using alternative values or codes, please include a data dictionary or codebook that defines the values. For your reference we have included an Excel data file template attached to the email that you may use as a guide when pulling together your district's data file.

Please provide files in Excel (.xls, .csv, .xlsx), SAS (.sas, .sas7bdat), SPSS (.sav) or ASCII – delimited or not (.txt) format. If you are unable to provide all of the information listed in an electronic format the study team will work with you to find another alternative that is convenient for you.

Please submit this file by December 15, 2017.

Once completed, please upload the data file and any documentation to our secure file transfer website:

<https://www.XXXXXX>

Your username is: [USERNAME]

Please call [RECRUITER NAME at RECRUITER PHONE] (or the study team at 1 (8XX)-XXX-XXXX) for your SFAs private website password.

Note: This is a secure site that will help protect the privacy of the data. If you have any questions about completing this data request, need assistance with the secure site, or with zipping/encrypting files, please contact [RECRUITER NAME] at Mathematica, or a member of the study team toll-free at 1 (8XX)-XXX-XXXX Monday through Friday, 9 a.m. to 5 p.m. (Eastern Time) or EMAIL@mathematica-mpr.com.

*****Please DO NOT email the data file or documentation*****

REQUESTED DATA ITEMS

Current Household Verification Sample Information

Please provide the administrative data listed below for each household in your district's verification sample. This information will be used to select households to participate in a 45-minute survey. Households will have the option not to participate in the study. No data will be retained on households who do not consent to participate in the study.

Background information on households selected for verification:

1. 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.
2. 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
7. Grade level(s) of student(s) in household
8. Gender(s) of student(s) in household
9. A variable to indicate if the student is a foster child (yes/no, y/n, 1/2, etc.)

Information related to the original application for school meal benefits:

10. District's initial determination of eligibility status (free, reduced-price, paid, not recorded)
11. 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.)
12. 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:

13. A variable to indicate whether application was selected for cause (yes/no, y/n, 1/2, etc.)
14. 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
28. 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*))

FILE TRANSFER INSTRUCTIONS

Below are instructions for preparing files for uploading files to the Mathematica secure transfer site. To ensure confidentiality and privacy of data, we request that you upload your data files and any supporting documentation to the secure HTTPS website below. Keeping data secure is very important to Mathematica. Please do NOT email files – this is not a secure way to send information. It is very important that you follow these instructions carefully. If you have questions, please do not hesitate to call the toll-free study helpline at 1-XXX-XXX-XXXX.

Study secure transfer site location:

<https://XXXXXXXX>

A. Your username and password

To access the secure site, you need a username and password. Having discrete user information enhances the security of your data as they reside on the secure site. No other states or districts will have access to your district data. Anyone who has your username and password, and the location of the secure site, will be able to access your data on the secure site, so guard this information carefully.

1. Username: [USERNAME]
2. Password: Call [RECRUITER NAME] at [RECRUITER PHONE] or toll free at 1-XXX-XXX-XXXX to obtain your password. (Telephone is more secure than email for providing your password.)

B. Preparing to upload the verification file

File format. As noted above, files can be in the format that is most convenient for you. Several electronic formats such as Excel (.xls, .csv, .xlsx), SAS (.sas, .sas7bdat), SPSS (.sav) or ASCII – delimited or not (.txt) format are acceptable. If you are unable to provide the data in an electronic format the study team will work with you to find another alternative that is convenient for you.

Naming files. Include in the file names the district name, a sequential number, and the total number of files you are uploading so we can easily identify them.

[DISTRICTNAME]_File[NUMBER SEQUENTIALLY]_of[TOTAL NUMBER OF FILES].[FILE TYPE]

For example, a single file in SAS: GREENVALLEY_File1_of1.sas7bdat

And naming multiple files in Excel: MAPLEWOOD_File3_of5.xls

Please note: All files uploaded to the site must be encrypted with password protection using a program such as WinZip for added security.

C. How to zip and encrypt/password protect your files using WinZip

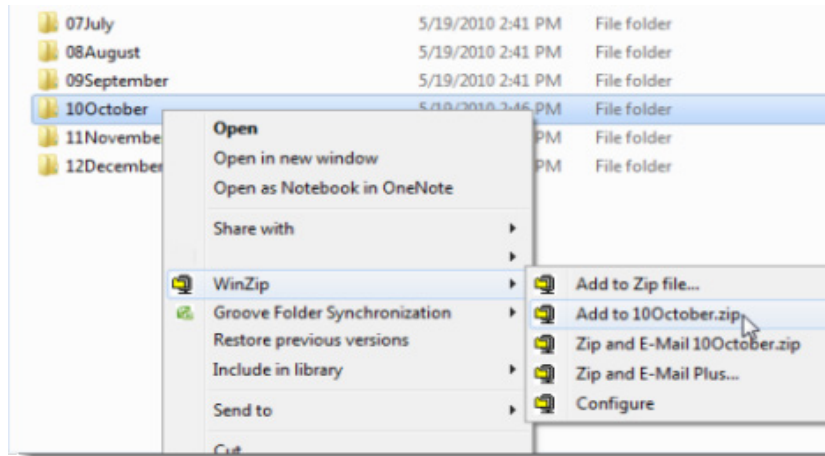
REMINDER!

All files uploaded to the secure transfer site must be zipped and encrypted/password protected. After the file is zipped, please call the study helpline at 1-XXX-XXX-XXXX to give us your password. **Please do NOT email the passwords.**

Please note: Keep the file password in a safe place. After the file is zipped and password protected, the password will be required to open the file. Always keep an unzipped copy of the file in the event the password is lost.

Ziping your file. If you have WinZip, the easiest way to zip a file is by the context menu method.

1. Navigate to the file on your local drive that you want to zip.
2. Right-click on the file.
3. From the WinZip option, select “Add to [NAME OF THE FILE].zip” (see file naming conventions above.)



4. The Zip file will appear with the original file in the same location.

The type of encryption that is used depends on the encryption settings in the [Settings tab](#). When encrypting your files, always select AES (256-bit) encryption.

To encrypt your new Zip archive:

A. Using the WinZip default view

1. Select all of the files and/or folders in the open Zip file.
2. In the “Actions” pane, turn “Encrypt” on.
3. Click the “Options” drop-down menu in this pane and choose “Apply to Selected Files in the Zip”.
4. In the Encrypt dialog, enter the password in the “Enter Password” and “Re-enter Password (for confirmation)” fields and then click “OK”.

B. Using the WinZip ribbon interface

1. In the main WinZip window, select all of the files in the WinZip file (Ctrl+A is a handy keyboard shortcut).
2. In the “Tools” tab, click “Selected Files”.
3. Check “Encrypt Files” and click “OK”.
4. In the Encrypt dialog, enter the password in the “Enter Password” and “Re-enter Password (for confirmation)” fields and then click “OK”.

C. Using the Legacy Toolbar interface

1. Choose “Encrypt” from the “Actions” menu.
2. WinZip will ask for a password and encryption method and then encrypt *all* of the files currently in the Zip file.

D. Uploading verification files

1. Go to the secure file transfer site: <https://xxxxxxx>
2. Enter your username and password.
3. Click the “Log in” button.
4. Click on the “Browse” button and select the files on your computer that you want to upload to the site. *Be sure the file is encrypted and password protected.*
5. Click the “Upload” button.
6. Check the “Files for Mathematica” section to ensure the upload was successful.

After verifying the file is uploaded to the site, please send us an email to alert us that you have placed a file(s) on the secure site; include the file name. Then, please call the study team toll free at [1-xxx-xxx](tel:1-xxx-xxx) with the file password—leave your name, your district name, and the file password.

Confirming file receipt. Mathematica will send an email confirming receipt of the files within two business days.

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 collection is xxxx-xxxx. The time required to complete this information collection is estimated to average X hours per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.

SCHOOL MEAL APPLICATION STUDY

Conducted on behalf of USDA Food and Nutrition Service

Phone: 1 (8XX)-XXX-XXXX

Email: EMAIL@mathematica-mpr.com

REAPPLICATION AND CHANGES IN CERTIFICATION DATA REQUEST PROTOCOL

As part of the School Meal Application Study, we will need to collect current information on:

- Households that reapplied for free or reduced-price school meals between this year's verification determination date (in most districts verification is completed by November 15th) and 03/01/2018, and
- Households that had any change to their certification status since the data you provided on [XX/XX/2017].

Please provide the information listed on the following page for each household and/or student who reapplied and/or had a change to their certification status as a result of reapplication, direct certification, or any other reason. For some fields we have provided recommended values or layouts in italics. Use of these recommended values and codes is not required; however, if using alternative values or codes, please include a data dictionary or codebook that defines the values. For your reference we have included an Excel data file template attached to this email that you may use as a guide when pulling together your district's data file.

Please provide files in .xls, .csv, or .txt format. If you are unable to provide all of the information listed in an electronic format the study team will work with you to find another alternative that is convenient for you.

Please submit this file by March 30, 2018.

Once completed, please upload the data file and this form to our secure file transfer website:

<https://www.XXXX.org>

Your username is: [USERNAME]

Please call [RECRUITER NAME at RECRUITER PHONE] (or the study team at 1 (8XX)-XXX-XXXX) for the website password.

Note: This is a secure site that will help protect the privacy of the data. If you have any questions about completing this data request, please contact [RECRUITER NAME] at Mathematica, or a member of the study team toll-free at 1 (8XX)-XXX-XXXX or EMAIL@mathematica-mpr.com.

*****Please DO NOT email the data file or documentation*****

REQUESTED DATA ITEMS

Please provide information listed below for each household that reapplied for free or reduced-price school meals between this year's verification determination date and 03/01/2018 and/or had a change in certification status since the data you provided on [XX/XX/2017].

1. 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.

Reapplication information

2. A variable to indicate whether or not the household reapplied for free or reduced-price school meals between this year's verification determination date and prior to March 1, 2018 (yes/no, y/n, 1/2, etc.)
3. Date of reapplication (mm/dd/year)
4. Certification status resulting from reapplication (free, reduced-price, paid)
5. Basis of certification status resulting from reapplication (categorical eligibility or income eligibility)

Direct certification information

6. A variable to indicate whether or not the household was directly certified (yes/no, y/n, 1/2, etc.)
7. Date of direct certification (mm/dd/year)
8. **INSTRUCTION FOR RECRUITER: ONLY INCLUDE THIS QUESTION IF THE DISTRICT IS IN A DIRECT CERTIFICATION WITH MEDICAID (DCM)-FRP STATE:** Certification status resulting from direct certification (free, reduced-price)
9. Program that was the basis of direct certification (SNAP, TANF, FDPIR, Medicaid, Other)

Enrollment status information

10. A variable to indicate whether or not the student is still enrolled in the school (yes/no, y/n, 1/2, etc.)
11. IF STUDENT IS NO LONGER ENROLLED IN SCHOOL, last date of enrollment (mm/dd/year)

FILE TRANSFER INSTRUCTIONS

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Study secure transfer site location:

<https://XXXXXXXX>

A. Your username and password

To access the secure site, you need a username and password. Having discrete user information enhances the security of your data as they reside on the secure site. No other states or districts will have access to your district data. Anyone who has your username and password, and the location of the secure site, will be able to access your data on the secure site, so guard this information carefully.

1. Username: [USERNAME]
2. Password: Call [RECRUITER NAME] at [RECRUITER PHONE] or toll free at 1-XXX-XXX-XXXX to obtain your password. (Telephone is more secure than email for providing your password.)

B. Preparing to upload the verification file

File format. As noted above, files can be in the format that is most convenient for you. Several electronic formats such as Excel (.xls, .csv, .xlsx), SAS (.sas, .sas7bdat), SPSS (.sav) or ASCII – delimited or not (.txt) format are acceptable. If you are unable to provide the data in an electronic format the study team will work with you to find another alternative that is convenient for you.

Naming files. Include in the file names the district name, a sequential number, and the total number of files you are uploading so we can easily identify them.

[DISTRICTNAME]_File[NUMBER SEQUENTIALLY]_of[TOTAL NUMBER OF FILES].[FILE TYPE]

For example, a single file in SAS: GREENVALLEY_File1_of1.sas7bdat

And naming multiple files in Excel: MAPLEWOOD_File3_of5.xls

Please note: All files uploaded to the site must be encrypted with password protection using a program such as WinZip for added security.

C. How to zip and encrypt/password protect your files using WinZip

REMINDER!

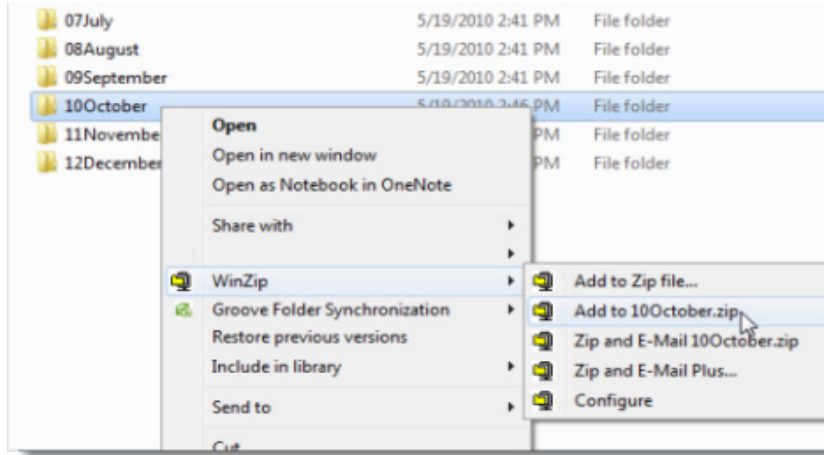
All files uploaded to the secure transfer site must be zipped and encrypted/password protected. After the file is zipped, please call the study helpline at 1-XXX-XXX-XXXX to give us your password.

Please do NOT email the passwords.

Please note: Keep the file password in a safe place. After the file is zipped and password protected, the password will be required to open the file. Always keep an unzipped copy of the file in the event the password is lost.

Ziping your file. If you have WinZip, the easiest way to zip a file is by the context menu method.

1. Navigate to the file on your local drive that you want to zip.
2. Right-click on the file.
3. From the WinZip option, select “Add to [NAME OF THE FILE].zip” (see file naming conventions above.)



4. The Zip file will appear with the original file in the same location.

The type of encryption that is used depends on the encryption settings in the [Settings tab](#). When encrypting your files, always select AES (256-bit) encryption.

To encrypt your new Zip archive:

A. Using the WinZip default view

1. Select all of the files and/or folders in the open Zip file.
2. In the “Actions” pane, turn “Encrypt” on.
3. Click the “Options” drop-down menu in this pane and choose “Apply to Selected Files in the Zip”.
4. In the Encrypt dialog, enter the password in the “Enter Password” and “Re-enter Password (for confirmation)” fields and then click “OK”.

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3. Check “Encrypt Files” and click “OK”.
4. In the Encrypt dialog, enter the password in the “Enter Password” and “Re-enter Password (for confirmation)” fields and then click “OK”.

C. Using the Legacy Toolbar interface

1. Choose “Encrypt” from the “Actions” menu.
2. WinZip will ask for a password and encryption method and then encrypt all of the files currently in the Zip file.

D. Uploading verification files

1. Go to the secure file transfer site: <https://xxxxxxx>
2. Enter your username and password.
3. Click the “Log in” button.
4. Click on the “Browse” button and select the files on your computer that you want to upload to the site. Be sure the file is encrypted and password protected.
5. Click the “Upload” button.
6. Check the “Files for Mathematica” section to ensure the upload was successful.

After verifying the file is uploaded to the site, please send us an email to alert us that you have placed a file(s) on the secure site; include the file name. Then, please call the study team toll free at [1-xxx-xxx](tel:1-xxx-xxx) with the file password—leave your name, your district name, and the file password.

Confirming file receipt. Mathematica will send an email confirming receipt of the files within two business days.

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APPENDIX C

**HOUSEHOLD SURVEYS
PRETEST INSTRUMENTS
ENGLISH/SPANISH**

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School Meal Application Study
Household Survey

DRAFT

February 22, 2017

START TIME: _____

INTERVIEWER: FOR THIS INTERVIEW OCTOBER 2017 SHOULD BE REFERRED TO AS OCTOBER 2016 ; SCHOOL YEAR 2017-2018 SHOULD BE REFERRED TO AS SCHOOL YEAR 2016-2017.

SECTION A: ENROLLMENT STATUS

Reviewer: Section A determines whether the student attended the [TARGET SCHOOL]. If the student never attended the school during the school year or is deceased, no interview will be conducted.

A1. CODE WITHOUT ASKING IF KNOWN, OR ASK: Is [TARGET STUDENT NAME] male or female?

MALE 1
FEMALE 2

A2. Does [TARGET STUDENT NAME] currently attend [TARGET SCHOOL]?

YES 1 (GO TO A4)
NO 2 (GO TO A3)
DON'T KNOW 3 (GO TO A63)
STUDENT DECEASED 34 (GO TO A5)

A3. When did (she/he) stop attending [TARGET SCHOOL]?

PROBE: **Was that in the beginning, middle, or the end of the month?**

IF BEGINNING OF MONTH, ENTER 01 FOR DAY; IF MIDDLE OF MONTH, ENTER 15 FOR DAY;
IF END OF MONTH, ENTER 30 FOR DAY.

 |_|_| / |_|_| / |_|_| (GO TO BOX AA)
 MONTH DAY YEAR

BOX AA

IF [TARGET STUDENT NAME] LEFT [TARGET SCHOOL] BEFORE 2017-2018 SCHOOL YEAR, GO TO A6.

IF [TARGET STUDENT NAME] ATTENDED [TARGET SCHOOL] AT ANY POINT DURING 2017-2018 SCHOOL YEAR, GO TO A4.

A4. When did (she/he) begin attending [TARGET SCHOOL] this school year?

PROBE: **By “this school year” I mean the current school year 2017-2018.**

PROBE: **Was that in the beginning, middle, or the end of the month?**

IF BEGINNING OF MONTH, ENTER 01 FOR DAY; IF MIDDLE OF MONTH, ENTER 15 FOR DAY;
IF END OF MONTH, ENTER 30 FOR DAY.

 |_|_| / |_|_| / |_|_| (GO TO SECTION B)
 MONTH DAY YEAR

FIRST DAY OF SCHOOL 1 (GO TO SECTION B)
NEVER ATTENDED THIS YEAR..... 2 (GO TO A6)

A5. I am very sorry to hear about your loss. We will not do an interview. Thank you for your time.
INTERVIEWER TERMINATE INTERVIEW.

A6. We are only interested in talking to parents or guardians of the student who attended [TARGET SCHOOL] this school year. We do not need to conduct an interview with you. Thank you for your time. INTERVIEWER TERMINATE INTERVIEW.

SECTION END TIME: _____

SECTION B: PARTICIPATION IN SCHOOL BREAKFAST AND LUNCH PROGRAMS

Reviewer: Section B asks about the student’s participation in the school breakfast and/or lunch program during the most recent 5-day school week.

The next questions are about the meals [TARGET STUDENT NAME] eats at school.

I am going to ask about whether your child had a school breakfast or lunch on any day during the last full week of school. I am referring to the meals provided under the National School Lunch Program/National School Breakfast Program . They are the meals that are on the menu for free or a single price, as opposed to individual foods, such as salads, meats, and desserts that are priced and bought separately.

CODE WITHOUT ASKING IF KNOWN:

B1. When was the last full week of school?

NOTE TO INTERVIEWER: PLEASE USE CALENDAR TO ASSIST.

LAST WEEK..... 1

FROM |__|_| / |__|_| TO |__|_| / |__|_|
 MONTH DAY MONTH DAY

B2. Now please think about the last full week of school—that would be (Monday through Friday last week/from Monday—[DATE] to Friday—[DATE]).

Did your child attend school on...?

PROBE: **By attend school, we mean your child was at school all or part of the day.**

NOTE TO INTERVIEWER: IF RESPONDENT MAKES A STATEMENT ABOUT THE ENTIRE WEEK, ENTER DATA FOR EACH DATE.

	<u>YES</u>	<u>NO</u>
a. Monday, [DATE].....	1	2
b. Tuesday, [DATE].....	1	2
c. Wednesday, [DATE].....	1	2
d. Thursday, [DATE].....	1	2
e. Friday, [DATE].....	1	2

BOX BA

IF [TARGET SCHOOL] HAS A SCHOOL BREAKFAST PROGRAM, ASK B3; ELSE GO TO **BOX** B4.

B3. How many days did (he/she) eat a school breakfast?

|
NUMBER OF DAYS ATE SCHOOL BREAKFASTS.....(GO TO B4)
DON'T KNOW/DON'T REMEMBER d (GO TO B3a)
NONE, DID NOT EAT BREAKFAST/SCHOOL BREAKFAST0 (GO TO B4)

If B3 = D

B3a. Did (he/she) eat a school breakfast at least once?

YES 1
NO 20
DON'T KNOW/DON'T REMEMBER d

BOX BB

IF B3 = 0, OR B3 = D AND B3A = 0 OR D, THEN SKIP C1A THROUGH C1C.

B4. How many days did (he/she) eat a school lunch?

|
NUMBER OF DAYS ATE SCHOOL LUNCHES..... (GO
TO BOX C1A)
DON'T KNOW/DON'T REMEMBER d (GO TO B4a)
NONE, DID NOT EAT LUNCH/SCHOOL LUNCH.....0 (GO TO BOX C1A)

If B4 = D

B4a. Did (he/she) eat a school ~~breakfast~~lunch at least once?

YES 1
NO 20
DON'T KNOW/DON'T REMEMBER d

BOX BC

IF B4 = 0, OR B4 = D AND B4A = 0 OR D, SKIP C1D THROUGH C1F.

SECTION END TIME: _____

SECTION C: PERCEPTIONS OF SCHOOL MEALS

Reviewer: Section C asks the parent/guardian about the student’s perception of school meals, the parent/guardian’s perception of the school meals, and the parent/guardian’s perception of the fairness of the school meals application process.

The next questions are about [TARGET STUDENT NAME]’s satisfaction with school breakfast meals at [TARGET SCHOOL].

HAND SHOWCARD #1 TO RESPONDENT

	Regarding the school <u>breakfast</u> meals at [TARGET SCHOOL], how satisfied was [TARGET STUDENT NAME] with...	RESPONSE
C1a.	How the food tasted? Was (she/he) ...?	Very satisfied..... 1 Somewhat satisfied..... 2 Somewhat dissatisfied 3 Very dissatisfied 4 Student never eats meals 5 Don't know d
C1b.	The amount of food served? Was (she/he) ...?	Very satisfied..... 1 Somewhat satisfied..... 2 Somewhat dissatisfied 3 Very dissatisfied 4 Student never eats meals 5 Don't know d
C1c.	The school breakfast meal program overall? Was (she/he) ...?	Very satisfied..... 1 Somewhat satisfied..... 2 Somewhat dissatisfied 3 Very dissatisfied 4 Student never eats meals 5 Don't know d

The next questions are about [TARGET STUDENT NAME]'s satisfaction with school lunch meals at [TARGET SCHOOL]..

	Regarding the school <u>lunch</u> meals at [TARGET SCHOOL], how satisfied was [TARGET STUDENT NAME] with... ?	RESPONSE
C1d.	How the food tasted? Was (she/he) ...?	Very satisfied..... 1 Somewhat satisfied..... 2 Somewhat dissatisfied 3 Very dissatisfied 4 Student never eats meals 5 Don't know d
C1e.	The amount of food served? Was (she/he) ...?	Very Satisfied..... 1 Somewhat satisfied..... 2 Somewhat dissatisfied 3 Very Dissatisfied 4 Student Never Eats Meals 5 Don't know d
C1f.	The school lunch meal program overall? Was (she/he) ...?	Very Satisfied..... 1 Somewhat satisfied..... 2 Somewhat dissatisfied 3 Very Dissatisfied 4 Student Never Eats Meals 5 Don't know d

The next questions are about your satisfaction with school breakfast meals at [TARGET SCHOOL].

HAND SHOWCARD #2 TO RESPONDENT

	Regarding the school breakfast meals at [TARGET SCHOOL], how satisfied are/were you with ...?	RESPONSE
C2a.	The school breakfast meal program overall? Are/Were you ...?	Very Satisfied 1 Somewhat satisfied..... 2 Somewhat dissatisfied 3 Very Dissatisfied 4 Student Never Eats Meals 5

The next questions are about your satisfaction with school lunch meals at [TARGET SCHOOL].

	Regarding the school lunch meals at [TARGET SCHOOL], how satisfied are/were you with ...?	RESPONSE
C2b.	The school lunch meal program overall? Are/Were you...?	Very Satisfied 1 Somewhat satisfied 2 Somewhat dissatisfied 3 Very Dissatisfied 4 Student Never Eats Meals 5

C3. INTERVIEWER: DID [TARGET STUDENT NAME] HELP THE RESPONDENT WITH THE QUESTIONS ON MEALS EATEN AT SCHOOL?

YES 1
NO 2

The next question is about your satisfaction with the free and reduced price school meals application process.

HAND SHOWCARD #3 TO RESPONDENT

	Regarding the process for applying for free and reduced price school meals ...	RESPONSE
C4.	Do you find the process...?	Very fair 1 Somewhat fair 2 Somewhat unfair 3 Very unfair 4 Don't know d

SECTION END TIME: _____

SECTION D: PERCEPTIONS OF VERIFICATION PROCESS

Section D asks about the parent/guardian's perceptions of the verification process. It includes questions about the difficulty of the process, and asks respondents who failed to complete the verification request about why they did not complete.

INTRO TO SECTION: Next, I would like to ask questions about your experience with the Free and Reduced Price School Meals Application process.

ASK ALL HOUSEHOLDS

D1. Did the school district contact you to check the accuracy of your application during this school year?

- | | | |
|------------------|---|------------|
| YES | 1 | (GO TO D3) |
| NO | 2 | (GO TO D2) |
| DON'T KNOW | d | (GO TO D2) |
| REFUSED | r | (GO TO D2) |

If D1 ≠ 1
~~If D1 = No~~

D2. Federal rules require school districts to randomly check a small number of applications each year to make sure they are accurate. Our records show that your application was selected back in October or November 2017. The school district would have contacted you and asked you to provide proof of your income to verify your application.

Were you contacted about that in October or November of 2017?

- | | | |
|------------------|---|-------------|
| YES | 1 | (GO TO D3) |
| NO | 2 | (GO TO BOX) |
| E1DA) | | |
| DON'T KNOW | d | (GO TO BOX) |
| E1DA) | | |
| REFUSED | r | (GO TO BOX) |
| E1DA) | | |

BOX DA

~~IF D1 = 1 or D2 = 1, GO TO D3. ELSE, GO TO E1. IF D1 = 2, 3, or 4 and D2 = 2, 3, or 4 go to E1.~~

If D1 = 1 or D2 = 1

D3. When you were contacted did you receive...?

SELECT ALL THAT APPLY

- | | <u>YES</u> | <u>NO</u> | <u>DK</u> <u>REF</u> |
|---|------------|-----------|----------------------|
| a. A letter from the school | 1 | 2 | <u>d</u> <u>r</u> |
| b. A phone call from the school | 1 | 2 | <u>d</u> <u>r</u> |
| c. An email from the school | 1 | 2 | <u>d</u> <u>r</u> |
| d. A letter from the school district | 1 | 2 | <u>d</u> <u>r</u> |

- e. **A phone call from the school district**..... 1 2 d r
- f. **An email from the school district** 1 2 d r

If D3_a, c, d, or f = 1 ~~and/or D3c and/or D3d and/or D3f = 1~~

D3_a. Was the (letter/email) in your preferred language?

- YES 1
- NO 2
- DON'T KNOW d
- REFUSED r

ASK NONRESPONDING HOUSEHOLDS (D4-D10):-

If D1 or D2 = 1

D4. Did you try to complete the request?

- YES 1 (GO TO D5)
- NO 2 (GO TO D58a)
- DON'T KNOW d (GO TO D58a)
- REFUSED r (GO TO D58a)

If D4 = 1

D5. How clear were the instructions in the letter and form that came with the request? Would you say they were...?

HAND SHOWCARD #4 TO RESPONDENT

- Very clear 1
- Somewhat clear 2
- Neither clear nor unclear 3
- Somewhat unclear 4
- Very unclear 5
- Don't know/don't remember 6

If D4 = 1

D6. How easy would it have been to complete the request on time? Would it have been...?

HAND SHOWCARD #5 TO RESPONDENT

- Very easy 1
- Somewhat easy 2
- Neither easy nor difficult 3
- Somewhat difficult 4
- Very difficult 5
- Don't know/don't remember 6

If D4 = 1

D7. How easy would it have been to provide the requested information such as pay stubs, letters, or copies of pay checks? Would it have been...?

HAND SHOWCARD #5 TO RESPONDENT

- Very easy..... 1
- Somewhat easy 2
- Neither easy nor difficult..... 3
- Somewhat difficult 4
- Very difficult 5
- Don't know/don't remember 6

The next questions are about how easy it would have been for you to provide proof of your income.

HAND SHOWCARD #6 TO RESPONDENT

	How easy would it have been to provide proof of...	RESPONSE
D8a	Income from your job? Would it have been...?	Very easy 1 Somewhat easy 2 Somewhat difficult..... 3 Very difficult..... 4 Didn't need to provide 5
D8b	Income from child support? Would it have been...?	Very easy 1 Somewhat easy 2 Somewhat difficult..... 3 Very difficult..... 4 Didn't need to provide 5
D8c	Income from unemployment, disability, or worker's comp? Would it have been...?	Very easy 1 Somewhat easy 2 Somewhat difficult..... 3 Very difficult..... 4 Didn't need to provide 5
D8d	Income from Social Security, pensions, or retirement? Would it have been...?	Very easy 1 Somewhat easy 2 Somewhat difficult..... 3 Very difficult..... 4 Didn't need to provide 5
D8e	Income from welfare payments? Would it have been...?	Very easy 1 Somewhat easy 2 Somewhat difficult..... 3 Very difficult..... 4 Didn't need to provide 5
D8f	Income from the Military Housing Privatization Initiative. Would it have been...?	Very easy 1 Somewhat easy 2 Somewhat difficult..... 3 Very difficult..... 4 Didn't need to provide 5
D8g	Other income, such as rental income? Would it have been...?	Very easy 1 Somewhat easy 2 Somewhat difficult..... 3 Very difficult..... 4 Didn't need to provide 5

If all answers for D8a through D8g = 5

D9. How easy would it have been to provide a brief note explaining how you provide food, clothing, and housing for your household? Would it have been...?

HAND SHOWCARD #5 TO RESPONDENT

- Very easy..... 1
- Somewhat easy 2
- Neither easy nor difficult 3
- Somewhat difficult 4
- Very difficult 5

If D4 = 1

D10. What are the most important reasons why you did not complete the request?

_____ (STRING 250)
REASON

- DON'T KNOW d
- REFUSED r

ASK RESPONDING HOUSEHOLDS (D11-D17)-

If D1 or D2 = 1

D11. How clear were the instructions in the letter and form that came with the request? Would you say they were...?

HAND SHOWCARD #4 TO RESPONDENT

- Very clear 1
- Somewhat clear 2
- Neither clear nor unclear 3
- Somewhat unclear 4
- Very unclear 5

If D4 = 1

D12. How easy was it for you to complete the request on time? Was it...?

HAND SHOWCARD #5 TO RESPONDENT

- Very easy..... 1
- Somewhat easy 2
- Neither easy nor difficult 3
- Somewhat difficult 4
- Very difficult 5

If D4 = 1

D13. How easy was it for you to provide information such as pay stubs, letters, or copies of checks that proved your child was eligible? Was it...?

HAND SHOWCARD #5 TO RESPONDENT

- Very easy..... 1
- Somewhat easy 2
- Neither easy nor difficult..... 3
- Somewhat difficult 4
- Very difficult 5

The next questions are about how easy it was to provide proof of your income.

HAND SHOWCARD #6 TO RESPONDENT

	How easy was it to provide proof of...?	RESPONSE
D14a	Income from your job? Was it...?	Very easy 1 Somewhat easy 2 Somewhat difficult 3 Very difficult 4 Didn't need to provide 5
D14b	Income from child support? Was it...?	Very easy 1 Somewhat easy 2 Somewhat difficult 3 Very difficult 4 Didn't need to provide 5
D14c	Income from unemployment, disability, or worker's comp? Was it...?	Very easy 1 Somewhat easy 2 Somewhat difficult 3 Very difficult 4 Didn't need to provide 5
D14d	Income from Social Security, pensions, or retirement? Was it...?	Very easy 1 Somewhat easy 2 Somewhat difficult 3 Very difficult 4 Didn't need to provide 5
D14e	Income from welfare payments? Was it...?	Very easy 1 Somewhat easy 2 Somewhat difficult 3 Very difficult 4 Didn't need to provide 5
D14f	Income from the Military Housing Privatization Initiative? Was it...?	Very easy 1 Somewhat easy 2 Somewhat difficult 3 Very difficult 4 Didn't need to provide 5
D14g	Other income, such as rental income? Was it...?	Very easy 1 Somewhat easy 2 Somewhat difficult 3 Very difficult 4 Didn't need to provide 5

If all answers for D14a through D14g = 5

D15. How easy was it to provide a brief note explaining how you provide food, clothing, and housing for your household? Was it...?

HAND SHOWCARD #5 TO RESPONDENT

- Very easy..... 1
- Somewhat easy 2
- Neither easy nor difficult..... 3
- Somewhat difficult 4
- Very difficult..... 5

If D4 = 1

D16. What are the most important reasons why you completed the request that came from the school?

- _____ (STRING 250)
- REASON
- DON'T KNOW d
- REFUSED r

D17. How much time did you spend completing the request? ~~Was it~~Did it take...?

- Less than 30 minutes 1
- 30 minutes to an hour 2
- ~~One to two hours~~ **More than one hour but less than four hours**..... 3
- ~~Two to four hours~~..... 4
- More than four hours **45**
- Don't know/don't remember **56**

SECTION END TIME: _____

SECTION E: HOUSEHOLD COMPOSITION

Section E asks a series of questions to determine the composition of who currently lives in the household. For each person identified, a series of questions are asked about that person including relationship to the respondent, gender, age, grade level for children and occupation for adults. In this section, we also ask if anyone else lived in the household in October 2017.

INTRO TO SECTION: **Next, I would like to ask questions about [TARGET STUDENT NAME].**

INTERVIEWER NOTE: READ THE FIRST THREE RESPONSE OPTIONS FOR E1. IF THE RESPONDENT DOES NOT SELECT ONE OF THE FIRST THREE RESPONSE OPTIONS, CONTINUE READING RESPONSE OPTIONS UNTIL THE RESPONDENT PROVIDES AN ANSWER.

E1. What is [TARGET STUDENT NAME]'s relationship to you?

- BIOLOGICAL CHILD 1
- STEPCHILD OR ADOPTED CHILD..... 2
- OTHER CUSTODIAL CHILD 3
- FOSTER CHILD 4
- SIBLING (BROTHER OR SISTER)..... 5
- NEPHEW OR NIECE 6
- COUSIN..... 7
- GRANDCHILD..... 8
- OTHER RELATIVE 9
- NON-RELATIVE (INCLUDING ROOMER OR BOARDER)..... 10
- OTHER (SPECIFY) _____ 11

E2. What is [TARGET STUDENT NAME]'s date of birth?

|_|_| / |_|_| / |_|_|
MONTH DAY YEAR

E3. Did [TARGET STUDENT NAME] live with you in October 2017?

- YES 1
- NO 2

Next, I would like to ask questions about the people who live here with you.

ASK EVERYONE

E4. I have your legal name recorded as [PARENT/GUARDIAN NAME]. Is this correct?

INTERVIEWER: SPELLING OF RECORDED NAME SHOULD BE CONFIRMED.

YES 1 (GO TO E6)

NO 2 (GO TO E5)

E5. May I please have the correct spelling of your legal name?

FIRST NAME

LAST NAME

E6. Not including yourself, how many people live with you? Please include babies, small children, people who are not related to you and people who are temporarily away, for example, at school or in a hospital.

||_|

PEOPLE LIVING IN HOUSEHOLD

NONE OR LIVES ALONE 1 (GO TO E17)

E7. CODE IF KNOWN OR ASK: Does [TARGET STUDENT NAME] live with you?

YES 1

NO 2

E8. Please tell me the first name of everyone who lives here with you.

FILL IN NAME OF RESPONDENT IN POSITION #1.

INTERVIEWER: DO NOT INCLUDE TARGET STUDENT.

PROBE: **Who else lives with you?**

RESPONDENT (NAME # 1)	NAME # 6	NAME # 11
NAME # 2	NAME # 7	NAME # 12
NAME # 3	NAME # 8	NAME # 13
NAME # 4	NAME # 9	NAME # 14
NAME # 5	NAME # 10	NAME # 15

BOX EA

PROGRAMMER NOTE: ALLOW AS MANY RECORDS AS NEEDED TO LIST ENTIRE HOUSEHOLD MEMBERSHIP. QUESTIONS E9-15 WILL BE ASKED OF EVERY MEMBER OF THE HOUSEHOLD, EXCEPT [TARGET STUDENT NAME].

SKIP QUESTION E9 WHEN ASKING ABOUT THE RESPONDENT.

NOTE TO READER: FOR DEMONSTRATION PURPOSES QUESTIONS E9 THROUGH E15 ARE SHOWN FOR 3 HOUSEHOLD MEMBERS. WHEN PROGRAMMED, THESE QUESTIONS WILL LOOP TO BE ASKED OF ALL HOUSEHOLD MEMBERS.

RECORD RESPONDENT FIRST THEN RECORD NAMES OF ALL OTHER HOUSEHOLD MEMBERS ACROSS THE GRID FIRST, THEN ASK E9 THROUGH E15 FOR EACH PERSON.

	RESPONDENT	NAME #2	NAME #3
E9. What is [NAME]'s relationship to you?		BIOLOGICAL CHILD 1 STEPCHILD OR ADOPTED CHILD 2 OTHER CUSTODIAL CHILD 3 FOSTER CHILD 4 SPOUSE OR DOMESTIC PARTNER 5 BOYFRIEND, GIRLFRIEND, OR PARTNER 6 PARENT 7 STEPPARENT 8 GRANDPARENT OR GREAT-GRANDPARENT 9 AUNT, UNCLE, GREAT- AUNT, OR GREAT- UNCLE 10 SIBLING (BROTHER OR SISTER) 11 NEPHEW OR NIECE 12 COUSIN 13 GRANDCHILD 14 OTHER RELATIVE OR IN-LAW 15 NON-RELATIVE (INCLUDING ROOMER OR BOARDER) 16 OTHER (SPECIFY) 17	BIOLOGICAL CHILD 1 STEPCHILD OR ADOPTED CHILD2 OTHER CUSTODIAL CHILD3 FOSTER CHILD4 SPOUSE OR DOMESTIC PARTNER5 BOYFRIEND, GIRLFRIEND, OR PARTNER6 PARENT7 STEPPARENT8 GRANDPARENT OR GREAT-GRANDPARENT 9 AUNT, UNCLE, GREAT- AUNT, OR GREAT- UNCLE10 SIBLING (BROTHER OR SISTER)11 NEPHEW OR NIECE12 COUSIN13 GRANDCHILD14 OTHER RELATIVE OR IN-LAW15 NON-RELATIVE (INCLUDING ROOMER OR BOARDER)16 OTHER (SPECIFY)17
E10. CODE GENDER. IF NECESSARY, ASK: Is [NAME] female or male?	FEMALE 1 MALE 2	FEMALE 1 MALE 2	FEMALE 1 MALE 2
E11. What is (her/his) date of birth?	_ _ / _ _ / _ _ MONTH DAY YEAR <div style="text-align: center;"> GO TO E13 Age will be calculated </div>	_ _ / _ _ / _ _ MONTH DAY YEAR <div style="text-align: center;"> GO TO E13 Age will be calculated </div>	_ _ / _ _ / _ _ MONTH DAY YEAR <div style="text-align: center;"> GO TO E13 Age will be calculated </div>

E12. How old is (he/she)?	A. YEARS __ __ B. MONTHS __ __	A. YEARS __ __ B. MONTHS __ __	A. YEARS __ __ B. MONTHS __ __
IF AGE IS AGE 5-18, ASK E1340; OTHERWISE, SKIP TO E15. E13. Is [NAME] currently attending school?	YES 1 NO 2 (GO TO E153)	YES 1 NO 2 (GO TO E153)	YES 1 NO 2 (GO TO E153)
E14. What grade is (she/he) in?	__ __ GRADE OR PRESCHOOL 1 KINDERGARTEN 2 GRADES 1-2 3 GRADES 3-5 4 GRADES 6-8 5 GRADES 9-12 6 UNGRADED 7	__ __ GRADE OR PRESCHOOL 1 KINDERGARTEN 2 GRADES 1-2 3 GRADES 3-5 4 GRADES 6-8 5 GRADES 9-12 6 UNGRADED 7	__ __ GRADE OR PRESCHOOL 1 KINDERGARTEN 2 GRADES 1-2 3 GRADES 3-5 4 GRADES 6-8 5 GRADES 9-12 6 UNGRADED 7
E15. Did [NAME] live with you in October 2017?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
	(GO TO NEXT PERSON)	(GO TO NEXT PERSON)	(GO TO NEXT PERSON)

BOX EB

DISPLAY LIST WITH NUMBER AND NAMES OF ALL PERSONS ON HOUSEHOLD ROSTER.

ASK EVERYONE

E16. You have just told me that [NUMBER OF PERSONS ON HOUSEHOLD ROSTER] person(s) live here with you. This includes [NAMES OF ALL REPORTED PERSONS]. Just to confirm, have you told me about everyone who lives here, including babies, small children, people who are not related to you and people who are temporarily away, for example, at school or in a hospital?

YES 1
NO 2 (RETURN TO E8 AND ADD NAMES TO THE HOUSEHOLD ROSTER)

E17. For this next question, do not include temporary visitors. Did anyone (else) live with you in this household in October 2017 that does not live with you now?

IF NEEDED, ADD: This is the month you reported your income when [TARGET STUDENT NAME]'s eligibility was checked for the school meals program benefits at [TARGET SCHOOL].

YES 1 (GO TO E18)
NO 2 (GO TO E20)

E18. How many other people lived with you in October 2017 that do not live with you now?

ADDITIONAL HOUSEHOLD MEMBERS

E19. Please tell me the first name(s) of the other (person/people) that lived with you in October 2017 who-but no longer live here with you now.

NAME OF OTHER PERSON # 1

NAME OF OTHER PERSON # 2

NAME OF OTHER PERSON # 3

BOX EC

FOR EACH ADDITIONAL HOUSEHOLD PERSON RECORDED IN E19, LOOP BACK TO E8 AND ASK E9 TO E15 FOR EACH NAME.

ASK E20 TO E22 FOR EACH PERSON LISTED ON ROSTER UNDER AGE 18 AND NOT A FOSTER CHILD.

E20. In October 2017, did you (or your spouse/partner) pay any household expenses or provide any financial support for [NAME OF EACH CHILD UNDER AGE OF 18 WHO IS NOT IDENTIFIED AS A FOSTER CHILD]? This question refers to your own income and resources to financially support [NAME], not the income and resources of others, which we will ask about later.

YES 1
NO 2

DISPLAY LIST OF ALL PERSONS ON HOUSEHOLD ROSTER AGE 18 AND OLDER.

E21. Based on the information you gave about people living in your household, these persons are considered to be adults by this study, meaning ages 18 and older.

INTERVIEWER READ LIST.

Does my list include everyone considered to be an adult in this household?

- YES 1 (GO TO BOX ED)
NO 2 (RETURN TO E8)

BOX ED

CREATE A LIST OF **ALL HOUSEHOLD MEMBERS AGES 16 AND UP** EXCLUDING THE RESPONDENT AND THE RESPONDENT'S SPOUSE OR PARTNER. USE THIS LIST TO ASK E22 AND E23.

REPEAT E22 AND E23 UNTIL EACH ADULT (16+) HOUSEHOLD MEMBER ON THE CREATED LIST IS ASKED ABOUT EACH CHILD UNDER THE AGE OF 18.

E22. In October 2017, did [NAME OF EACH HOUSEHOLD MEMBER ON THE CREATED LIST (REFERENCED IN BOX ABOVE)] pay any household expenses or provide any financial support for [NAME OF CHILD UNDER 18 YEARS]?

- YES 1
NO 2

E23. In October 2017, did [NAME OF EACH HOUSEHOLD MEMBER ON THE CREATED LIST] pay any household expenses or provide any financial support to you?

- YES 1
NO 2

E24. ASK E24 ONLY IF THE RELATIONSHIP TO THE RESPONDENT IS FOSTER CHILD

Who has legal and financial responsibility for [NAME OF FOSTER CHILD]?

- SELECT NAME(S) FROM HOUSEHOLD ROSTER..... 1
SOMEONE OUTSIDE THE HOUSEHOLD..... 2
AN AGENCY 3
OTHER (SPECIFY) _____ 4

SECTION END TIME: _____

SECTION F: CATEGORICAL ELIGIBILITY

Section F asks a series of questions to determine if the target student was categorically eligible for free meals.

INTRO TO SECTION: Next, I would like to ask questions about benefits your household may receive through government programs like SNAP or TANF. Soon we'll need to look at any documentation you have about payments from these programs. Do you have that ready?

INTERVIEWER: IF NO, GIVE TIME FOR RESPONDENT TO COLLECT DOCUMENTATION WHENEVER POSSIBLE, USE AVAILABLE DOCUMENTS TO VERIFY OR CLARIFY RESPONDENT'S RESPONSES.

SNAP BENEFITS

Let's discuss any [SNAP/STATE NAME FOR SNAP] benefits your household may receive. Do not include [SNAP/STATE NAME FOR SNAP] benefits received by another household member with their own [SNAP/STATE NAME FOR SNAP] case number that does not include you, your spouse, and/or your child/children.

F1. In October 2017, did you, your spouse, and/or child/children receive Supplemental Nutrition Assistance Program (SNAP) benefits (formerly known as Food Stamps), or [STATE NAME FOR SNAP] benefits?

YES 1 (GO TO F3)
NO 2 (GO TO F2)

F2. Did you, your spouse, and/or child/children receive SNAP benefits or [STATE NAME FOR SNAP] benefits at any point during the 2017-2018 school year?

YES 1 (GO TO F3)
NO 2 (GO TO F7)

F3. We need to verify that you and your child/children/you and your spouse and child/children received [SNAP/STATE NAME FOR SNAP] benefits during the 2017-2018 school year. We can get that from your [SNAP/STATE NAME FOR SNAP] EBT card, award statement, or notification of payment. Do you have a [SNAP/STATE NAME FOR SNAP] EBT card, award statement, or notification of payment you can show me?

YES 1 (GO TO F4)
NO 2 (GO TO F7)

F4. INTERVIEWER: WHAT KIND OF DOCUMENTATION DID THE RESPONDENT PROVIDE?

- SNAP EBT CARD..... 1
- AWARD STATEMENT 2
- NOTIFICATION OF PAYMENT..... 3
- OTHER (SPECIFY) 4
- NONE 5

F5. Does anyone else in your household receive [SNAP/state name for SNAP] under a different case number?

- YES 1 (GO TO F6)
- NO 2 (GO TO F7)

F6. Do you share housing, income, or food expenses with this person?

- YES 1 (GO TO F7)
- NO 2 (GO TO F7)

TANF BENEFITS

Let's discuss TANF benefits. Do not include TANF benefits received by another household member with their own TANF case number that does not include you, your spouse, and/or your child/children.

F7. In October 2017, did you, your spouse, and/or child/children receive Temporary Assistance for Needy Families (TANF), also known as cash welfare, or [STATE NAME FOR TANF]?

- YES 1 (GO TO F9)
- NO 2 (GO TO F8)

F8. Did you, your spouse, and/or child/children receive [TANF/STATE NAME FOR TANF] benefits at any point during the 2017-2018 school year?

- YES 1 (GO TO F9)
- NO 2 (GO TO F13)

F9. We need to verify that you and your child/children/you and your spouse and child/children received [TANF/STATE NAME FOR TANF] benefits during the 2017-2018 school year. We can get that from your [TANF/STATE NAME FOR TANF] EBT card, award statement, or notification of payment. Do you have a [TANF/STATE NAME FOR TANF] EBT card, award statement, or notification of payment you can show me?

- YES 1 (GO TO F10)
- NO 2 (GO TO F13)

F10. INTERVIEWER: WHAT KIND OF DOCUMENTATION DID THE RESPONDENT PROVIDE?

- [TANF/STATE NAME FOR TANF] EBT CARD..... 1
- AWARD STATEMENT 2
- NOTIFICATION OF PAYMENT..... 3
- OTHER (SPECIFY) 4
- NONE 5

F11. Does anyone else in your household receive [TANF/STATE NAME FOR TANF] under a different case number?

- YES 1 (GO TO F12)
- NO 2 (GO TO F13)

F12. Do you share housing, income, or expenses with this person?

- YES 1 (GO TO F13)
- NO 2 (GO TO F13)

OTHER BENEFITS

F13. In October 2017, did you, your spouse, and/or child/children participate in the Food Distribution Program for Indian Reservations (FDPIR)? Do not include FDPIR benefits received by another household member with their own case number that does not include you, your spouse, and/or your child/children.

- YES 1 (GO TO F15)
- NO 2 (GO TO F14)

F14. Did you, your spouse, and/or child/children receive FDPIR benefits at any point during the 2017-2018 school year?

- YES 1 (GO TO F15)
- NO 2 (GO TO G1)

F15. We need to verify that you and your child/children/you and your spouse and child/children received FDPIR benefits during the 2017-2018 school year. We can get that from your FDPIR EBT card, award statement, or notification of payment. Do you have a FDPIR EBT card, award statement, or notification of payment you can show me?

- YES 1 (GO TO F16)
- NO 2 (GO TO G1)

F16. INTERVIEWER: WHAT KIND OF DOCUMENTATION DID THE RESPONDENT PROVIDE?

- FDPIR EBT CARD 1
- AWARD STATEMENT 2
- NOTIFICATION OF PAYMENT..... 3
- OTHER (SPECIFY) 4
- NONE 5

SECTION END TIME: _____

SECTION G: INCOME AND EARNING SOURCES

In Section G we ask about the sources of income and benefits for the household.

Now we ask you about sources of income and benefits you and your household may have each month. While these questions may seem personal, they are important to understanding the school meal program application process and the needs of families whose children are enrolled in the [Target School District Name] school district. We want to assure you that all of your responses are kept strictly private.

BOX GA

CREATE LIST OF ALL PERSONS FROM THE HOUSEHOLD ROSTER WITH A CALCULATED AGE LESS THAN 18 YEARS OF AGE (INCLUDING THE [TARGET STUDENT NAME]) AND REPORTED TO HAVE FINANCIAL SUPPORT FROM PARENT/GUARDIAN.

ASK G1-G5 OF EACH CHILD UNDER THE AGE OF 18 WHO HAD FINANCIAL SUPPORT FROM THE PARENT OR GUARDIAN.

G1. In October 2017, did ([TARGET STUDENT NAME]/[CHILD'S NAME]) have any income from Social Security (including Disability Payments or Survivors Benefits), persons outside the household, or any other source? This is income paid directly to your child, not income that you collect yourself.

Do not include SNAP.

- YES 1 (GO TO G2)
- NO 2 (GO TO BOX GB)

G2. What was the source of that income? SELECT ALL THAT APPLY

PROBE: Were there any other sources of income?

INTERVIEWER: IF THE RESPONDENT MENTIONS CHILD SUPPORT, SAY: The government considers child support to be income for the adult who cares for the child, rather than income for the child itself. I will ask you about any child support in a moment when I ask about income that you collect yourself.

- SOCIAL SECURITY OR DISABILITY SURVIVORS BENEFITS 1 (ASK G3)
- PERSONS OUTSIDE THE HOUSEHOLD (E.G., FRIEND OR EXTEND FAMILY MEMBER REGULARLY GIVES CHILD SPENDING MONEY) 2 (ASK G4)
- OTHER (E.G., INCOME FROM A PRIVATE PENSION FUND, ANNUITY, OR TRUST- PLEASE SPECIFY) 3 (ASK G5)

G3. How much is received monthly in Social Security benefits or disability survivors benefits?

\$ |__|,|__|__|__|

G4. How much is received monthly from persons outside the household?

\$ |__|,|__|__|__|

G5. How much is received monthly from the other sources?

\$ |__|,|__|__|__|

REPEAT G1 TO G5 FOR ALL CHILDREN IN CREATED LIST CREATED IN BOX GA.

BOX GB

CREATE LIST OF PERSONS FROM THE HOUSEHOLD ROSTER MEETING THE FOLLOWING CRITERIA:

AN AGE OF 16 OR OLDER AND REPORTED TO HAVE FINANCIAL RESPONSIBILITY FOR CHILDREN IN THE HOUSEHOLD.

INTERVIEWER: PROVIDE THE RESPONDENT WITH THE INCOME SOURCE. SHOW CARD AS A REFERENCE SO THEY CAN FOLLOW ALONG AND SELECT INCOME SOURCES.

Please refer to this show card as we work through the next set of questions.

ASK G6 FOR EACH ADULT (16+) CREATED IN BOX GB.

G6. Let's review each source of income. Did you receive [SOURCE 1] income for paid work?

YES 1

NO 2

INTERVIEWER: USE THE SHOWCARD TO GO THROUGH EACH INCOME SOURCE OPTION. ASK ABOUT EACH SOURCE OF INCOME ON THE CARD. RECORD EACH SOURCE TYPE FOR HOUSEHOLD INCOME AND BENEFIT PAYMENT ON CARD REPORTED BY THE RESPONDENT.

PROGRAMMER NOTE: PROVIDE YES OR NO RESPONSES FOR SOURCES 1-25.

SOURCE #	TYPE OF INCOME OR BENEFITS PAYMENT
<input type="checkbox"/> Source 1	<p>Income for paid work</p> <p>If you have your own business, only include the salary you pay yourself as personal income or regular earnings. Do not include the business profits or losses. Do not include infrequent earnings, such as income from occasional baby-sitting or mowing lawns. For military service members, include Military Basic Pay. For deployed service members, include only the amount made available to the household.</p>
<input type="checkbox"/> Source 2	<p>Unemployment Compensation</p> <p>Money that substitutes for wages or salary, paid to recently unemployed workers under a program administered by a government or labor union.</p>
<input type="checkbox"/> Source 3	<p>Workers Compensation Benefits</p> <p>Payment that is required by law to be made to an employee who is injured or disabled in connection with work.</p>
<input type="checkbox"/> Source 4	<p>Strike Benefits</p> <p>Money paid to strikers by a union to enable them to be supported during a strike.</p>
<input type="checkbox"/> Source 5	<p>Social Security or Railroad Retirement</p> <p>Railroad retirement program provides retirement, survivor unemployment and sickness benefits to individuals who have spent a substantial portion of their career in railroad employment, as well as to workers' families.</p> <p>Social Security Retirement is a federal insurance program that provides benefits to retired people and those who are unemployed or disabled.</p>
<input type="checkbox"/> Source 6	<p>Pensions (public or private), Annuities, or Survivors Benefits</p> <p>A pension is a fund into which a sum of money is added during an employee's employment years, and from which payments are drawn to support the person's retirement from work in the form of periodic payments.</p> <p>An annuity is a contract between you and an insurance company that requires the insurer to make payments to you, either immediately or in the future. You buy an annuity by making either a single payment or a series of payments. Similarly, your payout may come either as one lump-sum payment or as a series of payments over time.</p> <p>Survivors benefits are for widows and widowers receiving monthly Social Security benefits based on their deceased spouse's earnings records.</p>

SOURCE #	TYPE OF INCOME OR BENEFITS PAYMENT
<input type="checkbox"/> Source 7	<p>Military Cash Benefits</p> <p>Cash benefits for housing, food, or clothing allowances, including the Basic Allowance for Housing (BAH). Do not include combat pay, or benefits from the Family Subsistence Supplemental Allowance (FSSA) or the Military Housing Privatization Initiative (MHPI). For deployed service members, only include the amount made available to the household.</p>
<input type="checkbox"/> Source 8	<p>Veteran's Benefits</p> <p>Benefits you receive based on military service.</p>
<input type="checkbox"/> Source 9	<p>Government Disability Benefits from Supplementary Security Income (SSI)</p> <p>SSI program pays benefits to disabled adults and children who have limited income and resources.</p>
<input type="checkbox"/> Source 10	<p>Private Disability Benefits</p> <p>Providing benefits to employees who are unable to work due to disability, by paying all or part of their salaries from an insurance policy that can be provided by an employer as an employee benefit, or an insurance policy that can be purchased by an individual directly from an insurance company.</p>
<input type="checkbox"/> Source 11	<p>Alimony Payments</p> <p>Payments made in a lump sum or on a continuing basis to provide financial support to a spouse before or after a marital separation or divorce. Alimony does NOT include child support, noncash property settlements, payments to keep up the payer's property or use of the payer's property.</p>
<input type="checkbox"/> Source 12	<p>Child Support Payments</p> <p>Ongoing payment made by a parent to contribute to the costs of raising her or his child following the end of a marriage or other relationship.</p>
<input type="checkbox"/> Source 13	<p>Interest and Dividends Income</p> <p>A dividend is a distribution of a portion of a company's earnings, decided by the board of directors, to a class of its shareholders. Dividends can be issued as cash payments, as shares of stock, or other property.</p> <p>Interest earned on investments is interest income.</p>
<input type="checkbox"/> Source 14	<p>Net rental income</p> <p>The amount someone pays you to use your property, after you subtract the expenses you have for the property.</p>
<input type="checkbox"/> Source 15	<p>Profit or Loss from Nonfarm Business, Partnership, or Professional Practice</p> <p>This is profit or loss not included in the salary you pay yourself as personal income or regular earnings.</p>

SOURCE #	TYPE OF INCOME OR BENEFITS PAYMENT
<input type="checkbox"/> Source 16	<p>Profit or Loss from a Farm</p> <p>Income gained or loss from growing crops, raising livestock, breeding fish or operating a ranch.</p>
<input type="checkbox"/> Source 17	<p>Financial Aid to College Students</p> <p>Include money used for room and board, but exclude money used for tuition, books, and fees, including Pell Grants, Supplemental Education Opportunity Grants, State Student Incentive Grants, National Direct Student Loans, PLUS, College Work Study, or Byrd Honor Scholarship Programs.</p>
<input type="checkbox"/> Source 18	<p>Regular Payments or Withdrawals from Large Awards or Settlements</p> <p>Include income from legal settlements, inheritance, prize winnings, or bonuses.</p>
<input type="checkbox"/> Source 19	<p>Regular Contributions from Persons Outside the Household</p> <p>Include cash gifts or other financial assistance from friends or family.</p>
<input type="checkbox"/> Source 20	<p>Other Income, such as Net Royalties, Trust Income, or 401K.</p>
<input type="checkbox"/> Source 21	<p>General Assistance Benefits</p> <p>State or county programs serving low-income individuals who do not have minor children, are not disabled enough to qualify for (or do not yet receive) Supplemental Security Income (SSI), and are not elderly.</p>
<input type="checkbox"/> Source 22	<p>Housing Subsidy (do not include Federal housing subsidies)</p> <p>Subsidized housing is owned and operated by private owners who receive subsidies in exchange for renting to low- and moderate-income people. Owners may be individual landlords or for-profit or nonprofit corporations. This does <u>not</u> include subsidized housing programs overseen by the U.S. Dept. of Housing and Urban Development (HUD) such as Section 8 or the Rural Rental Assistance program managed by the USDA.</p>
<input type="checkbox"/> Source 23	<p>Federal Black Lung Program</p> <p>Provides compensation to coal miners who are totally disabled by pneumoconiosis arising out of coal mine employment, and to survivors of coal miners whose deaths are attributable to the disease and provides eligible miners with medical coverage for the treatment of lung diseases related to pneumoconiosis.</p>
<input type="checkbox"/> Source 24	<p>Other Public Benefits, not including TANF/State name for TANF or SNAP/state name for SNAP</p> <p>Other benefits such as Women, Infants and Children (WIC) or State Children's Health Insurance (SCHIP). Do <u>not</u> include TANF or SNAP benefits.</p>
<input type="checkbox"/> Source 25	<p>Select if person has no source of income or benefits.</p>

INTERVIEWER:

CONFIRM THAT REPORTING IS COMPLETE BY PROBING:

IS THERE ANY OTHER SOURCE OF INCOME THAT WASN'T MENTIONED? ASK UNTIL RESPONDENT CONFIRMS THERE IS NO OTHER SOURCE OF INCOME OR BENEFITS FOR RESPONDENT/PERSON'S NAME.

IF YES, SPECIFY AND RECORD. THIS SOURCE WILL BE INCLUDED IN SECTION H.

REPEAT FOR EACH PERSON ON LIST, UNTIL INFORMATION IS COLLECTED FOR ALL LISTED PERSONS.

IF RESPONDENT REPORTS NO INCOME FROM PAID WORK AT G6 THEN ASK G7-G9

G7. Have you worked for pay at any point during the 2017-2018 school year? Please include regular paid jobs, odd jobs, temporary jobs, work in your own business, "under the table" work, "informal" work, or any other types of work you have done.

- YES 1 (GO TO G8)
- NO 2 (GO TO G8)
- DON'T KNOW d (GO TO G8)
- REFUSED r (GO TO G8)

G8. In what month and year did you last work for pay? Please include any regular paid jobs, odd jobs, temporary jobs, work in your own business, "under the table" work, "informal" work, or any other types of work you have done.

| | | | | | | | | |
 MONTH YEAR
(1-12) (1930-2018)

- NEVER WORKED FOR PAY 1
- DON'T KNOW d
- REFUSED r

G9. Now I am going to read you a list of things that can make it hard for people to find or keep a job. Please refer to the card when answering these questions.

Please tell me if each of the following has made it not at all hard, a little hard, somewhat hard, very hard, or extremely hard for you to find or keep a job in the past year...

HAND SHOWCARD #7 TO RESPONDENT

CODE ONE PER ROW

	NOT AT ALL HARD	A LITTLE HARD	SOMEWHAT HARD	VERY HARD	EXTREMELY HARD	DON'T KNOW	REFUSED
a. Problems getting to work, such as not having a car or access to public transportation.....	0	1	2	3	4	d	r
a. Not having reliable transportation b. Not having the kinds of skills employers are looking for.....	0	1	2	3	4	d	r
b. Not having the right clothes for work c. Having to take care of a family member.....	0	1	2	3	4	d	r
c. Not having the required documentation for employment, such as a birth certificate d. Not having a steady place to live.....	0	1	2	3	4	d	r
d. Not having good enough childcare or family help e. Alcohol or drug use.....	0	1	2	3	4	d	r
e. Having a criminal record f. Trouble getting along with other people or controlling your anger.....	0	1	2	3	4	d	r
f. Not having the right skills or education g. Your physical health.....	0	1	2	3	4	d	r
g. Having substance use or mental health problems h. Having a criminal record.....	0	1	2	3	4	d	r

CODE ONE PER ROW

	NOT AT ALL HARD	A LITTLE HARD	SOMEWHAT HARD	VERY HARD	EXTREMELY HARD	DON'T KNOW	REFUSED
<u>h. Trouble getting along with other people or controlling your anger.</u> <u>Other</u>	0	1	2	3	4	d	r

SECTION END TIME: _____

SECTION H: INCOME AND EARNING AMOUNTS

Section H records and documents all income sources in October 2017 for all incomes and benefits reported in Section G.

BOX HA

CREATE LIST OF ALL RESPONDENTS AGE 16 AND OLDER WITH AT LEAST ONE SOURCE OF INCOME OR BENEFITS AS REPORTED IN SECTION G.

Next, I would like to ask you about the different amounts of income you and the other adults in your household received from the sources you just reported. For each type of income you reported, we will go over the income and look at your documents together so that we are sure we get the right amounts. We can take a short break now so you can collect the documentation. The types of documentation I would like to see are check stubs, pay stubs, or last year’s income tax return for earnings from jobs, receipts for cash jobs, leave and earnings statements, business records, award letters, or statement summaries that accompany pension or benefit payments

INTERVIEWER: WAIT FOR RESPONDENT TO COLLECT DOCUMENTS THEN CONTINUE ON TO ASK INCOME AND EARNING AMOUNTS SECTION QUESTIONING.

ASK H1-H11 FOR EACH ADULT (16+) HOUSEHOLD MEMBER WHO HAD INCOME FOR A PAID JOB (SOURCE #1). ELSE GO TO BOX HC.

You just told me that (you/[PERSON’S NAME]) had earnings from paid jobs in October 2017. Let’s work together, using the documentation you have available, to document the total pay received the last time (you were/[PERSON’S NAME]was) paid.

INTERVIEWER: WHENEVER POSSIBLE, USE AVAILABLE DOCUMENTS TO VERIFY OR CLARIFY RESPONDENT’S RESPONSES.

H1. We need to record the amount of (your/[PERSON’S NAME]’s) earnings from all paid jobs in October 2017. The amount I need is the gross income, before taxes and other deductions which was (your/[PERSON’S NAME]’s) total pay, not the amount that was brought home. Please include salary, wages, tips, commissions, cash bonuses, and regular overtime pay. Please do not include profits or losses from (your/[PERSON’S NAME]’s) own farm or nonfarm business, partnership, or professional practice in October 2017.

How much did (you/[PERSON’S NAME]) earn from a paid job in October 2017?

IF APPROPRIATE, ADD: **We can probably get that amount from the earnings statement.**

IF NEEDED, ADD: **Do you have an earnings statement from October 2017?**

IF DOCUMENTATION IS NOT AVAILABLE, ADD: **Your best estimate is fine.**

\$ |_|_|_|,|_|_|_|_|

H2. How often are these earnings paid to (you/[PERSON'S NAME])?

- HOURLY..... 1 (GO TO H3)
- DAILY 2 (GO TO H3)
- WEEKLY..... 3 (GO TO H3)
- EVERY 2 WEEKS (BI-WEEKLY) 4 (GO TO H3)
- TWICE A MONTH 5 (GO TO H3)
- MONTHLY 6 (GO TO H4)
- QUARTERLY..... 7 (GO TO H4)
- ANNUALLY..... 8 (GO TO H4)
- OTHER (SPECIFY) _____ 9 (GO TO H4)
- DON'T KNOW 10 (GO TO H3)

ASK IF H2 = DON'T KNOW

H3. We need to record how many times (you were/[person's name was]) paid in October 2017. IF APPROPRIATE, ADD: We can look at the earnings statement to get this information. Your best estimate is fine.

INTERVIEWER: IF RESPONDENT ANSWERS DON'T KNOW, A COMMENT MUST BE ENTERED FOR CLARIFICATION.

TIMES PAID

H4. INTERVIEWER: WAS DOCUMENTATION AVAILABLE TO PROVIDE DETAILS ABOUT THIS PERSON'S EARNINGS FROM A PAID JOB?

- YES 1
- NO 2 (GO TO H11)

H5. INTERVIEWER: WHAT TYPE OF DOCUMENT WAS PROVIDED?

CODE ALL THAT APPLY

- CHECK STUB OR PAYSTUB 1
- INCOME TAX RETURN 2
- RECEIPT FOR CASH JOB 3
- LEAVE AND EARNINGS STATEMENT 4
- BUSINESS RECORDS 5
- AWARD LETTER/CONTRACT 6
- EXPENSE RECEIPT 7
- STATEMENT 8
- BENEFITS LETTER 9
- CHECK STUB 10
- OTHER (SPECIFY) 8

H6. INTERVIEWER: WHAT WAS THE PERIOD ENDING DATE ON THE DOCUMENT?

____/____/____
MONTH DAY YEAR

NOT FOUND ON DOCUMENT 99

H7. INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.

\$ ____|____|____|____|

NOT FOUND ON DOCUMENT 99

H8. DOES THE PAY STATEMENT REFLECT EARNINGS IN OCTOBER 2017, THE CURRENT MONTH, CURRENT YEAR OR ANOTHER TIME PERIOD?

- OCTOBER 2017 1 (GO TO H11)
- CURRENT MONTH..... 2
- BETWEEN OCTOBER 2017 AND CURRENT MONTH 3
- 1 TO 3 MONTHS PRIOR TO OCTOBER 2017 4
- MORE THAN 3 MONTHS PRIOR TO OCTOBER 2017 5
- ~~CURRENT YEAR..... 6~~

ASK IF H8 DOES NOT = 1

H9. Is the amount we just discussed as (your/[PERSON'S NAME]'s) income from this paid job about the same as, less than, or more than your household income in October 2017?

IF NEEDED, ADD: I am asking you to compare your income amount on this paystub to the income from this job that was reported when [TARGET STUDENT NAME]'s eligibility was determined for the school meal program benefits at [TARGET SCHOOL].

- ABOUT THE SAME..... 1 (GO TO H11)
- LESS 2
- MORE 3

H10. What is your best estimate of the amount (you/[PERSON'S NAME]) received from this paid job in October 2017?

\$ ____|____|____|____|

H11. Did (you/[PERSON'S NAME]) have any other paid jobs in October 2017?

YES 1 (GO TO BOX HB)

NO 2 (GO TO BOX HC)

BOX HB

REPEAT QUESTIONS H1 TO H11 IN A LOOP FOR EVERY JOB UNTIL RESPONSE TO H11 = 2 (NO).

BOX HC

ASK H12-H20 ABOUT ALL OTHER REPORTED SOURCES OF INCOME FOR EACH ADULT PERSON (16+) ON CREATED LIST IN BOX HA BEFORE CONTINUING TO ASK THE SAME SERIES FOR THE NEXT ADULT.

~~ASK H12-H20 ABOUT EVERY OTHER REPORTED SOURCES OF INCOME FOR EACH ADULT (16+) PERSON BEFORE CONTINUING TO ASK THE SAME SERIES FOR THE NEXT ADULT.~~

Previously, you told me about some other sources of income that you and other persons in your household received in October 2017. Again, let's work together using the information you have available, to show the amounts (you/[PERSON'S NAME]) received from these other sources.

INTERVIEWER: WHENEVER POSSIBLE, USE AVAILABLE DOCUMENTS TO VERIFY OR CLARIFY RESPONDENT'S RESPONSES.

H12. How much income did (you/[PERSON'S NAME]) receive from [source in G68], in October 2017?

IF APPROPRIATE, ADD: **We can probably get this this amount from the payment statement. Do you have a benefits statement from October 2017?**

OR ADD: **Your best estimate is fine.**

\$ |__|__|,|__|__|__|

H13. How often did you receive (your/[PERSON'S NAME]'s) [other income source] in October 2017?

- HOURLY..... 1
- DAILY 2
- WEEKLY..... 3
- EVERY 2 WEEKS (BI-WEEKLY) 4
- TWICE A MONTH 5
- MONTHLY 6
- QUARTERLY..... 7
- ANNUALLY..... 8
- OTHER (SPECIFY) _____ 9

H14. INTERVIEWER: WAS DOCUMENTATION AVAILABLE TO PROVIDE DETAILS ABOUT (RESPONDENT'S/PERSON'S) INCOME SOURCE PAYMENT?

- YES 1
- NO 2 (GO TO BOX HD)

RECORD FOR ALL WITH DOCUMENTATION

H15. INTERVIEWER: SPECIFY THE TYPE OF DOCUMENT.

- CHECK STUB OR PAYSTUB..... 1
- INCOME TAX RETURN 2
- RECEIPT FOR CASH JOB 3
- LEAVE AND EARNINGS STATEMENT 4
- BUSINESS RECORDS 5
- AWARD LETTER/CONTRACT 6
- EXPENSE RECEIPT 7
- STATEMENT..... 8
- BENEFITS LETTER..... 9
- CHECK STUB 10STATEMENT—1
- BENEFITS LETTER..... 2
- CHECK STUB 3
- INCOME TAX RETURN 4
- AWARD LETTER/CONTRACT 5
- OTHER (SPECIFY) 6

H16. INTERVIEWER: WHAT WAS THE PERIOD ENDING DATE ON THE DOCUMENT?

		/			/		
MONTH	DAY		YEAR				

NOT FOUND ON DOCUMENT 99

H17. INTERVIEWER: RECORD THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.

|_|_|/|_|_|/|_|_|

MONTH DAY YEAR

NOT FOUND ON DOCUMENT 99

H18. DOES THE DOCUMENT REFLECT PAYMENT FROM OCTOBER 2017, THE CURRENT MONTH, CURRENT YEAR OR ANOTHER TIME PERIOD?

- OCTOBER 2017..... 1 (GO TO BOX HD)
- CURRENT MONTH..... 2
- BETWEEN OCTOBER 2017 AND CURRENT MONTH 3
- 1 TO 3 MONTHS PRIOR TO OCTOBER 2017 4
- MORE THAN 3 MONTHS SINCE OCTOBER 2017 5
- ~~CURRENT YEAR..... 6~~

ASK IF H18 DOES NOT = 1

H19. Is the amount we just discussed as (your/[PERSON'S NAME]'s) payment from this source about the same as, less than, or more than the payment received in October 2017?

IF NEEDED, ADD: I am asking you to compare the payment amount on this statement to the payment from [OTHER INCOME SOURCE] that was reported when [TARGET STUDENT NAME]'s eligibility was checked for the school meal program benefits at [TARGET SCHOOL].

- ABOUT THE SAME..... 1 (GO TO BOX HD)
- LESS 2
- MORE 3

H20. What is your best estimate of the amount (you/[PERSON'S NAME]) received from [other income source] in October 2017?

\$,

BOX HD

REPEAT THE LOOP OF H12 THROUGH H20 TO ASK ABOUT EACH ADULT PERSON WITH AT LEAST ONE REPORTED SOURCE OF INCOME OR BENEFIT.

SECTION END TIME: _____

SECTION I: TOTAL MONTHLY INCOME

In Section I a total monthly household income is calculated based on previous responses and the respondent is asked to confirm if that total income appears accurate. If not, the respondent is asked to adjust reported income/payment amounts. This approach serves as a check for previous responses of income/benefit payments.

BOX I1

PROGRAMMER NOTE: RUN A CALCULATION OF ALL SOURCES OF REPORTED INCOME/BENEFITS. POST CALCULATED TOTAL TO QUESTION I1. TABLE SHOULD APPEAR FOR INTERVIEWER TO READ FROM.

ASK EVERYONE

I1. The computer just added up all the income sources you told me about and the total household income for all household members in October 2017 (including the income of people no longer here) is [CALCULATED TOTAL FROM ALL SOURCES]. Does that sound about right?

- YES 1 (GO TO I4)
- NO 2 (GO TO I2)

ASK **I2 and I3** IF CALCULATED TOTAL DOES NOT SEEM ACCURATE.

I2. Since you believe that the total calculated by the computer is not right, let's review each source that you told me about to correct the amounts.

INTERVIEWER: READ RESPONDENT EACH INCOME SOURCE AND AMOUNT AND MAKE ADJUSTMENTS WHERE NEEDED. WHEN REVIEW IS COMPLETE, CODE 1 TO CONTINUE.

CONTINUE..... 1

I3. The revised total income for [MONTH] is now [TOTAL FROM ALL SOURCES LISTED IN SECTION F AND G]. Does that sound right?

- YES 1
- NO 2 (RETURN TO I2 TO REPEAT REVIEW OF ALL SOURCES, REPEAT PROCESS UNTIL INCOME IS CORRECTED TO THE RESPONDENT'S SATISFACTION)

ASK EVERYONE

14. Was the [TOTAL FROM ALL SOURCES LISTED IN SECTION F AND G] we just recorded for your household in [MONTH] a usual amount, or was it more or less than the average you expect (your/his/her) monthly income to be this school year?

- USUAL AMOUNT 1 (GO TO J1)
MORE THAN AVERAGE 2 (GO TO I5)
LESS THAN AVERAGE 3 (GO TO I5)

ASKED IF CALCULATED INCOME IS MORE OR LESS THAN AN AVERAGE MONTH

15. Since the total amount we just recorded for your household in [MONTH] is not the usual amount, how much do you expect the usual amount for your monthly household income to be over the 2017-18 school year?

\$ |__|__|__|,|__|__|__|

SECTION J: DEMOGRAPHIC CHARACTERISTICS

Section J is a series of demographic questions about the respondent and target student.

The next set of questions will help give us background information on the people completing this survey.

ASK EVERYONE

J1. Are you currently married, living with a partner to whom you are not married, widowed, divorced, separated, or never married?

- MARRIED 1
- LIVING WITH PARTNER TO WHOM YOU ARE NOT MARRIED 2
- WIDOWED 3
- DIVORCED 4
- SEPARATED 5
- SINGLE AND NEVER MARRIED 6

J2. What is the highest grade or level of school that you have completed?

- LESS THAN HIGH SCHOOL 1
- HIGH SCHOOL GRADUATE OR GED 2
- ASSOCIATES DEGREE 3
- BACHELORS DEGREE 4
- MASTERS DEGREE 5
- DOCTORATE (PhD) DEGREE 6
- LAW DEGREE 7
- MEDICAL (M.D.) DEGREE 8
- OTHER (SPECIFY) _____ 9

J3. Do you consider yourself to be Hispanic or of Latino origin?

PROBE: Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin?

- YES 1
- NO 2

J4. Are you American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or White? CODE ALL THAT APPLY

- AMERICAN INDIAN OR ALASKA NATIVE..... 1
- ASIAN 2
- BLACK OR AFRICAN AMERICAN 3
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER 4
- WHITE 5
- OTHER (SPECIFY) 6
- REFUSED 7

J5. Is English the primary language spoken in this household?

- YES 1 (GO TO J7)
- NO 2

J6. What is the primary language spoken in the household?

- Spanish..... 2
- Chinese (e.g. Mandarin or Cantonese) 3
- French 4
- Tagalog..... 5
- Vietnamese..... 6
- Korean 7
- Arabic 8
- Russian..... 9
- OTHER (SPECIFY) _____ 10

J7. Are you a United States citizen?

- YES 1
- NO 2

J8. How long have you lived in the United States?

MY ENTIRE LIFE 1

OR

SINCE |__|__|__|__| 2
YEAR

OR

IF NEEDED: Include the total number of years/months living in the United States.

|__|__| OR |__|__| 3
YEARS MONTHS

The next questions are about [TARGET STUDENT NAME].

J9. Is [TARGET STUDENT NAME] Hispanic or of Latino origin?

PROBE: Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin?

YES 1

NO 2

J10. Is (she/he) American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or White?

CODE ALL THAT APPLY

AMERICAN INDIAN OR ALASKA NATIVE 1

ASIAN 2

BLACK OR AFRICAN AMERICAN 3

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER 4

WHITE 5

OTHER (SPECIFY) _____ 6

REFUSED 7

SECTION END TIME: _____

SECTION K: CONCLUSION

Section K concludes the household interview, thanks the respondent for participating, and provides guidance for distributing a gift card.

Those are all the questions I have for you. Before I go, I'd like to give you this gift card to thank you for participating in this important study. Please sign here to acknowledge that you've completed the survey and received your gift. Thank you.

SURVEY END TIME: _____

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School Meal Application Study
Household Survey
DRAFT
(Spanish version)

February 22, 2017

SURVEY START TIME: _____

INTERVIEWER: FOR THIS INTERVIEW OCTOBER 2017 SHOULD BE REFERRED TO AS OCTOBER 2016 ; SCHOOL YEAR 2017-2018 SHOULD BE REFERRED TO AS SCHOOL YEAR 2016-2017.

SECTION A: ENROLLMENT STATUS

Reviewer: Section A determines whether the student attended the [TARGET SCHOOL]. If the student never attended the school during the school year or is deceased, no interview will be conducted.

A1. CODE WITHOUT ASKING IF KNOWN, OR ASK: ¿Es [TARGET STUDENT NAME] hombre o mujer?

MALE 1
FEMALE 2

A2. ¿Asiste [TARGET STUDENT NAME] a [TARGET SCHOOL] actualmente?

YES 1 (GO TO A4)
NO 2 (GO TO A3)
STUDENT DECEASED 3 (GO TO A5)

A3. ¿Cuándo dejó (ella/él) de asistir a [TARGET SCHOOL]?

PROBE: ¿Eso fue a principios, a mediados o al final del mes?

IF BEGINNING OF MONTH, ENTER 1 FOR DAY; IF MIDDLE OF MONTH, ENTER 15 FOR DAY;
IF END OF MONTH, ENTER 30 FOR DAY.

____/____/____ (GO TO AA)
MONTH DAY YEAR

BOX AA

IF [TARGET STUDENT NAME] LEFT [TARGET SCHOOL] BEFORE 2017-2018 SCHOOL YEAR, GO TO A6.

IF [TARGET STUDENT NAME] ATTENDED [TARGET SCHOOL] AT ANY POINT DURING 2017-2018 SCHOOL YEAR, GO TO A4.

A4. ¿Cuándo comenzó (ella/él) a asistir a [TARGET SCHOOL] durante este año escolar?

PROBE: Por “este año escolar” quiero decir el año escolar actual 2017- 2018.

PROBE: ¿Eso fue a principios, a mediados o al final del mes?

IF BEGINNING OF MONTH, ENTER 1 FOR DAY; IF MIDDLE OF MONTH, ENTER 15 FOR DAY;
IF END OF MONTH, ENTER 30 FOR DAY.

____/____/____ (GO TO SECTION B)
MONTH DAY YEAR

FIRST DAY OF SCHOOL 1 (GO TO SECTION B)
NEVER ATTENDED THIS YEAR..... 2 (GO TO A6)

A5. Lamento mucho su pérdida. No haremos una entrevista. Gracias por su tiempo.
INTERVIEWER TERMINATE INTERVIEW.

A6. Solo nos interesa hablar con padres o tutores del estudiante que asistió a [TARGET SCHOOL] este año escolar. No necesitamos realizar una entrevista con usted. Gracias por su tiempo.

SECTION END TIME: _____

SECTION B: PARTICIPATION IN SCHOOL BREAKFAST AND LUNCH PROGRAMS

Reviewer: Section B asks about the student’s participation in the school breakfast and/or lunch program during the most recent 5-day school week.

Las siguientes preguntas son acerca de las comidas que come [TARGET STUDENT NAME] en la escuela.

Voy a preguntar si su hijo(a) comió desayuno o almuerzo escolar algún día durante la última semana completa de escuela. Me refiero a las comidas proporcionadas a través del Programa Nacional de Desayuno Escolar y del Programa Nacional de Almuerzo Escolar. Estas son las comidas que se ofrecen en el menú gratis o por un precio único, en lugar de comidas individuales, como ensaladas, carnes y postres que tienen un precio y se compran por separado.

CODE WITHOUT ASKING IF KNOWN:

B1. ¿Cuándo fue la última semana completa de escuela?

NOTE TO INTERVIEWER: PLEASE USE CALENDAR TO ASSIST.

LAST WEEK 1

FROM |__|_| / |__|_| TO |__|_| / |__|_|
 MONTH DAY MONTH DAY

B2. Ahora, por favor piense en la última semana completa de escuela—eso sería (de lunes a viernes de la semana pasada/de lunes—[DATE] a viernes—[DATE]).

¿Asistió su hijo(a) a la escuela el...?

PROBE: Por asistir a la escuela, queremos decir que su hijo(a) estaba en el escuela todo o parte del día.

NOTE TO INTERVIEWER: IF RESPONDENT MAKES A STATEMENT ABOUT THE ENTIRE WEEK, ENTER DATA FOR EACH DATE.

	<u>YES</u>	<u>NO</u>
a. Lunes, [DATE]	1	2
b. Martes, [DATE]	1	2
c. Miércoles, [DATE]	1	2
d. Jueves, [DATE]	1	2
e. Viernes, [DATE]	1	2

BOX BA

IF [TARGET SCHOOL] HAS A SCHOOL BREAKFAST PROGRAM, ASK B3; ELSE GO TO BOX B4.

B3. ¿Cuántos días comió (él/ella) un desayuno escolar?

NUMBER OF DAYS ATE SCHOOL BREAKFASTS
DON'T KNOW/DON'T REMEMBER d
NONE, DID NOT EAT BREAKFAST/SCHOOL BREAKFAST... 0

If B3 = D

B3a. ¿Comió (él/ella) un desayuno escolar por lo menos una vez?

YES 1
NO 0
DON'T KNOW/DON'T REMEMBER d

BOX BB

IF B3 = 0, OR B3 = D AND B3A = 0 OR D, THEN SKIP C1A THROUGH C1C.

B4. ¿Cuántos días comió (él/ella) un almuerzo escolar?

NUMBER OF DAYS ATE SCHOOL LUNCHES
DON'T KNOW/DON'T REMEMBER d
NONE, DID NOT EAT LUNCH/SCHOOL LUNCH..... 0

If B4 = D

B4a. ¿Comió (él/ella) un desayuno escolar por lo menos una vez?

YES 1
NO 0
DON'T KNOW/DON'T REMEMBER d

BOX BC

IF B4 = 0, OR B4 = D AND B4A = 0 OR D, SKIP C1D THROUGH C1F.

SECTION END TIME: _____

SECTION C: PERCEPTIONS OF SCHOOL MEALS

Reviewer: Section C asks the parent/guardian about the student's perception of school meals, the parent/guardian's perception of the school meals, and the parent/guardian's perception of the fairness of the school meals application process.

Las siguientes preguntas son acerca de la satisfacción de [TARGET STUDENT NAME] con las comidas de desayuno escolar en [TARGET SCHOOL].

HAND SHOWCARD #1 TO RESPONDENT

	Con respecto a las comidas de <u>desayuno</u> escolar en [TARGET SCHOOL], ¿qué tan satisfecho(a) estaba [TARGET STUDENT NAME] con...	RESPONSE
C1a.	El sabor de la comida? ¿Estaba (ella/él)...	Very satisfied..... 1 Somewhat satisfied..... 2 Somewhat dissatisfied 3 Very dissatisfied 4 Student never eats meals 5 Don't know d
C1b.	La cantidad de comida servida? ¿Estaba (ella/él)...	Very satisfied..... 1 Somewhat satisfied..... 2 Somewhat dissatisfied 3 Very dissatisfied 4 Student never eats meals 5 Don't know d
C1c.	El programa de comidas de desayuno escolar en general? ¿Estaba (ella/él)...	Very satisfied..... 1 Somewhat satisfied..... 2 Somewhat dissatisfied 3 Very dissatisfied 4 Student never eats meals 5 Don't know d

Las siguientes preguntas son acerca de la satisfacción de [TARGET STUDENT NAME] con las comidas del almuerzo escolar en [TARGET SCHOOL].

	Con respecto a las comidas del <u>almuerzo</u> escolar en [TARGET SCHOOL], ¿qué tan satisfecho(a) estaba [TARGET STUDENT NAME] con...	RESPONSE
C1d.	El sabor de la comida? ¿Estaba (ella/él)...?	Very satisfied..... 1 Somewhat satisfied..... 2 Somewhat dissatisfied 3 Very dissatisfied 4 Student never eats meals 5 Don't know d
C1e.	La cantidad de comida servida? ¿Estaba (ella/él)...?	Very Satisfied..... 1 Somewhat satisfied..... 2 Somewhat dissatisfied 3 Very Dissatisfied 4 Student Never Eats Meals 5 Don't know d
C1f.	El programa de comidas del almuerzo escolar en general? ¿Estaba (ella/él)...?	Very Satisfied..... 1 Somewhat satisfied..... 2 Somewhat dissatisfied 3 Very Dissatisfied 4 Student Never Eats Meals 5 Don't know d

Las siguientes preguntas son acerca de su satisfacción con las comidas del desayuno escolar en [TARGET SCHOOL].

HAND SHOWCARD #2 TO RESPONDENT

	Con respecto a las comidas del <u>desayuno</u> escolar en [TARGET SCHOOL], ¿qué tan satisfecho(a) está/estaba usted con...	RESPONSE
C2a.	El programa de comidas de desayuno escolar en general? ¿Está/Estaba usted...?	Very Satisfied..... 1 Somewhat satisfied..... 2 Somewhat dissatisfied 3 Very Dissatisfied 4 Student Never Eats Meals 5

Las siguientes preguntas son acerca de su satisfacción con las comidas del almuerzo escolar en [TARGET SCHOOL].

	Con respecto a las comidas del almuerzo escolar en [TARGET SCHOOL], ¿qué tan satisfecho(a) está/estaba usted con...	RESPONSE
C2b.	El programa de comidas del almuerzo escolar en general? ¿Está/Estaba usted...?	Very Satisfied 1 Somewhat satisfied 2 Somewhat dissatisfied 3 Very Dissatisfied 4 Student Never Eats Meals 5

C3. INTERVIEWER: DID [TARGET STUDENT NAME] HELP THE RESPONDENT WITH THE QUESTIONS ON MEALS EATEN AT SCHOOL?

YES 1
NO 2

Las siguientes preguntas son acerca de su satisfacción con el proceso de solicitud para comidas escolares gratis y a precio reducido.

HAND SHOWCARD #3 TO RESPONDENT

	Con respecto al proceso de solicitud para comidas escolares gratis y a precio reducido...	RESPONSE
C4.	¿El proceso le parece...?	Very fair 1 Somewhat fair 2 Somewhat unfair 3 Very unfair 4 Don't know d

SECTION END TIME: _____

SECTION D: PERCEPTIONS OF VERIFICATION PROCESS

Section D asks about the parent/guardian's perceptions of the verification process. It includes questions about the difficulty of the process, and asks respondents who failed to respond to the verification request about why they did not respond.

INTRO TO SECTION: A continuación, me gustaría hacerle preguntas sobre sus experiencias con el proceso de Solicitud para Comidas Escolares Gratis y a Precio Reducido.

ASK ALL HOUSEHOLDS

D1. ¿Le contactó el distrito escolar para verificar la exactitud de su solicitud durante este año escolar?

- | | | |
|------------------|---|------------|
| YES | 1 | (GO TO D3) |
| NO | 2 | (GO TO D2) |
| DON'T KNOW | d | (GO TO D2) |
| REFUSED | r | (GO TO D2) |

If D1 = No

D2. Normas federales requieren que los distritos escolares verifiquen al azar un pequeño número de aplicaciones cada año para asegurar que son exactos. Nuestros registros muestran que su aplicación fue seleccionada en octubre o noviembre de 2017. El distrito escolar le hubiera contactado y pedido a usted que proporcionara prueba de sus ingresos para verificar su aplicación.

¿Le contactaron sobre eso en octubre o noviembre de 2017?

- | | | |
|------------------|---|----------------|
| YES | 1 | (GO TO D3) |
| NO | 2 | (GO TO BOX DA) |
| DON'T KNOW | d | (GO TO BOX DA) |
| REFUSED | r | (GO TO BOX DA) |

BOX DA

IF D1 = 2, 3, or 4 and D2 = 2, 3, or 4 go to E1.

If D1 = 1 or D2 = 1

D3. Cuando le contactaron, ¿recibió...?

SELECT ALL THAT APPLY

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. Una carta de la escuela | 1 | 2 |
| b. Una llamada por teléfono de la escuela | 1 | 2 |
| c. Una correo electrónico de la escuela | 1 | 2 |
| d. Una carta del distrito escolar | 1 | 2 |
| e. Una llamada por teléfono del distrito escolar | 1 | 2 |
| f. Una correo electrónico del distrito escolar | 1 | 2 |

If D3a and/or D3c and/or D3d and/or D3f = 1

D3_a. ¿Estaba (la carta/el correo electrónico) en el idioma de su preferencia?

- YES 1
- NO 2
- DON'T KNOW d
- REFUSED r

ASK NONRESPONDING HOUSEHOLDS.

If D1 or D2 = 1

D4. ¿Trató de completar la solicitud?

- YES 1 (GO TO D5)
- NO 2 (GO TO D8a)
- DON'T KNOW d (GO TO D8a)
- REFUSED r (GO TO D8a)

If D4 = 1

D5. ¿Qué tan claras eran las instrucciones en la carta y formulario que acompañaron la solicitud? ¿Diría que eran...?

HAND SHOWCARD #4 TO RESPONDENT

- Very clear 1
- Somewhat clear 2
- Neither clear nor unclear 3
- Somewhat unclear 4
- Very unclear 5

If D4 = 1

D6. ¿Qué tan fácil hubiera sido completar la solicitud a tiempo? ¿Hubiera sido...?

HAND SHOWCARD #5 TO RESPONDENT

- Very easy 1
- Somewhat easy 2
- Neither easy nor difficult 3
- Somewhat difficult 4
- Very difficult 5

If D4 = 1

D7. ¿Qué tan fácil hubiera sido proporcionar la información solicitada como talones de pago, cartas o copias de talones de pago? ¿Hubiera sido...?

HAND SHOWCARD #5 TO RESPONDENT

- Very easy..... 1
- Somewhat easy 2
- Neither easy nor difficult..... 3
- Somewhat difficult 4
- Very difficult 5

Las siguientes preguntas son acerca de qué tan fácil le hubiera sido proporcionar prueba de sus ingresos.

HAND SHOWCARD #6 TO RESPONDENT

	¿Qué tan fácil hubiera sido proporcionar prueba de...	RESPONSE
D8a	Ingresos de su trabajo? ¿Hubiera sido...?	Very easy 1 Somewhat easy 2 Somewhat difficult 3 Very difficult 4 Didn't need to provide 5
D8b	Ingresos de manutención de hijos? ¿Hubiera sido...?	Very easy 1 Somewhat easy 2 Somewhat difficult 3 Very difficult 4 Didn't need to provide 5
D8c	Ingresos por desempleo, incapacidad o compensación de trabajadores? ¿Hubiera sido...?	Very easy 1 Somewhat easy 2 Somewhat difficult 3 Very difficult 4 Didn't need to provide 5
D8d	Ingresos del Seguro Social, pensiones o jubilación? ¿Hubiera sido...?	Very easy 1 Somewhat easy 2 Somewhat difficult 3 Very difficult 4 Didn't need to provide 5
D8e	Ingresos de pagos de beneficios sociales? ¿Hubiera sido...?	Very easy 1 Somewhat easy 2 Somewhat difficult 3 Very difficult 4 Didn't need to provide 5
D8f	Ingresos de la Iniciativa de Privatización de la Vivienda Militar? ¿Hubiera sido...?	Very easy 1 Somewhat easy 2 Somewhat difficult 3 Very difficult 4 Didn't need to provide 5
D8g	Otros ingresos, como ingresos de alquiler? ¿Hubiera sido...?	Very easy 1 Somewhat easy 2 Somewhat difficult 3 Very difficult 4 Didn't need to provide 5

If D8a through D8g = 5

D9. ¿Qué tan fácil hubiera sido proporcionar una breve nota explicando cómo proporciona comida, ropa y vivienda a su hogar? ¿Hubiera sido...?

HAND SHOWCARD #5 TO RESPONDENT

- Very easy..... 1
- Somewhat easy 2
- Neither easy nor difficult..... 3
- Somewhat difficult 4
- Very difficult 5

If D4 = 1

D10. ¿Cuáles son las razones más importantes por las cuales no completó la solicitud?

_____ (STRING 250)
REASON

- DON'T KNOW d
- REFUSED r

ASK RESPONDING HOUSEHOLDS.

If D1 or D2 = 1

D11. Qué tan claras eran las instrucciones en la carta y formulario que acompañaron la solicitud? ¿Diría que eran...?

HAND SHOWCARD #4 TO RESPONDENT

- Very clear 1
- Somewhat clear 2
- Neither clear nor unclear 3
- Somewhat unclear 4
- Very unclear 5

If D4 = 1

D12. ¿Qué tan fácil fue completar la solicitud a tiempo? ¿Fue...?

HAND SHOWCARD #5 TO RESPONDENT

- Very easy..... 1
- Somewhat easy 2
- Neither easy nor difficult..... 3
- Somewhat difficult 4
- Very difficult 5

If D4 = 1

D13. Qué tan fácil fue proporcionar información como talones de pago, cartas o copias de talones de pago que demostraron que su hijo(a) era elegible? ¿Fue...?

HAND SHOWCARD #5 TO RESPONDENT

- Very easy..... 1
- Somewhat easy 2
- Neither easy nor difficult..... 3
- Somewhat difficult 4
- Very difficult 5

Las siguientes preguntas son acerca de qué tan fácil fue proporcionar prueba de sus ingresos.

HAND SHOWCARD #6 TO RESPONDENT

	¿Qué tan fácil fue proporcionar prueba de...	RESPONSE
D14a	Ingresos de su trabajo? ¿Fue...?	Very easy 1 Somewhat easy 2 Somewhat difficult 3 Very difficult 4 Didn't need to provide 5
D14b	Ingresos de manutención de hijos? ¿Fue...?	Very easy 1 Somewhat easy 2 Somewhat difficult 3 Very difficult 4 Didn't need to provide 5
D14c	Ingresos por desempleo, incapacidad o compensación de trabajadores? ¿Fue...?	Very easy 1 Somewhat easy 2 Somewhat difficult 3 Very difficult 4 Didn't need to provide 5
D14d	Ingresos del Seguro Social, pensiones, o jubilación? ¿Fue...?	Very easy 1 Somewhat easy 2 Somewhat difficult 3 Very difficult 4 Didn't need to provide 5
D14e	Ingresos de pagos de beneficios sociales? ¿Fue...?	Very easy 1 Somewhat easy 2 Somewhat difficult 3 Very difficult 4 Didn't need to provide 5
D14f	Ingresos de la Iniciativa de Privatización de la Vivienda Militar? ¿Fue...?	Very easy 1 Somewhat easy 2 Somewhat difficult 3 Very difficult 4 Didn't need to provide 5
D14g	Otros ingresos, como ingresos de alquiler. ¿Fue...?	Very easy 1 Somewhat easy 2 Somewhat difficult 3 Very difficult 4 Didn't need to provide 5

If all answers for D14a through D14g = 5

D15. ¿Qué tan fácil fue proporcionar una breve nota explicando cómo proporciona comida, ropa y vivienda a su hogar? ¿Fue...?

HAND SHOWCARD #5 TO RESPONDENT

- Very easy..... 1
- Somewhat easy 2
- Neither easy nor difficult..... 3
- Somewhat difficult 4
- Very difficult 5

If D4 = 1

D16. ¿Cuáles son las razones más importantes por las cuales completó la solicitud que llegó de la escuela?

- _____ (STRING 250)
- REASON
- DON'T KNOW d
- REFUSED r

D17. ¿Cuánto tiempo dedicó en responder a la solicitud? ¿Fue...?

- Menos de 30 minutos..... 1**
- De 30 minutos a una hora..... 2**
- Una o dos horas 3**
- Dos a cuatro horas 4**
- Más de cuatro horas 5**
- No sé/No recuerdo 6**

SECTION END TIME: _____

SECTION E: HOUSEHOLD COMPOSITION

Section E asks a series of questions to determine the composition of who currently lives in the household. For each person identified, a series of questions are asked about that person including relationship to the respondent, gender, age, grade level for children and occupation for adults. In this section, we also ask if anyone else lived in the household in October 2017.

INTRO TO SECTION: **Ahora, me gustaría hacer preguntas sobre [TARGET STUDENT NAME].**

INTERVIEWER NOTE: READ THE FIRST THREE RESPONSE OPTIONS FOR E1. IF THE RESPONDENT DOES NOT SELECT ONE OF THE FIRST THREE RESPONSE OPTIONS, CONTINUE READING RESPONSE OPTIONS UNTIL THE RESPONDENT PROVIDES AN ANSWER.

E1. ¿Qué relación o parentesco tiene [TARGET STUDENT NAME] con usted?

- BIOLOGICAL CHILD 1
- STEPCHILD OR ADOPTED CHILD..... 2
- OTHER CUSTODIAL CHILD 3
- FOSTER CHILD 4
- SIBLING (BROTHER OR SISTER)..... 5
- NEPHEW OR NIECE 6
- COUSIN..... 7
- GRANDCHILD..... 8
- OTHER RELATIVE 9
- NON-RELATIVE (INCLUDING ROOMER OR BOARDER)..... 10
- OTHER (SPECIFY) _____ 11

E2. ¿Cuál es la fecha de nacimiento de [TARGET STUDENT NAME]?

|_|_| / |_|_| / |_|_|
MONTH DAY YEAR

E3. ¿Vivió [TARGET STUDENT NAME] con usted en octubre de 2017?

- YES 1
- NO 2

Ahora me gustaría hacerle preguntas acerca de las personas que viven aquí con usted.

ASK EVERYONE

E4. Tengo su nombre anotado como [PARENT/GUARDIAN NAME]. ¿Es correcto?

INTERVIEWER: SPELLING OF RECORDED NAME SHOULD BE CONFIRMED.

YES 1 (GO TO E6)
NO 2 (GO TO E5)

E5. ¿Podría deletrear su nombre legal?

_____ FIRST NAME _____ LAST NAME

E6. Sin incluirse a usted, ¿cuántas personas viven con usted? Por favor incluya bebés, niños pequeños, personas que no son parientes y personas que están temporalmente ausentes, por ejemplo, en la escuela o en un hospital.

PEOPLE LIVING IN HOUSEHOLD
NONE OR LIVES ALONE 1 (GO TO E17)

E7. CODE IF KNOWN OR ASK: ¿Vive [TARGET STUDENT NAME] con usted?

YES 1
NO 2

E8. Por favor dígame el nombre de todas las personas que viven aquí con usted.

FILL IN NAME OF RESPONDENT IN POSITION #1.

INTERVIEWER: DO NOT INCLUDE TARGET STUDENT.

PROBE: ¿Quién más vive con usted?

RESPONDENT (NAME # 1)	NAME # 6	NAME # 11
NAME # 2	NAME # 7	NAME # 12
NAME # 3	NAME # 8	NAME # 13
NAME # 4	NAME # 9	NAME # 14
NAME # 5	NAME # 10	NAME # 15

BOX EA

PROGRAMMER NOTE: ALLOW AS MANY RECORDS AS NEEDED TO LIST ENTIRE HOUSEHOLD MEMBERSHIP. QUESTIONS E9-15 WILL BE ASKED OF EVERY MEMBER OF THE HOUSEHOLD, EXCEPT [TARGET STUDENT NAME].

SKIP QUESTION E9 WHEN ASKING ABOUT THE RESPONDENT.

NOTE TO READER: FOR DEMONSTRATION PURPOSES QUESTIONS E9 THROUGH E15 ARE SHOWN FOR 3 HOUSEHOLD MEMBERS. WHEN PROGRAMMED, THESE QUESTIONS WILL LOOP TO BE ASKED OF ALL HOUSEHOLD MEMBERS.

RECORD RESPONDENT FIRST THEN RECORD NAMES OF ALL OTHER HOUSEHOLD MEMBERS ACROSS THE GRID FIRST, THEN ASK E9 THROUGH E15 FOR EACH PERSON.

	RESPONDENT	NAME #2	NAME #3
E9. ¿Qué parentesco tiene [NAME] con usted?		BIOLOGICAL CHILD 1 STEPCHILD OR ADOPTED CHILD 2 OTHER CUSTODIAL CHILD 3 FOSTER CHILD 4 SPOUSE OR DOMESTIC PARTNER 5 BOYFRIEND, GIRLFRIEND, OR PARTNER 6 PARENT 7 STEPPARENT 8 GRANDPARENT OR GREAT-GRANDPARENT 9 AUNT, UNCLE, GREAT- AUNT, OR GREAT- UNCLE 10 SIBLING (BROTHER OR SISTER) 11 NEPHEW OR NIECE 12 COUSIN 13 GRANDCHILD 14 OTHER RELATIVE OR IN-LAW 15 NON-RELATIVE (INCLUDING ROOMER OR BOARDER) 16 OTHER (SPECIFY) 17	BIOLOGICAL CHILD 1 STEPCHILD OR ADOPTED CHILD2 OTHER CUSTODIAL CHILD3 FOSTER CHILD4 SPOUSE OR DOMESTIC PARTNER5 BOYFRIEND, GIRLFRIEND, OR PARTNER6 PARENT7 STEPPARENT8 GRANDPARENT OR GREAT-GRANDPARENT 9 AUNT, UNCLE, GREAT- AUNT, OR GREAT- UNCLE10 SIBLING (BROTHER OR SISTER)11 NEPHEW OR NIECE12 COUSIN13 GRANDCHILD14 OTHER RELATIVE OR IN-LAW15 NON-RELATIVE (INCLUDING ROOMER OR BOARDER)16 OTHER (SPECIFY)17
E10. CODE GENDER. IF NECESSARY, ASK: ¿Es [NAME] mujer u hombre?	FEMALE 1 MALE 2	FEMALE 1 MALE 2	FEMALE 1 MALE 2
E11. ¿Cuál es la fecha de nacimiento de (él/ella)?	_ _ / _ _ / _ _ MONTH DAY YEAR <div style="border: 1px solid black; padding: 2px; display: inline-block;">GO TO E13</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Age will be calculated</div>	_ _ / _ _ / _ _ MONTH DAY YEAR <div style="border: 1px solid black; padding: 2px; display: inline-block;">GO TO E13</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Age will be calculated</div>	_ _ / _ _ / _ _ MONTH DAY YEAR <div style="border: 1px solid black; padding: 2px; display: inline-block;">GO TO E13</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Age will be calculated</div>

E12. ¿Cuántos años tiene (él/ella)?	A. YEARS __ __ B. MONTHS __ __	A. YEARS __ __ B. MONTHS __ __	A. YEARS __ __ B. MONTHS __ __
IF AGE IS AGE 5-18, ASK E10; OTHERWISE, SKIP TO E15. E13. ¿Asiste [NAME] a la escuela actualmente?	YES 1 NO 2 (GO TO E13)	YES 1 NO 2 (GO TO E13)	YES 1 NO 2 (GO TO E13)
E14. ¿En qué grado está (él/ella)?	__ __ GRADE OR PRESCHOOL 1 KINDERGARTEN 2 GRADES 1-2 3 GRADES 3-5 4 GRADES 6-8 5 GRADES 9-12 6 UNGRADED 7	__ __ GRADE OR PRESCHOOL 1 KINDERGARTEN 2 GRADES 1-2 3 GRADES 3-5 4 GRADES 6-8 5 GRADES 9-12 6 UNGRADED 7	__ __ GRADE OR PRESCHOOL 1 KINDERGARTEN 2 GRADES 1-2 3 GRADES 3-5 4 GRADES 6-8 5 GRADES 9-12 6 UNGRADED 7
E15. ¿Vivió [NAME] con usted en octubre de 2017?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
	(GO TO NEXT PERSON)	(GO TO NEXT PERSON)	(GO TO NEXT PERSON)

BOX EB

DISPLAY LIST WITH NUMBER AND NAMES OF ALL PERSONS ON HOUSEHOLD ROSTER.

ASK EVERYONE

E16. Acaba de decirme que [NUMBER OF PERSONS ON HOUSEHOLD ROSTER] persona(s) vive(n) aquí con usted. Esto incluye [NAMES OF ALL REPORTED PERSONS]. Solo para confirmar, ¿me ha dicho todas las personas que viven aquí, incluyendo bebés, niños pequeños, personas que no son parientes y personas que están temporalmente ausentes, por ejemplo, en la escuela o en un hospital?

YES 1
NO 2 (RETURN TO E8 AND ADD NAMES TO THE HOUSEHOLD ROSTER)

E17. Para la siguiente pregunta, no incluya visitantes temporales. ¿Vivió alguien (más) con usted en este hogar en octubre de 2017 que no vive con usted ahora?

IF NEEDED, ADD: Este es el mes en que indicó sus ingresos cuando se verificó la elegibilidad de [TARGET STUDENT NAME] para los beneficios del programa de comidas escolares en [TARGET SCHOOL].

YES 1 (GO TO E18)
NO 2 (GO TO E20)

E18. ¿Cuántas personas más vivieron con usted en octubre de 2017?

ADDITIONAL HOUSEHOLD MEMBERS

E19. Por favor dígame el nombre de la(s) otra(s) persona(s) que vivieron con usted en octubre de 2017 que ya no viven aquí con usted ahora.

NAME OF OTHER PERSON # 1

NAME OF OTHER PERSON # 2

NAME OF OTHER PERSON # 3

BOX EC

FOR EACH ADDITIONAL HOUSEHOLD PERSON RECORDED IN E19, LOOP BACK TO E8 AND ASK E9 TO E15 FOR EACH NAME.

ASK E20 TO E22 FOR EACH PERSON LISTED ON ROSTER UNDER AGE 18 AND NOT A FOSTER CHILD.

E20. En octubre de 2017, ¿pagó usted (o su cónyuge/pareja) algún gasto del hogar o proporcionó apoyo financiero para [NAME OF EACH CHILD UNDER AGE OF 18 WHO IS NOT IDENTIFIED AS A FOSTER CHILD]? Esta pregunta se refiere a sus propios ingresos y recursos para apoyar a [NAME] financieramente, no los ingresos y recursos de los demás, sobre los que preguntaremos después.

YES 1
NO 2

DISPLAY LIST OF ALL PERSONS ON HOUSEHOLD ROSTER AGE 18 AND OLDER.

E21. Basado en la información que proporcionó sobre las personas que viven en su hogar, el estudio considera que estas personas son adultos, es decir de 18 años de edad o mayor.

INTERVIEWER READ LIST.

¿Incluye mi lista a todas las personas que se consideran adultos en este hogar?

YES 1 (GO TO BOX ED)
NO 2 (RETURN TO E8)

BOX ED

CREATE A LIST OF **ALL HOUSEHOLD MEMBERS AGES 16 AND UP** EXCLUDING THE RESPONDENT AND THE RESPONDENT'S SPOUSE OR PARTNER. USE THIS LIST TO ASK E22 AND E23.

REPEAT E22 AND E23 UNTIL EACH ADULT (16+) HOUSEHOLD MEMBER ON THE CREATED LIST IS ASKED ABOUT EACH CHILD UNDER THE AGE OF 18.

E22. En octubre de 2017, ¿pagó [NAME OF EACH HOUSEHOLD MEMBER ON THE CREATED LIST (REFERENCED IN BOX ABOVE)] algún gasto del hogar o proporcionó apoyo financiero a [NAME OF CHILD UNDER 18 YEARS]?

YES 1
NO 2

E23. En octubre de 2017, ¿pagó [NAME OF EACH HOUSEHOLD MEMBER ON THE CREATED LIST] algún gasto del hogar o le proporcionó apoyo financiero a usted?

YES 1
NO 2

E24. ASK E24 ONLY IF THE RELATIONSHIP TO THE RESPONDENT IS FOSTER CHILD

¿Quién tiene responsabilidad legal y financiera por [NAME OF FOSTER CHILD]?

SELECT NAME(S) FROM HOUSEHOLD ROSTER..... 1
SOMEONE OUTSIDE THE HOUSEHOLD..... 2
AN AGENCY 3
OTHER (SPECIFY) _____ 4

SECTION END TIME: _____

SECTION F: CATEGORICAL ELIGIBILITY

Section F asks a series of questions to determine if the target student was categorically eligible for free meals.

INTRO TO SECTION: A continuación, me gustaría hacerle preguntas acerca de beneficios que puede recibir su hogar a través de programas gubernamentales como SNAP o TANF. Pronto tendrá que mirar alguna documentación que tiene sobre pagos de estos programas. ¿Tiene eso listo?

INTERVIEWER: IF NO, GIVE TIME FOR RESPONDENT TO COLLECT DOCUMENTATION WHENEVER POSSIBLE, USE AVAILABLE DOCUMENTS TO VERIFY OR CLARIFY RESPONDENT'S RESPONSES.

SNAP BENEFITS

Hablemos sobre cualquier beneficio [SNAP/STATE NAME FOR SNAP] que puede recibir su hogar. No incluya beneficios [SNAP/STATE NAME FOR SNAP] que recibe otro miembro del hogar con su propio número de caso [SNAP/STATE NAME FOR SNAP] que no le incluye a usted, su cónyuge y/o su hijo(s).

F1. En octubre de 2017, ¿recibió usted, su cónyuge, y/o su hijo(s) beneficios del Programa de Asistencia Nutricional Suplementaria (SNAP, por sus siglas en inglés) (antes conocido como Cupones para Alimentos), o beneficios [STATE NAME FOR SNAP]?

YES 1 (GO TO F3)
NO 2 (GO TO F2)

F2. ¿Recibió usted, su cónyuge y/o su hijo(s) beneficios SNAP o beneficios [STATE NAME FOR SNAP] en algún momento del año escolar 2017-2018?

YES 1 (GO TO F3)
NO 2 (GO TO F7)

F3. Necesitamos verificar que usted y su hijo(s)/usted y su cónyuge y su(s) hijo(s) recibieron beneficios [SNAP/STATE NAME FOR SNAP] durante el año escolar 2017-2018. Podemos obtener eso de su tarjeta EBT [SNAP/STATE NAME FOR SNAP], extracto de adjudicación o notificación de pago. ¿Tiene una tarjeta EBT [SNAP/STATE NAME FOR SNAP], extracto de adjudicación o notificación de pago que pueda mostrarme?

YES 1 (GO TO F4)
NO 2 (GO TO F7)

F4. INTERVIEWER: WHAT KIND OF DOCUMENTATION DID THE RESPONDENT PROVIDE?

- SNAP EBT CARD..... 1
- AWARD STATEMENT 2
- NOTIFICATION OF PAYMENT..... 3
- OTHER (SPECIFY) 4
- NONE 5

F5. ¿Recibe alguien más en su hogar [SNAP /State name for SNAP] con otro número de caso?

- YES 1 (GO TO F6)
- NO 2 (GO TO F7)

F6. ¿Comparte usted vivienda, ingresos o gastos de alimentación con esta persona?

- YES 1 (GO TO F7)
- NO 2 (GO TO F7)

TANF BENEFITS

Hablemos sobre beneficios TANF. No incluya beneficios TANF que recibe otro miembro del hogar con su propio número de caso TANF que no le incluye a usted, su cónyuge y/o su(s) hijo(s).

F7. En octubre de 2017, ¿recibió usted, su cónyuge, y/o su hijo(s) beneficios del Programa de Asistencia Temporal para Familias Necesitadas, también conocido como beneficios sociales en efectivo, o [STATE NAME FOR TANF]?

- YES 1 (GO TO F9)
- NO 2 (GO TO F8)

F8. ¿Recibió usted, su cónyuge y/o su hijo(s) beneficios [TANF/STATE NAME FOR TANF] en algún momento del año escolar 2017-2018?

- YES 1 (GO TO F9)
- NO 2 (GO TO F13)

F9. Necesitamos verificar que usted y su hijo(s)/usted y su cónyuge y su(s) hijo(s) recibieron beneficios [TANF/STATE NAME FOR TANF] durante el año escolar 2017-2018. Podemos obtener eso de su tarjeta EBT [SNAP/STATE NAME FOR SNAP], extracto de adjudicación o notificación de pago. ¿Tiene una tarjeta EBT [TANF/STATE NAME FOR TANF], extracto de adjudicación o notificación de pago que pueda mostrarme?

- YES 1 (GO TO F10)
- NO 2 (GO TO F13)

F10. INTERVIEWER: WHAT KIND OF DOCUMENTATION DID THE RESPONDENT PROVIDE?

- [TANF/STATE NAME FOR TANF] EBT CARD..... 1
- AWARD STATEMENT 2
- NOTIFICATION OF PAYMENT..... 3
- OTHER (SPECIFY) 4
- NONE 5

F11. ¿Recibe alguien más en su hogar [TANF/STATE NAME FOR TANF] con otro número de caso?

- YES 1 (GO TO F12)
- NO 2 (GO TO F13)

F12. ¿Comparte usted vivienda, ingresos o gastos de alimentación con esta persona?

- YES 1 (GO TO F13)
- NO 2 (GO TO F13)

OTHER BENEFITS

F13. En octubre de 2017, ¿recibió usted, su cónyuge, y/o su hijo(s) beneficios del Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR, por sus siglas en inglés)? No incluya beneficios FDPIR que recibe otro miembro del hogar con su propio número de caso que no le incluye a usted, su cónyuge y/o su(s) hijo(s).

- YES 1 (GO TO F15)
- NO 2 (GO TO F14)

F14. ¿Recibió usted, su cónyuge y/o su(s) hijo(s) beneficios FDPIR en algún momento del año escolar 2017-2018?

- YES 1 (GO TO F15)
- NO 2 (GO TO G1)

F15. Necesitamos verificar que usted y su hijo(s)/usted y su cónyuge y su(s) hijo(s) recibieron beneficios FDPIR durante el año escolar 2017-2018. Podemos obtener eso de su tarjeta EBT FDPIR, extracto de adjudicación o notificación de pago. ¿Tiene una tarjeta EBT FDPIR, extracto de adjudicación o notificación de pago que pueda mostrarme?

- YES 1 (GO TO F16)
- NO 2 (GO TO G1)

F16. INTERVIEWER: WHAT KIND OF DOCUMENTATION DID THE RESPONDENT PROVIDE?

- FDPIR EBT CARD 1
- AWARD STATEMENT 2
- NOTIFICATION OF PAYMENT..... 3
- OTHER (SPECIFY) 4
- NONE 5

SECTION END TIME: _____

SECTION G: INCOME AND EARNING SOURCES

In Section G we ask about the sources of income and benefits for the household.

Ahora le preguntamos sobre fuentes de ingreso y beneficios que pueden tener usted y su hogar cada mes. Aunque estas preguntas pueden parecer personales, son importantes para comprender el proceso de solicitud para comidas escolares y las necesidades de las familias que tienen hijos matriculados en el distrito escolar [TARGET SCHOOL DISTRICT NAME]. Queremos asegurarle que todas sus respuestas se mantienen de manera estrictamente privada.

BOX GA

CREATE LIST OF ALL PERSONS FROM THE HOUSEHOLD ROSTER WITH A CALCULATED AGE LESS THAN 18 YEARS OF AGE (INCLUDING THE [TARGET STUDENT NAME]) AND REPORTED TO HAVE FINANCIAL SUPPORT FROM PARENT/GUARDIAN.

ASK G1-G5 OF EACH CHILD UNDER THE AGE OF 18 WHO HAD FINANCIAL SUPPORT FROM THE PARENT OR GUARDIAN.

G1. En octubre de 2017, ¿tuvo ([TARGET STUDENT NAME]/CHILD’S NAME) algún ingreso del Seguro Social (incluyendo Pagos por Incapacidad o Beneficios para Sobrevivientes), personas fuera del hogar o alguna otra fuente? Esto es ingreso que se paga directamente a su hijo(a), no ingreso que cobra usted mismo(a).

No incluya SNAP/State name for SNAP.

- YES 1 (GO TO G2)
- NO 2 (GO TO BOX GB)

G2. ¿Cuál fue la fuente de ese ingreso? SELECT ALL THAT APPLY

PROBE: ¿Había alguna otra fuente de ingreso?

INTERVIEWER: IF THE RESPONDENT MENTIONS CHILD SUPPORT, SAY: **El gobierno considera la manutención de niños como ingreso para el adulto que cuida al niño, en vez de ingreso para el propio niño. Le preguntaré sobre cualquier manutención de niño s en breve cuando pregunte sobre el ingreso que cobra usted mismo(a).**

- SOCIAL SECURITY OR DISABILITY SURVIVORS’ BENEFITS 1 (ASK G3)
- PERSONS OUTSIDE THE HOUSEHOLD (E.G., FRIEND OR EXTEND FAMILY MEMBER REGULARLY GIVES CHILD SPENDING MONEY) 2 (ASK G4)
- OTHER (E.G., INCOME FROM A PRIVATE PENSION FUND, ANNUITY, OR TRUST- PLEASE SPECIFY) 3 (ASK G5)

G3. ¿Cuánto se recibe mensualmente en beneficios del Seguro Social o beneficios por incapacidad para sobrevivientes?

\$ |__|,|__|__|__|

G4. ¿Cuánto se recibe mensualmente de personas fuera del hogar?

\$ |__|,|__|__|__|

G5. ¿Cuánto se recibe mensualmente de las otras fuentes?

\$ |__|,|__|__|__|

REPEAT G1 TO G5 FOR ALL CHILDREN IN CREATED LIST CREATED IN BOX GA.

BOX GB

CREATE LIST OF PERSONS FROM THE HOUSEHOLD ROSTER MEETING THE FOLLOWING CRITERIA:

AN AGE OF 16 OR OLDER AND REPORTED TO HAVE FINANCIAL RESPONSIBILITY FOR CHILDREN IN THE HOUSEHOLD.

INTERVIEWER: PROVIDE THE RESPONDENT WITH THE INCOME SOURCE. SHOW CARD AS A REFERENCE SO THEY CAN FOLLOW ALONG AND SELECT INCOME SOURCES.

Por favor consulte la tarjetamientras hablamos de las próximas preguntas.

ASK G6 FOR EACH ADULT (16+) CREATED IN BOX GB.

G6. Revisemos cada fuente de ingreso. ¿Recibió ingreso de [SOURCE 1] por trabajo pago?

YES 1
NO 2

INTERVIEWER: USE THE SHOWCARD TO GO THROUGH EACH INCOME SOURCE OPTION. ASK ABOUT EACH SOURCE OF INCOME ON THE CARD. RECORD EACH SOURCE TYPE FOR HOUSEHOLD INCOME AND BENEFIT PAYMENT ON CARD REPORTED BY THE RESPONDENT.

PROGRAMMER NOTE: PROVIDE YES OR NO RESPONSES FOR SOURCES 1-25.

SOURCE #	TYPE OF INCOME OR BENEFITS PAYMENT
<input type="checkbox"/> Source 1	<p>Ingreso por trabajo pago</p> <p>Si tiene su propio negocio, solo incluya el sueldo que cobra como ingreso personal o ganancias regulares. No incluya las ganancias o pérdidas del negocio. No incluya ganancias infrecuentes, como ingreso ocasional por cuidar niños o cortar el césped. Para miembros del servicio militar, incluya Pago Básico Militar. Para miembros del servicio desplegados, solo incluya el monto ganado disponible para el hogar.</p>
<input type="checkbox"/> Source 2	<p>Compensación por Desempleo</p> <p>Ingresos que reemplazan ganancias o sueldo, pagados a trabajadores recientemente desempleados bajo un programa administrado por un gobierno o sindicato.</p>
<input type="checkbox"/> Source 3	<p>Beneficios de Compensación de Trabajadores</p> <p>Pago obligatorio por ley a un empleado que está lesionado o incapacitado en conexión con el trabajo.</p>
<input type="checkbox"/> Source 4	<p>Beneficios de Huelga</p> <p>Dinero pagado a huelguistas por un sindicato para posibilitarles ser apoyados durante una huelga.</p>
<input type="checkbox"/> Source 5	<p>Jubilación del Seguro Social o Retiro Ferroviario</p> <p>El programa de retiro ferroviario proporciona beneficios de jubilación, desempleo de sobrevivientes y beneficios por enfermedad a individuos que han dedicado una parte significativa de su carrera al empleo ferroviario, al igual que a las familias de los trabajadores.</p> <p>La jubilación del Seguro Social es un programa de seguro federal que proporciona beneficios a personas jubiladas y a aquellos que están desempleados o incapacitados.</p>
<input type="checkbox"/> Source 6	<p>Pensiones (públicas o privadas), Anualidades o Beneficios para Sobrevivientes</p> <p>Una pensión es un fondo al que se agrega una suma de dinero durante los años de trabajo de un empleado, y del cual se retiran pagos para apoyar la jubilación de la persona del trabajo en la forma de pagos periódicos.</p> <p>Una anualidad es un contrato entre usted y una empresa de seguros que requiere que el asegurador le haga pagos a usted, ya sea inmediatamente o en el futuro. Usted compra una anualidad efectuando un pago único o una serie de pagos. Asimismo, su pago puede ser un pago único o una serie de pagos a lo largo del tiempo.</p> <p>Beneficios para Sobrevivientes son para viudas y viudos recibiendo beneficios mensuales del Seguro Social basados en los registros de ganancias de su cónyuge fallecido.</p>

SOURCE #	TYPE OF INCOME OR BENEFITS PAYMENT
<input type="checkbox"/> Source 7	<p>Beneficios Militares en Efectivo</p> <p>Beneficios en efectivo para subsidios de vivienda, comida, o ropa, incluyendo el Subsidio Básico para Vivienda (BAH, por sus siglas en inglés). No incluya pago de combate, o beneficios del Subsidio Suplementario para la Subsistencia Familiar (FSSA, por sus siglas en inglés) o la Iniciativa de Privatización de la Vivienda Militar (MHPI, por sus siglas en inglés). Para miembros del servicio desplegados, solo incluya el monto a disposición del hogar.</p>
<input type="checkbox"/> Source 8	<p>Beneficios de Veteranos</p> <p>Beneficios que recibe basados en servicio militar.</p>
<input type="checkbox"/> Source 9	<p>Beneficios del Gobierno por Incapacidad de la Seguridad de Ingreso Suplementario (SSI, por sus siglas en inglés)</p> <p>El programa SSI paga beneficios a adults y niños incapacitados que tienen ingresos y recursos limitados.</p>
<input type="checkbox"/> Source 10	<p>Beneficios Privados por Incapacidad</p> <p>Proporciona beneficios a empleados que no pueden trabajar por incapacidad, pagando todos o parte de sus sueldos de una póliza de seguros que puede provenir de un empleador como beneficio para empleados, o de una póliza de seguros que puede ser comprada por un individuo directamente de una empresa de seguros.</p>
<input type="checkbox"/> Source 11	<p>Pagos de Pensión Alimenticia</p> <p>Pagos efectuados como pago único o de manera continua para proporcionar apoyo financiero a un cónyuge antes de o después de una separación matrimonial o divorcio. Pensión alimenticia NO incluye manutención de niños, acuerdos de distribución de bienes distintos del efectivo, pagos para mantener los bienes del pagador o el uso de los bienes del pagador.</p>
<input type="checkbox"/> Source 12	<p>Pagos de Manutención de Niños</p> <p>Pagos continuos efectuados por un padre para contribuir a los costos de criar a su hijo(a) tras el fin de un matrimonio u otra relación.</p>
<input type="checkbox"/> Source 13	<p>Ingresos por Intereses y Dividendos</p> <p>Un dividendo es una distribución de una porción de las ganancias de una empresa, decidido por la junta directiva, a una clase de sus accionistas. Los dividendos pueden ser expedidos como pagos en efectivo, acciones u otros bienes.</p> <p>Interés ganado de inversiones es ingreso por intereses.</p>
<input type="checkbox"/> Source 14	<p>Ingresos Netos de Alquiler</p> <p>El monto que alguien le paga por usar su propiedad, después de restar los gastos que tiene por la propiedad.</p>
<input type="checkbox"/> Source 15	<p>Ganancias o Pérdidas del Negocio No Agrícola, Sociedad o Consultorio Profesional</p> <p>Estos son ganancias o pérdidas que no están incluidas en el sueldo que usted se paga a si mismo(a) como ingreso personal o ganancias regulares.</p>

SOURCE #	TYPE OF INCOME OR BENEFITS PAYMENT
<input type="checkbox"/> Source 16	<p>Ganancias o Pérdidas de una Granja</p> <p>Ingreso ganado o perdido al cultivar cosechas, criar ganado, criar peces u operar un rancho.</p>
<input type="checkbox"/> Source 17	<p>Ayuda Financiera para Estudiantes Universitarios</p> <p>Incluya dinero usado para vivienda y comida, pero excluya dinero usado para matrícula, libros y tarifas, incluyendo Becas Pell, Becas Suplementarias para la Oportunidad Educativa, Becas Estatales de Incentiva para Estudiante, Préstamos Nacionales Directos al Estudiante, PLUS, Programas Universitarios de Trabajo y Estudio o Programas de Becas de Honor Byrd.</p>
<input type="checkbox"/> Source 18	<p>Pagos Regulares o Retiros de Grandes Premios o Acuerdos</p> <p>Incluya ingreso de acuerdos legales, herencia, premios ganados o bonos.</p>
<input type="checkbox"/> Source 19	<p>Contribuciones Regulares de Personas Fuera del Hogar</p> <p>Incluya regalos en efectivo u otra asistencia financiera de amigos o familiares.</p>
<input type="checkbox"/> Source 20	<p>Otros Ingresos, como Regalías Netas, Ingreso por Fideicomiso, o 401K.</p>
<input type="checkbox"/> Source 21	<p>Beneficios de Asistencia General</p> <p>Programas estatales o del condado que sirven a personas de bajos ingresos que no tienen hijos menores, no están suficientemente incapacitadas para calificar para (o aún no reciben) Seguridad de Ingreso Suplementario (SSI, por sus siglas en inglés) y no son ancianos.</p>
<input type="checkbox"/> Source 22	<p>Subsidio de Vivienda (no incluye subsidios Federales de vivienda)</p> <p>Vivienda subvencionada es propiedad y es operada por dueños privados que reciben subsidios a cambio de alquilar a personas de bajos y moderados ingresos. Los dueños pueden ser propietarios individuales o corporaciones con fines de lucro o sin fines de lucro. Esto <u>no</u> incluye programas de vivienda subvencionada dirigidos por el Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos (HUD, por sus siglas en inglés) como Sección 8 o el programa de Asistencia de Alquiler Rural dirigido por el USDA.</p>
<input type="checkbox"/> Source 23	<p>Programa Federal del Pulmón Negro</p> <p>Proporciona compensación a mineros del carbón que están completamente incapacitados por neumoconiosis debido al empleo en minas de carbón, y a los sobrevivientes de mineros del carbón cuyas muertes se pueden atribuir a la enfermedad y proporciona cobertura médica a mineros elegibles para tratar enfermedades pulmonares relacionadas a la neumoconiosis.</p>
<input type="checkbox"/> Source 24	<p>Otros Beneficios Públicos, sin incluir TANF/[STATE NAME for TANF] o SNAP/[STATE NAME for SNAP]</p> <p>Otros beneficios como Mujeres, Infantes y Niños (WIC, por sus siglas en inglés) o Programa Estatal de Seguro Médico para Niños (SCHIP, por sus siglas en inglés). <u>No</u> incluya beneficios TANF/[STATE NAME for TANF] o SNAP/[STATE NAME for SNAP].</p>
<input type="checkbox"/> Source 25	<p>Seleccionar si la persona no tiene ninguna fuente de ingreso o beneficios.</p>

INTERVIEWER:

CONFIRM THAT REPORTING IS COMPLETE BY PROBING:

IS THERE ANY OTHER SOURCE OF INCOME THAT WASN'T MENTIONED? ASK UNTIL RESPONDENT CONFIRMS THERE IS NO OTHER SOURCE OF INCOME OR BENEFITS FOR RESPONDENT/PERSON'S NAME.

IF YES, SPECIFY AND RECORD. THIS SOURCE WILL BE INCLUDED IN SECTION H.

REPEAT FOR EACH PERSON ON LIST, UNTIL INFORMATION IS COLLECTED FOR ALL LISTED PERSONS.

IF RESPONDENT REPORTS NO INCOME FROM PAID WORK AT G6

G7. ¿Ha hecho algún trabajo pago en algún momento del año escolar 2017-2018? Por favor incluya trabajos pagos regulares, trabajos esporádicos, trabajos temporales, trabajo en su propio negocio, trabajo “en negro”, trabajo “informal” o cualquier otro tipo de trabajo que ha hecho.

- YES 1 (GO TO G8)
- NO 2 (GO TO G8)
- DON'T KNOW d (GO TO G8)
- REFUSED r (GO TO G8)

G8. ¿En qué mes y año hizo trabajo pago la última vez? Por favor incluya trabajos pagos regulares, trabajos esporádicos, trabajos temporales, trabajo en su propio negocio, trabajo “en negro”, trabajo “informal” o cualquier otro tipo de trabajo que ha hecho.

| | | | | | | |
 MONTH YEAR
(1-12) (1930-2018)

- NEVER WORKED FOR PAY 1
- DON'T KNOW d
- REFUSED r

G9. Ahora le voy a leer una lista de cosas que pueden dificultar que las personas encuentren o mantengan un trabajo. Por favor consulte la tarjeta para contestar estas preguntas.

Por favor dígame si cada una de las siguientes cosas ha hecho que le sea para nada difícil, un poco difícil, bastante difícil, muy difícil o extremadamente difícil encontrar o mantener un trabajo durante el año pasado.

HAND SHOWCARD #7 TO RESPONDENT

CODE ONE PER ROW

	NOT AT ALL HARD	A LITTLE HARD	SOMEWHAT HARD	VERY HARD	EXTREMELY HARD	DON'T KNOW	REFUSED
a. Problemas para llegar al trabajo, como no tener auto o acceso a transportes públicos.	0	1	2	3	4	d	r
b. No tener los tipos de habilidades que buscan los empleadores.....	0	1	2	3	4	d	r
c. Tener que cuidar a un miembro de la familia.	0	1	2	3	4	d	r
d. No tener un lugar estable para vivir.	0	1	2	3	4	d	r
e. Consumo de alcohol o drogas.	0	1	2	3	4	d	r
f. Problemas para llevarse bien con otras personas o controlar su enojo.	0	1	2	3	4	d	r
g. Su salud física.....	0	1	2	3	4	d	r
h. Tener antecedentes criminales.	0	1	2	3	4	d	r
i. Otra (especifique).	0	1	2	3	4	d	r

SECTION END TIME: _____

SECTION H: INCOME AND EARNING AMOUNTS

Section H records and documents all income sources in October 2017 for all incomes and benefits reported in Section G.

BOX HA

CREATE LIST OF ALL RESPONDENTS AGE 16 AND OLDER WITH AT LEAST ONE SOURCE OF INCOME OR BENEFITS AS REPORTED IN SECTION G.

A continuación, me gustaría preguntarle sobre los distintos montos de ingreso que recibió usted y los otros adultos en su hogar de las fuentes que acaba de mencionar. Para cada tipo de ingreso que declaró, vamos a revisar el ingreso y mirar los documentos juntos para asegurarnos que tenemos las cantidades correctas. Podemos tomar un breve descanso ahora para que pueda buscar la documentación. Los tipos de documentos que me gustaría ver son talones de cheque, talones de pago o la declaración de impuestos del año pasado para ganancias de trabajos, recibos por trabajos pagados en efectivo, declaraciones de licencia y ganancias, registros comerciales, cartas de adjudicación, o resúmenes de estados de cuenta que acompañan pagos de pensiones o beneficios.

INTERVIEWER: WAIT FOR RESPONDENT TO COLLECT DOCUMENTS THEN CONTINUE ON TO ASK INCOME AND EARNING AMOUNTS SECTION QUESTIONING.

ASK H1-H11 FOR EACH ADULT (16+) HOUSEHOLD MEMBER WHO HAD INCOME FOR A PAID JOB (SOURCE #1). ELSE GO TO BOX HC.

Me acaba de decir que (usted/[PERSON'S NAME]) tuvo ingresos de trabajos pagos en octubre de 2017. Trabajemos juntos, usando la documentación que tiene disponible, para documentar el ingreso total que recibió (usted/[PERSON'S NAME]) la última vez que le pagaron.

INTERVIEWER: WHENEVER POSSIBLE, USE AVAILABLE DOCUMENTS TO VERIFY OR CLARIFY RESPONDENT'S RESPONSES.

H1. Necesitamos anotar el monto de ingresos de (usted/[PERSON'S NAME]) de todos los trabajos pagos en octubre de 2017. El monto que necesito es el ingreso bruto, antes de impuestos y otras deducciones que fue el total pagado a (usted/[PERSON'S NAME]), no la cantidad que llevó a casa.

Por favor incluya sueldo, salarios, propinas, comisiones, bonos en efectivo, y pago por horas extras regulares.

Por favor no incluya ganancias o pérdidas del negocio agrícola o no agrícola, sociedad o consultorio profesional de (usted/[PERSON'S NAME]) en octubre de 2017.

¿Cuánto ganó (usted/[PERSON'S NAME]) de un trabajo pago en octubre de 2017?

IF APPROPRIATE, ADD: **Probablemente podemos obtener ese monto de la declaración de ingresos.**

IF NEEDED, ADD: **¿Tiene una declaración de ingresos de octubre de 2017?**

IF DOCUMENTATION IS NOT AVAILABLE, ADD: **Su mejor estimación está bien.**

\$ | | | | , | | | | |

H2. ¿Con qué frecuencia se le pagan a (usted/[PERSON'S NAME]) estos ingresos?

- HOURLY..... 1 (GO TO H3)
- DAILY 2 (GO TO H3)
- WEEKLY..... 3 (GO TO H3)
- EVERY 2 WEEKS (BI-WEEKLY) 4 (GO TO H3)
- TWICE A MONTH 5 (GO TO H3)
- MONTHLY 6 (GO TO H4)
- QUARTERLY..... 7 (GO TO H4)
- ANNUALLY..... 8 (GO TO H4)
- OTHER (SPECIFY) _____ 9 (GO TO H4)

ASK IF H2 = DON'T KNOW

H3. Necesitamos anotar la cantidad de veces que (usted/[PERSON'S NAME]) fue pagado en octubre de 2017. IF APPROPRIATE, ADD: Podemos mirar la declaración de ingresos para obtener esta información. Su mejor estimación está bien.

INTERVIEWER: IF RESPONDENT ANSWERS DON'T KNOW, A COMMENT MUST BE ENTERED FOR CLARIFICATION.

____|____|
TIMES PAID

H4. INTERVIEWER: WAS DOCUMENTATION AVAILABLE TO PROVIDE DETAILS ABOUT THIS PERSON'S EARNINGS FROM A PAID JOB?

- YES 1
- NO 2 (GO TO H11)

H5. INTERVIEWER: WHAT TYPE OF DOCUMENT WAS PROVIDED?

CODE ALL THAT APPLY

- CHECK STUB OR PAYSTUB 1
- INCOME TAX RETURN 2
- RECEIPT FOR CASH JOB 3
- LEAVE AND EARNINGS STATEMENT 4
- BUSINESS RECORDS 5
- AWARD LETTER/CONTRACT 6
- EXPENSE RECEIPT 7
- OTHER (SPECIFY) _____ 8

H6. INTERVIEWER: WHAT WAS THE PERIOD ENDING DATE ON THE DOCUMENT?

____/____/____
MONTH DAY YEAR

NOT FOUND ON DOCUMENT 99

H7. INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.

\$ ____|____|____|____|

NOT FOUND ON DOCUMENT 99

H8. DOES THE PAY STATEMENT REFLECT EARNINGS IN OCTOBER 2017, THE CURRENT MONTH, CURRENT YEAR OR ANOTHER TIME PERIOD?

- OCTOBER 2017 1 (GO TO H11)
- CURRENT MONTH 2
- BETWEEN OCTOBER 2017 AND CURRENT MONTH 3
- 1 TO 3 MONTHS PRIOR TO OCTOBER 2017 4
- MORE THAN 3 MONTHS PRIOR TO OCTOBER 2017 5
- CURRENT YEAR 6

ASK IF H8 DOES NOT = 1

H9. ¿Es la cantidad que acabamos de discutir como el ingreso de (usted/[PERSON'S NAME]) de este trabajo pago aproximadamente igual a, menos que, o más que el ingreso de su hogar en octubre de 2017?

IF NEEDED, ADD: Le estoy pidiendo que compare el monto de su ingreso en este talón de pago con el ingreso de este trabajo que se declaró cuando se determinó la elegibilidad de [TARGET STUDENT NAME] para beneficios del programa de comidas escolares en [TARGET SCHOOL].

- ABOUT THE SAME 1 (GO TO H11)
- LESS 2
- MORE 3

H10. ¿Cuál es su mejor estimación del monto que recibió (usted/[PERSON'S NAME]) de este trabajo pago en octubre de 2017?

\$ ____|____|____|____|

H11. ¿Tuvo (usted/[PERSON'S NAME]) algún otro trabajo pago en octubre de 2017?

YES 1 (GO TO BOX HB)

NO 2 (GO TO BOX HC)

BOX HB

REPEAT QUESTIONS H1 TO H11 IN A LOOP FOR EVERY JOB UNTIL RESPONSE TO H11 = 2 (NO).

BOX HC

ASK H12-H20 ABOUT ALL OTHER REPORTED SOURCES OF INCOME FOR EACH ADULT PERSON (16+) ON CREATED LIST IN BOX HA BEFORE CONTINUING TO ASK THE SAME SERIES FOR THE NEXT ADULT.

ASK H12-H20 ABOUT EVERY OTHER REPORTED SOURCES OF INCOME FOR EACH ADULT (16+) PERSON BEFORE CONTINUING TO ASK THE SAME SERIES FOR THE NEXT ADULT.

Antes me contó de algunas otras fuentes de ingreso que reibieron usted y otras personas en su hogar en octubre de 2017. Nuevamente, trabajemos juntos usando la información que tiene disponible, para mostrar las cantidades que recibió (usted/[PERSON'S NAME]) de estas otras fuentes.

INTERVIEWER: WHENEVER POSSIBLE, USE AVAILABLE DOCUMENTS TO VERIFY OR CLARIFY RESPONDENT'S RESPONSES.

H12. ¿Cuánto ingreso recibió (usted/[PERSON'S NAME]) de [SOURCE IN G8], en octubre de 2017?

IF APPROPRIATE, ADD: **Probablemente podemos obtener ese monto de la declaración de pagos. ¿Tiene una declaración de beneficios de octubre de 2017?**

OR ADD: **Su mejor estimación está bien.**

\$ |_|_|_|, |_|_|_|_|

H13. ¿Con qué frecuencia recibió (usted/[PERSON'S NAME]) [OTHER INCOME SOURCE]?

- HOURLY..... 1
- DAILY 2
- WEEKLY..... 3
- EVERY 2 WEEKS (BI-WEEKLY) 4
- TWICE A MONTH 5
- MONTHLY 6
- QUARTERLY..... 7
- ANNUALLY..... 8
- OTHER (SPECIFY) _____ 9

H14. INTERVIEWER: WAS DOCUMENTATION AVAILABLE TO PROVIDE DETAILS ABOUT (RESPONDENT'S/PERSON'S) INCOME SOURCE PAYMENT?

- YES 1
- NO 2 (GO TO BOX HD)

RECORD FOR ALL WITH DOCUMENTATION

H15. INTERVIEWER: SPECIFY THE TYPE OF DOCUMENT.

- STATEMENT..... 1
- BENEFITS LETTER..... 2
- CHECK STUB 3
- INCOME TAX RETURN 4
- AWARD LETTER/CONTRACT 5
- OTHER (SPECIFY) _____ 6

H16. INTERVIEWER: WHAT WAS THE PERIOD ENDING DATE ON THE DOCUMENT?

- ____/____/____
MONTH DAY YEAR
- NOT FOUND ON DOCUMENT 99

H17. INTERVIEWER: RECORD THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.

- ____/____/____
MONTH DAY YEAR
- NOT FOUND ON DOCUMENT 99

H18. DOES THE DOCUMENT REFLECT PAYMENT FROM OCTOBER 2017, THE CURRENT MONTH, CURRENT YEAR OR ANOTHER TIME PERIOD?

- OCTOBER 2017..... 1 (GO TO BOX HD)
- CURRENT MONTH..... 2
- BETWEEN OCTOBER 2017 AND CURRENT MONTH 3
- 1 TO 3 MONTHS PRIOR TO OCTOBER 2017 4
- MORE THAN 3 MONTHS SINCE OCTOBER 2017 5
- CURRENT YEAR 6

ASK IF H18 DOES NOT = 1

H19. ¿Es esta cantidad que acabamos de discutir como el pago de (usted/[PERSON'S NAME]) de esta fuente aproximadamente igual a, menos que, o más que el pago que recibió en octubre de 2017?

IF NEEDED, ADD: Le estoy pidiendo que compare el pago en esta declaración con el pago de [OTHER INCOME SOURCE] declarado cuando se verificó la elegibilidad de [TARGET STUDENT NAME] para beneficios del programa de comidas escolares en [TARGET School].

- ABOUT THE SAME..... 1 (GO TO BOX HD)
- LESS 2
- MORE 3

H20. ¿Cuál es su mejor estimación del monto que recibió (usted/[PERSON'S NAME]) de [OTHER INCOME SOURCE] en octubre de 2017?

\$ |_|_|_|, |_|_|_|_|

BOX HD
REPEAT THE LOOP OF H12 THROUGH H20 TO ASK ABOUT EACH ADULT PERSON WITH AT LEAST ONE REPORTED SOURCE OF INCOME OR BENEFIT.
 SECTION END TIME: _____

SECTION I: TOTAL MONTHLY INCOME

In Section I a total monthly household income is calculated based on previous responses and the respondent is asked to confirm if that total income appears accurate. If not, the respondent is asked to adjust reported income/payment amounts. This approach serves as a check for previous responses of income/benefit payments.

BOX I1

PROGRAMMER NOTE: RUN A CALCULATION OF ALL SOURCES OF REPORTED INCOME/BENEFITS. POST CALCULATED TOTAL TO QUESTION I1. TABLE SHOULD APPEAR FOR INTERVIEWER TO READ FROM.

ASK EVERYONE

- I1. La computadora acaba de sumar todas las fuentes de ingreso que me contó y el ingreso total del hogar para todos los miembros del hogar en octubre de 2017 (incluyendo el ingreso de las personas que ya no están aquí) es [CALCULATED TOTAL FROM ALL SOURCES]. ¿Eso le parece correcto?**

YES 1 (GO TO I4)
NO 2 (GO TO I2)

ASK IF CALCULATED TOTAL DOES NOT SEEM ACCURATE.

- I2. Ya que cree que el total calculado por la computadora es incorrecto, revisemos cada fuente que me contó para corregir los montos.**

INTERVIEWER: READ RESPONDENT EACH INCOME SOURCE AND AMOUNT AND MAKE ADJUSTMENTS WHERE NEEDED. WHEN REVIEW IS COMPLETE, CODE 1 TO CONTINUE.

CONTINUE..... 1

- I3. El ingreso total corregido para [MONTH] ahora es [TOTAL FROM ALL SOURCES LISTED IN SECTION F and G]. ¿Eso le parece correcto?**

YES 1
NO 2 (RETURN TO I2 TO REPEAT REVIEW OF ALL SOURCES, REPEAT PROCESS UNTIL INCOME IS CORRECTED TO THE RESPONDENT'S SATISFACTION)

SECTION J: DEMOGRAPHIC CHARACTERISTICS

Section J is a series of demographic questions about the respondent and target student.

El próximo grupo de preguntas nos ayudará a obtener información de antecedentes de las personas que completan esta encuesta.

ASK EVERYONE

J1. ¿Está actualmente casado(a), viviendo con una pareja con quien no está casado(a), viudo(a), divorciado(a), separado(a) o nunca se casó?

- MARRIED 1
- LIVING WITH PARTNER TO WHOM YOU ARE NOT MARRIED 2
- WIDOWED 3
- DIVORCED 4
- SEPARATED 5
- SINGLE AND NEVER MARRIED 6

J2. ¿Cuál es el grado o nivel de educación más alto que ha completado?

- LESS THAN HIGH SCHOOL 1
- HIGH SCHOOL GRADUATE OR GED 2
- ASSOCIATES DEGREE 3
- BACHELORS DEGREE 4
- MASTERS DEGREE 5
- DOCTORATE (PhD) DEGREE 6
- LAW DEGREE 7
- MEDICAL (M.D.) DEGREE 8
- OTHER (SPECIFY) _____ 9

J3. ¿Se considera de origen hispano o latino?

PROBE: **¿Origen cubano, mexicano, puertorriqueño, sudamericano o centroamericano o de otra cultura u origen español?**

- YES 1
- NO 2

J4. ¿Es usted Indígena Americano(a) o Nativo(a) de Alaska, Asiático(a), Negro(a) o Afroamericano(a), Nativo(a) de Hawái o de Otra Isla del Pacífico, o Blanco(a)? CODE ALL THAT APPLY

- AMERICAN INDIAN OR ALASKA NATIVE..... 1
- ASIAN..... 2
- BLACK OR AFRICAN AMERICAN 3
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER 4
- WHITE 5
- OTHER (SPECIFY) 6
- REFUSED r

J5. ¿Es inglés el idioma principal que se habla en este hogar?

- YES 1 (GO TO J7)
- NO 2

J6. ¿Cuál es el idioma principal que se habla en el hogar?

- Spanish..... 2
- Chinese (e.g. Mandarin or Cantonese) 3
- French 4
- Tagalog..... 5
- Vietnamese..... 6
- Korean 7
- Arabic 8
- Russian..... 9
- OTHER (SPECIFY) _____ 10

J7. ¿Es usted ciudadano(a) de los Estados Unidos?

- YES 1
- NO 2

J8. ¿Por cuánto tiempo ha vivido en los Estados Unidos?
MY ENTIRE LIFE 1

OR

SINCE |__|__|__|__| 2
YEAR

OR

IF NEEDED: **Incluya el número total de años/meses vividos en los Estados Unidos.**

|__|__| OR |__|__| 3
YEARS MONTHS

Las siguientes preguntas son acerca de [TARGET STUDENT NAME].

J9. ¿Es [TARGET STUDENT NAME] de origen hispano o latino?

PROBE: **¿Origen cubano, mexicano, puertorriqueño, sudamericano o centroamericano o de otra cultura u origen español?**

YES 1

NO 2

J10. ¿Es (él/ella) Nativo(a) Americano(a) o Nativo(a) de Alaska, Asiático(a), Negro(a) o Afroamericano(a), Nativo(a) de Hawái o de Otra Isla del Pacífico, o Blanco(a)?

CODE ALL THAT APPLY

AMERICAN INDIAN OR ALASKA NATIVE 1

ASIAN 2

BLACK OR AFRICAN AMERICAN 3

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER 4

WHITE 5

OTHER (SPECIFY) _____ 6

REFUSED 7

SECTION END TIME: _____

SECTION K: CONCLUSION

Section K concludes the household interview, thanks the respondent for participating, and provides guidance for distributing a gift card.

Estas son todas las preguntas que tengo para usted. Antes de irme, me gustaría darle esta tarjeta de regalo para agradecerle por participar en este importante estudio. Por favor firme aquí para confirmar que ha completado la encuesta y recibido su regalo. Gracias.

SURVEY END TIME: _____