

APPENDIX A.5

SITE VISIT FOLLOW-UP TELEPHONE INTERVIEW EMAIL

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Dear [State agency or district contact],

As part of the evaluation of the demonstration of Direct Certification with Medicaid for Free and Reduced-Price Meals (DCM-F/RP) conducted for FNS, we would like to schedule a telephone call with you to learn more about DCM-F/RP operations in your State. In this interview, we'll discuss your experiences and progress since the last time we talked and your overall assessment of the demonstration this year. The phone call will last approximately one hour.

Please let me know some times within the next two weeks when you would be available for this call. Thank you for your time and your continued support of this important study.

Thanks,

[Evaluation team liaison]

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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