

APPENDIX B-1

ADMINISTRATIVE RECORDS REQUEST EMAILS

**This page has been left blank for double-sided copying.**

**Baseline data**

Dear [State CN agency contact],

As part of the evaluation of the demonstration of Direct Certification with Medicaid for Free and Reduced-Price Meals (DCM-F/RP) conducted by FNS, we are requesting administrative records data on certification and participation for each district in your State. These data will help us estimate the effects of the demonstration on school meal certification, participation, and Federal reimbursements.

The attachment provides the details of the data requested. At this time, we would like to collect *[in States that are new to the demonstration in 2018-2019: the baseline data]* *[in States where the first DCM-F/RP match has occurred: and the certification data for SY 2018-2019]*. Please provide these data by [four weeks later than date of email]. We will send a reminder email for the remaining data once they are available.

Please contact me at [telephone number] or [email address] if you have any questions or comments.

Thank you,

[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 0584-0630. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0630). Do not return the completed form to this address.

***SY 2018-2019 data***

Dear [State CN agency contact],

Thank you for providing the baseline administrative records data for the demonstration of Direct Certification with Medicaid for Free and Reduced-Price Meals (DCM-F/RP) evaluation. We are now requesting the [remaining data] for SY 2018-2019. The administrative records data request document is attached for your reference.

As always, please contact me at [telephone number] or [email address] if you have any questions or comments.

Thank you,

[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 0584-0630. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0630). Do not return the completed form to this address.