I14. Parent Interview TEXts and Emails - ENGLISH (Group 2)

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OMB Control Number: 0584-XXXX

Expiration Date: XX/XX/XXXX

Parent Interview Texts and Emails: English

### Parent Interview Invitation

PROGRAMMER: IF EMAIL, FILL:

Hello [PARENT NAME],

Thank you for participating in the School Nutrition and Meal Cost Study-II (SNMCS-II)! You are invited to complete a parent survey about your opinions of school meals. We will send you a [$25/$15] gift card after you complete the 25 minute survey.

Click here to complete your survey online. Or, log in using the information below:

**SNMCS-II Parent Survey:** [FILL URL]

**Username:** [FILL USERNAME]

**Password:** [FILL PASSWORD]

If you have any questions about the study or would prefer to complete by phone, please call us at (800) XXX-ZZZZ (toll-free). You can also contact the study staff at XXX@mathematica-mpr.com.

Thank you in advance for your participation in this important study!

Sincerely,

Sarah Forrestal

SNMCS-II Survey Director

PROGRAMMER: IF TEXT, FILL:

Hi [NAME]! Thanks for participating in the School Nutrition & Meal Cost-II study! Your parent interview is ready. Use the link below to complete a 25 minute survey about your opinions of school meals and receive a [$25/$15] gift card!

URL: [FILL UNIQUE URL]

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-xxxx. The time required to complete this information collection is estimated to average 1 minute 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. All information will be kept private under the Privacy Act to the extent allowed by law. 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-xxxx). Do not return the completed form to this address.

### Parent Interview Reminder

OMB Control Number: 0584-XXXX

Expiration Date: XX/XX/XXXX

PROGRAMMER: IF EMAIL, FILL:

Hello [PARENT NAME],

Thank you for participating in the School Nutrition and Meal Cost Study-II (SNMCS-II**)! Time is running out** to complete a parent survey about your opinions of school meals. We will send you a [$25/$15] gift card after you complete the 25 minute interview.

Click here to complete your survey online. Or, log in using the information below:

**SNMCS-II Parent Survey:** [FILL URL]

**Username:** [FILL USERNAME]

**Password:** [FILL PASSWORD]

If you have any questions about the study or would prefer to complete by phone, please call us at (800) XXX-ZZZZ (toll-free). You can also contact the study staff at XXX@mathematica-mpr.com.

Thank you in advance for your participation in this important study!

Sincerely,

Sarah Forrestal

SNMCS-II Survey Director

PROGRAMMER: IF TEXT, FILL:

Hi [NAME]! We still need your response to the SNMCS-II parent interview. Use the link below to report your opinions of school meals and receive a [$25/$15] gift card!

URL: [FILL UNIQUE URL]

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-xxxx. The time required to complete this information collection is estimated to average 1 minute 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. All information will be kept private under the Privacy Act to the extent allowed by law. 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-xxxx). Do not return the completed form to this address.