APPENDIX B HOUSEHOLD SURVEY

NAME ADDRESS 1 ADDRESS 2 CITY, STATE ZIP

Dear NAME:

I am writing to ask for your help with an important new study, *the National School Lunch and School Breakfast Program Access*, *Participation*, *Eligibility and Certification Study*, sponsored by the U.S. Department of Agriculture (USDA). USDA wants to know about people's experiences with applying for school meal benefits. USDA also wants to know why some families do not eat school breakfasts and lunches more often. Your name was selected at random from families whose children go to school in the [SCHOOL DISTRICT NAME]. Please take part in the study even if your child does not eat a lunch or breakfast provided by the school.

USDA hired Mathematica Policy Research, Inc. to conduct the national study of the school breakfast and lunch programs, including conducting a survey of families in your school district. The survey asks questions about your experiences with school lunches and breakfasts. All information is strictly confidential, and no family or child will ever be identified. *Your participation in the survey will not affect your eligibility for school meals, either now or in the future. The survey is for research purposes only to help USDA improve its programs.*

We will call you soon to schedule an interview. Please help us by making your voice heard about your experiences.

To thank you for your help, you will receive a \$25 check for completing the survey.

The enclosed brochure provides more information. If you have questions, or want to set up an interview, please call Todd Ensor of Mathematica Policy Research, Inc., toll-free at 1-800-395-1995.

Thank you for your help.

Sincerely,

Stanley C. Garnett

Director

Child Nutrition Division

How long will the interview take?

The interview, which will be done in person, usually takes about 45 minutes. To thank you for participating, you will receive \$25.

Do I have to participate?

Your participation is entirely voluntary. You can also refuse to answer any question during the interview. However, your answers are important to make your voice heard about your experience with school meal programs.

Why should I participate?

The information you provide will help the USDA and Congress make decisions about our country's National School Lunch and School Breakfast Programs. Your experiences with the application process in your child's school and your opinions about school meals are vital to understanding how to improve the program. Remember, to thank you for completing the interview, you will receive \$25.

For further information or to schedule an interview, please call Todd Ensor at Mathematica toll-free, (800) 395-1995.

MATHEMATICA Policy Research, Inc.

P.O. Box 2393 Princeton, NJ 08543-2393

Phone: (609) 799-3535 Fax: (609) 799-0005 www.mathematica-mpr.com Ensuring Access to Nutritious Meals:

The National School Lunch and School Breakfast Programs

Introducing the Access, Participation, Eligibility, and Certification Study



Why is this study being done?

The study is being sponsored by the U.S. Department of Agriculture (USDA) to learn more about how the school breakfast and lunch application process affects families' participation and eligibility. USDA is also interested in why parents choose to participate or not participate in school meal programs. This information will help USDA improve the program and get nutritious meals to those who need them.

Who is conducting the study?

Mathematica Policy Research, Inc., a leading research firm, is conducting the study for USDA. Mathematica has more than 20 years of experience studying school nutrition programs.

Why did you choose my child and household?

Your child was selected at random from a list provided by his or her school. The list included children who did and did not apply for free or reduced-price meals in the school breakfast and lunch programs. The study is designed to represent all children in your school district, whether or not they ever ate a school breakfast or lunch. The information you supply will help USDA understand parents' experiences with the school meal programs.

If my child does not eat school breakfasts or school lunches, should I still participate?

Yes. Even if your child has never eaten a school breakfast or school lunch, we need information on why you do not participate. This will help us understand how the school meal programs are working in your district.

Will my answers be kept confidential?

All information gathered for the study is strictly confidential to the full extent allowed by law. The person who interviews you is prohibited from disclosing your personal information to anyone other than authorized Mathematica staff.

No information on individual children will ever be reported. The study results will be summarized in such a way that no family can ever be identified.

What will I be asked?

The person who interviews you may ask about:

- Your experience with applying for school meals
- Your child's participation in school meal programs
- Your opinion of school meals
- · Your household size and income

Why are you asking about income?

Income information will help document how accurately school districts run the school meal programs. We will be asking for your permission to examine income and eligibility records. Your permission is important to the success of this study. Remember, all information is completely confidential and will be used only for policy and planning purposes. The information you provide will not affect the reimbursements your child's school receives or your child's eligibility to receive school meals.

¿Cuánto tiempo tomará la entrevista?

La entrevista, que será conducida en persona, generalmente toma unos 45 minutos. Para agradecerle por su participación, usted recibirá \$25.

¿Yo tengo que participar?

Su participación es completamente voluntaria. Usted también se puede negar a contestar cualquier pregunta durante la entrevista. Sin embargo, sus respuestas son importantes para que se pueda oir a su voz acerca de su experiencia con los programas de comidas en la escuela.

¿Por qué debo participar?

La información que usted proporcionará ayudará al USDA y al Congreso a tomar decisiones acerca de los National School Lunch and School Breakfast Programs—Programas Nacionales de Almuerzo y Desayuno de Escuela. Sus experiencias con el proceso de aplicación en la escuela de su hijo(a) y sus opiniones acerca de las comidas de la escuela son esenciales para entender cómo se puede mejorar el programa. Y recuerde, para agradecerle por completar la entrevista, usted recibirá \$25.

Para más información o para fijar una entrevista, por favor llame a Todd Ensor en Mathematica al (800) 395-1995. Es una llamada libre de cargos (toll-free).

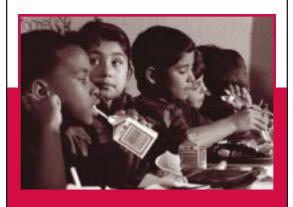
MATHEMATICA Policy Research, Inc.

P.O. Box 2393 Princeton, NJ 08543-2393

Teléfono: (609) 799-3535 Fax: (609) 799-0005 www.mathematica-mpr.com Asegurando Acceso a Comidas Nutritivas

Los Programas Nacionales de Almuerzo y Desayuno de Escuela

Introduciendo el Estudio de Acceso, Participación, Elegibilidad y Certificación



¿Por qué se está haciendo este estudio?

El estudio es auspiciado por el U.S. Department of Agriculture (USDA-Dpto. de Agricultura de los E.E.U.U.) para aprender más acerca de cómo el proceso de aplicación para el desayuno y almuerzo de escuela afecta la participación y elegibilidad de familias. El USDA también está interesado en por qué padres eligen participar o no participar en programas de comidas de escuela. Esta información ayudará al USDA a mejorar el programa y poner comidas nutritivas en las manos de los que los necesitan.

¿Quién está conduciendo el estudio?

Mathematica Policy Research, Inc., una destacada firma de estudios investigativos, está conduciendo el estudio para el USDA. Mathematica tiene más de 20 años de experiencia estudiando programas de nutrición en escuelas.

¿Por qué escogieron a mi hijo(a) y mi familia?

Su hijo(a) fue escogido(a) al azar de una lista proporcionada por su escuela. La lista incluía ambos a niños que aplicaron y que no aplicaron para recibir comidas gratis o a precio reducido de programas de desayuno y almuerzo de escuela. El estudio está diseñado para representar a todos los niños en su distrito escolar, ambos si comieron o no comieron alguna vez un desayuno o almuerzo de escuela. La información que usted proporciona ayudará al USDA a entender las experiencias de los padres con los programas de comidas de escuela.

¿Aún debo de participar si mi hijo(a) no come desayuno o almuerzo de la escuela?

Sí. Aún si su hijo(a) nunca ha comido un desayuno o un almuerzo de la escuela necesitamos información acerca del por qué usted no participa. Esto nos ayudará a entender cómo los programas de comidas de escuela están funcionando en su distrito.

¿Mis respuestas serán confidenciales?

Toda la información recolectada para el estudio es estrictamente confidencial hasta el nivel más amplio permitido por ley. La persona que le entrevistará está prohibida de divulgar su información personal a cualquier persona fuera del personal autorizado de Mathematica. Nunca se reportará información acerca de niños individuales.

Los resultados del estudio serán resumidos de tal manera que ninguna familia podrá ser identificada.

¿Qué me preguntarán?

La persona que le entrevistará puede hacerle preguntas acerca de:

- Su experiencia en aplicar para comidas de escuela
- La participación de su hijo(a) en programas de comida de escuela
- Su opinión de comidas de escuela
- El tamaño e ingreso de su familia

¿Por qué están preguntando acerca de ingresos?

Información de ingresos ayudará a documentar con que precisión distritos de escuela administran los programas de comida de escuela. Estaremos pidiendo su permiso para examinar registros de ingresos y elegibilidad. Recuerde, toda la información es completamente confidencial, y solamente será usada para propósitos de normas y planificación. La información que usted proporciona no afectará los reembolsos que la escuela de su hijo(a) recibe, o la elegibilidad de su hijo(a) para recibir comidas de escuela.

OMB Approval No.: Approval Expires:

NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST PROGRAM ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

HOUSEHOLD QUESTIONNAIRE

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 45 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.

OMB Approval No.:	
Approval Expires:	

NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST PROGRAM ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

	HOUSEHOLD C	UESTIONN	JAIRE
	CASE ID NUMI	BER:	
	DATE:		_ / _ / <u>2 0 0 </u> MONTH DAY YEAR
	INTERVIEWER	ID NUMBER:	
	TIME INTERVI	EW BEGAN:	_ : AM1 HOUR MINUTE PM2
	SECTION A: I	NTRODUCTIO	ON
A1.	introduction when calling to is Interviewer's full name and Agriculture's study of the National Schrecently sent (you/PARENT FROM Alstudy. I would like to schedule an apparent of Tand interview (you/him/her) about (you programs. May I speak with (him/her) Interviewer: Attempt appoint	I I am calling on hool Lunch and PPLICATION I cointment with TARGET CHILI ur/his/her) exp	on behalf of the U.S. Department of d School Breakfast Program. We FORM) you a letter describing the (you/PARENT FROM D) to come to (your/his/her) home perience with the school meal
		ELY THANK F	ORD ON CONTACT RESPONDENT AND ORD ON CONTACT SHEET)1
	WANTS TO KNOW	MORE ABOU	T THE STUDY(GO TO A2)2
	DID NOT GET LETT ADDRESS AND OF OR SEND LETTER.	FER TO BRIN	
	HOW DID YOU GET	Г МҮ NAME О	R NUMBER(GO TO A3)4
	DO INTERVIEW NO)W (TELEPHC	ONE ONLY)(GO TO B1)5
	TARGET CHILD DE	CEASED	(GO TO B7)6
	PARENT FROM AP FORM DECEASED.		(GO TO B7)7
	NOT INTERESTED- CONTACT SHEET / CALL	AND TERMINA	

A2. The U.S. Department of Agriculture is interested in learning about parents' experiences with the school meal program. In order to do this we have selected a sample of students whose parents applied for the school meal program, and we would like to talk to the parents of those students to find out about their experiences with the meal program, their children's participation, and the school meal certification process. TARGET CHILD was randomly selected. The interview usually takes about 45 minutes, and we will pay you \$25.00 when it has been completed. When would be a good time to schedule the interview in your home?

A3. We got your name from lists of parents who applied to the school meal program for this school year. We randomly selected TARGET CHILD and would like to interview (her/his) parents about their experiences with the meal program. The interview usually takes about 45 minutes and we will pay you \$25.00 when it has been completed. When would be a good time to schedule the interview at your home?

 A4. INTRODUCTION WHEN AT RESPONDENT'S HOME: Hello, may I speak to PARENT FROM APPLICATION FORM? My name is INTERVIEWER'S FULL NAME and I am here on behalf of the U.S. Department of Agriculture's study of the National School Lunch and School Breakfast Program. The study will help the USDA understand the difficulties program applicants may have had with the program requirements, their experiences with the application process, and their children's participation in school meal programs.

WHEN PARENT ON APPLICATION FORM PRESENT: We are interviewing parents of children who attend school in the DISTRICT school district. You were selected at random to participate in this survey because you applied for school lunch or breakfast for TARGET CHILD. You will be paid \$25.00 for completing the survey.

Participation in this study is voluntary and will not affect any benefits you may be receiving. All information is confidential and will not be used in any way that could identify you or your child. I would like to begin the interview now.

YES	(GO TO B1)1
NOT A GOOD TIME, SCH	HEDULE REVISIT2
REFUSED OR NOT INTE RECORD SITUATION ON AND TERMINATE INTER	I CONTACT
NOT SURE ABOUT DOIN THE SURVEY OR HAS QUESTIONS	
NAMED PERSON NOT A OR NOT CORRECT—RE SITUATION ON CONTAC AND TERMINATE INTER	CORD T SHEET
NO LONGER HAS CUSTO OF FOSTER CHILD—ATT INTERVIEW	ГЕМРТ
STUDENT RESIDES IN G ATTEMPT INTERVIEW	
SAMPLED CHILD NOW L ANOTHER PARENT OR (ATTEMPT INTERVIEW	GUARDIAN—
TARGET CHILD DECEAS	SED (GO TO B7)n

A5. INFORMATION SCREEN FOR NSLP AND SBP APEC STUDY

WHAT IS THE PURPOSE OF THE STUDY?

The U.S. Department of Agriculture is interested in learning about the difficulties some people may have with application requirements, about people's experiences with the application and verification process, and about their children's participation in school food programs.

MY CHILD DOES NOT EAT SCHOOL MEALS

Even if your child has never eaten a school breakfast or lunch, we need information on why you do not participate. This will help us understand how the school breakfast and lunch programs are working in your school district.

HOW DID YOU GET MY NAME? WHY SHOULD I PARTICIPATE?

Families with children enrolled in your child's school district were randomly selected from a list provided by your child's school, including children who did and did not apply for meal benefits. The information you provide will help provide an accurate picture of household's experiences with the school meal application process and program participation.

AM I REQUIRED TO PARTICIPATE?

Your participation in the survey is entirely voluntary and it will not affect you or your child's eligibility for school meals or any other programs. You may refuse to answer any question during the interview. However, your experiences and opinions are very important for the study and for the program's success. I will give you a check for \$25.00 when the interview has been completed.

I HAVE OTHER CHILDREN WHO ATTEND SCHOOL IN THE DISTRICT, BUT YOU DID NOT NAME THEM

We have only identified one enrolled child to ask questions about for each household that we are contacting in the district. For the purposes of this survey, all the questions we ask you refer to TARGET CHILD.

I DO NOT HAVE THE TIME FOR THE SURVEY

I understand how valuable your time is. This survey will only take about 45 minutes, we can try to do it now or if this time is not convenient, I can arrange to come back at a better time for you.

I AM NOT SATISFIED WITH THE SCHOOL MEAL PROGRAM

That is a good reason to do the survey. Your comments will be especially important because the U.S. Department of Agriculture is interested in the different perspectives of people who use or have used the school meal program in the past.

IS THE SURVEY CONFIDENTIAL?

Yes. All of the information we collect in the survey is completely confidential to the full extent allowed by law and will be used for research purposes only. Your answers will be combined with the answers of other survey participants and will never be linked to your name or your child's name in any reports.

HOW LONG WILL THE SURVEY TAKE?

The length of the interview is different for different people, but it usually takes about 40 to 45 minutes.

WHY CAN'T YOU DO THE INTERVIEW BY TELEPHONE OR WHY DO YOU HAVE TO COME TO MY HOME?

Some of the survey questions may require you to look up information, which would take too much time over the telephone. The interviewer will also need to look at some documents as part of the survey.

WHAT IS THE INTERVIEW ABOUT?

The person who interviews you may ask you about experiences applying for school meal benefits, participation in the school breakfast and school lunch programs, perceptions of school meals, and household size and income. Remember, all information is completely confidential. The information you provide will not affect the meal reimbursements your school receives or your child's eligibility to receive school meal benefits.

WHY ARE YOU ASKING ABOUT INCOME?

Income information will help document how accurately school districts run the school meal programs. We will be asking you for your permission to examine income and eligibility records. Your permission is important to the success of this study. Remember, all information is completely confidential. The information you provide will not affect the meal reimbursements your school receives or your child's eligibility to receive school meal benefits.

WHO WILL COME TO MY HOME?

An interviewer who works for Mathematica will come to your home on the date and time you agreed to. The interviewer will have an identification badge stating that she or he works for Mathematica.

WHEN WILL I RECEIVE MY PAYMENT?

The Mathematica interviewer will give you your check after the completion of the interview.

SECTION B: ENROLLMENT STATUS

B0.	INTERVIEWER: CHECK CONTAC	CT SHEET. IS THIS A PANEL SURVEY CASE?
		′ES(GO TO D1)1
	N	NO0
B1.	CODE WITHOUT ASKING IF KNO	WN OR ASK: Is TARGET CHILD male or female?
	N	//ALE1
	F	EMALE2
	С	OOES NOT KNOWd
	F	REFUSEDr
B2.	Does TARGET CHILD currently att	end TARGET SCHOOL?
	Υ	'ES(GO TO B5)1
	N	IO0
	С	OOES NOT KNOW(GO TO C1)d
	F	REFUSED(GO TO C1)r
B3.	What school does (she/he) attend r	now?
	SCHOOL NAME AND ADDRESS	
	C	CHILD DROPPED OUT OF SCHOOL1
	C	CHILD DECEASED(GO TO B7)2
		OOES NOT KNOWd
	F	REFUSEDr

B4. When did (she/he) stop attending TARGET SCHOOL?

/ _ MONTH		
DOES NOT	KNOW	d

B5. When did (she/he) begin attending TARGET SCHOOL this school year?

PROBE: By "this school year" I mean the current school year 2005-2006.

PROBE: Was that in the beginning, middle, or the end of the month? IF BEGINNING ENTER 5. IF MIDDLE ENTER 15. IF END ENTER 25.



FIRST DAY OF SCHOOL	(GO TO C1)f
NEVER ATTENDED THIS YEAR	Rn
DOES NOT KNOW	. (GO TO C1)d
REFUSED	. (GO TO C1)r

- INTERVIEWER: IF B5 EQUALS "NEVER ATTENDED THIS YEAR" THEN B6. TERMINATE INTERVIEW AND REPORT DISPOSITION TO YOUR SUPERVISOR. FOR ALL OTHER SITUATIONS, PROCEED TO C1 AND CONDUCT INTERVIEW.
- B7. I am very sorry to hear about your loss. Thank you for your time. We will not do an interview. INTERVIEWER TERMINATE CALL.

SECTION C: APPLICATION PROCESS

C1.	I would like to ask you about	our experiences with the school meal progra	m.
		National School Lunch Program and School B ced-price school meals to children who qualify	
		YES	1
		NO	0
		DOES NOT KNOW	d
		REFUSED	r
C2.		n form to apply for free or reduced-price meals ur school district for this school year—school	
		YES	1
		NO	
		DOES NOT KNOW	d
		REFUSED	r
C3.	Did you or someone else in y reduced-price meals this scho	our household submit an application to received only ear—2005-2006?	e free or
		YES	1
		NO (GO TO C5)	0
		DOES NOT KNOW(GO TO C5)	d
		REFUSED (GO TO C5)	r
C4.	Was TARGET CHILD include submitted this year?	d in any application for free and reduced-price	e meals
		YES	1
		NO	0
		DOES NOT KNOW	d
		REFUSED	r

C5.	was eligible for free school family received cash welfar	meals this school year be re or Temporary Assistand d in the Food Distribution	ncy stating that TARGET CHILD cause you or someone in your se for Needy Families or TANF, Program on Indian Reservations.
	PROBE: TANF is cash we	elfare or welfare for familie	s with children.
		YES	1
		NO	0
		DON'T/DIDN'T GE FOOD STAMPS/F	DPIR
		,	(GO TO C8)2
			/d
		REFUSED	r
C6.	Did the letter say that you l district for (him/her) to be a		ARGET CHILD's school or eals?
		YES	1
		NO	(GO TO C9)0
		DOES NOT KNOW	/d
		REFUSED	r (GO TO C9)
C7.	Did you return the letter to	the school or district?	
		YES	1
		NO	0
		DOES NOT KNOW	Vd
		REFUSED	r (GO TO C10)

C8.	TARGET CHILD was you or someone in yo	school or district send you a letter or call you to inform ready approved for free school meals this school of family received cash welfare or Temporary Assister, food stamps, or participated in the Food Distributions?	year because tance for
		YES	1
		NO(GO TO C1	
		DOES NOT KNOW(GO TO C1	-
		REFUSED(GO TO C1	•
C9.		or district that you did not want your child to be approu	
		YES	1
		NO(GO TO C1	3)0
		DOES NOT KNOW (GO TO C1	3)d
		REFUSED(GO TO C1	3)r
C10.		RGET CHILD to receive the school meals? ': Were there other reasons?	
			CIRCLE ALL THAT APPLY
		DID NOT WANT TO RECEIVE OR RELY ON GOVERNMENT ASSISTANCE	
		CHILD OR PARENT EMBARRASSED TO PARTICIPATE (STIGMA)	2
		OOES NOT LIKE THE FOOD SERVED	3
		ATS BREAKFAST AT HOME	4
		RINGS LUNCH FROM HOME	5
		OTHERS NEEDED THE BENEFIT MORE THAN V	VE DO6
		REFERRED TO PAY THE FULL PRICE	7
		OTHER REASON (SPECIFY)	
		OOES NOT KNOW	d
		REFUSED	r

C11.	INTERVIEWER: IS	THERE MORE THAN ONE RESPONSE TO C10?	
		YES	1
		NO (GO TO C13)	0
C12.	What is the most im school meals?	nportant reason that you didn't want TARGET CHILD to receive	e free
		CIRCLE	ONE
		DID NOT WANT TO RECEIVE OR RELY ON GOVERNMENT ASSISTANCE	1
		CHILD OR PARENT EMBARRASSED TO PARTICIPATE (STIGMA)	2
		DOES NOT LIKE THE FOOD SERVED	3
		EATS BREAKFAST AT HOME	4
		BRINGS LUNCH FROM HOME	5
		OTHERS NEEDED THE BENEFIT MORE THAN WE DO	6
		PREFERRED TO PAY THE FULL PRICE	7
		OTHER REASON (SPECIFY)	8
		DOES NOT KNOW	d
		REFUSED	r
C13.		OID THE HOUSEHOLD SUBMIT AN APPLICATION THAT NCLUDED TARGET CHILD? DOES C4 EQUAL "1"?	
		YES	1
		NO (GO TO C24)	0
C14.		year did you or someone else in your household submit the uded TARGET CHILD?	
		_ / APPLICATION SUBMITTED MONTH YEAR)
		DOES NOT KNOW	d
		REFUSED	r

C15. Why did you apply for free or reduced-price meals?

PROBE: What are the reasons?

AFTER RESPONSE(S), SAY: Were there any other reasons?

	IRCLE ALL HAT APPLY
COMPLIANCE WITH SCHOOL REQUIREMENTS.	1
WAS ELIGIBLE	2
HAVE ALWAYS APPLIED	3
THOUGHT MIGHT BE ELIGIBLE	4
HOUSEHOLD INCOME IS LOW OR INCOME FELI	L5
NOT WORKING OR SOMEONE IN HOUSEHOLD LOST A JOB	6
HOUSEHOLD SIZE CHANGED	7
HOUSEHOLD MEMBER WAS OR BECAME ILL OR DISABLED	8
HARD TO MAKE ENDS MEET	9
COULD NOT GET AS MUCH FOOD FROM FAMIL FRIENDS, GOVERNMENT PROGRAMS, OR OTH SOURCES SUCH AS FOOD BANKS	ER
ENCOURAGED TO APPLY BY SCHOOL DISTRIC OR GOVERNMENT AGENCY	
DID NOT APPLY OR SCHOOL COMPLETED APPLICATION FOR HOUSEHOLD	12
SCHOOL MEALS TOO EXPENSIVE	13
SO CHILD COULD EAT/HAVE FOOD	14
OTHER REASON (SPECIFY)	15
DOES NOT KNOW	d
REFUSED	r

C16.		uld like to ask you s he school meal pro	some questions about what you know about the gram.	ne eligibility
			al income have to be at or below certain amou or reduced-price schools meals?	unts in order
			YES	
			DOES NOT KNOW	d
			REFUSED	r
C17.	Can a chil benefits?	ld receive free mea	ls if the household receives Food Stamps or	TANF
	PROBE:	TANF is Tempor cash welfare.	ary Assistance for Needy Families which is als	so called
			YES	1
			NO	0
			DOES NOT KNOW	d
			REFUSED	r
C18.	•		for school meal program benefits at the begin by at any time during the school year?	ning of the
			BEGINNING OF SCHOOL YEAR ONLY	'1
			ANYTIME DURING THE SCHOOL YEA	.R2
			DOES NOT KNOW	d
			REFUSED	r
C19.		or other sources of	ved, may the school district ask families to sho income they enter on an application for free a	
	PROBE:	Later in the school	year.	
			YES	1
			NO	0
			DOES NOT KNOW	d

C20.	The next questions are about the you have trouble reading the app	application form for free or reduced-price meals. Did lication form?
		YES1
		NO0
		SOMEONE ELSE OR SCHOOL OR GOVERNMENT COMPLETED APPLICATION(GO TO C23)2
		DID NOT SEE/DID NOT READ APPLICATION (GO TO C23)
		DOES NOT KNOWd
		REFUSEDr
C21.	Did you find the directions on the somewhat hard, or very hard to u	application form very easy, somewhat easy, inderstand?
		<u>CIRCLE ONE</u>
		VERY EASY1
		SOMEWHAT EASY2
		SOMEWHAT HARD3
		VERY HARD4
		SOMEONE ELSE IN HOUSEHOLD COMPLETED THE APPLICATION (GO TO C23)
		SCHOOL OR GOVERNMENT AGENCY STAFF COMPLETED THE APPLICATION (GO TO C23)6
		COULD NOT UNDERSTAND DIRECTIONS AT ALL
		DID NOT READ INSTRUCTIONS8
		OTHER (SPECIFY)9
		DOES NOT KNOWd
		REFUSEDr

C22.	Was it har	d for you to complete	the application form?		
			YES		1
			NO		0
			DOES NOT KNOW		d
			REFUSED		r
C23.	Did the scl		sk you questions about the	e application you submitte	:d
	PROBE:	School year 2005 to 2	2006.		
			YES	(GO TO C31)	1
			NO	(GO TO C31)	0
			DOES NOT KNOW	(GO TO C31)	d
			REFUSED	(GO TO C31)	r
C24.	rules for th	ne school meal progra	ne questions about what yam. ncome have to be at or be	Ç	•
	•		reduced-price schools me		
			YES		1
			NO		0
			DOES NOT KNOW		d
			REFUSED		r
C25.	Can a chile benefits?	d receive free meals	if the household receives l	Food Stamps or TANF	
	PROBE:	TANF is Temporary cash welfare.	Assistance for Needy Far	milies which is also called	
			YES		1
			NO		0
			DOES NOT KNOW		d
			REFUSED		r

C26.		or school meal program benefits at the beginning of the at any time during the school year?	e
		BEGINNING OF SCHOOL YEAR ONLY	1
		ANYTIME DURING THE SCHOOL YEAR	2
		DOES NOT KNOW	d
		REFUSED	r
C27.		ed, may the school district ask families to show proof on neome they enter on an application for free and reduce	
	PROBE: Later in the school	year.	
		YES	1
		NO	0
		DOES NOT KNOW	d
		REFUSED	r
C28.	INTERVIEWER: DID THE R EQUAL "Y	ESPONDENT RECEIVE AN APPLICATION? DOES ES"? YES	
		NO (GO TO D1)	0
C29.	The next questions are about you have trouble reading the	the application form for free or reduced-price meals. application form?	Did
		YES	1
		NO	0
		SOMEONE ELSE OR SCHOOL OR GOVERNMENT COMPLETED APPLICATION(GO TO D1)	2
		DID NOT SEE/DID NOT READ APPLICATION (GO TO D1)	3
		DOES NOT KNOW	
		REFUSED	r

C30.	Did you find the directions on the somewhat hard, or very hard to u	application form very easy, somewhanderstand?	at easy,
			CIRCLE ONE
		VERY EASY	1
		SOMEWHAT EASY	2
		SOMEWHAT HARD	3
		VERY HARD	4
		COULD NOT UNDERSTAND DIRECTIONS AT ALL	5
		DOES NOT KNOW	d
		REFUSED	r
C31.		or free or reduced-price meals for this	s school vear?
C31.		·	s scrioor year:
	PROBE: School year 2005-2006	3.	
		YES	1
		NO(GO TO	C33)0
		DOES NOT KNOW(GO TO	C33)d
		REFUSED(GO TO	C33)r
C32.	Is (she/he) currently approved to reduced-price meals at school?	receive free meals, or is (she/he) app	proved to receive
		FREE MEALS(GO To	O C48)1
		REDUCED-PRICE MEALS (GO To	O C48)2
		NOT CURRENTLY APPROVED BECAUSE CHANGED TO PAID DURING VERIFICATION (VOLUNTEERED)GO TO) C48) 3
		DOES NOT KNOW(GO T	•
		REFUSED(GO To	
		`	·

C33. You said earlier that you or someone else in your household submitted an application and that TARGET CHILD was not approved for free or reduced-price meals. Why was your application not approved? Was the application complete but your household was ruled ineligible, or was your application not approved because it was incomplete or not filled out properly, or was it not approved for some other reason? PROBE: A completed application may be denied or not approved because a household is ruled ineligible because its income is too high. An application may also be denied or not approved if it is incomplete, that is, if key pieces of information were not provided by the applicant. COMPLETE APPLICATION, **BUT RULED INELIGIBLE BECAUSE INCOME WAS** TOO HIGH...... (GO TO C40)1 INCOMPLETE APPLICATION2 OTHER (SPECIFY) (GO TO C40)3 DOES NOT KNOW (GO TO C48)d REFUSED (GO TO C48)r C34. Did you receive a letter from the school district or TARGET CHILD's school notifying you that your application was incomplete or not filled in properly? YES (GO TO C36) 1 NO DOES NOT KNOWd REFUSEDr C35. Did you receive a telephone call from the school district or TARGET CHILD'S school notifying you that your application was incomplete or not filled in properly? YES1 NO0

DOES NOT KNOWd

REFUSEDr

C36. What items were incomplete or not filled in properly?

	CIRCLE ALL <u>THAT APPLY</u>
	DID NOT ENTER CHILD'S NAME1
	DID NOT ENTER TANF, FOOD STAMP, OR FDPIR CASE NUMBER2
	ENTERED INVALID FORMAT FOR TANF, FOOD STAMP, OR FDPIR CASE NUMBER3
	DID NOT PROVIDE COMPLETE INFORMATION ON HOUSEHOLD INCOME4
	DID NOT SIGN APPLICATION5
	DID NOT PROVIDE SOCIAL SECURITY NUMBER OR INDICATION THAT SIGNER DOES NOT HAVE A SOCIAL SECURITY NUMBER
	OTHER (SPECIFY)7
	DOES NOT KNOWd
	REFUSEDr
Did you provide the missing inform	mation or submit a new application?
	YES

C37.

C38.	Why did you not supply the missi your application was incomplete?	ng information or reapply after you were notified that
		CIRCLE ONE
		TOO MUCH BOTHER1
		NOT INTERESTED ANY MORE2
		DID NOT HAVE TIME3
		NO LONGER ELIGIBLE/INCOME TOO HIGH 4
		OTHER (SPECIFY)5
		DOES NOT KNOWd
		REFUSEDr
C39.	Do you plan to reapply later this s	school year?
	PROBE: School year 2005-2006	S.
		YES (GO TO C48)1
		NO (GO TO C47)0
		DOES NOT KNOW (GO TO C47)d
		REFUSED (GO TO C47)r
C40.	Were you notified about how to a	ppeal a denied application?
		YES1
		NO0
		DOES NOT KNOWd
		REFUSEDr
C41.	Did you appeal the denied application	ation?
		YES (GO TO C43)
		NO0
		DOES NOT KNOW (GO TO C46)d
		REFUSED (GO TO C46)r

Why didn't you appeal the denied application? C42.

	THAT APPLY
AGREED THAT OUR HOUSEHOLD WAS NOT ELIGIBLE	1
TOO MUCH BOTHER	2
DID NOT WANT CHILD TO RECEIVE FREE OR REDUCED-PRICE MEALS ANY MORE	
DID NOT KNOW HOW TO APPEAL	4
DID NOT HAVE TIME	5
NOT INTERESTED ANY MORE	6
OTHER (SPECIFY)	7
DOES NOT KNOW	d
REFUSED	r

CIRCLE ALL

GO TO C46

What was the result of your appeal? C43.

CIRCLE ONE
APPEAL DENIED, GETTING PAID MEALS1
WON APPEAL GETTING FREE MEALS (GO TO C48)2
WON APPEAL GETTING REDUCED-PRICE MEALS (GO TO C48)3
APPEAL STILL PENDING4
OTHER (SPECIFY)5
·
DOES NOT KNOWd (GO TO C48)d
REFUSED (GO TO C48)r

C44.	Did you reapply for free or reduce finished?	ed-price meals after the app	eals process had
		YES	(GO TO C48)1
		NO	0
		DOES NOT KNOW	(GO TO C48)d
		REFUSED	(GO TO C48)r
C45.	Why didn't you not reapply after y	our appeal was denied?	
			CIRCLE ONE
		WAS INELIGIBLE	1
		TOO MUCH BOTHER	2
		NOT INTERESTED ANY M	MORE3
		DID NOT HAVE TIME	4
		APPLICATION PROCESS TOO COMPLICATED	
		OTHER (SPECIFY)	6
		DOES NOT KNOW	
		REFUSED	r
C46.	Do you plan to reapply later this s	school year?	
		YES	(GO TO C48)1
		NO	0
		DOES NOT KNOW	d
		REFUSED	r

What could the school food program do that would cause you to reapply for free or C47. reduced-price meals?

	CIRCLE ALL THAT APPLY
SIMPLIFY THE APPLICATION PROCESS	1
SERVE MORE NUTRITIOUS FOOD	2
SERVE BETTER TASTING FOOD	3
SERVE LARGER PORTIONS	4
SERVE THE FOODS MY CHILDREN LIKE	5
SERVE THE KINDS OF FOOD WE EAT AT HO	ME6
HAVE BETTER CAFETERIA FACILITIES	7
FEWER SERVING LINES	8
LESS WAITING TIME	9
RAISE INCOME ELIGIBILITY THRESHOLD	10
USE THIRD PARTY, NOT SCHOOL STAFF, TO REVIEW INCOME DOCUMENTATION	11
NOTHING, NO SCHOOL FOOD PROGRAM ACTION WOULD INFLUENCE ME TO REAPPLY	12
OTHER (SPECIFY)	13
DOES NOT KNOW	d
REFUSED	r
DID RESPONDENT OR SOMEONE ELSE IN HOUS SUBMIT AN APPLICATION FOR TARGET CHILD T FREE OR REDUCED-PRICE MEALS THIS SCHOOI 2005-2006? DOES C4 EQUAL YES?	O GET
YES(GO TO (

C48.

C49.	After you submitted the application for free or reduced-price meals for the 2005-2006 school year, were you or anyone in your household asked to send in proof of the information provided on the application, such as pay stubs or documentation that someone in the household receives TANF or Food Stamps?			
	PROBE: This is sometimes called verification.			
		YES	1	
		NO	(GO TO C54)0	
		DOES NOT KNOW	(GO TO C54)d	
		REFUSED	(GO TO C54)r	
C50.	How were you notified that proof of income or TANF or Food Stamp receipt was necessary?			
	IF HESITATION, PROBE: Did y home by your child, a letter in the were you notified some other way	e mail, was it stated in the		
		9	CIRCLE ALL THAT APPLY	
		TELEPHONE CALL	1	
		NOTE BROUGHT HOME	BY CHILD2	
		LETTER IN MAIL	3	
		WAS IN APPLICATION I	MATERIAL4	
		OTHER (SPECIFY)	5	
		DOES NOT KNOW	d	
		REFUSED	r	
C51.	Did you or someone in your hous	sehold provide the informat	tion that was requested?	
		YES	1	
		NO	(GO TO C53)0	
		DOES NOT KNOW	(GO TO C54)d	
		REFUSED	(GO TO C54)r	

C52.	Would you say that getting these documents together was not difficult at all, somewhat difficult, or very difficult?
	NOT DIFFICULT AT ALL1
	SOMEWHAT DIFFICULT2
	VERY DIFFICULT3
	DOES NOT KNOWd
	REFUSEDr
	GO TO C54
C53.	Why didn't you provide the information that was requested?
	CIRCLE ALL THAT APPLY
	WAS INELIGIBLE1
	TOO MUCH BOTHER2
	DID NOT WANT TO HAVE CHILD RECEIVE FREE OR REDUCED-PRICE MEAL ANY MORE3
	DID NOT HAVE TIME4
	DID NOT HAVE REQUESTED DOCUMENTATION5
	COULD NOT FIND REQUESTED DOCUMENTATION6
	LANGUAGE OR LITERACY PROBLEMS OR DID NOT UNDERSTAND REQUEST7
	APPREHENSION OR FEAR8
	RESENTED THE REQUEST9
	OTHER (SPECIFY)10
	DOES NOT KNOWd REFUSEDr

C54.	Do you think the application process for free or reduced-price meals through the school meal program is fair?		
		YES1	
		NO0	
		DOES NOT KNOWd	
		REFUSEDr	
C55.		takes to complete an application for free or reduced- school is reasonable or unreasonable? REASONABLE	
		UNREASONABLE2	
		DOES NOT KNOWd	
		REFUSEDr	

SECTION D: PARTICIPATION IN SCHOOL LUNCH AND BREAKFAST PROGRAMS

D1.	The next questions are about the	meals TARGET CHILD eats at school.
	(yesterday/Friday) and then ask a breakfast or lunch, I mean the me the School Breakfast and School set of food items from the menu t	our child had a school breakfast or lunch about each day during the previous week. By school eals your child's school provides to students under Lunch Program. These are meals consisting of a that are free or, if paid for, are purchased for a single ods, such as salads, meats, and desserts, that are
	Did (she/he) attend school (yeste	erday/last Friday)?
		YES1
		NO (GO TO D9a)0
D2.		TACT SHEET. DOES TARGET CHILD'S SCHOOL DOL BREAKFAST PROGRAM (SBP)?
		YES1
		NO (GO TO D5)
		DOES NOT KNOW(GO TO D5)
		REFUSED (GO TO D5)r
D3.	Did TARGET CHILD eat breakfas served on the school bus.	st at school (yesterday/Friday)? Include breakfast
		YES1
		NO(GO TO D5)
		DOES NOT KNOWd
		REFUSED (GO TO D5)r

D4a.	Was that t	the school breakfast, or did your child get breakfast in some other way?	
	PROBE:	By school breakfast we mean the meal received from the School Breakfa Program which consists of a <u>set</u> of food items from the menu that were either free or, if paid for, was purchased for a single price, as opposed to individual foods that are priced and bought separately.	
		HAD SCHOOL BREAKFAST (GO TO D5)	1
		HAD SOMETHING ELSE	0
		DON'T KNOW	d
		REFUSED	r
D4b.	school cat	t the school breakfast, did your child purchase individual foods from the feteria that were priced and bought separately, purchase foods from the ore or from vending machines at school, or bring in foods from home or er source?	
		CIRCLE AL <u>THAT APPL</u>	
		PURCHASED FOOD AS INDIVIDUAL FOOD ITEMS BUT NOT THE SCHOOL BREAKFAST	1
		PURCHASED FOOD FROM SCHOOL STORE	2
		PURCHASED FOOD FROM VENDING MACHINES	3
		BROUGHT FOOD FROM HOME	4
		PURCHASED OR OTHERWISE OBTAINED FOOD AWAY FROM SCHOOL	5
		OTHER (SPECIFY)	6
			_
			_
		DOES NOT KNOW	
		REFUSED	r
D5.	INTERVIE	EWER: CHECK CONTACT SHEET. DOES TARGET CHILD'S SCHOO HAVE A SCHOOL LUNCH PROGRAM (SLP)?	L
		YES	1
		NO (GO TO D9a)	0

D6.	NO QUES	NO QUESTION D6 IN THIS VERSION.					
D7.	Did (she/h	ne) eat lunch at schoo	ol (yesterday/last Friday)	?			
			YES	1			
			DOES NOT KNOW.	d (GO TO D9a)			
			REFUSED	r (GO TO D9a)			
D8a.	Was that	the school lunch, or c	lid your child get lunch ir	n some other way?			
	PROBE:	OBE: By school lunch we mean the meal received from the School Lunch Program which consists of a <u>set</u> of food items from the menu that were either free or, if paid for, was purchased for a single price, as opposed to individual foods that are priced and bought separately.					
			HAD SCHOOL LUNG	CH (GO TO D10)1			
			HAD SOMETHING E	ELSE0			
			DON'T KNOW	d			
			REFUSED	r			
D8b.	cafeteria t	that were priced and	bought separately, purch	dividual foods from the school nase foods from the school nods from home or some other			
				CIRCLE ALL <u>THAT APPLY</u>			
			ASED FOOD AS				
			UAL FOOD ITEMS BUT	1			
				HOOL STORE2			
				NDING MACHINES3			
				E4			
			ASED OR OTHERWISE				
				5			
		OTHER	(SPECIFY)	6			
		DOES N		d			
				r			
		00.					

	When was the last full	week of school?					
		LAST WEEK	1				
		FROM _ TO _ DAY MONTH	_ DAY MONTH				
		DOES NOT KNOW	d				
		REFUSED	r				
D9b.	Friday last week/from whether TARGET CH	ut the last full week of school—that would be Monday—DATE to Friday—DATE). I will ask ILD ate (breakfast/lunch/breakfast or lunch) a (Here is a menu of the food offered in school ve had.)	you about t school each day				
	Did (she/he) attend school (last Monday/on Monday, DATE)?						
		YES	1				
		NO(GO	TO D17)0				
		DOES NOT KNOW(GO	TO D17)d				
		REFUSED(GO	TO D17)r				
D10.		ECK CONTACT SHEET. DOES TARGET C VE A SCHOOL BREAKFAST PROGRAM (S					
		YES	1				
		NO(GO	TO D13)0				
D11.	Did TARGET CHILD	eat breakfast at school (last Monday/on Mond	ay, DATE)?				
		YES	1				
		NO(GO	TO D13)0				
		DOES NOT KNOW(GO	TO D13)d				
		REFUSED(GO	TO D13)r				

D9a.

CODE WITHOUT ASKING IF KNOWN:

D12a.	Was that	the school l	oreakfast, o	r did your ch	nild get breakfa	ast in some ot	her way?	
	PROBE:	Program veither free	which consigors, if paid f	sts of a <u>set</u> of for, was purc	meal received of food items fr chased for a si and bought sepa	om the menungle price, as	that were	9
				HAD SCH	OOL BREAKF	AST (GO	ΓΟ D13) .	1
				HAD SOM	IETHING ELSI	E		0
				DON'T KN	IOW			d
				REFUSED)			r
D12b.	school ca	feteria that	were priced	l and bought	d purchase ind separately, pundonly,	urchase foods	from the	
							CIRCLE A	
			INDIVIDU	SED FOOD AL FOOD IT SCHOOL B	_			1
			PURCHA	SED FOOD	FROM SCHO	OL STORE		2
			PURCHA	SED FOOD	FROM VENDI	NG MACHIN	ES	3
			BROUGH	T FOOD FR	OM HOME			4
					HERWISE OE			5
			OTHER (S	SPECIFY)				6
			DOES NO	T KNOW				d
			REFUSE	D				r
D13.	INTERVIE				ET. DOES TA H PROGRAM		'S SCHO	OL
D14.	NO QUES	STION D14	IN THIS VE					

D15.	Did (she/l	ne) eat lunch at schoo	ol (last Monday/on Monda	ay, DATE)?		
			YES		1	
			NO	(GO TO D17)	0	
			DOES NOT KNOW	(GO TO D17)	d	
			REFUSED	(GO TO D17)	r	
D16a.	Was that	the school lunch, or d	lid your child get lunch in	some other way?		
	PROBE:	PROBE: By school lunch we mean the meal received from the School Lunch Program which consists of a <u>set</u> of food items from the menu that either free or, if paid for, was purchased for a single price, as opposindividual foods that are priced and bought separately.				
			HAD SCHOOL LUNG	CH (GO TO D18)	1	
			HAD SOMETHING E	LSE	0	
			DON'T KNOW		d	
			REFUSED		r	
D16b.				ase foods from the school ods from home or some of		
				CIRCLE <u>THAT AF</u>		
		INDIVID	ASED FOOD AS UAL FOOD ITEMS BUT E SCHOOL LUNCH		1	
		PURCH	ASED FOOD FROM SC	HOOL STORE	2	
		PURCH	ASED FOOD FROM VEI	NDING MACHINES	3	
					4	
			ASED OR OTHERWISE	OBTAINED	5	
		REFUSE	ED		r	

D17.	Did (she/h	ne) attend so	chool (last	Tuesday/on Tuesd	day, DATE	≣)?	
				YES			1
				NO		(GO TO D	25)0
				DOES NOT KNO	OW	(GO TO D	25)d
				REFUSED		(GO TO D2	25)r
D18.	INTERVIE			ITACT SHEET. DO			S SCHOOL
				YES			1
				NO		(GO TO D	21)0
D19.	Did (she/h	ne) eat breal	kfast at scl	hool (last Tuesday	on Tuesc	lay, DATE)?	
				YES			1
				NO		(GO TO D	21)0
				DOES NOT KNO	OW	(GO TO D	21)d
				REFUSED		(GO TO D	21)r
D20a.	Was that the school breakfast, or did your child get breakfast in some other way?						
	PROBE:	Program weither free	hich cons or, if paid	we mean the meal ists of a <u>set</u> of food for, was purchased are priced and bou	d items fro d for a sin	m the menu t gle price, as	that were
				HAD SCHOOL E	BREAKFA	\ST (GO T	O D21)1
				HAD SOMETHII	NG ELSE		0
				DON'T KNOW			d
				REFUSED			r

If it wasn't the school breakfast, did your child purchase individual foods from the D20b. school cafeteria that were priced and bought separately, purchase foods from the school store or from vending machines at school, or bring in foods from home or some other source?

			LE ALL ΓAPPLY
		PURCHASED FOOD AS INDIVIDUAL FOOD ITEMS BUT NOT THE SCHOOL BREAKFAST	1
		PURCHASED FOOD FROM SCHOOL STORE	2
		PURCHASED FOOD FROM VENDING MACHINES	3
		BROUGHT FOOD FROM HOME	4
		PURCHASED OR OTHERWISE OBTAINED FOOD AWAY FROM SCHOOL	5
		OTHER (SPECIFY)	
		DOES NOT KNOW	
		REFUSED	r
D21.		HECK CONTACT SHEET. DOES TARGET CHILD'S S AVE A SCHOOL LUNCH PROGRAM (SLP)?	CHOOL
		YES	1
		NO (GO TO D25) .	
D22.	NO QUESTION D22	IN THIS VERSION.	
D23.	Did (she/he) eat lund	ch at school (last Tuesday/on Tuesday, DATE)?	
		YES (GO TO D25) . DOES NOT KNOW (GO TO D25) . REFUSED (GO TO D25) .	d

D24a.	Was that t	the school lunch, or dic	I your child get lunch in	some other way?
	PROBE:	Program which consist either free or, if paid f		s from the menu that were a single price, as opposed to
			HAD SCHOOL LUNC	H (GO TO D26)1
			HAD SOMETHING EI	_SE0
			DON'T KNOW	d
			REFUSED	r
D24b.	cafeteria t	hat were priced and bo	ought separately, purcha	vidual foods from the school ase foods from the school ods from home or some other
				CIRCLE ALL
				THAT APPLY
			SED FOOD AS AL FOOD ITEMS BUT	
		NOT THE	SCHOOL LUNCH	1
		PURCHAS	SED FOOD FROM SCH	HOOL STORE2
		PURCHAS	SED FOOD FROM VEN	IDING MACHINES3
		BROUGH	T FOOD FROM HOME	4
			SED OR OTHERWISE	OBTAINED5
				6
		 DOES NO	OT KNOW	d
				r
D25.	Did (she/h	ne) attend school (last \	Wednesday/on Wednes	day, DATE)?
			YES	1
				d
				(GO TO D33)r

D26.	INTERVIE	WER:		TACT SHEET. DOES TARGET CHILD'S SCHOOL OOL BREAKFAST PROGRAM (SBP)?
				YES1
				NO (GO TO D29)0
D27.	Did (she/h	ne) eat b	oreakfast at sch	nool (last Wednesday/on Wednesday, DATE)?
				YES1
				NO (GO TO D29)0
				DOES NOT KNOWd (GO TO D29)d
				REFUSED (GO TO D29)r
D28a.	Was that t	the scho	ool breakfast, o	r did your child get breakfast in some other way?
	PROBE:	Progra either	am which consi free or, if paid f	we mean the meal received from the School Breakfast sts of a <u>set</u> of food items from the menu that were for, was purchased for a single price, as opposed to are priced and bought separately.
				HAD SCHOOL BREAKFAST (GO TO D29)1
				HAD SOMETHING ELSE0
				DON'T KNOWd
				REFUSEDr

If it wasn't the school breakfast, did your child purchase individual foods from the D28b. school cafeteria that were priced and bought separately, purchase foods from the school store or from vending machines at school, or bring in foods from home or some other source?

		CIRCLE ALL <u>THAT APPLY</u>
		PURCHASED FOOD AS INDIVIDUAL FOOD ITEMS BUT NOT THE SCHOOL BREAKFAST1
		PURCHASED FOOD FROM SCHOOL STORE2
		PURCHASED FOOD FROM VENDING MACHINES3
		BROUGHT FOOD FROM HOME4
		PURCHASED OR OTHERWISE OBTAINED FOOD AWAY FROM SCHOOL5
		OTHER (SPECIFY)6
		DOES NOT KNOWd
		REFUSEDr
D29.		CHECK CONTACT SHEET. DOES TARGET CHILD'S SCHOOL HAVE A SCHOOL LUNCH PROGRAM (SLP)?
		YES1
		NO (GO TO D33)0
D30.	NO QUESTION D	30 IN THIS VERSION.

D31.	Did (she/he) eat lunch at school (last Wednesday/on Wednesday, DATE)?							
			YES		1			
			NO	(GO TO D33)	0			
			DOES NOT KNO	W(GO TO D33)	d			
			REFUSED	(GO TO D33)	r			
D32a.	Was that	Was that the school lunch, or did your child get lunch in some other way?						
	PROBE:	Program which conseither free or, if paid	sists of a <u>set</u> of food i	ved from the School Lunch tems from the menu that were for a single price, as opposed to tht separately.	0			
			HAD SCHOOL LU	JNCH (GO TO D34)	1			
			HAD SOMETHING	G ELSE	0			
			DON'T KNOW		d			
			REFUSED		r			
D32b.	store or fr source?	om vending machines	s at school, or bring in	n foods from home or some oth CIRCLE AL				
				THAT APP				
		INDIVID	ASED FOOD AS UAL FOOD ITEMS B	BUT	4			
				SCHOOL STORE				
				VENDING MACHINES				
)ME				
			ASED OR OTHERWI					
				DL				
		OTHER	(SPECIFY)		6			
		DOES N	OT KNOW		d			
		REFUSE	D		r			

D33.	Did (she/h	ne) attend school (last Thursday/on Thursday, [DATE)?
			YES	1
			NO	(GO TO D41)0
			DOES NOT KNOW	(GO TO D41)d
			REFUSED	(GO TO D41)r
D34.	INTERVIE		CONTACT SHEET. DOES TO SCHOOL BREAKFAST PRO	
			YES	1
			NO	(GO TO D37)0
D35.	Did (sh	e/he) eat breakfas	t at school (last Thursday/on	Thursday, DATE)?
			YES	1
			NO	(GO TO D37)0
			DOES NOT KNOW	d
			REFUSED	(GO TO D37)r
D36a.	Was that	the school breakfa	st, or did your child get breal	sfast in some other way?
	PROBE:	Program which c either free or, if p	ast we mean the meal receivensists of a set of food items and for, was purchased for a that are priced and bought se	single price, as opposed to
			HAD SCHOOL BREAK	KFAST (GO TO D37)1
			HAD SOMETHING EL	SE0
			DON'T KNOW	d
			REFUSED	r

D36b. If it wasn't the school breakfast, did your child purchase individual foods from the school cafeteria that were priced and bought separately, purchase foods from the school store or from vending machines at school, or bring in foods from home or some other source?

		- · · · · · · · · · · · · · · · · · · ·	AT APPLY
		PURCHASED FOOD AS INDIVIDUAL FOOD ITEMS BUT NOT THE SCHOOL BREAKFAST	1
		PURCHASED FOOD FROM SCHOOL STORE	2
		PURCHASED FOOD FROM VENDING MACHINES	3
		BROUGHT FOOD FROM HOME	4
		PURCHASED OR OTHERWISE OBTAINED FOOD AWAY FROM SCHOOL	5
		OTHER (SPECIFY)	6
		DOES NOT KNOW	d
		REFUSED	r
D37.		HECK CONTACT SHEET. DOES TARGET CHILD'S AVE A SCHOOL LUNCH PROGRAM (SLP)?	SCHOOL
		YES	1
		NO(GO TO D41)0
D38.	NO QUESTION D38	IN THIS VERSION.	
D39.	Did (she/he) eat lund	h at school (last Thursday/on Thursday, DATE)?	
		YES(GO TO D41 DOES NOT KNOW(GO TO D41 REFUSED(GO TO D41)d

D40a.	Was that	the school lunch, or did your child get lunch in some other way?
	PROBE:	By school lunch we mean the meal received from the School Lunch Program which consists of a <u>set</u> of food items from the menu that were either free or, if paid for, was purchased for a single price, as opposed to individual foods that are priced and bought separately.
		HAD SCHOOL LUNCH (GO TO D41)1
		HAD SOMETHING ELSE
		DON'T KNOW
		REFUSED
D40b.	cafeteria t	the school lunch, did your child purchase individual foods from the school hat were priced and bought separately, purchase foods from the school om vending machines at school, or bring in foods from home or some other
		CIRCLE ALL <u>THAT APPLY</u>
		PURCHASED FOOD AS INDIVIDUAL FOOD ITEMS BUT NOT THE SCHOOL LUNCH1
		PURCHASED FOOD FROM SCHOOL STORE2
		PURCHASED FOOD FROM VENDING MACHINES
		BROUGHT FOOD FROM HOME4
		PURCHASED OR OTHERWISE OBTAINED FOOD AWAY FROM SCHOOL5
		OTHER (SPECIFY)6
		DOES NOT KNOW
		REFUSED
D41.	INTERVIE	EWER: IS THE INTERVIEW BEING ADMINISTERED ON A MONDAY OR ON THE WEEKEND? DID WE ALREADY ASK ABOUT FRIDAY AT QUESTIONS D1 THROUGH D8?
		YES(GO TO D50)1
		NO

D42.	Did (she/h	ne) attend school (la	st Friday/on Friday, DATE)?
			YES
D43.	INTERVIE		NTACT SHEET. DOES TARGET CHILD'S SCHOOL CHOOL BREAKFAST PROGRAM (SBP)?
			YES(GO TO D46)
D44.	Did (she/h	ne) eat breakfast at s	school (last Friday/on Friday, DATE)?
			YES
D45a.	Was that	the school breakfast	, or did your child get breakfast in some other way?
	PROBE:	Program which cor either free or, if pai	st we mean the meal received from the School Breakfast nsists of a <u>set</u> of food items from the menu that were id for, was purchased for a single price, as opposed to at are priced and bought separately.
			HAD SCHOOL BREAKFAST (GO TO D46) 1 HAD SOMETHING ELSE

If it wasn't the school breakfast, did your child purchase individual foods from the D45b. school cafeteria that were priced and bought separately, purchase foods from the school store or from vending machines at school, or bring in foods from home or some other source?

			AT APPLY
		PURCHASED FOOD AS INDIVIDUAL FOOD ITEMS BUT NOT THE SCHOOL BREAKFAST	1
		PURCHASED FOOD FROM SCHOOL STORE	2
		PURCHASED FOOD FROM VENDING MACHINES.	3
		BROUGHT FOOD FROM HOME	4
		PURCHASED OR OTHERWISE OBTAINED FOOD AWAY FROM SCHOOL	5
		OTHER (SPECIFY)	
		DOES NOT KNOW	
		REFUSED	r
D46.		HECK CONTACT SHEET. DOES TARGET CHILD'S S AVE A SCHOOL LUNCH PROGRAM (SLP)?	SCHOOL
		YES	1
		NO(GO TO D50)	
D47.	NO QUESTION D47	' IN THIS VERSION.	
D48.	Did (she/he) eat lun	ch at school (last Friday/on Friday, DATE)?	
		YES(GO TO D50) DOES NOT KNOW(GO TO D50) REFUSED(GO TO D50)	d

D49a.	Was that	the school lunch, or did your child get lunch in some other v	vay?
	PROBE:	By school lunch we mean the meal received from the Sch Program which consists of a <u>set</u> of food items from the me either free or, if paid for, was purchased for a single price individual foods that are priced and bought separately.	enu that were
		HAD SCHOOL LUNCH (GO T	O D50)1
		HAD SOMETHING ELSE	0
		DON'T KNOW	d
		REFUSED	r
D49b.	cafeteria t	t the school lunch, did your child purchase individual foods that were priced and bought separately, purchase foods from vending machines at school, or bring in foods from hom	m the school
			CIRCLE ALL THAT APPLY
		PURCHASED FOOD AS INDIVIDUAL FOOD ITEMS BUT	
		NOT THE SCHOOL LUNCH	1
		PURCHASED FOOD FROM SCHOOL STOR	E2
		PURCHASED FOOD FROM VENDING MACH	
		BROUGHT FOOD FROM HOME	4
		PURCHASED OR OTHERWISE OBTAINED	_
		FOOD AWAY FROM SCHOOL	
		OTHER (SPECIFY)	6
		DOES NOT KNOW	d
		REFUSED	r
D50.	INTERVIE	EWER: CHECK CONTACT SHEET. DOES THE TARGET SCHOOL HAVE A SCHOOL BREAKFAST PROG	
		YES	1
		NO(GO TO D6	

D51.	INTERVIEWER:	DAY IN THE TA	ARGET WEE	PARTICIPATE IN THE SIEK? ARE ANY QUESTICE QUAL TO "1"?	
			YES	(GO TO D55)	,
D52.	(she/he) attended	l school (last we	ek/during the	not get the school breakfa e last week (she/he) went last week/during that wee	to school).
	AFTER RESPON school breakfast			reasons why (she/he) did	I not eat the
	PROBE: The co	mplete school br	eakfast.		
					CIRCLE ALL
			EATS BREA	AKFAST AT HOME	
			BRINGS BF	REAKFAST FROM HOME	Ξ2
			DOES NOT	LIKE THE FOOD AT SC	HOOL
			NOT ENOU	IGH TIME TO EAT AT SO	CHOOL4
			CHILD DOE	S NOT EAT BREAKFAS	T
			ON A DIET		
			DOES NOT	LIKE WAITING IN LINE.	-
				NKS ONLY NEEDY CHIL OL BREAKFASTS	
				ES NOT EAT SCHOOL B FRIENDS DO NOT EAT I	
				HOOL THAT WEEK/ ALL WEEK	10
				SCHOOL EVERY DAY K	1
				Y MORNING CLASSES K	12
				PARENT TOO EMBARRA	
			OTHER (SF	PECIFY)	14

DOES NOT KNOWd

REFUSEDr

D53.	INTERVIEWER: IS THERE MORE THAN ONE ANSWER TO D52?			
	,	YES1		
	ı	NO (GO TO D59)0		
D54.	What is the most important reason week?	(she/he) did not get the school breakfast (last/that)		
		CIRCLE ALL THAT APPLY		
	ŀ	EATS BREAKFAST AT HOME1		
	E	BRINGS BREAKFAST FROM HOME2		
	I	DOES NOT LIKE THE FOOD AT SCHOOL3		
	1	NOT ENOUGH TIME TO EAT AT SCHOOL4		
		CHILD DOES NOT EAT BREAKFAST5		
		ON A DIET6		
	I	DOES NOT LIKE WAITING IN LINE7		
		CHILD THINKS ONLY NEEDY CHILDREN EAT SCHOOL BREAKFASTS8		
		CHILD DOES NOT EAT SCHOOL BREAKFAST BECAUSE FRIENDS DO NOT EAT IT9		
		NOT IN SCHOOL THAT WEEK/ OUT SICK ALL WEEK10		
		LATE FOR SCHOOL EVERY DAY THAT WEEK11		
		HAD EARLY MORNING CLASSES THAT WEEK12		
		CHILD OR PARENT TOO EMBARRASSED TO PARTICIPATE13		
		OTHER (SPECIFY)14		
	- -			
	- !	DOES NOT KNOWd		
	I	REFUSEDr		

GO TO D59

D55.	INTERVIEWER:	EVERY DAY (SWEEK? WHEN D17 EQD25 EQUALS	SHE/HE) ATTENDED SON DOBE EQUALS "1" DOES D20 EQUALS "1" DOES D20 EQUAL POES D36 EQUAL "1" POES D36 EQUAL "1	CHOOL BREAKFAST ON CHOOL IN THE TARGET DES D12 EQUAL "1" <u>AND</u> EQUAL "'1" <u>AND</u> WHEN "1" <u>AND</u> WHEN D33 AND WHEN D42 EQUALS	<u>)</u>
				(GO TO D60)	
					0
D56.	(she/he) attended	d school (last we		ool breakfast every day week in school). Why did went to school that week?	
	AFTER RESPON	ISE, SAY: Were	e there any other reasor	ıs?	
				CIRCLE AL <u>THAT APP</u> I	
			ATE BREAKFAST AT	HOME	1
			BROUGHT BREAKFAS	ST FROM HOME	2
			DOES NOT ALWAYS I FOOD SERVED	LIKE THE	3
			WAS NOT IN SCHOOL OR THOSE DAYS/OU	_ ON THAT T SICK	4
			WAS LATE FOR SCHO	OOL	5
			HAD EARLY MORNING OR PROGRAMS	G CLASSES	6
			EARLY DISMISSAL OF SCHOOL EARLY	R STUDENT LEFT	7
			SCHOOL CLOSED AL	L DAY	8
			OTHER (SPECIFY)		9
					<u> </u>
			DOES NOT KNOW		<u>—</u> d

D57.	INTERVIEWER: IS THERE MORE	INTERVIEWER: IS THERE MORE THAN ONE ANSWER TO D56?				
	Y	ES1				
	N	O (GO TO D59)0				
D58.	What is the most important reason (she/he) did not get the school breakfast on those				
	,	CIRCLE ALL <u>THAT APPLY</u>				
	A	TE BREAKFAST AT HOME1				
	В	ROUGHT BREAKFAST FROM HOME2				
		OES NOT ALWAYS LIKE THE OOD SERVED3				
		/AS NOT IN SCHOOL ON THAT R THOSE DAYS/OUT SICK4				
	W	/AS LATE FOR SCHOOL5				
		AD EARLY MORNING CLASSES R PROGRAMS6				
		ARLY DISMISSAL OR STUDENT LEFT CHOOL EARLY7				
	S	CHOOL CLOSED ALL DAY8				
	0	THER (SPECIFY)9				
	 D	OES NOT KNOWd				
	R	FFUSED r				

What could the school food program do that would increase the number of times TARGET CHILD eats the school breakfast each week? D59.

			CIRCLE ALL THAT APPLY
		CERVE MORE NUTRITIONS FOOD	
		SERVE MORE NUTRITIOUS FOOD	
		SERVE BETTER TASTING FOOD	
		SERVE LARGER PORTIONS	
		SERVE THE FOODS MY CHILDREN LIKE	
		SERVE THE KINDS OF FOOD WE EAT AT HO	
		HAVE BETTER CAFETERIA FACILITIES	6
		MORE SERVING LINES	7
		LESS WAITING TIME	8
		MAKE SCHOOL BREAKFAST FREE FOR ALL STUDENTS	9
		SERVE FOOD THAT LOOKS MORE APPETIZI	NG10
		NOTHING	11
		OTHER (SPECIFY)	12
		DOES NOT KNOW	d
		REFUSED	r
D60.	INTERVIEWER:	CHECK CONTACT SHEET. DOES THE TARGET OF SCHOOL HAVE A NATIONAL SCHOOL LUNCH PROBLEM.	ROGRAM
		YES	1
		NO(GO TO D70) .	0
D61.	INTERVIEWER:	DID THE TARGET CHILD PARTICIPATE IN THE NS DAYS IN THE TARGET WEEK? ARE ANY QUEST D16, D24, D32, D40, AND D49 EQUAL TO "1"?	
		YES (GO TO D65) .	1
		NO	0

D62. You mentioned that TARGET CHILD did not get the school lunch (last week/during the last week (she/he) went to school). Why did (she/he) not get the school lunch (last week/during that week)?

> AFTER RESPONSE DAY: Were there any other reasons why (she/he) did not eat lunch at school (last week/that week)?

PROBE: The complete school lunch.

CIRCLE ALL THAT APPLY

PREFERS TO BRING LUNCH FROM HOME	1
EATS LUNCH AT HOME	2
DOES NOT LIKE THE FOOD AT SCHOOL	3
NOT ENOUGH TIME TO EAT AT SCHOOL	4
CHILD DOES NOT EAT LUNCH	5
ON A DIET	6
DOES NOT LIKE WAITING IN LINE	7
CHILD THINKS ONLY NEEDY CHILDREN EAT SCHOOL LUNCHES	8
CHILD DOES NOT EAT SCHOOL LUNCH BECAUSE FRIENDS DO NOT EAT IT	<u>C</u>
NOT IN SCHOOL THAT WEEK/ SICK ALL WEEK	10
LATE FOR SCHOOL EVERY DAY THAT WEEK	11
HAD CLASSES DURING LUNCH PERIOD THAT WEEK	12
CHILD OR PARENT TOO EMBARRASSED TO PARTICIPATE	13
OTHER (SPECIFY)	14
DOES NOT KNOW	
REFUSED	

D63.	INTERVIEWER: IS THERE MORE THAN ONE ANSWER IN D62?			
		YES		1
		NO	(GO TO D69)	0
D64.	What is the most important reas week?	son (she/he) di	d not get the school lunc	h (last/that)
				CIRCLE ALL THAT APPLY
		PREFERS 1	TO BRING LUNCH FRO	M HOME1
		EATS LUNC	CH AT HOME	2
		DOES NOT	LIKE THE FOOD AT SO	CHOOL3
		NOT ENOU	GH TIME TO EAT AT S	CHOOL4
		CHILD DOE	S NOT EAT LUNCH	5
		ON A DIET		6
		DOES NOT	LIKE WAITING IN LINE	7
			NKS ONLY NEEDY CHIL	
			S NOT EAT SCHOOL L FRIENDS DO NOT EAT	
			HOOL THAT WEEK/ ALL WEEK	10
			SCHOOL EVERY DAY K	11
			SES DURING LUNCH P	
			PARENT TOO EMBARR	
		OTHER (SP	PECIFY)	14
		DOES NOT	KNOW	d
		REFUSED.		r

GO TO D69

D65.	EVERY DAY (S WEEK? WHE WHEN D17 EG D25 EQUALS	GET CHILD GET THE SCHOOL LUNG SHE/HE) ATTENDED SCHOOL IN TA N D9b EQUALS "1" DOES D16 EQUA QUALS "1" DOES D24 EQUAL "1" <u>AI</u> "1" DOES D32 EQUAL "1" <u>AND</u> WHEN D DOES D40 EQUAL "1" <u>AND</u> WHEN D DEQUAL "1"?	RGET AL "1" <u>AND</u> ND WHEN EN D33
		YES (GO TO D70) .	
D66.	attended school (last week/during	IILD did not get the school lunch every g (her/his) last week in school). Why dhe/he) went to school (last/that) week?	lid (she/he) not
	AFTER RESPONSE, SAY: Wer	e there any other reasons?	
			CIRCLE ALL THAT APPLY
		ATE LUNCH AT HOME	1
		BROUGHT LUNCH FROM HOME	2
		DOES NOT ALWAYS LIKE THE FOOD SERVED	3
		WAS NOT IN SCHOOL ON THAT OR THOSE DAYS/OUT SICK	4
		WAS LATE FOR SCHOOL	5
		HAD EARLY MORNING CLASSES OR PROGRAMS	6
		EARLY DISMISSAL OR STUDENT L SCHOOL EARLY	
		SCHOOL CLOSED ALL DAY	
		OTHER (SPECIFY)	9
		DOES NOT KNOW	d
		REFUSED	r

D67.	INTERVIEWER: IS THERE MORE THAN ONE ANSWER TO D66?
	YES1
	NO(GO TO D69)0
D68.	What is the most important reason (she/he) did not get the school lunch on those days?
	CIRCLE ALL THAT APPLY
	ATE LUNCH AT HOME1
	BROUGHT LUNCH FROM HOME2
	DOES NOT ALWAYS LIKE THE FOOD SERVED3
	WAS NOT IN SCHOOL ON THAT OR THOSE DAYS/OUT SICK4
	WAS LATE FOR SCHOOL5
	HAD EARLY MORNING CLASSES OR PROGRAMS6
	EARLY DISMISSAL OR STUDENT LEFT SCHOOL EARLY7
	SCHOOL CLOSED ALL DAY8
	OTHER (SPECIFY)9
	DOES NOT KNOWd
	REFUSEDr

What could the school food program do that would increase the number of times D69. TARGET CHILD eats the school lunch each week?

			RCLE ALL AT APPLY
		SERVE MORE NUTRITIOUS FOOD	1
		SERVE BETTER TASTING FOOD	2
		SERVE LARGER PORTIONS	3
		SERVE THE FOODS MY CHILDREN LIKE	4
		SERVE THE KINDS OF FOOD WE EAT AT HOME	5
		HAVE BETTER CAFETERIA FACILITIES	6
		MORE SERVING LINES	7
		LESS WAITING TIME	8
		MAKE SCHOOL LUNCHES FREE FOR ALL STUD	ENTS9
		SERVE FOOD THAT LOOKS MORE APPETIZING	10
		NOTHING	11
		OTHER (SPECIFY)	12
		DOES NOT KNOW	
		REFUSED	r
D70.	INTERVIEWER:	DID THE TARGET CHILD HELP THE RESPONDENT QUESTIONS ON MEALS EATEN AT SCHOOL?	WITH THE
		YES	1
		NO	

SECTION E: PERCEPTIONS OF SCHOOL MEALS

E1.	The next questions are about TARGET CHILD'S satisfaction with school meals. How satisfied is TARGET CHILD with how the food tastes? Overall is (she/he) very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?		
	PROBE: How satisfied do you th	nink (she/he) is with the food's taste?	
		VERY SATISFIED1	
		SOMEWHAT SATISFIED2	
		SOMEWHAT DISSATISFIED3	
		VERY DISSATISFIED4	
		CHILD NEVER EATS SCHOOL MEALS (GO TO G1)n	
		DOES NOT KNOWd	
		REFUSEDr	
	dissatisfied, or very dissatisfied?	ou say very satisfied, somewhat satisfied, somewhat nink (she/he) is with the amount served?	
		VERY SATISFIED1	
		SOMEWHAT SATISFIED2	
		SOMEWHAT DISSATISFIED	
		VERY DISSATISFIED4	
		DOES NOT KNOWd	
		REFUSEDr	

E3.	Overall, how satisfied is TARGET CHILD with the food (she/he) gets in school?			
	PROBE: Very satisfied, somewh dissatisfied?	at satisfied, somewhat dissatisfied, or very		
	PROBE: Overall, how satisfied d	lo you think (she/he) is?		
		VERY SATISFIED1		
		SOMEWHAT SATISFIED2		
		SOMEWHAT DISSATISFIED3		
		VERY DISSATISFIED4		
		DOES NOT KNOWd		
		REFUSEDr		
E4.	The next questions are about <u>your</u> satisfaction with school meals. How satisfied are you with the healthfulness of the food TARGET CHILD is served at school?			
	PROBE: Very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?			
		VERY SATISFIED1		
		SOMEWHAT SATISFIED2		
		SOMEWHAT DISSATISFIED3		
		VERY DISSATISFIED4		
		DOES NOT KNOWd		
		REFUSEDr		
E5.	Overall, how satisfied are you with TARGET CHILD'S school's food program?			
	PROBE: Very satisfied, somewh dissatisfied?	at satisfied, somewhat dissatisfied, or very		
		VERY SATISFIED1		
		SOMEWHAT SATISFIED2		
		SOMEWHAT DISSATISFIED3		
		VERY DISSATISFIED4		
		DOES NOT KNOWd		
		REFUSEDr		

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SECTION G: HOUSEHOLD COMPOSITION

G1.	Next, I would like to ask you about the people you live with. How many people live with you <u>not</u> including yourself? 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.		
		HOUSEHOLDER(S), INCLUDE ALL WHO SLEEP THE MONTH OR MORE.	
		PEOPLE IN HOUSEHOLD	
		NONE OR LIVES ALONE(GO TO G15)0 DOES NOT KNOW	
G1a.	CODE IF OBVIOUS OR ASK: D	oes TARGET CHILD live with you?	
		YES1	
		NO0	
		DOES NOT KNOWd	
		REFUSEDr	

INTERVIEWER: NUMBER OF PERSONS LISTED AT G2 MUST EQUAL NUMBER IN G1.

G2.	(Besides TARGET CHILD), Please tell me the first name of everyone else who lives with you. PROBE: Who else lives with you? RECORD TARGET CHILD'S FIRST NAME THEN RECORD NAMES OF ALL OTHER HOUSEHOLD MEMBERS ACROSS THE GRID FIRST, THEN ASK G3 THROUGH G14 FOR EACH PERSON.	TARGET CHILD TARGET CHILD NOT CURRENTLY LIVING IN HOUSEHOLD (GO TO NAME #2)0	NAME #2	NAME #3
G3.	What is NAME's relationship to you? CODE COHABITEE'S CHILD AND OTHER CHILDREN WHO ARE NOT NATURAL, ADOPTED, STEP, OR FOSTER, BUT FOR WHOM THE RESPONDENT TAKES RESPONSIBILITY, AS "OTHER CUSTODIAL CHILD."	NATURAL CHILD 1 STEPCHILD OR 2 ADOPTED CHILD 2 OTHER CUSTODIAL CHILD 3 FOSTER CHILD 4 HUSBAND OR WIFE 5 BOYFRIEND, GIRLFRIEND, 6 OR PARTNER 6 PARENT 7 STEPPARENT 8 GRANDPARENT OR 9 AUNT, UNCLE, GREAT-AUNT, 10 SIBLING (BROTHER OR 15 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 DOES NOT KNOW d REFUSED r	NATURAL CHILD	NATURAL CHILD 1 STEPCHILD OR 2 ADOPTED CHILD 2 OTHER CUSTODIAL CHILD 3 FOSTER CHILD 4 HUSBAND OR WIFE 5 BOYFRIEND, GIRLFRIEND, 6 OR PARTNER 6 PARENT 7 STEPPARENT 8 GRANDPARENT OR 9 AUNT, UNCLE, GREAT-AUNT, 10 SIBLING (BROTHER OR 10 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 DOES NOT KNOW d REFUSED r
G4.	CODE SEX. IF NECESSARY, ASK: Is NAME female or male?	FEMALE1 MALE	FEMALE	FEMALE1 MALE2
G5.	INTERVIEWER: IS NAME A NEPHEW, NIECE, OR GRANDCHILD? DOES G3 EQUAL "12" OR "14"?	YES	YES	YES1 NO(GO TO G7)0
G6.	Are you the adult who is primarily responsible for NAME?	YES(GO TO G8)1 NO(GO TO G9)0	YES (GO TO G8) 1 NO (GO TO G9) 0	YES (GO TO G8)1 NO (GO TO G9)0
G7.	INTERVIEWER: IS NAME A CHILD? DOES G3 EQUAL "01," "02," "03," OR "04"?	YES1 NO(GO TO G9)0	YES	YES1 NO(GO TO G9)0
G8.	What is (her/his) date of birth?	_ / _ _ / _ MONTH DAY YEAR DOES NOT KNOWd REFUSEDr	_ _ _	_ / _ _ / _ MONTH DAY YEAR DOES NOT KNOWd REFUSEDr
G9.	How old is (he/she)? FILL IN BLANK BOXES WITH ZEROES.	A. YEARS	A. YEARS	A. YEARS _ B. MONTHS _

NAME #4	NAME #5	NAME #6	NAME #7
NATURAL CHILD	NATURAL CHILD	NATURAL CHILD	NATURAL CHILD
PARENT	PARENT	PARENT	PARENT
NEPHEW OR NIECE 12 COUSIN 13 GRANDCHILD 14 OTHER RELATIVE OR IN-LAW 15 NON-RELATIVE (INCLUDING ROOMER OR BOARDER) 16 OTHER (SPECIFY) 17	NEPHEW OR NIECE 12 COUSIN 13 GRANDCHILD 14 OTHER RELATIVE OR IN-LAW 15 NON-RELATIVE (INCLUDING ROOMER OR BOARDER) 16 OTHER (SPECIFY) 17	NEPHEW OR NIECE 12 COUSIN 13 GRANDCHILD 14 OTHER RELATIVE OR IN-LAW 15 NON-RELATIVE (INCLUDING ROOMER OR BOARDER) 16 OTHER (SPECIFY) 17	NEPHEW OR NIECE
DOES NOT KNOW d REFUSED	DOES NOT KNOW d REFUSED r FEMALE 1	DOES NOT KNOWd REFUSEDr FEMALE	DOES NOT KNOW
MALE 2 YES 1 NO	MALE 2 YES 1 NO (GO TO G7) 0	MALE	MALE 2 YES 1 NO (GO TO G7) 0
YES	YES(GO TO G8)	YES(GO TO G8)1 NO(GO TO G9)0 YES1	YES(GO TO G8)
NO(GO TO G9)0	NO	NO(GO TO G9)0	NO(GO TO G9)0
GO TO G10 A. YEARS	GO TO G10 A. YEARS	GO TO G10 A. YEARS	GO TO G10 A. YEARS

G2.	(Besides TARGET CHILD), Please tell me the first name of everyone else who lives with you. PROBE: Who else lives with you? RECORD TARGET CHILD'S FIRST NAME THEN RECORD NAMES OF ALL OTHER HOUSEHOLD MEMBERS ACROSS THE GRID FIRST, THEN ASK G3 THROUGH G14 FOR EACH PERSON.	NAME #8	NAME #9	NAME #10
G3.	What is NAME's relationship to you? CODE COHABITEE'S CHILD AND OTHER CHILDREN WHO ARE NOT NATURAL, ADOPTED, STEP, OR FOSTER, BUT FOR WHOM THE RESPONDENT TAKES RESPONSIBILITY, AS "OTHER CUSTODIAL CHILD."	NATURAL CHILD 1 STEPCHILD OR 2 ADOPTED CHILD 2 OTHER CUSTODIAL CHILD 3 FOSTER CHILD 4 HUSBAND OR WIFE 5 BOYFRIEND, GIRLFRIEND, OR PARTNER 6 PARENT 7 STEPPARENT 8 GRANDPARENT OR 9 AUNT, UNCLE, GREAT-AUNT, OR GREAT-HUNCLE 10 SIBLING (BROTHER OR SISTER) 11 NEPHEW OR NIECE 12 COUSIN 13 GRANDCHILD 14 OTHER RELATIVE (INCLUDING ROOMER OR BOARDER) 16 OTHER (SPECIFY) 17 DOES NOT KNOW d REFUSED r	NATURAL CHILD 1 STEPCHILD OR 2 ADOPTED CHILD 2 OTHER CUSTODIAL CHILD 3 FOSTER CHILD 4 HUSBAND OR WIFE 5 BOYFRIEND, GIRLFRIEND, OR PARTINER 6 PARENT 7 STEPPARENT 8 GRANDPARENT OR 9 AUNT, UNCLE, GREAT-AUNT, OR GREAT-HUNCLE 10 SIBLING (BROTHER OR SISTER) 11 NEPHEW OR NIECE 12 COUSIN 13 GRANDCHILD 14 OTHER RELATIVE (INCLUDING ROOMER OR BOARDER) 16 OTHER (SPECIFY) 17 DOES NOT KNOW d REFUSED r	NATURAL CHILD 1 STEPCHILD OR 2 ADOPTED CHILD 2 OTHER CUSTODIAL CHILD 3 FOSTER CHILD 4 HUSBAND OR WIFE 5 BOYFRIEND, GIRLFRIEND, 6 OR PARTNER 6 PARENT 7 STEPPARENT 8 GRANDPARENT OR 9 AUNT, UNCLE, GREAT-AUNT, 10 SIBLING (BROTHER OR 10 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 DOES NOT KNOW d REFUSED r
G4.	CODE SEX. IF NECESSARY, ASK: Is NAME female or male?	FEMALE1 MALE	FEMALE	FEMALE1 MALE2
G5.	INTERVIEWER: IS NAME A NEPHEW, NIECE, OR GRANDCHILD? DOES G3 EQUAL "12" OR "14"?	YES1 NO(GO TO G7)0	YES 1 NO(GO TO G7) 0	YES1 NO(GO TO G7)0
G6.	Are you the adult who is primarily responsible for NAME?	YES(GO TO G8)1 NO(GO TO G9)0	YES (GO TO G8) 1 NO (GO TO G9) 0	YES (GO TO G8)1 NO (GO TO G9)0
G7.	INTERVIEWER: IS NAME A CHILD? DOES G3 EQUAL "01," "02," "03," OR "04"?	YES1 NO(GO TO G9)0	YES	YES1 NO(GO TO G9)0
G8.	What is (her/his) date of birth?	_ / / _ MONTH DAY YEAR DOES NOT KNOWd REFUSEDr	_	_ / AY YEAR DOES NOT KNOW
G9.	How old is (he/she)? FILL IN BLANK BOXES WITH ZEROES.	A. YEARS	A. YEARS	A. YEARS _ B. MONTHS _

NAME #11	NAME #12	NAME #13	NAME #14
NATURAL CHILD 1 STEPCHILD OR 2 ADOPTED CHILD 2 OTHER CUSTODIAL CHILD 3 FOSTER CHILD 4 HUSBAND OR WIFE 5 BOYFRIEND, GIRLFRIEND, 0 OR PARTNER 6 PARENT 7 STEPPARENT 8 GRANDPARENT OR	NATURAL CHILD	NATURAL CHILD 1 STEPCHILD OR 2 ADOPTED CHILD 2 OTHER CUSTODIAL CHILD 3 FOSTER CHILD 4 HUSBAND OR WIFE 5 BOYFRIEND, GIRLFRIEND, OR PARTNER 6 PARENT 7 STEPPARENT 8 GRANDPARENT OR	NATURAL CHILD 1 STEPCHILD OR 2 ADOPTED CHILD 2 OTHER CUSTODIAL CHILD 3 FOSTER CHILD 4 HUSBAND OR WIFE 5 BOYFRIEND, GIRLFRIEND, OR PARTNER 6 PARENT 7 STEPPARENT 8 GRANDPARENT OR
GREAT-GRANDPARENT	GREAT-GRANDPARENT	GREAT-GRANDPARENT	GREAT-GRANDPARENT
REFUSED r FEMALE 1 MALE 2 YES 1 NO (GO TO G7) 0	REFUSED r FEMALE 1 MALE 2 YES 1 NO (GO TO G7) 0	REFUSED	REFUSED r FEMALE 1 MALE 2 YES 1 NO (GO TO G7) 0
YES(GO TO G8)	YES	YES(GO TO G8)	YES(GO TO G8)
A. YEARS	A. YEARS B. MONTHS	A. YEARS _ B. MONTHS _ _	A. YEARS

G10.	INTERVIEWER: CHECK G8 AND G9: IS NAME FIVE TO 18 YEARS OLD?	YES	YES1 NO(GO TO G13)0	YES
G11.	Is NAME currently attending school? INTERVIEWER: IF TARGET CHILD, CODE WITHOUT ASKING.	YES	YES	YES
G12.	What grade is (she/he) in? NOTE: IF CHILD IS BETWEEN GRADES, CODE GRADE SHE OR HE WILL BE ENTERING.	_ GRADE OR PRESCHOOL	_ GRADE OR PRESCHOOLp KINDERGARTENk UNGRADEDu DOES NOT KNOWd REFUSEDr	GRADE OR PRESCHOOL
G13.	Did NAME live with you in MONTH?	YES	YES	YES
G14.	INTERVIEWER: CHECK G2. IS THERE ANOTHER PERSON TO ASK ABOUT?	YES (GO TO G2, NAME 2)	YES(GO TO G2, NAME 3)1 NO(GO TO G15)0	YES (GO TO G2, NAME 4) 1 NO (GO TO G15) 0

YES1 NO(GO TO G13)0	YES 1 NO (GO TO G13) 0	YES1 NO(GO TO G13)0	YES
YES	YES	YES	YES
_ GRADE OR PRESCHOOL	_ GRADE OR PRESCHOOL	GRADE OR PRESCHOOL	_ GRADE OR PRESCHOOL
YES	YES	YES	YES
NAME 5)1 NO(GO TO G15)0	NAME 6)	NAME 7)	NAME 8) 1 NO (GO TO G15) 0

G10.	INTERVIEWER: CHECK G8 AND G9: IS NAME FIVE TO 18 YEARS OLD?	YES	YES1 NO(GO TO G13)0	YES
G11.	Is NAME currently attending school? INTERVIEWER: IF TARGET CHILD, CODE WITHOUT ASKING.	YES	YES	YES
G12.	What grade is (she/he) in? NOTE: IF CHILD IS BETWEEN GRADES, CODE GRADE SHE OR HE WILL BE ENTERING.	_ GRADE OR PRESCHOOL	_ GRADE OR PRESCHOOLp KINDERGARTENk UNGRADEDu DOES NOT KNOWd REFUSEDr	GRADE OR PRESCHOOL
G13.	Did NAME live with you in MONTH?	YES	YES	YES
G14.	INTERVIEWER: CHECK G2. IS THERE ANOTHER PERSON TO ASK ABOUT?	YES(GO TO G2, NAME 9)1 NO(GO TO G15)0	YES(GO TO G2, NAME 10)1 NO(GO TO G15)0	YES (GO TO G2, NAME 11)

YES1	YES1	YES1	YES1
NO(GO TO G13)0	NO (GO TO G13) 0	NO(GO TO G13)0	NO (GO TO G13) 0
YES1	YES1	YES1	YES1
NO(GO TO G13)0	NO (GO TO G13) 0	NO0	NO (GO TO G13) 0
DOES NOT KNOWd	DOES NOT KNOW (GO TO G13) d	DOES NOT KNOW(GO TO G13)d	DOES NOT KNOW (GO TO G13) d
REFUSED(GO TO G13)r	REFUSED (GO TO G13)r	REFUSED(GO TO G13)r	REFUSED (GO TO G13)r
GRADE OR	_ GRADE OR	GRADE OR	GRADE OR
PRESCHOOLp	PRESCHOOLp	PRESCHOOLp	PRESCHOOLp
KINDERGARTENk	KINDERGARTENk	KINDERGARTENk	KINDERGARTENk
UNGRADEDu	UNGRADEDu	UNGRADEDu	UNGRADEDu
DOES NOT KNOWd	DOES NOT KNOW d	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES1	YES1	YES1	YES1
NO0	NO0	NO0	NO 0
DOES NOT KNOWd	DOES NOT KNOW d	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES(GO TO G2, NAME 12)1	YES (GO TO G2, NAME 13)1	YES(GO TO G2, NAME 14)1	YES (GO TO G2, NEXT NAME) 1
NO(GO TO G15)0	NO (GO TO G15) 0	NO0	NO (GO TO G15) 0
G15. Did anyone (else	e) not currently in this househ	nold live with you in MONTH?	?
		YES	1
		NO((GO TO H1)0
		DOES NOT KNOW	(GO TO H1)d
		REFUSED	•
	people lived with you in MO eady told me about.		any of the household HOUSEHOLD MEMBERS
		III ADDITIONAL	. HOUSEHOLD MEMBEKS

G17.	Please tell me the first name(s) of the other (person/people) who lived with you in MONTH, who no longer live with you. PROBE: Who else lived with you then? RECORD NAMES OF ALL OTHER HOUSEHOLD MEMBERS ACROSS GRID FIRST, THEN ASK G18 THROUGH G28 FOR EACH PERSON.		NAME #2	NAME #3
G18.	What is NAME's relationship to you? CODE COHABITEE'S CHILD AND OTHER CHILDREN WHO ARE NOT NATURAL, ADOPTED, STEP, OR FOSTER BUT FOR WHOM THE RESPONDENT TAKES RESPONSIBILITY, AS "OTHER CUSTODIAL CHILD."	NATURAL CHILD 1 STEPCHILD OR 2 ADOPTED CHILD 2 OTHER CUSTODIAL CHILD 3 FOSTER CHILD 4 HUSBAND OR WIFE 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 DOES NOT KNOW d REFUSED r	NATURAL CHILD 1 STEPCHILD OR 2 ADOPTED CHILD 2 OTHER CUSTODIAL CHILD 3 FOSTER CHILD 4 HUSBAND OR WIFE 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 DOES NOT KNOW d REFUSED r	NATURAL CHILD
G19.	CODE SEX. IF NECESSARY, ASK: Is NAME female or male?	FEMALE	FEMALE	FEMALE
G20.	INTERVIEWER: IS NAME A NEPHEW, NIECE, OR GRANDCHILD? DOES G18 EQUAL "12" OR "14"?	YES	YES	YES
G21.	Are you the adult who was primarily responsible for NAME when (she/he) lived with you in MONTH?	YES(GO TO G23)1 NO(GO TO G24)0	YES (GO TO G23)	YES1 NO(GO TO G23)1
G22.	INTERVIEWER: IS NAME A CHILD? DOES G18 EQUAL "01", "02", "03," OR "04"?	YES	YES	YES
G23.	What is (her/his) date of birth?	_ / _ _ / _	_ / // MONTH DAY YEAR DOES NOT KNOW d REFUSEDr	_ / _ _ / _ MONTH DAY YEAR DOES NOT KNOWd REFUSED

G24. How old is (she/he)? A. YEARS	ARS
FILL IN BLANK BOXES WITH B. MONTHS	NTHS
G25. INTERVIEWER: CHECK G8 YES	1
	(GO TO G28) 0
G26. Did NAME attend school during YES	1
**********	(GO TO G28) 0
DOES NOT	NOT (GO TO G28) d
REFUSED(GO TO G28)r REFUSED(GO TO G28)r REFUS	SEDr (GO TO G28)r
G27. What grade was (she/he) in? _ GRADE OR _ GRADE OR	GRADE OR
NOTE: IF CHILD IS BETWEEN PRESCHOOLp PRESCHOOLp PRESCHOOLp	CHOOLp
	RGARTENk
UNGRADEDu UNGRADEDu UNGRA	ADEDu
DOES NOT KNOWd DOES NOT KNOWd DOES	NOT KNOWd
REFUSEDr REFUSEDr REFUSED	SEDr
G28. INTERVIEWER: CHECK G17. IS THERE ANOTHER PERSON TO ASK ABOUT? YES	(GO TO G17, NAME 4 ON SUPPLEMENTAL FORM)1
NO(GO TO H1)0 NO(GO TO H1)0 NO	(GO TO H1)0

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SECTION H: INCOME AND EARNINGS SOURCES

H0a.	Da. INTERVIEWER: IS THE TARGET CHILD A FOSTER CHILD? DOES G3 EQUAL "4" FOR PERSON NUMBER 1?				
			YES		1
			NO	(GO	TO H1)0
H0b.	to understanding	(I realize these of the school food hildren are enrol	questions may so program applicated in the DISTR	eem personal, b ation process an RICT NAME scho	ut they are important d the needs of ool district.) I would
	INTERVIEWER:	GO TO H2a TH FOR TARGET		TO H3 AND AS	SK ABOUT INCOME
H1.	have had in MON important to unde	ITH. (I realize the restanding the so whose children sure you that all	nese questions r chool food progra are enrolled in t	may seem perso am application p he DISTRICT N	orocess and the AME school district.)
H2.	INTERVIEWER:	THE GRID ON COLUMNS TH MEMBERS AG THE RESPON (HIM/HER) DU ADULTS LIST	THE NEXT PACE FIRST NAME SE 16 OR OLDE DENT AS WELL RING THE TAR ED AT G2 THAT	GE, THEN LIST S OF ALL HOU R WHO CURRE . AS THOSE WI GET MONTH. I I HAVE A "YES	ENTLY LIVE WITH HO LIVED WITH
H2a.	INTERVIEWER:	RECORD THE QUESTIONS A	_	EAR FOR WHI	CH THE INCOME
				_ M	_ / _ ONTH YEAR

		RESPONDENT _	PERSON NUMBER	PERSON NUMBER
Н3.	During MONTH, did (you/NAME) work at a job for pay? Please	YES1	YES1	YES 1
	include paid work or salary received from your own business	NO0	NO0	NO 0
	or military service.	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
	PROBE: Please do not include profit or loss from your own farm or business.	REFUSEDr	REFUSEDr	REFUSEDr
H4.	My next questions are about other kinds of income (you/NAME) may	YES1	YES1	YES1
	have received during MONTH.	NO0	NO	NO0
	During MONTH, did (you/NAME) receive income from	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
	unemployment compensation?	REFUSEDr	REFUSEDr	REFUSEDr
H5.	During MONTH, did (you/NAME) receive income from worker's	YES1	YES1	YES1
	compensation?	NO0	NO0	NO0
	PROBE: During MONTH?	DOES NOT KNOW d	DOES NOT KNOWd	DOES NOT KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr
H6.	During MONTH, did (you/NAME)	YES1	YES1	YES1
	receive income from Social Security or railroad retirement?	NO	NO0	NO0
	PROBE: During MONTH?	DOES NOT KNOW d	DOES NOT KNOWd	DOES NOT KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr
H7.	Income from private pensions,	YES1	YES1	YES1
	annuities, or survivor's benefits?	NO	NO0	NO
	PROBE: During MONTH?	DOES NOT KNOW d REFUSEDr	DOES NOT KNOWd REFUSEDr	DOES NOT KNOW d REFUSEDr
H8.	Income from Veteran's benefits?	YES1	YES1	YES1
	PROBE: During MONTH?	NO	NO0	NO 0
		DOES NOT KNOW d	DOES NOT KNOWd	DOES NOT KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr
H9.	During MONTH, did (you/NAME)	YES1	YES1	YES1
	receive supplemental Security Income or SSI?	NO0	NO0	NO 0
	PROBE: During MONTH?	DOES NOT KNOW d REFUSEDr	DOES NOT KNOWd REFUSEDr	DOES NOT KNOW d REFUSEDr
H10	Alimony payments?	YES1	YES1	YES1
	PROBE: During MONTH?	NO0	NO0	NO0
	TROBE: During MONTH:	DOES NOT KNOW d	DOES NOT KNOWd	DOES NOT KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr
H11.	Child support payments?	YES1	YES1	YES1
	PROBE: During MONTH?	NO0	NO0	NO0
	Č	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr
H12.	Income from interest and	YES1	YES1	YES1
	dividends?	NO	NO0	NO0
	PROBE: During MONTH?	DOES NOT KNOW d	DOES NOT KNOWd	DOES NOT KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr

PERSON NUMBER	PERSON NUMBER	PERSON NUMBER	PERSON NUMBER
YES1	YES1	YES1	YES1
NO0	NO	NO0	NO
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES1	YES1	YES1	YES1
NO0	NO0	NO0	NO0
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES	YES1	YES1	YES1
NO0	NO0	NO0	NO0
DOES NOT KNOWd	DOES NOT KNOW d	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES1	YES1	YES1	YES1
NO0	NO 0	NO0	NO 0
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES1	YES1	YES1	YES1
NO0	NO	NO	NO
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES1	YES1	YES1	YES1
NO0	NO0	NO0	NO0
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES1	YES1	YES1	YES1
NO0	NO	NO0	NO 0
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES1	YES1	YES1	YES1
NO0	NO	NO0	NO 0
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES1	YES1	YES1	YES1
NO0	NO0	NO0	NO 0
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES1	YES1	YES1	YES1
NO0	NO 0	NO0	NO0
DOES NOT KNOWd	DOES NOT KNOW d	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr

		RESPONDENT	PERSON NUMBER	PERSON NUMBER _
H13.	During MONTH, did (you/NAME) receive rental income?	YES1	YES1	YES1
	PROBE: Income (you/	NO0	NO0	NO0
	NAME) received	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd
	from others in the form of rent.	REFUSEDr	REFUSEDr	REFUSEDr
	PROBE: During MONTH?			
H14.	Profit or loss from (your/her/his) own nonfarm	YES1	YES1	YES1
	business, partnership, or	NO0	NO0	NO0
	professional practice?	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
	PROBE: During MONTH?	REFUSEDr	REFUSEDr	REFUSEDr
H15.	Income or loss from (your/her/his) own farm?	YES1	YES1	YES1
	,	NO0	NO0	NO0
	PROBE: During MONTH?	DOES NOT KNOWd	DOES NOT KNOW d	DOES NOT KNOWd
		REFUSEDr	REFUSEDr	REFUSEDr
H16.	Did (you/NAME) receive financial aid for college	YES1	YES1	YES1
	students? Please exclude money used for tuition, books	NO0	NO0	NO0
	and fees, but include money	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd
	used for room and board. PROBE: During MONTH?	REFUSEDr	REFUSEDr	REFUSEDr
ī				
H17.	During MONTH, did (you/NAME) receive income	YES1	YES1	YES1
	from money withdrawn from	NO0	NO0	NO0
	savings?	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
	PROBE: During MONTH?	REFUSEDr	REFUSEDr	REFUSEDr
	PROBE: Personal savings.			
H18.	Income from regular	YES1	YES1	YES1
	contributions from persons outside the household, for	NO0	NO0	NO0
	example, cash gifts from friends or family?	DOES NOT KNOWd	DOES NOT KNOW d	DOES NOT KNOWd
	PROBE: During MONTH?	REFUSEDr	REFUSEDr	REFUSEDr
H19.	Any other cash income, such	YES1	YES1	YES1
	as net royalties, income from trusts, prize winnings, or	NO0	NO0	NO0
	bonuses?	DOES NOT KNOW d	DOES NOT KNOWd	DOES NOT KNOWd
	PROBE: During MONTH?	REFUSEDr	REFUSEDr	REFUSEDr
		INET OOLD	INCI 0000	INET OOLD

PERSON NUMBER	PERSON NUMBER	PERSON NUMBER	PERSON NUMBER
YES1	YES1	YES1	YES1
NO0	NO0	NO0	NO0
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES1	YES1	YES1	YES1
NO0	NO0	NO0	NO0
DOES NOT KNOW d	DOES NOT KNOW d	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES1	YES1	YES1	YES1
NO0	NO0	NO0	NO0
DOES NOT KNOWd	DOES NOT KNOW d	DOES NOT KNOWd	DOES NOT KNOWd
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES1	YES1	YES1	YES1
NO0	NO0	NO0	NO0
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES1	YES1	YES1	YES1
NO0	NO0	NO0	NO0
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES1	YES1	YES1	YES1
NO0	NO0	NO0	NO0
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
	V50	V50	V50
YES1	YES1	YES1	YES1
NO0	NO0	NO0	NO0
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr

	RESPONDENT	PERSON NUMBER	PERSON NUMBER
		\ <u></u> '	<u> </u>
H20. General assistance? Please do not include TANF or Food Stamp Program benefits, which I will ask about later. PROBE: During MONTH?	YES	YES	YES
H21. Did (you/NAME) receive a non-military housing subsidy? PROBE: During MONTH?	YES	YES	YES
H22. Black lung benefits?	YES1	YES1	YES1
PROBE: During MONTH?	NO0	NO0	NO0
	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd
	REFUSEDr	REFUSEDr	REFUSEDr
H23. Did (you/NAME) receive any other kind of public assistance during MONTH? Please do not include TANF or Food Stamp Program benefits which we will talk about later.	YES	YES	YES
H23a. What kind of public assistance did (you/NAME) receive?			
RECORD VERBATIM			
H24. INTERVIEWER: CHECK H3. IS THERE ANOTHER	YES(GO TO H3, NAME 2) 1	YES(GO TO H3, NAME 3) 1	YES(GO TO H3, NAME 4) 1
PERSON TO ASK ABOUT?	NO (GO TO I1) 0	NO0	NO0

PERSON NUMBER	PERSON NUMBER	PERSON NUMBER	PERSON NUMBER
YES	YES	YES	YES
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES	YES	YES	YES
REFUSED r YES 1 NO 0	REFUSEDr YES	YES 1 NO 0	YES
DOES NOT KNOW d REFUSEDr	DOES NOT KNOW d REFUSEDr	DOES NOT KNOW d REFUSEDr	DOES NOT KNOW d REFUSEDr
YES 1 NO (GO TO H24) 0 DOES NOT KNOW (GO TO H24) d	YES 1 NO (GO TO H24) 0 DOES NOT KNOW (GO TO H24) d	YES 1 NO (GO TO H24) 0 DOES NOT KNOW (GO TO H24) d	YES
REFUSED (GO TO H24) r	REFUSED (GO TO H24) r	REFUSED (GO TO H24) r	REFUSED (GO TO H24)r
YES(GO TO H3, NAME 5) 1	YES(GO TO H3, NAME 6) 1	YES(GO TO H3, NAME 7) 1	YES(GO TO H3, SUPPLEMENT FORM)1
NO (GO TO I1)0	NO (GO TO I1)0	NO0	NO0

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SECTION I: INCOME AND EARNINGS AMOUNTS

11. Next, I would like to ask you about the different amounts of income (you/you and the other adults in your household) received from the sources we just talked about. For each type of income you just reported, I would like to look at documentation you may have just to be 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 or last year's income tax return for earnings from jobs, receipts for cash jobs, leave and earnings statements, business records, or award letters. WAIT FOR RESPONDENT TO COLLECT DOCUMENTS THEN PROCEED TO 12a.

	INCOME FROM WORKING AT A JOB FOR PAY	RESPONDENT	PERSON NUMBER	PERSON NUMBER
L		KEGF ONDERT	FEROON NOWBER	FERGON NOWIBER
I2a.	INTERVIEWER: WAS THERE EARNINGS FROM WORKING	YES1	YES1	YES1
	AT A JOB FOR PAY? DOES H3 EQUAL "YES"?	NO(GO TO NEXT PERSON OR I3a) 0	NO (GO TO NEXT PERSON OR I3a)0	NO(GO TO NEXT PERSON OR I3a)0
I2b.	How much were (your/ PERSON's) earnings from paid jobs during MONTH, <u>before taxes</u> <u>and other deductions?</u> That would be (your/PERSON's) total pay, not the amount that was brought home. Please include tips, commissions, and regular overtime pay.	\$, DOES NOT KNOW (GO TO I2e) d REFUSED (GO TO I2e) r	\$, DOES NOT KNOW(GO TO I2e)d REFUSED(GO TO I2e)r	\$, DOES NOT KNOW (GO TO I2e) d REFUSED (GO TO I2e) r
	PROBE: Please do not include profits or losses from your own farm or nonfarm business, partnership, or professional practice in MONTH.			
I2c.	INTERVIEWER: IF TOTAL FOR MONTH NOT GIVEN, ENTER PAY PERIOD, OR PROBE: Was the amount received per hour, per day, per week, twice a month, or every two weeks?	MONTH	MONTH	MONTH
I2d.	How many PERIODS in I2c did	_ UNITS WORKED	_ UNITS WORKED	_ UNITS WORKED
	(you/PERSON) work in MONTH?	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
	PROBE: Your best estimate is fine.	REFUSEDr	REFUSEDr	REFUSEDr
l2e.	May I please look at (your/PERSON's) pay stub that shows the amount you just reported?	YES	YES	YES
12f.	INTERVIEWER: ENTER TYPE OF DOCUMENT.	CHECK STUB	CHECK STUB	CHECK STUB

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER L
YES	YES	YES	YES
\$ _, DOES NOT KNOW(GO TO I2e)d REFUSED(GO TO I2e)r	\$, DOES NOT KNOW (GO TO I2e) d REFUSED (GO TO I2e) r	\$, DOES NOT KNOW(GO TO I2e)d REFUSED(GO TO I2e)r	\$, DOES NOT KNOW (GO TO I2e) d REFUSED (GO TO I2e) r
MONTH	MONTH	MONTH	MONTH
UNITS WORKED DOES NOT KNOWd REFUSEDr	UNITS WORKED DOES NOT KNOWd REFUSEDr	UNITS WORKED DOES NOT KNOWd REFUSEDr	UNITS WORKED DOES NOT KNOWd REFUSEDr
YES	YES	YES	YES
CHECK STUB	CHECK STUB 1 INCOME TAX RETURN 2 RECEIPT FOR CASH JOB 3 LEAVE AND EARNINGS STATEMENT 4 BUSINESS RECORDS 5 AWARD LETTER 6 EXPENSE RECEIPT 7 OTHER (SPECIFY) 8	CHECK STUB 1 INCOME TAX RETURN 2 RECEIPT FOR CASH JOB 3 LEAVE AND EARNINGS STATEMENT 4 BUSINESS RECORDS 5 AWARD LETTER 6 EXPENSE RECEIPT 7 OTHER (SPECIFY) 8	CHECK STUB 1 INCOME TAX RETURN 2 RECEIPT FOR CASH JOB 3 LEAVE AND EARNINGS 4 STATEMENT 4 BUSINESS RECORDS 5 AWARD LETTER 6 EXPENSE RECEIPT 7 OTHER (SPECIFY) 8

		RESPONDENT _	PERSON NUMBER _	PERSON NUMBER
I2g.	INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$,
I2h.	INTERVIEWER: ENTER THE PAY PERIOD OF PAYMENT.	MONTH	MONTH	MONTH
I2i.	INTERVIEWER: ENTER UNITS WORKED FROM I2h.	UNITS WORKED NOT ON DOCUMENTn	UNITS WORKED NOT ON DOCUMENTn	UNITS WORKED NOT ON DOCUMENTn
l2j.	INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.	MONTH DAY YEAR NOT ON DOCUMENTn	MONTH DAY YEAR NOT ON DOCUMENTn	MONTH DAY YEAR NOT ON DOCUMENTn
l2k.	INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.	\$ _ , _ NOT ON DOCUMENTn	\$ _ , _ NOT ON DOCUMENTn	\$ _ , _
121.	INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING 12b, 12c, AND 12d. THEN COMPUTE THE TOTAL MONTHLY AMOUNT USING 12g, 12h, AND 12i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR 13a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR 13a. IS THERE ANOTHER PERSON?	YES(GO TO NEXT PERSON) 1 NO(GO TO I3a)	YES (GO TO NEXT PERSON)1 NO (GO TO I3a)	YES(GO TO NEXT PERSON)

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER	PERSON NUMBER
\$, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _, NOT ON DOCUMENTn	\$ _, NOT ON DOCUMENTn
MONTH	MONTH	MONTH	MONTH
_ UNITS WORKED NOT ON DOCUMENTn	UNITS WORKED NOT ON DOCUMENTn	UNITS WORKED NOT ON DOCUMENTn	_ UNITS WORKED NOT ON DOCUMENTn
MONTH DAY YEAR NOT ON DOCUMENTn	MONTH DAY YEAR NOT ON DOCUMENTn	MONTH DAY YEAR NOT ON DOCUMENTn	
\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
YES (GO TO NEXT PERSON)1 NO (GO TO I3a)	YES(GO TO NEXT PERSON)	YES (GO TO NEXT PERSON)1 NO (GO TO I3a)	YES(GO TO NEXT PERSON)

	UNEMPLOYMENT COMPENSATION	RESPONDENT	PERSON NUMBER _	PERSON NUMBER
l3a.	INTERVIEWER: WAS THERE UNEMPLOYMENT COMPENSATION? DOES H4 EQUAL "YES"?	YES	YES	YES
I3b.	How much unemployment compensation did (you/PERSON) receive during MONTH?	\$ _ , DOES NOT KNOW (GO TO 13e) d REFUSED (GO TO 13e) r	\$, DOES NOT KNOW(GO TO 13e)d REFUSED(GO TO 13e)r	\$, DOES NOT KNOW (GO TO 13e) d REFUSED (GO TO 13e) r
I3c.	INTERVIEWER: ENTER PERIOD COVERED OR ASK: Was that per week, every two weeks, or per month?	WEEK	WEEK	WEEK
13d.	How many PERIODS IN I3c of unemployment compensation did (you/PERSON) receive in MONTH?	NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr
l3e.	May I look at the statement (you/PERSON) received showing the amount of unemployment compensation received in MONTH?	YES	YES	YES
	PROBE: The check stub.	KNOW(GO TO NEXT PERSON OR I4a)d REFUSED TO SHOW(GO TO NEXT PERSON OR I4a)r	KNOW(GO TO NEXT PERSON OR I4a)d REFUSED TO SHOW(GO TO NEXT PERSON OR I4a)r	KNOW (GO TO NEXT PERSON OR I4a) d REFUSED TO SHOW (GO TO NEXT PERSON OR I4a) r
I3f.	INTERVIEWER: ENTER TYPE OF DOCUMENT.	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT
l3g.	INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
I3h.	INTERVIEWER: ENTER THE PERIOD OF PAYMENT.	WEEK 1 TWO WEEKS 2 MONTH 3 OTHER (SPECIFY) 4 NOT ON DOCUMENT n	WEEK	WEEK 1 TWO WEEKS 2 MONTH 3 OTHER (SPECIFY) 4 NOT ON DOCUMENT n
l3i.	INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.	NUMBER OF TIMES RECEIVED NOT ON DOCUMENTn	NUMBER OF TIMES RECEIVED NOT ON DOCUMENTn	NUMBER OF TIMES RECEIVED NOT ON DOCUMENT

PERSON NUMBER _	PERSON NUMBER L	PERSON NUMBER _	PERSON NUMBER L
YES1	YES1	YES1	YES1
NO (GO TO NEXT PERSON OR I4a)0	NO(GO TO NEXT PERSON OR I4a) 0	NO (GO TO NEXT PERSON OR I4a)0	NO(GO TO NEXT PERSON OR I4a) 0
\$,	\$,	\$,	\$,
DOES NOT KNOW(GO TO I3e)d	DOES NOT KNOW (GO TO I3e) d	DOES NOT KNOW(GO TO I3e)d	DOES NOT KNOW (GO TO I3e) d
REFUSED(GO TO 13e)r	REFUSED (GO TO 13e) r	REFUSED(GO TO 13e)r	REFUSED (GO TO 13e) r
WEEK1	WEEK1	WEEK1	WEEK 1
EVERY TWO WEEKS2	EVERY TWO WEEKS2	EVERY TWO WEEKS2	EVERY TWO WEEKS2
MONTH(GO TO I3e)3	MONTH (GO TO I3e) 3	MONTH (GO TO I3e)3	MONTH (GO TO I3e) 3
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES	YES	YES	YES
KNOW(GO TO NEXT PERSON OR I4a)d	KNOW (GO TO NEXT PERSON OR I4a) d	KNOW(GO TO NEXT PERSON OR I4a)d	KNOW (GO TO NEXT PERSON OR I4a) d
REFUSED TO SHOW(GO TO NEXT PERSON OR 14a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR I4a)r	REFUSED TO SHOW(GO TO NEXT PERSON OR 14a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR I4a)r
STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT
\$ _ , NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
WEEK	WEEK 1 TWO WEEKS 2 MONTH 3 OTHER (SPECIFY) 4 NOT ON DOCUMENT n	WEEK	WEEK 1 TWO WEEKS 2 MONTH 3 OTHER (SPECIFY) 4 NOT ON DOCUMENT n
NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	_NUMBER OF TIMES RECEIVED
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn

	RESPONDENT _	PERSON NUMBER _	PERSON NUMBER
13j. INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.		_ MONTH DAY YEAR NOT ON DOCUMENTn	
I3k. INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.	\$ _ , NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING 13b, 13c, AND 13d. THEN COMPUTE THE MONTHLY AMOUNT USING 13g, 13h, AND 13i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR 14a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR 14a. IS THERE ANOTHER PERSON?	YES1 NO(GO TO NEXT PERSON)	YES (GO TO NEXT PERSON)1 NO (GO TO I4a)0	YES

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER
MONTH DAY YEAR NOT ON DOCUMENTn	MONTH DAY YEAR NOT ON DOCUMENTn	MONTH DAY YEAR NOT ON DOCUMENTn	MONTH DAY YEAR NOT ON DOCUMENTn
\$ _ , NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn
YES (GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)	YES (GO TO NEXT PERSON)1 NO (GO TO I4a)	YES(GO TO NEXT PERSON)
NO(GO 10 14a)	NO(GO 10 14a)	NO (GO 10 14a)	NO(GO 10 14a)

	WORKER'S COMPENSATION	RESPONDENT	PERSON NUMBER _	PERSON NUMBER _	
l4a.	INTERVIEWER: WAS WORKER'S COMPENSATION RECEIVED? DOES H5 EQUAL "YES"?	YES	YES	YES	_
I4b.	How much did (you/NAME) receive from worker's compensation in MONTH?	\$ _, DOES NOT KNOW d REFUSEDr	\$, DOES NOT KNOWd REFUSEDr	\$ _ , DOES NOT KNOW d REFUSEDr	_
I4c.	INTERVIEWER: ENTER PERIOD COVERED OR ASK: Was that per week, every two weeks, or per month?	WEEK	WEEK	WEEK	
14d.	How many PERIODS IN I4c of worker's compensation did (you/PERSON) receive in MONTH?	NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	_ NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSED	_ NUMBER OF TIMES RECEIVED DOES NOT KNOW d REFUSED	_
l4e.	May I look at the statement (you/PERSON) received showing the amount of worker's compensation received in MONTH? PROBE: The check stub.	YES	YES	YES	
I4f.	INTERVIEWER: ENTER TYPE OF DOCUMENT.	STATEMENT	STATEMENT	STATEMENT	
I4g.	INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.	\$ _ , NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	NOT

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER L
YES	YES	YES	YES
\$, _ DOES NOT KNOW	\$ _ , DOES NOT KNOW d REFUSEDr	\$ _ , DOES NOT KNOWd REFUSEDr	\$ _ , DOES NOT KNOW d REFUSEDr
WEEK	EVERY TWO WEEKS	EVERY TWO WEEKS	EVERY TWO WEEKS
REFUSEDr NUMBER OF TIMES RECEIVED DOES NOT KNOWd	REFUSEDr NUMBER OF TIMES RECEIVED DOES NOT KNOW	REFUSEDr NUMBER OF TIMES RECEIVED DOES NOT KNOWd	REFUSEDr NUMBER OF TIMES RECEIVED DOES NOT KNOW
YES	REFUSED	YES	REFUSED
STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT	STATEMENT	STATEMENT
\$ _ , NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn

		RESPONDENT _	PERSON NUMBER	PERSON NUMBER [
l4h.	INTERVIEWER: ENTER THE PERIOD OF PAYMENT.	WEEK	WEEK	WEEK 1 TWO WEEKS 2 MONTH 3 OTHER (SPECIFY) 4
		NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n
l4i.	INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.	NUMBER OF TIMES RECEIVED NOT ON DOCUMENT n	NUMBER OF TIMES RECEIVED NOT ON DOCUMENT n	NUMBER OF TIMES RECEIVED NOT ON DOCUMENT
		NOT ON DOCOIVIENT	NOT ON DOCOMENT	NOT ON DOCOMENT 11
l4j.	INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.		MONTH DAY YEAR	
l4k.	INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.	NOT ON DOCUMENT	NOT ON DOCUMENT	NOT ON DOCUMENT
141.	INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING 14b, 14c, AND 14d. THEN COMPUTE THE MONTHLY AMOUNT USING 14g, 14h, AND 14i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR 15a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR 15a. IS THERE ANOTHER PERSON?	YES(GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)1 NO(GO TO I5a)0	YES(GO TO NEXT PERSON)

PERSON NUMBER _	PERSON NUMBER	PERSON NUMBER _	PERSON NUMBER [
WEEK	WEEK 1 TWO WEEKS 2 MONTH 3 OTHER (SPECIFY) 4	WEEK	WEEK 1 TWO WEEKS 2 MONTH 3 OTHER (SPECIFY) 4
NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n
_ NUMBER OF TIMES RECEIVED NOT ON DOCUMENT n	NUMBER OF TIMES RECEIVED NOT ON DOCUMENT n	NUMBER OF TIMES RECEIVED NOT ON DOCUMENT n	NUMBER OF TIMES RECEIVED NOT ON DOCUMENT n
MONTH DAY YEAR NOT ON DOCUMENT	MONTH DAY YEAR NOT ON DOCUMENT	MONTH DAY YEAR NOT ON DOCUMENT	MONTH DAY YEAR NOT ON DOCUMENT
YES(GO TO NEXT PERSON)1 NO(GO TO I5a)0	YES(GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)1 NO(GO TO I5a)0	YES(GO TO NEXT PERSON)

_				
	SOCIAL SECURITY INCOME	RESPONDENT	PERSON NUMBER _	PERSON NUMBER L
I5a.	INTERVIEWER: WAS THERE SOCIAL SECURITY INCOME? DOES H6 EQUAL "YES"?	YES	YES	YES
I5b.	How much did (you/NAME) receive from Social Security or Railroad Retirement in MONTH?	\$, DOES NOT KNOWd	\$, _ DOES NOT KNOWd	\$, _ d
		REFUSEDr	REFUSEDr	REFUSEDr
I5c.	INTERVIEWER: ENTER PERIOD COVERED OR ASK: Was that per week, every two weeks, or per month?	WEEK	WEEK	WEEK
15d.	How many PERIODS IN 15c of Social Security or Railroad Retirement benefits did (you/PERSON) receive in MONTH?	NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSED
l5e.	May I look at the statement (you/PERSON) received showing the amount of Social Security or Railroad Retirement benefits received in MONTH? PROBE: The check stub.	YES	YES	YES
		PERSON OR I6a) d REFUSED TO SHOW (GO TO NEXT PERSON OR I6a) r	PERSON OR I6a)d REFUSED TO SHOW(GO TO NEXT PERSON OR I6a)r	PERSON OR I6a) d REFUSED TO SHOW (GO TO NEXT PERSON OR I6a) r
15f.	INTERVIEWER: ENTER TYPE OF DOCUMENT.	STATEMENT	STATEMENT	STATEMENT
I5g.	INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
I5h.	INTERVIEWER: ENTER THE PERIOD OF PAYMENT.	WEEK 1 TWO WEEKS 2 MONTH 3 OTHER (SPECIFY) 4	WEEK	WEEK
l5i.	INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.	NOT ON DOCUMENT n NUMBER OF TIMES RECEIVED	NOT ON DOCUMENT n	NOT ON DOCUMENT n NUMBER OF TIMES RECEIVED
		NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER	PERSON NUMBER
YES1	YES1	YES1	YES1
NO (GO TO NEXT PERSON OR I6a)0	NO(GO TO NEXT PERSON OR I6a)0	NO(GO TO NEXT PERSON OR I6a)0	NO(GO TO NEXT PERSON OR I6a) 0
\$ _ ,	\$,	\$,	\$,
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
WEEK1	WEEK1	WEEK1	WEEK 1
EVERY TWO WEEKS2	EVERY TWO WEEKS2	EVERY TWO WEEKS2	EVERY TWO WEEKS2
MONTH(GO TO I5e)3	MONTH (GO TO I5e) 3	MONTH(GO TO I5e)3	MONTH (GO TO I5e) 3
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
_NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES	YES	YES	YES
DOES NOT KNOW(GO TO NEXT PERSON OR 16a)d	DOES NOT KNOW(GO TO NEXT PERSON OR 16a) d	DOES NOT KNOW(GO TO NEXT PERSON OR I6a)d	DOES NOT KNOW(GO TO NEXT PERSON OR 16a) d
REFUSED TO SHOW(GO TO NEXT PERSON OR 16a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR 16a) r	REFUSED TO SHOW(GO TO NEXT PERSON OR I6a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR 16a) r
STATEMENT1	STATEMENT 1	STATEMENT1	STATEMENT 1
CHECK STUB2	CHECK STUB2	CHECK STUB2	CHECK STUB2
OTHER (SPECIFY)3	OTHER (SPECIFY)3	OTHER (SPECIFY)3	OTHER (SPECIFY)3
-			
\$,	\$ _,	\$ _,	\$,
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
WEEK1	WEEK1	WEEK1	WEEK 1
TWO WEEKS2 MONTH	TWO WEEKS	TWO WEEKS2 MONTH	TWO WEEKS
OTHER (SPECIFY)4	OTHER (SPECIFY)4	OTHER (SPECIFY)4	OTHER (SPECIFY)4
·			
NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n
NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn

		RESPONDENT _	PERSON NUMBER _	PERSON NUMBER _
l5j.	INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.	_ MONTH DAY YEAR NOT ON DOCUMENTn	_ MONTH DAY YEAR NOT ON DOCUMENTn	_ MONTH DAY YEAR NOT ON DOCUMENTn
l5k.	INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.	\$, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn
151.	INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING 15b, 15c, AND 15d. THEN COMPUTE THE MONTHLY AMOUNT USING 15g, 15h, AND 15i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR 16a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR 16a. IS THERE ANOTHER PERSON?	YES(GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)1 NO(GO TO I6a)0	YES(GO TO NEXT PERSON)

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER	PERSON NUMBER _
_ MONTH DAY YEAR NOT ON DOCUMENTn			
\$ _ , NOT ON DOCUMENTn	\$ _, NOT ON DOCUMENTn	\$ _, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
YES(GO TO NEXT PERSON)1			
NO(GO TO I6a)0	NO (GO TO I6a) 0	NO(GO TO I6a)0	NO (GO TO I6a) 0

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	PRIVATE PENSIONS			
		RESPONDENT	PERSON NUMBER _	PERSON NUMBER _
l6a.	INTERVIEWER: WERE THERE	YES1	YES1	YES1
	PRIVATE PENSIONS? DOES H7 EQUAL "YES"?	NO(GO TO NEXT PERSON OR I7a) 0	NO(GO TO NEXT PERSON OR I7a)0	NO(GO TO NEXT PERSON OR I7a) 0
l6b.	How much did (you/PERSON)	\$ _,	\$ _,	\$ _,
	receive in private pensions during MONTH?	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr
I6c.	INTERVIEWER: ENTER	WEEK 1	WEEK1	WEEK1
	PERIOD COVERED OR ASK: Was that per week, every two	EVERY TWO WEEKS2	EVERY TWO WEEKS2	EVERY TWO WEEKS2
	weeks, or per month?	MONTH (GO TO I6e) 3	MONTH(GO TO I6e)3	MONTH (GO TO I6e) 3
		DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr
l6d.	How many PERIODS IN I6c of private pension payments did (you/PERSON) receive in	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
	MONTH?	DOES NOT KNOW d	DOES NOT KNOWd	DOES NOT KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr
l6e.	(you/PERSON) received showing the amount of private pension	YES1 DON'T HAVE/ CAN'T FIND (GO TO NEXT	YES1 DON'T HAVE/ CAN'T FIND(GO TO NEXT	YES 1 DON'T HAVE/ CAN'T FIND (GO TO NEXT
	payments received in MONTH?	PERSON OR 17a) 0	PERSON OR 17a)0	PERSON OR 17a) 0
	PROBE: The check stub.	DOES NOT KNOW(GO TO NEXT PERSON OR 17a) d	DOES NOT KNOW(GO TO NEXT PERSON OR 17a)d	DOES NOT KNOW(GO TO NEXT PERSON OR 17a) d
		REFUSED TO SHOW (GO TO NEXT PERSON OR 17a)r	REFUSED TO SHOW(GO TO NEXT PERSON OR 17a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR 17a)r
16f.	INTERVIEWER: ENTER TYPE	STATEMENT1	STATEMENT1	STATEMENT 1
	OF DOCUMENT.	CHECK STUB2	CHECK STUB2	CHECK STUB2
		OTHER (SPECIFY)3	OTHER (SPECIFY)3	OTHER (SPECIFY)3
l6g.	INTERVIEWER: ENTER AMOUNT SHOWN ON	\$,	\$,	\$,
	DOCUMENT.	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
l6h.	INTERVIEWER: ENTER THE PERIOD OF PAYMENT.	WEEK 1	WEEK1	WEEK 1
	TEMODOLI ATMENT.	TWO WEEKS	TWO WEEKS2 MONTH	TWO WEEKS
		OTHER (SPECIFY)4	OTHER (SPECIFY)4	OTHER (SPECIFY)4
		NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n
l6i.	INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
	IN MONTH.	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER
YES1	YES1	YES1	YES1
NO(GO TO NEXT PERSON OR I7a)0	NO(GO TO NEXT PERSON OR I7a) 0	NO(GO TO NEXT PERSON OR I7a)0	NO(GO TO NEXT PERSON OR I7a) 0
\$ _,	\$ _,	\$ _,	\$ _,
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
WEEK1	WEEK 1	WEEK1	WEEK 1
EVERY TWO WEEKS2	EVERY TWO WEEKS2	EVERY TWO WEEKS2	EVERY TWO WEEKS2
MONTH(GO TO I6e)3	MONTH (GO TO I6e) 3	MONTH(GO TO I6e)3	MONTH (GO TO I6e) 3
DOES NOT KNOWd	DOES NOT KNOW d	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES	YES	YES	YES
DOES NOT KNOW(GO TO NEXT PERSON OR 17a)d	DOES NOT KNOW(GO TO NEXT PERSON OR 17a) d	DOES NOT KNOW(GO TO NEXT PERSON OR 17a)d	DOES NOT KNOW(GO TO NEXT PERSON OR 17a) d
REFUSED TO SHOW(GO TO NEXT PERSON OR 17a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR 17a) r	REFUSED TO SHOW(GO TO NEXT PERSON OR 17a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR 17a) r
STATEMENT1	STATEMENT 1	STATEMENT1	STATEMENT 1
CHECK STUB2	CHECK STUB2	CHECK STUB2	CHECK STUB2
OTHER (SPECIFY)3	OTHER (SPECIFY)3	OTHER (SPECIFY)3	OTHER (SPECIFY)3
\$,	\$,	\$,	\$,
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
WEEK1	WEEK1	WEEK1	WEEK 1
TWO WEEKS2	TWO WEEKS2	TWO WEEKS2	TWO WEEKS 2
MONTH	MONTH	MONTH	MONTH
OTHER (SPECIFY)4	OTHER (SPECIFY)4	OTHER (SPECIFY)4	OTHER (SPECIFY)4
NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n
NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn

		RESPONDENT _	PERSON NUMBER _	PERSON NUMBER _
l6j.	INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.	MONTH DAY YEAR	 MONTH DAY YEAR	 MONTH DAY YEAR
		NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
16k.	INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.	\$ _ ,	\$,	\$,
		NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
161.	INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING 16b, 16c, AND 16d. THEN COMPUTE THE MONTHLY AMOUNT USING 16g, 16h, AND 16i. IF THERE IS NO	YES(GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)1 NO(GO TO I7a)0	YES (GO TO NEXT PERSON)
	DIFFERENCE, CONTINUE TO NEXT PERSON OR 17a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR 17a. IS THERE ANOTHER PERSON?			

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _
MONTH DAY YEAR	 MONTH DAY YEAR	MONTH DAY YEAR	_ _ _ _ MONTH DAY YEAR
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
\$,	\$,	\$ _ ,	\$,
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
YES(GO TO NEXT PERSON)1			
NO0	NO (GO TO I7a) 0	NO(GO TO I7a)0	NO (GO TO I7a) 0

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	VETERAN'S BENEFITS		DEDOOM NUMBER !	
		RESPONDENT _	PERSON NUMBER _	PERSON NUMBER _
l7a.	INTERVIEWER: WERE THERE VETERAN'S BENEFITS? DOES	YES1	YES1	YES1
	H8 EQUAL "YES"?	NO(GO TO NEXT PERSON OR I8a)0	NO(GO TO NEXT PERSON OR I8a)0	NO(GO TO NEXT PERSON OR I8a)0
l7b.	How much in Veteran's benefits did (you/NAME) receive in	\$ _,	\$ _,	\$ _,
	MONTH?	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr
17c.	INTERVIEWER: ENTER	WEEK1	WEEK1	WEEK 1
	PERIOD COVERED OR ASK: Was that per week, every two	EVERY TWO WEEKS2	EVERY TWO WEEKS2	EVERY TWO WEEKS2
	weeks, or per month?	MONTH (GO TO I7e) 3	MONTH(GO TO I7e)3	MONTH (GO TO I7e) 3
		DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr
l7d.	How many PERIODS IN I7c of Veteran's benefits did (you/PERSON) receive in	_ NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
	MONTH?	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr
l7e.	May I look at the statement (you/PERSON) received showing the amount of Veteran's benefits received in MONTH?	YES	YES	YES
	PROBE: The check stub.	DOES NOT KNOW(GO TO NEXT PERSON OR 18a) d	DOES NOT KNOW(GO TO NEXT PERSON OR 18a)d	DOES NOT KNOW(GO TO NEXT PERSON OR 18a) d
		REFUSED TO SHOW (GO TO NEXT PERSON OR 18a) r	REFUSED TO SHOW(GO TO NEXT PERSON OR I8a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR 18a) r
17f.	INTERVIEWER: ENTER TYPE	STATEMENT 1	STATEMENT1	STATEMENT 1
	OF DOCUMENT.	CHECK STUB2	CHECK STUB2	CHECK STUB2
		OTHER (SPECIFY)3	OTHER (SPECIFY)3	OTHER (SPECIFY)3
l7g.	INTERVIEWER: ENTER AMOUNT SHOWN ON	\$,	\$, _	\$, _
	DOCUMENT.	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
l7h.	INTERVIEWER: ENTER THE PERIOD OF PAYMENT.	WEEK 1 TWO WEEKS 2	WEEK1 TWO WEEKS2	WEEK 1 TWO WEEKS 2
		MONTH3	MONTH3	MONTH3
		OTHER (SPECIFY)4	OTHER (SPECIFY)4	OTHER (SPECIFY)4
		NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n
17i.	INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.	_ NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
		NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn

PERSON NUMBER _	PERSON NUMBER	PERSON NUMBER _	PERSON NUMBER
YES1	YES1	YES1	YES1
NO(GO TO NEXT PERSON OR I8a)0	NO(GO TO NEXT PERSON OR I8a) 0	NO(GO TO NEXT PERSON OR I8a)0	NO(GO TO NEXT PERSON OR I8a) 0
\$,	\$,	\$,	\$,
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
WEEK1	WEEK 1	WEEK1	WEEK 1
EVERY TWO WEEKS2	EVERY TWO WEEKS2	EVERY TWO WEEKS2	EVERY TWO WEEKS2
MONTH(GO TO I7e)3	MONTH (GO TO 17e) 3	MONTH(GO TO I7e)3	MONTH (GO TO I7e) 3
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES	YES	YES	YES
KNOW(GO TO NEXT PERSON OR I8a)d REFUSED	KNOW (GO TO NEXT PERSON OR 18a) d REFUSED	KNOW (GO TO NEXT PERSON OR I8a)d REFUSED	KNOW (GO TO NEXT PERSON OR 18a) d REFUSED
TO SHOW(GO TO NEXT PERSON OR I8a)r	TO SHOW (GO TO NEXT PERSON OR I8a)r	TO SHOW(GO TO NEXT PERSON OR I8a)r	TO SHOW (GO TO NEXT PERSON OR I8a) r
STATEMENT1	STATEMENT 1	STATEMENT1	STATEMENT 1
CHECK STUB2	CHECK STUB2	CHECK STUB2	CHECK STUB2
OTHER (SPECIFY)3	OTHER (SPECIFY)3	OTHER (SPECIFY)3	OTHER (SPECIFY)3
\$,	\$,	\$,	\$,
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENT n
WEEK1	WEEK	WEEK1	WEEK
TWO WEEKS2 MONTH	TWO WEEKS	TWO WEEKS2 MONTH	TWO WEEKS
OTHER (SPECIFY)4	OTHER (SPECIFY)4	OTHER (SPECIFY)4	OTHER (SPECIFY)4
NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n
NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn

		RESPONDENT _	PERSON NUMBER _	PERSON NUMBER _
l7j.	INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.	MONTH DAY YEAR NOT ON DOCUMENTn	MONTH DAY YEAR NOT ON DOCUMENTn	MONTH DAY YEAR NOT ON DOCUMENTn
l7k.	INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.	\$, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
171.	INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING 17b, 17c, AND 17d. THEN COMPUTE THE MONTHLY AMOUNT USING 17g, 17h, AND 17i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR 18a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR 18a. IS THERE ANOTHER PERSON?	YES(GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)1 NO(GO TO I8a)0	YES (GO TO NEXT PERSON)

PERSON NUMBER	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _
_ MONTH DAY YEAR NOT ON DOCUMENTn			
\$ _ , NOT ON DOCUMENTn	\$,	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
YES(GO TO NEXT PERSON)1			
NO(GO TO I8a)0	NO (GO TO I8a) 0	NO0	NO (GO TO I8a) 0

-				
	SSI	RESPONDENT _	PERSON NUMBER _	PERSON NUMBER _
l8a.	INTERVIEWER: WAS THERE SSI? DOES H9 EQUAL "YES"?	YES	YES	YES
l8b.	How much Supplemental Security Income or SSI did (you/NAME) receive in MONTH?	\$ _, DOES NOT KNOW d REFUSEDr	\$ _, DOES NOT KNOWd REFUSEDr	\$ _, DOES NOT KNOW d REFUSED r
I8c.	INTERVIEWER: ENTER PERIOD COVERED OR ASK: Was that per week, every two weeks, or per month?	WEEK	WEEK	WEEK
I8d.	How many PERIODS IN I8c of SSI did (you/PERSON) receive in MONTH?	_ NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	NUMBER OF TIMES RECEIVED DOES NOT KNOW d REFUSED
I8e.	May I look at the statement (you/PERSON) received showing the amount of SSI received in MONTH? PROBE: The check stub.	YES	YES	YES
I8f.	INTERVIEWER: ENTER TYPE OF DOCUMENT.	STATEMENT	STATEMENT	STATEMENT
I8g.	INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn
I8h.	INTERVIEWER: ENTER THE PERIOD OF PAYMENT.	WEEK	WEEK	WEEK
18i.	INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.	_ NUMBER OF TIMES RECEIVED NOT ON DOCUMENTn	_ NUMBER OF TIMES RECEIVED NOT ON DOCUMENTn	NUMBER OF TIMES RECEIVED NOT ON DOCUMENTn
18j.	INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.		MONTH DAY YEAR NOT ON DOCUMENTn	_ MONTH DAY YEAR NOT ON DOCUMENTn

PERSON NUMBER _	PERSON NUMBER	PERSON NUMBER	PERSON NUMBER
YES1	YES1	YES1	YES1
NO (GO TO NEXT PERSON OR I9a)0	NO(GO TO NEXT PERSON OR I9a)0	NO(GO TO NEXT PERSON OR I9a)0	NO(GO TO NEXT PERSON OR I9a) 0
\$ _	\$ _,	\$ _,	\$,
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
WEEK1	WEEK 1	WEEK1	WEEK 1
EVERY TWO WEEKS2	EVERY TWO WEEKS2	EVERY TWO WEEKS2	EVERY TWO WEEKS
MONTH(GO TO I8e)3	MONTH (GO TO I8e) 3	MONTH(GO TO I8e)3	MONTH (GO TO I8e) 3
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
VEC. 4	VEC. 4	VEC. 4	VES
YES	YES	YES1	YES
DON'T HAVE/ CAN'T FIND(GO TO NEXT PERSON OR 19a)0	DON'T HAVE/ CAN'T FIND (GO TO NEXT PERSON OR 19a) 0	DON'T HAVE/ CAN'T FIND(GO TO NEXT PERSON OR 19a)0	DON'T HAVE/ CAN'T FIND (GO TO NEXT PERSON OR 19a) 0
DOES NOT KNOW(GO TO NEXT PERSON OR 19a)d	DOES NOT KNOW(GO TO NEXT PERSON OR 19a) d	DOES NOT KNOW(GO TO NEXT PERSON OR 19a)d	DOES NOT KNOW (GO TO NEXT PERSON OR 19a) d
REFUSED TO SHOW(GO TO NEXT PERSON OR 19a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR 19a) r	REFUSED TO SHOW(GO TO NEXT PERSON OR 19a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR 19a) r
STATEMENT1	STATEMENT 1	STATEMENT1	STATEMENT 1
CHECK STUB2	CHECK STUB2	CHECK STUB2	CHECK STUB2
OTHER (SPECIFY)3	OTHER (SPECIFY)3	OTHER (SPECIFY)3	OTHER (SPECIFY)3
0111ER (61 2011 1)	011/21(Gr 20111)		01121 (Or 2011 1)
\$ _,	\$ _ ,	\$,	\$,
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
WEEK1	WEEK 1	WEEK1	WEEK 1
TWO WEEKS2	TWO WEEKS2	TWO WEEKS2	TWO WEEKS 2
MONTH3	MONTH3	MONTH3	MONTH3
OTHER (SPECIFY)4	OTHER (SPECIFY)4	OTHER (SPECIFY)4	OTHER (SPECIFY)4
NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n
_NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
		_ MONTH DAY YEAR	_ _ _ MONTH DAY YEAR
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn

	RESPONDENT _	PERSON NUMBER _	PERSON NUMBER _
 INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENT
	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING 18b, 18c, AND 18d. THEN COMPUTE THE MONTHLY AMOUNT USING 18g, 18h, AND 18i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR 19a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR 19a. IS THERE ANOTHER PERSON?	YES(GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER
\$ _,	\$ _,	\$ _ ,
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
YES(GO TO NEXT PERSON)1	YES(GO TO NEXT PERSON)1	YES (GO TO NEXT PERSON)1
NO (GO TO I9a) 0	NO(GO TO I9a)0	NO (GO TO I9a) 0
	\$ _ _ _ _ _ _ _ _ _	\$ _ _ , _ _ \$ _ _ , _ _ NOT ON DOCUMENTn NOT ON DOCUMENTn YES

_				
	ALIMONY	RESPONDENT	PERSON NUMBER	PERSON NUMBER
I9a.		YES1	YES1	YES1
	ALIMONY? DOES H10 EQUAL "YES"?	NO(GO TO NEXT	NO(GO TO NEXT	NO(GO TO NEXT
		PERSON OR I10a) 0	PERSON OR I10a) 0	PERSON OR I10a) 0
I9b.	How much in alimony payments	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
	did (you/NAME) receive in MONTH?	DOES NOT KNOW d	DOES NOT KNOWd	DOES NOT KNOWd
		REFUSEDr	REFUSEDr	REFUSEDr
100	INTERVIEWER: ENTER	WEEK 1	WEEK1	WEEK 1
I9c.	PERIOD COVERED OR ASK:	EVERY TWO WEEKS2	EVERY TWO WEEKS2	EVERY TWO WEEKS2
	Was that per week, every two weeks, or per month?	MONTH(GO TO 19e) 3	MONTH(GO TO I9e)3	MONTH(GO TO I9e) 3
	weeks, or per monur:	OTHER (SPECIFY) (GO TO 19e) 4	OTHER (SPECIFY) (GO TO I9e)4	OTHER (SPECIFY) (GO TO 19e) 4
		DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr
19d.	alimony payments did	_ NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
	(you/PERSON) receive in MONTH?	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr
19e.	May I look at the statement	YES1	YES1	YES 1
	(you/PERSON) received showing	DON'T HAVE/	DON'T HAVE/	DON'T HAVE/
	the amount of alimony payments received in MONTH?	CAN'T FIND (GO TO NEXT PERSON OR I10a) 0	CAN'T FIND(GO TO NEXT PERSON OR I10a)0	CAN'T FIND (GO TO NEXT PERSON OR I10a) 0
	PROBE: The check stub.	DOES NOT	DOES NOT	DOES NOT
		KNOW(GO TO NEXT	KNOW(GO TO NEXT	KNOW (GO TO NEXT
		PERSON OR I10a) d REFUSED	PERSON OR I10a)d REFUSED	PERSON OR I10a) d REFUSED
		TO SHOW (GO TO NEXT	TO SHOW(GO TO NEXT	TO SHOW (GO TO NEXT
		PERSON OR I10a) r	PERSON OR I10a)r	PERSON OR I10a) r
19f.	INTERVIEWER: ENTER TYPE	STATEMENT 1	STATEMENT1	STATEMENT1
	OF DOCUMENT.	CHECK STUB2	CHECK STUB2	CHECK STUB2
		OTHER (SPECIFY)3	OTHER (SPECIFY)3	OTHER (SPECIFY)3
19g.		\$ _,	\$ _,	\$,
	AMOUNT SHOWN ON DOCUMENT.	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
19h.		WEEK 1	WEEK1	WEEK 1
	PERIOD OF PAYMENT.	TWO WEEKS2	TWO WEEKS2	TWO WEEKS 2
		MONTH3	MONTH3	MONTH3
		OTHER (SPECIFY)4	OTHER (SPECIFY)4	OTHER (SPECIFY)4
		NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n
19i.	INTERVIEWER: ENTER	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
	NUMBER OF TIMES RECEIVED IN MONTH.	RECEIVED	RECEIVED	RECEIVED
		NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
I9j.	INTERVIEWER: ENTER PERIOD ENDING DATE FROM	 MONTH DAY YEAR	 MONTH DAY YEAR	 MONTH DAY YEAR
	DOCUMENT.	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn

PERSON NUMBER _	PERSON NUMBER [PERSON NUMBER _	PERSON NUMBER [_
YES1	YES1	YES1	YES1
NO(GO TO NEXT PERSON OR I10a)0	NO(GO TO NEXT PERSON OR I10a) 0	NO(GO TO NEXT PERSON OR I10a)0	NO(GO TO NEXT PERSON OR I10a) 0
\$ _,	\$ _ ,	\$ _ ,	\$
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
WEEK	WEEK	WEEK	WEEK
NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES	YES	YES	YES
DOES NOT KNOW(GO TO NEXT PERSON OR I10a)d	DOES NOT KNOW(GO TO NEXT PERSON OR I10a)d	DOES NOT KNOW(GO TO NEXT PERSON OR I10a)d	DOES NOT KNOW(GO TO NEXT PERSON OR I10a)d
REFUSED TO SHOW(GO TO NEXT PERSON OR I10a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR I10a) r	REFUSED TO SHOW(GO TO NEXT PERSON OR I10a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR I10a) r
STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3
\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _, NOT ON DOCUMENTn	\$ _, _
WEEK	WEEK	WEEK	WEEK
NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n
NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
MONTH DAY YEAR	 MONTH DAY YEAR	MONTH DAY YEAR	MONTH DAY YEAR
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn

		RESPONDENT _	PERSON NUMBER _	PERSON NUMBER _
19k.	INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.	\$, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
191.	INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING 19b, 19c, AND 19d. THEN COMPUTE THE MONTHLY AMOUNT USING 19g, 19h, AND 19i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR 110a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR 110a. IS THERE ANOTHER PERSON? IS THERE ANOTHER PERSON?	YES(GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)1 NO(GO TO I10a)0	YES

PERSON NUMBER	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER
\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
YES(GO TO NEXT PERSON)1	YES(GO TO NEXT PERSON)1	YES(GO TO NEXT PERSON)1	YES (GO TO NEXT PERSON) 1
NO(GO TO I10a)0	NO (GO TO I10a) 0	NO(GO TO I10a)0	NO (GO TO I10a) 0

	CHILD SUPPORT	RESPONDENT	PERSON NUMBER	PERSON NUMBER
		KESI ONDENT	TENSON NOMBER	TENSON NOMBER
I10a	INTERVIEWER: WAS THERE CHILD SUPPORT? DOES H11 EQUAL "YES"?	YES	YES	YES
l10b	. How much child support payments did (you/NAME) receive in MONTH?	\$ _ _ , _ d REFUSEDr	\$ _ , DOES NOT KNOWd REFUSEDr	\$ _ , DOES NOT KNOW d REFUSEDr
I10c	INTERVIEWER: ENTER PERIOD COVERED OR ASK: Was that per week, every two weeks, or per month?	WEEK	WEEK	WEEK
I10d	. How many PERIODS IN I10c of child support payments did (you/PERSON) receive in MONTH?	_ NUMBER OF TIMES RECEIVED DOES NOT KNOWd	_ NUMBER OF TIMES RECEIVED DOES NOT KNOWd	_ NUMBER OF TIMES RECEIVED DOES NOT KNOWd
I10e	. May I look at the statement (you/PERSON) received showing the amount of child support payments received in MONTH? PROBE: The check stub.	YES	YES	YES
		PERSON OR I11a) d REFUSED TO SHOW (GO TO NEXT PERSON OR I11a) r	PERSON OR I11a)d REFUSED TO SHOW(GO TO NEXT PERSON OR I11a)r	PERSON OR I11a) d REFUSED TO SHOW (GO TO NEXT PERSON OR I11a) r
I10f.	INTERVIEWER: ENTER TYPE OF DOCUMENT.	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3
I10g	. INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.	\$ _ ,	\$ _ ,	\$ _ ,
I10h	. INTERVIEWER: ENTER THE PERIOD OF PAYMENT.	WEEK	WEEK	WEEK
I10i.	INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.	NOT ON DOCUMENT n NUMBER OF TIMES RECEIVED NOT ON DOCUMENT	NOT ON DOCUMENT n NUMBER OF TIMES RECEIVED NOT ON DOCUMENTn	NOT ON DOCUMENT n NUMBER OF TIMES RECEIVED NOT ON DOCUMENT

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER L
YES	YES	YES	YES
\$, DOES NOT KNOWd	\$ _, DOES NOT KNOWd	\$ _ , DOES NOT KNOWd	\$, DOES NOT KNOW d
WEEK	WEEK 1 EVERY TWO WEEKS 2 MONTH (GO TO 110e) 3 DOES NOT KNOW d REFUSED r	WEEK	REFUSED
_NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED
DOES NOT KNOWd REFUSEDr	DOES NOT KNOW d REFUSEDr	DOES NOT KNOWd REFUSEDr	DOES NOT KNOW d REFUSEDr
YES	YES	YES	YES
STATEMENT	STATEMENT	STATEMENT	STATEMENT
\$ _ , NOT ON DOCUMENTn	\$ _ ,	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
WEEK	WEEK	WEEK	WEEK
NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n
RECEIVED NOT ON DOCUMENTn	RECEIVED NOT ON DOCUMENTn	RECEIVED NOT ON DOCUMENTn	RECEIVED NOT ON DOCUMENTn

		PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _
I10j.	INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.	MONTH DAY YEAR	 MONTH DAY YEAR	MONTH DAY YEAR
		NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
l10k.	INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.	\$ _ ,	\$ _ ,	\$,
		NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
I10I.	INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING 110b, 110c, AND 110d. THEN COMPUTE THE MONTHLY AMOUNT USING 110g, 110h, AND 110i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR 111a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR 111a. IS	YES(GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)1 NO(GO TO I11a)0	YES
	THERE ANOTHER PERSON?			

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _
MONTH DAY YEAR	 MONTH DAY YEAR	 MONTH DAY YEAR	 MONTH DAY YEAR
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
\$,	\$,	\$ _,	\$,
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
YES(GO TO NEXT PERSON)1			
NO0	NO (GO TO I11a) 0	NO(GO TO I11a)0	NO (GO TO I11a) 0

	INTEREST INCOME	RESPONDENT L	PERSON NUMBER L	PERSON NUMBER
l11a	INTERVIEWER: WAS THERE INTEREST INCOME? DOES	YES1	YES1	YES1
	H12 EQUAL "YES"?	NO(GO TO NEXT PERSON OR I12a) 0	NO(GO TO NEXT PERSON OR I12a)0	NO(GO TO NEXT PERSON OR I12a) 0
l11b	. How much income from interest and dividends did (you/NAME)	\$, _	\$,	\$,
	receive in MONTH?	DOES NOT KNOW d REFUSEDr	DOES NOT KNOWd REFUSEDr	DOES NOT KNOW d REFUSEDr
I11c	INTERVIEWER: ENTER PERIOD COVERED OR ASK: Was that per week, every two weeks, or per month?	WEEK	WEEK	WEEK
1110	d. How many PERIODS IN I11c of income from interest and dividends did (you/PERSON)	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
	receive in MONTH?	DOES NOT KNOW d	DOES NOT KNOWd	DOES NOT KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr
I11e	May I look at the statement (you/PERSON) received showing the amount of interest and dividends received in MONTH?	YES	YES	YES
	PROBE: The check stub.	DOES NOT KNOW(GO TO NEXT PERSON OR I12a) d	DOES NOT KNOW(GO TO NEXT PERSON OR I12a)d	DOES NOT KNOW(GO TO NEXT PERSON OR I12a) d
		REFUSED TO SHOW (GO TO NEXT PERSON OR I12a) r	REFUSED TO SHOW(GO TO NEXT PERSON OR I12a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR I12a) r
l11f.	INTERVIEWER: ENTER TYPE OF DOCUMENT.	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT
l11g	. INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.	\$ _, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _ ,
l11h	. INTERVIEWER: ENTER THE PERIOD OF PAYMENT.	WEEK	WEEK	WEEK 1 TWO WEEKS 2 MONTH 3 OTHER (SPECIFY) 4
		NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n
l11i.	INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
		NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER L
YES	YES	YES	YES
\$ _, DOES NOT KNOWd	\$ _, DOES NOT KNOWd	\$ _ , DOES NOT KNOWd	\$ _ , DOES NOT KNOW d
WEEK	WEEK 1 EVERY TWO WEEKS 2 MONTH (GO TO I11e) DOES NOT KNOW d REFUSED r	WEEK	REFUSED
NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED
DOES NOT KNOWd REFUSEDr	DOES NOT KNOW d REFUSEDr	DOES NOT KNOWd REFUSEDr	DOES NOT KNOW d
YES	YES	YES	YES
STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3
\$ _ ,	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
WEEK	WEEK	WEEK	WEEK
NOT ON DOCUMENT n _ NUMBER OF TIMES RECEIVED	NOT ON DOCUMENT n _ NUMBER OF TIMES RECEIVED	NOT ON DOCUMENT n _ NUMBER OF TIMES RECEIVED	NOT ON DOCUMENT n _ NUMBER OF TIMES RECEIVED
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn

	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER
I11j. INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:	_ MONTH DAY YEAR NOT ON DOCUMENTn	_ MONTH DAY YEAR NOT ON DOCUMENTn	
I11k. INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.	\$ _ , NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
I11I. INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I11b, I11c, AND I11d. THEN COMPUTE THE MONTHLY AMOUNT USING I11g, I11h, AND I11i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I12a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I12a. IS THERE ANOTHER PERSON?	YES(GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)1 NO(GO TO I12a)0	YES

PERSON NUMBER	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _
_ MONTH DAY YEAR NOT ON DOCUMENTn	_ MONTH DAY YEAR NOT ON DOCUMENTn	_ MONTH DAY YEAR NOT ON DOCUMENTn	
\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
YES(GO TO NEXT PERSON)1	YES(GO TO NEXT PERSON)1	YES(GO TO NEXT PERSON)1	YES (GO TO NEXT PERSON) 1
NO(GO TO I12a)0	NO (GO TO I12a) 0	NO(GO TO I12a)0	NO (GO TO I12a) 0

_				
	RENTAL INCOME			
	_	PERSON NUMBER _	PERSON NUMBER	PERSON NUMBER
I12a.	INTERVIEWER: WAS THERE RENTAL INCOME? DOES H13	YES1	YES1	YES1
	EQUAL "YES"?	NO(GO TO NEXT PERSON OR I13a) 0	NO(GO TO NEXT PERSON OR I13a)0	NO(GO TO NEXT PERSON OR I13a) 0
l12b.	How much rental income did (you/NAME) receive in MONTH?	\$ _,	\$ _,	\$ _,
	(you/NAME) receive in MONTH:	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr
I12c.	INTERVIEWER: ENTER PERIOD COVERED OR ASK:	WEEK1	WEEK1	WEEK 1
	Was that per week, every two	EVERY TWO WEEKS	EVERY TWO WEEKS2 MONTH(GO TO I12e)3	EVERY TWO WEEKS
	weeks, or per month?	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd
		REFUSEDr	REFUSEDr	REFUSEDr
112d	. How many PERIODS IN I12c of rental income did (you/PERSON) receive in MONTH?	_ NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
		DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr
I12e.	May I look at the statement (you/PERSON) received showing	YES1	YES1	YES1
	the amount of rental income received in MONTH?	DON'T HAVE/ CAN'T FIND (GO TO NEXT PERSON OR I13a) 0	DON'T HAVE/ CAN'T FIND(GO TO NEXT PERSON OR 113a)0	DON'T HAVE/ CAN'T FIND (GO TO NEXT PERSON OR 113a) 0
	PROBE: The check stub.	DOES NOT KNOW(GO TO NEXT	DOES NOT KNOW(GO TO NEXT	DOES NOT KNOW(GO TO NEXT
		PERSON OR I13a) d	PERSON OR I13a)d	PERSON OR I13a) d
		REFUSED TO SHOW (GO TO NEXT PERSON OR I13a) r	REFUSED TO SHOW(GO TO NEXT PERSON OR I13a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR I13a) r
l12f.	INTERVIEWER: ENTER TYPE	STATEMENT 1	STATEMENT1	STATEMENT1
	OF DOCUMENT.	CHECK STUB2	CHECK STUB2	CHECK STUB2
		OTHER (SPECIFY)3	OTHER (SPECIFY)3	OTHER (SPECIFY)3
l12a.	INTERVIEWER: ENTER	\$,	\$,	\$ _ ,
9.	AMOUNT SHOWN ON DOCUMENT.	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
	DOGGINE!!!!	THO TON BOOOMENT	THE TOTAL DECEMBER THE STATE OF	THO TO THE GOOD MENT TO THE STATE OF THE STA
l12h.	INTERVIEWER: ENTER THE PERIOD OF PAYMENT.	WEEK1	WEEK1	WEEK 1
	TEMOD OF FAIMENT.	TWO WEEKS	TWO WEEKS2 MONTH	TWO WEEKS
		OTHER (SPECIFY)4	OTHER (SPECIFY)4	OTHER (SPECIFY)4
		NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n
l12i.	INTERVIEWER: ENTER	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
1121.	NUMBER OF TIMES RECEIVED IN MONTH.	RECEIVED	RECEIVED	RECEIVED
		NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
l12j.	INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:	_ MONTH DAY YEAR		_ MONTH DAY YEAR
		NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER	PERSON NUMBER
YES1	YES1	YES1	YES1
NO(GO TO NEXT PERSON OR I13a)0	NO(GO TO NEXT PERSON OR I13a) 0	NO(GO TO NEXT PERSON OR I13a)0	NO(GO TO NEXT PERSON OR I13a) 0
\$ _,	\$ _,	\$ _,	\$,
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
WEEK	WEEK	WEEK	WEEK
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES	YES	YES	YES
STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB
\$, NOT ON DOCUMENTn	\$, _ NOT ON DOCUMENTn	\$, _ NOT ON DOCUMENTn	\$ _,
WEEK	WEEK	WEEK	WEEK
NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n
NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
_	_ MONTH DAY YEAR	_	_ MONTH DAY YEAR
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn

		RESPONDENT	PERSON NUMBER _	PERSON NUMBER _
l12k.	INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.	\$ _, NOT ON DOCUMENTn	\$, NOT ON DOCUMENT n	\$ _ , _
I12I.	INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING 112b, 112c, AND 112d. THEN COMPUTE THE MONTHLY AMOUNT USING 112g, 112h, AND 112i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR 113a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR 113a. IS THERE ANOTHER PERSON?	YES(GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)1 NO(GO TO I13a)0	YES

PERSON NUMBER	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _
\$, NOT ON DOCUMENTn	\$ _, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _ , _ NOT ON DOCUMENTn
YES(GO TO NEXT PERSON)1	YES(GO TO NEXT PERSON)1	YES(GO TO NEXT PERSON)1	YES (GO TO NEXT PERSON) 1
NO(GO TO I13a)0	NO (GO TO I13a) 0	NO(GO TO I13a)0	NO (GO TO I13a) 0

	NON-FARM BUSINESS PROFIT OR LOSS	RESPONDENT		PERSON NUMBER L
l13a.	INTERVIEWER: WAS THERE BUSINESS PROFIT OR LOSS?	YES1	YES1	YES1
	DOES H14 EQUAL "YES"?	NO(GO TO NEXT PERSON OR 114a) 0	NO(GO TO NEXT PERSON OR I14a)0	NO(GO TO NEXT PERSON OR I14a) 0
I13b.	During MONTH, how much profit or loss did (you/PERSONS) have	\$, ,	\$, ,	\$, ,
	from (your/her/his) own nonfarm	PROFIT1	PROFIT1	PROFIT1
	business, partnership, or professional practice?	LOSS2	LOSS2	LOSS2
	PROBE: Was that profit or loss?	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
	INTERVIEWER: INDICATE IF AMOUNT IS PROFIT OR LOSS.	REFUSEDr	REFUSEDr	REFUSEDr
I13c.	INTERVIEWER: ENTER	WEEK 1	WEEK1	WEEK 1
	PERIOD COVERED OR ASK: Was that per week, every two	EVERY TWO WEEKS2	EVERY TWO WEEKS2	EVERY TWO WEEKS2
	weeks, or per month?	MONTH(GO TO I13e).3	MONTH(GO TO I13e)3	MONTH (GO TO I13e). 3
		DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr
113d	How many PERIODS IN I13c of (profit/loss) from	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
	(your/PERSON'S) own business did (you/PERSON) realize in	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
	MONTH?	REFUSEDr	REFUSEDr	REFUSEDr
I13e.	May I look at the statement (you/PERSON) received showing the amount of (profit/loss) from (your/PERSON'S) own business in MONTH?	YES	YES	YES
	PROBE: The check stub.	DOES NOT KNOW(GO TO NEXT PERSON OR I14a) d	DOES NOT KNOW(GO TO NEXT PERSON OR I14a)d	DOES NOT KNOW (GO TO NEXT PERSON OR I14a) d
		REFUSED TO SHOW (GO TO NEXT PERSON OR I14a) r	REFUSED TO SHOW(GO TO NEXT PERSON OR I14a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR 114a) r
I13f.	INTERVIEWER: ENTER TYPE OF DOCUMENT.	STATEMENT	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3
		_		
l13g.	INTERVIEWER: ENTER AMOUNT SHOWN ON	\$ _,	\$,	\$,
	DOCUMENT.	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
I13h.	INTERVIEWER: ENTER THE PERIOD OF PAYMENT.	WEEK 1 TWO WEEKS 2	WEEK1 TWO WEEKS2	WEEK 1 TWO WEEKS 2
		MONTH	MONTH	MONTH
		NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n
		OIT DOCUMENT	011 2000 (1121)	011 2000 11

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER
YES	YES	YES	YES
\$ _ , _ _ _ 1 LOSS	\$ _ , _	\$,	\$ _ , _ _ 1 PROFIT
WEEK	WEEK	WEEK	WEEK
NUMBER OF TIMES RECEIVED DOES NOT KNOWd	NUMBER OF TIMES RECEIVED DOES NOT KNOWd	NUMBER OF TIMES RECEIVED DOES NOT KNOWd	NUMBER OF TIMES RECEIVED DOES NOT KNOWd
YES	YES	YES	YES
PERSON OR I14a)d REFUSED TO SHOW(GO TO NEXT PERSON OR I14a)r	PERSON OR I14a) d REFUSED TO SHOW (GO TO NEXT PERSON OR I14a) r	PERSON OR I14a)d REFUSED TO SHOW(GO TO NEXT PERSON OR I14a)r	PERSON OR I14a) d REFUSED TO SHOW (GO TO NEXT PERSON OR I14a) r
STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3
\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn
WEEK	WEEK	WEEK	WEEK
NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n

		PERSON NUMBER	PERSON NUMBER _	PERSON NUMBER _
I13i.	INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
l13j.	INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:	MONTH DAY YEAR NOT ON DOCUMENTn	MONTH DAY YEAR NOT ON DOCUMENTn	MONTH DAY YEAR NOT ON DOCUMENTn
l13k.	INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.	\$ _, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
I13I.	INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING 113b, 113c, AND 113d. THEN COMPUTE THE MONTHLY AMOUNT USING 113g, 113h, AND 113i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR 114a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR 114a. IS THERE ANOTHER PERSON?	YES(GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)1 NO(GO TO I14a)0	YES

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _
_NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
MONTH DAY YEAR NOT ON DOCUMENTn		_ MONTH DAY YEAR NOT ON DOCUMENTn	
\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
YES(GO TO NEXT PERSON)1	YES(GO TO NEXT PERSON)1	YES(GO TO NEXT PERSON)1	YES(GO TO NEXT PERSON)1
NO(GO TO I14a)0	NO (GO TO I14a) 0	NO(GO TO I14a)0	NO (GO TO I14a) 0

	FARM BUSINESS PROFIT OR LOSS	RESPONDENT	PERSON NUMBER [_	PERSON NUMBER L
		KESI SINDENT	T ENGON NOWBER	T ENGON NOWBER
l14a.	INTERVIEWER: WAS THERE FARM INCOME? DOES H15 EQUAL "YES"?	YES	YES	YES
I14b.	During MONTH, how much profit or loss did (you/NAME) realize from (your/her/his) own farm?	\$ _ , _ _ 1 EARNING	\$ _ ,	\$ _ ,
I14c.	INTERVIEWER: ENTER PERIOD COVERED OR ASK: Was that per week, every two weeks, or per month?	WEEK	WEEK	WEEK
114d	I. How many PERIODS IN I14c of (profit/loss) from (you/PERSON's) farm did (you/PERSON) receive in MONTH?	NUMBER OF TIMES RECEIVED DOES NOT KNOW	NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSED	NUMBER OF TIMES RECEIVED DOES NOT KNOW
I14e.	May I look at the statement (you/PERSON) received showing the amount of (profit/loss) from (you/PERSON'S) farm received in MONTH? PROBE: The check stub.	YES	YES	YES
l14f.	INTERVIEWER: ENTER TYPE OF DOCUMENT.	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3
l14g.	INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
I14h.	INTERVIEWER: ENTER THE PERIOD OF PAYMENT.	WEEK	WEEK	WEEK
		NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _
YES	YES	YES	YES
\$ _ , _ _	\$ _ , _ _	\$ _ , _ _ _	\$ _ , _ _ _
WEEK	WEEK	WEEK	WEEK
_NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	_NUMBER OF TIMES RECEIVED DOES NOT KNOW	_NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	_NUMBER OF TIMES RECEIVED DOES NOT KNOW
YES	YES	YES	YES
STATEMENT	STATEMENT	STATEMENT	STATEMENT
\$ _ , NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _, NOT ON DOCUMENTn
WEEK	WEEK	WEEK	WEEK
NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n

		RESPONDENT _	PERSON NUMBER _	PERSON NUMBER _
l14i.	INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
l14j.	INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:	MONTH DAY YEAR NOT ON DOCUMENTn	 MONTH DAY YEAR NOT ON DOCUMENTn	
l14k.	INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
I14I.	INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING 114b, 114c, AND 114d. THEN COMPUTE THE MONTHLY AMOUNT USING 114g, 114h, AND 114i. IF THERE IS NO DIFFERNCE, CONTINUE TO NEXT PERSON OR 115a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR 115a. IS THERE ANOTHER PERSON?	YES(GO TO NEXT PERSON)1 NO(GO TO I15a)0	YES(GO TO NEXT PERSON)1 NO(GO TO I15a)0	YES

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _
NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
MONTH DAY YEAR NOT ON DOCUMENTn	MONTH DAY YEAR NOT ON DOCUMENTn		
\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
YES(GO TO NEXT PERSON)1	YES(GO TO NEXT PERSON)1	YES(GO TO NEXT PERSON)1	YES(GO TO NEXT PERSON)1
NO(GO TO I15a)0	NO (GO TO I15a) 0	NO(GO TO I15a)0	NO (GO TO I15a) 0

	COLLEGE FINANCIAL AID		PERSON NUMBER 1	DEDOCNALIMATED L. L. L.
		RESPONDENT _	PERSON NUMBER _	PERSON NUMBER _
I15a.	INTERVIEWER: WAS THERE COLLEGE FINANCIAL AID? DOES H16 EQUAL "YES"?	YES1 NO(GO TO NEXT	YES1	YES 1 NO(GO TO NEXT
		PERSON OR I16a) 0	PERSON OR I16a)0	PERSON OR I16a) 0
I15b.	How much financial aid for college students did (you/NAME)	\$ _ ,	\$ _ ,	\$ _,
	receive in MONTH? Please exclude money used for tuition, books and fees, but include	DOES NOT KNOW d REFUSEDr	DOES NOT KNOWd REFUSEDr	DOES NOT KNOW d REFUSED r
	money used for room and board.			
I15c.	INTERVIEWER: ENTER PERIOD COVERED OR ASK:	WEEK 1 EVERY TWO WEEKS 2	WEEK1 EVERY TWO WEEKS	WEEK 1 EVERY TWO WEEKS 2
	Was that per week, every two weeks, or per month?	MONTH(GO TO I15e) . 3	MONTH(GO TO I15e)3	MONTH(GO TO I15e). 3
	weeks, or per monur:	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr
115d.	How many PERIODS IN I15c of financial aid for college students did (you/PERSON) receive in	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
	MONTH?	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr
I15e.	May I look at the statement	YES1	YES1	YES1
	(you/PERSON) received showing the amount of financial aid for	DON'T HAVE/ CAN'T FIND (GO TO NEXT	DON'T HAVE/ CAN'T FIND(GO TO NEXT	DON'T HAVE/ CAN'T FIND (GO TO NEXT
	college students received in MONTH?	PERSON OR I16a) 0	PERSON OR I16a)0	PERSON OR I16a) 0
	PROBE: The check stub.	DOES NOT KNOW(GO TO NEXT	DOES NOT KNOW(GO TO NEXT	DOES NOT KNOW(GO TO NEXT
		PERSON OR I16a) d REFUSED	PERSON OR I16a)d REFUSED	PERSON OR I16a) d REFUSED
		TO SHOW (GO TO NEXT PERSON OR I16a)r	TO SHOW(GO TO NEXT PERSON OR I16a)r	TO SHOW (GO TO NEXT PERSON OR I16a) r
l15f.	INTERVIEWER: ENTER TYPE	STATEMENT 1	STATEMENT1	STATEMENT 1
	OF DOCUMENT.	CHECK STUB2	CHECK STUB2	CHECK STUB2
		OTHER (SPECIFY)3	OTHER (SPECIFY)3	OTHER (SPECIFY)3
l15g.	INTERVIEWER: ENTER	\$ _,	\$ _,	\$,
	AMOUNT SHOWN ON DOCUMENT.	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
l15h.	INTERVIEWER: ENTER THE	WEEK 1	WEEK1	WEEK 1
	PERIOD OF PAYMENT.	TWO WEEKS2	TWO WEEKS2	TWO WEEKS2
		MONTH	MONTH	MONTH
		4	4	4
		NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n
l15i.	INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
	IN MONTH.	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
		i e e e e e e e e e e e e e e e e e e e	i e e e e e e e e e e e e e e e e e e e	i

PERSON NUMBER	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _
YES	YES	YES	YES
\$ _, DOES NOT KNOWd REFUSEDr	\$, DOES NOT KNOW d REFUSED r	\$ _, DOES NOT KNOWd REFUSEDr	\$ _ , DOES NOT KNOW d REFUSED r
WEEK	WEEK	WEEK	WEEK
NUMBER OF TIMES RECEIVED DOES NOT KNOWd	NUMBER OF TIMES RECEIVED DOES NOT KNOWd	_ NUMBER OF TIMES RECEIVED DOES NOT KNOWd	NUMBER OF TIMES RECEIVED DOES NOT KNOWd
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES	YES	YES	YES
STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT	STATEMENT
\$,	\$ _, NOT ON DOCUMENTn	\$ _, NOT ON DOCUMENTn	\$ _, NOT ON DOCUMENTn
WEEK	WEEK 1 TWO WEEKS 2 MONTH 3 OTHER (SPECIFY) 4	WEEK	WEEK
NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n
NUMBER OF TIMES RECEIVED NOT ON DOCUMENT	_ NUMBER OF TIMES RECEIVED NOT ON DOCUMENTn	_ NUMBER OF TIMES RECEIVED NOT ON DOCUMENTn	NUMBER OF TIMES RECEIVED NOT ON DOCUMENTn

	RESPONDENT _	PERSON NUMBER _	PERSON NUMBER _
I15j. INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:	_		
115k. INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _ , _
INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING I15b, I15c, AND I15d. THEN COMPUTE THE MONTHLY AMOUNT USING I15g, I15h, AND I15i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR I16a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR I16a. IS THERE ANOTHER PERSON?	YES(GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)1 NO(GO TO I16a)0	YES

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _
MONTH DAY YEAR		_ MONTH DAY YEAR NOT ON DOCUMENTn	_ _
\$ _ , _ NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _ , _ NOT ON DOCUMENTn
YES(GO TO NEXT PERSON)1	YES(GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)1	YES(GO TO NEXT PERSON)1
NO(GO TO I16a)0	NO (GO TO I16a) 0	NO(GO TO I16a)0	NO (GO TO I16a) 0

SAVINGS WITHDRAWAL	RESPONDENT _	PERSON NUMBER _	PERSON NUMBER
116a. INTERVIEWER: WAS THERE SAVINGS WITHDRAWAL? DOES H17 EQUAL "YES"?	YES	YES	YES
I16b. How much money did (you/NAME) withdraw from savings in MONTH?	\$ _ _ , _ _ DOES NOT KNOW d REFUSED r	\$ _, DOES NOT KNOWd REFUSEDr	\$, _ d REFUSEDr
I16c. INTERVIEWER: ENTER PERIOD COVERED OR ASK: Was that per week, every two weeks, or per month?	WEEK	WEEK	WEEK
116d. How many PERIODS IN I16c did (you/PERSON) withdraw money from savings in MONTH?	_ NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSED
I16e. May I look at the statement (you/PERSON) received showing the amount of money withdrawn from savings in MONTH? PROBE: The check stub.	YES	YES	YES
116f. INTERVIEWER: ENTER TYPE OF DOCUMENT.	STATEMENT	STATEMENT	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3
I16g. INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.	\$ _, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _, NOT ON DOCUMENTn
116h. INTERVIEWER: ENTER THE PERIOD OF PAYMENT.	WEEK	WEEK	WEEK
116i. INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.	NOT ON DOCUMENT n NUMBER OF TIMES RECEIVED NOT ON DOCUMENTn	NOT ON DOCUMENT n NUMBER OF TIMES RECEIVED NOT ON DOCUMENTn	NOT ON DOCUMENT n NUMBER OF TIMES RECEIVED NOT ON DOCUMENT

PERSON NUMBER	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _
YES	YES	YES	YES
\$ _ _ d REFUSEDr	\$, DOES NOT KNOW d REFUSED r	\$ _, DOES NOT KNOWd REFUSEDr	\$ _ , DOES NOT KNOW d REFUSED r
WEEK	WEEK	WEEK	WEEK
NUMBER OF TIMES RECEIVED DOES NOT KNOWd	NUMBER OF TIMES RECEIVED DOES NOT KNOWd	NUMBER OF TIMES RECEIVED DOES NOT KNOWd	NUMBER OF TIMES RECEIVED DOES NOT KNOWd
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES	YES	YES	YES
STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT
\$ _ ,	\$ _, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _, NOT ON DOCUMENTn
WEEK	WEEK	WEEK	WEEK
NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n	NOT ON DOCUMENT n
NUMBER OF TIMES RECEIVED NOT ON DOCUMENT	_ NUMBER OF TIMES RECEIVED NOT ON DOCUMENTn	_ NUMBER OF TIMES RECEIVED NOT ON DOCUMENTn	NUMBER OF TIMES RECEIVED NOT ON DOCUMENTn

		RESPONDENT _	PERSON NUMBER _	PERSON NUMBER _
l16j.	INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:		_ MONTH DAY YEAR NOT ON DOCUMENTn	
I16k.	INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn
I16I.	INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING 116b, 116c, AND 116d. THEN COMPUTE THE MONTHLY AMOUNT USING 116g, 116h, AND 116i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR 117a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR 117a. IS THERE ANOTHER PERSON?	YES(GO TO NEXT PERSON)1 NO(GO TO I17a)0	YES(GO TO NEXT PERSON)1 NO(GO TO I17a)0	YES(GO TO NEXT PERSON)1 NO(GO TO I17a)0

PERSON NUMBER	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _
_ MONTH DAY YEAR NOT ON DOCUMENTn			
\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn
YES(GO TO NEXT PERSON)1			
NO(GO TO I17a)0	NO (GO TO I17a) 0	NO0	NO (GO TO I17a) 0

	CONTRIBUTIONS FROM OUTSIDE PERSONS	RESPONDENT _	PERSON NUMBER _	PERSON NUMBER
147	INTERVIEWED WERE THERE	V50	V50	V50
117a.	INTERVIEWER: WERE THERE CONTRIBUTIONS FROM OUTSIDE PERSONS? DOES H18 EQUAL "YES"?	YES	YES	YES
l17b.	How much income from regular contributions from persons outside the household, for example, cash gifts from friends or family did (you/NAME) receive in MONTH?	\$ _ _ d REFUSEDr	\$ _ , DOES NOT KNOWd REFUSEDr	\$ _, DOES NOT KNOW d REFUSED r
I17c.	INTERVIEWER: ENTER PERIOD COVERED OR ASK: Was that per week, every two weeks, or per month?	WEEK	WEEK	WEEK
117d	. How many PERIODS IN I17c of regular income contributions did (you/PERSON) receive in MONTH?	NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSED	NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	NUMBER OF TIMES RECEIVED DOES NOT KNOW d REFUSED
I17e.	May I look at the statement (you/PERSON) received showing the amount of regular income contributions received in MONTH? PROBE: The check stub.	YES	YES	YES
I17f.	INTERVIEWER: ENTER TYPE OF DOCUMENT.	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3
l17g.	INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _ ,
I17h.	INTERVIEWER: ENTER THE PERIOD OF PAYMENT.	WEEK	WEEK	WEEK
		NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn

PERSON NUMBER _	PERSON NUMBER L	PERSON NUMBER _	PERSON NUMBER
YES	YES	YES	YES
\$ _, DOES NOT KNOWd REFUSEDr	\$ _, DOES NOT KNOW d REFUSED r	\$ _, DOES NOT KNOWd REFUSEDr	\$ _ , d REFUSEDr
WEEK	WEEK	WEEK	WEEK
NUMBER OF TIMES RECEIVED DOES NOT KNOWd	_NUMBER OF TIMES RECEIVED DOES NOT KNOWd	_NUMBER OF TIMES RECEIVED DOES NOT KNOWd	NUMBER OF TIMES RECEIVED DOES NOT KNOWd
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES	YES	YES	YES
DOES NOT KNOW(GO TO NEXT PERSON OR I18a)d REFUSED TO SHOW(GO TO NEXT PERSON OR I18a)r	DOES NOT KNOW(GO TO NEXT PERSON OR I18a) d REFUSED TO SHOW(GO TO NEXT PERSON OR I18a) r	DOES NOT KNOW(GO TO NEXT PERSON OR I18a)d REFUSED TO SHOW(GO TO NEXT PERSON OR I18a)r	DOES NOT KNOW(GO TO NEXT PERSON OR I18a) d REFUSED TO SHOW(GO TO NEXT PERSON OR I18a) r
STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB	STATEMENT	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3
\$ _ , NOT ON DOCUMENTn	\$ _ ,	\$ _ ,	\$ _ , NOT ON DOCUMENTn
WEEK1	WEEK 1	WEEK1	WEEK 1
TWO WEEKS2	TWO WEEKS2	TWO WEEKS2	TWO WEEKS2
MONTH3	MONTH3	MONTH3	MONTH3
OTHER (SPECIFY)4	OTHER (SPECIFY) 4	OTHER (SPECIFY)4	OTHER (SPECIFY)4
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn

		RESPONDENT _	PERSON NUMBER _	PERSON NUMBER
l17i.	INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.	NUMBER OF TIMES RECEIVED NOT ON DOCUMENT	NUMBER OF TIMES RECEIVED NOT ON DOCUMENT	_ NUMBER OF TIMES RECEIVED NOT ON DOCUMENT
l17j.	INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:	_ MONTH DAY YEAR NOT ON DOCUMENTn	_ MONTH DAY YEAR NOT ON DOCUMENTn	_
l17k.	INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
I17I.	INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING 117b, 117c, AND 117d. THEN COMPUTE THE MONTHLY AMOUNT USING 117g, 117h, AND 117i. IF THERE IS NO DIFFERNCE, CONTINUE TO NEXT PERSON OR 118a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR 118a. IS THERE ANOTHER PERSON?	YES(GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)1 NO(GO TO I18a)0	YES (GO TO NEXT PERSON)

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _
_NUMBER OF TIMES RECEIVED NOT ON DOCUMENTn	NUMBER OF TIMES RECEIVED NOT ON DOCUMENT	NUMBER OF TIMES RECEIVED NOT ON DOCUMENTn	NUMBER OF TIMES RECEIVED NOT ON DOCUMENTn
_	_ MONTH DAY YEAR NOT ON DOCUMENTn	_ MONTH DAY YEAR NOT ON DOCUMENTn	_ MONTH DAY YEAR NOT ON DOCUMENTn
\$ _ , _ NOT ON DOCUMENTn	\$ _ , _ NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _ , _ NOT ON DOCUMENTn
YES(GO TO NEXT PERSON)1	YES(GO TO NEXT PERSON)1	YES(GO TO NEXT PERSON)1	YES(GO TO NEXT PERSON)1
NO(GO TO I18a)0	NO (GO TO I18a) 0	NO(GO TO I18a)0	NO (GO TO I18a) 0

Γ	OTHER CASH INCOME				
L		RESPONDENT _	PERSON NUMBER	PERSON NUMBER	
l18a	INTERVIEWER: WAS THERE OTHER CASH INCOME? DOES H19 EQUAL "YES"?	YES	YES	YES	
l18b	. How much other cash income, such as net royalties, income from trusts, prize winnings, or bonuses did (you/NAME) receive in MONTH?	\$ _, DOES NOT KNOW d REFUSED	\$ _ , DOES NOT KNOWd	\$, DOES NOT KNOW d REFUSED r	
I18c	INTERVIEWER: ENTER PERIOD COVERED OR ASK: Was that per week, every two weeks, or per month?	WEEK	WEEK	WEEK	
1180	d. How many PERIODS IN I18c of other cash income did (you/PERSON) receive in MONTH?	NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	
	. May I look at the statement (you/PERSON) received showing the amount of other cash income received in MONTH? PROBE: The check stub. INTERVIEWER: ENTER TYPE OF DOCUMENT.	YES	YES	YES	
		OTHER (SPECIFY)	OTHER (SPECIFY)	OTHER (SPECIFY)	
I18g	INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.	\$, NOT ON DOCUMENTn	\$ _, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	
I18h	. INTERVIEWER: ENTER THE PERIOD OF PAYMENT.	WEEK	WEEK	WEEK	
I18i.	INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.	NOT ON DOCUMENTn NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	NOT ON DOCUMENTn NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	NOT ON DOCUMENTn NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	
		NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	

PERSON NUMBER	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _
YES1	YES1	YES1	YES1
NO(GO TO NEXT PERSON OR I19a)0	NO(GO TO NEXT PERSON OR I19a) 0	NO(GO TO NEXT PERSON OR I19a)0	NO(GO TO NEXT PERSON OR I19a) 0
\$ _,	\$ _ ,	\$ _ ,	\$ _ ,
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
WEEK	WEEK	WEEK	WEEK
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES	YES	YES	YES
DOES NOT KNOW(GO TO NEXT PERSON OR I19a)d	DOES NOT KNOW(GO TO NEXT PERSON OR I19a) d	DOES NOT KNOW(GO TO NEXT PERSON OR I19a)d	DOES NOT KNOW(GO TO NEXT PERSON OR 119a) d
REFUSED TO SHOW(GO TO NEXT PERSON OR I19a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR 119a) r	REFUSED TO SHOW(GO TO NEXT PERSON OR 119a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR I19a) r
STATEMENT1 CHECK STUB2	STATEMENT 1 CHECK STUB 2	STATEMENT1 CHECK STUB	STATEMENT 1 CHECK STUB 2
OTHER (SPECIFY)3	OTHER (SPECIFY)3	OTHER (SPECIFY)3	OTHER (SPECIFY)3
\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _, NOT ON DOCUMENTn	\$ _ ,
WEEK	WEEK	WEEK	WEEK
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn

		PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _
l18j.	INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:	_ MONTH DAY YEAR NOT ON DOCUMENTn	_ MONTH DAY YEAR NOT ON DOCUMENTn	
l18k.	INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
I18I.	INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING 118b, 118c, AND 118d. THEN COMPUTE THE MONTHLY AMOUNT USING 118g, 118h, AND 118i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR 119a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR 119a. IS THERE ANOTHER PERSON?	YES	YES(GO TO NEXT PERSON)1 NO(GO TO I19a)0	YES

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _
MONTH DAY YEAR NOT ON DOCUMENTn			
\$ _ , NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
YES(GO TO NEXT PERSON)1			
NO(GO TO I19a)0	NO (GO TO I19a) 0	NO0	NO (GO TO I19a) 0

Г					
L	GENERAL ASSISTANCE	RESPONDENT _	PERSON NUMBER _	PERSON NUMBER	
I19a.	INTERVIEWER: WAS THERE GENERAL ASSISTANCE?	YES1	YES1	YES1	
	DOES H20 EQUAL "YES"?	NO(GO TO NEXT PERSON OR I20a) 0	NO(GO TO NEXT PERSON OR I20a)0	NO(GO TO NEXT PERSON OR I20a) 0	
I19b.	How much general assistance money did (you/NAME) receive in	\$ _ ,	\$ _ ,	\$,	
	MONTH?	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	
		REFUSEDr	REFUSEDr	REFUSEDr	
I19c.	INTERVIEWER: ENTER	WEEK 1	WEEK1	WEEK 1	
	PERIOD COVERED OR ASK: Was that per week, every two	EVERY TWO WEEKS2	EVERY TWO WEEKS2	EVERY TWO WEEKS2	
	weeks, or per month?	MONTH(GO TO I19e) . 3	MONTH(GO TO I19e)3	MONTH (GO TO I19e). 3	
		DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d	
		REFUSEDr	REFUSEDr	REFUSEDr	
119d	. How many PERIODS IN I19c of general assistance did (you/PERSON) receive in	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	
	MONTH?	DOES NOT KNOW d	DOES NOT KNOWd	DOES NOT KNOW d	
		REFUSEDr	REFUSEDr	REFUSEDr	
I19e.	May I look at the statement	YES1	YES1	YES1	
	(you/PERSON) received showing	DON'T HAVE/	DON'T HAVE/	DON'T HAVE/	
	the amount of general assistance received in MONTH?	CAN'T FIND (GO TO NEXT PERSON OR I20a) 0	CAN'T FIND(GO TO NEXT PERSON OR I20a)0	CAN'T FIND (GO TO NEXT PERSON OR I20a) 0	
	PROBE: The check stub.	DOES NOT KNOW(GO TO NEXT	DOES NOT KNOW(GO TO NEXT	DOES NOT KNOW(GO TO NEXT	
		PERSON OR I20a) d	PERSON OR I20a)d	PERSON OR I20a) d	
		REFUSED	REFUSED	REFUSED	
		TO SHOW (GO TO NEXT PERSON OR I20a) r	TO SHOW(GO TO NEXT PERSON OR I20a)r	TO SHOW (GO TO NEXT PERSON OR I20a) r	
I19f.	INTERVIEWER: ENTER TYPE	STATEMENT 1	STATEMENT1	STATEMENT 1	
	OF DOCUMENT.	CHECK STUB2	CHECK STUB2	CHECK STUB2	
		OTHER (SPECIFY)3	OTHER (SPECIFY)3	OTHER (SPECIFY)3	
l19g.	INTERVIEWER: ENTER	\$,	\$ _,	\$ _,	
	AMOUNT SHOWN ON DOCUMENT.	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	
l19h.	INTERVIEWER: ENTER THE	WEEK 1	WEEK1	WEEK 1	
	PERIOD OF PAYMENT.	TWO WEEKS2	TWO WEEKS2	TWO WEEKS2	
		MONTH3	MONTH3	MONTH3	
		OTHER (SPECIFY)4	OTHER (SPECIFY)4	OTHER (SPECIFY)4	
		NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	
l19i.	INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	_NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	
	IN MONTH.	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d	
		REFUSEDr	REFUSEDr	REFUSEDr	
		NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	

PERSON NUMBER	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _
YES1	YES1	YES1	YES1
NO(GO TO NEXT PERSON OR I20a)0	NO(GO TO NEXT PERSON OR I20a) 0	NO(GO TO NEXT PERSON OR I20a)0	NO(GO TO NEXT PERSON OR I20a) 0
\$ _,	\$ _,	\$ _,	\$ _,
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
WEEK	WEEK	WEEK	WEEK
NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
RECEIVED	RECEIVED	RECEIVED	RECEIVED
DOES NOT KNOWd	DOES NOT KNOW d	DOES NOT KNOWd	DOES NOT KNOWd
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES	YES	YES	YES
DOES NOT KNOW(GO TO NEXT PERSON OR I20a)d	DOES NOT KNOW(GO TO NEXT PERSON OR I20a) d	DOES NOT KNOW(GO TO NEXT PERSON OR I20a)d	DOES NOT KNOW(GO TO NEXT PERSON OR I20a) d
REFUSED TO SHOW(GO TO NEXT PERSON OR I20a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR 120a) r	REFUSED TO SHOW(GO TO NEXT PERSON OR I20a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR 120a) r
STATEMENT	STATEMENT 1 CHECK STUB 2	STATEMENT1 CHECK STUB	STATEMENT 1 CHECK STUB 2
OTHER (SPECIFY)3	OTHER (SPECIFY)3	OTHER (SPECIFY)3	OTHER (SPECIFY)3
\$ _, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _ ,	\$ _ , NOT ON DOCUMENTn
WEEK	WEEK	WEEK	WEEK
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
_ NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn

		RESPONDENT _	PERSON NUMBER _	PERSON NUMBER
I19j. INTERVIEWER PERIOD ENDIN DOCUMENT:	: ENTER NG DATE FROM		_ MONTH DAY YEAR NOT ON DOCUMENTn	
I19k. INTERVIEWER YEAR-TO-DAT SHOWN ON TH		\$ _ , NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
TOTAL MONTH RECEIVED USI AND 119d. THE THE MONTHLY USING 119g, 11 THERE IS NO CONTINUE TO OR 120a. IF TH DIFFERENCE,	ING I19b, I19c, EN COMPUTE Y AMOUNT 9h, AND I19i. IF DIFFERENCE, NEXT PERSON IERE IS A DISPLAY THE O RESOLVE THE WITH THE THEN GO TO NOR 120a. IS	YES(GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)1 NO(GO TO I20a)0	YES (GO TO NEXT PERSON)

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER
MONTH DAY YEAR NOT ON DOCUMENTn	MONTH DAY YEAR NOT ON DOCUMENTn	MONTH DAY YEAR NOT ON DOCUMENTn	MONTH DAY YEAR NOT ON DOCUMENTn
\$ _ , NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn
YES(GO TO NEXT PERSON)1 NO(GO TO I20a)0	YES (GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)1 NO(GO TO I20a)0	YES (GO TO NEXT PERSON)
(66.16.15.15.1)	10 10 120,	10 1207	(30 10 1204)

	NON-MILITARY HOUSEHOLD SUBSIDIES	RESPONDENT	PERSON NUMBER	PERSON NUMBER	
		RESF ONDENT	FERSON NOWBER	FERSON NOIVIBER	
	INTERVIEWER: WAS THERE NON-MILITARY HOUSEHOLD	YES1	YES1	YES1	
	SUBSIDIES? DOES H21 EQUAL "YES"?	NO(GO TO NEXT PERSON OR I21a) 0	NO(GO TO NEXT PERSON OR I21a)0	NO(GO TO NEXT PERSON OR I21a) 0	
I20b.	How much did (you/NAME) receive in non-military housing	\$ _,	\$ _ ,	\$ _,	
	subsidies in MONTH?	DOES NOT KNOW d	DOES NOT KNOWd	DOES NOT KNOW d	
		REFUSEDr	REFUSEDr	REFUSEDr	
120c.	INTERVIEWER: ENTER	WEEK 1	WEEK1	WEEK1	
	PERIOD COVERED OR ASK:	EVERY TWO WEEKS2	EVERY TWO WEEKS2	EVERY TWO WEEKS2	
	Was that per week, every two weeks, or per month?	MONTH(GO TO I20e). 3	MONTH(GO TO I20e)3	MONTH(GO TO I20e). 3	
		DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	
		REFUSEDr	REFUSEDr	REFUSEDr	
120d	. How many PERIODS IN I20c of non-military housing subsidies did (you/PERSON) receive in	NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED	
	MONTH?	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d	
		REFUSEDr	REFUSEDr	REFUSEDr	
I20e.	May I look at the statement	YES1	YES1	YES1	
	(you/PERSON) received showing	DON'T HAVE/	DON'T HAVE/	DON'T HAVE/	
	the amount of non-military housing subsidies received in MONTH?	CAN'T FIND (GO TO NEXT PERSON OR I21a) 0	CAN'T FIND(GO TO NEXT PERSON OR I21a)0	CAN'T FIND (GO TO NEXT PERSON OR I21a) 0	
	PROBE: The check stub.	DOES NOT	DOES NOT	DOES NOT	
	TROBE. THE GREEK Stub.	KNOW (GO TO NEXT PERSON OR I21a) d	KNOW(GO TO NEXT PERSON OR I21a)d	KNOW (GO TO NEXT PERSON OR I21a) d	
		REFUSED	REFUSED	REFUSED	
		TO SHOW (GO TO NEXT PERSON OR I21a) r	TO SHOW(GO TO NEXT PERSON OR I21a)r	TO SHOW (GO TO NEXT PERSON OR I21a) r	
I20f.	INTERVIEWER: ENTER TYPE	STATEMENT 1	STATEMENT1	STATEMENT 1	
	OF DOCUMENT.	CHECK STUB2	CHECK STUB2	CHECK STUB2	
		OTHER (SPECIFY)3	OTHER (SPECIFY)3	OTHER (SPECIFY)3	
					
				_	
I20g.	INTERVIEWER: ENTER	\$,	\$,	\$	
	AMOUNT SHOWN ON DOCUMENT.	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	
	DOGGINERY:	NOT CIVE DOCUMENT	NOT CIVE DOCUMENT	NOT CIVE DOCUMENT	
I20h.	INTERVIEWER: ENTER THE	WEEK 1	WEEK1	WEEK1	
	PERIOD OF PAYMENT.	TWO WEEKS2	TWO WEEKS2	TWO WEEKS2	
		MONTH3	MONTH3	MONTH3	
		OTHER (SPECIFY)4	OTHER (SPECIFY)4	OTHER (SPECIFY)4	
		NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	
I20i.	INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	_NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	
	IN MONTH.	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d	
		REFUSEDr	REFUSEDr	REFUSEDr	
		NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER
YES1	YES1	YES1	YES1
NO(GO TO NEXT PERSON OR I21a)0	NO(GO TO NEXT PERSON OR I21a) 0	NO(GO TO NEXT PERSON OR I21a)0	NO(GO TO NEXT PERSON OR I21a) 0
\$ _,	\$ _ ,	\$ _ ,	\$ _,
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
WEEK	WEEK	WEEK	WEEK
_ NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED
DOES NOT KNOWd	DOES NOT KNOW d	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES1 DON'T HAVE/ CAN'T FIND(GO TO NEXT PERSON OR I21a)0	YES	YES	YES
DOES NOT KNOW(GO TO NEXT PERSON OR I21a)d	DOES NOT KNOW(GO TO NEXT PERSON OR I21a) d	DOES NOT KNOW(GO TO NEXT PERSON OR I21a)d	DOES NOT KNOW (GO TO NEXT PERSON OR I21a) d
REFUSED TO SHOW(GO TO NEXT PERSON OR I21a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR I21a)r	REFUSED TO SHOW(GO TO NEXT PERSON OR I21a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR I21a) r
STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT	STATEMENT	STATEMENT
\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _, NOT ON DOCUMENTn	\$ _, NOT ON DOCUMENTn
WEEK	WEEK	WEEK	WEEK
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENT n

	RESPONDENT _	PERSON NUMBER _	PERSON NUMBER _
120j. INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:	_ MONTH DAY YEAR NOT ON DOCUMENTn	_ MONTH DAY YEAR NOT ON DOCUMENTn	
120k. INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
1201. INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING 120b, 120c, AND 120d. THEN COMPUTE THE MONTHLY AMOUNT USING 120g, 120h, AND 120i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR 121a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR 121a. IS THERE ANOTHER PERSON?	YES(GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)1 NO(GO TO I21a)0	YES (GO TO NEXT PERSON)

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER
MONTH DAY YEAR NOT ON DOCUMENTn			
\$ _ , NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn
YES(GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)1	YES (GO TO NEXT PERSON)
(60 10 1214)	(60 10 1214)	10 12 10 12 10	(66.16.12.14)

_					
	BLACK LUNG DISEASE				
L		RESPONDENT _	PERSON NUMBER _	PERSON NUMBER _	
l21a.	INTERVIEWER: WAS THERE BLACK LUNG BENEFITS?	YES1	YES1	YES1	
	DOES H22 EQUAL "YES"?	NO(GO TO NEXT PERSON OR I22a) 0	NO(GO TO NEXT PERSON OR I22a)0	NO(GO TO NEXT PERSON OR I22a) 0	
l21b.	How much in black lung benefits did (you/NAME) receive in	\$ _ ,	\$ _ ,	\$ _ ,	
	MONTH?	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	
		REFUSEDr	REFUSEDr	REFUSEDr	
I21c.	INTERVIEWER: ENTER	WEEK 1	WEEK1	WEEK1	
	PERIOD COVERED OR ASK: Was that per week, every two	EVERY TWO WEEKS2	EVERY TWO WEEKS2	EVERY TWO WEEKS2	
	weeks, or per month?	MONTH (GO TO I21e) . 3	MONTH(GO TO I21e)3	MONTH(GO TO I21e). 3	
		DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	
		REFUSEDr	REFUSEDr	REFUSEDr	
1210	. How many PERIODS IN I21c of black lung benefits did (you/PERSON) receive in	_ NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	
	MONTH?	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d	
		REFUSEDr	REFUSEDr	REFUSEDr	
l21e.	May I look at the statement	YES1	YES1	YES1	
	(you/PERSON) received showing the amount of black lung benefits	DON'T HAVE/	DON'T HAVE/	DON'T HAVE/	
	received in MONTH?	CAN'T FIND (GO TO NEXT PERSON OR I22a) 0	CAN'T FIND(GO TO NEXT PERSON OR I22a)0	CAN'T FIND (GO TO NEXT PERSON OR I22a) 0	
	PROBE: The check stub.	DOES NOT	DOES NOT	DOES NOT	
		KNOW(GO TO NEXT PERSON OR I22a) d	KNOW(GO TO NEXT PERSON OR I22a)d	KNOW (GO TO NEXT PERSON OR I22a) d	
		REFUSED	REFUSED	REFUSED	
		TO SHOW (GO TO NEXT PERSON OR I22a) r	TO SHOW(GO TO NEXT PERSON OR I22a)r	TO SHOW (GO TO NEXT PERSON OR I22a) r	
l21f.	INTERVIEWER: ENTER TYPE	STATEMENT 1	STATEMENT1	STATEMENT 1	
	OF DOCUMENT.	CHECK STUB2	CHECK STUB2	CHECK STUB2	
		OTHER (SPECIFY)3	OTHER (SPECIFY)3	OTHER (SPECIFY)3	
l21g.	INTERVIEWER: ENTER	\$ _,	\$,	\$,	
	AMOUNT SHOWN ON DOCUMENT.	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	
l21h.	INTERVIEWER: ENTER THE	WEEK 1	WEEK1	WEEK1	
	PERIOD OF PAYMENT.	TWO WEEKS2	TWO WEEKS2	TWO WEEKS2	
		MONTH	MONTH	MONTH 3 OTHER (SPECIFY) 4	
		OTTLK (GFECH 1)4	OTTER (GFECII 1)4	OTTLK (GFLOII 1)4	
		NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	
I21i.	INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	
		DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d	
		REFUSEDr	REFUSEDr	REFUSEDr	
		NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	

PERSON NUMBER	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _
YES1	YES1	YES1	YES1
NO(GO TO NEXT PERSON OR I22a)0	NO(GO TO NEXT PERSON OR I22a) 0	NO(GO TO NEXT PERSON OR I22a)0	NO(GO TO NEXT PERSON OR I22a) 0
\$ _,	\$ _,	\$ _,	\$ _,
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
WEEK	WEEK	WEEK	WEEK
NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOW d
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
YES	YES	YES	YES
DOES NOT KNOW(GO TO NEXT PERSON OR 122a)d	DOES NOT KNOW(GO TO NEXT PERSON OR I22a) d	DOES NOT KNOW(GO TO NEXT PERSON OR 122a)d	DOES NOT KNOW(GO TO NEXT PERSON OR I22a) d
REFUSED TO SHOW(GO TO NEXT PERSON OR I22a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR 122a) r	REFUSED TO SHOW(GO TO NEXT PERSON OR 122a)r	REFUSED TO SHOW (GO TO NEXT PERSON OR 122a) r
STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3
		-	
\$ _, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
WEEK	WEEK	WEEK	WEEK
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd	DOES NOT KNOWd
REFUSEDr	REFUSEDr	REFUSEDr	REFUSEDr
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn

	RESPONDENT _	PERSON NUMBER _	PERSON NUMBER
121j. INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT:	_ MONTH DAY YEAR NOT ON DOCUMENTn	_ MONTH DAY YEAR NOT ON DOCUMENTn	
I21k. INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.	\$ _ , NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn
1211. INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING 121b, 121c, AND 121d. THEN COMPUTE THE MONTHLY AMOUNT USING 121g, 121h, AND 121i. IF THERE IS NO DIFFERENCE, CONTINUE TO NEXT PERSON OR 122a. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR 122a. IS THERE ANOTHER PERSON?	YES(GO TO NEXT PERSON)	YES(GO TO NEXT PERSON)1 NO(GO TO I22a)0	YES

PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _	PERSON NUMBER _
_ MONTH DAY YEAR NOT ON DOCUMENTn			
\$, NOT ON DOCUMENTn	\$ _, NOT ON DOCUMENTn	\$, NOT ON DOCUMENT n	\$ _ , NOT ON DOCUMENTn
YES(GO TO NEXT PERSON)1			
NO(GO TO I22a)0	NO (GO TO I22a) 0	NO0	NO (GO TO I22a) 0

	OTHER PUBLIC ASSISTANCE	RESPONDENT _	PERSON NUMBER _	PERSON NUMBER _	
l22a	INTERVIEWER: WAS THERE OTHER PUBLIC ASSISTANCE? DOES H23 EQUAL "YES"?	YES	YES	YES	
l22b	How much did (you/NAME) receive in any other kinds of public assistance during MONTH? Please do not include TANF or Food Stamp Program benefits; we will ask about that later.	\$ _ , DOES NOT KNOW d REFUSED r	\$ _ , DOES NOT KNOWd REFUSEDr	\$ _, DOES NOT KNOW d REFUSED r	
I22c	INTERVIEWER: ENTER PERIOD COVERED OR ASK: Was that per week, every two weeks, or per month?	WEEK	WEEK	WEEK	
1220	I. How many PERIODS IN I22c of other kinds of public assistance did (you/PERSON) receive in MONTH?	NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSED	NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	NUMBER OF TIMES RECEIVED DOES NOT KNOW	
l22e	May I look at the statement (you/PERSON) received showing the amount of other kinds of public assistance received in MONTH?	YES	YES	YES	
	PROBE: The check stub.	KNOW (GO TO NEXT PERSON OR 123) d REFUSED TO SHOW (GO TO NEXT PERSON OR 123) r	KNOW(GO TO NEXT PERSON OR 123)d REFUSED TO SHOW(GO TO NEXT PERSON OR 123)r	KNOW (GO TO NEXT PERSON OR I23) d REFUSED TO SHOW (GO TO NEXT PERSON OR I23) r	
l22f.	INTERVIEWER: ENTER TYPE OF DOCUMENT.	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	STATEMENT 1 CHECK STUB 2 OTHER (SPECIFY) 3	
l22g	INTERVIEWER: ENTER AMOUNT SHOWN ON DOCUMENT.	\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$ _, NOT ON DOCUMENTn	
l22h	INTERVIEWER: ENTER THE PERIOD OF PAYMENT.	WEEK	WEEK	WEEK	
		NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	

PERSON NUMBER	PERSON NUMBER	PERSON NUMBER []	PERSON NUMBER
YES	YES	YES	YES
\$, DOES NOT KNOWd REFUSEDr	\$ _ , DOES NOT KNOW d REFUSED r	\$, DOES NOT KNOWd REFUSEDr	\$ _ , DOES NOT KNOW d REFUSED r
WEEK		WEEK	WEEK
NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSEDr	NUMBER OF TIMES RECEIVED DOES NOT KNOWd REFUSED
YES	YES	YES	YES
TO SHOW(GO TO NEXT PERSON OR 123)r STATEMENT	TO SHOW (GO TO NEXT PERSON OR 123)r STATEMENT	TO SHOW(GO TO NEXT PERSON OR 123)r STATEMENT	TO SHOW (GO TO NEXT PERSON OR 123) r STATEMENT
\$ _ , NOT ON DOCUMENTn	\$ _ , NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn
WEEK	WEEK	WEEK	WEEK
NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn

		RESPONDENT _	PERSON NUMBER _	PERSON NUMBER [_
122 i.	INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.	_NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED	NUMBER OF TIMES RECEIVED
		NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
I22j.	INTERVIEWER: ENTER PERIOD ENDING DATE FROM	 MONTH DAY YEAR	 MONTH DAY YEAR	 MONTH DAY YEAR
	DOCUMENT:	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
l22k.	INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT	\$ _ ,	\$,	\$,
	SHOWN ON THE DOCUMENT.	NOT ON DOCUMENTn	NOT ON DOCUMENTn	NOT ON DOCUMENTn
1221.	INTERVIEWER: COMPUTE THE TOTAL MONTHLY AMOUNT RECEIVED USING 122b, 122c, AND 122d. THEN COMPUTE THE MONTHLY AMOUNT USING 122g, 122h, AND 122i. IF THERE IS NO DIFFERENCE, CONTINUE NEXT PERSON OR TO 123. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO NEXT PERSON OR 123. IS THERE ANOTHER PERSON?	YES	YES1 PERSON)1 NO(GO TO I23)0	YES1 NO(GO TO NEXT PERSON)1 NO(GO TO I23)0
I23.	INTERVIEWER: IS THERE ANOTHER PERSON TO ASK ABOUT?	YES (GO TO I2, NAME 2)1	YES(GO TO I2, NAME 3)1	YES (GO TO I2, NAME 4) 1
		NO (GO TO J1) 0	NO (GO TO J1)0	NO (GO TO J1) 0

PERSON NUMBER _	PERSON NUMBER	PERSON NUMBER	PERSON NUMBER _
NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED	_ NUMBER OF TIMES RECEIVED
NOT ON DOCUMENT		NOT ON DOCUMENT _ MONTH DAY YEAR NOT ON DOCUMENT	NOT ON DOCUMENTn _ MONTH DAY YEAR NOT ON DOCUMENTn
NOT ON DOCUMENT \$, NOT ON DOCUMENT	NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn	\$, NOT ON DOCUMENTn
YES(GO TO NEXT PERSON)1	YES(GO TO NEXT PERSON)1	YES(GO TO NEXT PERSON)1	YES(GO TO NEXT PERSON)1
NO0	NO (GO TO I23) 0	NO0	NO (GO TO I23) 0
YES(GO TO I2, NAME 2)1	YES(GO TO I2, NAME 3)1	YES(GO TO I2, NAME 2)1	YES (GO TO I2, NAME 3)1
NO (GO TO J1)0	NO (GO TO J1) 0	NO0	NO (GO TO J1)0

SECTION J: PUBLIC ASSISTANCE RECEIPT

J1.	The next questions are a	bout participation in other government programs.	
		or anyone else in your household receive (STATE	?
		YES	1
		NO (GO TO J23)	0
		DOES NOT KNOW (GO TO J23)	d
		REFUSED (GO TO J23)	.r
J2.	Who in your household re	eceived (STATE TANF/TANF) benefits in MONTH?	
	PERSON	RELATIONSHIP TO THE CIRCLE ALL RESPONDENT THAT APPLY	
		<u>11201 011021111</u>	
		1	
		1	
		1	
		DELSE (AT LEAST ONE RECIPIENT RECORDED)1	
	DOES NOT KNOW		d
	REFUSED		r

J3.	RELATIONSH	PONDENT, SPOUSE, OR RING TARGET MONTH PS CODES 1, 2, 3, 4, OF G6 EQUALS 1.	? CHECK J2 FOR
		YES	1
			O TO J13)0
J4.	How much did [you and your (chi(child/children)] receive in (STAT		
		\$, TAN	F
		DOES NOT KNOW	d
		REFUSED	r
J5.	May I look at the statement you r TANF/TANF) benefits received in		ount of (STATE
	PROBE: The award letter or no benefits you receive.	ification of the amount of	(STATE TANF/TANF)
		YES—ALL	1
		YES—PARTIAL	2
		NO/DOES NOT HAVE/CAN'T GET DOCUMENTATION (G	O TO J13)0
		•	O TO J13)d
		REFUSED TO SHOW	O TO J13)r
J6.	INTERVIEWER: ENTER TYPE	OF DOCUMENT.	
		CHECK STUB	ATION2
J7.	INTERVIEWER: ENTER AMOU	NT SHOWN ON DOCUM	IENT.
			\$,
		AMOUNT NOT ON DOO	CUMENTn

J8.	INTERVIEWER:	ENTER THE PERIOD OF PAYMENT.
		WEEK1
		TWO WEEKS2
		MONTH3
		OTHER (SPECIFY)4
		PERIOD NOT ON DOCUMENTn
J9.	INTERVIEWER:	ENTER NUMBER OF TIMES RECEIVED IN MONTH.
		_ NUMBER OF TIMES RECEIVED
		NUMBER OF TIMES NOT ON DOCUMENTn
J10.	INTERVIEWER:	ENTER PERIOD ENDING DATE FROM DOCUMENT.
		_ _ PERIOD ENDING DATE MONTH DAY YEAR
		END DATE NOT ON DOCUMENTn
J11.	INTERVIEWER:	ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.
		\$ _ ,
		AMOUNT NOT ON DOCUMENTn
J12.	INTERVIEWER:	COMPUTE THE MONTHLY AMOUNT USING J7, J8, AND J9. COMPARE IT TO THE AMOUNT RECORDED IN J4. IF THERE IS NO MORE THAN \$100 DIFFERENCE, OR IF MONTHLY AMOUNT CANNOT BE COMPUTED DUE TO UNAVAILABLE PERIOD, NUMBERS, AMOUNTS, CONTINUE TO J13. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO J13. IF UNRESOLVABLE, CIRCLE CODE AND GO TO J13. CODE RESULT, BELOW.
		NO DIFFERENCE OR DIFFERENCE LESS THAN \$1001
		RESOLVED DIFFERENCE(S) TO \$100 OR LESS2
		UNRESOLVABLE3

J13.		DID OTHER HOUSEHOLD MEMBER(S) RECEIVE NG TARGET MONTH?	
		YES	. 1
		NO (GO TO J23)	.0
J14.		ANF) benefits did other members of your household to not include the (STATE TANF/TANF) benefits use.)	
		\$ <u> </u> , <u> </u> (TANF)	
		DOES NOT KNOW	.d
		REFUSED	r
J15.	May I look at the statement sh other members of your househ	owing the amount of (STATE TANF/TANF) benefits nold received in MONTH?	
	PROBE: The award letter or r benefits received.	notification of the amount of (STATE TANF/TANF)	
		YES—ALL	. 1
		YES—PARTIAL	.2
		NO/DOES NOT HAVE/CAN'T GET DOCUMENTATION (GO TO J23)	.0
		DOES NOT KNOW (GO TO J23)	
		REFUSED TO SHOW DOCUMENTATION (GO TO J23)	r
J16.	INTERVIEWER: ENTER TYP	PE OF DOCUMENT.	
		STATEMENT/NOTIFICATION	. 2
J17.	INTERVIEWER: ENTER AMO	OUNT SHOWN ON DOCUMENT.	
		\$ _ , _	
		AMOUNT NOT ON DOCUMENT	

J18.	INTERVIEWER: ENTER THE PERIOD OF PAYMENT.
	WEEK
J19.	INTERVIEWER: ENTER NUMBER OF TIMES RECEIVED IN MONTH.
	_ NUMBER OF TIMES RECEIVED NUMBER OF TIMES NOT ON DOCUMENTr
J20.	INTERVIEWER: ENTER PERIOD ENDING DATE FROM DOCUMENT.
J21.	INTERVIEWER: ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT. \$ _, AMOUNT NOT ON DOCUMENT
	AWOON NOT ON DOCUMENT

J22.	IS NO M AMOUN PERIOD IS A DIF THE DIF IF UNRI	TE THE MONTHLY AMO RE IT TO THE AMOUNT IORE THAN \$100 DIFFER IT CANNOT BE COMPUT IN NUMBERS, AMOUNTS FERENCE, DISPLAY THE FERENCE WITH THE RI ESOLVABLE, CIRCLE CO IT, BELOW.	RECORDED IN J14. IF RENCE, OR IF MONTHL' ED DUE TO UNAVAILA , CONTINUE TO J23. IF E RESULTS AND RESO ESPONDENT, THEN GO	THERE Y BLE THERE LVE TO J23.
			OR DIFFERENCE	1
			ERENCE(S) TO \$100	2
		UNRESOLVABLI	<u> </u>	3
J23.	Did you or anyone else in Please include electronica		od stamps during MONTI	⊣ ?
		YES		1
		NO	(GO TO J46)	0
		DOES NOT KNO	N (GO TO J46)	d
		REFUSED	(GO TO J46)	r

Who in your household received food stamp benefits in MONTH? J24.

		TIONSHIP	
PERSON	_		CIRCLE ALL THAT APPLY
RESPONDENT			
PERSON 2:			2
PERSON 3:			
PERSON 4:			
PERSON 5:			
PERSON 6:			
PERSON 7:			
PERSON 8:			
PERSON 9:			
PERSON 10:			
PERSON 11:			
PERSON 12:			
PERSON 13:			
PERSON 14:			
DOES NOT KNOW WHO ELSE			
DOES NOT KNOW			c
REFUSED			r
INTERVIEWER: DID SAMPLE FOOD STAM	YES	ARGET MON	I TH? 1
	NO (GO TO J35).	C
How much did (you/you and yo	ur spouse) receive in food	d stamp bene	fits in MONTH?
	\$, FC	OD STAMPS	3
	DOES NOT KNOW		

J25.

J26.

J27.			eceived in MONTH?
	PROBE:	The award letter receive.	or notification of the amount of food stamp benefits you
			YES—ALL1
			YES—PARTIAL2
			NO/DOES NOT HAVE/CAN'T GET DOCUMENTATION (GO TO J35)0
			DOES NOT KNOW (GO TO J35)d
			REFUSED TO SHOW DOCUMENTATION (GO TO J35)r
J28.	INTERVIE	WER: ENTER TY	PE OF DOCUMENT.
			STATEMENT/NOTIFICATION
J29.	INTERVIE	WER: ENTER AI	MOUNT SHOWN ON DOCUMENT.
			\$ <u> </u> ,, <u> </u>
			AMOUNT NOT ON DOCUMENTn
J30.	INTERVIE	WER: ENTER TH	HE PERIOD OF PAYMENT.
			WEEK1
			TWO WEEKS
			MONTH3 OTHER (SPECIFY)4
			PERIOD NOT ON DOCUMENTn
J31.	INTERVIE	WER: ENTER N	JMBER OF TIMES RECEIVED IN MONTH.
			_ NUMBER OF TIMES RECEIVED
			NUMBER OF TIMES NOT ON DOCUMENTn

J32.	INTERVIEWER:	ENTER PERIOD ENDING DATE FROM DOCUMENT.
		_ _ _ _ MONTH DAY YEAR
		END DATE NOT ON DOCUMENT
J33.	INTERVIEWER:	ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.
		\$ _ ,
		AMOUNT NOT ON DOCUMENT
J34.	INTERVIEWER:	COMPUTE THE MONTHLY AMOUNT USING J29, J30, AND J31. COMPARE IT TO THE AMOUNT RECORDED IN J26. IF THERE IS NO MORE THAN \$100 DIFFERENCE, OR IF MONTHLY AMOUNT CANNOT BE COMPUTED DUE TO UNAVAILABLE PERIOD, NUMBERS, AMOUNTS, CONTINUE TO J35. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO J35. IF UNRESOLVABLE, CIRCLE CODE AND GO TO J35. CODE RESULT, BELOW.
		NO DIFFERENCE OR DIFFERENCE LESS THAN \$100
		RESOLVED DIFFERENCE(S) TO \$100 OR LESS
		UNRESOLVABLE
J35.	INTERVIEWER:	CHECK J24. DID OTHER HOUSEHOLD MEMBERS RECEIVE FOOD STAMP BENEFITS DURING TARGET MONTH?
		YES
		NO (GO TO J46)
J36.		ner members of your household receive in food stamp benefits (Please do not include food stamp benefits received by you and
		\$, FOOD STAMPS
		DOES NOT KNOW
		REFUSED

J37.		cat the statement of your household	showing the amount of food stamps received by other in MONTH?
	PROBE:	The award letter received.	or notification of the amount of food stamp benefits
			YES—ALL1
			YES—PARTIAL2
			NO/DOES NOT HAVE/CAN'T GET DOCUMENTATION (GO TO J46)0
			DOES NOT KNOW (GO TO J46)d
			REFUSED TO SHOW DOCUMENTATION (GO TO J46)r
J38.	INTERVIE	EWER: ENTER T	YPE OF DOCUMENT.
			STATEMENT/NOTIFICATION1
			CHECK STUB2
			OTHER (SPECIFY)3
J39.	INTERVIE	EWER: ENTER A	MOUNT SHOWN ON DOCUMENT.
			\$ <u> </u> , <u> </u>
			AMOUNT NOT ON DOCUMENTn
J40.	INTERVIE	EWER: ENTER TI	HE PERIOD OF PAYMENT.
			WEEK1
			TWO WEEKS2
			MONTH3
			OTHER (SPECIFY)4
			PERIOD NOT ON DOCUMENTn

J41.	INTERVIEWER:	ENTER NUMBER OF TIMES RECEIVED IN MONTH.
		NUMBER OF TIMES RECEIVED
		NUMBER OF TIMES NOT ON DOCUMENTn
J42.	INTERVIEWER:	ENTER PERIOD ENDING DATE FROM DOCUMENT.
		<u> </u>
		END DATE NOT ON DOCUMENTn
J43.	INTERVIEWER:	ENTER THE YEAR-TO-DATE AMOUNT SHOWN ON THE DOCUMENT.
		\$,
		AMOUNT NOT ON DOCUMENTn
J44.	INTERVIEWER:	COMPUTE THE MONTHLY AMOUNT USING J39, J40, AND J41. COMPARE IT TO THE AMOUNT RECORDED IN J36. IF THERE IS NO MORE THAN \$100 DIFFERENCE, OR IF MONTHLY AMOUNT CANNOT BE COMPUTED DUE TO UNAVAILABLE PERIOD, NUMBERS, AMOUNTS, CONTINUE TO J45. IF THERE IS A DIFFERENCE, DISPLAY THE RESULTS AND RESOLVE THE DIFFERENCE WITH THE RESPONDENT, THEN GO TO J45. IF UNRESOLVABLE, CIRCLE CODE AND GO TO J45. CODE RESULT, BELOW.
		NO DIFFERENCE OR DIFFERENCE LESS THAN \$1001
		RESOLVED DIFFERENCE(S) TO \$100 OR LESS2
		UNRESOLVABLE3

J45.	Did you participat during MONTH?	e in the Food Distribution F	Program on Indian Reserva	tions or FDPIR
		YES		1
		NO		0
		DOES NO	T KNOW	d
		REFUSE	O	r
J46.	INTERVIEWER:	QUESTIONS 12e, 13e, 14d 113e, 114e, 115e, 116e, 11	OF INCOME DOCUMENT e, 15e, 16e, 17e, 18e, 19e, 11 7e, 118e, 119e 120e, 121e, QUESTION NOT CODED	0e, I11e, I12e, I22e, J5, J15,
		YES	(GO TO K1)	1
		REFUSES REFUSES HOUSEH TO SHOV	S ON OWN BEHALF/ S TO SHOW OWN DOCUM S ON BEHALF OF OTHER OLD MEMBER(S)/REFUSI V OTHER HOUSEHOLD	≣S
			S' DOCUMENTS	
			HAVE DOCUMENTS	
			ND DOCUMENTS	4
			CH TROUBLE TO GET/ CUMENTS	5
		OTHER (S	SPECIFY)	6
			OT KNOW	
		- 		·

SECTION K: TOTAL MONTHLY INCOME

K1.	household income	added up all the income sources yo in MONTH (including the income of nat sound about right?	
		YES	(GO TO K4)1
		NO	0
		DOES NOT KNOW	d
		REFUSED	r (GO TO L1)
K2.		READ OR SHOW RESPONDENT E AMOUNT AND MAKE ADJUSTME CONTINUE TO K3.	
K3.	The revised total inco	me for MONTH is now TOTAL AMO	UNT? Does that sound right?
		YES	1
		NO	(GO TO BACK K2 AND REPEAT PROCEDURES UNTIL INCOME IS CORRECT TO THE RESPONDENT'S SATISFACTION THEN CONTINUE TO K4)0
		DOES NOT KNOW	d
		REFUSED	r
K4.		MOUNT we just recorded for your more or less than the average you?	
		USUAL AMOUNT	1
			AGE2
		LESS THAN AVERA	\GE3
		DOES NOT KNOW	(GO TO K6)d
		REFUSED	(GO TO K6)r

K5.	About how much do you ex be over the school year?	pect your usual or normal mo	nthly household income to
		\$,	l
		DOES NOT KNOW	d
		REFUSED	r
K6.	INCOME	CONTACT SHEET. IS THE I WAS REPORTED THE MON TED AN APPLICATION?	
		YES	1
		NO	0
		APPLICATION MONT	H NOT AVAILABLE2
K7.	Was the AMOUNT we just in your household income in A	recorded for your household in NPPLICATION MONTH?	n MONTH about the same as
		YES	1
		NO	0
		DOES NOT KNOW	(GO TO L1)d
		REFUSED	r (GO TO L1)
K8.	About how much was your	household income in APPLIC	ATION MONTH?
		\$ _ ,	_
		DOES NOT KNOW	d
		REFUSED	r

NOTE: OLD QUESTION K6 THROUGH K11 (INCOME DOCUMENTATION QUESTIONS) HAVE BEEN INCORPORATED INTO SECTION I WHERE WE ASK FOR INCOME AMOUNTS.

SECTION L: SUMMER FOOD SERVICE PROGRAM PARTICIPATION

LO.	INTERVIEWER: IS THIS A PAN	EL SURVEY CASE? CHE	CK CONTACT SHEET.
		YES	(GO TO M1)1
		NO	0
L1.	The next questions are about TAI free meals to children in the commare often called summer food procommunity centers, and summer	munity during summer vaca grams and are administere	ition. These programs d through schools,
	Did (she/he) participate in any pro	ograms like that last summe	er, the summer of 2005?
		YES	(GO TO L3)1
		NO	0
		DOES NOT KNOW	d
		REFUSED	г
L2.	Did (she/he) go to a school, park summer?	or community center to get	free meals or snacks last
		YES	1
		NO	(GO TO L15)0
		DOES NOT KNOW	(GO TO L15)d
		REFUSED	(GO TO L15)r

L3.	About how many days per week the free meals)?	did (she/he) usually (go to the summer program/get
		DAYS PER WEEK
		DOES NOT KNOWd
		REFUSEDr
L4.	About how many total days did (slast summer?	she/he) (attend that summer program/get free meals)
	PROBE: Your best estimate is f	ine.
		_ TOTAL DAYS
		DOES NOT KNOW d
		REFUSEDr
L5.	About how far did (she/he) have	to travel to get (to that summer program/the meals)?
		_ . BLOCKS1
		MILES2
		DOES NOT KNOWd
		REFUSEDr

What meals did (she/he) usually get (at this program)? Was it breakfast, lunch, supper, snacks, or something else? L6.

			CLE ALL AT APPLY
		BREAKFAST	1
		LUNCH	2
		SUPPER OR DINNER	3
		SNACKS	4
		SOMETHING ELSE (SPECIFY)	5
		DOES NOT KNOW	d
		REFUSED	r
L7.	Did (she/he) like the food?		
		YES	1
		NO	0
		SOMETIMES YES, SOMETIMES NO	2
		DOES NOT KNOW	d
		REFUSED	r

L8.		ast summer? Was it at a school, park, a community program such as the YMCA or YWCA, or a Boys and
		CIRCLE ALL THAT APPLY
		SCHOOL1
		PARK2
		COMMUNITY CENTER 3
		RECREATION PROGRAM4
		YMCA, YWCA, OR BOYS AND GIRLS CLUB 5
		CAMP/DAY CAMP6
		CHURCH7
		OTHER (SPECIFY)8
		DOES NOT KNOWd
		REFUSEDr
L9.	Next, I will ask you about the kir program. Was it a summer acad	nds of activities available to children who attended that demic program?
		YES1
		NO (GO TO L11)0
		DOES NOT KNOW(GO TO L11)d
		REFUSEDr
L10.	What is the name of the schoprogram? RECORD VERBATIN	ool where (she/he) attended the summer academic
		GO TO L13

L11.	Was it a day camp?	
		YES1
		NO0
		DOES NOT KNOWd
		REFUSEDr
L12.	Was it a recreation program?	
		YES1
		NO0
		DOES NOT KNOWd
		REFUSEDr
L13.	INTERVIEWER: DID TARGE OR L12 EQI	T CHILD ATTEND A PROGRAM? DOES L9 OR L11 UAL "1"?
		YES1
		NO(GO TO L22)0
L14.	What (other) types of activities	were available to children who attended the program?
	(SPECIFY)	
	(00)	
		NONE0
		DOES NOT KNOWd
		REFUSEDr
		GO TO L22
	<u> </u>	
L15.	Are you aware of programs or parea during the summer?	places that offer free food for children nearby in your
		YES1
		NO (GO TO L18)0
		DOES NOT KNOW(GO TO L18)d
		REFUSED (GO TO L18)r

L16.	How far is the nearest program f	rom your home?
		. BLOCKS
L17.	Why did TARGET CHILD not pa	rticipate in that program last summer?
		CIRCLE ALL THAT APPLY
		DID NOT KNOW ABOUT PROGRAM/ SITE AT THE TIME1
		PROGRAM/SITE TOO FAR AWAY2
		PROGRAM/SITE IN BAD NEIGHBORHOOD3
		TRANSPORTATION PROBLEM4
		CHILD DOES NOT LIKE THE FOOD5
		STIGMA ASSOCIATED WITH PARTICIPATION6
		PREFERRED TO FEED CHILD AT HOME7
		CONCERNS ABOUT CHILD'S SAFETY8
		CHILD ATTENDED OTHER SUMMER ACTIVITIES9
		OTHER (SPECIFY)10
		DOES NOT KNOWd
		REFUSEDr

GO TO L19

L18.	If a summer program or a site would you send your (child/ch		opened up close to your home,
		YES	1
		NO	0
		DOES NOT KNOV	<i>V</i> d
		REFUSED	r
L19.	Where did TARGET CHILD u	sually eat lunch last su	mmer?
			CIRCLE ALL <u>THAT APPLY</u>
		HOME	1
		RELATIVE'S HOM	E2
		FRIEND'S HOME	3
		SCHOOL	4
		RESTAURANT	5
		OTHER (SPECIFY	<i>"</i>)6
		DOES NOT KNOV	<i>V</i> d
		REFUSED	r
L20.	INTERVIEWER: IS THERE	MORE THAN ONE RES	SPONSE TO F19?
		YES	1
		NO	0 (GO TO L22)

		· ·	CIRCLE ONE
		HOME	1
		RELATIVE'S HOME	2
		FRIEND'S HOME	3
		SCHOOL	4
		RESTAURANT	5
		OTHER (SPECIFY)	6
		DOES NOT KNOW	d
		REFUSED	r
L22.		elp you may have had with feeding your foor did you ask relatives for food or mone	
		YES	1
		NO	0
		DOES NOT KNOW	d
		REFUSED	r
L23.	Did you use a food pantry or foo	od bank last summer?	
		YES	1
		NO	
		DOES NOT KNOW	
		REFUSED	r
L24.	Did you buy less expensive type year?	es of food last summer than you did durin	ng the school
		YES	1
		NO	
		DOES NOT KNOW	
		REFUSED	r

Where is the main place TARGET CHILD ate lunch last summer?

L21.

L25.	Did you receive food stamps	or other assistance with food last summer	i?
		YES	1
		NO	0
		DOES NOT KNOW	d
		REFUSED	r

SECTION M: DEMOGRAPHIC CHARACTERISTICS

M0.	INTERVIEWER: CHECK CON	ITACT SHEET. IS THIS A PA	ANEL SURVEY CASE?
		YES	(GO TO M3)1
		NO	0
M1.	Just a few more questions abou	ut you. How old are you?	
		_ AGE	
		OR	
		_ _ YEAR BO	RN
		DOES NOT KNOW	d
		REFUSED	r
M2.	INTERVIEWER: CODE OR A	SK: Are you female or male?)
		FEMALE	1
		MALE	2
		DOES NOT KNOW	d
		REFUSED	r
M3.	Are you currently married, living widowed, divorced, separated,	•	are not married,
			CIRCLE ONE
		MARRIED	1
		LIVING WITH PARTNER TYOU ARE NOT MARRIED	
		WIDOWED	3
		DIVORCED	4
		SEPARATED	5
		SINGLE AND NEVER MA	RRIED6
		DOES NOT KNOW	d
		REFUSED	r

M4.	What is th	e highes	st grade or leve	el of school that you	have completed?
	INTERVIE	WER:	IF GED, ENTE	ER 12.	
				_ HIGHES	T GRADE COMPLETED
				OTHER (SPECIFY	r)
				ASSOCIATES	1
				BACHELORS	2
				MASTERS	3
				Ph.D	4
				LAW DEGREE	5
				DOES NOT KNOW	Vc
				REFUSED	
M4a.	INTERVIE	WER:	CHECK CONT	ACT SHEET. IS TH	HIS A PANEL STUDY CASE?
				YES	1
M5.	Do you co	nsider y	ourself to be H	ispanic or of Latino	origin?
	PROBE:		Mexican, Puei h culture or oriç		Central American, or from another
				YES	1
				_	(
					V

M6.	Are you White, Black or African A or Native Hawaiian or Pacific Isla	American, American Indian or Alaskan Native, Asian, nder?
		CIRCLE ALL THAT APPLY
		WHITE1
		BLACK OR AFRICAN AMERICAN2
		AMERICAN INDIAN OR ALASKAN NATIVE3
		ASIAN4
		HISPANIC5
		OTHER (SPECIFY)6
		DOES NOT KNOWd
		REFUSEDr
M7.	Are you a United States citizen?	
		YES1
		NO0
		DOES NOT KNOWd
		REFUSEDr

What is the primary language spoken in your home? M8.

				<u>CIRCLE ONE</u>
			ENGLISH	1
			SPANISH	2
			FARSI OR PERSIAN	3
			VIETNAMESE	4
			ARABIC	5
			TONGAN	6
			OTHER ASIAN LANGU	JAGE7
			FRENCH	8
			ITALIAN	9
			RUSSIAN	10
			OTHER (SPECIFY)	11
			DOES NOT KNOW	d
			REFUSED	r
M8a.	INTERVI	EWER: CHECK CONT	ACT SHEET. IS THIS A	A PANEL SURVEY CASE?
			YES	(GO TO M11)1
				0
M9.	Is TARGE	ET CHILD Hispanic or o	of Latino origin?	
	PROBE:	Cuban, Mexican, Pue Spanish culture or orig		al American, or from another
			YES	1
			NO	0
			DOES NOT KNOW	d
			REFUSED	r

Is (she/he) White, Black or African American, American Indian or Alaskan Native, M10. Asian, or Native Hawaiian or Pacific Islander?

	CIRCLE ALL THAT APPLY
WHITE	1
BLACK OR AFRICAN AMERICAN	2
AMERICAN INDIAN OR ALASKAN N	IATIVE3
ASIAN	4
NATIVE HAWAIIAN OR PACIFIC ISL	ANDER5
OTHER (SPECIFY)	
DOES NOT KNOW	
REFUSED	r

M11a. We may want to talk to you again later in the school year. Can you give me the names, addresses, and phone numbers of two people who would know where to find you if you moved? INTERVIEWER: PROBE FOR NON-HOUSEHOLD MEMBERS. NAME 1: ADDRESS: TELEPHONE: (______ - ____ - ____ And what is NAME 1's RELATIONSHIP to you? RELATIONSHIP: NAME 2: ADDRESS: TELEPHONE: (_______ - _____ -And what is NAME 1's RELATIONSHIP to you? RELATIONSHIP:____ M11b. Do you plan to move in the near future? YES1 NO (GO TO M12)......0

Where will you move?

M11c.

И12.	This is the end of the in	terview. Thank you very mucl	h for participating in our study
	INTERVIEWER: PAY	THE RESPONDENT \$25.	
		TIME INTERVIEW ENDED:	: AM1
			HOUR MINUTE PM2



NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

INFORMED CONSENT FOR PARTICIPATION

PURPOSE: The U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS), has contracted with Mathematica Policy Research, Inc. (MPR) to conduct a national study of the National School Lunch Program (NSLP) and School Breakfast Program (SBP). The study will address issues about access, participation, eligibility, and certification in the NSLP and the SBP. It will help USDA better understand the school meal programs and the application and verification processes, why some denied applicant households do not reapply to participate in the programs and the difficulties households experience in fulfilling the requirements of the application and certification process.

INFORMATION TO BE COLLECTED: MPR randomly selected students from application forms for free or reduced-price meals submitted to the school district and from student rosters for households that did not apply. Interviews will be conducted with parents in their homes about their experiences with the school food program. MPR will also collect information recorded on the application forms, changes in meal certification status, changes in enrollment status, and program participation at schools that keep participation information on individual students. Some households may be selected for a second follow-up survey.

STUDY DURATION: The survey and participation information data collection will be during the 2005 to 2006 school year.

RISKS: This study has no identified risks.

STUDY COSTS AND COMPENSATION: There are no costs to you for participating in the study. You will be paid \$25.00 for completing an interview.

CONFIDENTIALITY: The information about you and your child collected for this study is being used for research purposes only and is strictly confidential to the full extent allowed by law. Your responses will be grouped with those of other households and will not be shared with your child's school, school district, or the USDA in a way which can identify you or your child. You or your child will not be identified in reports about the study written by MPR. Participation in the study will not affect your eligibility for the school meal program or any other program. It will not affect meal reimbursements paid to participating districts and schools or affect meal benefits your household receives.

VOLUNTARY PARTICIPATION: You do not have to take part in this study. Your decision to be in the study is completely voluntary. Signing this consent form does not waive any of your legal rights.

I have read and understood this entire consent form. I have been given the chance to ask questions about the study and all my questions have been answered to my satisfaction. I understand that if I have other questions about this study I can call Todd Ensor at (609) 275-2326. If I have questions about my rights as a participant in this study I can call [school district representative name and telephone number].

I agree to participate in this study, and will allow MPR to collect information on the application I submitted for free and reduced-price meals, my child's school breakfast and lunch program participation, changes in my child's meal certification status, and changes in my child's school enrollment status.

Child's Name (Please Print):	
Parent's Name (Please Print):	
Parent's Signature: [Date:
	OMB Approval No.: Approval Expires:

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 45 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.

MPR DOCUMENTATION PURPOSES ONLY:

P:\Que\EPS\Forms\Informed Consent for Participation-2.doc

(NEW-4-26-05) 8/1/2005 6:04 PM

Lynne formatted for Todd Ensor

EPS - 6118-040



ESTUDIO NACIONAL DE ACCESO, PARTICIPACION, ELEGIBILIDAD Y CERTIFICACION PARA LOS ALMUERZOS Y DESAYUNOS ESCOLARES.

CONSENTIMIENTO INFORMADO PARA PARTICIPACION

PROPOSITO: El Departamento de Agricultura de los Estados Unidos (USDA), Servicio de Alimentos y Nutrición (FNS), ha contratado con Mathematica Policy Research, Inc. (MPR) para llevar a cabo un estudio nacional del Programa Nacional de Almuerzos Escolares (NSLP) y el Programa de Desayunos Escolares (SBP). El estudio investigará temas relacionados con acceso, participación, elegibilidad y certificación en el Programa de Almuerzos Escolares (NSLP) y el Programa de Desayunos Escolares (SBP). Ayudará al USDA a entender mejor los programas de comidas escolares, el proceso de aplicación, las razones porque algunos hogares no aplican para participar en los programas y las dificultades que algunos hogares puedan tener en cumplir con los requisitos de la aplicación y el proceso de certificación.

INFORMACION QUE SERA RECOGIDA: Al azar MPR seleccionó estudiantes de los formularios de aplicación para comidas gratuitas o de precios reducidos entregados a los distritos escolares y de las listas de estudiantes de hogares que no aplicaron. Se llevarán a cabo entrevistas con padres en sus hogares acerca de sus experiencias con el programa de comidas escolares. También MPR recogerá información de las aplicaciones, cambios en el estado de certificación para comidas, cambios en el estado de matrícula, y participación en el programa en escuelas que mantienen información acerca de estudiantes individuales. Algunos hogares pueden ser seleccionados para una segunda encuesta de seguimiento..

LA DURACION DEL ESTUDIO: La encuesta y la recopilación de información acerca de los participantes será durante el año escolar 2005-2006.

RIESGOS: Este estudio no tiene ningún riesgo identificado.

COSTOS Y COMPENSACION: Para usted no hay ningún costo por participar en el estudio. Usted recibirá \$25.00 por completar una entrevista.

CONFIDENCIALIDAD: La información que se recoge para este estudio acerca de usted y su niño será usada para propósitos de investigación y es estrictamente confidencial hasta lo máximo que lo permita la Ley. Sus respuestas estarán agrupadas con las de otros hogares y no serán compartidas con la escuela de su niño, el distrito escolar, o el Departamento de Agricultura en una forma en que se le puede identificar a usted o a su niño. Usted o su niño no serán identificados en informes escritos por MPR acerca del estudio. Participación en el estudio no afectará su elegibilidad para el programa de comidas escolares o cualquier otro programa. No afectará los reembolsos pagados a distritos que participan o los beneficios de comidas que su hogar pueda recibir.

PARTICIPACION VOLUNTARIA: Usted no tiene que participar en este estudio. Su decisión de participar en este estudio es totalmente voluntaria. Al firmar este formulario de consentimiento usted no renuncia ninguno de sus derechos legales.

He leído y entendido todo este formulario. Tuve la oportunidad de hacer preguntas acerca del estudio y todas mis preguntas han sido contestadas a mi satisfacción. Entiendo que si tengo otras preguntas acerca del estudio puedo llamar a Todd Ensor a (609) 275-2326. Si tengo preguntas acerca de mis derechos como participante en este estudio, puedo llamar a [nombre y número de teléfono del representante del distrito escolar].

Doy mi consentimiento a participar en este estudio y permitiré que MPR recoja información acerca de la aplicación que entregué para recibir comidas gratuitas o de precios reducidos, la participación de mi niño en los programas de desayunos y almuerzos escolares, cambios en el estado de la certificación de mi niño para comidas, y cambios en el estado de la matrícula escolar de mi niño.

Nombre del niño (En letras de imprenta, μ	oor favor)
Nombre del Padre/Madre (En letras de im	nprenta, por favor):
Firma del Padre/Madre:	Fecha:
	OMB Approval No.: Approval Expires:

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 45 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.



NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST PROGRAM ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

STUDENT SAMPLE CONTACT INFORMATION FORM FOR FREE/REDUCED-PRICE AND DENIED APPLICANT SAMPLES

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SCH	SCHOOL ID NUMBER:	MBER:			0,	SCHOOL NAME:		1
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	SAM	SAMPLE RESULTS	TS					
	Ą.	B.	Ö	D.	E.	F.	.9	Ŧ
	Student Number	Selection Order	Selection Type (M or R)	Student Name	Grade	Parent's Name	Mailing Address	Telephone Number
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				Middle:		Middle:	City.	
				Last:		Last:	State: Zip:	
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Student Name G	SAMPLE RESULTS						
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NATIONAL SCHOOL LUNCH AND SCHOOL BREAKFAST PROGRAM ACCESS, PARTICIPATION, ELIGIBILITY, AND CERTIFICATION STUDY

STUDENT SAMPLE CONTACT INFORMATION FORM FOR NEWLY APPROVED FREE/REDUCED-PRICE SAMPLE

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SAMPLE RESULTS

Prepared by Mathematica Policy Research, Inc.