2016 International Conference on Questionnaire Design, Development, Evaluation, and Testing (QDET2)

## Identifying Sources of Measurement Error in Household Applications for School-Based Meals

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## **Rationale for Research**

Aim of our research is to understand how the content and design of the program application form contributes to household misreporting

The USDA Food and Nutrition Service spends approximately \$16B annually to provide school meals to children, with errors in school reimbursement costing approximately 5 percent of net costs.

 Key sources of measurement error by household applicants are household size and income

## **Review of Forms**

- FNS- and locallydeveloped application forms (min of 11)
- Best practices for visual design
- Clarity of instructions
- Measurement of key elements including the construction of household roster, and sources and frequency of child and adult income

## **In-Person Interviews**

- Identify 10+ school districts across U.S. representing variation in geography, demography, and school types
- Conduct structured interviews with school officials at each site
- Recruit and interview approximately 165 adults who applied for school meal benefits in current year and vary by gender, age, race, ethnicity, education, household composition, and socioeconomic status, to understand sources of reporting error.
- Obtain information on household composition, formal and informal income sources by adults and children, and child and school characteristics.

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E . D .	CE	Time	line	
Expert Review	of Forms			
	Outreach to	Local School Districts		
	In	-Person Interviewing		
October 2016				September 2017
	ype Household Applicati per household. Please use a pen (no		l Price School Meals	Apply online at www.abcdefgh.edu
STEP 1 List ALL Hou	usehold Members who are infants, child	lren, and students up to and including g	rade 12 (if more spaces are requir	ed for additional names, attach another sheet of paper)
Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."  Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.	Child's First Name	MI Child's Last Name		Grade  Student? Yes No Child Runaway
STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?				
If	FNO > Go to STEP 3. If YES	> Write a case number here then go to S	TEP 4 (Do not complete STEP 3)	Case Number:  Write only one case number in this space.
STEP 3 Report Incom	me for ALL Household Members (Skip	this step if you answered 'Yes' to STE	EP 2)	Twine only one case named in this space.
Are you unsure what income to include here?  Flip the page and review the charts titled "Sources N		ding yourself) (including yourself) even if they do not receive	income. For each Household Member lis write '0'. If you enter '0' or leave any field	How often?  Weekly Bi-Weekly 2x Month Monthly  O O O  Sted, if they do receive income, report total gross income (before taxes) Is blank, you are certifying (promising) that there is no income to report.  How often?  Pensions/Retirement/ How often?  Weekly 2x Month Monthly All Other Income  Weekly Bi-Weekly 2x Month Monthly
of Income" for more information.		s 0 0 0 0	S 0	0000
The "Sources of Income for Children" chart will help you with the Child Income section.		s 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	) s 0 (	0 0 0 0 c c c c c c c c c c c c c c c c
The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.		s 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	) s O (	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	otal Household Members Children and Adults)	Last Four Digits of Social Security Number (SSN) Primary Wage Earner or Other Adult Household I		Check if no SSN
STEP 4 Contact information and adult signature				
"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."				
Street Address (if available)	Apt #	City	State Zip	Daytime Phone and Email (optional)
	form	Signature of adult		Today's date