

National Survey of WIC Participants II

Volume 4: Technical Report (Final Report)



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Volume 4: Technical Report (Final Report)

Authors:

Gary Huang, Daniel M. Geller,
Marcia Harrington, and Pedro Saavedra

Submitted by:

ICF Macro
11785 Beltsville Drive, Suite 300
Calverton, Maryland 20705

Submitted to:

USDA, Food and Nutrition Service
3101 Park Center Drive
Alexandria, Virginia 22302

Project Director:

Daniel M. Geller
Gary Huang

Project Officer:

Sheku G. Kamara (through 1/11)
Karen Castellanos-Brown

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INTRODUCTION

The Second National Survey of WIC Participants II (NSWP-II) sought to meet three goals:

1. Explore the characteristics and experiences of WIC participants;
2. Provide information on the policies, procedures, operations, and staff of State and local WIC agencies; and
3. Estimate the annual cost of erroneous payments caused by WIC certification error.

To that end, NSWP-II has involved six surveys, taking place during 2008 and 2009 as listed below. When possible, the information collected in some of these surveys was used to inform the data collection and reporting of the other surveys. For example, information from the State Agency survey was used to: (1) collect information about which programs established adjunctive and automatic eligibility—which was used in the in-person interviews; (2) ascertain which term agencies used for food instruments/checks/vouchers—which was used in the participant telephone interview; and (3) determine compliance with State regulations by local WIC agencies.

Population	Mode of Survey	Goal Met	Report Generated
WIC Participants	Telephone	Goal 1	Volume 1
WIC State Agencies	Mail	Goal 2	Volume 2
WIC Local Agencies	Web-based	Goal 2	Volume 2
WIC Participants	In-person	Goal 3	Volume 3
Denied WIC Applicants	Telephone	Goal 3	Volume 3
Terminated/Discontinued WIC Participants	Telephone	Goal 3	Volume 3

Additionally, the NSWP-II in-person survey generated data informed the development of a statistical model for updating estimates of erroneous payments in the WIC program that may allow it to calculate erroneous payments for the next 10 years. Technical procedures and the results of the modeling development are presented in a separate document.

In all, three NSWP-II reports have been prepared. In Volume 1: Participant Characteristics, the attitudes, behaviors and demographic attributes of WIC participants interviewed by telephone were reported; in Volume 2: State & Local Agencies, the practices and profiles of State and local agencies were reported; and in Volume 3: Improper Payments, estimates of eligibility error and dollar error across the WIC Program based on in-person interviews of WIC participants (a subset of the telephone respondents) were made.

This technical volume integrates the technical details that were presented separately in the three component reports. For each component report, technical details are presented, including the survey methods, sampling and sample weighting, data collection, survey instruments, and data analyses. The chapters are organized with the participant telephone interviews first, followed by the participant in-person interviews assessing improper payments (including the surveys of

denied new applicants and terminated/discontinued participants that were relevant to improper payments). The last chapter deals with the State and local agency surveys.

CHAPTER 1. PARTICIPANT CHARACTERISTICS: TELEPHONE SURVEY

1.1 Overview

The NSWP-II telephone survey of WIC participants consisted of 2,538 interviews with participants selected in a multi-stage sample, with probability proportional to size. First, 40 sample clusters—located in 23 separate States as some States were selected multiple times—were selected from the 48 contiguous States and the District of Columbia. The clusters were selected with Probability Proportional to Size (PPS) based on the number of WIC participants, with Probability Minimum Replacement. For efficiency in interviewing, States were divided into clusters of local WIC agencies. Within clusters, local agencies were first selected (two per cluster, with the exception of one very large agency that was sampled three times); then clinics (two per local agency, with some exceptions described below); and finally participants, in proportion to the number of participants within each category (i.e., pregnant, breastfeeding, postpartum, infants, and children) in the sampled clinic.

1.2 Study Methodology

Source of Data

The source of data for the sample was participants' WIC records from the 23 sampled States: Alabama, Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, and Washington. In July 2009, these States were asked to submit detailed participant-level data for all participants in sampled WIC clinics who received food vouchers for use during April or May 2009. The sample was selected from participants who received food vouchers that were valid for redemption at any time during May 2009. Terminated/Discontinued participants were identified by comparing April data with May data. The following data were requested and received:

- WIC category (pregnant, breastfeeding, postpartum, infant, child);
- Type of food package issued and valid dates of use;
- Participant ID, name, contact information, date of birth, gender, race/ethnicity;
- Family Economic Unit/Household ID number (if available);
- Parent/guardian of WIC participant (if infant or child);
- Proof of identification/residency/adjunctive eligibility/income provided;
- Dates of original and most recent certification;
- Language spoken by WIC participant (if known); and
- Number of persons in family economic unit.

Survey Content

The telephone survey with WIC participants lasted 25 minutes, on average. Confidentiality was ensured for all participants, and respondents were asked for their help in improving the WIC Program with the feedback derived from this survey. Major subjects addressed by the telephone survey were as follows:

- **WIC Program Participation.** Whether sampled participants used the WIC Program before and if not, why not.
- **Barriers to Participation in WIC.** What participants think prevents their eligible family members or friends from participating in the Program.
- **Rating of WIC Food Benefits.** Rating of food benefits, food items not redeemed, appropriateness of quantities, places where WIC items were purchased.
- **Rating of WIC Services.** Overall satisfaction as well as specific satisfaction with location, staff, operating hours, waiting times, etc.
- **Food Security.** Level of food security, including participation in other food programs.
- **Health Insurance Coverage.** Whether or not adults and children in the household are covered by health insurance.
- **Breastfeeding.** Number of children breastfed; and duration, current practices, and factors behind breastfeeding decisions.
- **Nutrition Education.** Group sessions and individual counseling received, and perceived usefulness.

Sample Design and Weights

The sample design process started first with sample allocations, followed by the selection of a sample of States; creation and selection of clusters; selection of agencies within clusters; clinics; and participants.

The sampling design and sample sizes required for this study were driven by the required estimates of case error and improper payments. Exhibit 1-1 presents the assumed estimates of error rate and other estimates used to calculate the sample size. For resulting estimates of case error, see Exhibit 2-3c.

Exhibit 1-1: Estimates of Error

Parameter	Population	Assumed Estimate	Probability	Confidence Interval
Estimates	Combined Categories	50%	95%	4.0%
Estimates	Separate Categories	50%	95%	7.5%

To calculate the required sample size, n , for the assumed estimates presented above, the desired sample size was first calculated for a simple random sample of WIC participants across the nation (specifically for the 48 contiguous States and the District of Columbia). For the estimate of erroneous payments, the size of the simple random sample (SRS) with a 95 percent confidence interval (CI) of ± 4 percent was calculated as follows:

$$d \leq z \frac{\sigma}{\sqrt{n}}$$

where d is the confidence interval, $\frac{\sigma}{\sqrt{n}}$ is the standard error, and z is the z value corresponding to the 95 percent CI.

Dividing both sides of the equation by $z = 1.96$ and substituting in $d = 4$, the standard error for the estimate must be no greater than 2.04 percentage points to say with 95 percent confidence that the estimate is within 4 percent of the true value. The standard deviation (σ) of a single dichotomous event reaches its maximum when the probability of the occurrence of the event is 0.5. This is expressed as follows:

$$\frac{\sigma}{\sqrt{n}} = 2.04 \text{ percentage points} = 0.0204$$

$$\frac{\sqrt{p(1-p)}}{\sqrt{n}} = 0.0204$$

$$\frac{\sqrt{.5(1-.5)}}{\sqrt{n}} = 0.0204$$

$$n = (.50)^2 / (.0204)^2 = 601$$

Thus, a sample size of 601 WIC participants is needed at the 95 percent confidence level with a precision of ± 4 percentage points. Once sample size was obtained from an SRS, researchers multiplied by the design effect to get the needed sample size given the design.

For all estimates obtained in the telephone survey, researchers assumed a design effect of 2.99 for the combined WIC categories and 2.39 for separated WIC categories. Exhibit 1-2 shows the sample size requirements. (The assumed design effects are based on the average design effects for several key estimates in the original NSWP-I survey).

- The number in the third column is the calculation of the number of cases needed (for the combined WIC categories and each of the separate categories) if a random sample was to be selected.
- The fourth column shows the number that would be needed (again for the whole sample or for each category) given the assumed design effects.

- Finally, the fifth column multiplies the number needed for each category by the number of categories (five). These numbers represent the number of participants in each category.

Exhibit 1-2: Sample Requirements

Parameter	Population	Random Sample	With Design Effect Per Cell	Total Needed
Estimates	Combined WIC Categories	601	1,797	1,797
Estimates	Separate WIC Categories	171	409	2,045

The overall sample was increased from just over 2,000 WIC participants to 2,400 participants in order to meet sampling requirements for the erroneous payment estimates.

Selection of States

The primary sampling units (PSUs) were States, selected with Probabilities Proportional to Size (PPS) using randomized systematic sampling with Probability Minimum Replacement (PMR).¹ The use of PMR meant that multiple selections of the larger States were likely. This was done so that the probability of selection of any participants in a given category would be approximately equal. States selected multiple times had more local agencies selected (two agencies, each time). PPS sampling uses a measure of size (MOS) so that the probability of selecting a State is proportional to the measure of size. The size measure for the States was the average of the proportion of participants in each of the five categories found in the State. Note that the samples are States, not State agencies, which means that participants from ITOs are counted in the context of the States in which they belong.

The previous study selected 40 States, allowing States to be selected multiple times. This fits well with the desired sample size of 2,400 telephone surveys. The number of State selections was determined by working backwards. The 2,400 interviews corresponded to 480 in each of the five participant categories. This could mean 3 in each of 160 clinics, with 2 clinics per local agency and 2 local agencies per State for each time the State was selected ($40 \times 2 \times 2 \times 3 \times 5 = 2,400$); this would preserve the number of State hits as the previous study preserved some continuity that allowed comparisons between the studies.

A sample of 40 States, with States capable of being selected more than once, was drawn from the 48 contiguous United States and the District of Columbia. Exhibit 1-3 presents the sampled States, the region, and clusters sampled given the size of the State. The number of times a State was sampled determined the number of clusters sampled within that State. Whereas many States were sampled once, 7 States were sampled multiple times for a total of 23 separate sampled States.

¹ Randomized systematic sampling is the method proposed by Goodman and Kish in 1950, but with the added feature that multiple selections may occur for large States; i.e., a feature Chromy called Probability Minimum Replacement (1979).

Exhibit 1-3: Count of Sampled Sampling Clusters in the Sampled States

Sampled State	Region	Clusters
Massachusetts	1	1
New York	1	3
Maryland	2	1
New Jersey	2	1
Pennsylvania	2	1
Virginia	2	1
Alabama	3	1
Florida	3	3
Georgia	3	2
North Carolina	3	1
Tennessee	3	1
Illinois	4	2
Indiana	4	1
Michigan	4	1
Ohio	4	2
Louisiana	5	1
Texas	5	5
Colorado	6	1
Kansas	6	1
Missouri	6	1
Arizona	7	1
California	7	7
Washington	7	1

The approach is as follows:

Let T_i be the measure of size for State i . Let T be the sum of all the measures of size for the 49 States, including the District of Columbia. This means—

$$e_i = 40T_i / T$$

—to be the expectation of State i .

The expectation is the same as a probability if $e_i < 1$, and if it is greater than 1, the integer part of e represents the minimum number of times the State can be selected, and the fractional part represents the probability that it will be selected an additional time.

Now to order the 49 PSUs, the ones in the same WIC region are grouped together. Given that the States are in the desired order (the order guarantees proportional representation by the ordering variable), researchers select a random number r between 0 and 1.

If $\text{lim}(x)$ means the largest integer less than or equal to x , then—

$$c_0 = r \text{ and}$$

$$c_i = e_1 + e_2 + \dots + e_i.$$

Finally, let $s_i = \text{lim}(c_i) - \text{lim}(c_{i-1})$ and s_i defines the number of times PSU_{*i*} is selected.

Creation and Selection of Clusters

For efficiency in interviewing, the sampled States were divided into clusters. Clusters are combinations of local agencies within a sampled State. Clusters were created such that no single local agency constituted more than half of the total cluster size and, to the extent possible, they were geographically compact. Similar to the State measure of size, the cluster measure of size (MOS) was defined as the average of the proportions of each category of WIC participants within a cluster relative to the State total of each category.

The equation is the following:

$$\text{Cluster Size} = \frac{\frac{\sum P_{cluster}}{\sum P_{State}} + \frac{\sum B_{cluster}}{\sum B_{State}} + \frac{\sum N_{cluster}}{\sum N_{State}} + \frac{\sum I_{cluster}}{\sum I_{State}} + \frac{\sum C_{cluster}}{\sum C_{State}}}{5}$$

where, P = Pregnant,
 B = Breastfeeding,
 N=Postpartum Non-breastfeeding,
 I = Infants, and
 C = Children

As previously stated, the number of times a State was sampled determined the number of clusters sampled in that State. Most of the 23 States sampled only had one cluster sampled with probability proportional to size based on the cluster size described earlier. In seven of the States, two or more clusters were sampled with PPS: California, Texas, Florida, New York, Georgia, Illinois, and Ohio. In preparation for sampling of clusters, States were generally divided into geographic clusters based on administrative regions (if applicable), and number of local agencies. The number of clusters per State ranged from two to 11, with most having four to seven clusters. Arizona was divided into only two clusters to ensure that no single local agency constituted more than half of the cluster size. New York was divided into 11 clusters, with four in New York City alone. Geographic clustering was not done in California and Texas due to the

large number of clusters to be sampled in each (seven and five, respectively) and the magnitude of local agencies. These local agencies were sampled directly and arranged into groups to facilitate interview assignments. Clustering would have been difficult and would not have yielded any gains in efficiency.

Selection of Agencies

Two local agencies were sampled with PPS from each cluster. Calculations of the local agency MOS were similar to the State and cluster size calculations. Instead of applying the proportions of each category of WIC participants within a cluster relative to the State totals, the cluster totals were used in the calculations of proportions. The size measure was multiplied by two to ensure the sampling of two local agencies from each sampling cluster. For example, with three clusters in New York, six local agencies were selected.

As noted, agencies were sampled directly in California and Texas, with two agencies sampled for each time the State was sampled with probability proportional to size. Calculations for the local agency MOS were done based on State totals instead of cluster totals. Sampling of agencies in these States occurred with probability minimum replacement, so that sampling of very large local agencies could occur more than once. One very large California local agency was sampled three times. Thus, across all States and clusters, 78 separate local agencies were sampled.

Selection of Clinics

Prior to the selection of the clinics, a total of 2,400 WIC participants were allocated across all local agencies sampled, with each of the five categories of WIC participants receiving 480 participants. For all but the one local agency sampled multiple times, 30 participants were sampled across the five categories within each local agency. (The large California local agency received 90 WIC participants, or three times the normal allocation). Allocation of the 30 participants per local agency occurred according to their distribution across categories of participants in the local agency relative to the distribution of participants among all sampled local agencies.

$$A_i = \frac{30 \left(\frac{N_i}{T_i} \right)}{\sum_{i=1}^5 \frac{N_i}{T_i}}$$

The initial allocation was defined as:

Where— A_i = the allocation to category i , and i equals one of the five categories of WIC participants:

N_i = the number of participants in category i for the sampled local agency

T_i = the number of participants in category i across all sampled local agencies

An iterative rounding algorithm was used in order to obtain exactly 480 participants per category.

Thus, if, for example, a local agency had more participants in one category compared with the remaining four categories, or more in a category compared with the remaining sampled local agencies, a greater share of the 30 participants would be allocated to that category.

Once sampling of local agencies occurred, clinic-level data were obtained for each of the five categories of WIC participants. The clinic size is similar to the other size calculations above with a few major differences. Each clinic-level proportion was weighted by the local agency allocation within that category. The adjusted proportions were then divided by 15—half the number of participants within each local agency.

Wherever possible, two clinics were sampled with PPS from each local agency. If a local agency had only one clinic, sampling of that clinic was automatic and the participant allocation at the local agency level remained as before. When local agencies had one extremely large clinic and several small clinics, they were collapsed at the local agency level. If a local agency had only two clinics and the clinics were both sufficiently large (greater than 60 total participants per clinic), the 30 participants were allocated 15 to each clinic. However, the partial allocations (i.e., the number of participants in each category) could vary from clinic to clinic, with a rounding algorithm used to decide the final allocations. In local agencies with multiple clinics, two clinics were sampled with PPS, and the same total number of participants was allocated to each. However, if one of the two sufficiently large clinics selected had 70 percent or more of the total participants in the local agency, researchers allocated the 30 participants proportionally among the two clinics. This occurred once.

Selection of Participants

After the selection of WIC clinics and several months before data collection, lists of participants enrolled during two consecutive months (April and May 2009) were obtained from all clinics sampled. The later month was to be the target month.

Participants were classified into the five categories. If a participant changed categories within the target month, the most recent category was used. Thus, if an infant became a child during the month, receiving some food vouchers as an infant and some as a child, he was considered a child for sampling purposes.

Each participant in a clinic was assigned a random number. Sorted by that number, participants underwent a selection process by the first n from each category (where n is the allocation of participants at the clinic level described earlier). The remaining participants in a category remained in their order of selection and acted as replacements, so that if a participant (or the participant's parent/guardian) refused to respond or could not be located, the next one in line was selected.

Weighting

Each State was sampled with PPS, using a size measure that was the average of the proportion of participants in each of the five categories. This average was then multiplied by the number of States allocated to the sample (40) and its inverse was used as the PSU weight. Note that the result would be smaller than 1.00 if selection of the PSU occurred more than once. PSU weights that were lower than 1 were set to 1.

Similarly the clusters were also sampled with PPS, using a similar measure of size (MOS). The MOS was then multiplied by the number of sampled clusters. For California and Texas, where no clustering occurred, this weight was 1. Local agency probabilities of selection were two times the local agency MOS. In California and Texas the local agency probabilities of selection were twice the number of clusters selected (14 and 10, respectively) times the local agency MOS. When selection of clinics occurred, their probabilities of selection were two times the local agency MOS.

For the participants, calculations for the probability of selection were the number of participants sampled from the category divided by the total number of participants from the category receiving issuance each month. Calculations for intermediate probability of selection of the clinic also may have occurred.

Therefore, the initial weight for a participant was the inverse of their probability of selection. The probability of selecting a participant P_{ijkrt} , is the probability of selection of a participant in State i , cluster j , agency k , clinic r , and participant category t . This would be equal to $P_{ijkrt} = P_i P_j P_k P_r P_t$, where P_i is the probability of selecting the State, P_j the probability of selecting the cluster given the selection of the State, P_k the probability of selecting the agency given the selection of the cluster, P_r the probability of selecting the clinic (or 1 if clinics are not sampled) given the selection of the agency, and P_t is the probability of selecting the participant given the selection of the agency or clinic.

Trimming of weights is desirable here because extreme weights lead to large variances. For each category, weights will max at three times the median weight, and the reduction will spread out over the entire category.

Potential problems for the telephone survey by weight adjustments were addressed via post-stratification. The idea in post-stratification is to use relevant population parameters as the reference (specifically each variable's marginal totals known as control totals) to adjust the survey data weight and correct the cell frequency distributions of the key variables that are biased or unreliable because of undercoverage and/or non-response (Battaglia et al., 2005). With that adjustment, it was possible to generate estimates with less bias and greater precision. National totals of participants by WIC category were obtained and the final weights were adjusted to sum to the known totals.

Because the sampling design involved clusters and weights, it was necessary to take into account design effects in all estimates of standard errors and any significance tests. In order to do this, we used the delete-a-group jackknife procedure² for statistical significance tests. We defined

² Kott, P.S. (2001). The delete-a-group jackknife. *Journal of Official Statistics*, 17 (4):521-526.

replicate groups (i.e., subsets of the sample), with 40 for the telephone survey and 40 for the in-person survey (with additional adjustments upon non-response analysis). For each replicate group, a replicate weight was created. For the members of a given replicate group, each had a value of 0 for the corresponding replicate weight; and for the rest in the sample, each had a positive replicate weight which added up to the population for each of the five WIC program categories. By comparing results using the replicate weights, the variances of the different point estimates and the statistical significance were in turn estimated.

1.3 Data Collection

A field interviewer was assigned to each sampling cluster to complete 60 telephone interviews of sampled participants. In all, the interviewers completed telephone interviews of 2,538 WIC participants, a bit more than the 2,400 planned in order to assure that there would be sufficient numbers of respondents by category and local agency for both the telephone interview and the in-person interview (since the latter group was sampled from the telephone respondents). Copies of the telephone survey instruments are in Appendices I-A and I-B. There were two versions developed, both very similar. However, one was for sampled pregnant, breastfeeding, and postpartum women while the other was for the parent/guardian of a sampled infant or child. Instruments were also translated into Spanish.

The interviews were conducted using computer-assisted personal interviewing between late September 2009 and January 2010 by 40 interviewers, 25 (62.5%) of whom were bilingual (English-Spanish). Field interviewers participated in a 4-day training immediately prior to the start of interviewing. The training covered topics including the WIC Program and the population served; WIC eligibility requirements; use of laptop computers and interview software; respondent cooperation; professional conduct; protection of confidential information and secure data transfer; and record-keeping.

Demand for other languages for interviewing was limited and scattered; telephone interpreting was offered for Chinese (both Mandarin and Cantonese) and Vietnamese for approximately five interviews. Telephone interpreting was also made available in Spanish for non-bilingual interviewers.

Based on the completion status of the interviews, respondents to the telephone interview were classified into four groups: complete, partially complete, refused, or unreachable. Due to problems associated with incomplete or out-of-date addresses and telephone numbers provided by the States (not entirely surprising for a mobile population), a 51.3 percent response rate was achieved, resulting in 2,538 completed and usable telephone interviews. Excluding those persons who were unreachable from the denominator³ yields a cooperation rate of 78.0 percent. See Exhibit 1-4.

³ Eight telephone attempts were completed before replacing a sampled participant. Whenever possible, interviewers tried to locate participants with non-working or missing telephone numbers in person, at the provided address. Many persons were not at the address provided or were difficult to locate in large multi-unit apartment buildings when no apartment number was provided. Through the investigative efforts of the interviewers, many of these persons were located successfully and interviewed. Those who completed the telephone portion of the interview in person received a \$10 gift card to their choice of Walmart or Target by mail. In addition, gift cards were provided to those who expressed concern about cell phone charges before scheduling or at a time during the telephone interview screening.

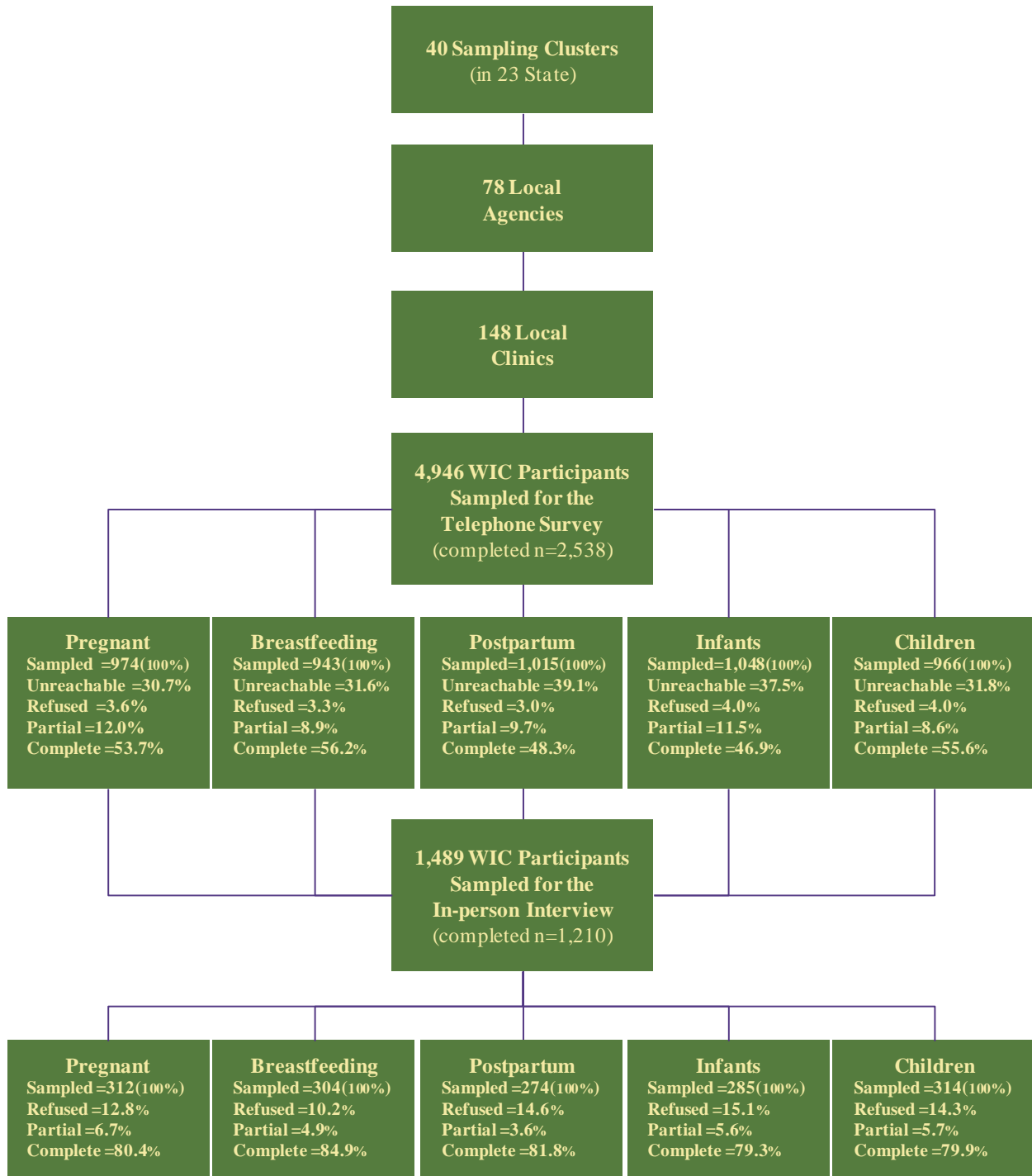
During the data collection period, a problem was encountered which was not anticipated in the planning stages, or in discussions with the States: the contact information of participants (addresses and telephone numbers) was frequently out of date. While policies on what is required differ among the States, participants do not always provide address changes to local WIC offices, although all States do require some proof of residence during the original certification. Furthermore, addresses in multi-unit buildings may lack apartment numbers. Since vouchers are picked up in person, rather than mailed, failure to report apartment units or changes in address seem to have no impact on benefits. The problem seemed to reflect the realities of dealing with a low-income population—a group that is somewhat mobile by nature. Telephone numbers, which are generally not susceptible to any verification at time of certification, were even more of a problem, especially since many people have abandoned landlines in favor of cell phones. Cell phone plans can be closed or numbers changed, and prepaid plans make changes simple. Even when correct, telephone access can be a problem. Caller ID makes it easy for people to ignore calls from unknown numbers. Some accounts have privacy features, such that calls from unknown numbers are blocked.

As a result, locating sampled participants to schedule an interview was often a challenge. If data collectors could not reach a person by phone, they would make an in-person call at the address and, if they did not have an apartment number or if the person had moved, they inquired of neighbors. Data collectors were instructed to attempt calls at different times of the day (within an 8 a.m. to 8 p.m. window) and at different times of the week. They were also told not to leave more than two voicemail messages within a 4 day period to avoid appearance of harassment. If the data collector could not locate a participant by these means, they were instructed to see if more current information could be obtained from the local WIC clinic. This latter step was taken by about a half dozen of the data collectors, but ultimately did not yield much improved information.

As might be expected, it was much more difficult finding participants in large urban areas than in suburban areas, smaller towns, or rural areas. As data collection proceeded, data collectors were reassigned to put some of our most accomplished staff in areas where participants were most difficult to reach.

Exhibit 1-4 displays response rates by WIC program category and nonresponse type.

Exhibit 1-4: Survey Completion Rates by WIC Category and Nonresponse Type



1.4 Analysis: Participant Characteristics

An integrated dataset that included pre-coded data obtained from States, a telephone survey of WIC participants, and an in-home survey with 1,210 respondents comprising approximately half of the respondents who completed the telephone survey, were analyzed in this study. The dataset contained a total of 2,560 records for sampled participants who completed the telephone survey. Exhibit 1-5 displays the numbers and weightings of the telephone survey sample, and the in-home survey subsample by WIC program category.

Exhibit 1-5: Weighted Ns and Percentage Distributions of Participant Samples and Subsamples Completing the Telephone and In-Home Surveys by WIC Category

Sample Components	WIC Category	Unweighted n	Weighted n	Weighted %	Std error Weighted %
Total (Telephone)	Pregnant	517	977,875	10.61	0.10
	Breastfeeding	519	610,440	6.63	0.09
	Postpartum	490	637,086	6.91	0.03
	Infant	495	2,234,610	24.25	0.13
	Child	539	4,753,728	51.59	0.17
	Total	2560	9,213,739	100.00	
Completed In-home	Pregnant	251	489,087	10.95	0.38
	Breastfeeding	258	311,365	6.97	0.27
	Postpartum	224	295,577	6.62	0.24
	Infant	226	1,072,430	24.00	0.66
	Child	251	2,299,322	51.46	0.97
	Total	1210	4,467,781	100.00	
Did Not Complete In-Home	Pregnant	266	488,788	10.30	0.39
	Breastfeeding	261	299,075	6.30	0.24
	Postpartum	266	341,510	7.20	0.25
	Infant	269	1,162,180	24.49	0.66
	Child	288	2,454,406	51.72	0.93
	Total	1,350	4,745,959	100.00	
Pearson Chi-Square	1.06				
P value	0.63				

Note: Statistics are weighted by the telephone survey weights.

A Chi-square significance test was conducted and results show that there was no statistically significant difference in WIC category distribution between participants who completed the in-home survey and those who did not complete the in-home survey ($\chi^2 = 1.06$ and $p = .63$). This

suggests that for in-person interview, there was no selection bias by program categories with sample weighting.

Data from the telephone survey were the main source for the analysis of participants' demographic characteristics and their experiences with the program. Additional data on household size and structure were obtained from the in-home survey, whose respondents were asked to name and describe each person living in the household (up to 20) in terms of age, sex, and relationship with the sampled participant, and indicate whether or not the person was part of the family economic unit.

Data Processing and Editing

Data processing included data cleaning, formatting, labeling, and coding. Raw data items were recoded and new or composite variables were reconstructed and used in the analysis. The definitions of these variables and details of how they were manipulated in the analysis are presented below.

Participant Age

With raw data on participants' birth day, month, year, and corresponding certification day, month, and year, the days between the birth day and the date of the survey were calculated and the results were converted into age in years and months. For children, age is presented as 1 through 5 years; for infants, months of age are presented in five levels comparable to those used in NSWP I (0–3 months, 4–5 months, 6–8 months, 9–11 months, and 12 months and older).⁴

Missing data occurred on birth day and month for a very small number of cases. Imputation was applied involving imposing a value of 15 to the missing day and a random assignment of 1 through 12 to the missing month. Out-of-range values on birth year (e.g., 8 and 9 instead of 2008 and 2009 respectively) were corrected for 9 cases as well.

Participant Race

Following Census racial categories, there were seven racial groups in the original variable on participants' race: African American, American Indian and Alaska Native, Asian American, Native Hawaiian and Other Pacific Islander, White, Others, and Multiracial. The subgroups Asian, Native Hawaiian and Pacific Islander, Others, and Multiracial, however, had small sizes, producing low cell frequencies when breaking up a program measure (e.g., breastfeeding) by race. To address this issue, the categories of Asian and Native Hawaiian and Other Pacific Islander were combined into one subgroup labeled "Asian and Pacific Islander," while Other and Multiracial categories were also combined into one subgroup labeled "Other/Multiracial." Still, many measures collapsed by the recoded race indicator had low cell frequencies for smaller racial groups, particularly American Indian and Alaska Native.

⁴ Some States allow a transition period for infant benefits for up to 30 days beyond their first birthday.

Education and Language

To consolidate information, the original eight levels of education of WIC women and parent/guardians was recoded into three categories; i.e., less than high school, high school completion, and more than high school. Likewise, participant native language background was recoded into three categories: English, Spanish, and others.

Food Program Participation

Data were collected to measure respondents' participation in other food assistance programs. The original items, coded in binary format, indicate whether or not the respondent participated in each of the nine programs (Supplemental Nutrition Assistance Program (SNAP), National School Lunch Program (NSLP), National School Breakfast Program (NSBP), Summer Food Service Program (SFSP), Food Distribution Program on Indian Reservations (FDPIR), Temporary Assistant for Needy Families (TANF), Child and Adult Care Food Program (CACFP), local/community food bank, and Commodity Supplemental Food Program (CSFP, past and present). Additionally, two composite variables were developed and used based on participation in food assistance programs. Focusing on SNAP participation, one variable identified three categories of participation: participation in no other food assistance program, participation in other food assistance programs including SNAP, and participation in other food assistance programs excluding SNAP.

Program Benefits

The value of WIC program benefits was assessed using a large set of data items relating to respondents' perception of WIC benefits, with six levels of responses ranging from 0 ("not valuable at all") through 5 ("extremely valuable").

Program Satisfaction

The original variables on program satisfaction measured WIC services and location of facility using a five-point scale (1 = very satisfied, 2 = somewhat satisfied, 3 = neither satisfied nor dissatisfied, 4 = somewhat dissatisfied, 5 = very dissatisfied). Two additional sets of data items addressed food benefits (3 items, specifically dealing with quantity, foods you like to eat, and choices in sizes/brands available) and specific services (12 items dealing with clinic staff, customer service, location, and facility), all on a five-point scale (1 = excellent, 2 = very good, 3 = good, 4 = fair, and 5 = poor). The responses were tabulated by program or demographic characteristics.

As discussed in the WIC Benefits Ratings subsection of Section 3.3, the original responses relating to services and facility location were first analyzed and then collapsed into the two broad categories of "satisfied" and "dissatisfied". Similarly, responses relating to food benefits and related specific service features, were combined into "satisfied" (for responses of "excellent," "very good," or "good") and "dissatisfied" for "fair" and "poor" responses. To consolidate the information, a composite measure was developed for each of the two sets of data items. Each item was reversely scaled into a low-to-high value scheme representing increasing satisfaction level (0=Poor, 1=Fair, 2=Good, 3=Very Good, and 4=Excellent). The composite variables of satisfaction with coupon and special services (named COMPSATISCP2 and

COMPSATISSPEC2, respectively) were built by averaging scores for each set of original items. Further, a comprehensive indicator of program satisfaction is created (COMPSATISTOT2) by averaging the values from the two composite variables and the original items of satisfaction with WIC service and location/facilities (also reversely recoded).

Perception of Food Quantity

Two sets of data items measured respondents' perception of whether the quantities of 11 specific food items available in food packages were too little or too much, respectively (see Appendix I-A for specific food items). Responses of yes or no (response indicating 'too much' or 'too little' of the food or 'no' were recoded 1 and 0 respectively). Two composite indicators were constructed for each food item (for too much and too little, respectively) by summing the affirmative responses (Yes) of each item in each set.

Length of Breastfeeding

Four measures were created for length of breastfeeding based on the original data items, including:

- Days of breastfeeding of the last child by women and guardians
- Days of exclusive breastfeeding of the last child by women and guardians
- Days of breastfeeding of the current child, excluding those who were having their first pregnancy
- Days of exclusive breastfeeding of the current child, excluding those who were having their first pregnancy.

The original measurement of length in weeks or months was converted into days as the final measure. Another measure of number of months planning to breastfeed, asked of only pregnant women, was reported only in months.

Number of Children

Two measures on the number of children were created relevant to, respectively, the respondent's nuclear family and the household. The nuclear family included the WIC woman and her own child(ren); or alternatively, the custodial guardian and WIC child(ren) or infants sampled in the telephone survey, and their siblings. The household, in contrast, included all the persons named by the in-home interview respondent (a WIC woman or an adult custodial guardian of a WIC child/infant): the respondent, other adults, children, and infants.

Note that the in-home interview data on household size and structure were more systematic and detailed on determining household composition than the telephone survey. In the in-home interview, respondents were asked to name all persons in the household (up to 20; the data collected showed a maximum of 14), and to describe each member in terms of age; sex; extended family relationship (grandparent, uncle, aunt, cousin, nephew, and stepchild/parent) as well as non-family relationship with the sampled WIC participant (foster child/parent and non-relatives).

The number of children was determined by counting household members whose ages were under 18.

In telephone interviews, respondents were only asked about the number of their own children (including the first pregnancy/child at the time of the interview). The number of children in the nuclear family was constructed by first identifying pregnant women (in WIC category 1) who reported the first-time pregnancy (not yet undelivered at the time of the interview). For these cases, the nuclear family has no child. For respondents in other WIC categories, the family would have one or more children, as reported by WIC women or adult respondents. Consequently, nuclear families without children are identified as those of first-time pregnant women.

The binary indicator of households with children versus without children derived from the in-home interview was relevant to food security measurement, which requires determination of whether there is a household member under the age of 18. With this household indicator, FNS' scoring protocols for households with and without children were applied to develop food security scale scores (see also Food Security measurement).

Food Security

Following FNS guidelines on food security measures (FNS, 2000), two sets of food security indicators were developed: status levels and scale scores. The procedure involved the following steps:

- Assigning values to missing Level 2 screener follow-up items: the three Level-2 screeners (P0534b, P0534f, and P0534j) were first recoded into binary format with 1 indicating food insecure and 0 indicating non food-insecure (or food secure). Missing data on the paired follow-up items were assigned values. Specifically, if a screener was negative (indicating no food insecurity), the missing follow-up item was assigned zero (negative), whereas if the screener was positive (indicating food insecurity), then the follow-up item was missing.
- Binary recoding: all 18 food security items were recoded into binary format according to the prescribed ERS protocol. For the first six items (p0534a_1-p0534a_6, referred to as the Stage 1 items by ERS), values smaller than three were coded as 1 (affirming food insecurity); otherwise zero (for food security). For the remaining four three-category items (Stage 2 items), if the values equaled three they were recoded zero (negative answer). The eight original binary variables remained binary.
- Imputing missing data: possibly food insecure cases were identified by the primary screener (P0533>1). Of them, one case had missing data on all but the first two items (P0534a_1 and P0534a-2), and nine cases had missing data on one or more of the last four items (P0534h through P0534l). As the ERS Guide specifies,⁵ imputation must consider the order of food insecurity severity for the 18 items.⁶ Two conditions must both be met for imputing the missing data with a 1 (indicating food insecure): (1) at least one affirmative response occurs among the more severe items relative to the item with missing data; and (2) the response on

⁵ Bickel, Gary, Mark Nord, Cristofer Price, William Hamilton, and John Cook: *Guide to Measuring Household Food Security, Revised 2000*. U.S. Department of Agriculture, Food and Nutrition Service, Alexandria VA. March, 2000.

⁶ We took the severity order developed by ERS based on the 1998 national population study.

any of the less severe items is not food secure. If one or both conditions are not met, a zero (food secure) is assigned to the missing item. Missing data were coded by: (1) summing the values of items that implied more severe food insecurity—if the sum was greater than 1, then it was coded as 1 (food insecure) since at least one item of greater severity was responded to affirmatively⁷ and the first condition was met); (2) summing the values of less severe items to identify any negative response (if the sum equals the number of these items, then the second condition was met). As appropriate, either a code of 1 (food insecure) was entered in place of the item with missing data or a code of 0 (food secure).

- Generating the raw food security score: this score was obtained by adding the counts of affirmative answers (coded as 1) of all the 18 items.
- Determining food security status levels: applying the two FNS schemes for determining food secure status, households with at least one child (based on information from the in-home interview data) were labeled respectively with four levels of food security. The levels were: 0 = "high," 1 = "marginal," 2 = "low," and 3 = "very low" food security.
- Assigning food security scale score: also applying the two different scoring schemes in the FNS guidelines, a food security scale score was developed based on the raw scores for households with and without children.
- Screening out cases that are food secure: primary screening (with P0533 value = 1, "have enough food") was used to identify households that were food secure. These households were assigned 0 for both FS status level and scale score.

The estimated food security status levels in this study may not be directly comparable with those of the prior NSWP-I study (National Survey of WIC Participants 1, USDA, 2001) because of differences in the questionnaires and scoring algorithms. The primary screening question used in this study was—

13. Now thinking about how your family eats generally, which of the following statements best describes the food you had to eat in your household during the last 12 months? Your household... [READ LIST]? [CHECK ONE ONLY]

- Have enough to eat [SKIP TO Q35]
- Sometimes not have enough to eat, or
- Often not have enough to eat.

Respondents who selected "Have enough to eat" were considered food secure and skipped for the remaining food security questions. In the prior study, the screening question also asked about household food sufficiency over the past 12 months; but with different response wording: the response "enough to eat the kinds of food wanted" was determined as food secure and skipped for the remaining food security module (EIC Participant and Program Characteristics II, USDA, 2001).

⁷ If any missing data occurs on a more severe item, we assigned zero (negative) to the item, likewise with less severe items.

Another difference is in labeling food security status and related scoring changes. Following the new labels prescribed by ERS,⁸ the approach shown in Exhibit 1-6 was used:

Exhibit 1-6: New Food Security Labels from ERS Website

New Label	Description of Conditions in the Household
High food security	No reported indications of food-access problems or limitations
Marginal food security	One or two reported indications—typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake
Low food security	Reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake
Very low food security	Reports of multiple indications of disrupted eating patterns and reduced food intake

In the NSWP-I study, the old labeling scheme was used, as follows:

- Food secure
- Food insecure without hunger
- Food insecure with hunger, moderate
- Food insecure with hunger, severe.

In addition, the scoring procedure differed by the labeling scheme. With the label changes, the revised scoring scheme was used to generate food security status level. Note that, due to the low frequency and low rate of “marginally food secure” (1.06%), this category was combined with the “high food secure” category, with a new label “high or marginal food secure” or simply “food secure.”

Comparisons of the different labeling and related scoring schemes for food security measurement were compared with the in-home interview data weighted with an initial set of sampling weights and replicated weights.⁹

The weighted and unweighted counts of participants by food security status levels using different scoring/labeling systems are presented in Exhibit 1-7.

⁸ <http://www.ers.usda.gov/Briefing/FoodSecurity/labels.htm>, viewed as of 06/12/2010.

⁹ These weights were finalized for the analysis of improper payments with the in-home interview data.

**Exhibit 1-7: Food Security Status Levels by Labeling/
Scoring System: Total In-Home Survey Sample**

Food Security Status Indicator	Unweighted n (1,210)	Weighted n (9,113,617)	Percent (100)	S.E. of Percent
Food Secure—Previous Scoring (FSSTATUS1)				
Food secure	989	7,564,559	83.0	1.7
Food insecure without hunger	118	845,803	9.3	1.2
Food insecure with moderate hunger	82	576,646	6.3	1.1
Food insecure with severe hunger	21	126,609	1.4	0.5
Food Secure—New Scoring (FSSTATUS2)				
High food security	968	7,466,421	81.9	1.70
Marginal food security	21	98,138	1.1	0.42
Low food security	118	845,803	9.3	1.22
Very low food security	103	703,255	7.7	1.26
Food Secure—New Scoring (FSSTATUS) with High and Marginal Food Security Combined				
High or marginal food security	989	7,564,559	83.0	1.71
Low food security	118	845,803	9.3	1.22
Very low food security	103	703,255	7.7	1.26

Because the indicator of a household with a child or children versus one without children was derived from the in-home interview data, the food security measure was available only for 1,210 cases that participated in the in-home survey. The number of cases available for tabulations of the measure by demographic and program variables may vary due to missing data on those variables.

There were 22 cases that participated in the in-home survey that had missing data on food security. The data were entered for each food security item by assigning values from cases (called donors) that had valid data and were in the same State, agency, clinic, and WIC categories as each of the 22 cases. The donors were defined as telephone interview respondents who were not selected for the in-home interview. There were two instances where a donor was chosen from the other clinic within the same local agency due to insufficient cases in the same clinic. The donors were randomly sorted within donor cell and each donor could be selected only once. Only 4 of the 22 cases resulted in the full battery of food security questions; the others were food secure based on the screening.

Household Structure

An array of household structure indicators were developed for use with the in-home interview data. For each named household member, relationships with the respondents were documented by two sets of variables, for WIC children/infants and WIC women. Available only for the 1,210 in-home interview cases, the indicators used to determine household size were—

- **Household size:** the total number of household members, including relatives and nonrelatives (fostered child/parent and children under temporary care) (HHSIZE).
- **Number of children in the household:** all household members who are under 18, including relatives and nonrelatives (KIDN).
- **Number of parents:** parents or foster parents for the WIC child/infant, plus the spouse of the WIC woman (PARENTN).
- **Number of grandparents:** grandparents to the WIC child/infant or the woman (GRANDN).
- **Number of non-biological members:** members who are not relatives of the WIC child/infant or woman (NONBIO).
- **Number of relatives:** members who are cousins, nephews, uncles, aunts, grandparents (RELATN).
- **Number of foster members:** foster children or foster parents (FOSTERN).
- **Generations:** Number of generations; a score of “2” if no grandparent named to the child/infant or the woman; “3” if one or more grandparents named for the WIC child/infant; “4” if one or more grandparents named for the WIC woman (GEN4). (Scores of 0 and 1 were not used.)
- **Single parent households:** households that have only one parent (SINGLEPARENT).
- **WIC mother:** for child or infant cases, named member who is a female parent and participated in WIC (WICMOM).
- **Teen mother:** for child or infant cases, named member who is a female parent and age under 18 (TEENMOM).
- **Nuclear family:** households without relatives (NUCLEARFAM).

Tabulation and Analysis

The participant characteristics analysis entailed two statistical procedures. One- or two-way cross-tabulations were run to examine, respectively, descriptive statistics of key variables and bivariate associations between two categorical variables. Pearson chi-square tests were used in two-way cross-tabulations to help determine if associations between pairs of variables were statistically significant (at $p \leq .05$).

Comparisons of means was performed to examine differences in continuous measures between two or more categories. To determine statistically significant differences, each category’s estimates of the means at the 95 percent confidence level is presented.

SAS 9.2 PROC SURVEYFREQ and SURVEYMEANS on ICF Macro's UNIX system used the jackknife replicate weights method to compensate for the complex sample design effects and to obtain accurate variance estimates. Adjusted sampling weights obtained via post-stratification were also used in all the procedures to correct biases generated by unproportional sampling selection and unit nonresponses.

1.5 Non-Response Bias Analysis

The Office of Management and Budget (OMB) requires non-response bias analysis whenever the survey response rate is less than 80 percent. The response rate for the telephone survey of participants in this study was 51.3 percent (Exhibit 1-8).¹⁰ To a large extent, the response rate reflects the source of information for the sampling frame. States obtain contact information on applicants during initial application and/or at recertification. Participants, however, receive their vouchers—which are exchangeable for nutritious food at WIC offices—in person. Since vouchers are picked up at WIC offices, the need to maintain current contact information is minimized and contact information in State files may legitimately be 6 to 18 months out of date. In conducting the telephone survey among WIC participants, it was found that 4.4 percent of telephone numbers were no longer current, being either disconnected (temporarily or otherwise) or not in service at all. Another 14.0 percent rang with no voicemail or human answering the call, making it impossible to know if the participant had been reached. Attempts that were made to locate sampled participants by other means—including visiting their reported residences—were sometimes successful, but addresses changed as well. In this case, a follow-up was done, as specified in the research design, asking whoever resided at that address or a neighbor to help locate the sampled participant. Sometimes, this was achieved with the help of an updated telephone number, but frequently the interview was conducted in person at the discovered address, or at yet another address where the sampled participants were located.

This process was quite effective as a whole, as suggested by the difference between the response rate and the ultimately achieved cooperation rate of 78.0 percent. The response rate was determined using American Association for Public Opinion Research (AAPOR) calculation,¹¹ defined as the number of completed interviews divided by the sum of (1) completed interviews plus partial interviews, and (2) refusals and non-contacts. (Note that RR1 also includes cases of unknown eligibility in the denominator, but researchers had no such cases). The cooperation rate, using AAPOR calculation, is the number of completed interviews divided by the sum of (1) completed and partial interviews, (2) refusals, and (3) others who could be identified and contacted (thus excluding those for whom current contact information was unavailable).

Despite the efforts to locate respondents for whom contact information was no longer current, both the response rate and the cooperation rate (excluding those who could not be located) remained below 80 percent. Thus, non-response bias analysis was conducted without sample weighting in order to examine both the amount of non-response and the extent to which respondents differed from non-respondents on key background variables.

¹⁰ Non-response bias analysis for the in-person survey results is presented in Appendix II-G.

¹¹ American Association for Public Opinion Research. Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys, 2009 Revision. (2009). Retrieved from <http://www.aapor.org/Content/NavigationMenu/ResourcesforResearchers/StandardDefinitions/StandardDefinitions2009new.pdf>

The non-response bias analysis relied on participant category, which was part of the sampling frame, and on several characteristics available for both respondents and non-respondents¹² including: race/ethnicity, gender, family size, months since the recent certification, and whether the participant lived in a metropolitan statistical area (MSA) or a non-MSA. Two additional variables were examined (participants' category and region of the country), but the response rates for these were irrelevant. That is because the design included sequential replacements of non-respondents, meaning that each non-respondent was replaced by a participant from the same WIC Category and Local Agency (and thereby, region). As a result, the number in each WIC category (i.e., pregnant women, postpartum, breastfeeding, infant and child) and the number in each Local Agency were held constant by the replacement procedure. And, since every non-respondent was replaced by another participant from the same region, that would not have introduced any response-rate bias by region.

The response rates were compared for each of the categories in these variables, and the differences within categories were tested for significance (Appendix I-C1).

In addition, these items were used to ascertain whether those variables related to responding would affect estimates of at least some substantive variables. Had any variable been significantly related to responding, researchers would have investigated further. Race/ethnicity was the only variable related to both responding and to key outcome variables.

The key outcome variables were chosen to represent the most relevant outcomes that could have a potential relationship to the response rates. The following key outcome variables were chosen:

- **Item #7:** Satisfaction with WIC staff and services (Very Satisfied/Satisfied vs. Neither/Somewhat Dissatisfied/Very Dissatisfied)
- **Item #7A:** Satisfaction with location and building facility services (Very Satisfied/ Satisfied vs. Neither/Somewhat Dissatisfied/Very Dissatisfied)
- **Item #8:** Ratings of the various aspects of WIC staff, services, and facilities (Excellent/Very Good/Good vs. Fair/Poor)
- **Item #9:** Satisfaction with various food benefits (Excellent/Very Good/Good vs. Fair/Poor)
- **Item #18:** Attendance at any group education session (Yes vs. No)
- **Item #24:** One-on-one nutrition counseling (Yes vs. No)
- **Item #32:** Various food programs received (Yes vs. No)
- **Item #33:** Food security screener status (Have enough to eat vs. Sometimes do not have enough to eat/Often do not have enough to eat)

¹² States were able to provide only limited demographic data on the sample frame, including both respondents and non-respondents. While we collected additional data on respondents, these were not available for non-respondents, and could not be used for the non-response bias analysis.

These items were chosen to represent a cross-section of all major topics covered in the telephone survey, excluding basic demographic questions. Additional items in the instrument were largely sub-categories or refinements of these items or were items that applied only to participants in some categories, such as breastfeeding women, pregnant women, or women who have children.

Cross-tabulations of race/ethnicity and these key outcome items revealed significant differences for: some of the ratings of the various aspects of WIC staff, services, and facilities; a few questions on satisfaction with various food benefits; some food programs received; as well as the food security screener item (Appendix I-C4).

Non-response bias is most serious if a variable is significantly different for respondents and non-respondents, and, among respondents, is significantly associated with one or more key outcome variables. Only the race/ethnicity variable was found to meet these conditions. Exhibit 1-9 indicates the different response rates for the various racial/ethnic groups, based on the combined race/ethnicity coding used by California. In addition, a cross-tabulation of race/ethnicity and outcome items revealed significant differences by race/ethnicity for some of the outcomes.¹³

Later on, it will be seen that, in ruling out any bias associated with race/ethnicity, comparisons were made using every variable in the telephone survey.

Exhibit 1-8: Response Rates and Missing Data Rates by Combined Race/Ethnicity—All States Recoded to Match California

	Race/Ethnicity					Total %
	White %	Black or African American %	Asian American, American Indian ^a %	Other %	Hispanic %	
Unreachable	29.1	35.9	32.6	40.3	35.9	34.2
Refused	3.9	3.6	8.3	4.5	2.7	3.6
Partially Complete	12.4	10.8	13.6	14.9	9.0	10.9
Response Rate*	54.7	49.7	45.5	40.3	52.5	51.3
Total (unweighted n=4,946)	100.0	100.0	100.0	100.0	100.0	100.0

* For response rate Chi-square = 29.59, p<.0001, suggesting that response rate differed statistically significantly between racial-ethnic groups

^a Asian American, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander

¹³ Satisfied with food benefits providing the right quantity of food, Chi-square = 24.81, p<.0001; Satisfied with food benefits offering foods that you like to eat, Chi-square = 71.64, p<.0001; Satisfied with food benefits offering food choices in sizes and brands, Chi-square = 39.88, p<.0001, Attended any group seminars, Chi-square = 116.28, p<.0001; and Having enough to eat during last 12 months, Chi-square = 19.41, p<.01.

In order to include the entire sample, Hispanic origin and race were combined in this analysis. This is because California provided its data on race/ethnicity as a single variable in which Hispanic was treated as a race, rather than following the usual practice asking respondents if they are Hispanic after identifying their race in a separate question. The other States were therefore recoded to match the California race/ethnicity coding approach. At this point, it was also determined that the State-provided ethnicity and the self-reported ethnicity did not always match. The overall match rate was 68.7 percent, which means 31.3 percent of the State-provided ethnicity did not match the self-reported ethnicity. If California is removed, the match rate goes up to 80.5 percent.

Exhibit 1-9 provides non-response information using current coding for race/ethnicity (and thus, data) for all States except California. Since the results did not differ from those including California, our subsequent procedures and weighting included California.

**Exhibit 1-9: Response Rates and Missing Data Rates
by Race/Ethnicity—All States Except California**

	Race/Ethnicity					Total %
	White	Black or African American	Asian American, American Indian ^a	Other	Hispanic	
	Yes %	Yes %	Yes %	Yes %	Yes %	
Unreachable	32.6	35.4	26.0	36.3	34.8	33.0
Refused	3.4	3.1	2.4	4.2	2.6	3.3
Partially Complete	10.5	11.4	12.0	16.5	9.5	11.4
Response Rate*	53.5	50.1	59.6	43.0	53.1	52.2
Total (unweighted n =4,007)	100.0	100.0	100.0	100.0	100.0	100.0

* For response rate: Chi-Square=26.16, p<.0001, suggesting that response rate differed statistically significantly between racial-ethnic groups.

^a Asian American, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander

The sample of respondents was weighted using preliminary weights, and the estimates using self-reported race/ethnicity were closer (within 4 percentage points) to the percentages found in the FNS's WIC Participant and Program Characteristics report (2008)¹⁴ than those using the State-provided race/ethnicity. This discrepancy persisted, even when race/ethnicity from the initial sample (sampled respondents and non-respondents without including replacements) was used instead of the final sample (with respondents only, including replacements). In addition, to include data from California, the State-provided data did not permit separation of Hispanic participants by race. These factors made non-response adjustments less appealing than post-

¹⁴ <http://www.fns.usda.gov/ora/menu/published/wic/FILES/pc2008.pdf>, viewed as of 12/23/2011.

stratification or raking.¹⁵ Since FNS reports presented race and ethnicity separately, raking was the more appropriate technique. Some respondents declined to answer the questions on race or Hispanic origin. Hotdeck imputation was performed for these cases so the raking could be done effectively. This procedure is commonly used, and can be found in the documentation of the State and Local Youth Risk Behavior Surveys Weighting Procedures,¹⁶ or in the National Household Education Surveys.¹⁷ The weights were raked on race and Hispanic status separately and all key outcome variable estimates were calculated using the two sets of weights: the original unadjusted weights and the raked weights.

The largest difference between the results of the two different weighting procedures was 1.5 percent, and the bulk of the differences were under 1 percent (Appendix I-C3). None of the differences were such that they would have led to substantively incorrect conclusions. Given that there is no guarantee that the self-reported survey of race and Hispanic status would match the administrative data, that there are two sources for race and ethnicity that do not fully agree, and that raked weights and unadjusted weights provided very similar results, researchers recommend using the original unadjusted weights—and, as stated, including a comparison of Responses and Non-response Rates by Relevant Characteristics (Appendix I-C1) and Difference Between Original Weights and Raked Weights on Relevant Measures (Appendix I-C3).

Finally, examined item non-response for every item to fulfill Guideline 3.2.10 of the *Office of Management and Budget's Standards and Guidelines for Statistical Surveys*¹⁸ that requires item non-response analysis if the item response rate is less than 70 percent. Researchers recoded data so that a missing value indicated item non-response rather than being due to a skip pattern. No item was found that had a response rate lower than 70 percent. In fact, none of the items had a missing value rate higher than 2.5 percent (Appendix I-C2). As the rate of item non-response was not found to be lower than 70 percent for any individual item, item non-response bias analysis was not conducted.

¹⁵ Raking is a form of iterative post-stratification, frequently used when totals come from different tables. In this case, different tables presented race and Hispanic status.

¹⁶ Retrieved from <http://www.cdph.state.co.us/hs/yrbs/2007%20YRBS%20Weighting%20Procedures.pdf>

¹⁷ NCES. (1997). *An overview of the National Household Education Surveys: 1991, 1993, 1995 and 1996.*

¹⁸ Retrieved from http://www.whitehouse.gov/sites/default/files/omb/inforeg/statpolicy/standards_stat_surveys.pdf

CHAPTER 2. IMPROPER PAYMENT ESTIMATION: IN-PERSON SURVEY

2.1 Overview

A main goal of NSWP-II was to estimate the annual cost of erroneous payments caused by WIC certification error in fulfillment of the requirements of the 2002 Improper Payments Information Act. This law and subsequent Office of Management and Budget and executive directives stipulate that agencies must review all programs and activities and identify significant erroneous payments, defined as annual payment errors exceeding both 2.5 percent of program payments and \$10 million. The term “certification error” is used for a broader concept that includes income eligibility error (error due to household income higher than WIC eligibility requirement) and other errors, such as expired certification error or error from incorrectly denying or terminating participants. In this study, the case and dollar error estimates are reported for income eligibility error only. Other types of errors were explored, with tentative results presented in Volume 3 appendices, and not included in the formal improper payment statistics.

To make this estimation, it is first necessary to understand the eligibility requirements of the WIC program as spelled out in the Federal Register in the *Code of Federal Regulations* (7 CFR §246.7), which is updated on January 1 of each year.

Taking a random sample of approximately half of the WIC telephone respondents, researchers conducted in-person interviews with 1,210 WIC participants in order to review hard copies of the proofs that participants showed to gain eligibility and certification at their local agency or clinic. In this way, the eligibility of each WIC participant was reviewed for proper or improper determination.

2.2 Study Methodology

A two-part survey was administered from September 2009 to February 2010 to WIC participants who received benefits in May 2009, to gauge satisfaction with the WIC Program and to determine erroneous payments based on the assessments of eligibility for certification for WIC benefits. The survey consisted of two interviews: (1) a telephone interview of 2,538 WIC participants¹⁹ and (2) an in-person interview with 1,210 randomly selected respondents from the first interview. The telephone interview was described in the preceding chapter. The in-person interview focused on improper payments, the subject of this chapter.

The in-person interviews were conducted in order to solicit and review documents or “proofs” that participants had originally submitted to gain eligibility in the WIC Program (see Appendices II-A and II-B for instruments). The proofs shown during these interviews were used to determine if the standards set by FNS and/or the State agency had been met or not. Thus, the eligibility of each WIC participant was determined to be correct or improper and the number of case errors was determined. Translating case error into dollar error required obtaining the

¹⁹ A total of 2,538 were actually interviewed to ensure sufficient completes by program category within sampled local agencies and clinics.

actual redemption data for respondents from State WIC programs for the period from May through July 2009.

Incorrectly determined denials and terminations/discontinuations constitute a form of WIC program underpayment, which contributes to improper payments. However, ascertaining the dollar amounts associated with them was not feasible. Therefore, the scope of the study was limited to exploring potential sources of underpayment error, with brief telephone surveys conducted with two distinct groups (see Appendices II-C and II-D for instruments):

- Denied new applicants or new applicant denials—defined in this study as new WIC applicants who were denied benefits.²⁰
- Terminations/discontinuations—defined in this study as WIC participants whose eligibility had ended in May 2009 who were not recertified.

Source of Data

In-Person Interview

In-person interviews were conducted with 1,210 randomly sampled WIC participants nationwide from September 2009 through early February 2010. Forty-four field interviewers administered the in-person interviews using laptops equipped with computer-assisted personal interviewing (CAPI) software. Field interviewers were each assigned a geographic cluster or area in which they were expected to complete approximately 30 in-person interviews each. The interviews lasted approximately 30 minutes or less and usually took place at the WIC participant's residence. However, on occasion, at the respondent or interviewer's request, interviews were conducted at another, more convenient, location such as a library or fast food chain restaurant. Respondents received a cash incentive of \$20 for their time.²¹

To meet the language needs of the WIC population, 27 of the field interviewers were bilingual, in English and Spanish. In addition, the services of third-party telephone translators in the languages of Mandarin/Cantonese, Vietnamese, and Spanish were retained.

Field interviewers each received 3½ days of intensive training immediately prior to the start of data collection. They were instructed on recruitment and interviewing techniques, the WIC Program, data entry using CAPI on laptops, privacy and security measures, recordkeeping, and the various survey instruments. Respondents for the in-person interview were randomly chosen from respondents who completed the telephone survey and asked if they would participate at the conclusion of the telephone survey. This method worked effectively, and resulted in an overall response rate of 81.3 percent and a cooperation rate of 86.6²² percent for the in-person interview.

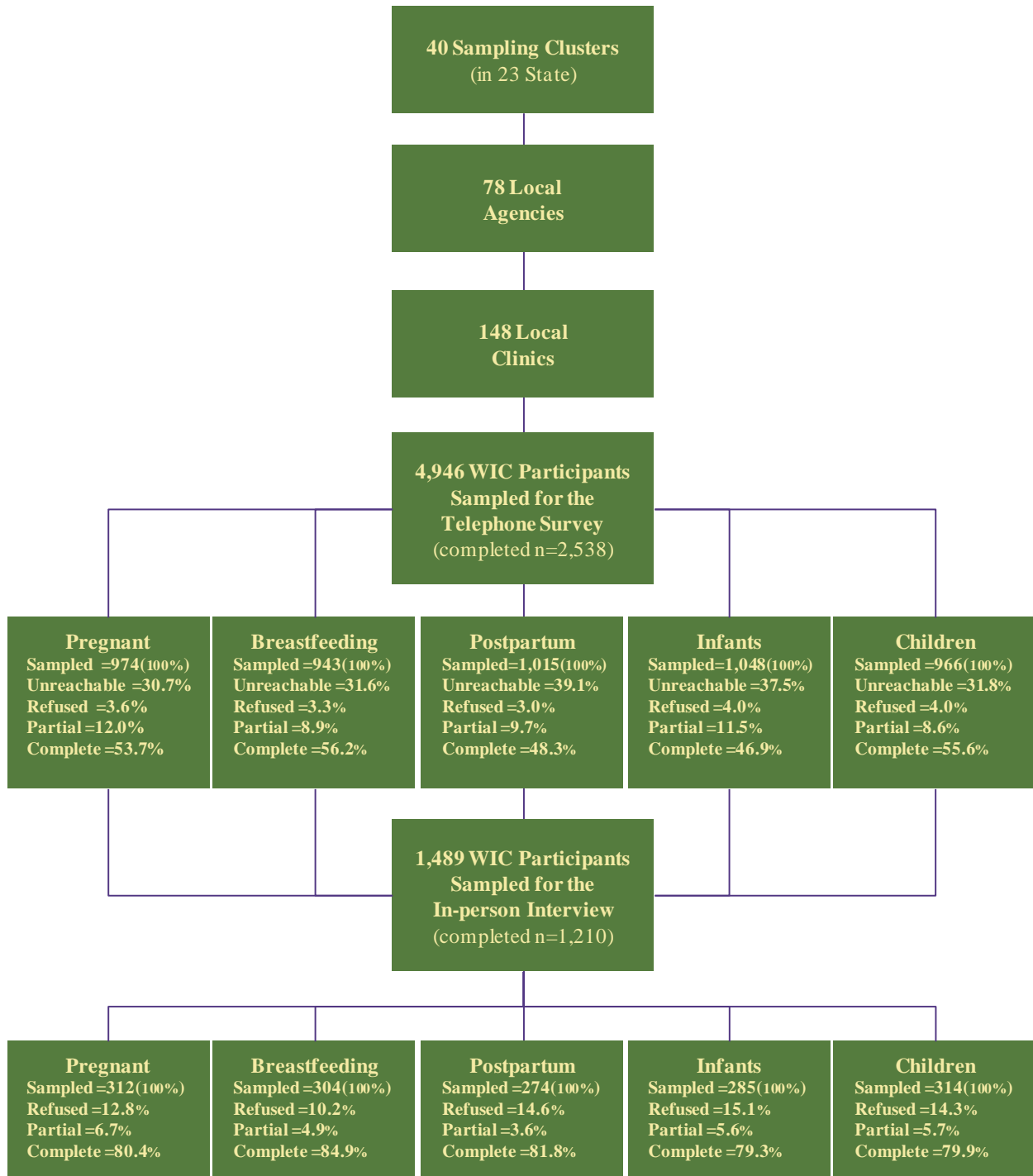
²⁰ States that maintained new applicant denial information provided records from May 2009; States that did not keep such records at the State level submitted the names of denials for a 30-day period largely in the month of August 2009, depending on how quickly they were able to start gathering data.

²¹ The incentive was paid even if a respondent discontinued the interview or opted not to answer all the questions. All persons receiving the \$20 remittance were required to sign a receipt for the incentive in order to satisfy basic accounting requirements.

²² The completion rate is the total number of completes (1,210) divided by the total number of selected (1,489); the cooperation rate treated partial interviews as respondents (e.g., see American Association of Public Opinion Research, http://www.aapor.org/AM/Template.cfm?Section=Standard_Definitions2&Template=/CM/ContentDisplay.cfm&ContentID=3156), or one minus the total refusal rate for this study. The difference between the two rates is attributable to those who agreed to the in-person interview but could not be located when interviewers appeared for or attempted to confirm the appointment.

Exhibit 2-1 details the sample sizes and nonresponse counts and rates by WIC category, nonresponse subcategory, and data collection components.

Exhibit 2-1: Sample Sizes and Response Rates: Data Collection Components, WIC Program Categories, and Nonresponse Subcategories



Questions for the in-person survey (see Appendices II-A and II-B), centered on establishing the size of the economic unit and validating proofs of residency, identification and income (or adjunctive income).²³ Field interviewers recorded the type of proof, document number, and the start and expiration dates, if evident. For income documentation, this process was quite involved. It entailed asking participants about 22 potential sources of income for each member of the economic unit, including the nature of the source (wages, alimony, unemployment compensation, etc.), the dollar amount, and frequency to be able to calculate a yearly total.

If respondents were unable to produce clear-cut documentation of their eligibility, they were asked to sign a release form allowing researchers to retrieve third-party verification of their declared income sources and/or participation in other adjunctive eligibility programs. The release form could be an income release form, an undocumented employment information form, and/or a program release form, depending on the participant’s eligibility information from the State files. These are described in Exhibit 2-2.

**Exhibit 2-2: Income and Program Release Forms
and Undocumented Employment Information Form**

Type of Form	Description
Income Release Form	Release form authorizing ICF Macro to retrieve third-party verification of employment and gross pay of WIC participants for Spring 2009.
Undocumented Employment Information Form	WIC participants who were unable to provide employment verification (usually because of self-employment) filled out this form, which enumerated their work responsibilities, title (i.e., painter, babysitter), pay, and hours worked for Spring 2009.
Program Release Form	Release form authorizing ICF Macro to receive third-party verification of program participation in an accepted adjunctive program in Spring 2009.

The release forms were collected by the field interviewers and returned for verification by researchers through third parties.

State-Provided Program Eligibility and Redemption Data

The basic design for NSWP-II was a departure from that used in NSWP-I, which sampled new applicants/certificants/recertificants at local agencies using intercept interviews. Intercept interviews, while convenient, raise several issues and potential sampling and non-sampling biases, including various external factors that affect the ability to contact participants.²⁴ Most importantly, it could affect the behaviors of respondents, staff, and interviewers, such as by causing staff to become more attentive to regulations and requirements than usual or otherwise changing their behavior. Thus, for NSWP-II, researchers sampled food vouchers for a single

²³ Applicants who currently receive SNAP, TANF, or Medicaid are considered adjunctively income eligible and their actual income need not be further documented, as those programs have already done so. In addition, States may declare applicants automatically income eligible if they participate in State-administered programs that regularly document income and have income eligibility guidelines at or below WIC income guidelines. In this report, adjunctive eligibility refers to either adjunctive or automatic eligibility.

²⁴ For example, the selection of a single date or a few adjacent dates can introduce bias resulting from agency workload variation, weather, or various other external factors (e.g., near holiday, school closing). Also, sampling may not be as random as it appears, because of inadvertent bias associated with the appointment schedule, length of time applicants spend there, or the selection of participants with children in tow.

month. This had the benefit of including participants who were certified in many of the previous months, as well as those newly certified or recertified. It also helped avoid follow-up calls that would have been necessary to capture changes in status.

In June 2009, shortly after OMB approved the data collection, States were asked to provide all active vouchers to participants that were redeemable in April and May 2009—that is, all food instruments issued to current, temporary, expired, and presumed eligible certificants—from the sampled clinics and local agencies. The samples of participants, terminations/discontinuations, and, in some States, denied new applicants were selected from these data. Participants from vouchers redeemable in May and terminated/discontinued participants who received food issuances in April but none in May were sampled (Appendix II-E contains the data request letter sent to the States).

Only five States maintained new applicant denial information in their databases: Alabama, Arizona, Louisiana, New York, and Virginia. Their denied applications were sampled for May 2009. Local agencies and clinics were asked to help identify denied new applicants in the remaining States.²⁵ Logs were provided for use in recording a list of denied new applicants for 30 days, mostly in August 2009, but sometimes extending into September 2009²⁶ (see Appendix II-F).

Clinics recorded the name of the applicants, all contact information, and the reason for denial. The applicants were intended to be sampled and later interviewed by telephone. In the majority of the States, there were so few names that sampling was irrelevant. In some clinics, there were no denied new applicants for the month. It is not clear whether this is a general pattern of self-selection or whether the timing of the study—during a strong economic recession—contributed to the low numbers. It is important to note that applicants who inquire about eligibility criteria over the telephone, and based on the communication decide not to submit an application are not considered applicants and therefore are not considered denied.

To collect the redemption information, States were asked to pull redemption records for all participants with food vouchers in May 2009. Redemption data were obtained on the entire sample frame, rather than being limited to the sample of those interviewed. Since WIC clients have up to 30 days to cash in their food vouchers, and vendors and banks have up to 60 days to turn them in, it was not practical to ask States to extract these data until January 2010.

Redemption data were requested from the States primarily during January to February 2010. States were asked to provide those data approximately 1 month later. Several States were late in doing so and did not comply until April or May 2010. North Carolina was unable to provide redemption records because of major system difficulties.²⁷ Redemption information obtained

²⁵ Tennessee has a system whereby applications are entered in real time and the applicant is immediately informed of the decision. The centralized regional offices, which maintain the processing systems, do not retain information on denied new applicants. The State objected to keeping lists at the clinic or agency level, as offices that enter applications into the systems handle multiple State and Federal assistance programs and are not staffed by the U.S. Department of Health. Thus, Tennessee was excluded from the denied new applicant sample.

²⁶ North Carolina could not meet the timetable for providing data for the study and did not do so until nearly November 2009. Denied new applicant lists from North Carolina were similarly delayed by 30 days in October–November 2009.

²⁷ In consultation with FNS, North Carolina was permitted to skip the redemption request when it became clear that the State would simply be unable to provide the data within any conceivably acceptable timeframe. ICF Macro used the multiple imputation procedure to impute redemption values for North Carolina cases (see Section 3.5: Redemption Data Processing).

included voucher number and type, maximum redemption value, actual redeemed dollar amount, issuance and redemption dates, along with client information previously provided to enable records to be matched with the initial sample (see Appendix II-E).

Survey Content

In-Person Interviews of Participants

The purpose of the in-person interviews with participants was to review program eligibility information and obtain supporting documentation to verify whether eligibility was correctly determined, and if not, determine whether there was an erroneous payment. To qualify for WIC benefits, applicants must meet WIC's identification, residential, categorical, nutritional, and income requirements. This study substantiated identification, residential, income (including adjunctive income), and *some* categorical eligibility information.

In-person interviews did not assess nutritional risk eligibility or categorical eligibility beyond that of establishing the ages of participating infants and children. Assessing category error among women, i.e. determining whether each woman was correctly classified by WIC category (pregnant, breastfeeding, and postpartum) was not attempted since it would have required a more intrusive effort (e.g. medical document check). Data collectors observed gender and age of respondents during interviews and found no evidence of error.

To assess eligibility, field interviewers were asked to request and record selected information from four basic sources of documentation from the WIC participants: (1) identification, (2) proof of residence, (3) household size or family economic unit, and (4) proof of income or adjunctive eligibility. The field interviewer was directed by the computer-assisted software on what types of evidence were acceptable for each requirement, something that varied by State. To determine income or adjunctive income eligibility, WIC participants were asked to show either (1) documentation of household gross income at or below 185 percent of the Federal poverty level (FPL) or other criteria set by the State, or (2) evidence—such as an award letter, voucher or participation card from certain Federal or State means-tested programs—that meets the WIC income requirements.²⁸

Denial and Terminations/Discontinuation Interviews

Interviews with denied new applicants and discontinued participants sought to establish, via a short telephone survey, whether respondents perceived they had been correctly declared ineligible for WIC. The study did not directly identify erroneous denials and terminations/discontinuations. Therefore, the surveys asked targeted questions about whether respondents had been denied eligibility for reasons of identification, residency, income or anything else. If so, respondents were asked if they agreed with the decision; if not, they were asked what specific document they had shown and if the document showed their name, address, photo, and other identifying information. Respondents were also asked whether they could “see the point” for the denial, a question that drove to the issue of fairness of the denial decision. They were also asked if they had appealed the decision and, if so, the outcome of that appeal. A few demographic

²⁸ In some interviews, where the evidence presented was not clear cut, interviewers asked for both income and adjunctive income proofs as an added precaution.

questions were asked as well (copies of surveys for new applicant denials and terminations/discontinuations are in Appendices II-C and II-D).

Sample Design & Weights

This section describes the sampling design and allocation for both the telephone survey of participants and the in-person survey (which was a sub-sample of the participants in the telephone survey). The sample design includes the sample allocation, selection of the sample of States, sample creation and selection of clusters, selection of WIC agencies, clinics, and participants, and weighting. Since the in-person survey is a subsample of the telephone survey, it becomes necessary to discuss both when the methodology is presented.

Sample Allocations

The sampling design and sample sizes required for this study were driven by the required estimates of case error and improper payments. Exhibit 2-3a presents the assumed estimates of error rate and other estimates used to calculate the sample size. In each case, the percentage of ineligibles among participants was estimated, with an estimate of 10 percent as a conservative figure. For the entire population of participants, the revised Contract required a 90 percent confidence interval with an error margin of plus or minus 2 percent around the estimate of the rate of erroneous certifications, and the same estimates around the rates of erroneous payments. For each of the categories of participants (pregnant women, breastfeeding mothers, postpartum women, infants, and children) the design called for a 90 percent confidence interval plus or minus 5 percent.

Exhibit 2-3a: Estimates of Error and Precision in Design

Parameter	Population	Assumed Estimate	Probability	Confidence Interval
Error rates	Combined categories	10%	90%	±2%
Error rates	Separate categories	10%	90%	±5%

To calculate the needed sample sizes, n , for the required estimates, the sample size needed for a simple random sample of WIC participants across the nation (specifically for the 48 contiguous States and the District of Columbia) was first calculated. This resulted in a simple random sample (SRS) of 609 respondents for the estimate of erroneous payment with a 90 percent confidence interval, plus or minus a 2 percent error margin (without a finite population correction). Once we obtained the sample size from an SRS, we multiplied it by the design effect to get the needed sample size given the design.

For all estimates obtained for the In-person survey, a design effect of 1.97 was assumed for the combined WIC categories and 1.63 for the separate WIC categories. Exhibit 2-3b shows the sample size requirements. The assumed design effects are based on the average design effects for several key estimates in the NSWP-I survey.

Exhibit 2-3b: Sample Requirements

Parameter	Population	Random Sample	With Design Effect per Cell	Total Needed
Error Rates	Combined WIC Categories	609	1,199	1,199
Error Rates	Separate WIC Categories	97	159	795

The third column shows the number of cases needed (for the combined WIC categories and each of the separate categories) if a random sample was to be selected. The fourth column shows the cases needed (again for the whole sample or for each category) given the assumed design effects. Finally, the fifth column multiplies the number needed for each category by the number of categories (5) for the separate WIC categories. Exhibit 2-3c presents the resulting estimates of income eligibility error counts and rates for the five categories from the in-person survey data analysis. The confidence interval estimates for the WIC program was narrower than ± 2.0 percent and by program categories were narrower than ± 5 percent, meeting the expected precision levels as specified in the sample design.

Exhibit 2-3c: Estimates of Error and Precision in Results

WIC Category	Number of Respondents in Error (Unweighted)	Number of All WIC Participants in Error	Percent	95% Confidence Interval
Pregnant	7	31,750	3.31%	$\pm 3.06\%$
Breastfeeding	9	30,174	5.18%	$\pm 3.95\%$
Postpartum	6	13,538	2.14%	$\pm 1.98\%$
Infant	11	114,091	5.29%	$\pm 3.22\%$
Child	6	88,399	1.85%	$\pm 2.17\%$
Total	39	277,952	3.05%	$\pm 1.63\%$

Ultimately, the allocations were made for 480 participants per category for the telephone survey (2,400 overall) and 240 participants per category for the in-person survey (1,200 in all). The in-person survey sample had a total of 1,210 completed interviews, and it was a subset of the original telephone survey of 2,538 WIC participants.

Selection of States

The primary sampling units (PSUs) were States, selected with probability proportionate to size (PPS) and probability minimum replacement (PMR).²⁹ The use of PMR meant that multiple selections of the larger States were likely. This was done so that the probability of selection of any participants in a given category would be approximately equal. States selected multiple times had more local agencies selected (2 agencies, each time).

²⁹ Probability Minimum Replacement was implemented using the method proposed by Goodman and Kish in 1950, but with the added feature that multiple selections may occur for large States.

The primary sampling units (PSUs) were States, selected with probability proportionate to size (PPS) with probability minimum replacement (i.e. the large PSUs could be selected more than once). A measure of size was used that would yield the same number of participants in each of the five categories.

PPS sampling uses a measure of size (MOS) so that the probability of selecting a State is proportional to the MOS. The MOS for the States was the average of the proportion of participants in each of the five categories found in the State. Note that the sampling units are States, not State agencies, which means that participants from ITOs are counted in the context of the States in which they belong. A sample of 40 State clusters, not necessarily unique and different States, was selected from the 48 contiguous United States, including the District of Columbia, so that the total number of actual geographic States in the sample was 23. Exhibit 2-4 presents the sampled States by FNS region and the number of clusters sampled given the size of the State. The number of times a State was sampled determined the number of clusters sampled within that State. Seven States were sampled multiple times for a total of 23 separate sample States.

The following is a description of the sampling approach. Let t_i represent the measure of size for State i . This was defined as the average of the proportion of participants in each category that were found in the State.

$$\text{State Size} = \frac{\sum P_{State} + \sum B_{State} + \sum N_{State} + \sum I_{State} + \sum C_{State}}{\sum P_{Nation} + \sum B_{Nation} + \sum N_{Nation} + \sum I_{Nation} + \sum C_{Nation}} \div 5$$

Where P = Pregnant,

B = Breastfeeding,

N = Postpartum Non-breastfeeding,

I = Infants, and

C = Children, the five categories of WIC participants.

Let T be the sum of all the measures of size for the 48 States. Now we define—

$$e_i = 40t_i / T$$

—to be the selection expectation of State i .

The expectation is the same as a probability if $e_i < 1$, and if it is greater than 1, the integer part of e represents the minimum number of times the State can be selected, and the fractional part represents the probability that it will be selected an additional time.

To order the 48 PSUs, grouped together by WIC region, given that the States are in the desired order (where the order guarantees proportional representation by the ordering variable), a random number r between 0 and 1 is selected.

If $\lim(x)$ —the limiting value of x —means the largest integer less than or equal to x , then we can define—

$$c_0 = r \text{ and}$$

$$c_i = e_1 + e_2 + \dots + e_i.$$

Finally, let $s_i = \lim(c_i) - \lim(c_{i-1})$, where s_i defines the number of times PSU_{*i*} is selected.

As previously stated, the number of times a State was sampled determined the number of clusters sampled in that State (see Exhibit 1-3). Most of the 23 States sampled had only one cluster with PPS based on the cluster size described earlier. Seven of the sample States had two or more clusters sampled.

Selection of Agencies

In preparation for sampling of clusters most States were divided into multiple regions based on geography, administrative areas (if applicable), and number of local agencies. The regions were used for sampling clusters of local agencies in which an interviewer would work. The number of regions per State ranged from 2 to 11. Arizona was divided into only two regions to ensure that no single local agency constituted more than half of the size. New York was divided into 11 regions, with 4 regions in New York City alone; most States had 4 to 7 regions. California and Texas were not divided into regions for sampling of clusters due to the large number of clusters to be sampled in each (7 and 5, respectively) and the magnitude of several local agencies. In these States, we sampled local agencies directly and then grouped them to facilitate interview assignments. Using geographical regions would have been complicated and would not have yielded any gains in efficiency.

Two local agencies were sampled with PPS from each cluster. Calculations of the local agency MOS were similar to the State and cluster size calculation described above. The MOS was multiplied by two in order to sample two local agencies from each research cluster sampled.

Agencies were sampled directly in California and Texas, with two agencies selected for each time the State was sampled with PPS. Calculations for the local agency MOS were done based on State totals instead of cluster totals. Sampling of agencies in these States occurred with probability minimum replacement, so that sampling of very large local agencies could occur more than once.

The goal was to sample 80 local agencies, two for each of the 40 State clusters. One very large California local agency was sampled three times. Thus, across all States and clusters, 78 separate local agencies were sampled.

Selection of Clinics

Thirty participants were allocated for each local agency, with the exception of one large California agency that was sampled three times, and was thus allocated 90 participants. Each local agency was not allocated the same number of participants in each category. The distribution of the 30 participants from a local agency by category depended on the distribution of participants across categories in the local agency relative to the distribution of participants among all sampled local agencies.

The initial allocation was determined as follows:

$$A_i = \frac{30 \left(\frac{N_i}{T_i} \right)}{\sum_{i=1}^5 \frac{N_i}{T_i}}$$

Where A_i = the allocation to category i , and i equals one of the five categories of WIC participants

N_i = the number of participants in category i for the sampled local agency

T_i = the number of participants in category i across all sampled local agencies.

An iterative rounding algorithm was used in order to obtain exactly 480 participants per category. Thus, if for example, a local agency had a larger proportion of participants in the sampled agencies in one category compared with the remaining four categories, or more in a category compared with the remaining sampled local agencies, we would allocate more of the 30 participants to that category.

Once sampling of local agencies occurred, clinic-level data were obtained for each of the five categories of WIC participants. The clinic size is similar to the other size calculations above with a few major differences. Each clinic-level proportion was weighted by the local agency allocation within the category. The adjusted proportions were then divided by 15, half the number of participants within each local agency.

Wherever possible, two clinics were sampled with PPS from each local agency. If a local agency had only one clinic, sampling of that clinic was automatic and the participant allocation at the local agency level remained as before. When local agencies had one extremely large clinic and several small clinics, they were collapsed at the local-agency level. If a local agency had only two clinics and the clinics were both sufficiently large (greater than 60 total participants per clinic), the 30 participants were allocated 15 to each clinic. However, the partial allocations (i.e., the number of participants in each category) could vary from clinic to clinic, with a rounding algorithm used to decide the final allocations. In local agencies with multiple clinics, two clinics were sampled with PPS and the same total number of participants was allocated to each. However, if one of the two sufficiently large clinics selected had 70 percent or more of the total participants in the local agency, the 30 participants were allocated proportionally among the 2 clinics. This occurred once.

Selection of Participants

After the selection of WIC clinics, the lists of respondents were obtained from all the clinics sampled in 2 consecutive months (April and May 2009)—several months before data collection. The later month was the target month.

Participants were classified into the five categories: Pregnant, Breastfeeding, and Postpartum women, Children, and Infants. If a participant changed categories within the target month, the most recent category was used. Thus, if an infant became a child during the month, receiving some vouchers (food instruments) as an infant and some as a child, that infant was considered a child for sampling purposes.

Each participant in a clinic was assigned a random number. Sorted by that number, participants underwent a selection process by the first n from each category (where n is the allocation of participants at the clinic level). The remaining participants in a category were retained in their order of selection and acted as replacements; so if a participant (or the participant's mother) refused to respond or could not be located, the next one in line was selected. Once a participant completed a telephone survey, they became eligible for the In-person audit. The first $n/2$ respondents were selected to participate in the audit. In other words, if six participants were to be sampled from a given category, each participant in turn was asked to participate in the audit until three agreed. If any refused to participate, the next telephone respondent was selected.

Weighting of the In-Person Interview

In order to calculate the weights, the first step was the calculation of the probabilities of selection at each sampling stage. This section describes the weighting of the in-person survey, though some of the steps overlap with some in the weighting of the telephone survey. States were sampled with PPS using a size measure that was the average of the proportion of participants in each of the five participant categories. This average was then multiplied by the number of States (clusters) allocated to the sample (40), and the inverse was as the PSU weight. Note that since it is the inverse, the number will be smaller than 1 if selection of the PSU occurred more than once. However, any PSU weight that was lower than 1 was set to 1.

Similarly the clusters were also sampled with PPS using a similar MOS. The MOS was then multiplied by the number of research clusters sampled. For California and Texas, where no regional clustering occurred, this weight is 1. Local agency probabilities of selection were two times that of the local agency MOS divided by the sum of the MOS for the agencies in the cluster. In California and Texas the local agency's probabilities of selection were twice the number of clusters selected (14 and 10, respectively) times the ratio of the local agency MOS to the sum of the MOS for all local agencies in the State. When clinics were selected, their probabilities of selection were two times the ratio of the clinic MOS to the local agency MOS.

For the telephone participants the probability of selection was calculated by dividing the number of participants sampled from the category by the total number of eligible participants from the category receiving WIC benefits from the clinic. Calculations were done for intermediate probability of selection of the clinics as well.

For the in-person audit participants, the probability of selection was calculated by dividing the number of participants sampled from the category by the total number of completed telephone participants from the category of eligible participants receiving WIC benefits from the clinic.

The initial weight for an in-person participant was the inverse of their probability of selection. The probability of selecting a participant P_{ijkrt} is the probability of selection of a participant in State i , cluster j , agency k , clinic r , participant category t , and telephone participant q . This is equal to the product of the individual probabilities, i.e., $P_i P_j P_k P_r P_t P_q$, which denote the probability of selection of, respectively, the State, the cluster in the selected State, the agency in the selected cluster, the clinic in the selected agency, the telephone participant within the selected agency or clinic, and the in-person participant if selected for the telephone survey.

A nonresponse bias analysis was conducted on the in-person participants sample to detect any nonresponse and coverage problems with the sample, and to adjust the in-person sample weights. The relationship between responding to the in-person survey and key variables in telephone survey and State administrative files was examined. The variable “Participated in the food stamp program” (SNAP) was significantly associated with responding to the in-person survey (39.6% of non-respondents to the survey participated in SNAP, in contrast to 51.5% of survey respondents).

The significant relationship between participation in the food stamp program (SNAP) and responding to the in-person survey may lead to a bias in the in-person data. Among in-person respondents, crosstabs comparing SNAP participants and key analysis variables were produced to test for any significant relationship which may indicate bias. A nonresponse bias adjustment was applied to the respondent in-person weights to account for the bias.

This adjustment in essence takes the weights for those telephone participants sampled for the in-person survey and who refused, and spreads their weight over the responding participants in a particular nonresponse adjustment cell. Nonresponse adjustment cells were defined by crossing WIC category and SNAP participation, for a total of 10 cells seen in Exhibit 2-4. For example, in the cell defined as pregnant women participating in SNAP, the weight of the non-responding pregnant women would be distributed over the responding pregnant women and the non-respondent’s weight would be set to zero.

A set of 20 replicate weights for in-person survey analysis were created with adjustments based on the sample adjustments described above.

Exhibit 2-4: In-Person Nonresponse Adjustment Cells

WIC Category	Participation in SNAP	Cell Number
Pregnant Women	Yes	1
	No	2
Breastfeeding	Yes	3
	No	4
Post Partum	Yes	5
	No	6
Child	Yes	7
	No	8
Infant	Yes	9
	No	10

After the nonresponse adjustment, the In-person survey weights were checked for extreme weights within each WIC category. Large weights, any weights in a WIC category that were greater than three times the median weight, were trimmed. There were 14 cases with large weights and their weights were trimmed, set equal to three times the median.³⁰ After trimming, the in-person weights were then poststratified to national WIC population totals within WIC category. The idea is to use relevant population parameters as the reference to adjust the survey data weight and correct the cell frequency distributions of the key variables that are biased or unreliable because of undercoverage and/or nonresponse. With both the nonresponse and poststratification adjustments, we are able to generate estimates with less bias and greater precision. We obtained national totals by WIC category and adjusted the final weights to sum to those known totals.

2.3 Data Collection

Participant eligibility for WIC benefits is assessed using five basic criteria established in the Federal regulations and implemented by State WIC programs. These are: (1) categorical eligibility—the category of the applicant; (2) residential eligibility—place where the applicant lives; (3) proof of identity; (4) nutritional risk eligibility, and (5) income (or adjunctive income) status. Nutritional risk eligibility was not assessed in this study. This chapter describes the assessment and analysis of the other four eligibility requirements.

³⁰ This routine process with survey data is frequently needed because of the unequal probability of sample selection and adjustments used to reduce sampling bias. Because some weights are rather large, the design effect may be larger and the effective sample size smaller than what the original design intended to achieve. Weight trimming usually reduces the variances by a greater amount, so that the mean squared deviations of the estimate is likely to be reduced. Available at <http://www.amstat.org/sections/srms/proceedings/y2005/Files/JSM2005-000926.pdf>.

Category

To receive WIC benefits, an applicant must be either a pregnant woman (any time during pregnancy and up to 6 weeks after the birth of an infant or the end of pregnancy); a breastfeeding woman (up to 1 year after delivery of baby); a postpartum woman who is not breastfeeding (up to 6 months after the birth of an infant or end of pregnancy); an infant (birth to 12 months); or a child (1 to 5 years old). Many States allow up to 30 days of leeway in the cut-off dates of these definitions, as permitted by Federal regulations. States that do not allow a leeway operate by the set periods defined by the legislation.

Birth dates of respondents were collected and the ages of infants and children were examined as of May 1, 2009, to ascertain if they were eligible for participation by age (i.e., under 5 years old). If so, further checks were made to see if participants were correctly classified as an infant or child, taking into account the possible 2 to 4 weeks of leeway granted by the State. The categorical eligibility of women participants was not assessed by researchers because it would require extensive effort to check respondents' medical records or other evidence for pregnancy and postnatal experience. Data collectors did, however, conduct on-site observation and found no evidence of category errors among women.

Residency and Identity

Federal regulations require that agencies check the residency and identity of participants or, in the case of infants or children, the identity of the parent or guardian. If the applicant is a migrant farm worker, homeless individual, or victim of theft, loss or disaster, agencies are permitted to fulfill the requirement by having the applicant confirm in writing his/her residency or identity (7 CFR §246.7 (2) (i)). Beyond these instructions, State agencies are allowed to decide what they consider to be acceptable proofs of residency and identity.

For the survey, a list of the residency and identity proofs most commonly accepted by States was developed. Then, proofs provided by the respondents were reviewed during the in-person interview and later classified as shown in Exhibit 2-5. It is noteworthy that in many States, WIC folders (containing the official WIC participant identification documents issued by WIC agencies which show eligibility based on extant documentation in the official case file) are considered permissible proofs of residency and identification for subsequent recertification of WIC participants. As such, WIC folders were placed as an item on the list of acceptable proofs.

Exhibit 2-5: Residency and Identity Proofs Collected

Residency Proofs	Identification Proofs
<input type="checkbox"/> State-issued license or ID w/ address	<input type="checkbox"/> State-issued license or ID
<input type="checkbox"/> State/Federal correspondence w/address	<input type="checkbox"/> U.S. passport w/photo
<input type="checkbox"/> WIC folder	<input type="checkbox"/> Foreign passport w/photo
<input type="checkbox"/> Checkbook w/address	<input type="checkbox"/> WIC folder
<input type="checkbox"/> Rent or mortgage receipt, lease w/address	<input type="checkbox"/> W-2 form or Tax bill w/name
<input type="checkbox"/> Utility or tax bill w/address	<input type="checkbox"/> Birth certificate
<input type="checkbox"/> Documents from public school w/address	<input type="checkbox"/> Social Services letter w/ name
<input type="checkbox"/> Written statement from reliable third party (e.g., non-profit aid organization)	<input type="checkbox"/> Social Security or Green Card
	<input type="checkbox"/> Hospital or immunization record
<input type="checkbox"/> Other: SPECIFY	<input type="checkbox"/> Other: SPECIFY

Economic Unit

Ascertaining the exact size of a participant’s family economic unit (or household)³¹ is especially important to the determination of income, since the larger the economic unit, the more income is allowed. In the survey of State agencies, the States reported that they use the national WIC Program definition without much variation. According to that definition, a family economic unit is “a group of related or nonrelated individuals who are living together as one economic unit.”

To ascertain economic unit, all members living in the same household were asked about their age, and their relationship to the sampled individual, be it a spouse, child, cousin, partner, etc. In an effort to make the national definition more user-friendly for respondents, during the interview, the concept was restated in one of two ways depending on the age of the household member being referred to:

- If the household member was 15 years old or older, interviewers asked—
Do you consider [NAME] to be part of your family group—that is, you are sharing income and expenses as if you were a family—OR do you feel that you each keep your income and expenses and food separately?
- If the household member was 14 years old or younger, interviewers asked—
Do you consider [NAME] to be part of your family group—that is, you are responsible for taking care of them as if you were all in the same family?

If the answer was “Yes” in either case, the person was considered part of the economic unit; if “No,” then the person was not.

³¹ FNS Instruction 803-3, Rev. 1, defines and addresses the concept of family/economic unit. Family is specifically defined in Section 246.2 of the Federal WIC regulations—803-3/Rev 1 allows use of the terms family and economic unit interchangeably.

The only exception to this was a child in the temporary care of friends or relatives. Since the individual State policy varied in treatment of such children, and the information had been gathered in the State WIC Agency Survey, researchers applied the rules of the individual States when calculating the size of the economic unit. It was found that 11 of the sampled States consider such children part of the economic unit,³² 8 consider them as separate,³³ and 4 leave it to the local WIC agency to decide.³⁴ The latter four were included under the rule used by a majority of the States, which was to consider those children part of the economic unit.

Income and Adjunctive Income

Federal regulations provide the basis for establishing income eligibility for WIC applicants and require all State agencies to establish guidelines and definitions of income sources to help local agencies and clinics determine an applicant's eligibility (7 CFR §246.7(d) (1)). As an alternative to direct income documentation, regulations mandate adjunctive income eligibility for individuals who participate in SNAP, TANF, Medicaid, and—at the State's discretion, any State-administered program that routinely requires income documentation—"provided that those programs have income eligibility guidelines at or below the State agency's program income guidelines" (7 CFR §246.7(d) (2) (vi)).

Income

To be eligible on the basis of income, applicant gross income for the family economic unit had to fall at or below 185 percent of the U.S. Poverty Income Guidelines, which are shown in Exhibit 2-6 for the 2008-2009 program year.³⁵ Since the income guidelines increase with the size of the family, the definition of family economic unit becomes an important part of the equation.

³² Arizona, Florida, Indiana, Louisiana, Massachusetts, Missouri, New Jersey, New York, Pennsylvania, Texas, and Washington.

³³ Alabama, California, Georgia, Illinois, Kansas, Maryland, Michigan, and Virginia. This includes States that count the children as part of their absent parent's household and States that count the children as an economic unit unto themselves, with separate income.

³⁴ Colorado, North Carolina, Ohio, and Tennessee.

³⁵ Accessed <http://www.fns.usda.gov/wic/howtoapply/incomeguidelines08-09.htm>. It is appropriate to use the Federal Poverty Income Guideline to check income eligibility even for cases certified prior to July 1 2008 (e.g., 30 infants were found certified by that date), because virtually all EUs' incomes were reported for recent times before the interview (conducted in June through the end of 2009) as few were able to produce income documents months earlier.

**Exhibit 2-6: WIC Income Eligibility Guidelines
(Effective from July 1, 2008 to June 30, 2009)**

The 48 Contiguous States, DC, and the Territories					
Persons in Family or Household Size	Annual	Monthly	Twice Monthly	Biweekly	Weekly
1	19,240	1,604	802	740	370
2	25,900	2,159	1,080	997	499
3	32,560	2,714	1,357	1,253	627
4	39,220	3,269	1,635	1,509	755
5	45,880	3,824	1,912	1,765	883
6	52,540	4,379	2,190	2,021	1,011
7	59,200	4,934	2,467	2,277	1,139
8	65,860	5,489	2,745	2,534	1,267
Each additional member add	+6,660	+555	+278	+257	+129

Note: Since Alaska and Hawaii were not sampled areas, their special income guidelines are not shown.

Federal regulations (CFR) give States options for counting sources of income (depending on the guidelines used to calculate income), but emphasize the importance of clarity and consistency in determining eligibility throughout the State. As a result, each State has a unique set of income sources that determine eligibility, which are largely similar across States. The details of the sources of income, which were derived from the State WIC Agency Survey (7 CFR §246.7(d) (2) (iii)), are shown on Exhibit 2-7.

During the in-person surveys, to analyze income, respondents were asked about specific sources of income for every member in the family economic unit. For each family member, participants were asked about 22 possible sources of income, regardless of whether the State considered the source countable in their income guidelines or not. Then, during analysis of income data, the income sources that were not countable toward income based on the States' individual criteria were removed (See Exhibit 2-7). The countable income sources were then summed to create a measure of total income for the household.

Exhibit 2-7: Sources of Income Used to Determine Eligibility

Income source	N of States in sample	
	Not counted	Counted
Wages, Salary, Fees	1	22
Military Pay*	21	2
Tips and Bonuses	1	22
Self-Employment	1	22
Unemployment Comp.	1	22
Workers Comp.	4	19
Child Support	1	22
Commissions	2	21
Alimony	1	22
Social Security	1	22
Private Pension	1	22
Medical Assistance	17	6
SSI—Federal Govt.	3	20
SSI—State-issued	4	19
Income from Estates	2	21
Net Royalties	1	22
Other Cash Income	2	21
Energy assistance	18	5
Net Rental Income	4	19
Dividends or Interest	2	21
Income from Trusts	2	21
Other	17	6

* Defined as Leave and Earnings Statement (LES) for military pay

Income Timeframe

The time period used to calculate income—whether the current or the past 12 months—is left up to States who, in turn, often leave the decision up to the local WIC agency or clinic. Field interviewers asked for proofs of income for the month when the participant had been most recently certified. (This most recent certification date had been provided by State WIC agencies as part of the pre-coded information, and it populated automatically on field interviewers' computer screen). Owing to necessary time lags due to sampling, requesting and receiving participant data from States, and carrying out data collection, the dates of (re)certification ranged between 5 and 19 months earlier.³⁶ If respondents were unable to provide income documents for that period of time, current eligibility documents were accepted. The timeframe used for analysis depended on the document shown as income source. If the source indicated a full-time amount, it was multiplied by 2,080 (i.e., 40 hours × 52 weeks); if part-time, by 1,040 (i.e., 20 hours × 52 weeks); if weekly, by 52; if biweekly, by 26; if bimonthly, by 24; if monthly, by 12; and if yearly, by 1. These income conversion procedures were based on workplace conventions across States, taking into consideration vacations and other leave.

Determination of Eligibility

The determination of income eligibility or ineligibility was done by obtaining proof of claimed income and assessing the total income of the family economic unit relative to its size. Income was summed for all members of the family economic unit for a specified period, and then multiplied by the expected frequency that the income would be received during the year, as described above.

Follow-up Procedures When Evidence Was Lacking

When evidence of income was lacking, a follow-up was conducted. When it was difficult to resolve uncertain cases for a significant number of cases, researchers went to the State WIC agency directly to ask for documentation of the proof that the agency had on file. This was quite successful in resolving about 80 cases. The documentation that the State provided was reviewed and its eligibility evidence was considered correct if it met any of the following criteria:

1. The State provided evidence of an eligible income type³⁷ and dollar amount at or below the amount permitted for the family economic unit of the participant, and the evidence consisted of one of the following:
 - a. Scanned copy of the income item(s);
 - b. Scanned copy of the original application form showing the exact income amount, source and frequency of income, along with a notation by the local agency that at least one of the above acceptable supporting forms of documentation was shown; or
 - c. Screen print taken from the State's WIC computer system of application data showing the exact income amount and the frequency of income, with similar notation that at least one of the above acceptable supporting forms of documentation was shown.

³⁶ The May 2009 participant sample theoretically included infants certified as far back as June 2008. Data collection took place from September 2009 through January 2010. This yields the upper limit of 19 months.

³⁷ Such as paystub, tax return, W-2 form, letter from employer or other as specified by State and deemed acceptable.

2. The State noted exact income information from the local agency which, while not specifying the type of income proof shown, gave a detailed recording of the income amount and frequency (e.g., \$291.13 per week) that led researchers to believe that a specific income document was seen at certification.
3. The State provided a scanned copy of a signed Self-Declaration of Income letter in which WIC participants attested to migrant or homeless status (< 5 cases).
4. The State records showed that temporary eligibility was awarded and did not continue beyond 30 days, as applicant did not return with proper documents.

Adjunctive Income Eligibility

To qualify based on adjunctive (or automatic) income eligibility, an applicant—or someone in the economic unit—must be a current participant in SNAP, TANF, Medicaid, or other State-administered program approved by the State as meeting certain guidelines, e.g., Children’s Health Insurance Program (CHIP) and free or reduced breakfast and lunch program. In the survey of State WIC agencies, the list of eligible programs for all States was collected (see Exhibit 2-8).

Exhibit 2-8: List of Adjunctively Eligible Programs Accepted by States

Adjunctive program	N of States in Sample	
	Eligibility not established	Eligibility established
Medicaid	1	22
SNAP	1	22
TANF	1	22
CHIP	18	5
Free & Reduced Breakfast/Lunch	18	5

* Other adjunctive eligibility programs were rarely established include: FDPIR, Section 8 Housing, SSI, Head Start, and Refugee Resettlement Program.

Determination of Eligibility

Proofs of adjunctive income eligibility submitted by each participant were compared to the list of acceptable programs for each State, using the actual program names specific to each State (e.g., Medicaid in California is Medi-Cal). If the ID number provided seemed similar to other Medicaid numbers, the proof was considered valid. As noted earlier, many program participation cards did not visually show dates; therefore, a missing date was not a reason to consider a proof invalid.

Eligibility Timeframe

Similar to the time period used for income, the participant was first asked for proofs of income for the month when they had been most recently certified—a date that had been programmed into interviewers' CAPI laptops. If a respondent was unable to provide income documents for the last certification period, they were asked to provide current proofs of program participation instead. In many cases, especially in the case of electronic benefit transfer (EBT) cards, no date could be ascertained from the proof. However, this was not determined to be evidence of improper payments.

Follow-up Procedures When Lacking Evidence

During follow-up when eligibility evidence was lacking, the original intent was to use the Program (information) release forms that were signed by respondents to verify their participation in Medicaid, SNAP, TANF, and other assistance programs. This proved not to be feasible since Social Security numbers are used by these assistance programs to identify participants and the research contractor had been directed not to collect Social Security numbers.

As an alternative, State WIC agencies were contacted for the eligibility verification on record. This helped resolve about 160 cases. State-provided documentation was treated as evidence of proper adjunctive eligibility if the State could provide the individual's adjunctive program and

ID number for Medicaid, SNAP, TANF, or other qualified adjunctive programs for the May 2009 period, or for the current (April/May 2010) period if the State's system did not allow checks of past eligibility (e.g., CA, NJ, and PA). Individuals who were not determined to be in error were subject to computerized income eligibility check (see *Special Issues in Improper Payment Analysis* for listing of special review cases by States).

Redemption Data Processing

Redemption Data Request

Redemption data were requested from the States for the months of May through September 2009³⁸ in the clinics sampled. The data contained the WIC participant ID, the date of voucher issuance, the date the voucher was redeemed, the date of voucher expiration, the value of the redeemed voucher, and the maximum value that could be redeemed. The data received was at the voucher issuance level not the WIC participant level. Each WIC participant had multiple voucher issuances per month requested. It is important to note that New York State had implemented a new food package in early 2009 and the redemption data for that State contained fruit and vegetable cash value vouchers (CVV).³⁹

Data Matching

The size of the State redemption datasets ranged from several thousand records to over a million. The size of the datasets depended on three things: (1) the number of clinics sampled within the State, (2) the number of participants served by the sampled clinic, and (3) the number of vouchers received by that participant in the months for which data were requested. Due to the quantity of data, the State redemption dataset was matched with the final completed telephone interview list by WIC participant identification number. Eight of the 23 States sampled did not have a 100 percent match. A confirmation was made with each State that the WIC participants who completed the telephone interview did not redeem vouchers during the months of May through September. Six States confirmed that the few missing cases did not redeem voucher issuances. One State found the redemption data for the missing cases and one State required imputation of the entire redemption records (see below *Imputation*).

Data Cleaning

After resolving the missing data issues for all States but one (North Carolina), the individual State files were combined into one dataset. The five key variables (redemption values for the five months) were examined for correct formatting, and only records with vouchers issued between May and September were kept. If the amount redeemed was missing, the amount redeemed was set to zero. If maximum redeemable value was missing, it was also set to zero. The same rationale applied when the redeemed value was also missing.⁴⁰ The amount redeemed and the

³⁸ Although redemption data was collected through September, only data through July was used; for at that point, all May issuances had been redeemed.

³⁹ Per telephone communication (07/06/2011) with Debbie McIntosh, New York State WIC, who confirmed that the NY redemption data contain the CVV components for both the max food voucher value field as well as for the actual redeemed FI value field.

⁴⁰ ICF has contacted States to learn about redemption data processing. It was consistent with States data processing procedure to assume a missing value implies no redemption.

maximum redeemable value to the WIC participant by month issued were aggregated, creating a total value redeemed and total maximum redeemable within a month.

Imputation

One sampled State, North Carolina, could not provide redemption data for the analysis. Its redemption data were imputed based on redemption data from neighboring States (Alabama, Florida, Georgia, and Tennessee) that were deemed to some extent similar to North Carolina. The final imputation was done via SAS multiple imputation (MI) procedure (see Appendix II-E for SAS code). The MI procedure generated a set of five plausible values for filling in the missing value, rather than assigning a single value, thus retaining uncertainties due to missing values.⁴¹ The average of the plausible values were used in the tabulation producing estimates of confidence intervals with the correct probability of coverage. MI is generally considered a superior procedure than the single value procedures, assuming missing data are largely random and the resulting redemption values appeared reasonable.

Note that since no eligibility error was found in NC, the imputation of the redemption missing data would not impact the erroneous payment estimation. If there was any impact at all, it would be relevant only to the redemption estimates.

2.4 Analysis of Improper Payment Estimates

Estimation of improper payments was accomplished by determining two types of errors: case error and dollar error. Case error refers to the number of WIC participants certified to receive WIC benefits but who were not eligible for WIC benefits. Dollar error refers to the dollar amount of WIC benefits issued to and actually redeemed by participants. A major difference between this study and the 2001 NSWP-I study is in the methods used for measuring and estimating dollar error. The current study collected respondent redemption records from the States and used the actual dollar amounts of redeemed benefits to calculate dollar error. In contrast, the 2001 study relied on general estimates from WIC average food cost per participant to proxy dollar errors.

In-person interview data were analyzed to identify case errors linked to actual redemption data. Special case reviews were conducted on cases where supporting information on income or adjunctive eligibility was incomplete.

With sample weights, estimates of case errors were based on findings obtained from a national sample of WIC participants representing the 48 contiguous United States in May 2009. For reference, Exhibit 2-9 shows characteristics of the family economic units sampled for the in-person interview by category and other demographic variables analyzed.

⁴¹ Rubin, D.B. (1987). *Multiple Imputation for Nonresponse in Surveys*. New York: John Wiley & Sons, Inc.

**Exhibit 2-9: Program Categories, Demographics, and Food Security:
Percentage Distribution of WIC Participants in In-Person Interview**

Participant Category	Percent	Standard Error
Category		
Pregnant	10.5	0
Breastfeeding	6.4	0
Postpartum	7.0	0
Infant	23.7	0.26
Child	52.5	0.26
Race		
American Indian/Alaskan Native	1.1	0.49
Asian/Pacific Islander	2.7	0.72
African American	21.5	3.86
White	44.6	4.63
Other/ Multiracial	30.1	4.55

Participant Category	Percent	Standard Error
Education		
Less than High School	28.8	2.95
High School	32.9	2.67
More than High School	38.3	3.08
Metropolitan Statistical Area		
Non-metro	23.6	4.98
Metro	76.4	4.98
Participation in WIC^a		
New to WIC	48.3	2.94
Participated previously	51.7	2.94
Food Security Status		
High food security	81.9	1.70
Marginal food security	1.1	0.42
Low food security	9.3	1.22
Very low food security	7.7	1.26
Ethnicity		
Hispanic/Latino	45.7	4.74
Not Hispanic/Latino	54.3	4.74
Language		
English	64.4	4.03
Spanish	31.5	3.84
Other	4.2	1.22
Size of Economic Unit		
1 person(s)	1.1	0.44
2	15.4	2.24
3	24.3	1.81
4	24.2	1.76
5	16.0	1.59
6	9.2	1.28
7	4.7	0.96
8	2.9	0.77
9	0.6	0.29
10	0.1	0.07
11	0.2	0.12

Participant Category	Percent	Standard Error
12	0.1	0.08
13	0.0	0.03
14	0.0	0.01
15	0.1	0.07
Children in Household		
Yes	72.8	0.30
No	27.2	0.30
Other Food Program Participation		
No Public Food Assistance	31.4	3.21
Yes, but does not include SNAP	12.6	1.57
Yes, includes SNAP	56.0	3.38
Totals		
Unweighted sample size <i>n</i>	1,210	
Estimated WIC total population	9,113,617	

^a For the sampled women, “New to WIC” refers to the first time a woman has received WIC benefits for herself and “Participated previously” refers to previous participation with another pregnancy/child. For the sampled children, the two terms refer to, respectively, the first time the adult respondent received WIC benefits for the sampled child and previous WIC participation by the child (see Appendices II-A and II-B).

Exhibit 2-10 presents average monthly income by number of people in the family economic unit (EU) for participants identified as adjunctively ineligible. The mean ranges from zero dollars for one-person households to \$3,309 for households of three, with wide ranges of 95 percent confidence limits. The median monthly income estimates indicated that of EUs sized 1 through 4 persons, one half or more had no income, whereas of those sized 5 and 6, one-half had \$266.6 and \$860.0, respectively. All EU-size groups averaged below the 185 percent of the Federal poverty level, except the subgroup of the three-person household, which averaged higher than the 185 percent poverty level. The apparent anomaly was caused by two participants whose EU incomes were found to be very high; excluding such high-income cases would lead to substantially lower estimates that closely relate to the EU size.⁴²

⁴² EU monthly incomes were \$182,530 and \$153,635 for these two cases, respectively (See *Special Issues in Improper Payment Analysis* for a discussion of such high-income cases, with comparative estimates for the subsample excluding cases of very high incomes).

Exhibit 2-10: Median and Mean Monthly Income by Economic Unit for Income-Eligible WIC Participants (Adjunctively Eligible Excluded)

EU Size	Sample n (Unweighted)	Number of All WIC Participants	Median EU Monthly Income ^a (\$)	Mean EU Monthly Income (\$)	185% of Federal Poverty Level ^b	95% CI for Mean (\$)	
1	43	213,069	0	0	1,604	0	0
2	152	1,142,342	0	1168.78	2,159	-412.05	2749.61
3	207	1,425,988	0	3309.09	2,714	-1684.13	8302.3
4	162	1,332,434	0	1429.18	3,269	243.41	2614.94
5	100	767,886	266.6	1038.11	3,824	628.63	1447.59
6 or more	84	737,609	860.0	2685.58	4,379+	-603.69	5974.85
Total (not adjunctive eligible)	748	5,619,329	0	1910.58		-23.23	3844.40

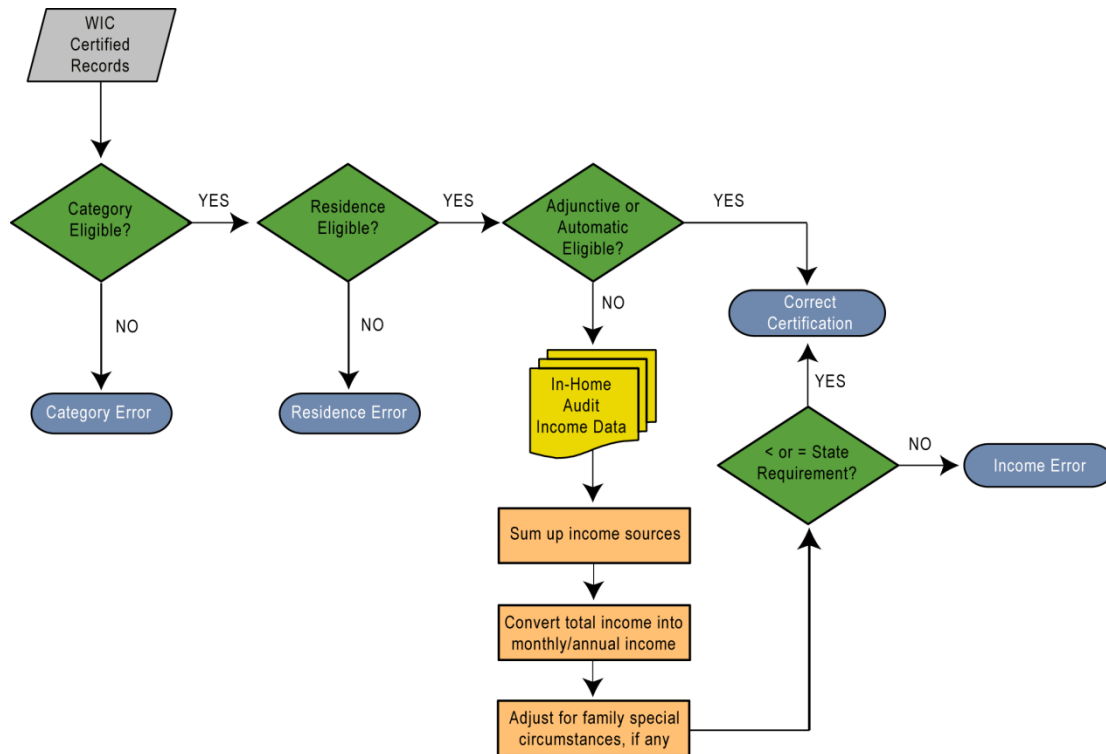
^a Medians were calculated without design effect adjustments.

^b This column shows the maximum income level allowed, by household size, to be within the \$185% FPL limit. Effective from July 1, 2008 to June 30, 2009 for WIC income eligibility; for EU size greater than 6, add \$555 for each additional person (see: <http://www.fns.usda.gov/wic/howtoapply/incomeguidelines08-09.htm>).

Certification Error Case Counts & Rates

Five types of certification errors may cause failure to meet WIC program eligibility requirements. These include identity, category, residence, income/adjunctive income, and nutritional risk eligibility errors. (As mentioned previously, nutritional risk eligibility was not examined in this study). Of the five types of errors, the most challenging is the determination of income eligibility error. Income eligibility is complicated by States' discretionary guidelines on defining the family unit (or WIC economic unit), treatment of special cases, and the range of income sources that can be counted. Furthermore, income eligibility error reflects the difficulty of applicants to report incomes and to provide supporting documents to fulfill income eligibility requirements; thus, income eligibility error is the main focus of improper payment analysis. In addition to the five types of certification errors, expired certification errors may occur if participants continue receiving and redeeming vouchers after their certification expiration without renewal.

Exhibit 2-11 illustrates the basic process of identifying certification errors based on WIC eligibility criteria. Data obtained during the in-person interview as well as from the special case review follow-up with States both served as independent ways to document the WIC certification process and confirm the accuracy of eligibility.

Exhibit 2-11: Process of Identifying Erroneous Certification, by Eligibility Criteria***Identity, Residence, and Category Errors***

Errors of identity and residence can potentially occur if proofs are not shown or if proofs belonging to other people are submitted by the WIC applicant. However, analysts found no identity or residence errors based on in-person interview data reviewed on WIC participants' identity proofs and residence proofs. All of the respondents demonstrated appropriate documents for establishing identity and residential eligibility.

Category errors may occur when agencies make a mistake in the age of an infant/child or the dates of a woman's pregnancy, breastfeeding, and delivery as required by WIC category eligibility. The in-person interview, however, did not collect information on dates of women's pregnancy, breastfeeding, and baby delivery; hence, category errors for women were not produced. Determining whether each WIC woman was in the correct WIC category (pregnant, breastfeeding, and postpartum) would have required more extensive and intrusive effort (e.g. medical document check), which was not required in the Contract. However, data collectors observed gender and age in women and found no apparent evidence of category error.

Category error among infants and children was explored by counting the number of days between the birth date and the certification date. Six respondents (weighted to 49,832 WIC participants) were found in category error. They aged over one year at certification time (i.e., the difference between the certification date and the birth date was greater than 366 days with one extra day as cushion for trivial errors by hour)—older than the age the WIC program requires—yet they received infant benefits rather than child benefits. As the child benefit redemption values for these participants did not exist, dollar error for these category errors was estimated by

calculating their redeemed infant voucher value and the averaged child benefit redemption value at their clinic (see *Special Issues in Improper Payment Analysis* for procedures and tentative results for these category errors). No over-age children (older than five years or 1,828 days at the time of certification) were identified.

Expired Certification Error

In the preliminary analysis of expired certification error, 30 respondents (weighted to 105,023 WIC participants) were found to have this type of error. With certification dates collected from State agencies, the statistics may be questionable because State agencies were not likely to have the most reliable information on certification dates. Local agencies actually conduct certification and update the certification dates to handle constantly shifting participant status such as WIC benefit issuance, termination, renewal, and category change. Given potential problems with State agencies' certification dates, the expired certification error estimates generated from this study are tentative and thus are not presented in the main body of the report (see *Expired Certification Error* under Section 2.5 for a full discussion and the estimates).

Income Eligibility Error

Income eligibility error is the focus of the study. In addition to a computerized examination of income data using SAS, special case reviews were completed for selected difficult cases to establish income eligibility and among all cases to verify adjunctive eligibility. The results were integrated with computerized analysis to produce the estimates of income eligibility error (see *WIC Eligibility Criteria*).

A SAS program was applied to calculate income by pay period and amount based on the national WIC or approved State-discretionary guidelines. The algorithm determined whether a household member was a member of the economic unit, counted each economic unit member's income sources according to State discretionary policies, summed up the countable income dollar amount by frequency of receipt, checked the amount against the WIC guideline for income eligibility, and generated a tentative decision on eligibility. The algorithm also flagged cases with uncertainty with respect to income source, income evidence, and adjunctive eligibility for special case review.

Special case reviews sought to reclassify information collected by interviewers that was unclear—such as text information with coding difficulties, for example, reclassifying Peachtree State Health Plan as “Medicaid” (Georgia's program for Medicaid). These reviews also included the results of direct communications with State agencies to provide information about the adjunctive or income proofs originally shown to agencies for selected problem cases (see *Special Issues in Improper Payment Analysis* for details on special case reviews).

Dollar Error Estimation

Using redemption records collected from State agencies, the dollar error estimates were derived from food voucher values actually redeemed by sampled WIC participants. The redeemed values

of vouchers issued in May 2009 and redeemed in May, June, and July 2009 were extracted.⁴³ Adjustments were made to cope with data problems such as inconsistent inclusion of family members' redemptions and missing redemption data.

Redemption records for May 2009 were used to estimate annual redemption values. The national cross-sectional representative sample of active participants ("the issuances") in May 2009 was used to generalize the monthly estimates of redemption values to the WIC participant universe. Examining the records on monthly redemption (May through July), researchers found the month of May covered more redemption values relative to June and July—a pattern to be expected since the cross-sectional sample of the issuances in May included cases that would drop out from the redemption data system due to certification expiration or other reasons in subsequent months. Using all three months' redemption data would require adjustments for such "drop off" factors that involve uncertainties. Using redemption data in May to generate national annualized dollar error was thus both sensible from a sampling perspective and efficient from a data processing perspective.

Analysts annualized the estimates based on May redemption data with a multiplier of 12.285 derived from the WIC Monthly Report on total food costs⁴⁴ in order to take monthly variation of redemption values into account. Presumably, error rate was constant across months and the monthly redemption value was closely correlated to WIC monthly food costs reported by FNS. Analysts obtained WIC monthly food cost data for FY2009 (October 2008 through September 2009) and divided the FY 2009 total cost (\$4,640,847,313) by the May food cost (\$377,758,893) to generate the annualized multiplier 12.285 (see *Special Issues in Improper Payment Analysis* for WIC monthly food cost data used for this purpose). Exhibit 2-12a presents pre-rebate redemption values by WIC category.

Adjustment for the WIC infant formula rebate to States was necessary to measure the real cost to the WIC program because State WIC agencies negotiated with infant formula manufacturers a rebate amount that constitutes a substantial portion of the infant formula wholesale prices. The adjustment entailed subtracting the dollar rebate value from the redeemed infant voucher value for each infant identified as having eligibility error. The available redemption records, however, did not allow rebate adjustments because the redemption data contain only a single redeemed value for each voucher.

To proxy the infant formula rebate value, integrated data from the WIC Monthly Report with the sample estimates of nationwide average infant food redemption value were used. The WIC Monthly Report includes rebate billed amounts and numbers of infant participants for each State. The source allowed the calculation of the average rebate value per infant for each State. Dividing the State average rebate value by the national average redemption value (estimated from the NSWP-II sample) produced the rate of redemption due to formula rebates for each sampled State. Multiplying this rate by the actual redeemed voucher value for each infant in the sample generated a proxy measure of rebate value for each infant. For infants identified as ineligible, subtracting this estimated rebate value from his/her redeemed voucher value yielded rebate-

⁴³ New York State included the new food package, known as Fruit and Vegetable Cash Value Voucher, in its redemption records submitted to ICF.

⁴⁴ Downloaded from: <http://www.fns.usda.gov/pd/wicmain.htm> as of 07/29/2011

adjusted dollar error, which was weighted and annualized to produce WIC total dollar error estimates (for details of the rebate adjustments, see *Infant Formula Rebate Adjustments*).

Both pre- and post-rebate estimates of dollar error were weighted with the final sample weights and then annualized (see Exhibits 2-12a and 2-12c). The annualizing multiplier was derived from WIC administrative data in order to take monthly variation of redemption values into account. For the post-rebate estimate, the multiplier used was the ratio of the FY2009 rebates billed value (\$1,900,274,589) over the May rebates billed value (\$156,877,423), a multiplier of 12.113.

Exhibit 2-12a: Pre-rebate May 2009 and Annualized Estimates of Mean and Total Redeemed Dollar Amounts, by WIC Category

WIC Category	Monthly/ Annualized Redemptions	Mean Redeemed (\$)	95% CI for Mean (\$)		Total Redeemed (\$)	95% CI for Total Redeemed (\$)	
Pregnant n = 958,092	May issuance	43.52	37.76	49.28	41,693,372	34,091,806	49,294,938
	Annualized	534.61	463.84	605.37	512,203,073	418,817,838	605,588,308
Breastfeeding n = 582,986	May issuance	44.17	38.84	49.51	25,753,131	21,358,212	30,148,051
	Annualized	542.68	477.20	608.17	316,377,217	262,385,629	370,368,806
Postpartum n = 634,014	May issuance	35.89	28.58	43.20	22,754,884	16,339,046	29,170,722
	Annualized	440.91	351.13	530.69	279,543,748	200,725,175	358,362,321
Infant n = 2,157,909	May issuance	110.10	91.62	128.58	237,585,105	188,174,517	286,995,692
	Annualized	1352.57	1125.60	1579.55	2,918,733,009	2,311,723,941	3,525,742,078
Child n = 4,780,616	May issuance	38.89	33.79	44.00	185,938,305	159,995,332	211,881,278
	Annualized	477.82	415.14	540.49	2,284,252,074	1,965,542,651	2,602,961,496
All WIC participants n = 9,113,617	May issuance	56.37	49.94	62.80	513,724,796	444,403,603	583,045,989
	Annualized	692.49	613.45	771.53	6,311,109,122	5,459,498,266	7,162,719,977

Exhibit 2-12b: Infant Formula Rebate Adjustment: May 2009 and Annualized Rebate Values and Post-rebate Food Costs for Infants

Measure	Monthly/ Annualized	Mean (\$)	95% CI for Mean (\$)		Total (\$)	95% CI for Total (\$)	
Rebate value for infants n= 2,157,909	May	72.70	60.84	84.56	156,877,423	124,580,461	189,174,385
	Annualized	880.60	736.93	1024.27	1,900,256,225	1,509,043,120	2,291,469,329
Post-rebate food cost for infants n= 2,157,909	May	37.40	30.36	44.44	80,707,682	62,802,703	98,612,660
	Annualized	453.04	367.76	538.31	977,612,146	760,729,137	1,194,495,156
Total food cost for infants^a n= 2,157,909	May	110.10			237,585,105		
	Annualized	1333.64			2,877,868,371		

^a Calculated with aggregated numbers without variance estimation

Exhibit 2-12c: Post-rebate May 2009 and Annualized Estimates of Mean and Total Redeemed Dollar Amounts, by WIC Category

WIC Category	Monthly/ Annualized Redemptions	Mean Redeemed (\$)	95% CI for Mean (\$)		Total Redeemed (\$)	95% CI for Total Redeemed (\$)	
Pregnant n = 958,092	May issuance	43.52	37.76	49.28	41,693,372	34,091,806	49,294,938
	Annualized	534.61	463.84	605.37	512,203,073	418,817,838	605,588,308
Breastfeeding n = 582,986	May issuance	44.17	38.84	49.51	25,753,131	21,358,212	30,148,051
	Annualized	542.68	477.20	608.17	316,377,217	262,385,629	370,368,806
Postpartum n = 634,014	May issuance	35.89	28.58	43.20	22,754,884	16,339,046	29,170,722
	Annualized	440.91	351.13	530.69	279,543,748	200,725,175	358,362,321
Infant n = 2,157,909	May issuance	37.40	30.36	44.44	80,707,682	62,802,703	98,612,660
	Annualized	453.04	367.76	538.31	977,612,146	760,729,137	1,194,495,156
Child n = 4,780,616	May issuance	38.89	33.79	44.00	185,938,305	159,995,332	211,881,278
	Annualized	477.82	415.14	540.49	2,284,252,074	1,965,542,651	2,602,961,496
All WIC participants n = 9,113,617	May issuance	39.16	35.24	43.07	356,847,373	314,054,690	399,640,057
	Annualized	479.50	431.54	527.46	4,369,988,259	3,846,290,733	4,893,685,785

Income eligibility error dollar amounts for WIC as a whole and by program category were calculated as the sums of the products of error cases' actual redemption values, the annualizing multiplier 12.285, and the sample weights, respectively, for the entire WIC and for each program category. The estimates were overpayment dollar errors since all participants in this error group should not have been awarded WIC benefits (see *Special Issues in Improper Payment Analysis* for details of the calculation).

Pre- and post-rebate estimates of dollar error amounts are presented in Exhibits 2-13a and 2-13b. Only the estimate for infants changed: the post-rebate dollar error amount was less than \$49 million, less than one-third of the pre-rebate estimate of more than \$151 million. Other categorical estimates remained the same.

Exhibit 2-13a: Pre-rebate Estimates of Annualized Dollar Amounts of Income Eligibility Error by WIC Category

WIC Category	Number of WIC Participants in Error	Dollar Error (\$)	95% Confidence Interval (\$)	
Pregnant	31,750	15,722,258	753,800	30,690,715
Breastfeeding	30,174	26,051,235	5,915,464	46,187,006
Postpartum	13,538	6,431,074	854,399	12,007,749
Infant	114,091	151,391,157	47,887,348	254,894,965
Child	88,399	33,580,679	-10,435,616	77,596,975
WIC Total	277,952	233,176,403	117,658,694	348,694,109

Exhibit 2-13b: Post-rebate Estimates of Annualized Dollar Amounts of Income Eligibility Error by WIC Category

WIC Category	Number of WIC Participants in Error	Dollar Error (\$)	95% Confidence Interval (\$)	
Pregnant	31,750	15,722,258	753,800	30,690,715
Breastfeeding	30,174	26,051,235	5,915,464	46,187,006
Postpartum	13,538	6,431,074	854,399	12,007,749
Infant	114,091	48,714,683	16,222,015	81,207,352
Child	88,399	33,580,679	(10,435,616)	77,596,975
WIC Total	277,952	130,499,928	70,478,357	190,521,499

2.5 Special Issues in Improper Payment Analysis

Improper payment estimation entailed identifying case error, which in turn required determining the eligibility of each participant for WIC benefits. Identity and residence errors were straightforward to determine. No such errors were found, as all participants were able to produce the required documentation. The challenge was determining income eligibility and category eligibility in addition to verifying adjunctive eligibility based on specified non-WIC program participation.

We made extensive efforts to verify adjunctive eligibility, largely by checking documents and communicating with State agencies. For participants who were found not adjunctively eligible, we used in-person interview data to determine the economic unit (EU), calculate EU total income, and apply State-specific criteria to identify income eligibility. Based on the estimated case errors, we used participants' actual redemption values to generate improper payment dollar amounts with seasonality and annualizing adjustments.

Special Case Review Study

ICF Macro undertook a series of efforts to process in-person interview data and to integrate various external information for improper payment (IP) analysis. The in-person interview collected information on adjunctive eligibility status among the sampled 1,210 cases by checking documents of adjunctive programs. Respondents who were referred to a recognized program also had to show the interviewer a recognized document as proof that they are participating in that program. These documents included—

- Certification cards;
- Award letters;
- Active program vouchers; and
- EBT cards.

Any respondent who did not display one of the above types of documents was considered adjunctively ineligible. Programs supporting adjunctive or automatic eligibility were identified based on the types of documents used to prove this eligibility. Of the 1,210 respondents, 462 were identified as adjunctively eligible based on an in-person document check.

There were 234 respondents whose adjunctive status and income eligibility were not clear based on the in-person interview data. Case-by-case research ensued to clarify this group’s adjunctive status (see *Income Adjunctive Eligibility* in Chapter 3). Staff called State agencies to clarify issues relating to certification and income in determining each case’s WIC eligibility. Of the 234 cases flagged for special case reviews, five were identified as ineligible for income certification. The special case review generated an indicator of income eligibility for the 234 cases. Considering the in-depth review entailed, this indicator from the special case review study would, for the five ineligible cases, overrule adjunctive eligibility established in the in-person interview as well as the computerized income eligibility check, which would cover all of the 1,210 respondents. Exhibit 2-14a shows the distribution of weighted and unweighted respondents by WIC category and adjunctive status (generated from the in-person interview) and eligibility status (generated from the special case review study). Exhibit 2-14b lists the cases under the special case review study by State.

Exhibit 2-14a: Number and Percentage of Respondents by WIC Category: Adjunctive Eligibility Established in the In-Person Interview and Income Eligibility Determined in the Special Case Review

Adjunctive Eligibility: In-person Interview						
WIC category	Adjunctive eligibility verified by document check	Sample n (unweighted)	WIC participant N	Percent	95% Confidence interval	
Pregnant	No	172	677,872	70.75	61.39	80.11
	Yes	79	280,220	29.25	19.89	38.61

Breastfeeding	No	169	401,095	68.80	58.80	78.80
	Yes	89	181,891	31.20	21.20	41.20
Postpartum	No	129	351,420	55.43	42.45	68.41
	Yes	95	282,594	44.57	31.59	57.55
Infant	No	135	1,316,186	59.55	47.94	71.16
	Yes	91	894,065	40.45	28.84	52.06
Child	No	143	2,803,992	59.30	46.99	71.62
	Yes	108	1,924,282	40.70	28.38	53.01
Total	No	748	5,550,565	60.90	50.11	71.70
	Yes	462	3,563,052	39.10	28.30	49.89

Income Eligibility: Special Case Review						
WIC category	Income eligibility by special case review study	Sample n	WIC population N (Weighted sample)	Percent	95% Confidence interval	
Pregnant	No	47	183,210	98.42	95.16	100.00
	Yes	1	2,937	1.58	0.00	4.84
Breastfeeding	No	41	113,911	95.13	84.96	100.00
	Yes	1	5,831	4.87	0.00	15.04
Postpartum	No	41	126,278	96.74	89.97	100.00
	Yes	1	4,255	3.26	0.00	10.03
Infant	No	47	431,112	96.38	90.97	100.00
	Yes	2	16,177	3.62	0.00	9.03
Child	No	53	978,346	100.00	100.00	100.00
	Yes	0	.	.	.	.
Total	No	229	1,832,857	98.43	96.89	99.97
	Yes	5	29,199	1.57	0.03	3.11
	Total	234	1,862,056	100.00		

The special case review study on income eligibility identified and flagged five erroneous certification cases out of 234 cases studied, with supporting adjunctive program or income documentation identified. The dataset then was merged with the main dataset, which covered all 1,210 cases, of which 462 cases were verified and flagged as adjunctively eligible by the in-person interview.

Exhibit 2-14b: Unweighted number of respondents by State: Special case reviews

State*	For income check	Ineligibility error determined	State total
R	0	0	0
F	18	0	18
G	41	1	42
L	3	0	3
W	6	1	7
B	3	1	4
E	6	0	6
P	0	0	0
V	0	0	0
K	14	0	14
U	6	0	6
A	0	0	0
O	13	0	13
J	0	0	0
Q	20	0	20
C	20	0	20
T	13	0	13
D	29	1	30
M	12	0	12
H	7	0	7
S	11	0	11
N	1	0	1
I	6	1	7
Total	229	5	234

*State names have been de-identified using a random process that also renders comparison between states in other tables impossible.

For all the 1,210 respondents, analysts created a SAS program to measure their income eligibility. The resulting ineligibility identification was modified (i.e., overruled) by the adjunctive eligibility flag and the income eligibility error flag established by, respectively, the in-person interview and the special case review study. For one case that was adjunctively eligible by the in-person interview but not income eligible by special case review study, the conclusion followed the special case review study and treated the case as not eligible. Exhibit 2-15 shows a three-way crosstab between adjunctive eligibility (from the in-person interview) and the income eligibility (from computerized income checking), within categories of the special case review study—namely income eligible, income ineligible, and not in special case review study.

Exhibit 2-15: Distribution of the Unweighted Number of Respondents by Final Eligibility Status (from Modified Result of Computerized Income Check) and Adjunctive Eligibility (from In-Person Interview), by Special Case Review Study Category

	In-person interview: Adjunctive status (unweighted n=1,210)	Modified result from computerized income check (unweighted sample n=1,210)	
		Eligible	Not eligible
Special case review study: Eligible (unweighted 229)	Not adjunctive (179)	170	9
	Adjunctive (50)	50	0
Special case review study: Ineligible (unweighted 5)	Not adjunctive (4)	0	4
	Adjunctive (1)	0	1
Not in special case review study (unweighted 976)	Not adjunctive (565)	540	25
	Adjunctive (411)	411	0
Column total (final eligibility status)		1,171	39

Economic Unit Determination

Measuring income to determine WIC income eligibility required defining Economic Units (EUs). Using in-person interview data, analysts sorted out each named household member's relationship with the sampled WIC participant and counted them as an EU member if a named household member reportedly shared financial resources with the respondent.

The SAS routine also attempted to identify household members who were reported to be children under temporary care, as such members are treated differently by the sampled State's guidelines in defining EUs.⁴⁵ The process, however, did not affect the EU size measurement because sampled EUs had no child under temporary care.

Calculating EU Income/Assets

States differ in counting income sources for determining WIC eligibility. In addition to a State agency survey that collected information on countable incomes, ICF Macro staff called State agencies to ensure accurate documentation of each State's varying ways of counting income sources. Analysts used this information to differentially count the income dollar amounts by income/asset sources and to generate the total income for the economic unit (see Exhibit 2-7 for details of State discretionary countable income specifications).

The SAS program defined three two-dimensional arrays with in-person interview data that measure, respectively, income dollar amount of each income source by each EU member who had income/assets; income evidence presented for each income source by each EU member; and income pay periods for each income source by each EU member.

⁴⁵ The SAS algorithm counted the children under temporary care into EU size according to State guidelines, including Arizona, California, Colorado, Florida, Indiana, Louisiana, Massachusetts, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, and Washington. For the rest of the States, children under temporary care were excluded from the EU size counting.

With the three two-dimensional arrays, two SAS program loops were run to total the income dollar amounts from all income sources by all EU members who had incomes/assets and to convert varying measures into *monthly total income for each EU*. For income dollars reportedly paid by specific pay periods (weekly, biweekly, half-monthly, monthly, quarterly, and annually), the calculation was done as below:

- Weekly—multiply by 4.3;
- Biweekly—multiply by 2.15;
- Half-monthly—multiply by 2;
- Monthly—no multiplier;
- Quarterly—multiply by 1/3;
- Annually—multiply 1/12;

Note that the income data were initially only collected from participants who were determined as adjunctively ineligible by the field data collectors. At the beginning of data collection, for those who were able to provide adjunctive eligibility documents, income data were not collected. It was later found that uncertainties occurred regarding onsite determination of the adjunctive status; thus, data collectors were instructed to collect income data from all respondents. For those initially interviewed without income data, data collectors contacted them again via telephone or in-person interview to ensure that income data were collected for all respondents.

Each economic unit's monthly income was compared against the WIC income eligibility guidelines for 2008–09.⁴⁶ The monthly mean and median income estimates for the adjunctively ineligible subgroup are presented in Exhibit 2-16.

⁴⁶ See <http://www.fns.usda.gov/wic/howtoapply/incomeguidelines08-09.htm>.

Exhibit 2-16: Mean and Median Monthly Income of Economic Unit (EU) With and Without Cases of Very High Income: Adjunctively Eligible vs. Adjunctively Ineligible Participants and EU Size

Adjunct verified	EU size	Case inclusion	Sample n (unweighted)	WIC population	EU monthly income mean	95% CI for Mean		EU monthly income median
Not adjunctively eligible	1	All cases	43	213,069	0.00	0.00	0.00	0
		Excluding cases of very high income	43	213,069	0.00	0.00	0.00	0
	2	All cases	152	1,142,342	1,168.78	-412.05	2,749.61	0
		Excluding cases of very high income	151	1,134,322	406.28	231.54	581.02	0
	3	All cases	207	1,425,988	3,309.09	-1,684.13	8,302.30	0
		Excluding cases of very high income	204	1,400,724	465.87	251.84	679.89	0
	4	All cases	162	1,332,434	1,429.18	243.41	2,614.94	0
		Excluding cases of very high income	161	1,310,485	882.53	584.66	1,180.40	0
	5	All cases	100	767,886	1,038.11	628.63	1,447.59	267
		Excluding cases of very high income	100	767,886	1,038.11	628.63	1,447.59	267
	6 or more	All cases	84	737,609	2,685.58	-603.69	5,974.85	860
		Excluding cases of very high income	82	713,424	1,027.76	542.70	1,512.82	0
	Total (Not adjunctively eligible)	All cases	748	5,619,329	1,910.58	-23.23	3844.40	0
		Excluding cases of very high income	741	5,539,909	685.99	500.37	871.61	0

Adjunct verified	EU size	Case inclusion	Sample n (unweighted)	WIC population	EU monthly income mean	95% CI for Mean		EU monthly income median	
Adjunctively eligible	1	All cases	11	54,068	0.00	0.00	0.00	0	
		Excluding cases of very high income	11	54,068	0.00	0.00	0.00	0	
	2	All cases	89	628,224	51.23	-20.17	122.63	0	
		Excluding cases of very high income	89	628,224	51.23	-20.17	122.63	0	
	3	All cases	124	1,012,579	106.70	-17.19	230.59	0	
		Excluding cases of very high income	124	1,012,579	106.70	-17.19	230.59	0	
	4	All cases	93	764,645	77.64	-53.19	208.47	0	
		Excluding cases of very high income	93	764,645	77.64	-53.19	208.47	0	
	5	All cases	72	516,928	105.67	-35.08	246.41	0	
		Excluding cases of very high income	72	516,928	105.67	-35.08	246.41	0	
	6 or more	All cases	73	517,844	11.04	-12.18	34.25	0	
		Excluding cases of very high income	73	517,844	11.04	-12.18	34.25	0	
	Total (Adjunctively eligible)		All cases	462	3,494,288	74.39	-2.30	151.07	0
			Excluding cases of very high income	462	3,494,288	74.39	-2.30	151.07	0
Grand Total		All cases	1,210	9,113,617	1,206.56	-0.87	2,413.99	0	
		Excluding cases of very high income	1,204	9,034,197	449.43	318.37	580.50	0	

As WIC certification requires that income be documented with pay stubs or other evidence, the SAS program identified available income sources that had no supporting evidence. Participants who reported one or more sources of income and presented evidence of at least one source of income were treated as valid with income evidence. Only those who reported one or more incomes but had no evidence at all were treated as lacking income evidence. There were 18 such cases lacking income evidence.

Staff conducted case reviews to see if these cases were erroneous certifications. Of these, three cases were found Medicaid adjunctively eligible; whereas the rest were not found adjunctively eligible; hence, the latter were subject to an income eligibility test, which resulted in no eligibility error. Exhibit 2-17 lists the 18 cases without income documentation.⁴⁷ It is important to note that lack of income documentation was not used in determining eligibility error; this exercise was only for the sake of data processing documentation.

Exhibit 2-17: List of the 18 Cases That Reported Incomes^a Without Any Documentation

State**	WIC category	EU monthly income (\$)	Income eligibility error
A	Pregnant	400	No
E	Breastfeeding	0	No
D	Breastfeeding	1,500	No
B	Breastfeeding	0	No
A	Breastfeeding	2,300	No
E	Postpartum	0	No
A	Postpartum	0	No
A	Postpartum	0	No
C	Postpartum	0	No
E	Infant	0	No
E	Infant	1,290	No
B	Infant	6	No
A	Infant	0	No
A	Infant	1,333	No
A	Infant	0	No
C	Infant	0	No
A	Child	3,440	No
A	Child	0	No

^aSome cases had incomes which amounted to zero because no State-defined countable income was reported.

**State names have been de-identified using a random process that also renders comparison between states in other tables impossible.

⁴⁷ To protect respondents’ confidentiality, detailed identification information in this and other listings of individual cases is not presented.

There were another 12 cases that reported one or more incomes that are countable and the associated income pay periods: “others” without specification of details. The ambiguity made it difficult to convert the reported income into monthly income for determining income eligibility. Staff again conducted case reviews to determine the pay periods. Four cases were determined as receiving monthly pay when identified as receiving medical assistance (\$157), State SSI payment (\$941), and wage/tip (\$1,000 and \$1,239, respectively). The rest (eight cases) that reported wage/tip valued from \$1 through \$12 were determined to have an hourly pay rate. Monthly income conversion was done according to these conclusions. Exhibit 2-18 lists these cases with their derived monthly income and resulting income eligibility status.

Exhibit 2-18: List of 12 Cases That Reported Incomes with Pay Periods of “Others”

State*	WIC category	EU monthly income (\$)	Income eligibility error
A	Pregnant	2,816	Yes
A	Pregnant	0	No
A	Pregnant	5,280	Yes
B	Pregnant	941	No
D	Pregnant	2,000	No
F	Breastfeeding	1,239	No
A	Postpartum	5,280	No
A	Postpartum	2,816	No
B	Postpartum	1,507	No
E	Infant	800	No
C	Infant	4,224	Yes
A	Child	6,336	Yes

*State names have been de-identified using a random process that also renders comparison between states in other tables impossible.

Another issue emerged with seven cases that were found to have excessively high incomes (see Exhibit 2-19). Staff reviewed these cases, and they found one to be Medicaid adjunctively eligible and overruled the income counting result to treat this case as no income eligibility error. The rest (six cases) were found not adjunctively eligible and were treated as certification error in the final income eligibility analysis. It was necessary to document these cases in detail for the reader’s caution, as it was possible that data errors occurred with self-reported incomes; but it was infeasible to confirm and remedy such potential errors because of the limited scope of work.⁴⁸

⁴⁸ Double-checking the reported income entails efforts that are more extensive, such as third-party verification via data collection from the respondent’s employers or social service agencies. Such activities are, however, beyond the scope of this study.

Exhibit 2-19: List of the Seven Cases Identified as Having Excessively High Incomes

State*	WIC category	EU size	EU monthly income \$	Income eligibility error
B	Pregnant	6	16,045	Yes
D	Breastfeeding	3	182,531	Yes
C	Postpartum	3	267,458	Yes
A	Infant	6	59,555	Yes
C	Child	3	153,636	No ^a
C	Child	4	34,067	Yes
C	Child	2	109,005	Yes

^aIdentified as Medicaid adjunctively eligible.

*State names have been de-identified using a random process that also renders comparison between states in other tables impossible.

To examine the difference between cases with very high incomes and the rest of the sample, analysts compared the two groups' categories for race-ethnicity, education, native language, metro vs. non-metro locale, household size, new experience with WIC, and food security. The only statistically significant difference between the two groups was in food security. For cases of high income, the high food security rate was 98.68 percent (95% CI = 95.88% and 100.00%); whereas for the rest in the sample, the rate was 81.78 percent (95% CI = 78.311% and 85.25%). Other differences, substantial albeit not statistically significant, are listed in Exhibit 2-20a.

Exhibit 2-20a: Comparison of Six Cases with Very High Income vs. the Rest of the Sample: Percentage by Demographics and Food Security Categories

Demographics	Percent	S. E.	95% CI	
Cases with very high income (unweighted n=6)				
Non-Hispanic or Latino	72.36	28.82	14.12	100.00
Asian Pacific Islander	28.45	29.77	0.00	88.62
English as native language	44.73	57.64	0.00	100.00
High food security	98.68	1.39	95.88	100.00
Other cases in the sample (unweighted n=1,204)				
Non-Hispanic or Latino	54.12	4.75	44.51	63.73
Asian Pacific Islander	2.46	0.70	1.04	3.89
English as native language	64.53	4.08	56.27	72.78
High food security	81.78	1.716	78.31	85.25

For reference, Exhibit 2-20b presents estimates of income eligibility case error and pre-rebate annualized dollar error, excluding the very-high-income cases.

**Exhibit 2-20b: Estimates Excluding the Six Cases of Very High Income:
Income Eligibility Case Error and Pre-rebate Dollar Error**

Income eligibility case error					
WIC category	Sample n in error (unweighted)	WIC population in error	Income eligibility case error rate	95% CI	
Pregnant	6	27,321	0.30	-	0.61
Breastfeeding	8	27,906	0.31	0.05	0.57
Postpartum	5	12,492	0.14	0.00	0.27
Infant	10	94,334	1.04	0.36	1.73
Child	4	58,429	0.65	-	1.45
Total	33	220,482	2.43	1.10	3.77

Annualized income eligibility dollar error (pre-rebate)					
WIC category	Sample n in error (unweighted)	WIC total population	Annualized income eligibility dollar error	95% CI	
Pregnant	6	953,664	12,349,855	(1,297,947)	25,997,656
Breastfeeding	8	580,718	23,339,242	3,625,329	43,053,154
Postpartum	5	632,967	5,973,886	422,564	11,525,207
Infant	10	2,138,152	115,522,475	36,032,055	195,012,895
Child	4	4,750,646	21,828,787	(9,910,186)	53,567,759
Total	33	9,056,146	179,014,243	91,684,837	266,343,649

Determining Income Eligibility

The SAS algorithm compared each sampled participant's EU monthly income against the WIC Income Eligibility Guideline by EU size. A total of 39 sampled cases were identified as income ineligible upon incorporating the indicators of income/adjunctive ineligibility from the special case review study and in-person interview file. The six cases with very high income were included in the analysis and were counted as income eligibility errors because there was some evidence that these cases tended to have higher rates of high food security and better education than the rest in the sample (see Exhibit 2-20a).

Identifying Other Types of Error

Other types of errors due to identity ineligibility, residence ineligibility, and WIC category eligibility were examined as well. In-person interviews requested the respondents to present evidence of their identity and residence. All of the respondents did so; no identity or residence error was found among study participants.

Category errors occur largely when agencies mistake the age of infants/children or the dates of women’s pregnancy, breastfeeding, and delivery as required by WIC category eligibility. The available in-person interview data, however, did not contain information on dates of women’s pregnancy, breastfeeding, and delivery; hence, category errors for women were not produced. Analysts examined the ages of infants and children (in days) by calculating the length of days between the birth date and the certification date. Six sampled units (weighted to 49,832 WIC participants) were identified as category errors, as they aged over 1 year at certification time (i.e., the difference between the certification date and the birth date was greater than 366 days) but had received infant benefits. Note that none of the category error cases was identified as income eligibility error (i.e., they were all income eligible for child benefits). No over-age children (older than 5 years or 1,828 days at the time of certification) were identified.

Dollar error due to category error should be the difference between the erroneously redeemed infant benefit value and the child benefit value that would have been appropriate for the given participant. To measure dollar error due to category error based on the actual redeemed benefit value, analysts calculated the difference for each category error case between respondents’ actual redeemed infant benefit and their affiliated clinic’s average redeemed value of child benefits. In two cases where the clinic average redeemed child benefit value was not available, analysts used their agencies’ average value. Five cases had their redeemed infant benefit values greater than the clinic/agency average child benefit redemption value, thus incurring overpayment error. Only one case had redeemed an infant value smaller than the clinic average of child benefit redemption value, incurring no dollar error (i.e., the dollar error was assigned zero).

Exhibit 2-21a lists the six cases by State, each with unweighted dollar error amounts; Exhibit 2-21b presents aggregated (weighted and annualized) dollar error estimates associated with category error. The category error dollar amount estimate, however, was considered tentative because it was not based on actual redemption data. Therefore, it was not included in the final improper payment estimates in Chapter 4.

**Exhibit 2-21a: List of Category Error Cases (Infant over 12 Months)
by State: Unweighted Dollar Error**

State	Sample n (unweighted) in error	Category error Dollar error amount
C	1	1,218
C	1	166
B	1	-780 (assigned zero)
B	1	765
A	1	985
A	1	777

*State names have been de-identified using a random process that also renders comparison between states in other tables impossible.

**Exhibit 2-21b: Category Error (Infant over 12 Months)
Weighted Annualized Total Dollar Amount**

	Total dollar amount	95% CI	
Category error \$	19,888,965	-1,802,465	41,580,395

Estimate Dollar Error

Linking income eligibility indicator to the redemption data (see *Redemption Data Processing*), the SAS algorithm calculated the erroneous payments due to income-ineligible cases. All of the redeemed dollar values by income-ineligible cases were considered as overpayment error. Staff have examined redemption data and found that the May issuances were redeemed in May through July in all sampled States.

Annualizing Redemption Estimates

To annualize the estimates from May redemption data, we used a multiplier (12.285) derived from the WIC total food costs data, rather than a simple month count of 12 to take monthly variation of redemption values into consideration. Presumably, the error rate is constant across months and the monthly redemption value is closely correlated to WIC monthly food cost reported by the Food and Nutrition Service (FNS). We obtained WIC monthly food cost data for FY 2009 (October 2008 through September 2009) and divided the FY 2009 total cost by the food cost in May to generate the annualizing multiplier 12.285 (see Exhibit 2-22).

Exhibit 2-22: Monthly and Cumulative WIC Food Benefit Costs: FY 2009

Month	Monthly costs \$
Oct 2008	402,815,721
Nov 2008	392,249,549
Dec 2008	391,525,368
Jan 2009	393,314,732
Feb 2009	378,397,365
Mar 2009	383,695,958
Apr 2009	380,414,599
May 2009	377,758,893
Jun 2009	382,549,508
Jul 2009	381,892,874
Aug 2009	386,878,505
Sep 2009	389,354,241
Cumulative Cost	4,640,847,313
Annualizing multiplier	12.28520996

Analysts produced the total erroneous payment estimates for eligibility error in FY 2009. The procedure applied sample weighting that adjusted the estimates proportionally to represent the WIC participant universe in 48 States. Replicate weights were used to compensate for the potential error due to the complex sample design. The sample re-weighting was conducted after initial analysis found in-person survey nonrespondents differed from respondents on some variables, particularly participation in SNAP (see *Sampling Design and Weights* and Appendix II-G: *Nonresponse Analysis*). The final case error and improper payment estimates were generated using the re-weighted data.

Infant Formula Rebate Adjustment

Estimating improper payment (dollar error) with adjustments for infant formula rebate was necessary to generate more realistic improper payment estimates because participants often do not redeem all the voucher values. The task was subject to data restrictions, including (1) redemption data do not separate the infant formula amount from other food redemption values; (2) States' negotiated rebate rates differ by formula products, requiring data consolidation that may introduce error; and (3) rebate rates are applied to wholesale prices only, but the survey-collected redemption data are based on retail prices, an issue requiring complicated procedures of adjustment. In short, post-rebate estimates of dollar error cannot be calculated from survey data alone.

We integrated WIC administrative data and the NSWP II statistics to generate a proxy measure of rebate values for infants. Subtracting the rebate value from each infant's actual redeemed voucher value, we obtained post-rebate food costs, which is the improper payment or dollar error for an infant identified to have income eligibility error.

The key is to estimate the infant rebate values. WIC administrative data (WIC Monthly Spreadsheet)⁴⁹ include rebates' billed amounts and number of infant participants for each State. This source allows us to obtain the average rebate value per infant for each State. Dividing the State average rebate value by the national average redemption value (estimated from the NSWP-II sample), we have the proportion of redemption that is due to rebates for each sampled State. Multiplying this rate to the actual redeemed voucher value for each infant in the sample, we have a proxy measure of rebate value for each infant. The details follow.

Let R_s be the rebate total value for a given State and let n_s be the number of infants participating in the program in the same State, both taken from the WIC administrative data. Now R_s / n_s is the average rebate value for the particular State.

For each infant in the survey, we have a redemption value c_j and a weight w_j . Let C be the average redeemed value nationwide, $C = (\sum c_j w_j) / (\sum w_j)$. Let $P_s = (R_s / n_s) / C$ be the proportion of redemptions covered by rebates in State s . Exhibit 2-23a lists these parameters.

⁴⁹ Downloaded from: <http://www.fns.usda.gov/pd/wicmain.htm> as of 07/29/2011.

Exhibit 2-23a: Constant Parameters Used in Calculation

	Value	Source	Note
Ru	156,877,423	WIC administrative data	48 contiguous States and tribal organizations, not all WIC agencies
Nu	2,150,231	WIC administrative data	ditto
C	110.09	NSWP II	Weighted estimate
P=Ru/Nu/C	0.66		Derived from the above

Let $I_j = 1$ if infant j is determined ineligible for benefit (a case error) and 0 if not; let c_j be the infant's actual redeemed value. Thus, for each infant in the sample, $I_j c_j$ is the estimate of the total pre-rebate improper payment, $I_j c_j P_s$ is the infant's proxy rebate value, and $I_j c_j (1 - P_s)$ is the estimate of the post-rebate improper payment, where s denotes the State corresponding to infant j .

Summing the weighted estimates, we have $\sum c_j I_j w_j (1 - P_s)$ as the estimate of the total post-rebate improper payments for infants identified as having eligibility error. Replacing the P_s by its components, the formula is—

$$\sum c_j I_j w_j (1 - (R_s / n_s)) / ((\sum c_j w_j) / (\sum w_j)).$$

Exhibits 2-23b and 2-23c show the resulting estimates for May 2009. The estimates are rough because we have used a single estimate of average redemption value across States, C , and have assumed that the average redemption cost for a participant improperly certified will be the same as for one properly certified.

Exhibit 2-23b: Estimated WIC Infant Average Rebate Value and Post-Rebate Food Cost (Infant n = 2,157,909)

Variable	Label*	Mean \$	SE of mean	95% CL for mean	
Rebate value	$(i_j c_j) * P$, where $P = R_s / n_s / C$; rebate value with State aggregate	73.23	5.91	61.28	85.18
Post-rebate food cost	$(i_j c_j) * (1 - P)$, where $P = R_s / n_s / C$; post-rebate food cost with State aggregate	36.87	3.44	29.91	43.83

Exhibit 2-23c: Estimated WIC Infant Total Rebate Value and Post-Rebate Food Cost (Infant n = 2,157,909)

Variable	Label*	National total \$	SE of sum	95% CL for sum	
Rebate value	$(i_j c_j) * P$, where $P = R_s / n_s / C$; rebate value with State aggregate	158,030,146	16,084,651	125,495,868	190,564,424
Post-rebate food cost	$(i_j c_j) * (1 - P)$, where $P = R_s / n_s / C$; post-rebate food cost with State aggregate	79,554,959*	8,742,833	61,870,911	97,239,007

* The national total food cost for infants (i.e., pre-rebate total redeemed voucher value for infants in May 2009 is \$237,585,105, estimated from the NSWP II sample).

The difference in the national total rebate value between the estimate (\$158,030,146) and the WIC administrative data (\$156,877,423) for 48 contiguous States and tribal organizations in May 2009 is \$1,152,723 (or 0.73%). Consequently, the annualized measure between the estimate and the WIC administrative data differed as well.

To match the administrative data on total rebates billed, we made further adjustments. For the May estimate, we applied a ratio, 1.0073 (the total May rebate value from WIC administrative data over the initial May estimate of the rebate total from our sample), to the States' rebate rates (P_s). For annualizing, we used the WIC administrative data to calculate a ratio, 12.1131 (the FY 2009 total rebate values over the May rebate values), and then multiplied this factor to the above-adjusted May estimate. The adjusted results are presented in Exhibit 2-23d and the procedures were used in computing the final improper payment estimates.

Exhibit 2-23d: Infant Formula Rebate Adjusted Estimates: May 2009 and Annualized Rebate Values and Post-Rebate Food Costs for Infants

Measure	Monthly/ annualized	Mean (\$)	95% CI for Mean (\$)		Total (\$)	95% CI for Total (\$)	
Rebate value for infants n= 2,157,909 ^a	May	72.7	60.84	84.56	156,877,423	124,580,461	189,174,385
	Annualized	880.6	736.93	1024.27	1,900,256,225	1,509,043,120	2,291,469,329
Post-rebate food cost for infants n= 2,157,909	May	37.4	30.36	44.44	80,707,682	62,802,703	98,612,660
	Annualized	453.04	367.76	538.31	977,612,146	760,729,137	1,194,495,156
Total food cost for infants n= 2,157,909	May	110.1			237,585,105		
	Annualized	1333.64			2,877,868,371		

^a The WIC administrative data on rebates billed for May and FY 2009 are, respectively, \$156,877,423 and \$1,900,274,589.

Post-rebate food costs for infants were calculated by subtracting the estimated annualized rebate value from the annualized redeemed value for each sampled infant. The aggregated post-rebate food cost for infants that were identified to have certification error was the post-rebate improper payment (dollar error value). The aggregation entailed multiplying the infant post-rebate dollar error values by the sample weights, generating a post-rebate total dollar error estimate for the WIC infant population in FY 2009. For the estimated 114,091 infants who were found to have eligibility error, the estimated total improper payment was \$48,714,683 (95% C.I. = \$16,222,015 and \$81,207,352).

Demographics of Eligibility Error Cases

A comparison in demographics, program category, and food security between participants identified as having an eligibility error and other participants is presented in Exhibit 2-24.

All statistical procedures used SAS 9.2 on UNIX to generate estimates of WIC participant demographics, income, case error counts and rates, and dollar error amounts.

PROC SURVEYMEANS and PROC SURVEYFREQ were used, applying sample weights and replicate weights to produce nationwide WIC participant population estimates, with complex sample design effects adjusted.

Exhibit 2-24: Demographic and Program Background Variables: Participants With Income Eligibility Error and Participants Without the Error

Income eligibility error	Demographic/program characteristics	Sample (unweighted) n	WIC Population	Percent within group	95% CI for percent	
WIC program category						
No error	Pregnant	244	926,342	10.48	10.13	10.84
	Breastfeeding	249	552,812	6.26	5.98	6.54
	Postpartum	218	620,476	7.02	6.87	7.17
	Infant	210	2,043,818	23.13	22.38	23.88
	Child	250	4,692,217	53.11	52.37	53.84
Error	Pregnant	7	31,750	11.42	0.00	23.62
	Breastfeeding	9	30,174	10.86	0.31	21.41
	Postpartum	6	13,538	4.87	0.16	9.58
	Infant	11	114,091	41.05	22.61	59.49
	Child	6	88,399	31.80	3.83	59.78
Hispanic or Latino						
No error	Hispanic or Latino	520	4,052,747	46.01	36.42	55.60
Error	Hispanic or Latino	15	101,822	36.63	11.14	62.13
Frequency Missing = 5						
Race						
No error	American Indian	11	85,976	0.98	0.00	1.99
	Asian Pacific Islander	26	220,020	2.52	1.06	3.98
	African American	234	1,892,474	21.67	13.73	29.60
	White	505	3,905,339	44.71	35.33	54.09
	Other	375	2,631,236	30.12	20.98	39.26
Error	American Indian	1	9,220	3.38	0.00	10.54
	Asian Pacific Islander	1	21,949	8.04	0.00	24.74
	African American	9	42,475	15.56	0.80	30.31
	White	17	115,765	42.40	14.26	70.54
	Other	9	83,634	30.63	0.00	64.50
Frequency Missing = 22						
Education*						

Income eligibility error	Demographic/program characteristics	Sample (unweighted) n	WIC Population	Percent within group	95% CI for percent	
No error	Less than HS	340	2,615,890	29.66	23.46	35.85
	HS	403	2,850,244	32.31	26.82	37.80
	More than HS	424	3,354,695	38.03	31.67	44.39
Error	Less than HS	2	8,702	3.13	0.00	8.17
	HS	19	140,074	50.39	28.93	71.86
	More than HS	18	129,177	46.47	24.15	68.80
Frequency Missing = 4						
Home language						
No error	English	750	5,691,951	64.42	56.28	72.56
	Spanish	371	2,793,402	31.62	23.91	39.33
	Others	50	350,312	3.96	1.44	6.49
Error	English	23	172,977	62.23	43.02	81.45
	Spanish	12	74,677	26.87	2.65	51.08
	Others	4	30,299	10.90	0.00	26.86
Metro area locale						
No error	Metro	900	6,756,075	76.46	66.42	86.51
Error	Metro	32	207,507	74.66	49.85	99.46
New to WIC						
No error	New to WIC	641	4,209,209	47.64	41.58	53.70
Error	New to WIC	25	190,454	68.52	44.12	92.92
Other assistance program participation						
No error	No Assistance	411	2,668,244	30.55	24.08	37.01
	Yes. Not SNAP	138	1,118,729	12.81	9.52	16.09
	Yes. Includes SNAP	602	4,948,072	56.65	49.86	63.43
Error	No Assistance	23	163,717	59.96	25.59	94.33
	Yes. Not SNAP	4	15,879	5.82	0.00	13.09
	Yes. Includes SNAP	10	93,447	34.22	0.00	68.95
Frequency Missing = 22						

Income eligibility error	Demographic/program characteristics	Sample (unweighted) n	WIC Population	Percent within group	95% CI for percent	
EU size						
No error	1	54	267,137	3.02	1.22	4.82
	2	233	1,712,464	19.38	14.67	24.09
	3	320	2,375,301	26.88	22.60	31.16
	4	242	1,983,115	22.44	18.74	26.14
	5	170	1,274,086	14.42	11.08	17.76
	6 or more members	152	1,223,562	13.85	10.55	17.14
Error	1	-	.	.	.	.
	2	8	58,102	20.90	2.76	39.05
	3	11	63,266	22.76	7.53	37.99
	4	13	113,964	41.00	21.41	60.60
	5	2	10,729	3.86	0.00	10.88
	6 or more members	5	31,891	11.47	0.00	27.54
Household with child(ren)						
No error	With child	913	6,441,845	72.91	67.12	78.69
Error	With child	29	188,440	67.80	53.67	81.93
Food security*						
No error	High food security	932	7,194,811	81.43	77.87	84.98
	Marginal food security	21	98,138	1.11	0.25	1.98
	Low food security	115	839,461	9.50	6.92	12.08
	Very low food security	103	703,255	7.96	5.35	10.57
Error	High food security	36	271,610	97.72	94.66	100.00
	Marginal food security	-	.	.	.	.
	Low food security	3	6,342	2.28	0.00	5.34
	Very low food security	-	.	.	.	.

* The two groups' difference was statistically significant at $p < .05$ level.

Expired Certification Error

Food vouchers issued to and redeemed by participants whose WIC eligibility has expired is a potential source of error, with consequential overpayments. Expired certification errors occur when benefits are awarded and redeemed after the expiration date of the certification period. Obtaining the most current certification dates for participants is critical to determining expired certification error. ICF Macro explored expired certification error assessment using certification dates collected from State agencies. The resulting statistics should be interpreted with great caution because State agencies are not likely to have the most reliable information on

certification dates. Local agencies actually conduct certifications and update certification dates to handle constantly shifting participant status such as WIC benefit issuance, termination, renewal, and category change. Unfortunately, data on certification dates were only collected from State agencies, not from local agencies.

ICF Macro asked States to provide the most recent certification date before or during the targeted months for sampling when food packages were issued (April and May 2009), but some were not able to do so. The bulk of the available data were before or within the two target months, though some stretched to as late as the end of year. The reason for this might be in the data requirements of what agencies must retain and provide to the Food and Nutrition Service (FNS). The Minimum Data Set (MDS) requires that States provide the most recent certificate date. The Supplemental Data Set (SDS), which is voluntary, includes the original certification date. The available certification data from States are likely to be part of the MDS and thus largely represent recent certifications, as revealed by initial tabulation: Of the respondents, 40.28 percent of the respondents had their certification dates after April 1, 2009, and 59.72 percent were certified prior to April 1 (Exhibit 2-25a).

It seems reasonable to assume that the available certification dates from State agencies' certification status were largely current and useful for examining expired certification error. Uncertainties remain for the following:

- For participants who had certification *before April 1*. Some that are to be identified as expired certification error may in fact have renewed their benefits before April 1, but it may not have been recorded by the State agency—a scenario of false positive.
- Among participants who were certified *after April 1* and who are *all* to be treated as no expired certification error. Some might have had a period in which they received a voucher while certification was expired, but then later renewed before the end of 2009. Again, this may not have been recorded by the State agency—a scenario of false negative.

Nevertheless, analysts may be able to examine expired certification error for those whose certification dates were before April and may be able to treat participants whose certification dates were after April 1 as apparently free of expired certification error. In such an exploratory study, analysts did the following:

- For each case, obtained the length in WIC program (LIP) from the available certification dates from State agencies (i.e., days between April 1, 2009 and the certification date). Exhibit 2-25b presents descriptive statistics of LIP.
- Calculated for each case the official benefit length (BL) specified for each WIC category (see SOW, p. 4). For pregnant women, 9 months and 6 weeks—but considering it is extremely unlikely for a women to determine pregnancy in the first month, an adjusted 8 months plus 6 weeks (equivalent to 286 days = $30 \times 8 + 7 \times 6 + 4$); for postpartum, 6 months (183 days = $30 \times 6 + 3$); for breastfeeding, infant, and child, 1 year (365 days).
- Calculated the difference between the LIP and BL and assigned initial expired certification error status to participants whose LIP was greater than BL, treating participants whose LIP was smaller than BL (including those that had a negative value of the difference—i.e.,

certified after April 1 as free of expired certification error). Exhibit 2-25a documents two categories of participants by certification dates: after April 1, 2009 and before April 1, 2009.

- Further qualified expired certification errors by checking redemption records for the month of May 2009: if the redeemed value was greater than zero, then an expired certification error was identified (i.e., the given case not only had received but also redeemed the benefits beyond the official specified program length, hence incurring improper payments; otherwise, no expired certification error was identified). Exhibit 2-25c summarizes expired certification error case number and rate by WIC category and Exhibit 2-25d is a listing of the 30 cases of expired certification error.

The majority of expired certification errors occurred among breastfeeding women, unweighted equaling 27 of the 30 error cases and weighted equaling 64,992 of a total of 105,023 error cases (61.87% of all the expired certification error cases).

Exhibit 2-25a: Certification Dates Collected from State Agency: Prior to or After April 1, 2009

Available certification date from State agencies	Sample n (unweighted)	WIC population	Percent	95% CI for percent	
Certified after April 1, 2009	471	3,670,590	40.28	30.90	49.66
Certified before April 1, 2009	739	5,443,027	59.72	50.34	69.10
Total	1210	9,113,617	100.00		

Exhibit 2-25b: Length in Program (Days Receiving WIC Benefits) by WIC Category

WIC category	Sample n (unweighted)	WIC population	Minimum	Maximum	Range	Mean	95% CI for mean	
Pregnant	251	958,092	-185	293	478	4.36	-11.80	20.51
Breastfeeding	258	582,986	-244	475	719	47.90	25.03	70.78
Postpartum	224	634,014	-217	316	533	5.35	-17.15	27.85
Infant	221	2,157,909	-192	405	597	127.43	92.16	162.71
Child	256	4,780,616	-218	415	633	12.31	-4.99	29.61

Exhibit 2-25c: Expired Certification Error Case Count and Rate by WIC Category

WIC category	Sample n in error (unweighted)	WIC population in error	Expired certification error rate	95% CI	
Pregnant	1	3,780	0.04	0.00	0.13
Breastfeeding	27	64,992	0.71	0.18	0.34
Postpartum	0	.	.	.	.
Infant	1	8,531	0.09	0.09	0.00
Child	1	27,721	0.30	0.30	0.00
Total	30	105,023	1.15	0.49	0.15

Exhibit 2-25d: Listing of 30 Cases of Expired Certification Error by State and WIC Category

State	WIC category	Length (day) receiving WIC benefits	Income eligibility error
C	Pregnant	293	No
A	Breastfeeding	244	No
A	Breastfeeding	301	No
A	Breastfeeding	254	No
A	Breastfeeding	184	No
A	Breastfeeding	259	Yes
A	Breastfeeding	197	No
A	Breastfeeding	226	No
A	Breastfeeding	224	No
A	Breastfeeding	251	No
A	Breastfeeding	285	Yes
A	Breastfeeding	210	No
A	Breastfeeding	295	Yes
A	Breastfeeding	244	No
B	Breastfeeding	203	No
B	Breastfeeding	204	No
B	Breastfeeding	243	No
B	Breastfeeding	253	No
B	Breastfeeding	239	Yes
B	Breastfeeding	240	No
E	Breastfeeding	215	No
E	Breastfeeding	216	No
G	Breastfeeding	258	No
C	Breastfeeding	355	No
C	Breastfeeding	202	No
D	Breastfeeding	230	No
D	Breastfeeding	191	No
F	Breastfeeding	226	No
C	Infant	388	No
C	Child	415	No

*State names have been de-identified using a random process that also renders comparison between states in other tables impossible.

2.6 Denied New Applicants Survey

This study examined participant perceived reasons for benefit denial and termination, but did not formally assess case error and related dollar errors because it was not feasible to do so in this study (see Section 2.2 under *Source of Data* and *Survey Content*). The findings on new applicant denials were primarily intended to provide some insight into the reasons why new WIC applicants were denied eligibility and respondents' perception as to whether these determinations were correct (see Appendix II-C). No direct estimation of error rates was made. The task was difficult as WIC agencies conduct the certification process and handle denial records in different ways. Communicating with sampled agencies and clinics, it became clear that many did not have a formal definition of the denial and few had a rigorous data system in place to keep application records that are turned down (see below). With a potential applicant, a clinic staff usually talks over the phone and either tells her about her ineligibility or schedules an appointment for certification. Such personal and often amiable "pre-screening" procedures do not result in denial records of the ineligible cases. Most applicants who go through the appointment are issued benefits. Only very few applicants who go through the appointment receive a "notice of ineligibility," which may be documented in some scant form, if at all. The number of denial records is very small due to the fact that many potential participants are given the WIC qualifications over the phone and if they do not seem to meet eligibility criteria, they do not formally apply in person. For detail on agency handling denial and responding to denial data collection, see *State-Provided Program Eligibility and Redemption Data*.

Statistical and sampling design thus faced a grave challenge due to the very nature of current practice in WIC benefit denial: There is simply no clearly defined event of denial or widely accepted notion of the denial population. The original research plan envisioned 480 interviews with denied applicants, or about 3 per clinic sampled; the April and May 2009 data collection produced a smaller pool of denied new applicants: just 410 new applicant denials, compromising the planned statistical and sampling design. Out of the 147 clinics asked to submit denial names, 14 clinics reported having no new applicant denials and many others provided five or fewer names. Therefore, the denials data was not weighted and should not be considered nationally representative.

All the new applicant denial cases provided by the responding States/clinics were used in the denial analysis ($n = 194$). Analysts did not weight or adjust the denial sample because of lack of information on the new applicant denial population and the absence of data for a large subset of States/clinics. A nonresponse bias analysis was also not performed because clinics provided little information in the new applicant denial records. Other than the applicants' contact information, the requested 'WIC category' and 'reasons for denial' were provided by very few clinics. Without any external information, it was impossible to generate a nationally representative new applicant denials sample. In anticipating such problems, ICF proposed and implemented an alternative study, the termination/discontinuation study. Since new applicant denials often occurred at the time of benefit renewal, the termination/discontinuation analysis generated nationally representative estimates to describe the basic patterns of termination/discontinuation, supplementing the new applicant denial study. Excel (Windows 2007) was used to generate the statistics.

2.7 Termination/Discontinuation Survey

The termination/discontinuation data collection and analysis was designed as an alternative to the new applicant denial analysis. As the new applicant denial study encountered difficulties in obtaining sufficient data and generating nationally representative statistics, the termination/discontinuation study provided supplemental information on relevant issues, specifically the proper stop of WIC benefits and other forms of benefit termination/discontinuation (see Appendix II-D). Most terminations/discontinuations, as expected and evidenced by data, were a normal stop of benefits including voluntary withdrawal or other situational changes (e.g., moved away). As in the new application denial analysis, it was not feasible for this analysis to formally determine incorrect termination/discontinuation; instead it only examined respondents' perception of agency's mistake in termination/discontinuation.

In this study, terminated/discontinued participants are defined as WIC participants whose eligibility for WIC benefits ended in May 2009 and they were not recertified defined in this study as WIC participants whose eligibility had ended in May 2009 for either voluntary or involuntary reasons. The cross-sectional sample that was interviewed was drawn from State agency lists of participants who had received food vouchers in April 2009 but were no longer on the list of participants in May 2009. A total of 607 terminated/discontinued participants were randomly selected from selected clinics (combining the five categories of WIC participants) in the larger NSWP-II sample. Of these selected, 393 responded to the survey, a response rate of 64.7 percent. The probability of selecting the clinic and the termination/discontinuation cases from the clinic were combined to obtain an initial termination/discontinuation sample weight, which was subsequently adjusted for nonresponse using region as the adjustment category. The resulting statistics from the termination/discontinuation analysis were generalizable to the national population of WIC participants who received food vouchers in April 2009 but did not in May 2009 (weighted sample $n = 1,066,567$). SPSS 16.0 was used in data analysis.

CHAPTER 3. STATE AND LOCAL AGENCY SURVEYS

3.1 Overview

The NSWP-II surveys of State and local WIC agencies consisted of two distinct data collection efforts:

- A mailed survey census of all 90 State WIC agencies including 50 States/DC, 5 U.S. Territories, and 34 Indian Tribal Organizations (ITOs)--to which 82 responded; and
- A web survey of 584 local WIC agencies, randomly sampled from a nationwide list of approximately 2,300--to which 503 responded. (Of these, 43 happened to be agencies where WIC participants had been sampled for the Participant Survey).

3.2 Study Methodology

Source of Data

Data from State WIC agencies came from a mailed survey that was estimated to take about 66 minutes to complete (see Appendix III-A). Agencies mailed (or occasionally faxed) back to researchers the survey upon completion. Data from local WIC agencies was obtained from a Web survey estimated to take about 40 minutes (Appendix III-B). Seven agencies filled out the survey on paper and mailed it, in lieu of doing it online. Copies of the survey instruments can be found in Appendices III-A and III-B, respectively.

Survey Content

Survey of State Policies and Procedures

Since Federal guidelines give State WIC agencies considerable authority over WIC Program operations, State Agencies were asked about:

- Household income calculation (including adjunctive and automatic income eligibility), including the time period used to calculate income (e.g., current, previous 12 months);
- Definition of household unit and the calculation of income for households with separate economic units;
- Policies regarding self-declaration, temporary care of children and temporary low income;
- Residency requirements and acceptable proofs of residency; and
- Issuance cycles and distribution of food vouchers.

They were also surveyed about their policies regarding certification periods for infants; determination of nutritional eligibility; discretion granted to local agencies; recordkeeping; promotion of breastfeeding; and the specific actions that proxies are permitted to take on behalf of participants.

Survey of Local Agency Policies and Operations

The Local WIC Agency Survey focused on areas related to the services offered to WIC participants as well as procedures followed by the local agency in providing WIC services to participants. As such, the survey covered the following specific areas:

- Organization of agency (structure, clinics, sites under the local agency);
- Procedures used to determine eligibility;
- Certification and recertification policies and approaches;
- Distribution of food vouchers;
- Information gathered from applicants (including denied new applicants), and how it is handled and stored;
- Staff qualifications and participant caseloads;
- Range of services offered (health care, family planning, smoking cessation) and referrals;
- Nutrition education services offered (topics, providers, time allocated);
- Hours of operation, location, space, and equipment onsite;
- Distribution of Nutrition Services and Administration (NSA) funds; and
- Demographics of participants served.

The findings of this study describe in detail all of the above topics. Descriptive results are presented for the total sample, as well as for selected groups in terms of Local Agencies' organizational control and size.

Sample Design & Weights

Sampling of State WIC Agencies

State data are derived from a census. Thus, sampling adjustments, weighting, and tests of significance are not applicable.

Sampling of Local WIC Agencies

A national sample of 587 local agencies was drawn for conducting the survey on the characteristics of local WIC agencies. The target sample size was 500 agencies, independent of the local agencies selected for the WIC Participants Survey. This discussion of the sampling process covers the reasoning for the sample size, the creation of the national local agency sample frame, the calculation of the local agencies' measure of size (MOS), probabilities of selection, and the sampling procedure.

Sample Size

The parameters of the study required a national sample of 500 agencies at a precision of 95 percent confidence interval, ± 4.5 percent for estimates of 50 percent.

Accounting for non-response and assuming an 80 percent response rate, a sample of 587 local WIC agencies was drawn independently of the sample of agencies for the Participant Survey. Of the 584 local WIC agencies who received the survey (16 in Minnesota did not because of the State’s lack of participation), 43 were also sampled for the Participant Survey. A total of 503 local agencies responded to the Local WIC Agency Survey, for a response rate of 86 percent, based on actual survey recipients.

The Sampling Frame for the National Sample of Local Agencies

Before drawing the national sample for the Local WIC Agency Survey, 23 States/DC had already provided their lists of local agencies. The data included the number of participants in each agency by program category: pregnant, breastfeeding, postpartum, infants, and children. Lists of local agencies, including the number of WIC participants in each of the five categories, were obtained for the remaining State WIC agencies to complete the sampling frame.

Selection of the Local Agency Sample

The local agency sample was selected using probability proportional to size (PPS) without replacement.⁵⁰ The use of sampling without replacement meant that the larger local agencies were likely to be selected as certainties. That means their probability of selection was greater than 1 and therefore set equal to 1. This was done so that 587 distinct local WIC agencies would be sampled nationwide.

In order to sample proportional to size, a local WIC agency measure of size (MOS) had to be calculated. By calculating the MOS for local agencies, some consistency in MOS between this sample and the WIC Participant Survey sample design was necessary. To achieve this, the following formula was used to calculate the relative size of the local agency (LA):

$$State\ Size = \frac{\frac{\sum P_{State}}{\sum P_{Nation}} + \frac{\sum B_{State}}{\sum B_{Nation}} + \frac{\sum N_{State}}{\sum N_{Nation}} + \frac{\sum I_{State}}{\sum I_{Nation}} + \frac{\sum C_{State}}{\sum C_{Nation}}}{5}$$

- Where—
- P = Pregnant,
 - B = Breastfeeding,
 - N = Postpartum Non-breastfeeding,
 - I = Infants, and
 - C = Children

—constitute the five categories of WIC participants.

⁵⁰ Probability Proportionate to Size is the method proposed by Goodman and Kish in 1950.

In short, the probability of sample selection for each local agency was determined by the sum of five ratios—each representing a participant category served at the agency, relative to its representation in the national population—divided by five.

Secondly, with respect to the types of estimates produced using the sample, the following two considerations were important: (1) the survey may be used to estimate the percentage of local agencies that provide a certain type of service, and (2) the survey may be used to estimate the percentage of participants who receive certain benefits. To achieve both types of estimates, the square root of the LA size was used and sampling was done proportional to the adjusted MOS.⁵¹

Sampling Procedure

Using the square root of the size of each LA, the local agencies' probability of selection was calculated as follows:

$$LAProb_j = LASize^{1/2} / ((600 - i) \sum LASize^{1/2})$$

Where— i = the number of certainty agencies and

j = the number of iterations until all certainties were determined

A certainty local agency is defined as an agency where $LAProb_j > 1$. By its nature, the process of calculating the local agency probability becomes iterative. In the first run, $i = 0$; in the second run, $i = \text{number of certainties from the first run}$. This continues until $LAProb_j \leq 0$ for all the remaining noncertainty local agencies. There were 27 certainty local agencies, and the process took 4 iterations. The sampling frame was then sorted randomly within WIC regions and State WIC agencies, and a PPS sample was drawn.

Weighting

Each local agency was sampled with PPS, using a measure of size that was the square root of the average of the proportion of participants in each of the five categories. This measure of size was then used to calculate the local agency's probability of selection and its inverse was used as the initial local agency weight. Then the responding local agencies' weights were adjusted to account for the non-responding agencies, by WIC region, an indicator that was available from the frame data. The final weight was the non-response adjusted weight, which is an estimate of the total number of local WIC agencies nationwide, written as:

$$W_{ij} = 1 / LAProb_j$$

⁵¹ Saavedra, P. J., & Heimowitz, H. (2004, August). Sample selection by powers of size when needing estimates at multiple levels. *Proceedings of the Joint Statistical Meetings*. American Statistical Association, Toronto, Canada.

3.3 Data Collection

Two surveys were designed to study the policies, procedures, operations, and staff of State and Local WIC agencies.⁵² These surveys consisted of: (1) a census of all 90 State WIC agencies including 50 States/DC, 5 U.S. Territories, and 34 Indian Tribal Organizations (ITOs); and (2) a sample of 587 local WIC agencies representing all local agencies, drawn from the approximately 2,300 local agencies nationwide.

The State agency census took about 66 minutes to complete, and all the State agencies were supposed to comply. However, responses were received from 82 State agencies (91% response rate) comprised of 50 States/DC, 27 ITOs, and 5 U.S. Territories. Although, not all of the 90 State WIC agencies participated in the study, the high response rate indicates a near census of the State agencies. Because of the relatively modest number of State agencies overall, a paper-and-pencil survey was sent both by mail and by e-mail (as an attachment). State agencies first received a letter from the WIC director urging their participation before the survey was mailed to them. As individual circumstances dictated, each State agency director was contacted via e-mail, then via telephone until the State agency responded. Extensive follow-up procedures were used, which involved as many as 10 contacts by telephone and email from the NSWP-II Project Director and Deputy Director. In one case the FNS regional office was asked to help gain the cooperation of a State agency. Extensions were given to over a dozen State agencies requesting more time. These efforts notwithstanding, seven ITOs did not return the survey. And one State refused to participate even after direct follow-up requests from FNS.

The Local agency sample was drawn from a list of local agencies provided by the State agencies, with monthly participant data listed by category for the sample period in spring 2009. This yielded a sample frame of 2,300 local agencies, a bit more than national WIC program reports of about 2,000 to 2,200 local agencies.⁵³ This may be because of the structure of a few State organizations where there is no clear distinction between local agencies and clinics, and clinics may report directly to the State agency. Thus, such State agencies reported more local agencies than normal. However, since the sample was based on the size of the organization (in terms of participants served), the weighting that was applied ensured an accurate profile of local agencies and their policies. From the list, a sample of 587 was selected in anticipation of receiving 500 responses.

The Local agencies were invited to participate in a web survey that took about 40 minutes to complete, using e-mail addresses obtained from State agency directors. A customized link to a URL with an embedded password was included in each e-mail. Letters were sent to the agencies where e-mail was not available, which also included the link information. Seven agencies filled out the survey on paper and mailed it in. Responses were received from local agencies in all State agencies, except one, which refused to permit its agencies to accept the survey. Additional e-mail follow-up was made to local agencies that did not respond. Ultimately, State agency directors were engaged to assist in urging local agencies to respond. This combination of approaches yielded 503 completed local agency surveys, yielding a response rate of 86 percent.

⁵² The term “State agencies” will be used to refer collectively to all State, District of Columbia, U.S. Territory, and ITO agencies.

⁵³ Victor Oliveira, V., & Frazão, E. U.S. Department of Agriculture, Food and Nutrition Service, U.S. Department of Agriculture. (2009). *The WIC Program: Background, trends and economic issues*. Retrieved from <http://www.ers.usda.gov/publications/err73/err73.pdf>

Although a vast majority (95.5%) of WIC local agencies nationwide have direct dealings with WIC participants, a small number (4.5%) are just administrative offices. This means that they oversee clinics that, in turn, certify WIC participants and provide services but do not provide those services themselves. Since a large number of the Local WIC Agency Survey questions dealt with the characteristics of the primary WIC agency site—including the building, hours of operation, safety of site, participant services offered, and agency procedures dealing with participants—agencies that were purely administrative were asked to answer the primary site questions, by selecting and providing answers for a “typical” clinic under their purview.

3.4 Analysis

The State agency data are derived from a census. Thus, sampling adjustments, weighting, and tests of significance are not applicable. The descriptive results are presented for all 82 State Agencies. In addition, to capture and understand differences among various types of State agencies, data were analyzed according to—

- Type of Organization (ITO, Territory, State/DC),
- Size of the whole State agency (measured by participants served per month), and
- Location based on the region (Northwest, Mid-Atlantic, Southeast, Midwest, Southwest, Mountain Plains, Western).

The Local agency data from 503 agencies was weighted to represent all local agencies nationwide. Thus, the weighted descriptive results are representative of all 2,291 local agencies. The term “local agency” was defined by the State agency, and hence may be different across States. For example, the most common arrangement is to have a State WIC agency that oversees some number of local WIC agencies, each of which, in turn, oversees a number of local clinics. They also certify and provide services to WIC participants. However, in some cases, local agencies only perform an administrative role (i.e. providing no direct services). In other instances—particularly in small ITO’s and Puerto Rico—the local agencies are the same as local clinics, there being no middle layer of agency. In instances where a local agency provided no direct services, the agency was asked to fill out the section on the facility and services based on a “typical” clinic under their purview.

Nationally, FNS partners with the State agencies to run the WIC Program, and they, in turn, manage the local agencies. In attempting to capture and understand differences among agencies, data were analyzed according to—

- Relationship of the local agency to the parent State WIC agency (State affiliated, Local government, Non- government), and
- Size of the whole local agency (measured by participants served per month).

As part of the analysis, the State agencies results present standard errors for means, weighted percentages, as well as significant tests for the overall difference between the groups. The latter are presented with a strong caveat. Where the number of comparisons is very large, 5 percent can be expected to be significant by chance, and therefore the significance tests must be interpreted

with caution. Furthermore, in some cases, the statistics for chi-square could not be computed because of empty cells. Finally, significance is determined by both the strength of the relationship and the effective sample size, which is a function of both the actual sample size and the sample design; which may be different for different comparisons. SPSS 16.0 was used in data analysis.

APPENDICES

Appendix I-A: Telephone Survey (Version A—Women)

TELEPHONE SURVEY (Version A: Pregnant, Breastfeeding, and Postpartum Women)

Questionnaire contains data item identification (variable names) for each question in order to facilitate secondary data analysis.

The questions I am going to ask are about your satisfaction and experiences with WIC. This takes about 20 minutes and your feedback will be grouped together with answers from other people. Since your answers are confidential, nothing you say will change your benefits.

WIC PROGRAM PARTICIPATION

1. Let's begin by talking about your experience with WIC. Is this the first time you've received WIC benefits **for yourself** or have you participated before this with another pregnancy/child? [IF PREGNANT, SAY: pregnancy. IF BREASTFEEDING/ POSTPARTUM, SAY: child]

P0501

- NEW TO WIC [SKIP TO Q3]
- PARTICIPATED BEFORE [CONTINUE]

2. How many times have you participated before? [ASK, THEN SKIP TO Q4]

P0502

- 1
- 2
- 3 OR MORE

3. Why didn't you participate before this? [DO NOT READ; CHECK ALL THAT APPLY]

- THIS IS MY FIRST CHILD/PREGNANCY **T0503A**
- DIDN'T LIVE IN USA **T0503B**
- DIDN'T KNOW ABOUT WIC **T0503C**
- DIDN'T THINK QUALIFIED FOR WIC (FOR CATEGORY REASON) **T0503D**
- DIDN'T THINK QUALIFIED FOR WIC (FOR INCOME REASON) **T0503E**
- DIDN'T TRUST WIC **T0503F**
- DIDN'T QUALIFY FOR WIC **T0503G**
- LACK OF TRANSPORTATION TO CLINIC, TRANSPORTATION DIFFICULTIES **T0503H**
- SCHEDULE DIFFICULTIES **T0503I**
- SERVICES (INCLUDING WAITING TIME) TAKE TOO MUCH TIME **T0503J**
- WAITING SPACE AT CLINIC IS LIMITED **T0503K**
- LACK OF CHILD CARE **T0503L**
- LANGUAGE BARRIERS **T0503M**
- PROBLEMS QUALIFYING FOR BENEFITS **T0503N**
- DIDN'T HAVE PAPERS TO PROVE ELIGIBILITY **T0503O**
- DIFFICULTIES KEEPING APPOINTMENT TIMES **T0503P**
- WIC FOOD SELECTION NOT DESIRABLE **T0503Q**
- WIC FOOD STORES NOT CONVENIENT (HOURS OR LOCATION) **T0503R**
- WIC FOOD HARD TO FIND ON SHELVES (BRANDS, QUANTITIES) **T0503S**

- IMMIGRATION CONCERNS **T0503T**
- DIDN'T NEED FOOD BENEFIT **T0503U**
- DON'T KNOW **T0503V**
- OTHER: **T0503W** PLEASE SPECIFY _____

[IF Q3= THIS IS MY FIRST CHILD/PREGNANCY, AUTOMATICALLY CODE Q4 AS THIS IS FIRST, ONLY CHILD AND SKIP TO Q5.]

4. [IF R.=PREGNANT, ASK:]
How many other children do you have?

P0504

[IF R.=BREASTFEEDING OR POSTPARTUM, ASK:]
How many other children do you have, or is this your first baby?

- 0. THIS IS FIRST, ONLY CHILD
- 1. 1 OTHER CHILD
- 2. 2 OTHER CHILDREN
- 3. 3 OTHER CHILDREN
- 4. 4 OTHER CHILDREN
- 5. 5 OTHER CHILDREN
- 6. 6 OTHER CHILDREN
- 7. 7 OTHER CHILDREN
- 8. 8 OTHER CHILDREN
- 9. 9 OR MORE OTHER CHILDREN

[CLARIFY: And were these children all born to you? IF ANSWER IS NO, RE-ASK QUESTION, How many other children have been born to you, or is this your first baby?]

SKIP TO Q7 IF ANY OF FOLLOWING ARE TRUE:

- R.=PREGNANT
- R.=BREASTFEEDING AND P2e=YES (i.e. Rec'd benefits when pregnant)
- R.=POSTPARTUM IF P2e=YES (i.e. Rec'd benefits when pregnant)

5. Did you receive benefits while you were pregnant, that is, before the baby was born?

P0505

- YES [SKIP TO Q7]
- NO [CONTINUE]

6. Why didn't you participate in WIC while you were pregnant? [DO NOT READ; CHECK AS MANY AS APPLY]

P0506

- DIDN'T LIVE IN USA **P0506B**
- DIDN'T KNOW ABOUT WIC **P0506C**
- DIDN'T TRUST WIC **P0506F**
- DIDN'T QUALIFY FOR WIC **P0506G**
- LACK OF TRANSPORTATION TO CLINIC, TRANSPORTATION DIFFICULTIES **P0506H**
- SCHEDULE DIFFICULTIES **P0506I**
- SERVICES (INCLUDING WAITING TIME) TAKE TOO MUCH TIME **P0506J**
- WAITING SPACE AT CLINIC IS LIMITED **P0506K**
- LACK OF CHILD CARE **P0506L**
- LANGUAGE BARRIERS **P0506M**
- PROBLEMS QUALIFYING FOR BENEFITS **P0506N**
- DIFFICULTIES KEEPING APPOINTMENT TIMES **P0506P**
- WIC FOOD SELECTION NOT DESIRABLE **P0506Q**
- WIC FOOD STORES NOT CONVENIENT (HOURS OR LOCATION) **P0506R**
- WIC FOOD HARD TO FIND ON SHELVES (BRANDS, QUANTITIES) **P0506S**
- IMMIGRATION CONCERNS **P0506T**
- DIDN'T NEED FOOD BENEFIT **P0506U**
- DON'T KNOW **P0506V**
- OTHER: **P0506W** PLEASE SPECIFY _____

SATISFACTION WITH LOCAL CLINIC, SERVICES, FOOD STORES

7. Thinking about the WIC clinic that you are familiar with, how satisfied are you with the people that work there and the services they provide? Would you say you are [READ]...?

P0507

- Very Satisfied
- SOMEWHAT Satisfied
- NEITHER Satisfied nor Dissatisfied
- SOMEWHAT Dissatisfied, or
- Very Dissatisfied

7a. Thinking about the WIC clinic's location and building facility, would you say you are [READ]...?

P0507A

- Very Satisfied
- SOMEWHAT Satisfied
- NEITHER Satisfied nor Dissatisfied
- SOMEWHAT Dissatisfied, or
- VERY Dissatisfied

Looking at specific qualities or characteristics of the clinic...

8. How would you rate the [INSERT FROM BELOW]? Would you say it is Excellent, Very Good, Good, Fair or Poor? [REPEAT SCALE UNTIL R. LEARNS IT]

Excellent-----Very Good-----Good-----Fair-----Poor

[ROTATE START POINT]

- a) Customer friendliness of the WIC staff **P0508_01**
- b) Quality of service you get **P0508_02**
- c) Helpfulness of the staff **P0508_03**
- d) Staff's ability to speak your language **P0508_04**
- e) Safety of the clinic's location **P0508_05**
- f) Convenience of the clinic's location for you **P0508_06**
- g) Convenience of its operating hours **P0508_07**
- h) Amount of time you must wait until you are seen by WIC staff **P0508_08**
- i) Size and space of the waiting area **P0508_09**
- j) Activities provided to occupy children while you wait **P0508_10**
- k) Way they handle paperwork for certification **P0508_11**
- l) How they deliver your food -[INSERT WORD USED IN P6b] **P0508_12**

9. Now, think about the food benefits that you receive **for yourself**. How would you rate them in the following areas? Use the same scale: Excellent, Very Good, Good, Fair or Poor. How would you rate the food benefits for...

Excellent-----Very Good-----Good-----Fair -----Poor

- a) Providing the right quantity of food? **P0509_1**
- b) Offering foods that you like to eat? **P0509_2**
- c) Offering food choices in sizes and brands that you can find on the shelf? For example, if the coupon says a 46 oz container of juice in one of these 3 brands, you can find them in the store where you shop. **P0509_3**

10. Are there certain WIC foods that, on a regular basis, you do not purchase for some reason?

P0510

- YES [CONTINUE]
- NO [SKIP TO Q12]

11. Which ones do you not purchase? [DO NOT READ LIST. JUST CHECK OFF ALL THAT APPLY. FOR EACH ONE CHECKED, ASK:] Why not)? AFTER R. ANSWERS, ASK, Anything else?

ITEMS NOT REDEEMED	Why don't you redeem them? [CODE OR WRITE IN MAIN REASON]	PRECODES
<input type="checkbox"/> CARROTS	P0511_01	1 – Dislike, don't like 2 – Not accustomed to eating it (including cultural differences) 3 – Food allergies 4 – Don't know how to prepare 5 – Too much trouble to prepare 6 – Problems getting food to home 7 – Couldn't find/ Lost the food coupons 8 – Store did not have item in stock 9 – Did not need at that time 10 – Other: SPECIFY *
<input type="checkbox"/> CEREAL	P0511_02	
<input type="checkbox"/> CHEESE	P0511_03	
<input type="checkbox"/> DRY BEANS, PEAS	P0511_04	
<input type="checkbox"/> EGGS	P0511_05	
<input type="checkbox"/> FORMULA	P0511_06	
<input type="checkbox"/> JUICE	P0511_07	
<input type="checkbox"/> MILK	P0511_08	
<input type="checkbox"/> PEANUT BUTTER	P0511_09	
<input type="checkbox"/> TUNA	P0511_10	

12A. For food items you did redeem, was there **too much** of any food?

P05120

- YES (Which Foods?.....)
- NO (SKIP TO 12b)

[DO NOT READ. JUST CHECK OFF ALL THAT APPLY]

TOO MUCH	
<input type="checkbox"/> CARROTS	P0512A_01
<input type="checkbox"/> CEREAL	P0512A_02
<input type="checkbox"/> CHEESE	P0512A_03
<input type="checkbox"/> DRY BEANS, PEAS	P0512A_04
<input type="checkbox"/> EGGS	P0512A_05
<input type="checkbox"/> FORMULA	P0512A_06
<input type="checkbox"/> JUICE	P0512A_07
<input type="checkbox"/> MILK	P0512A_08
<input type="checkbox"/> PEANUT BUTTER	P0512A_09
<input type="checkbox"/> TUNA	P0512A_10
<input type="checkbox"/> OTHER _____	P0512A_11

12B. For food items you did redeem, was there **too little** of any food?

P05121

- YES (Which Foods?.....)
- NO (SKIP TO 13)

[DO NOT READ. JUST CHECK OFF ALL THAT APPLY]

TOO LITTLE	
<input type="checkbox"/> CARROTS	P0512B_01
<input type="checkbox"/> CEREAL	P0512B_02
<input type="checkbox"/> CHEESE	P0512B_03
<input type="checkbox"/> DRY BEANS, PEAS	P0512B_04
<input type="checkbox"/> EGGS	P0512B_05
<input type="checkbox"/> FORMULA	P0512B_06
<input type="checkbox"/> JUICE	P0512B_07
<input type="checkbox"/> MILK	P0512B_08
<input type="checkbox"/> PEANUT BUTTER	P0512B_09
<input type="checkbox"/> TUNA	P0512B_10
<input type="checkbox"/> OTHER _____	P0512B_11
<input type="checkbox"/> TOO LITTLE: FRUITS AND VEGETABLES	P0512B_12
<input type="checkbox"/> TOO LITTLE: BABY FOOD	P0512B_13
<input type="checkbox"/> TOO LITTLE: BREAD	P0512B_14

13. Which description best fits the store where you most often redeem your WIC food [INSERT WORD USED IN P6d]? [READ FULL LIST]

P0513

- LARGE grocery store or supermarket
- SMALL grocery store
- CONVENIENCE store
- SPECIALTY food store, such as one that specializes in ethnic foods
- STORE that carries only WIC-approved items
- LARGE combination food store-retailer such as a Walmart or a Target
- MILITARY commissary
- [IF ILLINOIS, READ]: WIC Food Centers
- [DON'T READ] OTHER [ASK: Can you describe it for me? AND TYPE BRIEF DESCRIPTION _____]

14. Using the scale of Excellent, Very Good, Good, Fair or Poor that we used earlier, what overall rating would you give the store where you do most of your WIC shopping.”

P0514

- EXCELLENT
- VERY GOOD
- GOOD
- FAIR
- POOR

15. Do you buy your WIC items at the same store where you do most of your other food shopping?

P0515

- YES [SKIP TO Q17]
- No [CONTINUE]

16. Why not? [DO NOT READ. CODE ANSWER ALL THAT APPLY]

P0516

- EXPENSE: WIC STORE MORE EXPENSIVE, REGULAR STORE LESS EXPENSIVE **P0516A**
- EXPENSE: REGULAR STORE MORE EXPENSIVE, WIC STORE LESS EXPENSIVE **P0516B**
- TRANSPORTATION: WIC STORE LESS CONVENIENT TO GET TO, REGULAR STORE MORE CONVENIENT **P0516C**
- TRANSPORTATION: REGULAR STORE LESS CONVENIENT TO GET TO, WIC STORE MORE CONVENIENT **P0516D**
- COURTESY: WIC STORE NOT CUSTOMER-FRIENDLY, REGULAR STORE FRIENDLIER **P0516E**
- COURTESY: REGULAR STORE NOT CUSTOMER-FRIENDLY, WIC STORE FRIENDLIER **P0516F**
- REGULAR STORE DOES NOT PARTICIPATE IN WIC PROGRAM **P0516G**
- REGULAR STORE DOESN'T CARRY RIGHT SIZES/SELECTIONS OF WIC FOODS **P0516H**
- OTHER: PLEASE SPECIFY _____ **P0516X**

17. I am going to give you a list of reasons why some people go to the store that they do for WIC purchases. For each one, please tell me how important it is to you by giving a number from 0 to 5, with 5 meaning extremely important and 0 being Not Important at all. How important is it that [INSERT FROM BELOW]:

Extremely important Not at all important
 5-----4-----3-----2-----1-----0

[ROTATE START POINT]

- a) It is the same store where you do your other shopping **P0517_1**
- b) The store clerks are friendly and helpful **P0517_2**
- c) The store clerks speak your language **P0517_3**
- d) The location is safe **P0517_4**
- e) The location is convenient, easy to get to **P0517_5**
- f) The store hours are convenient **P0517_6**
- g) The store has the right sizes and brands of WIC foods **P0517_7**
- h) The prices on non-WIC items are reasonable **P0517_8**
- i) It specializes in WIC items **P0517_9**

IMPACT OF TRAINING AND COUNSELING ON BEHAVIOR

18. Let’s talk about some of the services at the WIC agency. In addition to your scheduled appointments, have you attended any group education sessions that were recommended to you by the WIC staff?
P0518

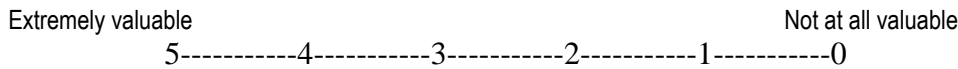
- YES [CONTINUE]
- No [SKIP TO Q23]

19. Were any of these seminars about...? [READ]		20. IF YES IN Q19, ASK: Did the seminar influence you to make any lifestyle changes?	21. IF YES IN Q20, ASK: Specifically, what changes did you make?	22. IF NO IN Q20, ASK: Why not? What about the program or session didn’t work for you?
	YES NO	YES NO		
Nutrition or preparing nutritious meals? P0519_1	YES → NO ↓	P0520_1 YES → NOT → (To Q22)	P0521_1 <input type="checkbox"/> Eating more healthy <input type="checkbox"/> How to cook healthy meals <input type="checkbox"/> Avoiding bad foods <input type="checkbox"/> OTHER [SPECIFY]	P0522_1 <input type="checkbox"/> Boring, not interesting <input type="checkbox"/> Too long <input type="checkbox"/> Too complicated <input type="checkbox"/> Poor teacher <input type="checkbox"/> Not practical, useful <input type="checkbox"/> Foods I don’t eat <input type="checkbox"/> I already knew it <input type="checkbox"/> OTHER [SPECIFY]

Breastfeeding your baby? P0519_2	YES → NO ↓	P0520_2 YES → NOT → (To Q22)	P0521_2 <input type="checkbox"/> How to do it <input type="checkbox"/> Dealing with problems <input type="checkbox"/> Helping my baby to do it <input type="checkbox"/> Getting my family to accept it/cooperate <input type="checkbox"/> OTHER [SPECIFY]	P0522_2 <input type="checkbox"/> Boring, not interesting <input type="checkbox"/> Too long <input type="checkbox"/> Too complicated <input type="checkbox"/> Poor teacher <input type="checkbox"/> Not "hands-on" <input type="checkbox"/> I already knew it <input type="checkbox"/> OTHER [SPECIFY]
Disciplining your child? P0519_3	YES → NO ↓	P0520_3 YES → NOT → (To Q22)	P0521_3 <input type="checkbox"/> Better parenting <input type="checkbox"/> Being more patient <input type="checkbox"/> Learning what works <input type="checkbox"/> OTHER [SPECIFY]	P0522_3 <input type="checkbox"/> Boring, not interesting <input type="checkbox"/> Too long <input type="checkbox"/> Too complicated <input type="checkbox"/> Poor teacher <input type="checkbox"/> Not realistic <input type="checkbox"/> I already knew it <input type="checkbox"/> OTHER [SPECIFY]
Educating your child? P0519_4	YES → NO ↓	P0520_4 YES → NOT → (To Q22)	P0521_4 <input type="checkbox"/> Better parenting <input type="checkbox"/> Being more patient <input type="checkbox"/> Learning what works <input type="checkbox"/> Learning new techniques <input type="checkbox"/> OTHER [SPECIFY]	P0522_4 <input type="checkbox"/> Boring, not interesting <input type="checkbox"/> Too long <input type="checkbox"/> Too complicated <input type="checkbox"/> Poor teacher <input type="checkbox"/> Too general <input type="checkbox"/> I already knew it <input type="checkbox"/> OTHER [SPECIFY]
Living a healthy lifestyle? P0519_5	YES → NO ↓	P0520_5 YES → NOT → (To Q22)	P0521_5 <input type="checkbox"/> Making changes (general) <input type="checkbox"/> Stopping smoking <input type="checkbox"/> Eating healthy <input type="checkbox"/> OTHER [SPECIFY]	P0522_5 <input type="checkbox"/> Boring, not interesting <input type="checkbox"/> Too long <input type="checkbox"/> Too complicated <input type="checkbox"/> Poor teacher <input type="checkbox"/> I already knew it <input type="checkbox"/> OTHER [SPECIFY]
Smoking cessation? P0519_6	YES → NO ↓	P0520_6 YES → NOT → (To Q22)	P0521_6 <input type="checkbox"/> Stopped smoking <input type="checkbox"/> Cut back smoking <input type="checkbox"/> Trying to stop smok'g <input type="checkbox"/> Reducing 2 nd hand smoke for family <input type="checkbox"/> OTHER [SPECIFY]	P0522_6 <input type="checkbox"/> Boring, not interesting <input type="checkbox"/> Too long <input type="checkbox"/> Too complicated <input type="checkbox"/> Poor teacher <input type="checkbox"/> I already knew it <input type="checkbox"/> OTHER [SPECIFY]

Accessing, or making use of, other social services? P0519_7	YES → NO ↓	P0520_7 YES → NOT → (To Q22)	P0521_7 <input type="checkbox"/> Learning what they are, what I/we qualify for <input type="checkbox"/> Getting referrals <input type="checkbox"/> Finding out where they're located <input type="checkbox"/> Getting Food Stamps <input type="checkbox"/> Getting Medicaid <input type="checkbox"/> Getting TANF (housing assistance) <input type="checkbox"/> OTHER [SPECIFY]	P0522_7 <input type="checkbox"/> Boring, not interesting <input type="checkbox"/> Too long <input type="checkbox"/> Too complicated <input type="checkbox"/> Poor teacher <input type="checkbox"/> I already knew it <input type="checkbox"/> OTHER [SPECIFY]
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23. I am going to read you a list of potential benefits of the WIC program. Please indicate how valuable they are to you by giving me a number from 0 to 5, with 5 meaning extremely valuable and 0 being not valuable to you at all. How important is [INSERT FROM BELOW]?



[ROTATE START POINT]

- a) Time to talk with other mothers **P0523_01**
- b) Money saved on grocery bills **P0523_02**
- c) Health information **P0523_03**
- d) Nutrition information **P0523_04**
- e) Checking blood, height and weight **P0523_05**
- f) Advice from WIC staff **P0523_06**
- g) Vouchers for foods I know are nutritious **P0523_07**
- h) Helps me stay on time with shots for my child **P0523_08**
- i) Taught me about breastfeeding **P0523_09**
- j) Taught me about the foods babies need **P0523_10**
- k) Taught me about the foods children need **P0523_11**
- l) Taught me about the foods I need **P0523_12**

24. How much one-on-one nutrition counseling have you received in person for this most recent pregnancy/baby? [IF R.=PREGNANT, READ: pregnancy. IF R.=BREASTFEEDING/POSTPARTUM, READ: child]. Would you say...? [READ UNTIL R. INDICATES ANSWER]

P0524

- None at all [VERIFY: “You received no counseling about nutrition and healthy eating at the clinic?” IF AFFIRMED, SKIP TO Q30]
- One session only
- 2-3 sessions
- 4-5 sessions
- 6-7 sessions
- 8 or more sessions

25. Not counting the paperwork or other processing time, how much time would you say the actual counseling lasted, on average? [IF AN HOUR OR MORE, VERIFY, “Is this on *average*?”]

_____ HOURS **P0525H**
 _____ MINUTES **P0525M**

26. What topics do you remember talking about with the nutrition counselor? [DO NOT READ AT FIRST--PROBE AND CHECK **UNAIDED** RECALL] [THEN READ LIST TO CHECK **AIDED** RECALL]

	UNAIDED	AIDED	
	YES	YES	NO
a) Healthy weight P0526_01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Fruits and vegetables P0526_02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Protein P0526_03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Getting enough iron P0526_04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Calcium for bone health P0526_05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Vitamin C P0526_06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Other vitamins and food supplements P0526_07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Food safety P0526_08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Physical activity P0526_09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Eating/preparing healthy meals P0526_10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Picky eaters P0526_11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Was the nutrition counseling useful to you?
P0527

- YES [CONTINUE]
- No [SKIP TO Q29]

28. Why? [DON'T READ LIST. CHECK ALL THAT APPLY.] [PROBE: ANYTHING ELSE?] [SKIP TO Q30 AFTER QUESTION.]

P0528

- LEARNED NEW THINGS **P0528A**
- COUNSELOR SEEMED TO UNDERSTAND ME/CARE ABOUT ME **P0528B**
- IT MOTIVATED ME TO MAKE CHANGES/HELPED ME SET GOALS **P0528C**
- HELPED ME EAT/BE HEALTHIER **P0528D**
- OTHER: **P0528W** SPECIFY _____

29. Why not? [DON'T READ LIST. CHECK ALL THAT APPLY.] [PROBE: ANYTHING ELSE?]

P0529

- BORING/NOTHING NEW LEARNED **P0529A**
- REPETITIVE **P0529B**
- LANGUAGE PROBLEMS **P0529C**
- TOO FAST. FELT RUSHED **P0529D**
- DISTRACTIONS (NOISE, PEOPLE, CONFUSION) **P0529E**
- COUNSELOR DIDN'T UNDERSTAND/TAILORED TO INDIVIDUAL CONCERNS **P0529F**
- OTHER: **P0529W** SPECIFY _____

CURRENT SITUATION & BEHAVIORS

SKIP TO Q32 IF R.=PREGNANT AND Q4= FIRST, ONLY CHILD

30. At the current time, what, if any, health insurance do you have for your child/ren? [IF R. SAYS SOMETHING LIKE "AETNA, BLUE CROSS/BLUE SHIELD, KAISER, OR UNITED HEALTHCARE", CLARIFY WHETHER IT IS PRIVATE INSURANCE THROUGH AN EMPLOYER OR NOT. IF MORE THAN ONE GIVEN, ASK FOR MAIN ONE.]

P0530

- NONE
- MEDICAID
- STATE CHIP – CHILDREN'S HEALTH INSURANCE PROGRAM
- OTHER STATE PROGRAM
- MILITARY/TRICARE
- PRIVATE INSURANCE THROUGH AN EMPLOYER
- PRIVATE INSURANCE NOT THROUGH AN EMPLOYER (I.E. THEIR OWN INSURANCE)
- OTHER: PLEASE SPECIFY: _____

31. What, if any health insurance, do you have for yourself? [IF MORE THAN ONE GIVEN, ASK FOR MAIN ONE.]

P0531

- NONE
- MEDICAID
- OTHER STATE PROGRAM
- MILITARY/TRICARE
- PRIVATE INSURANCE THROUGH MOTHER/SPOUSE'S EMPLOYER (E.G. MILITARY)
- PRIVATE INSURANCE NOT THROUGH MOTHER/SPOUSE'S EMPLOYER
- OTHER: PLEASE SPECIFY: _____

32. Are you, or members of your family, getting food through the... [READ LIST]?

- | | YES | NO |
|--|--------------------------|--------------------------|
| a) Food Stamp program, also known as [INSERT FROM P6c]? P0532_1 | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Free or reduced price School Lunch or Breakfast program? P0532_2 | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Summer Food Service program, for kids when not in school? P0532_3 | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Food Distribution Program on Indian Reservations (FDPIR)? P0532_4 | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Temporary Emergency Food Assistance program? P0532_5 | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Child and Adult Care Food program, which provides free lunches for children at day care centers? P0532_6 | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Local/community food bank or pantry? P0532_7 | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Commodity Supplemental Food Program, which provides food packets that are distributed through State and local agencies? [IF Q32h=YES, SKIP TO Q33] P0532_8 | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Have you ever participated in Commodity Supplemental Food Program in the past? P0532_9 | | |
| <input type="checkbox"/> YES | | |
| <input type="checkbox"/> No [SKIP TO Q33] | | |
| j) How long ago did your participation in that program stop? | | |
| _____ YEARS AGO P032TY | | |
| _____ MONTHS AGO P032TM | | |

33. Now thinking about how your family eats generally, which of the following statements best describes the food you had to eat in your household during the last 12 months? Did your household... [READ LIST]? [CHECK ONE ONLY]

P0533

- Have enough to eat [SKIP TO Q35]
- Sometimes do not have enough to eat, or
- Often not have enough to eat

<p>34A. Now I am going to read a series of statements that people sometimes make about food and meals. For each statement, tell me if the statement was often, sometimes or never true for you in the last 12 months. [REPEAT SCALE AS NECESSARY]</p>	
<p>a) We worried whether our food would run out before we got money to buy more. P0534A_1</p>	<input type="checkbox"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
<p>b) The food that we bought just didn't last and we didn't have money to get more. P0534A_2</p>	<input type="checkbox"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
<p>c) We couldn't afford to eat balanced meals. P0534A_3</p>	<input type="checkbox"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
<p>IF R.=PREGNANT AND Q4=FIRST, ONLY CHILD, SKIP TO Q34b.</p>	
<p>d) We relied on only a few kinds of low-cost food to feed our children because we were running out of money to buy food. P0534A_4</p>	<input type="checkbox"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
<p>e) We couldn't feed our children a balanced meal, because we couldn't afford that. P0534A_5</p>	<input type="checkbox"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
<p>f) The children were not eating enough because we just couldn't afford enough food. P0534A_6</p>	<input type="checkbox"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
<p>34B. In the last 12 months, did you or other adults in the household ever cut the size of your meals or skip meals because there wasn't enough money for food? P0534B</p>	<input type="checkbox"/> YES <input type="checkbox"/> No [SKIP TO Q34C]
<p>1) How often did this happen— almost every month, some months but not every month, or in only 1 or 2 months? P0534B1</p>	<input type="checkbox"/> ALMOST EVERY MONTH <input type="checkbox"/> SOME MONTHS BUT NOT EVERY MONTH <input type="checkbox"/> ONLY 1 OR 2 MONTHS
<p>34C. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? P0534C</p>	<input type="checkbox"/> YES <input type="checkbox"/> No
<p>34D. In the last 12 months, were you ever hungry, but didn't eat, because there wasn't enough money for food? P0534D</p>	<input type="checkbox"/> YES <input type="checkbox"/> No
<p>34E. In the last 12 months, did you lose weight because there wasn't enough money for food? P0534E</p>	<input type="checkbox"/> YES <input type="checkbox"/> No
<p>34F. In the last 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food? P0534F</p>	<input type="checkbox"/> YES <input type="checkbox"/> No [SKIP TO Q34H.]

34G. How often did this happen— almost every month, some months but not every month, or in only 1 or 2 months? P0534G	<input type="checkbox"/> ALMOST EVERY MONTH <input type="checkbox"/> SOME MONTHS BUT NOT EVERY MONTH <input type="checkbox"/> ONLY 1 OR 2 MONTHS
SKIP TO Q42 IF R.=PREGNANT <u>AND</u> Q4=THIS IS FIRST, ONLY CHILD] [USE “child” INSTEAD OF CHILDREN IN Q35H-L IF R.=BREASTFEEDING/ POSTPARTUM <u>AND</u> Q4=FIRST, ONLY CHILD]	
34H. In the last 12 months, did you ever cut the size of any of the children’s meals because there wasn’t enough money for food? P0534H	<input type="checkbox"/> YES <input type="checkbox"/> NO
34I. In the last 12 months, were the children ever hungry but you just couldn’t afford more food? P0534I	<input type="checkbox"/> YES <input type="checkbox"/> NO
34J. In the last 12 months, did any of the children ever skip a meal because there wasn’t enough money for food? P0534J	<input type="checkbox"/> YES <input type="checkbox"/> NO
34K. How often did this happen— almost every month, some months but not every month, or in only 1 or 2 months? P0534K	<input type="checkbox"/> ALMOST EVERY MONTH <input type="checkbox"/> SOME MONTHS BUT NOT EVERY MONTH <input type="checkbox"/> ONLY 1 OR 2 MONTHS
34L. In the last 12 months, did any of the children ever not eat for a whole day because there wasn’t enough money for food? P0534L	<input type="checkbox"/> YES <input type="checkbox"/> NO

IF R.=BREASTFEEDING/POSTPARTUM AND Q4=THIS IS FIRST, ONLY CHILD, THEN SKIP TO Q38.

35. You said you have [READ NUMBER FROM Q4] other children in addition to the baby [FOR PREGNANT ADD: that is coming]. Of these other children, how many were breastfed, even if only for a short time?
P0535
 [RECORD NUMBER. NUMBER CAN NOT EXCEED NUMBER FROM Q4. IF Q35= 0, SKIP TO Q36d]

36. Did you breastfeed after the last baby before this one, even if only for a short time?

P0536

YES [GO TO Q36a]

NO [GO TO Q36d]

<p>a) For how long did you breastfeed that baby? (Probe if needed)</p>	<p>b) Of that time, how much of that time was the baby exclusively breastfed, with no other food?</p>	<p>c) Why did you stop breastfeeding? [AFTER THIS QUESTION, SKIP TO Q42 IF R.=PREGNANT; OR TO Q38 IF R.=BREASTFEEDING OR POSTPARTUM]</p>	<p>d) Why did you not breastfeed? [AFTER THIS QUESTION, SKIP TO Q42 IF R.=PREGNANT]</p>
<p>____ <2 wks [SKIP TO Q36d]</p> <p>____ NUMBER OF WEEKS OR MONTHS ("99" IF DON'T KNOW) P0536AN ____ [1] WEEKS ____ [2] MONTHS ____ [9] DOESN'T KNOW P0536AU</p>	<p>____ NUMBER OF WEEKS OR MONTHS ("99" IF DON'T KNOW) P0536BN ____ [1] WEEKS ____ [2] MONTHS ____ [9] DOESN'T KNOW P0536BU</p>	<p>P0536C [DO NOT READ. CHECK ALL THAT APPLY] HEALTH ITEMS 1. Baby had difficulty nursing 2. Not producing enough breast milk 3. Baby not gaining enough weight 4. Nipples sore, cracked or bleeding 5. Mother or baby became sick TIME/DUTY ITEMS 6. Other children to take care of 7. Went back to work or school 8. Wanted my body back to myself 9. Wanted/needed someone else to feed the baby 10. Too many household duties PREFERENCE ITEMS 11. Did not like breastfeeding 12. Did not want to be tied down 13. Embarrassment 14. Husband/partner did not want me to breastfeed 15. Felt it was the right time to stop</p>	<p>P0536D [DO NOT READ. CHECK ALL THAT APPLY] HEALTH ITEMS 1. Baby had difficulty nursing 2. Not producing enough breast milk 3. Baby not gaining enough weight 4. Nipples sore, cracked or bleeding 5. Mother or baby became sick TIME/DUTY ITEMS 6. Other children to take care of 7. Went back to work or school 8. Wanted my body back to myself 9. Wanted/needed someone else to feed the baby 10. Too many household duties PREFERENCE ITEMS 11. Did not like breastfeeding 12. Did not want to be tied down 13. Embarrassment 14. Husband/partner did not want me to breastfeed 15. Felt it was the right time to stop</p>

FOR BREASTFEEDING AND POSTPARTUM ONLY:

38. Now, do you or did you breastfeed your most recent baby, even if only for a short time?

P0538

- YES
- NO [GO TO Q39d]

39. **Is it still ongoing** or did you stop breastfeeding? [DO NOT READ ANSWERS]

P0539

- ONGOING [SKIP TO 44]
- STOPPED

a) For how long did the breastfeeding last in total? (Probe if needed)	b) Of that time, how much of that time was the baby exclusively breastfed, with no other food?	c) Why did you stop breastfeeding? [AFTER THIS QUESTION, SKIP TO Q40]	d) Why did you not breastfeed?
<p>____ <2 wks [SKIP TO Q39c]</p> <p>____ NUMBER OF WEEKS OR MONTHS ("99" IF DON'T KNOW) P0539AN</p> <p>____ [1] WEEKS ____ [2] MONTHS ____ [9] DOESN'T KNOW P0539AU</p>	<p>____ NUMBER OF WEEKS OR MONTHS ("99" IF DON'T KNOW) P0539BN</p> <p>____ [1] WEEKS ____ [2] MONTHS ____ [9] DOESN'T KNOW P0539BU</p>	<p>P0539C DO NOT READ. CHECK ALL THAT APPLY] HEALTH ITEMS</p> <ol style="list-style-type: none"> 1. Baby had difficulty nursing 2. Not producing enough breast milk 3. Baby not gaining enough weight 4. Nipples sore, cracked or bleeding 5. Mother or baby became sick <p>TIME/DUTY ITEMS</p> <ol style="list-style-type: none"> 6. Other children to take care of 7. Went back to work or school 8. Wanted my body back to myself 9. Wanted/needed someone else to feed the baby 10. Too many household duties <p>PREFERENCE ITEMS</p> <ol style="list-style-type: none"> 11. Did not like breastfeeding 12. Did not want to be tied down 13. Embarrassment 14. Husband/partner did not want me to breastfeed 15. Felt it was the right time to stop 	<p>P0539D DO NOT READ. CHECK ALL THAT APPLY] HEALTH ITEMS</p> <ol style="list-style-type: none"> 1. Baby had difficulty nursing 2. Not producing enough breast milk 3. Baby not gaining enough weight 4. Nipples sore, cracked or bleeding 5. Mother or baby became sick <p>TIME/DUTY ITEMS</p> <ol style="list-style-type: none"> 6. Other children to take care of 7. Went back to work or school 8. Wanted my body back to myself 9. Wanted/needed someone else to feed the baby 10. Too many household duties <p>PREFERENCE ITEMS</p> <ol style="list-style-type: none"> 11. Did not like breastfeeding 12. Did not want to be tied down 13. Embarrassment 14. Husband/partner did not want me to breastfeed 15. Felt it was the right time to stop

40. What, if anything, might have helped you to breastfeed? [AFTER QUESTION, SKIP TO Q44]

P0540

1. HELP BABY THAT HAD TROUBLE NURSING
2. SHOW ME WAYS TO MAKE IT HURT LESS
3. SHOW ME WAYS TO MAKE IT EASIER
4. SHOW ME HOW TO PUMP MILK
5. TALK TO UNSUPPORTIVE HUSBAND/PARTNER
6. TALK TO UNSUPPORTIVE MOTHER/GRANDMOTHER
7. TELL ME HOW TO WORK IT INTO MY SCHEDULE
8. NOTHING
9. OTHER [SPECIFY] _____ **P0540A**

41. What one thing might have helped you breastfeed for a longer period of time? [AFTER QUESTION, SKIP TO Q44]

P0541

1. HELP BABY THAT HAD TROUBLE NURSING
2. SHOW ME WAYS TO MAKE IT HURT LESS
3. SHOW ME WAYS TO MAKE IT EASIER
4. SHOW ME HOW TO PUMP MILK
5. TALK TO UNSUPPORTIVE HUSBAND/PARTNER
6. TALK TO UNSUPPORTIVE MOTHER/GRANDMOTHER
7. TELL ME HOW TO WORK IT INTO MY SCHEDULE
8. NOTHING
9. OTHER [SPECIFY] _____ **P0541A**

FOR PREGNANT ONLY:

42. With your upcoming baby, are you planning to breastfeed?

P0542

- YES [CONTINUE]
- No [SKIP TO Q44]

43. For how many months in total from the baby's birth, are you planning to breastfeed?

P0543

_____ MONTHS ("99" IF DOESN'T KNOW)

FOR EVERYONE:

44. What, if any, **advantages** do you see of breastfeeding? [UNAIDED AWARENESS. DO NOT READ. CHECK ALL THAT APPLY] [PROBE: ANYTHING ELSE?]

P0544

- BETTER/HEALTHIER BABY **P0544A**
- MOTHER-BABY BONDING, CLOSENESS **P0544B**
- BREASTFEEDING ENJOYABLE **P0544C**
- EASIER, MORE CONVENIENT **P0544D**
- CHEAPER/PROVIDED FOR FREE **P0544E**
- FRIENDS/FAMILY ARE FAMILIAR WITH IT AND CAN HELP ME **P0544F**
- OTHER: **P0544W** SPECIFY _____

45. What, if any, **disadvantages** do you see of breastfeeding? [UNAIDED AWARENESS. DO NOT READ. CHECK ALL THAT APPLY] [PROBE: ANYTHING ELSE?]

P0545

- NOT ENOUGH BREAST MILK TO SATISFY BABY **P0545A**
- HARD TO DO WHEN ONE IS GOING BACK TO WORK OR SCHOOL **P0545B**
- PAIN OR DISCOMFORT **P0545C**
- NO ONE ELSE CAN FEED THE BABY **P0545D**
- TOO TIME-CONSUMING **P0545E**
- TOO MUCH WORK COMPARED TO FORMULA **P0545F**
- MORE EXPENSIVE COMPARED TO FORMULA **P0545G**
- FRIENDS/FAMILY ARE NOT FAMILIAR WITH IT CANNOT HELP ME **P0545H**
- OTHER: **P0545W** SPECIFY _____

FRIENDS

46. Do you have friends who you think are eligible for WIC but who haven't applied for WIC benefits?

P0546

- YES
- No

47. Do you know anyone who was in WIC but dropped out before their certification period was over?

P0547

- YES
- No

48. What, do you think, are the main reasons that people don't participate in WIC? PROBE: Anything else? [DO NOT READ. CODE UP TO THREE REPLIES.]

P0548

- LACK OF TRANSPORTATION TO CLINIC, TRANSPORTATION DIFFICULTIES **P0548A**
- THEY DON'T KNOW THAT WIC EXISTS **P0548B**
- INCONVENIENT HOURS/DAYS CLINIC OPEN **P0548C**
- SERVICES (INCLUDING WAITING TIME) TAKE TOO MUCH TIME **P0548D**
- WAITING SPACE AT CLINIC IS LIMITED **P0548E**
- LACK OF CHILD CARE **P0548F**
- LANGUAGE BARRIERS **P0548G**
- PROBLEMS QUALIFYING FOR BENEFITS **P0548H**
- DIFFICULTIES KEEPING APPOINTMENT TIMES **P0548I**
- WIC FOOD SELECTION NOT DESIRABLE **P0548J**
- WIC FOOD STORES NOT CONVENIENT (HOURS OR LOCATION) **P0548K**
- WIC FOOD HARD TO FIND ON SHELVES (BRANDS, QUANTITIES) **P0548L**
- IMMIGRATION CONCERNS **P0548M**
- DIDN'T NEED FOOD BENEFIT **P0548N**
- OTHER: **P0548W** PLEASE SPECIFY _____

DEMOGRAPHICS

We're almost done with this survey. I'd like to ask a few questions for classification purposes only.

49. Are you ... [READ]

P0549

- Hispanic or Latino?
- Not Hispanic or Latino?
- REFUSED

50. How would you characterize yourself in terms of race? [READ ALL. CHECK AS MANY AS APPLY]

P0550

- American Indian or Alaska Native
- Asian American
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- REFUSED

51. What is the highest level of education you have attained? [READ UNTIL R. INDICATES ANSWER]

P0551

- Refused
- Elementary school (6 years or less of education)
- Some high school (7 – 11 years of education)
- High school diploma or GED
- Some college
- Associate’s degree
- Bachelor’s degree
- Advanced degree

52. What is your first language, that is, the language you speak at home?

P0552

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Hmong | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Khmer | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Korean | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Cantonese/ Mandarin | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> French/Creole | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Fulani | <input type="checkbox"/> Somali | <input type="checkbox"/> Other: SPECIFY |
| <input type="checkbox"/> Hindi | | _____ |

IF R. HAS NOT BEEN CHOSEN FOR IN-HOME AUDIT, READ:

Thank you so much for your help in answering this survey. Your feedback, combined with other confidential responses, will help improve the WIC program. Thanks again. Have a great day/evening.

Appendix I-B: Telephone Survey (Version B—Infant and Child)

TELEPHONE SURVEY (Version B: Infant and Child)

Questionnaire contains data item identification (variable names) for each question in order to facilitate secondary data analysis.

The questions I am going to ask are about your satisfaction and experiences with WIC. This takes about 20 minutes and your feedback will be grouped together with answers from other people. Since your answers are confidential, nothing you say will change your benefits.

WIC PROGRAM PARTICIPATION

1. Let's begin by talking about your experience with WIC and the process you went through to receive benefits. Is this the first time you've received WIC benefits **for your child** or has your child participated before.

P0501

- NEW TO WIC [SKIP TO Q3]
- PARTICIPATED BEFORE [CONTINUE]

2. How many times has your child participated before? [ASK, THEN SKIP TO Q4]

P0502

- 1
- 2
- 3 or more

- 2a. How old was your child when he/she first started getting WIC benefits [ASK, THEN SKIP TO Q7]

- At birth
- _____ (# of) Months (0 to 23 months) **P0502AM**
- _____ (# of) Years (24 months or more) **P0502AY**

3. Why didn't your child participate before this? [DO NOT READ; CHECK ALL THAT APPLY]

- THIS IS MY FIRST CHILD/PREGNANCY **T0503A**
- DIDN'T LIVE IN USA **T0503B**
- DIDN'T KNOW ABOUT WIC **T0503C**
- DIDN'T THINK QUALIFIED FOR WIC (FOR CATEGORY REASON) **T0503D**
- DIDN'T THINK QUALIFIED FOR WIC (FOR INCOME REASON) **T0503E**
- DIDN'T TRUST WIC **T0503F**
- DIDN'T QUALIFY FOR WIC **T0503G**
- LACK OF TRANSPORTATION TO CLINIC, TRANSPORTATION DIFFICULTIES **T0503H**
- SCHEDULE DIFFICULTIES **T0503I**
- SERVICES (INCLUDING WAITING TIME) TAKE TOO MUCH TIME **T0503J**
- WAITING SPACE AT CLINIC IS LIMITED **T0503K**
- LACK OF CHILD CARE **T0503L**
- LANGUAGE BARRIERS **T0503M**
- PROBLEMS QUALIFYING FOR BENEFITS **T0503N**

- DIDN'T HAVE PAPERS TO PROVE ELIGIBILITY **T0503O**
- DIFFICULTIES KEEPING APPOINTMENT TIMES **T0503P**
- WIC FOOD SELECTION NOT DESIRABLE **T0503Q**
- WIC FOOD STORES NOT CONVENIENT (HOURS OR LOCATION) **T0503R**
- WIC FOOD HARD TO FIND ON SHELVES (BRANDS, QUANTITIES) **T0503S**
- IMMIGRATION CONCERNS **T0503T**
- DIDN'T NEED FOOD BENEFIT **T0503U**
- DON'T KNOW **T0503V**
- OTHER: **T0503W** PLEASE SPECIFY _____

SATISFACTION WITH LOCAL CLINIC, SERVICES, FOOD STORES

7. Thinking about the WIC clinic that you are familiar with, how satisfied are you with the people that work there and the services they provide? Would you say you are [READ]...?

P0507

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied nor Dissatisfied
- Somewhat Dissatisfied, or
- Very Dissatisfied

7a. Thinking about the WIC clinic's location and building facility, would you say you are [READ]...?

P0507A

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied nor Dissatisfied
- Somewhat Dissatisfied, or
- Very Dissatisfied

Looking at specific qualities or characteristics of the clinic...

8. How would you rate the [INSERT FROM BELOW]? Would you say it is Excellent, Very Good, Good, Fair or Poor? [REPEAT SCALE UNTIL R. LEARNS IT]

Excellent-----Very Good-----Good-----Fair-----Poor

[ROTATE START POINT]

- a) Customer friendliness of the WIC staff **P0508_01**
- b) Quality of service you get **P0508_02**
- c) Helpfulness of the staff **P0508_03**
- d) Staff's ability to speak your language **P0508_04**
- e) Safety of the clinic's location **P0508_05**
- f) Convenience of the clinic's location for you **P0508_06**

- g) Convenience of its operating hours **P0508_07**
- h) Amount of time you must wait until you are seen by WIC staff **P0508_08**
- i) Size and space of the waiting area **P0508_09**
- j) Activities provided to occupy children while you wait **P0508_10**
- k) Way they handle paperwork for certification **P0508_11**
- l) How they deliver your food -[INSERT WORD USED IN P6b] **P0508_12**

9. Now, think about the food benefits that you receive **for your child**. How would you rate them in the following areas? Use the same scale: Excellent, Very Good, Good, Fair or Poor. How would you rate the food benefits for...

Excellent-----Very Good-----Good-----Fair -----Poor

- a) Providing the right quantity of food? **P0509_1**
- b) Offering foods that your child likes to eat? **P0509_2**
- c) Offering food choices in sizes and brands that you can find on the shelf? For example, if the coupon says a 46 oz container of juice in one of these 3 brands, you can find them in the store where you shop. **P0509_3**

10. Are there certain WIC foods that, on a regular basis, you do not purchase for your child for some reason?

P0510

- YES [CONTINUE]
- NO [SKIP TO Q12]

11. Which ones do you not purchase? [DO NOT READ LIST. JUST CHECK OFF ALL THAT APPLY. FOR EACH ONE CHECKED, ASK:] Why not)? AFTER R. ANSWERS, ASK, Anything else?

ITEMS NOT REDEEMED	Why don't you redeem them? [CODE OR WRITE IN MAIN REASON]	PRECODES
<input type="checkbox"/> CARROTS	P0511_01	1 – Dislike, don't like 2 – Not accustomed to eating it (including cultural differences) 3 – Food allergies 4 – Don't know how to prepare 5 – Too much trouble to prepare 6 – Problems getting food to home 7– Couldn't find/ Lost the food coupons 8 – Store did not have item in stock 9 – Did not need at that time 10 – Other: SPECIFY *
<input type="checkbox"/> CEREAL	P0511_02	
<input type="checkbox"/> CHEESE	P0511_03	
<input type="checkbox"/> DRY BEANS, PEAS	P0511_04	
<input type="checkbox"/> EGGS	P0511_05	
<input type="checkbox"/> FORMULA	P0511_06	
<input type="checkbox"/> JUICE	P0511_07	
<input type="checkbox"/> MILK	P0511_08	
<input type="checkbox"/> PEANUT BUTTER	P0511_09	
<input type="checkbox"/> TUNA	P0511_10	

12a. For food items you did redeem, was there **too much** of any food?

P05120

- YES (Which Foods?.....)
- NO (SKIP TO 12b)

[DO NOT READ. JUST CHECK OFF ALL THAT APPLY]

TOO MUCH	
<input type="checkbox"/> CARROTS	P0512A_01
<input type="checkbox"/> CEREAL	P0512A_02
<input type="checkbox"/> CHEESE	P0512A_03
<input type="checkbox"/> DRY BEANS, PEAS	P0512A_04
<input type="checkbox"/> EGGS	P0512A_05
<input type="checkbox"/> FORMULA	P0512A_06
<input type="checkbox"/> JUICE	P0512A_07
<input type="checkbox"/> MILK	P0512A_08
<input type="checkbox"/> PEANUT BUTTER	P0512A_09
<input type="checkbox"/> TUNA	P0512A_10
<input type="checkbox"/> OTHER _____	P0512A_11

12b. For food items you did redeem, was there **too little** of any food?

P05121

- YES (Which Foods?.....)
- NO (SKIP TO 13)

[DO NOT READ. JUST CHECK OFF ALL THAT APPLY]

TOO LITTLE	
<input type="checkbox"/> CARROTS	P0512B_01
<input type="checkbox"/> CEREAL	P0512B_02
<input type="checkbox"/> CHEESE	P0512B_03
<input type="checkbox"/> DRY BEANS, PEAS	P0512B_04
<input type="checkbox"/> EGGS	P0512B_05
<input type="checkbox"/> FORMULA	P0512B_06
<input type="checkbox"/> JUICE	P0512B_07
<input type="checkbox"/> MILK	P0512B_08
<input type="checkbox"/> PEANUT BUTTER	P0512B_09
<input type="checkbox"/> TUNA	P0512B_10
<input type="checkbox"/> OTHER _____	P0512B_11

13. Which description best fits the store where you most often redeem your child’s WIC food [INSERT WORD USED IN P6b]? [READ FULL LIST]

P0513

- Large grocery store or supermarket
- Small grocery store
- Convenience store
- Specialty food store, such as one that specializes in ethnic foods
- Store that carries only WIC-approved items
- Large combination food store-retailer such as a Walmart or a Target
- Military commissary
- [IF ILLINOIS, READ]: WIC Food Centers
- [DON’T READ] OTHER [ASK: Can you describe it for me? AND TYPE BRIEF DESCRIPTION _____]

14. Using the scale of Excellent, Very Good, Good, Fair or Poor that we used earlier, what overall rating would you give the store where you do most of your child’s WIC shopping.”

P0514

- EXCELLENT
- VERY GOOD
- GOOD
- FAIR
- POOR

15. Do you buy your child’s WIC items at the same store where you do most of your other food shopping?

P0515

- YES [SKIP TO Q17]
- No [CONTINUE]

16. Why not? [DO NOT READ. CODE ANSWER ALL THAT APPLY]

P0516

- EXPENSE: WIC STORE MORE EXPENSIVE, REGULAR STORE LESS EXPENSIVE **P0516A**
- EXPENSE: REGULAR STORE MORE EXPENSIVE, WIC STORE LESS EXPENSIVE **P0516B**
- TRANSPORTATION: WIC STORE LESS CONVENIENT TO GET TO, REGULAR STORE MORE CONVENIENT **P0516C**
- TRANSPORTATION: REGULAR STORE LESS CONVENIENT TO GET TO, WIC STORE MORE CONVENIENT **P0516D**
- COURTESY: WIC STORE NOT CUSTOMER-FRIENDLY, REGULAR STORE FRIENDLIER **P0516E**
- COURTESY: REGULAR STORE NOT CUSTOMER-FRIENDLY, WIC STORE FRIENDLIER **P0516F**
- REGULAR STORE DOES NOT PARTICIPATE IN WIC PROGRAM **P0516G**
- REGULAR STORE DOESN’T CARRY RIGHT SIZES/SELECTIONS OF WIC FOODS **P0516H**
- OTHER: PLEASE SPECIFY _____ **P0516x**

17. I am going to give you a list of reasons why some people go to the store that they do for WIC purchases. For each one, please tell me how important it is to you by giving a number from 0 to 5, with 5 meaning extremely important and 0 being Not important at all. How important is it that [INSERT FROM BELOW]:

Extremely important Not at all important
 5-----4-----3-----2-----1-----0

[ROTATE START POINT]

- a) It is the same store where you do your other shopping **P0517_1**
- b) The store clerks are friendly and helpful **P0517_2**
- c) The store clerks speak your language **P0517_3**
- d) The location is safe **P0517_4**
- e) The location is convenient, easy to get to **P0517_5**
- f) The store hours are convenient **P0517_6**
- g) The store has the right sizes and brands of WIC foods **P0517_7**
- h) The prices on non-WIC items are reasonable **P0517_8**
- i) It specializes in WIC items **P0517_9**

IMPACT OF TRAINING AND COUNSELING ON BEHAVIOR

18. Let’s talk about some of the services at the WIC agency. In addition to your scheduled appointments, have you attended any group education sessions that were recommended to you by the WIC staff?

P0518

- YES [CONTINUE]
- No [SKIP TO Q23]

19. Were any of these seminars about...? [READ]		20. IF YES IN Q19, ASK: Did the seminar influence you to make any lifestyle changes?	21. IF YES IN Q20, ASK: Specifically, what changes did you make?	22. IF NO IN Q20, ASK: Why not? What about the program or session didn’t work for you?
	YES NO	YES NO		
Nutrition or preparing nutritious meals? P0519_1	YES → NO ↓	P0520_1 YES → NOT → (To Q22)	P0521_1 <input type="checkbox"/> Eating more healthy <input type="checkbox"/> How to cook healthy meals <input type="checkbox"/> Avoiding bad foods <input type="checkbox"/> OTHER [SPECIFY]	P0522_1 <input type="checkbox"/> Boring, not interesting <input type="checkbox"/> Too long <input type="checkbox"/> Too complicated <input type="checkbox"/> Poor teacher <input type="checkbox"/> Not practical, useful <input type="checkbox"/> Foods I don’t eat <input type="checkbox"/> I already knew it <input type="checkbox"/> OTHER [SPECIFY]

<p>Breastfeeding your baby? P0519_2</p>	<p>YES → NO ↓</p>	<p>P0520_2 YES → NOT → (To Q22)</p>	<p>P0521_2 <input type="checkbox"/> How to do it <input type="checkbox"/> Dealing with problems <input type="checkbox"/> Helping my baby to do it <input type="checkbox"/> Getting my family to accept it/cooperate <input type="checkbox"/> OTHER [SPECIFY]</p>	<p>P0522_2 <input type="checkbox"/> Boring, not interesting <input type="checkbox"/> Too long <input type="checkbox"/> Too complicated <input type="checkbox"/> Poor teacher <input type="checkbox"/> Not "hands-on" <input type="checkbox"/> I already knew it <input type="checkbox"/> OTHER [SPECIFY]</p>
<p>Disciplining your child? P0519_3</p>	<p>YES → NO ↓</p>	<p>P0520_3 YES → NOT → (To Q22)</p>	<p>P0521_3 <input type="checkbox"/> Better parenting <input type="checkbox"/> Being more patient <input type="checkbox"/> Learning what works <input type="checkbox"/> OTHER [SPECIFY]</p>	<p>P0522_3 <input type="checkbox"/> Boring, not interesting <input type="checkbox"/> Too long <input type="checkbox"/> Too complicated <input type="checkbox"/> Poor teacher <input type="checkbox"/> Not realistic <input type="checkbox"/> I already knew it <input type="checkbox"/> OTHER [SPECIFY]</p>
<p>Educating your child? P0519_4</p>	<p>YES → NO ↓</p>	<p>P0520_4 YES → NOT → (To Q22)</p>	<p>P0521_4 <input type="checkbox"/> Better parenting <input type="checkbox"/> Being more patient <input type="checkbox"/> Learning what works <input type="checkbox"/> Learning new techniques <input type="checkbox"/> OTHER [SPECIFY]</p>	<p>P0522_4 <input type="checkbox"/> Boring, not interesting <input type="checkbox"/> Too long <input type="checkbox"/> Too complicated <input type="checkbox"/> Poor teacher <input type="checkbox"/> Too general <input type="checkbox"/> I already knew it <input type="checkbox"/> OTHER [SPECIFY]</p>
<p>Living a healthy lifestyle? P0519_5</p>	<p>YES → NO ↓</p>	<p>P0520_5 YES → NOT → (To Q22)</p>	<p>P0521_5 <input type="checkbox"/> Making changes (general) <input type="checkbox"/> Stopping smoking <input type="checkbox"/> Eating healthy <input type="checkbox"/> OTHER [SPECIFY]</p>	<p>P0522_5 <input type="checkbox"/> Boring, not interesting <input type="checkbox"/> Too long <input type="checkbox"/> Too complicated <input type="checkbox"/> Poor teacher <input type="checkbox"/> I already knew it <input type="checkbox"/> OTHER [SPECIFY]</p>
<p>Smoking cessation? P0519_6</p>	<p>YES → NO ↓</p>	<p>P0520_6 YES → NOT → (To Q22)</p>	<p>P0521_6 <input type="checkbox"/> Stopped smoking <input type="checkbox"/> Cut back smoking <input type="checkbox"/> Trying to stop smok'g <input type="checkbox"/> Reducing 2nd hand smoke for family <input type="checkbox"/> OTHER [SPECIFY]</p>	<p>P0522_6 <input type="checkbox"/> Boring, not interesting <input type="checkbox"/> Too long <input type="checkbox"/> Too complicated <input type="checkbox"/> Poor teacher <input type="checkbox"/> I already knew it <input type="checkbox"/> OTHER [SPECIFY]</p>

Accessing, or making use of, other social services? P0519_7	YES → NO ↓	P0520_7 YES → NOT → (To Q22)	P0521_7 <input type="checkbox"/> Learning what they are, what I/we qualify for <input type="checkbox"/> Getting referrals <input type="checkbox"/> Finding out where they're located <input type="checkbox"/> Getting Food Stamps <input type="checkbox"/> Getting Medicaid <input type="checkbox"/> Getting TANF (housing assistance) <input type="checkbox"/> OTHER [SPECIFY]	P0522_7 <input type="checkbox"/> Boring, not interesting <input type="checkbox"/> Too long <input type="checkbox"/> Too complicated <input type="checkbox"/> Poor teacher <input type="checkbox"/> I already knew it <input type="checkbox"/> OTHER [SPECIFY]
---	-------------------	---	---	--

23. I am going to read you a list of potential benefits of the WIC program. Please indicate how valuable they are to your child by giving me a number from 0 to 5, with 5 meaning extremely valuable and 0 being not valuable to you at all. How important is [INSERT FROM BELOW]?

Extremely valuable Not at all valuable
 5-----4-----3-----2-----1-----0

[ROTATE START POINT]

- a) Time to talk with other mothers **P0523_01**
- b) Money saved on grocery bills **P0523_02**
- c) Health information **P0523_03**
- d) Nutrition information **P0523_04**
- e) Checking blood, height and weight **P0523_05**
- f) Advice from WIC staff **P0523_06**
- g) Vouchers for foods I know are nutritious **P0523_07**
- h) Helps me stay on time with shots for my child **P0523_08**
- i) Taught me about breastfeeding **P0523_09**
- j) Taught me about the foods babies need **P0523_10**
- k) Taught me about the foods children need **P0523_11**
- l) Taught me about the foods I need **P0523_12**

24. How much one-on-one nutrition counseling have you received in person for this child?

P0524

- None at all [VERIFY: “You received no counseling about nutrition and healthy eating at the clinic?” IF AFFIRMED, SKIP TO Q30]
- One session only
- 2-3 sessions
- 4-5 sessions
- 6-7 sessions
- 8 or more sessions

25. Not counting the paperwork or other processing time, how much time would you say the actual counseling lasted, on average? [IF AN HOUR OR MORE, VERIFY, “Is this on *average*?”]

_____ HOURS **P0525H**
 _____ MINUTES **P0525M**

26. What topics do you remember talking about with the nutrition counselor? [DO NOT READ AT FIRST--PROBE AND CHECK **UNAIDED** RECALL] [THEN READ LIST TO CHECK **AIDED** RECALL]

	UNAIDED	AIDED	
	YES	YES	NO
a) Healthy weight P0526_01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Fruits and vegetables P0526_02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Protein P0526_03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Getting enough iron P0526_04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Calcium for bone health P0526_05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Vitamin C P0526_06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Other vitamins and food supplements P0526_07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Food safety P0526_08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Physical activity P0526_09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Eating/preparing healthy meals P0526_10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Picky eaters P0526_11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Was the nutrition counseling useful to you?
P0527

- YES [CONTINUE]
- No [SKIP TO Q29]

28. Why? [DON'T READ LIST. CHECK ALL THAT APPLY.] [PROBE: ANYTHING ELSE?] [SKIP TO Q30 AFTER QUESTION.]

P0528

- LEARNED NEW THINGS **P0528A**
- COUNSELOR SEEMED TO UNDERSTAND ME/CARE ABOUT ME **P0528B**
- IT MOTIVATED ME TO MAKE CHANGES/HELPED ME SET GOALS **P0528C**
- HELPED ME EAT/BE HEALTHIER **P0528D**
- OTHER: **P0528w** SPECIFY _____

29. Why not? [DON'T READ LIST. CHECK ALL THAT APPLY.] [PROBE: ANYTHING ELSE?]

- BORING/NOTHING NEW LEARNED **P0529A**
- REPETITIVE **P0529B**
- LANGUAGE PROBLEMS **P0529C**
- TOO FAST. FELT RUSHED **P0529D**
- DISTRACTIONS (NOISE, PEOPLE, CONFUSION) **P0529E**
- COUNSELOR DIDN'T UNDERSTAND/TAILORED TO INDIVIDUAL CONCERNS **P0529F**
- OTHER: **P0529W** SPECIFY _____

CURRENT SITUATION & BEHAVIORS

30. At the current time, what, if any, health insurance do you have for your child/ren? [IF R. SAYS SOMETHING LIKE “AETNA, BLUE CROSS/BLUE SHIELD, KAISER, OR UNITED HEALTHCARE”, CLARIFY WHETHER IT IS PRIVATE INSURANCE THROUGH AN EMPLOYER OR NOT. IF MORE THAN ONE GIVEN, ASK FOR MAIN ONE.]

P0530

- NONE
- MEDICAID
- STATE CHIP – CHILDREN’S HEALTH INSURANCE PROGRAM
- OTHER STATE PROGRAM
- MILITARY/TRICARE
- PRIVATE INSURANCE THROUGH AN EMPLOYER
- PRIVATE INSURANCE NOT THROUGH AN EMPLOYER (I.E. THEIR OWN INSURANCE)
- OTHER: PLEASE SPECIFY: _____

32. Are you, or members of your family, getting food through the... [READ LIST?]

P0532

	YES	NO
a) Food Stamp program, also known as [INSERT FROM P6c]? P0532_1	<input type="checkbox"/>	<input type="checkbox"/>
b) Free or reduced price School Lunch or Breakfast program? P0532_2	<input type="checkbox"/>	<input type="checkbox"/>
c) Summer Food Service program, for kids when not in school? P0532_3	<input type="checkbox"/>	<input type="checkbox"/>
d) Food Distribution Program on Indian Reservations (FDPIR)? P0532_4	<input type="checkbox"/>	<input type="checkbox"/>
e) Temporary Emergency Food Assistance program? P0532_5	<input type="checkbox"/>	<input type="checkbox"/>
f) Child and Adult Care Food program, which provides free lunches for children at day care centers? P0532_6	<input type="checkbox"/>	<input type="checkbox"/>
g) Local/community food bank or pantry? P0532_7	<input type="checkbox"/>	<input type="checkbox"/>
h) Commodity Supplemental Food Program, which provides food packets that are distributed through State and local agencies? [IF Q32h=YES, SKIP TO Q33] P0532_8	<input type="checkbox"/>	<input type="checkbox"/>

i) Have you ever participated in Commodity Supplemental Food Program in the past?

P0532_9

- YES
- No [SKIP TO Q33]

j) How long ago did your participation in that program stop?

_____ YEARS AGO **P032TY**
 _____ MONTHS AGO **P032TM**

33. Now thinking about how your family eats generally, which of the following statements best describes the food you had to eat in your household during the last 12 months? Did your household... [READ LIST]? [CHECK ONE ONLY]

P0533

- Have enough to eat [SKIP TO Q38]
- Sometimes do not have enough to eat, or
- Often not have enough to eat

34A. Now I am going to read a series of statements that people sometimes make about food and meals. For each statement, tell me if the statement was often, sometimes or never true for you in the last 12 months. [REPEAT SCALE AS NECESSARY]	
1) WWe worried whether our food would run out before we got money to buy more. P0534A_1	<input type="checkbox"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
2) TThe food that we bought just didn't last and we didn't have money to get more. P0534A_2	<input type="checkbox"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
3) WWe couldn't afford to eat balanced meals. P0534A_3	<input type="checkbox"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
4) WWe relied on only a few kinds of low-cost food to feed our children because we were running out of money to buy food. P0534A_4	<input type="checkbox"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
5) We couldn't feed our children a balanced meal, because we couldn't afford that. P0534A_5	<input type="checkbox"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
6) The children were not eating enough because we just couldn't afford enough food. P0534A_6	<input type="checkbox"/> OFTEN <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER TRUE
34B. In the last 12 months, did you or other adults in the household ever cut the size of your meals or skip meals because there wasn't enough money for food? P0534B	<input type="checkbox"/> YES <input type="checkbox"/> No [SKIP TO Q34C]

1) HHow often did this happen— almost every month, some months but not every month, or in only 1 or 2 months? P0534B1	<input type="checkbox"/> ALMOST EVERY MONTH <input type="checkbox"/> SOME MONTHS BUT NOT EVERY MONTH <input type="checkbox"/> ONLY 1 OR 2 MONTHS
34C. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? P0534C	<input type="checkbox"/> YES <input type="checkbox"/> NO
34D. In the last 12 months, were you ever hungry, but didn't eat, because there wasn't enough money for food? P0534D	<input type="checkbox"/> YES <input type="checkbox"/> NO
34E. In the last 12 months, did you lose weight because there wasn't enough money for food? P0534E	<input type="checkbox"/> YES <input type="checkbox"/> NO
34F. In the last 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food? P0534F	<input type="checkbox"/> YES <input type="checkbox"/> NO [SKIP TO Q34H]
34G. How often did this happen— almost every month, some months but not every month, or in only 1 or 2 months? P0534G	<input type="checkbox"/> ALMOST EVERY MONTH <input type="checkbox"/> SOME MONTHS BUT NOT EVERY MONTH <input type="checkbox"/> ONLY 1 OR 2 MONTHS
34H. In the last 12 months, did you ever cut the size of any of the children's meals because there wasn't enough money for food? P0534H	<input type="checkbox"/> YES <input type="checkbox"/> NO
34I. In the last 12 months, were the children ever hungry but you just couldn't afford more food? P0534I	<input type="checkbox"/> YES <input type="checkbox"/> NO
34J. In the last 12 months, did any of the children ever skip a meal because there wasn't enough money for food? P0534J	<input type="checkbox"/> YES <input type="checkbox"/> NO
34K. How often did this happen— almost every month, some months but not every month, or in only 1 or 2 months? P0534K	<input type="checkbox"/> ALMOST EVERY MONTH <input type="checkbox"/> SOME MONTHS BUT NOT EVERY MONTH <input type="checkbox"/> ONLY 1 OR 2 MONTHS
34L. In the last 12 months, did any of the children ever not eat for a whole day because there wasn't enough money for food? P0534L	<input type="checkbox"/> YES <input type="checkbox"/> NO

38. Was this child ever breastfed, even if only for a short time?

P0538

- YES
- NO [GO TO Q39d]

39. **Is it still ongoing** or has the breastfeeding stopped? [DO NOT READ ANSWERS]

P0539

ONGOING [SKIP TO 44]

STOPPED

a) For how long did the breast-feeding last in total?	b) Of that time, how much of that time was the baby exclusively breastfed, with no other food?	c) Why did was breastfeeding stopped? [AFTER THIS QUESTION, SKIP TO Q41]	d) Why was the child not breastfed?
<p>____ <2 wks [SKIP TO Q39c]</p> <p>____ NUMBER OF WEEKS OR MONTHS ("99" IF DON'T KNOW) P0539AN</p> <p>____ [1] WEEKS ____ [2] MONTHS ____ [9] DON'T KNOW P0539AU</p>	<p>____ NUMBER OF WEEKS OR MONTHS ("99" IF DON'T KNOW) P0539BN</p> <p>____ [1] WEEKS ____ [2] MONTHS ____ [9] DON'T KNOW P0539BU</p>	<p>P0539C [DO NOT READ. CHECK ALL THAT APPLY] HEALTH ITEMS</p> <ol style="list-style-type: none"> 1) Baby had difficulty nursing 2) Not producing enough breast milk 3) Baby not gaining enough weight 4) Nipples sore, cracked or bleeding 5) Mother, baby became sick 6) TIME/DUTY ITEMS 7) Other children to take care of 8) Went back to work or school 9) Wanted my body back to myself 10) Wanted/needed someone else to feed the baby 11) Too many household duties 12) PREFERENCE ITEMS 13) Did not like breastfeeding 14) Did not want to be tied down 15) Embarrassment 16) Husband/partner did not want me to breastfeed 17) Felt it was the right time to stop <p>99. DON'T KNOW</p>	<p>P0539D [DO NOT READ. CHECK ALL THAT APPLY] HEALTH ITEMS</p> <ol style="list-style-type: none"> 1) Baby had difficulty nursing 2) Not producing enough breast milk 3) Baby not gaining enough weight 4) Nipples sore, cracked or bleeding 5) Mother, baby became sick 6) TIME/DUTY ITEMS 7) Other children to take care of 8) Went back to work or school 9) Wanted my body back to myself 10) Wanted/needed someone else to feed the baby 11) Too many household duties 12) PREFERENCE ITEMS 13) Did not like breastfeeding 14) Did not want to be tied down 15) Embarrassment 16) Husband/partner did not want me to breastfeed 17) Felt it was the right time to stop <p>99. DON'T KNOW</p>

40. What, if anything, might have helped you to breastfeed? [AFTER QUESTION, SKIP TO Q44]

P0540

1. HELP BABY THAT HAD TROUBLE NURSING
2. SHOW ME WAYS TO MAKE IT HURT LESS
3. SHOW ME WAYS TO MAKE IT EASIER
4. SHOW ME HOW TO PUMP MILK
5. TALK TO UNSUPPORTIVE HUSBAND/PARTNER
6. TALK TO UNSUPPORTIVE MOTHER/GRANDMOTHER
7. TELL ME HOW TO WORK IT INTO MY SCHEDULE
8. NOTHING
9. OTHER [SPECIFY] _____ **P0540A**

41. What one thing might have helped you breastfeed for a longer period of time? [AFTER QUESTION, SKIP TO Q44]

P0541

1. HELP BABY THAT HAD TROUBLE NURSING
2. SHOW ME WAYS TO MAKE IT HURT LESS
3. SHOW ME WAYS TO MAKE IT EASIER
4. SHOW ME HOW TO PUMP MILK
5. TALK TO UNSUPPORTIVE HUSBAND/PARTNER
6. TALK TO UNSUPPORTIVE MOTHER/GRANDMOTHER
7. TELL ME HOW TO WORK IT INTO MY SCHEDULE
8. NOTHING
9. OTHER [SPECIFY] _____ **P0541A**

FOR EVERYONE:

44. What, if any, **advantages** do you see of breastfeeding? [UNAIDED AWARENESS. DO NOT READ. CHECK ALL THAT APPLY] [PROBE: ANYTHING ELSE?]

P0544

- BETTER/HEALTHIER BABY **P0544A**
- MOTHER-BABY BONDING, CLOSENESS **P0544B**
- BREASTFEEDING ENJOYABLE **P0544C**
- EASIER, MORE CONVENIENT **P0544D**
- CHEAPER/PROVIDED FOR FREE **P0544E**
- FRIENDS/FAMILY ARE FAMILIAR WITH IT AND CAN HELP ME **P0544F**
- OTHER: **P0544W** SPECIFY _____

45. What, if any, **disadvantages** do you see of breastfeeding? [UNAIDED AWARENESS. DO NOT READ. CHECK ALL THAT APPLY] [PROBE: ANYTHING ELSE?]

P0545

- NOT ENOUGH BREAST MILK TO SATISFY BABY **P0545A**
- HARD TO DO WHEN ONE IS GOING BACK TO WORK OR SCHOOL **P0545B**
- PAIN OR DISCOMFORT **P0545C**
- NO ONE ELSE CAN FEED THE BABY **P0545D**
- TOO TIME-CONSUMING **P0545E**
- TOO MUCH WORK COMPARED TO FORMULA **P0545F**
- MORE EXPENSIVE COMPARED TO FORMULA **P0545G**
- FRIENDS/FAMILY ARE NOT FAMILIAR WITH IT CANNOT HELP ME **P0545H**
- OTHER: **P0545W** SPECIFY _____

FRIENDS

46. Do you have friends who you think are eligible for WIC but who haven't applied for WIC benefits?

P0546

- YES
- No

47. Do you know anyone who was in WIC but dropped out before their certification period was over?

P0547

- YES
- No

48. What, do you think, are the main reasons that people don't participate in WIC? PROBE: Anything else? [DO NOT READ. CODE UP TO THREE REPLIES.]

P0548

- LACK OF TRANSPORTATION TO CLINIC, TRANSPORTATION DIFFICULTIES **P0548A**
- THEY DON'T KNOW THAT WIC EXISTS **P0548B**
- INCONVENIENT HOURS/DAYS CLINIC OPEN **P0548C**
- SERVICES (INCLUDING WAITING TIME) TAKE TOO MUCH TIME **P0548D**
- WAITING SPACE AT CLINIC IS LIMITED **P0548E**
- LACK OF CHILD CARE **P0548F**
- LANGUAGE BARRIERS **P0548G**
- PROBLEMS QUALIFYING FOR BENEFITS **P0548H**
- DIFFICULTIES KEEPING APPOINTMENT TIMES **P0548I**
- WIC FOOD SELECTION NOT DESIRABLE **P0548J**
- WIC FOOD STORES NOT CONVENIENT (HOURS OR LOCATION) **P0548K**
- WIC FOOD HARD TO FIND ON SHELVES (BRANDS, QUANTITIES) **P0548L**
- IMMIGRATION CONCERNS **P0548M**

- DIDN'T NEED FOOD BENEFIT **P0548N**
- OTHER: **P0548W** PLEASE SPECIFY _____

DEMOGRAPHICS

We're almost done with this survey. I'd like to ask a few questions for classification purposes only.

49. Is your child ...[READ]

P0549

- Hispanic or Latino?
- Not Hispanic or Latino?
- REFUSED

50. How would you characterize your child in terms of race? [READ ALL. CHECK AS MANY AS APPLY]

P0550

- American Indian or Alaska Native
- Asian American
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- REFUSED

51. What is the highest level of education your child has attained? [READ UNTIL R. INDICATES ANSWER]

P0551

- Refused
- Elementary school (6 years or less of education)
- Some high school (7 – 11 years of education)
- High school diploma or GED
- Some college
- Associate's degree
- Bachelor's degree
- Advanced degree

52. What is your first language, that is, the language you speak at home?

P0552

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Hmong | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Khmer | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Korean | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Cantonese/ Mandarin | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> French/Creole | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Fulani | <input type="checkbox"/> Somali | <input type="checkbox"/> Other:
SPECIFY |
| <input type="checkbox"/> Hindi | | _____ |

IF R. HAS NOT BEEN CHOSEN FOR IN-HOME AUDIT, READ:

Thank you so much for your help in answering this survey. Your feedback, combined with other confidential responses, will help improve the WIC program. Thanks.

Appendix I-C: Non-response Bias Analysis

Contents

Appendix C1: Response and Cooperation Rates by Selected Characteristics

Appendix C2: Item Non-response (All Telephone Survey Items)

Appendix C3: Difference Between Original Weights and Raked Weights on Selected Measures

Appendix C4: Race/Ethnicity (Using California Coding) by Selected Measures

Appendix I-C1: Response and Cooperation Rates

The following tables present unweighted percentages, with total unweighted n = 2,538.

FINAL DISPOSITION	GENDER		FAMILY SIZE					TOTAL
	Male	Female	1	2	3	4	5+	
Unreachable	34.9%	34.1%	30.9%	35.1%	35.7%	34.7%	31.6%	34.2%
Refused	3.8%	3.5%	7.4%	3.5%	3.9%	3.2%	3.1%	3.6%
Partially Complete	9.4%	11.2%	14.0%	12.6%	9.9%	10.3%	10.8%	10.9%
RESPONSE RATE	51.9%	51.2%	47.8%	48.9%	50.4%	51.8%	54.5%	51.3%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Gender Chi-Square = .17; p =.67, non-significant; Family Size Chi-Square = 8.26; p=.08, non-significant.

FINAL DISPOSITION	MSA		TOTAL
	No	Yes	
Unreachable	32.9%	34.6%	34.2%
Refused	4.3%	3.4%	3.6%
Partially Complete	10.2%	11.0%	10.9%
RESPONSE RATE	52.5%	51.0%	51.3%
TOTAL	100.0%	100.0%	100.0%

Note: Chi-Square = .84; p =.36, non-significant.

FINAL DISPOSITION	MONTHS SINCE RECENT CERTIFICATION							TOTAL
	0	1	2	3	4	5	6+	
Unreachable	34.1%	31.2%	33.5%	33.6%	33.3%	38.5%	35.2%	34.2%
Refused	3.4%	4.4%	3.2%	3.5%	3.2%	3.0%	3.8%	3.6%
Partially Complete	11.6%	10.4%	13.4%	9.0%	9.2%	7.6%	11.6%	10.9%
RESPONSE RATE	50.9%	54.0%	50.0%	53.8%	54.3%	50.9%	49.4%	51.3%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-Square = 9.67; p=.09, non-significant.

Appendix I-C2: Item Non-response

ITEMS	Number of respondents asked	Number of respondents responded	RESPONSE RATE
P0501 Is this the first time you've received WIC benefits for yourself or have you participated before this with another pregnancy/child?	2538	2538	100.0
P0502 How many times have you participated before?	2538	2538	100.0
T0503_A Why didn't you participate before this: THIS IS MY FIRST CHILD/PREGNANCY	2538	2538	100.0
T0503_B Why didn't you participate before this: DIDN'T LIVE IN USA	2538	2538	100.0
T0503_C Why didn't you participate before this: DIDN'T KNOW ABOUT WIC	2538	2538	100.0
T0503_D Why didn't you participate before this: DIDN'T THINK QUALIFIED FOR WIC (FOR CATEGORY REASON)	2538	2538	100.0
T0503_E Why didn't you participate before this: DIDN'T THINK QUALIFIED FOR WIC (FOR INCOME REASON)	2538	2538	100.0
T0503_F Why didn't you participate before this: DIDN'T TRUST WIC	2538	2538	100.0
T0503_G Why didn't you participate before this: DIDN'T QUALIFY FOR WIC	2538	2538	100.0
T0503_H Why didn't you participate before this: LACK OF TRANSPORTATION TO CLINIC	2538	2538	100.0
T0503_I Why didn't you participate before this: SCHEDULE DIFFICULTIES	2538	2538	100.0
T0503_J Why didn't you participate before this: SERVICES (INCLUDING WAITING TIME) TAKE TOO MUCH TIME	2538	2538	100.0
T0503_K Why didn't you participate before this: WAITING SPACE AT CLINIC IS LIMITED	2538	2538	100.0
T0503_L Why didn't you participate before this: LACK OF CHILD CARE	2538	2538	100.0
T0503_M Why didn't you participate before this: LANGUAGE BARRIERS	2538	2538	100.0
T0503_N Why didn't you participate before this: PROBLEMS QUALIFYING FOR BENEFITS	2538	2538	100.0
T0503_O Why didn't you participate before this: DIDN'T HAVE PAPERS TO PROVE ELIGIBILITY	2538	2538	100.0
T0503_P Why didn't you participate before this: DIFFICULTIES KEEPING APPOINTMENT TIMES	2538	2538	100.0
T0503_Q Why didn't you participate before this: WIC FOOD SELECTION NOT DESIRABLE	2538	2538	100.0
T0503_R Why didn't you participate before this: WIC FOOD STORES NOT CONVENIENT (HOURS OR LOCATION)	2538	2538	100.0
T0503_S Why didn't you participate before this: WIC FOOD HARD TO FIND ON SHELVES (BRANDS, QUANTITIES)	2538	2538	100.0
T0503_T Why didn't you participate before this: IMMIGRATION CONCERNS	2538	2538	100.0
T0503_U Why didn't you participate before this: DIDN'T NEED FOOD BENEFIT	2538	2538	100.0
T0503_v Why didn't you participate before this: DON'T KNOW	2538	2538	100.0
T0503_W Why didn't you participate before this: Other reasons	2538	2538	100.0
P0504 How many other children do you have	2538	2538	100.0
P0505 Did you receive benefits while you were pregnant, that is, before the baby was born?	2538	2538	100.0
P0505 Did you receive benefits while you were pregnant, that is, before the baby was born?	2538	2538	100.0
P0506B Why didn't you participate in WIC while you were pregnant: DIDN'T LIVE IN USA	246	246	100.0
P0506C Why didn't you participate in WIC while you were pregnant: DIDN'T KNOW ABOUT WIC	246	246	100.0

ITEMS	Number of respondents asked	Number of respondents responded	RESPONSE RATE
P0506F Why didn't you participate in WIC while you were pregnant: DIDN'T TRUST WIC	246	246	100.0
P0506G Why didn't you participate in WIC while you were pregnant: DIDN'T QUALIFY FOR WIC	246	246	100.0
P0506H Why didn't you participate in WIC while you were pregnant: LACK OF TRANSPORTATION TO CLINIC, TRANSPORTATION DIFFICULTIES	246	246	100.0
P0506I Why didn't you participate in WIC while you were pregnant: SCHEDULE DIFFICULTIES	246	246	100.0
P0506J Why didn't you participate in WIC while you were pregnant: SERVICES (INCLUDING WAITING TIME) TAKE TOO MUCH TIME	246	246	100.0
P0506K Why didn't you participate in WIC while you were pregnant: WAITING SPACE AT CLINIC IS LIMITED	246	246	100.0
P0506L Why didn't you participate in WIC while you were pregnant: LACK OF CHILD CARE	246	246	100.0
P0506M Why didn't you participate in WIC while you were pregnant: LANGUAGE BARRIERS	246	246	100.0
P0506N Why didn't you participate in WIC while you were pregnant: PROBLEMS QUALIFYING FOR BENEFITS	246	246	100.0
P0506P Why didn't you participate in WIC while you were pregnant: DIFFICULTIES KEEPING APPOINTMENT TIMES	246	246	100.0
P0506Q Why didn't you participate in WIC while you were pregnant: WIC FOOD SELECTION NOT DESIRABLE	246	246	100.0
P0506R Why didn't you participate in WIC while you were pregnant: WIC FOOD STORES NOT CONVENIENT (HOURS OR LOCATION)	246	246	100.0
P0506S Why didn't you participate in WIC while you were pregnant: WIC FOOD HARD TO FIND ON SHELVES (BRANDS, QUANTITIES)	246	246	100.0
P0506T Why didn't you participate in WIC while you were pregnant: IMMIGRATION CONCERNS	246	246	100.0
P0506U Why didn't you participate in WIC while you were pregnant: DIDN'T NEED FOOD BENEFIT	246	246	100.0
P0506V Why didn't you participate in WIC while you were pregnant: DON'T KNOW	246	246	100.0
P0506W Why didn't you participate in WIC while you were pregnant: OTHER	246	246	100.0
P0507 Thinking about the WIC clinic that you are familiar with, how satisfied are you with the people that work there and the services they provide?	2538	2538	100.0
P0507A Thinking about the WIC clinic's location and building facility, would you say you are	2538	2538	100.0
P0508_01 How would you rate the: Customer friendliness of the WIC staff	2538	2538	100.0
P0508_02 How would you rate the: Quality of service you get	2538	2538	100.0
P0508_03 How would you rate the: Helpfulness of the staff	2538	2538	100.0
P0508_04 How would you rate the: Staff's ability to speak your language	2538	2538	100.0
P0508_05 How would you rate the: Safety of the clinic's location	2538	2538	100.0
P0508_06 How would you rate the: Convenience of the clinic's location for you	2538	2538	100.0
P0508_07 How would you rate the: Convenience of its operating hours	2538	2538	100.0
P0508_08 How would you rate the: Amount of time you must wait until you are seen by WIC staff	2538	2538	100.0
P0508_09 How would you rate the: Size and space of the waiting area	2538	2538	100.0
P0508_10 How would you rate the: Activities provided to occupy children while you wait	2538	2538	100.0
P0508_11 How would you rate the: Way they handle paperwork for certification	2538	2538	100.0
P0508_12 How would you rate the: How they deliver your food	2538	2538	100.0
P0509_1 How would you rate the food benefits for Providing the right quantity of food?	2538	2537	99.9
P0509_2 How would you rate the food benefits for Offering foods that you like to eat?	2538	2537	99.9
P0509_3 How would you rate the food benefits for Offering food choices in sizes and brands that you can find on the shelf?	2538	2537	99.9
P0510 Are there certain WIC foods that, on a regular basis, you do not purchase for some reason?	2538	2538	100.0
P0511_01 Which ones do you not purchase: CARROTS	542	542	100.0
P0511_02 Which ones do you not purchase: CEREAL	542	542	100.0
P0511_03 Which ones do you not purchase: CHEESE	542	542	100.0
P0511_04 Which ones do you not purchase: DRY BEANS, PEAS	542	542	100.0
P0511_05 Which ones do you not purchase: EGGS	542	542	100.0
P0511_06 Which ones do you not purchase: FORMULA	542	542	100.0

ITEMS	Number of respondents asked	Number of respondents responded	RESPONSE RATE
P0511_07 Which ones do you not purchase: JUICE	542	542	100.0
P0511_08 Which ones do you not purchase: MILK	542	542	100.0
P0511_09 Which ones do you not purchase: PEANUT BUTTER	542	542	100.0
P0511_10 Which ones do you not purchase: TUNA	542	542	100.0
P05120 For food items you did redeem, was there too much of any food?	2538	2538	100.0
P0512A_01 was there too much: CARROTS	355	355	100.0
P0512A_02 was there too much: CEREAL	355	355	100.0
P0512A_03 was there too much: CHEESE	355	355	100.0
P0512A_04 was there too much: DRY BEANS, PEAS	355	355	100.0
P0512A_05 was there too much: EGGS	355	355	100.0
P0512A_06 was there too much: FORMULA	355	355	100.0
P0512A_07 was there too much: JUICE	355	355	100.0
P0512A_08 was there too much: MILK	355	355	100.0
P0512A_09 was there too much: PEANUT BUTTER	355	355	100.0
P0512A_10 was there too much: TUNA	355	355	100.0
P0512A_11 was there too much: OTHER	355	355	100.0
P05121 For food items you did redeem, was there too little of any food?	2538	2538	100.0
P0512B_01 was there too little: CARROTS	864	864	100.0
P0512B_02 was there too little: CEREAL	864	864	100.0
P0512B_03 was there too little: CHEESE	864	864	100.0
P0512B_04 was there too little: DRY BEANS, PEAS	864	864	100.0
P0512B_05 was there too little: EGGS	864	864	100.0
P0512B_06 was there too little: FORMULA	864	864	100.0
P0512B_07 was there too little: JUICE	864	864	100.0
P0512B_08 was there too little: MILK	864	864	100.0
P0512B_09 was there too little: PEANUT BUTTER	864	864	100.0
P0512B_10 was there too little: TUNA	864	864	100.0
P0512B_11 was there too little: OTHER	864	864	100.0
P0513 Which description best fits the store where you most often redeem your WIC food	2538	2538	100.0
P0514 what overall rating would you give the store where you do most of your WIC shopping	2538	2521	99.3
P0515 Do you buy your WIC items at the same store where you do most of your other food shopping?	2538	2520	99.3
P0516A Why not same store as usual: WIC STORE MORE EXPENSIVE, REGULAR STORE LESS EXPENSIVE	408	408	100.0
P0516B Why not same store as usual: REGULAR STORE MORE EXPENSIVE, WIC STORE LESS EXPENSIVE	408	408	100.0
P0516C Why not same store as usual: WIC STORE LESS CONVENIENT TO GET TO, REGULAR STORE MORE CONVENIENT	408	408	100.0
P0516D Why not same store as usual: REGULAR STORE LESS CONVENIENT TO GET TO, WIC STORE MORE CONVENIENT	408	408	100.0
P0516E Why not same store as usual: WIC STORE NOT CUSTOMER-FRIENDLY, REGULAR STORE FRIENDLIER	408	408	100.0
P0516F Why not same store as usual: REGULAR STORE NOT CUSTOMER-FRIENDLY, WIC STORE FRIENDLIER	408	408	100.0
P0516G Why not same store as usual: REGULAR STORE DOES NOT PARTICIPATE IN WIC PROGRAM	408	408	100.0
P0516H Why not same store as usual: REGULAR STORE DOESN'T CARRY RIGHT SIZES/SELECTIONS OF WIC FOODS	408	408	100.0
P0516X Why not same store as usual: OTHER	408	408	100.0
P0517_1 how important it is to go to the store for WIC purchases: It is the same store where you do your other shopping	2538	2520	99.3
P0517_2 how important it is to go to the store for WIC purchases: The store clerks are friendly and helpful	2538	2520	99.3
P0517_3 how important it is to go to the store for WIC purchases: The store clerks speak your language	2538	2520	99.3
P0517_4 how important it is to go to the store for WIC purchases: The location is safe	2538	2520	99.3
P0517_5 how important it is to go to the store for WIC purchases: The location is convenient, easy to get to	2538	2520	99.3
P0517_6 how important it is to go to the store for WIC purchases: The store hours are convenient	2538	2520	99.3
P0517_7 how important it is to go to the store for WIC purchases: The store has the right sizes and brands of WIC foods	2538	2520	99.3

ITEMS	Number of respondents asked	Number of respondents responded	RESPONSE RATE
P0517_8 how important it is to go to the store for WIC purchases: The prices on non-WIC items are reasonable	2538	2520	99.3
P0517_9 how important it is to go to the store for WIC purchases: It specializes in WIC items	2538	2520	99.3
P0518 have you attended any group education sessions that were recommended to you by the WIC staff?	2538	2538	100.0
P019A_1_1 Were any of these seminars about: Nutrition or preparing nutritious meals	993	993	100.0
P020_1 Did the seminar on Nutrition or preparing nutritious meals influence you to make any lifestyle changes?	825	825	100.0
P021_1 Specifically, what changes did you make after the seminar on Nutrition or preparing nutritious meals?	683	683	100.0
P022_1 What about the program or session on Nutrition or preparing nutritious meals didn't work for you?	142	142	100.0
P019A_2_1 Were any of these seminars about: Breastfeeding your baby	993	993	100.0
P020_2 Did the seminar on Breastfeeding your baby influence you to make any lifestyle changes?	692	692	100.0
P021_2 Specifically, what changes did you make after the seminar on Breastfeeding your baby?	486	486	100.0
P022_2 What about the program or session on Breastfeeding your baby didn't work for you?	206	206	100.0
P019A_3_1 Were any of these seminars about: Disciplining your child	993	993	100.0
P020_3 Did the seminar on Disciplining your child influence you to make any lifestyle changes?	126	126	100.0
P021_3 Specifically, what changes did you make after the seminar on Disciplining your child?	105	105	100.0
P022_3 What about the program or session on Disciplining your child didn't work for you?	21	21	100.0
P019A_4_1 Were any of these seminars about: Educating your child	993	993	100.0
P020_4 Did the seminar on Educating your child influence you to make any lifestyle changes?	164	164	100.0
P021_4 Specifically, what changes did you make after the seminar on Educating your child?	146	146	100.0
P022_4 What about the program or session on Educating your child didn't work for you?	18	18	100.0
P019A_5_1 Were any of these seminars about: Living a healthy lifestyle	993	993	100.0
P020_5 Did the seminar on Living a healthy lifestyle influence you to make any lifestyle changes?	447	447	100.0
P021_5 Specifically, what changes did you make after the seminar on Living a healthy lifestyle?	365	365	100.0
P022_5 What about the program or session on Living a healthy lifestyle didn't work for you?	82	82	100.0
P019A_6_1 Were any of these seminars about: Smoking cessation	993	993	100.0
P020_6 Did the seminar on Smoking cessation influence you to make any lifestyle changes?	115	115	100.0
P021_6 Specifically, what changes did you make after the seminar on Smoking cessation?	45	45	100.0
P022_6 What about the program or session on Smoking cessation didn't work for you?	70	70	100.0
P019A_7_1 Were any of these seminars about: Accessing, or making use of, other social services	993	993	100.0
P020_7 Did the seminar on Accessing, or making use of, other social services influence you to make any lifestyle changes?	155	155	100.0
P021_7 Specifically, what changes did you make after the seminar on Accessing, or making use of, other social services?	122	122	100.0
P022_7 What about the program or session on Accessing, or making use of, other social services didn't work for you?	33	33	100.0
P0523_01 How valuable benefits of the WIC program: Time to talk with other mothers	2538	2538	100.0
P0523_02 How valuable benefits of the WIC program: Money saved on grocery bills	2538	2538	100.0
P0523_03 How valuable benefits of the WIC program: Health information	2538	2538	100.0
P0523_04 How valuable benefits of the WIC program: Nutrition information	2538	2538	100.0
P0523_05 How valuable benefits of the WIC program: Checking blood, height and weight	2538	2538	100.0
P0523_06 How valuable benefits of the WIC program: Advice from WIC staff	2538	2538	100.0

ITEMS	Number of respondents asked	Number of respondents responded	RESPONSE RATE
P0523_07 How valuable benefits of the WIC program: Vouchers for foods I know are nutritious	2538	2538	100.0
P0523_08 How valuable benefits of the WIC program: Helps me stay on time with shots for my child	2538	2538	100.0
P0523_09 How valuable benefits of the WIC program: Taught me about breastfeeding	2538	2538	100.0
P0523_10 How valuable benefits of the WIC program: Taught me about the foods babies need	2538	2538	100.0
P0523_11 How valuable benefits of the WIC program: Taught me about the foods children need	2538	2538	100.0
P0523_12 How valuable benefits of the WIC program: Taught me about the foods I need	2538	2538	100.0
P0524 How much one-on-one nutrition counseling have you received in person for this most recent pregnancy/baby?	2538	2538	100.0
P0525H How long did sessions last - hours	1616	1616	100.0
P0525M How long did sessions last - minutes	1616	1616	100.0
P0526_01 Nutrition counseling topics: Healthy weight	1616	1616	100.0
P0526_02 Nutrition counseling topics: Fruits and vegetables	1616	1616	100.0
P0526_03 Nutrition counseling topics: Protein	1616	1616	100.0
P0526_04 Nutrition counseling topics: Getting enough iron	1616	1616	100.0
P0526_05 Nutrition counseling topics: Calcium for bone health	1616	1616	100.0
P0526_06 Nutrition counseling topics: Vitamin C	1616	1616	100.0
P0526_07 Nutrition counseling topics: Other vitamins and food supplements	1616	1616	100.0
P0526_08 Nutrition counseling topics: Food safety	1616	1616	100.0
P0526_09 Nutrition counseling topics: Physical activity	1616	1616	100.0
P0526_10 Nutrition counseling topics: Eating/preparing healthy meals	1616	1616	100.0
P0526_11 Nutrition counseling topics: Picky eaters	1616	1616	100.0
P0527 Nutrition counseling useful	1616	1616	100.0
P0528A Why was counseling helpful: LEARNED NEW THINGS	1512	1512	100.0
P0528B Why was counseling helpful: COUNSELOR SEEMED TO UNDERSTAND ME/CARE ABOUT ME	1512	1512	100.0
P0528C Why was counseling helpful: IT MOTIVATED ME TO MAKE CHANGES/HELPED ME SET GOALS	1512	1512	100.0
P0528D Why was counseling helpful: HELPED ME EAT/BE HEALTHIER	1512	1512	100.0
P0528W Why was counseling helpful: OTHER	1512	1512	100.0
P0529A Why counseling was not helpful: BORING/NOTHING NEW LEARNED	104	104	100.0
P0529B Why counseling was not helpful: REPETITIVE	104	104	100.0
P0529C Why counseling was not helpful: LANGUAGE PROBLEMS	104	104	100.0
P0529D Why counseling was not helpful: TOO FAST. FELT RUSHED	104	104	100.0
P0529E Why counseling was not helpful: DISTRACTIONS (NOISE, PEOPLE, CONFUSION)	104	104	100.0
P0529F Why counseling was not helpful: COUNSELOR DIDN'T UNDERSTAND/TAILOR TO INDIVIDUAL CONCERNS	104	104	100.0
P0529W Why counseling was not helpful: OTHER	104	104	100.0
P0530 Children's health insurance	2538	2538	100.0
P0531 Health insurance for yourself	2538	2538	100.0
P0532_1 Food Stamp program ?	2538	2538	100.0
P0532_2 Free or reduced price School Lunch or Breakfast program?	2538	2538	100.0
P0532_3 Summer Food Service program, for kids when not in school?	2538	2538	100.0
P0532_4 Food Distribution Program on Indian Reservations (FDPIR)?	2538	2538	100.0
P0532_5 Temporary Emergency Food Assistance program?	2538	2538	100.0
P0532_6 Child and Adult Care Food program, which provides free lunches for children at day care centers?	2538	2538	100.0
P0532_7 Local/community food bank or pantry?	2538	2538	100.0
P0532_8 Commodity Supplemental Food Program, which provides food packets that are distributed through State and local agencies?	2538	2538	100.0
P0532_9 Have you ever participated in Commodity Supplemental Food Program in the past?	2538	2538	100.0
P032TY How long ago did your participation in Commodity Supplemental Food Program stop? (YEARS)	24	24	100.0
P032TM How long ago did your participation in Commodity Supplemental Food Program stop? (MONTHS)	24	24	100.0
P0533 Food consumed during last 12 months	2538	2538	100.0

ITEMS	Number of respondents asked	Number of respondents responded	RESPONSE RATE
P0534A_1 We worried whether our food would run out before we got money to buy more.	483	483	100.0
P0534A_2 The food that we bought just didn't last and we didn't have money to get more.	483	483	100.0
P0534A_3 We couldn't afford to eat balanced meals.	483	482	99.9
P0534A_4 We relied on only a few kinds of low-cost food to feed our children because we were running out of money to buy food.	483	482	99.9
P0534A_5 We couldn't feed our children a balanced meal, because we couldn't afford that.	483	482	99.9
P0534A_6 The children were not eating enough because we just couldn't afford enough food.	483	482	99.9
P0534B Cut size or skip meals	483	483	100.0
P0534B1 How often skipped or cut meal sizes	283	283	100.0
P0534C Ate less because not enough money for food	483	482	99.9
P0534D Hungry because not enough money for food	483	482	99.9
P0534E Lose weight because not enough money for food	483	482	99.9
P0534F Not eat for whole day because not enough money for food	483	482	99.9
P0534G How often not eat for whole day	70	70	100.0
P0534H Cut size of children's meals because not enough money for food	473	473	100.0
P0534I Children every hungry because not enough money for food	473	473	100.0
P0534J Children ever skip a meal because not enough money for food	473	473	100.0
P0534K How often children skip a meal because not enough money for food	46	46	100.0
P0534L Children not eat for a whole day because not enough money for food	473	473	100.0
P0535 Number of children breastfed	627	627	100.0
P0536 Breastfed after last baby before this one	463	463	100.0
P0536AN How long breastfed - number	416	416	100.0
P0536AU How long breastfed - unit	416	416	100.0
P0536BN Time exclusively breastfed - number	405	405	100.0
P0536BU Time exclusively breastfed - unit	405	405	100.0
P0536C_A Why did you stop breastfeeding: Baby had difficulty nursing	416	416	100.0
P0536C_B Why did you stop breastfeeding: Not producing enough breast milk	416	416	100.0
P0536C_C Why did you stop breastfeeding: Baby not gaining enough weight	416	416	100.0
P0536C_d Why did you stop breastfeeding: Nipples sore, cracked or bleeding	416	416	100.0
P0536C_E Why did you stop breastfeeding: Mother or baby became sick	416	416	100.0
P0536C_F Why did you stop breastfeeding: Other children to take care of	416	416	100.0
P0536C_G Why did you stop breastfeeding: Went back to work or school	416	416	100.0
P0536C_h Why did you stop breastfeeding: Wanted my body back to myself	416	416	100.0
P0536C_i Why did you stop breastfeeding: Wanted/needed someone else to feed the baby	416	416	100.0
P0536C_J Why did you stop breastfeeding: Too many household duties	416	416	100.0
P0536C_K Why did you stop breastfeeding: Did not like breastfeeding	416	416	100.0
P0536C_L Why did you stop breastfeeding: Did not want to be tied down	416	416	100.0
P0536C_m Why did you stop breastfeeding: Embarrassment	416	416	100.0
P0536C_N Why did you stop breastfeeding: Husband/partner did not want me to breastfeed	416	416	100.0
P0536C_O Why did you stop breastfeeding: Felt it was the right time to stop	416	416	100.0
P0536D_A Why did you not breastfeed: Baby had difficulty nursing	206	206	100.0
P0536D_B Why did you not breastfeed: Not producing enough breast milk	206	206	100.0
P0536D_C Why did you not breastfeed: Baby not gaining enough weight	206	206	100.0
P0536D_D Why did you not breastfeed: Nipples sore, cracked or bleeding	206	206	100.0
P0536D_E Why did you not breastfeed: Mother or baby became sick	206	206	100.0
P0536D_F Why did you not breastfeed: Other children to take care of	206	206	100.0
P0536D_G Why did you not breastfeed: Went back to work or school	206	206	100.0
P0536D_H Why did you not breastfeed: Wanted my body back to myself	206	206	100.0
P0536D_I Why did you not breastfeed: Wanted/needed someone else to feed the baby	206	206	100.0
P0536D_J Why did you not breastfeed: Too many household duties	206	206	100.0
P0536D_K Why did you not breastfeed: Did not like breastfeeding	206	206	100.0
P0536D_L Why did you not breastfeed: Did not want to be tied down	206	206	100.0
P0536D_M Why did you not breastfeed: Embarrassment	206	206	100.0
P0536D_N Why did you not breastfeed: Husband/partner did not want me to breastfeed	206	206	100.0
P0536D_O Why did you not breastfeed: Felt it was the right time to stop	206	206	100.0

ITEMS	Number of respondents asked	Number of respondents responded	RESPONSE RATE
P0538 Do you or did you breastfeed your most recent baby, even if only for a short time?	2335	2335	100.0
P0539 Still breastfeeding	1597	1597	100.0
P0539AN How long breastfed - number	1182	1182	100.0
P0539AU How long breastfed - unit	1182	1182	100.0
P0539BN Time exclusively breastfed - number	1119	1119	100.0
P0539BU Time exclusively breastfed - unit	1119	1119	100.0
P0539C_A Why did you stop breastfeeding: Baby had difficulty nursing	1182	1182	100.0
P0539C_B Why did you stop breastfeeding: Not producing enough breast milk	1182	1182	100.0
P0539C_C Why did you stop breastfeeding: Baby not gaining enough weight	1182	1182	100.0
P0539C_D Why did you stop breastfeeding: Nipples sore, cracked or bleeding	1182	1182	100.0
P0539C_E Why did you stop breastfeeding: Mother or baby became sick	1182	1182	100.0
P0539C_F Why did you stop breastfeeding: Other children to take care of	1182	1182	100.0
P0539C_G Why did you stop breastfeeding: Went back to work or school	1182	1182	100.0
P0539C_H Why did you stop breastfeeding: Wanted my body back to myself	1182	1182	100.0
P0539C_I Why did you stop breastfeeding: Wanted/needed someone else to feed the baby	1182	1182	100.0
P0539C_J Why did you stop breastfeeding: Too many household duties	1182	1182	100.0
P0539C_K Why did you stop breastfeeding: Did not like breastfeeding	1182	1182	100.0
P0539C_L Why did you stop breastfeeding: Did not want to be tied down	1182	1182	100.0
P0539C_M Why did you stop breastfeeding: Embarrassment	1182	1182	100.0
P0539C_N Why did you stop breastfeeding: Husband/partner did not want me to breastfeed	1182	1182	100.0
P0539C_O Why did you stop breastfeeding: Felt it was the right time to stop	1182	1182	100.0
P0539D_A Why did you stop breastfeeding: Baby had difficulty nursing	738	738	100.0
P0539D_B Why did you stop breastfeeding: Not producing enough breast milk	738	738	100.0
P0539D_C Why did you stop breastfeeding: Baby not gaining enough weight	738	738	100.0
P0539D_D Why did you stop breastfeeding: Nipples sore, cracked or bleeding	738	738	100.0
P0539D_E Why did you stop breastfeeding: Mother or baby became sick	738	738	100.0
P0539D_F Why did you stop breastfeeding: Other children to take care of	738	738	100.0
P0539D_G Why did you stop breastfeeding: Went back to work or school	738	738	100.0
P0539D_H Why did you stop breastfeeding: Wanted my body back to myself	738	738	100.0
P0539D_I Why did you stop breastfeeding: Wanted/needed someone else to feed the baby	738	738	100.0
P0539D_J Why did you stop breastfeeding: Too many household duties	738	738	100.0
P0539D_K Why did you stop breastfeeding: Did not like breastfeeding	738	738	100.0
P0539D_L Why did you stop breastfeeding: Did not want to be tied down	738	738	100.0
P0539D_M Why did you stop breastfeeding: Embarrassment	738	738	100.0
P0539D_N Why did you stop breastfeeding: Husband/partner did not want me to breastfeed	738	738	100.0
P0539D_O Why did you stop breastfeeding: Felt it was the right time to stop	738	738	100.0
P0540 What might have helped start breastfeeding	738	738	100.0
P0541 What might have helped breastfeed for longer period	1182	1182	100.0
P0542 With your upcoming baby, are you planning to breastfeed? (pregnant only)	192	192	100.0
P0543 Months planning to breastfeed	133	133	100.0
P0544A Advantages of breastfeeding: BETTER/HEALTHIER BABY	2538	2538	100.0
P0544B Advantages of breastfeeding: MOTHER-BABY BONDING, CLOSENESS	2538	2538	100.0
P0544C Advantages of breastfeeding: BREASTFEEDING ENJOYABLE	2538	2538	100.0
P0544D Advantages of breastfeeding: EASIER, MORE CONVENIENT	2538	2538	100.0
P0544E Advantages of breastfeeding: CHEAPER/PROVIDED FOR FREE	2538	2538	100.0
P0544F Advantages of breastfeeding: FRIENDS/FAMILY ARE FAMILIAR WITH IT AND CAN HELP ME	2538	2538	100.0
P0544W Advantages of breastfeeding: OTHER	2538	2538	100.0
P0545A Disadvantages of breastfeeding: NOT ENOUGH BREAST MILK TO SATISFY BABY	2538	2538	100.0
P0545B Disadvantages of breastfeeding: HARD TO DO WHEN ONE IS GOING BACK TO WORK OR SCHOOL	2538	2538	100.0
P0545C Disadvantages of breastfeeding: PAIN OR DISCOMFORT	2538	2538	100.0
P0545D Disadvantages of breastfeeding: NO ONE ELSE CAN FEED THE BABY	2538	2538	100.0
P0545E Disadvantages of breastfeeding: TOO TIME-CONSUMING	2538	2538	100.0
P0545F Disadvantages of breastfeeding: TOO MUCH WORK COMPARED TO FORMULA	2538	2538	100.0

ITEMS	Number of respondents asked	Number of respondents responded	RESPONSE RATE
P0545G Disadvantages of breastfeeding: MORE EXPENSIVE COMPARED TO FORMULA	2538	2538	100.0
P0545H Disadvantages of breastfeeding: FRIENDS/FAMILY ARE NOT FAMILIAR WITH IT CANNOT HELP ME	2538	2538	100.0
P0545W Disadvantages of breastfeeding: OTHER	2538	2538	100.0
P0546 Do you have friends who you think are eligible for WIC but who haven't applied for WIC benefits?	2538	2538	100.0
P0547 Do you know anyone who was in WIC but dropped out before their certification period was over?	2538	2538	100.0
P0548A The main reasons that people don't participate in WIC: LACK OF TRANSPORTATION TO CLINIC, TRANSPORTATION DIFFICULTIES	2538	2538	100.0
P0548B The main reasons that people don't participate in WIC: THEY DON'T KNOW THAT WIC EXISTS	2538	2538	100.0
P0548C The main reasons that people don't participate in WIC: INCONVENIENT HOURS/DAYS CLINIC OPEN	2538	2538	100.0
P0548D The main reasons that people don't participate in WIC: SERVICES (INCLUDING WAITING TIME) TAKE TOO MUCH TIME	2538	2538	100.0
P0548E The main reasons that people don't participate in WIC: WAITING SPACE AT CLINIC IS LIMITED	2538	2538	100.0
P0548F The main reasons that people don't participate in WIC: LACK OF CHILD CARE	2538	2538	100.0
P0548G The main reasons that people don't participate in WIC: LANGUAGE BARRIERS	2538	2538	100.0
P0548H The main reasons that people don't participate in WIC: PROBLEMS QUALIFYING FOR BENEFITS	2538	2538	100.0
P0548I The main reasons that people don't participate in WIC: DIFFICULTIES KEEPING APPOINTMENT TIMES	2538	2538	100.0
P0548J The main reasons that people don't participate in WIC: WIC FOOD SELECTION NOT DESIRABLE	2538	2538	100.0
P0548K The main reasons that people don't participate in WIC: WIC FOOD STORES NOT CONVENIENT (HOURS OR LOCATION)	2538	2538	100.0
P0548L The main reasons that people don't participate in WIC: WIC FOOD HARD TO FIND ON SHELVES (BRANDS, QUANTITIES)	2538	2538	100.0
P0548M The main reasons that people don't participate in WIC: IMMIGRATION CONCERNS	2538	2538	100.0
P0548N The main reasons that people don't participate in WIC: DIDN'T NEED FOOD BENEFIT	2538	2538	100.0
P0548W The main reasons that people don't participate in WIC: OTHER	2538	2538	100.0
P0549 Hispanic	2538	2524	99.4
P0550_a American Indian or Alaska Native	2538	2475	97.5
P0550_b Asian American	2538	2475	97.5
P0550_c Black or African American	2538	2475	97.5
P0550_d Native Hawaiian or Other Pacific Islander	2538	2475	97.5
P0550_e White	2538	2475	97.5
P0550_f REFUSED and not Hispanics	2538	2538	100.0
P0551 Education	2538	2526	99.5
P0552 First language	2538	2538	100.0

Appendix I-C3: Original Weights and Raked Weights

The following tables present percentages with original and final weights, with total unweighted $n = 2,538$.

		Original Weight	Raked Weight	Absolute Difference
7) Thinking about the WIC clinic that you are familiar with, how satisfied are you with the people who work there and the services they provide?	Very Satisfied	71.0%	70.9%	0.18%
	Somewhat Satisfied	21.2%	21.6%	0.45%
	Neither Satisfied nor Dissatisfied	4.6%	4.5%	0.12%
	Somewhat Dissatisfied, or	1.5%	1.6%	0.06%
	Very Dissatisfied	1.7%	1.5%	0.21%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
7a) Thinking about the WIC clinic that you are familiar with, how satisfied are you with location and building facility?	Very Satisfied	69.5%	69.6%	0.09%
	Somewhat Satisfied	21.2%	21.2%	0.08%
	Neither Satisfied nor Dissatisfied	4.5%	4.6%	0.08%
	Somewhat Dissatisfied, or	3.2%	3.2%	0.06%
	Very Dissatisfied	1.5%	1.5%	0.03%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
8a) How would you rate the customer friendliness of the WIC staff?	Excellent	55.6%	55.7%	0.10%
	Very Good	24.3%	24.7%	0.42%
	Good	15.1%	14.7%	0.34%
	Fair	3.9%	3.7%	0.17%
	Poor	1.2%	1.2%	0.01%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
8b) How would you rate the quality of service you get?	Excellent	53.3%	53.9%	0.64%
	Very Good	25.4%	25.2%	0.23%
	Good	17.5%	17.3%	0.24%
	Fair	2.8%	2.7%	0.12%
	Poor	1.0%	1.0%	0.05%
Total		100.0%	100.0%	
		Original Weight	Raked Weight	Absolute Difference
8c) How would you rate the helpfulness of the staff?	Excellent	52.6%	52.7%	0.10%
	Very Good	25.5%	25.1%	0.46%
	Good	17.2%	17.4%	0.18%
	Fair	3.5%	3.8%	0.26%
	Poor	1.1%	1.0%	0.08%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
8d) How would you rate the staff's ability to speak your language?	Excellent	65.9%	66.1%	0.20%
	Very Good	17.7%	17.4%	0.29%
	Good	12.2%	12.0%	0.18%
	Fair	2.4%	2.7%	0.33%
	Poor	1.8%	1.8%	0.05%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
8e) How would you rate the safety of the clinic's location?	Excellent	53.9%	54.4%	0.52%
	Very Good	19.6%	18.6%	0.97%
	Good	20.3%	20.7%	0.37%
	Fair	5.0%	5.2%	0.21%
	Poor	1.2%	1.1%	0.13%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
8f) How would you rate the convenience of the clinic's location for you?	Excellent	53.7%	53.3%	0.42%
	Very Good	22.0%	22.2%	0.11%
	Good	18.7%	18.7%	0.04%
	Fair	3.9%	4.3%	0.35%
	Poor	1.6%	1.6%	0.00%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
8g) How would you rate the convenience of its operating hours?	Excellent	52.3%	52.3%	0.03%
	Very Good	20.9%	20.4%	0.44%
	Good	20.9%	20.5%	0.40%
	Fair	5.2%	5.7%	0.54%

	Poor	.7%	1.0%	0.27%
Total		100.0%	100.0%	
		Original Weight	Raked Weight	Absolute Difference
8h) How would you rate the amount of time you must wait until you are seen by WIC staff?	Excellent	37.1%	37.4%	0.25%
	Very Good	21.5%	21.5%	0.02%
	Good	23.2%	22.4%	0.76%
	Fair	11.2%	11.5%	0.29%
	Poor	7.0%	7.2%	0.20%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
8i) How would you rate the size and space of the waiting area?	Excellent	35.6%	35.9%	0.30%
	Very Good	18.6%	18.2%	0.37%
	Good	27.7%	27.8%	0.14%
	Fair	11.9%	11.9%	0.00%
	Poor	6.2%	6.1%	0.07%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
8j) How would you rate the activities provided to occupy children while you wait?	Excellent	29.4%	29.1%	0.38%
	Very Good	17.3%	17.1%	0.21%
	Good	23.4%	23.4%	0.02%
	Fair	14.1%	14.3%	0.24%

	Poor	15.7%	16.1%	0.38%
Total		100.0%	100.0%	
		Original Weight	Raked Weight	Absolute Difference
8k) How would you rate the way they handle paperwork for certification?	Excellent	47.7%	48.3%	0.69%
	Very Good	25.0%	24.8%	0.13%
	Good	22.3%	22.2%	0.13%
	Fair	3.8%	3.5%	0.30%
	Poor	1.2%	1.1%	0.13%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
8l) How would you rate how they deliver your food vouchers?	Excellent	54.7%	55.4%	0.70%
	Very Good	22.3%	22.4%	0.04%
	Good	19.0%	18.4%	0.61%
	Fair	3.2%	3.1%	0.08%
	Poor	.8%	.8%	0.05%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
9a) How would you rate the food benefits for providing the right quantity of food?	Excellent	47.2%	46.8%	0.39%
	Very Good	22.4%	22.1%	0.24%
	Good	20.9%	21.3%	0.45%
	Fair	7.3%	7.3%	0.06%

	Poor	2.3%	2.4%	0.13%
Total		100.0%	100.0%	
		Original Weight	Raked Weight	Absolute Difference
9b) How would you rate the food benefits for offering foods that you like to eat?	Excellent	44.9%	44.5%	0.40%
	Very Good	24.0%	23.6%	0.41%
	Good	20.7%	21.0%	0.30%
	Fair	7.6%	7.7%	0.09%
	Poor	2.7%	3.2%	0.43%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
9c) How would you rate the food benefits for Offering food choices in sizes and brands that you can find on the shelf?	Excellent	39.6%	39.1%	0.49%
	Very Good	24.6%	25.0%	0.35%
	Good	23.4%	23.5%	0.07%
	Fair	7.8%	7.9%	0.10%
	Poor	4.5%	4.5%	0.04%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
18) Have you attended any group education sessions recommended by the WIC staff?	No	62.1%	63.6%	1.50%
	Yes	37.9%	36.4%	1.50%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
24) How much one-on-one nutrition counseling have you received in person?	None at all	36.0%	37.0%	1.01%
	One session only	15.6%	15.1%	0.48%
	2-3 sessions	25.8%	25.1%	0.78%
	4-5 sessions	12.2%	11.3%	0.97%
	6-7 sessions	4.0%	4.8%	0.77%
	8 or more sessions	6.3%	6.8%	0.45%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
32a) Are members of your household getting food through the Food Stamp program?	No	46.9%	47.1%	0.22%
	Yes	53.1%	52.9%	0.22%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
32b) Are members of your household getting food through the free or reduced-price School Lunch or Breakfast program?	No	67.3%	68.0%	0.66%
	Yes	32.7%	32.0%	0.66%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
32c) Are members of your household getting food through the Summer Food Service program, for kids when not in school?	No	93.6%	93.6%	0.01%
	Yes	6.4%	6.4%	0.01%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
32d) Are members of your household getting food through the Food Distribution Program on Indian Reservations?	No	99.3%	99.1%	0.17%
	Yes	.7%	.9%	0.17%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
32e) Are members of your household getting food through the Temporary Emergency Food Assistance program?	No	97.8%	97.5%	0.33%
	Yes	2.2%	2.5%	0.33%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
32f) Are members of your household getting food through the Child and Adult Care Food program?	No	95.7%	95.3%	0.46%
	Yes	4.3%	4.7%	0.46%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
32g) Are members of your household getting food through a local/community food bank or pantry?	No	93.0%	92.4%	0.53%
	Yes	7.0%	7.6%	0.53%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
32h) Are members of your household getting food through the Commodity Supplemental Food program?	No	98.5%	98.4%	0.10%
	Yes	1.5%	1.6%	0.10%
Total		100.0%	100.0%	

		Original Weight	Raked Weight	Absolute Difference
33) Which best describes the food you had to eat in your household during last 12 months? Did you...?	Have enough to eat	83.2%	83.8%	0.59%
	Sometimes did not have enough to eat	14.8%	14.4%	0.44%
	Often did not have enough to eat	2.0%	1.8%	0.15%
Total		100.0%	100.0%	

Appendix I-C4: Race/Ethnicity (Using California Coding)

The following tables present unweighted percentages, with total unweighted n = 2,538.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0507 Thinking about the WIC clinic that you are familiar with, how satisfied are you with the people that work there and the services they provide?	Neutral, Not Satisfied	6.7%	7.3%	9.3%	10.6%	7.5%	7.6%
	Satisfied	93.3%	92.7%	90.7%	89.4%	92.5%	92.4%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-Square = 3.65; p =.46, non-significant.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0507A Thinking about the WIC clinic's location and building facility, would you say you are	Neutral, Not Satisfied	7.9%	8.5%	9.3%	7.3%	10.4%	9.2%
	Satisfied	92.1%	91.5%	90.7%	92.7%	89.6%	90.8%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-Square = 4.16; p =.39, non-significant.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0508_01 How would you rate the: Customer friendliness of the WIC staff	Not Good	4.2%	5.8%	12.1%	5.3%	4.8%	5.5%
	Excellent, Very Good, Good	95.8%	94.2%	87.9%	94.7%	95.2%	94.5%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-square = 23.98, p<.0001.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0508_02 How would you rate the: Quality of service you get	Not Good	3.6%	7.0%	8.5%	6.0%	3.3%	4.5%
	Excellent, Very Good, Good	96.4%	93.0%	91.5%	94.0%	96.7%	95.5%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-square = 19.38, p<.01.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0508_03 How would you rate the: Helpfulness of the staff	Not Good	4.9%	4.6%	9.7%	5.3%	4.4%	5.1%
	Excellent, Very Good, Good	95.1%	95.4%	90.3%	94.7%	95.6%	94.9%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-square = 12.15, p<.05.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0508_04 How would you rate the: Staff's ability to speak your language	Not Good	2.5%	3.3%	6.0%	4.0%	4.4%	3.9%
	Excellent, Very Good, Good	97.5%	96.7%	94.0%	96.0%	95.6%	96.1%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-Square = 7.30; p =.12, non-significant.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0508_05 How would you rate the: Safety of the clinic's location	Not Good	6.0%	6.1%	3.6%	2.6%	5.6%	5.4%
	Excellent, Very Good, Good	94.0%	93.9%	96.4%	97.4%	94.4%	94.6%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-Square = 4.60; p =.33, non-significant.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0508_06 How would you rate the: Convenience of the clinic's location for you	Not Good	5.7%	7.3%	6.0%	2.0%	6.7%	6.2%
	Excellent, Very Good, Good	94.3%	92.7%	94.0%	98.0%	93.3%	93.8%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-Square = 6.19; p=.19, non-significant.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0508_07 How would you rate the: Convenience of its operating hours	Not Good	7.9%	8.5%	8.1%	5.3%	4.2%	6.2%
	Excellent, Very Good, Good	92.1%	91.5%	91.9%	94.7%	95.8%	93.8%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-square = 16.03, p<.01.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0508_08 How would you rate the: Amount of time you must wait until you are seen by WIC staff	Not Good	17.7%	22.8%	34.7%	21.9%	15.4%	19.2%
	Excellent, Very Good, Good	82.3%	77.2%	65.3%	78.1%	84.6%	80.8%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-square = 53.24, p<.0001.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0508_09 How would you rate the: Size and space of the waiting area	Not Good	17.4%	27.1%	21.0%	22.5%	15.1%	18.2%
	Excellent, Very Good, Good	82.6%	72.9%	79.0%	77.5%	84.9%	81.8%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-square = 28.30, p<.0001.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0508_10 How would you rate the: Activities provided to occupy children while you wait	Not Good	28.1%	33.4%	33.9%	38.4%	26.0%	29.0%
	Excellent, Very Good, Good	71.9%	66.6%	66.1%	61.6%	74.0%	71.0%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-square = 17.69, p<.01.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0508_11 How would you rate the Way they handle paperwork for certification	Not Good	2.8%	6.7%	10.9%	10.6%	3.3%	4.8%
	Excellent, Very Good, Good	97.2%	93.3%	89.1%	89.4%	96.7%	95.2%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-square = 44.72, p<.0001.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0508_12 How would you rate the: How they deliver your food	Not Good	3.3%	7.3%	7.3%	7.3%	3.1%	4.3%
	Excellent, Very Good, Good	96.7%	92.7%	92.7%	92.7%	96.9%	95.7%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-square = 21.42, p<.0001.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0509_1 How would you rate the food benefits for Providing the right quantity of food?	Not Good	10.9%	10.9%	16.1%	13.9%	7.1%	9.9%
	Excellent, Very Good, Good	89.1%	89.1%	83.9%	86.1%	92.9%	90.1%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-square = 24.81, p<.0001.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0509_2 How would you rate the food benefits for Offering foods that you like to eat?	Not Good	10.9%	19.5%	13.3%	21.2%	6.0%	10.7%
	Excellent, Very Good, Good	89.1%	80.5%	86.7%	78.8%	94.0%	89.3%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-square = 71.64, p<.0001.

		ETHNICITY					
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	Total
P0509_3 How would you rate the food benefits for Offering food choices in sizes and brands that you can find on the shelf?	Not Good	14.7%	16.7%	13.3%	21.9%	8.2%	12.3%
	Excellent, Very Good, Good	85.3%	83.3%	86.7%	78.1%	91.8%	87.7%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-square = 39.88, p<.0001.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0518 have you attended any group education sessions that were recommended to you by the WIC staff?	NO	74.1%	69.3%	62.9%	62.9%	50.0%	60.9%
	YES	25.9%	30.7%	37.1%	37.1%	50.0%	39.1%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-square = 116.27, p<.0001.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0524 How much one-on-one nutrition counseling have you received in person for this most recent pregnancy/baby?	None at all	34.4%	39.5%	35.5%	28.5%	37.8%	36.4%
	One session or more	65.6%	60.5%	64.5%	71.5%	62.2%	63.6%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-Square = 7.69; p = .10, non-significant.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0532_1 Food Stamp program ?	NO	47.6%	38.9%	40.3%	49.7%	61.9%	52.3%
	YES	52.4%	61.1%	59.7%	50.3%	38.1%	47.7%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-square = 86.51, p<.0001.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0532_2 Free or reduced price School Lunch or Breakfast program?	NO	77.8%	69.6%	71.8%	70.2%	69.0%	71.7%
	YES	22.2%	30.4%	28.2%	29.8%	31.0%	28.3%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-square = 17.42, p<.01.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0532_3 Summer Food Service program, for kids when not in school?	NO	95.8%	93.3%	93.1%	94.7%	94.6%	94.6%
	YES	4.2%	6.7%	6.9%	5.3%	5.4%	5.4%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-Square = 4.01; p =.41, non-significant.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0532_4 Food Distribution Program on Indian Reservations (FDPIR)?	NO	99.1%	99.7%	99.6%	99.3%	99.6%	99.5%
	YES	.9%	.3%	.4%	.7%	.4%	.5%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-Square = 2.95; p =.57, non-significant.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0532_5 Temporary Emergency Food Assistance program?	NO	98.1%	98.2%	98.4%	100.0%	98.2%	98.3%
	YES	1.9%	1.8%	1.6%	.0%	1.8%	1.7%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-Square = 2.92; p =.57, non-significant.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0532_6 Child and Adult Care Food program, which provides free lunches for children at day care centers?	NO	97.3%	94.5%	97.6%	96.7%	96.7%	96.7%
	YES	2.7%	5.5%	2.4%	3.3%	3.3%	3.3%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-Square = 6.13; p = .19, non-significant.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0532_7 Local/community food bank or pantry?	NO	89.7%	96.4%	93.5%	96.7%	95.2%	93.8%
	YES	10.3%	3.6%	6.5%	3.3%	4.8%	6.2%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-square = 29.29, p<.0001.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0532_8 Commodity Supplemental Food Program, which provides food packets that are distributed through State and local agencies?	NO	98.4%	98.8%	99.2%	100.0%	99.1%	98.9%
	YES	1.6%	1.2%	.8%	.0%	.9%	1.1%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-Square = 4.39; p = .36, non-significant.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0532_9 Have you ever participated in Commodity Supplemental Food Program in the past?	NO	98.2%	98.8%	99.6%	98.0%	99.6%	99.1%
	YES	1.8%	1.2%	.4%	2.0%	.4%	.9%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-square = 12.26, p<.05.

		ETHNICITY					Total
		White	Black of African American	Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	Other	Hispanic	
P0533 Food consumed during last 12 months	Have enough to eat	81.9%	83.0%	89.5%	80.8%	78.0%	81.0%
	do not have enough to eat	18.1%	17.0%	10.5%	19.2%	22.0%	19.0%
TOTAL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Chi-square = 19.42, p<.01.

Appendix II-A: In-person Survey (Version A—Women)

In-person Participant Survey (Version A-Women)

Questionnaire contains data item identification (variable names) for each question in order to facilitate secondary data analysis.

IN-HOME INTERVIEW (Version A: Pregnant, Breastfeeding, and Postpartum Women)

1. Hi. Thanks for agreeing to do the second part of our survey. Your answers are completely confidential and, as I mentioned when we set this up, nothing you say will have any bearing on your benefits. The WIC program is just trying to get a better idea of who participates in the program and their circumstances. I will be giving you \$20 in appreciation of your time.

READ INFORMED CONSENT STATEMENT AND GET CONSENT BEFORE PROCEEDING.

IDENTITY AND RESIDENCY

2. The first thing we need is some identification—silly as it may seem—and proof that you live here. [IF R. HAS TROUBLE WITH THIS REQUEST, READ OFF SOME OF THE ACCEPTABLE TYPES OF ID AND RESIDENCY PROOF FROM LIST.]

<u>Identification proofs</u> [CHECK AT LEAST ONE] P0802A	<u>Residency proofs</u> [CHECK AT LEAST ONE] P0802B
<input type="checkbox"/> State-issued license or ID	<input type="checkbox"/> State-issued license or ID w/address
<input type="checkbox"/> U.S. passport w/photo	<input type="checkbox"/> State/federal correspondence w/address
<input type="checkbox"/> Foreign passport w/photo	<input type="checkbox"/> WIC folder
<input type="checkbox"/> WIC folder	<input type="checkbox"/> Checkbook w/address
<input type="checkbox"/> W-2 form or Tax bill w/name	<input type="checkbox"/> Rent or mortgage receipt, lease w/address
<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Utility or tax bill w/address
<input type="checkbox"/> Social Services letter w/ name	<input type="checkbox"/> Documents from public school w/address
<input type="checkbox"/> Social Security or Green card	<input type="checkbox"/> Written statement from reliable third party (e.g. non-profit aid organization)
<input type="checkbox"/> Hospital or immunization record	
<input type="checkbox"/> Other: SPECIFY _____	<input type="checkbox"/> Other: SPECIFY _____

PRIMARY FAMILY/ECONOMIC UNIT

3. Let's begin by having you tell me the names of all the persons who live or stay with you whether they are related to you or not. I will type in the names so I can follow up with some questions. [PROBE: ANYONE ELSE?]

RECORD ALL NAMES IN LIST FORM.

- 1) _____
- 2) _____
- 3) ETC.

- P0903N_01
- P0903N_02
- P0903N_03
- P0903N_04
- P0903N_05
- P0903N_06
- P0903N_07
- P0903N_08
- P0903N_09
- P0903N_10
- P0903N_11
- P0903N_12
- P0903N_13
- P0903N_14
- P0903N_15
- P0903N_16
- P0903N_17
- P0903N_18
- P0903N_19
- P0903N_20

AFTER ALL PERSONS ARE LISTED, ASK FOLLOWING QUESTIONS FOR EACH PERSON:		
4. What is their relationship to you-?	1. Spouse	11. Uncle/aunt
P0904_01	2. Partner	12. Cousin
P0904_02	3. Child	13. Nephew/niece
P0904_03	4. Step-child	14. Parent-in-law
P0904_04	5. Foster child	15. Brother-in-law/sister-in-law
P0904_05	6. Parent/ Guardian	16. Other relative
P0904_06	7. Step-parent	17. Other non-relative
P0904_07	8. Foster parent	18. Child in Temporary Care of Friends/Relatives
P0904_08	9. Brother/Sister	
P0904_09	10. Grandparent	
P0904_10		
P0904_11		
P0904_12		
P0904_13		
P0904_14		
P0904_15		
P0904_16		
P0904_17		
P0904_18		
P0904_19		
P0904_20		

<p>5. Is this individual male or female?</p> <p>P0905_01 P0905_02 P0905_03 P0905_04 P0905_05 P0905_06 P0905_07 P0905_08 P0905_09 P0905_10 P0905_11 P0905_12 P0905_13 P0905_14 P0905_15 P0905_16 P0905_17 P0905_18 P0905_19 P0905_20</p>	<p><input type="checkbox"/> 1-Male <input type="checkbox"/> 2-Female</p>
<p>6. How old is this person?</p> <p>P0906N_01 P0906N_02 P0906N_03 P0906N_04 P0906N_05 P0906N_06 P0906N_07 P0906N_08 P0906N_09 P0906N_10 P0906N_11 P0906N_12 P0906N_13 P0906N_14 P0906N_15 P0906N_16 P0906N_17 P0906N_18 P0906N_19 P0906N_20</p>	<p>_____ YEARS</p>

7. FOR ANY CHILD LESS THAN 5 YEARS OR ANY WOMAN GREATER THAN 14 YEARS ASK: Is this person receiving WIC now?

- P0907_01
- P0907_02
- P0907_03
- P0907_04
- P0907_05
- P0907_06
- P0907_07
- P0907_08
- P0907_09
- P0907_10
- P0907_11
- P0907_12
- P0907_13
- P0907_14
- P0907_15
- P0907_16
- P0907_17
- P0907_18
- P0907_19
- P0907_20

- 1-Yes
- 2-No

<p>8. OTHERWISE, IF Q6≥15, ASK: Do you consider [READ NAME] to be part of your family group -- that is, you are sharing income and expenses as if you were a family -- OR do you feel that you each keep your income and expenses and food separately? IF Q6<15, ASK: Do you consider [READ NAME] to be part of your family group -- that is, you are responsible for taking care of them as if you were all in the same family? P0908_01 P0908_02 P0908_03 P0908_04 P0908_05 P0908_06 P0908_07 P0908_08 P0908_09 P0908_10 P0908_11 P0908_12 P0908_13 P0908_14 P0908_15 P0908_16 P0908_17 P0908_18 P0908_19 P0908_20</p>	<p><input type="checkbox"/> 1-Share like family <input type="checkbox"/> 2-Separate finances</p>
<p>9. PROGRAM WILL CALCULATE NUMBER OF PEOPLE IN PRIMARY ECONOMIC UNIT PLUS ADD ONE FOR WIC PARTICIPANT [Q4=1,2,3, 4 OR 5] or [Q8=1] and [Q6≥15]</p>	<p><input type="checkbox"/> NUMBER OF PEOPLE IN PRIMARY ECONOMIC UNIT</p>
<p>10. COMPUTER WILL COMPARE THE NUMBER OF PEOPLE IN PRIMARY ECONOMIC UNIT (Q9) WITH # OF HOUSEHOLD MEMBERS IN WIC RECORDS (P5-TOTAL IN PRIMARY ECONOMIC UNIT). IF Q9=P5, SKIP TO Q11 IF Q9<P5, SAY: The WIC records show that back in [INSERT MONTH/DATE OF CERTIFICATION]you had [INSERT #] adults and [INSERT #] children in this household, which is more than we listed today. Have we left someone off the list? Or perhaps there is someone on our list today who <u>should</u> be counted as part of your main family unit but was not? [PROBE & ADD NEW NAMES OR INFORMATION IN Q2-9 AS APPROPRIATE] IF Q9>P5, SAY: The WIC records show that back in [INSERT MONTH/DATE OF CERTIFICATION] you had [INSERT #] adults and [INSERT #] children in this household, which is fewer than we have listed here. Can I verify that everyone on our list here IS part of your main family unit? [PROBE & DELETE NAMES OR INFORMATION IN Q2-9 AS APPROPRIATE] NOTE: IF RESPONDENT HAS DIFFICULTY RECALLING TIME PERIOD USE NARRATIVE APPROACH IN WHICH A TIME IS LINKED TO A SALIENT EVENT]</p>	
<p>FROM PRIMARY ECONOMIC UNIT LIST, COMPUTER WILL GENERATE A LIST OF "POTENTIAL WAGE EARNERS" – DEFINED AS ALL THE ADULTS AND ALL CHILDREN ≥ 15 YEARS</p>	

ADJUNCTIVE OR AUTOMATIC ELIGIBILITY

11. **[IF ADJ ELIGIBILITY IS SHOWN IN RECORDS, ASK:]** The WIC records show that you qualified for WIC because you, or a member of your family, participate in the [FILL IN FROM P4] program. Can you show me the document that you showed to WIC to demonstrate participation in that program such as the certification card, the award letter you got, or an active program voucher? [IF NO, PROBE: Do you have anything at all?]

[IF ADJ ELIGIBILITY IS NOT SHOWN IN RECORDS, ASK:] Did you qualify for WIC by showing that you participated in another benefits program such as Medicaid, SNAP or TANF? [OPTIONAL:] If yes, can you show me the document that you showed to WIC to demonstrate participation in that program such as the certification card, the award letter you got, or an active program voucher?

YES, PROOF SHOWN – ENTER :

P0812

a) NAME OF PROGRAM RECIPIENT ON PROOF SHOWN. <i>[MAKE SURE IT MATCHES SOMEONE IN THE PRIMARY ECONOMIC UNIT; OTHERWISE ASK FOR ANOTHER DOCUMENT/CARD AS PROOF]</i> P0812A	_____
b) DATE OF DOCUMENT/CARD ISSUANCE (MM/DD/YYYY) P0812BM P0812BD P0812BY	[TYPE IN] _____ 99 NO DATE [PROBE: Do you have anything that shows the dates for your participation in the program?]
c) DATE OF DOCUMENT/CARD OR ELIGIBILITY EXPIRATION (MM/DD/YYYY) P0812CM P0812CD P0812CY	[TYPE IN] _____ 99 NO DATE [PROBE: Do you have anything that shows the expiration date?]
d) NAME OF ISSUING AGENCY P0812D	[TYPE IN] _____ 99 NOT EVIDENT [PROBE: Do you have anything that shows the agency name?]
e) NUMBER ON DOCUMENT/CARD P0812E	[TYPE IN] _____ 99 NO NUMBER
f) DOCUMENT/CARD SHOWN P0812F	<input type="checkbox"/> Certification card [SKIP TO Q13 IF ADJ ELIGIBLE IN RECORDS; CONTINUE TO Q12 IF NOT ADJ ELIGIBLE IN RECORDS.] <input type="checkbox"/> Award letter [SKIP TO Q13 IF ADJ ELIGIBLE IN RECORDS; CONTINUE TO Q12 IF NOT ADJ ELIGIBLE IN RECORDS.] <input type="checkbox"/> Active program voucher [SKIP TO Q13 IF ADJ ELIGIBLE IN RECORDS; CONTINUE TO Q12 IF NOT ADJ ELIGIBLE IN RECORDS.] <input type="checkbox"/> Food Stamp EBT card [SKIP TO Q13 IF ADJ ELIGIBLE IN RECORDS; CONTINUE TO Q12 IF NOT ADJ ELIGIBLE IN RECORDS.] <input type="checkbox"/> Other [IF ANY DOUBTS ABOUT VALIDITY, HAND R. PROGRAM PARTICIPATION RELEASE FORM TO SIGN. THEN CONTINUE TO Q12]

- NO, PROOF NOT SHOWN OR WRONG PROOF SHOWN.
 [IF PERSON IS ADJUNCTIVELY ELIGIBLE IN RECORDS: HAND R. PROGRAM PARTICIPATION
 RELEASE FORM & CONTINUE TO Q12
 IF PERSON IS NOT ADJUNCTIVELY ELIGIBLE IN RECORDS, CONTINUE TO Q12]

INCOME ELIGIBILITY

12. Now I am going to ask you about the income earned by you and other primary members of this household. WIC is interested in the accuracy of their data records in this area. The information you share with me will be confidential and will be combined with that from other people, so WIC won't know your or anybody else's personal information.

So let's start with [READ NAME OFF LIST OF PRIMARY ECONOMIC UNIT. RESPONDENT SHOULD BE FIRST ON LIST.]

[NOTE: IF RESPONDENT HAS DIFFICULTY RECALLING TIME PERIOD USE NARRATIVE APPROACH IN WHICH A TIME IS LINKED TO A SALIENT EVENT]

a) Thinking back to [INSERT MOST RECENT CERTIFICATION MONTH/YEAR], did [INSERT you/NAME] receive any income from... [READ FROM BELOW]? CHECK ONLY IF YES	b) FOR EACH ITEM CHECKED IN a), ASK: How much did [INSERT you/NAME] earn?	c) Can you show me some evidence of that income such as [READ FROM LIST ACCOMPANYING EACH ITEM]
<input type="checkbox"/> Wages, salary, fees (excluding military pay) P101301BN_01 P101301BN_02 P101301BN_03 P101301BN_04 P101301BN_05 P101301BN_06 P101301BN_07 P101301BN_08 P101301BN_09 P101301BN_10 P101301BN_11 P101301BN_12 P101301BN_13 P101301BN_14 P101301BN_15 P101301BN_16 P101301BN_17 P101301BN_18 P101301BN_19 P101301BN_20 YES → NO ↓	\$ _____ <input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101301BU_01 P101301BU_02 P101301BU_03 P101301BU_04 P101301BU_05 P101301BU_06 P101301BU_07 P101301BU_08 P101301BU_09 P101301BU_10 P101301BU_11 P101301BU_12 P101301BU_13 P101301BU_14 P101301BU_15 P101301BU_16	<input type="checkbox"/> Pay stub/earnings statement <input type="checkbox"/> W-2 form <input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM AND UNDOCUMENTED EMPLOYMENT INFO FORM P101301C_01 P101301C_02 P101301C_03 P101301C_04 P101301C_05 P101301C_06 P101301C_07 P101301C_08 P101301C_09 P101301C_10 P101301C_11 P101301C_12 P101301C_13 P101301C_14 P101301C_15 P101301C_16 P101301C_17 P101301C_18

		P101301BU_17 P101301BU_18 P101301BU_19 P101301BU_20	P101301C_19 P101301C_20
<input type="checkbox"/> Military pay P101302BN_01 P101302BN_02 P101302BN_03 P101302BN_04 P101302BN_05 P101302BN_06 P101302BN_07 P101302BN_08 P101302BN_09 P101302BN_10 P101302BN_11 P101302BN_12 P101302BN_13 P101302BN_14 P101302BN_15 P101302BN_16 P101302BN_17 P101302BN_18 P101302BN_19 P101302BN_20 YES → NO ↓	\$ _____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101302BU_01 P101302BU_02 P101302BU_03 P101302BU_04 P101302BU_05 P101302BU_06 P101302BU_07 P101302BU_08 P101302BU_09 P101302BU_10 P101302BU_11 P101302BU_12 P101302BU_13 P101302BU_14 P101302BU_15 P101302BU_16 P101302BU_17 P101302BU_18 P101302BU_19 P101302BU_20	<input type="checkbox"/> Leave and earnings statement <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM P101302C_01 P101302C_02 P101302C_03 P101302C_04 P101302C_05 P101302C_06 P101302C_07 P101302C_08 P101302C_09 P101302C_10 P101302C_11 P101302C_12 P101302C_13 P101302C_14 P101302C_15 P101302C_16 P101302C_17 P101302C_18 P101302C_19 P101302C_20
<input type="checkbox"/> Tips and bonuses P101303BN_01 P101303BN_02 P101303BN_03 P101303BN_04 P101303BN_05 P101303BN_06 P101303BN_07 P101303BN_08 P101303BN_09 P101303BN_10 P101303BN_11 P101303BN_12 P101303BN_13	\$ _____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101303BU_01 P101303BU_02 P101303BU_03 P101303BU_04 P101303BU_05 P101303BU_06 P101303BU_07	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> W-2 form <input type="checkbox"/> Other: _____ <input type="checkbox"/> None P101303C_01 P101303C_02 P101303C_03 P101303C_04 P101303C_05 P101303C_06 P101303C_07 P101303C_08 P101303C_09 P101303C_10 P101303C_11

<p>P101303BN_14 P101303BN_15 P101303BN_16 P101303BN_17 P101303BN_18 P101303BN_19 P101303BN_20 YES → NO ↓</p>		<p>P101303BU_08 P101303BU_09 P101303BU_10 P101303BU_11 P101303BU_12 P101303BU_13 P101303BU_14 P101303BU_15 P101303BU_16 P101303BU_17 P101303BU_18 P101303BU_19 P101303BU_20</p>	<p>P101303C_12 P101303C_13 P101303C_14 P101303C_15 P101303C_16 P101303C_17 P101303C_18 P101303C_19 P101303C_20</p>
<p><input type="checkbox"/> Net income from self employment (from farm and non-farm business) P101304BN_01 P101304BN_02 P101304BN_03 P101304BN_04 P101304BN_05 P101304BN_06 P101304BN_07 P101304BN_08 P101304BN_09 P101304BN_10 P101304BN_11 P101304BN_12 P101304BN_13 P101304BN_14 P101304BN_15 P101304BN_16 P101304BN_17 P101304BN_18 P101304BN_19 P101304BN_20 YES → NO ↓</p>	<p>\$ _____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101304BU_01 P101304BU_02 P101304BU_03 P101304BU_04 P101304BU_05 P101304BU_06 P101304BU_07 P101304BU_08 P101304BU_09 P101304BU_10 P101304BU_11 P101304BU_12 P101304BU_13 P101304BU_14 P101304BU_15 P101304BU_16 P101304BU_17 P101304BU_18 P101304BU_19 P101304BU_20</p>	<p><input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Business records <input type="checkbox"/> Expense receipts <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE UNDOCUMENTED EMPLOYMENT FORM P101304C_01 P101304C_02 P101304C_03 P101304C_04 P101304C_05 P101304C_06 P101304C_07 P101304C_08 P101304C_09 P101304C_10 P101304C_11 P101304C_12 P101304C_13 P101304C_14 P101304C_15 P101304C_16 P101304C_17 P101304C_18 P101304C_19 P101304C_20</p>

<p><input type="checkbox"/> Unemployment compensation</p> <p>P101305BN_01 P101305BN_02 P101305BN_03 P101305BN_04 P101305BN_05 P101305BN_06 P101305BN_07 P101305BN_08 P101305BN_09 P101305BN_10 P101305BN_11 P101305BN_12 P101305BN_13 P101305BN_14 P101305BN_15 P101305BN_16 P101305BN_17 P101305BN_18 P101305BN_19 P101305BN_20</p> <p>YES → NO ↓</p>	<p>\$ _____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____</p> <p>P101305BU_01 P101305BU_02 P101305BU_03 P101305BU_04 P101305BU_05 P101305BU_06 P101305BU_07 P101305BU_08 P101305BU_09 P101305BU_10 P101305BU_11 P101305BU_12 P101305BU_13 P101305BU_14 P101305BU_15 P101305BU_16 P101305BU_17 P101305BU_18 P101305BU_19 P101305BU_20</p>	<p><input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Letter of determination <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM</p> <p>P101305C_01 P101305C_02 P101305C_03 P101305C_04 P101305C_05 P101305C_06 P101305C_07 P101305C_08 P101305C_09 P101305C_10 P101305C_11 P101305C_12 P101305C_13 P101305C_14 P101305C_15 P101305C_16 P101305C_17 P101305C_18 P101305C_19 P101305C_20</p>
<p><input type="checkbox"/> Workers compensation</p> <p>P101306BN_01 P101306BN_02 P101306BN_03 P101306BN_04 P101306BN_05 P101306BN_06 P101306BN_07 P101306BN_08 P101306BN_09 P101306BN_10 P101306BN_11 P101306BN_12 P101306BN_13 P101306BN_14 P101306BN_15 P101306BN_16 P101306BN_17 P101306BN_18</p>	<p>\$ _____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____</p> <p>P101306BU_01 P101306BU_02 P101306BU_03 P101306BU_04 P101306BU_05 P101306BU_06 P101306BU_07 P101306BU_08 P101306BU_09 P101306BU_10 P101306BU_11 P101306BU_12 P101306BU_13</p>	<p><input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Award statement <input type="checkbox"/> Statement from insurance company <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM</p> <p>P101306C_01 P101306C_02 P101306C_03 P101306C_04 P101306C_05 P101306C_06 P101306C_07 P101306C_08 P101306C_09 P101306C_10 P101306C_11 P101306C_12</p>

<p>P101306BN_19 P101306BN_20 YES → NO ↓</p>		<p>P101306BU_14 P101306BU_15 P101306BU_16 P101306BU_17 P101306BU_18 P101306BU_19 P101306BU_20</p>	<p>P101306C_13 P101306C_14 P101306C_15 P101306C_16 P101306C_17 P101306C_18 P101306C_19 P101306C_20</p>
<p><input type="checkbox"/> Child Support P101307BN_01 P101307BN_02 P101307BN_03 P101307BN_04 P101307BN_05 P101307BN_06 P101307BN_07 P101307BN_08 P101307BN_09 P101307BN_10 P101307BN_11 P101307BN_12 P101307BN_13 P101307BN_14 P101307BN_15 P101307BN_16 P101307BN_17 P101307BN_18 P101307BN_19 P101307BN_20 YES → NO ↓</p>	<p>\$ _____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101307BU_01 P101307BU_02 P101307BU_03 P101307BU_04 P101307BU_05 P101307BU_06 P101307BU_07 P101307BU_08 P101307BU_09 P101307BU_10 P101307BU_11 P101307BU_12 P101307BU_13 P101307BU_14 P101307BU_15 P101307BU_16 P101307BU_17 P101307BU_18 P101307BU_19 P101307BU_20</p>	<p><input type="checkbox"/> Copy of check <input type="checkbox"/> Support agreement <input type="checkbox"/> Divorce/separation decree <input type="checkbox"/> Court order <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM P101307C_01 P101307C_02 P101307C_03 P101307C_04 P101307C_05 P101307C_06 P101307C_07 P101307C_08 P101307C_09 P101307C_10 P101307C_11 P101307C_12 P101307C_13 P101307C_14 P101307C_15 P101307C_16 P101307C_17 P101307C_18 P101307C_19 P101307C_20</p>

<input type="checkbox"/> Alimony P101308BN_01 P101308BN_02 P101308BN_03 P101308BN_04 P101308BN_05 P101308BN_06 P101308BN_07 P101308BN_08 P101308BN_09 P101308BN_10 P101308BN_11 P101308BN_12 P101308BN_13 P101308BN_14 P101308BN_15 P101308BN_16 P101308BN_17 P101308BN_18 P101308BN_19 P101308BN_20 YES → NO ↓	\$ _____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101308BU_01 P101308BU_02 P101308BU_03 P101308BU_04 P101308BU_05 P101308BU_06 P101308BU_07 P101308BU_08 P101308BU_09 P101308BU_10 P101308BU_11 P101308BU_12 P101308BU_13 P101308BU_14 P101308BU_15 P101308BU_16 P101308BU_17 P101308BU_18 P101308BU_19 P101308BU_20	<input type="checkbox"/> Copy of check <input type="checkbox"/> Support agreement <input type="checkbox"/> Divorce/separation decree <input type="checkbox"/> Court order <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM P101308C_01 P101308C_02 P101308C_03 P101308C_04 P101308C_05 P101308C_06 P101308C_07 P101308C_08 P101308C_09 P101308C_10 P101308C_11 P101308C_12 P101308C_13 P101308C_14 P101308C_15 P101308C_16 P101308C_17 P101308C_18 P101308C_19 P101308C_20
<input type="checkbox"/> Social Security P101309BN_01 P101309BN_02 P101309BN_03 P101309BN_04 P101309BN_05 P101309BN_06 P101309BN_07 P101309BN_08 P101309BN_09 P101309BN_10 P101309BN_11 P101309BN_12 P101309BN_13 P101309BN_14 P101309BN_15 P101309BN_16 P101309BN_17 P101309BN_18 P101309BN_19 P101309BN_20 YES → NO ↓	\$ _____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101309BU_01 P101309BU_02 P101309BU_03 P101309BU_04 P101309BU_05 P101309BU_06 P101309BU_07 P101309BU_08 P101309BU_09 P101309BU_10 P101309BU_11 P101309BU_12 P101309BU_13 P101309BU_14	<input type="checkbox"/> SSA Award letter <input type="checkbox"/> Statement of benefits <input type="checkbox"/> 2007 IRS tax return (line 14a on 1040A) <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM P101309C_01 P101309C_02 P101309C_03 P101309C_04 P101309C_05 P101309C_06 P101309C_07 P101309C_08 P101309C_09 P101309C_10 P101309C_11 P101309C_12 P101309C_13 P101309C_14 P101309C_15

		<p>P101309BU_15 P101309BU_16 P101309BU_17 P101309BU_18 P101309BU_19 P101309BU_20</p>	<p>P101309C_16 P101309C_17 P101309C_18 P101309C_19 P101309C_20</p>
<p><input type="checkbox"/> SSI – Fed government</p> <p>P101310BN_01 P101310BN_02 P101310BN_03 P101310BN_04 P101310BN_05 P101310BN_06 P101310BN_07 P101310BN_08 P101310BN_09 P101310BN_10 P101310BN_11 P101310BN_12 P101310BN_13 P101310BN_14 P101310BN_15 P101310BN_16 P101310BN_17 P101310BN_18 P101310BN_19 P101310BN_20</p> <p>YES → NO ↓</p>	<p>\$_____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____</p> <p>P101310BU_01 P101310BU_02 P101310BU_03 P101310BU_04 P101310BU_05 P101310BU_06 P101310BU_07 P101310BU_08 P101310BU_09 P101310BU_10 P101310BU_11 P101310BU_12 P101310BU_13 P101310BU_14 P101310BU_15 P101310BU_16 P101310BU_17 P101310BU_18 P101310BU_19 P101310BU_20</p>	<p><input type="checkbox"/> Notice of benefits <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM</p> <p>P101310C_01 P101310C_02 P101310C_03 P101310C_04 P101310C_05 P101310C_06 P101310C_07 P101310C_08 P101310C_09 P101310C_10 P101310C_11 P101310C_12 P101310C_13 P101310C_14 P101310C_15 P101310C_16 P101310C_17 P101310C_18 P101310C_19 P101310C_20</p>
<p><input type="checkbox"/> SSI—State issued</p> <p>P101311BN_01 P101311BN_02 P101311BN_03 P101311BN_04 P101311BN_05 P101311BN_06 P101311BN_07 P101311BN_08 P101311BN_09 P101311BN_10 P101311BN_11 P101311BN_12 P101311BN_13 P101311BN_14 P101311BN_15 P101311BN_16 P101311BN_17</p>	<p>\$_____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____</p> <p>P101311BU_01 P101311BU_02 P101311BU_03 P101311BU_04 P101311BU_05 P101311BU_06 P101311BU_07 P101311BU_08 P101311BU_09</p>	<p><input type="checkbox"/> Notice of benefits <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM</p> <p>P101311C_01 P101311C_02 P101311C_03 P101311C_04 P101311C_05 P101311C_06 P101311C_07 P101311C_08 P101311C_09 P101311C_10 P101311C_11</p>

<p>P101311BN_18 P101311BN_19 P101311BN_20 YES → NO ↓</p>		<p>P101311BU_10 P101311BU_11 P101311BU_12 P101311BU_13 P101311BU_14 P101311BU_15 P101311BU_16 P101311BU_17 P101311BU_18 P101311BU_19 P101311BU_20</p>	<p>P101311C_12 P101311C_13 P101311C_14 P101311C_15 P101311C_16 P101311C_17 P101311C_18 P101311C_19 P101311C_20</p>
<p><input type="checkbox"/> Any private or public pension, annuity or survivor's benefits</p> <p>P101312BN_01 P101312BN_02 P101312BN_03 P101312BN_04 P101312BN_05 P101312BN_06 P101312BN_07 P101312BN_08 P101312BN_09 P101312BN_10 P101312BN_11 P101312BN_12 P101312BN_13 P101312BN_14 P101312BN_15 P101312BN_16 P101312BN_17 P101312BN_18 P101312BN_19 P101312BN_20 YES → NO ↓</p>	<p>\$_____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____</p> <p>P101312BU_01 P101312BU_02 P101312BU_03 P101312BU_04 P101312BU_05 P101312BU_06 P101312BU_07 P101312BU_08 P101312BU_09 P101312BU_10 P101312BU_11 P101312BU_12 P101312BU_13 P101312BU_14 P101312BU_15 P101312BU_16 P101312BU_17 P101312BU_18 P101312BU_19 P101312BU_20</p>	<p><input type="checkbox"/> Notice of benefits <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM</p> <p>P101312C_01 P101312C_02 P101312C_03 P101312C_04 P101312C_05 P101312C_06 P101312C_07 P101312C_08 P101312C_09 P101312C_10 P101312C_11 P101312C_12 P101312C_13 P101312C_14 P101312C_15 P101312C_16 P101312C_17 P101312C_18 P101312C_19 P101312C_20</p>

<p><input type="checkbox"/> Medical assistance (any)</p> <p>P101313BN_01 P101313BN_02 P101313BN_03 P101313BN_04 P101313BN_05 P101313BN_06 P101313BN_07 P101313BN_08 P101313BN_09 P101313BN_10 P101313BN_11 P101313BN_12 P101313BN_13 P101313BN_14 P101313BN_15 P101313BN_16 P101313BN_17 P101313BN_18 P101313BN_19 P101313BN_20</p> <p>YES → NO ↓</p>	<p>\$ _____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____</p> <p>P101313BU_01 P101313BU_02 P101313BU_03 P101313BU_04 P101313BU_05 P101313BU_06 P101313BU_07 P101313BU_08 P101313BU_09 P101313BU_10 P101313BU_11 P101313BU_12 P101313BU_13 P101313BU_14 P101313BU_15 P101313BU_16 P101313BU_17 P101313BU_18 P101313BU_19 P101313BU_20</p>	<p><input type="checkbox"/> Notice of benefits <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM</p> <p>P101313C_01 P101313C_02 P101313C_03 P101313C_04 P101313C_05 P101313C_06 P101313C_07 P101313C_08 P101313C_09 P101313C_10 P101313C_11 P101313C_12 P101313C_13 P101313C_14 P101313C_15 P101313C_16 P101313C_17 P101313C_18 P101313C_19 P101313C_20</p>
<p><input type="checkbox"/> Veteran's payments</p> <p>P101314BN_01 P101314BN_02 P101314BN_03 P101314BN_04 P101314BN_05 P101314BN_06 P101314BN_07 P101314BN_08 P101314BN_09 P101314BN_10 P101314BN_11 P101314BN_12 P101314BN_13 P101314BN_14 P101314BN_15 P101314BN_16 P101314BN_17 P101314BN_18 P101314BN_19 P101314BN_20</p> <p>YES → NO ↓</p>	<p>\$ _____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____</p> <p>P101314BU_01 P101314BU_02 P101314BU_03 P101314BU_04 P101314BU_05 P101314BU_06 P101314BU_07 P101314BU_08 P101314BU_09 P101314BU_10 P101314BU_11 P101314BU_12 P101314BU_13 P101314BU_14 P101314BU_15 P101314BU_16</p>	<p><input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Notice of benefits <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM</p> <p>P101314C_01 P101314C_02 P101314C_03 P101314C_04 P101314C_05 P101314C_06 P101314C_07 P101314C_08 P101314C_09 P101314C_10 P101314C_11 P101314C_12 P101314C_13 P101314C_14 P101314C_15 P101314C_16 P101314C_17 P101314C_18</p>

		P101314BU_17 P101314BU_18 P101314BU_19 P101314BU_20	P101314C_19 P101314C_20
<input type="checkbox"/> Other cash income P101315BN_01 P101315BN_02 P101315BN_03 P101315BN_04 P101315BN_05 P101315BN_06 P101315BN_07 P101315BN_08 P101315BN_09 P101315BN_10 P101315BN_11 P101315BN_12 P101315BN_13 P101315BN_14 P101315BN_15 P101315BN_16 P101315BN_17 P101315BN_18 P101315BN_19 P101315BN_20 YES → NO ↓	\$ _____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101315BU_01 P101315BU_02 P101315BU_03 P101315BU_04 P101315BU_05 P101315BU_06 P101315BU_07 P101315BU_08 P101315BU_09 P101315BU_10 P101315BU_11 P101315BU_12 P101315BU_13 P101315BU_14 P101315BU_15 P101315BU_16 P101315BU_17 P101315BU_18 P101315BU_19 P101315BU_20	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Benefits statement <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM P101315C_01 P101315C_02 P101315C_03 P101315C_04 P101315C_05 P101315C_06 P101315C_07 P101315C_08 P101315C_09 P101315C_10 P101315C_11 P101315C_12 P101315C_13 P101315C_14 P101315C_15 P101315C_16 P101315C_17 P101315C_18 P101315C_19 P101315C_20
<input type="checkbox"/> Energy assistance P101316BN_01 P101316BN_02 P101316BN_03 P101316BN_04 P101316BN_05 P101316BN_06 P101316BN_07 P101316BN_08 P101316BN_09 P101316BN_10 P101316BN_11 P101316BN_12 P101316BN_13 P101316BN_14 P101316BN_15 P101316BN_16 P101316BN_17 P101316BN_18 P101316BN_19 P101316BN_20	\$ _____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101316BU_01 P101316BU_02 P101316BU_03 P101316BU_04 P101316BU_05 P101316BU_06 P101316BU_07 P101316BU_08 P101316BU_09 P101316BU_10 P101316BU_11 P101316BU_12	<input type="checkbox"/> Notice of benefits <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM P101316C_01 P101316C_02 P101316C_03 P101316C_04 P101316C_05 P101316C_06 P101316C_07 P101316C_08 P101316C_09 P101316C_10 P101316C_11 P101316C_12 P101316C_13 P101316C_14 P101316C_15 P101316C_16 P101316C_17

<p>YES → NO ↓</p>		<p>P101316BU_13 P101316BU_14 P101316BU_15 P101316BU_16 P101316BU_17 P101316BU_18 P101316BU_19 P101316BU_20</p>	<p>P101316C_18 P101316C_19 P101316C_20</p>
<p><input type="checkbox"/> Net rental income</p> <p>P101317BN_01 P101317BN_02 P101317BN_03 P101317BN_04 P101317BN_05 P101317BN_06 P101317BN_07 P101317BN_08 P101317BN_09 P101317BN_10 P101317BN_11 P101317BN_12 P101317BN_13 P101317BN_14 P101317BN_15 P101317BN_16 P101317BN_17 P101317BN_18 P101317BN_19 P101317BN_20</p> <p>YES → NO ↓</p>	<p>\$ _____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____</p> <p>P101317BU_01 P101317BU_02 P101317BU_03 P101317BU_04 P101317BU_05 P101317BU_06 P101317BU_07 P101317BU_08 P101317BU_09 P101317BU_10 P101317BU_11 P101317BU_12 P101317BU_13 P101317BU_14 P101317BU_15 P101317BU_16 P101317BU_17 P101317BU_18 P101317BU_19 P101317BU_20</p>	<p><input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Business records <input type="checkbox"/> Expense receipts <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM</p> <p>P101317C_01 P101317C_02 P101317C_03 P101317C_04 P101317C_05 P101317C_06 P101317C_07 P101317C_08 P101317C_09 P101317C_10 P101317C_11 P101317C_12 P101317C_13 P101317C_14 P101317C_15 P101317C_16 P101317C_17 P101317C_18 P101317C_19 P101317C_20</p>

<input type="checkbox"/> Income from trusts P101318BN_01 P101318BN_02 P101318BN_03 P101318BN_04 P101318BN_05 P101318BN_06 P101318BN_07 P101318BN_08 P101318BN_09 P101318BN_10 P101318BN_11 P101318BN_12 P101318BN_13 P101318BN_14 P101318BN_15 P101318BN_16 P101318BN_17 P101318BN_18 P101318BN_19 P101318BN_20 YES → NO ↓	\$ _____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101318BU_01 P101318BU_02 P101318BU_03 P101318BU_04 P101318BU_05 P101318BU_06 P101318BU_07 P101318BU_08 P101318BU_09 P101318BU_10 P101318BU_11 P101318BU_12 P101318BU_13 P101318BU_14 P101318BU_15 P101318BU_16 P101318BU_17 P101318BU_18 P101318BU_19 P101318BU_20	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Business records <input type="checkbox"/> Expense receipts <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM P101318C_01 P101318C_02 P101318C_03 P101318C_04 P101318C_05 P101318C_06 P101318C_07 P101318C_08 P101318C_09 P101318C_10 P101318C_11 P101318C_12 P101318C_13 P101318C_14 P101318C_15 P101318C_16 P101318C_17 P101318C_18 P101318C_19 P101318C_20
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<input type="checkbox"/> Commissions P101319BN_01 P101319BN_02 P101319BN_03 P101319BN_04 P101319BN_05 P101319BN_06 P101319BN_07 P101319BN_08 P101319BN_09 P101319BN_10 P101319BN_11 P101319BN_12 P101319BN_13 P101319BN_14 P101319BN_15 P101319BN_16 P101319BN_17 P101319BN_18 P101319BN_19 P101319BN_20 YES → NO ↓	\$ _____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101319BU_01 P101319BU_02 P101319BU_03 P101319BU_04 P101319BU_05 P101319BU_06 P101319BU_07 P101319BU_08 P101319BU_09 P101319BU_10 P101319BU_11 P101319BU_12 P101319BU_13 P101319BU_14 P101319BU_15 P101319BU_16 P101319BU_17 P101319BU_18 P101319BU_19 P101319BU_20	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Business records <input type="checkbox"/> Expense receipts <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM P101319C_01 P101319C_02 P101319C_03 P101319C_04 P101319C_05 P101319C_06 P101319C_07 P101319C_08 P101319C_09 P101319C_10 P101319C_11 P101319C_12 P101319C_13 P101319C_14 P101319C_15 P101319C_16 P101319C_17 P101319C_18 P101319C_19 P101319C_20
<input type="checkbox"/> Income from estates P101320BN_01 P101320BN_02 P101320BN_03 P101320BN_04 P101320BN_05 P101320BN_06 P101320BN_07 P101320BN_08 P101320BN_09 P101320BN_10 P101320BN_11 P101320BN_12 P101320BN_13 P101320BN_14 P101320BN_15 P101320BN_16 P101320BN_17 P101320BN_18 P101320BN_19 P101320BN_20 YES → NO ↓	\$ _____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101320BU_01 P101320BU_02 P101320BU_03 P101320BU_04 P101320BU_05 P101320BU_06 P101320BU_07 P101320BU_08 P101320BU_09 P101320BU_10 P101320BU_11 P101320BU_12 P101320BU_13 P101320BU_14 P101320BU_15	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Business records <input type="checkbox"/> Expense receipts <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM P101320C_01 P101320C_02 P101320C_03 P101320C_04 P101320C_05 P101320C_06 P101320C_07 P101320C_08 P101320C_09 P101320C_10 P101320C_11 P101320C_12 P101320C_13 P101320C_14 P101320C_15 P101320C_16 P101320C_17

		P101320BU_16 P101320BU_17 P101320BU_18 P101320BU_19 P101320BU_20	P101320C_18 P101320C_19 P101320C_20
<input type="checkbox"/> Net royalties P101321BN_01 P101321BN_02 P101321BN_03 P101321BN_04 P101321BN_05 P101321BN_06 P101321BN_07 P101321BN_08 P101321BN_09 P101321BN_10 P101321BN_11 P101321BN_12 P101321BN_13 P101321BN_14 P101321BN_15 P101321BN_16 P101321BN_17 P101321BN_18 P101321BN_19 P101321BN_20 YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101321BU_01 P101321BU_02 P101321BU_03 P101321BU_04 P101321BU_05 P101321BU_06 P101321BU_07 P101321BU_08 P101321BU_09 P101321BU_10 P101321BU_11 P101321BU_12 P101321BU_13 P101321BU_14 P101321BU_15 P101321BU_16 P101321BU_17 P101321BU_18 P101321BU_19 P101321BU_20	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Business records <input type="checkbox"/> Expense receipts <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM P101321C_01 P101321C_02 P101321C_03 P101321C_04 P101321C_05 P101321C_06 P101321C_07 P101321C_08 P101321C_09 P101321C_10 P101321C_11 P101321C_12 P101321C_13 P101321C_14 P101321C_15 P101321C_16 P101321C_17 P101321C_18 P101321C_19 P101321C_20
<input type="checkbox"/> Interest or dividends P101322BN_01 P101322BN_02 P101322BN_03 P101322BN_04 P101322BN_05 P101322BN_06 P101322BN_07 P101322BN_08 P101322BN_09 P101322BN_10 P101322BN_11 P101322BN_12 P101322BN_13 P101322BN_14 P101322BN_15 P101322BN_16 P101322BN_17 P101322BN_18	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101322BU_01 P101322BU_02 P101322BU_03 P101322BU_04 P101322BU_05 P101322BU_06 P101322BU_07 P101322BU_08 P101322BU_09 P101322BU_10	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Earnings statement <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM P101322C_01 P101322C_02 P101322C_03 P101322C_04 P101322C_05 P101322C_06 P101322C_07 P101322C_08 P101322C_09 P101322C_10

P101322BN_19 P101322BN_20 YES → NO ↓		P101322BU_11 P101322BU_12 P101322BU_13 P101322BU_14 P101322BU_15 P101322BU_16 P101322BU_17 P101322BU_18 P101322BU_19 P101322BU_20	P101322C_11 P101322C_12 P101322C_13 P101322C_14 P101322C_15 P101322C_16 P101322C_17 P101322C_18 P101322C_19 P101322C_20
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REPEAT INCOME QUESTIONS (Q12) FOR EVERY ADULT MEMBER OF PRIMARY ECONOMIC UNIT.

CLOSING

13. READ: This completes our survey. It was great talking to you. Thank you so much for helping us out. Here is \$20 in appreciation for your time. [FILL OUT RECEIPT FOR INCENTIVE AND GET SIGNATURE.]

Do you have any questions before I leave?

Have a great day/evening.

**Appendix II-B: In-person Survey
(Version B—Infants and
Children)**

IN-HOME INTERVIEW (Version B: Child and Infant)

Questionnaire contains data item identifications (variable names) for each question in order to facilitate secondary data analysis.

- Hi. Thanks for agreeing to do the second part of our survey. Your answers are completely confidential and, as I mentioned when we set this up, nothing you say will have any bearing on your benefits. The WIC program is just trying to get a better idea of who participates in the program and their circumstances. I will be giving you \$20 in appreciation of your time.

READ INFORMED CONSENT STATEMENT AND GET CONSENT BEFORE PROCEEDING.

IDENTITY AND RESIDENCY

- The first thing we need is some identification for the child—silly as it may seem—and proof that you live here. [IF R. HAS TROUBLE WITH THIS REQUEST, READ OFF SOME OF THE ACCEPTABLE TYPES OF ID AND RESIDENCY PROOF FROM LIST.]

<u>Identification proofs</u> [CHECK AT LEAST ONE] P0802A	<u>Residency proofs</u> [CHECK AT LEAST ONE] P0802B
<input type="checkbox"/> State-issued license or ID	<input type="checkbox"/> State-issued license or ID w/address
<input type="checkbox"/> U.S. passport w/photo	<input type="checkbox"/> State/federal correspondence w/address
<input type="checkbox"/> Foreign passport w/photo	<input type="checkbox"/> WIC folder
<input type="checkbox"/> WIC folder	<input type="checkbox"/> Checkbook w/address
<input type="checkbox"/> W-2 form or Tax bill w/name	<input type="checkbox"/> Rent or mortgage receipt, lease w/address
<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Utility or tax bill w/address
<input type="checkbox"/> Social Services letter w/ name	<input type="checkbox"/> Documents from public school w/address
<input type="checkbox"/> Social Security or Green card	<input type="checkbox"/> Written statement from reliable third party (e.g. non-profit aid organization)
<input type="checkbox"/> Hospital or immunization record	
<input type="checkbox"/> Other: SPECIFY _____	<input type="checkbox"/> Other: SPECIFY _____

PRIMARY FAMILY/ECONOMIC UNIT

- Let's begin by having you tell me the names of all the persons who live or stay with [NAME OF SAMPLED INFANT/CHILD RESPONDENT] whether they are related or not. I will type in the names so I can follow up with some questions. Be sure to include yourself. [PROBE: ANYONE ELSE?]

RECORD ALL NAMES IN LIST FORM.

- _____
- _____
- ETC.

- P0903N_01
- P0903N_02
- P0903N_03
- P0903N_04
- P0903N_05
- P0903N_06
- P0903N_07
- P0903N_08

- P0903N_09**
- P0903N_10**
- P0903N_11**
- P0903N_12**
- P0903N_13**
- P0903N_14**
- P0903N_15**
- P0903N_16**
- P0903N_17**
- P0903N_18**
- P0903N_19**
- P0903N_20**

AFTER ALL PERSONS ARE LISTED, ASK FOLLOWING QUESTIONS FOR EACH PERSON:		
4. What is their relationship to [NAME OF SAMPLED INFANT/CHILD PARTICIPANT]? <i>P0904_01</i> <i>P0904_02</i> <i>P0904_03</i> <i>P0904_04</i> <i>P0904_05</i> <i>P0904_06</i> <i>P0904_07</i> <i>P0904_08</i> <i>P0904_09</i> <i>P0904_10</i> <i>P0904_11</i> <i>P0904_12</i> <i>P0904_13</i> <i>P0904_14</i> <i>P0904_15</i> <i>P0904_16</i> <i>P0904_17</i> <i>P0904_18</i> <i>P0904_19</i> <i>P0904_20</i>	6. Parent/ Guardian 7. Step-parent 8. Foster parent 9. Brother/Sister 10. Grandparent 11. Uncle/aunt 12. Cousin 13. Nephew/niece 14. Parent-in-law	15. Brother-in-law/ sister-in-law 16. Other relative 17. Other non-relative 18. Child in Temporary Care of Friends/Relatives

<p>5. Is this individual male or female? [IF TALKING TO PERSON, DON'T ASK . JUST MAKE NOTE OF GENDER.]</p> <p>P0905_01 P0905_02 P0905_03 P0905_04 P0905_05 P0905_06 P0905_07 P0905_08 P0905_09 P0905_10 P0905_11 P0905_12 P0905_13 P0905_14 P0905_15 P0905_16 P0905_17 P0905_18 P0905_19 P0905_20</p>	<p><input type="checkbox"/> 1-Male <input type="checkbox"/> 2-Female</p>
<p>6. How old is this person? [IF LESS THAN ONE YEAR, RECORD "0"]</p> <p>P0906N_01 P0906N_02 P0906N_03 P0906N_04 P0906N_05 P0906N_06 P0906N_07 P0906N_08 P0906N_09 P0906N_10 P0906N_11 P0906N_12 P0906N_13 P0906N_14 P0906N_15 P0906N_16 P0906N_17 P0906N_18 P0906N_19 P0906N_20</p>	<p>____ YEARS</p>

<p>7. FOR ANY CHILD LESS THAN 5 YEARS OR ANY WOMAN GREATER THAN 14 YEARS ASK: Is this person receiving WIC now? <i>P0907_01</i> <i>P0907_02</i> <i>P0907_03</i> <i>P0907_04</i> <i>P0907_05</i> <i>P0907_06</i> <i>P0907_07</i> <i>P0907_08</i> <i>P0907_09</i> <i>P0907_10</i> <i>P0907_11</i> <i>P0907_12</i> <i>P0907_13</i> <i>P0907_14</i> <i>P0907_15</i> <i>P0907_16</i> <i>P0907_17</i> <i>P0907_18</i> <i>P0907_19</i> <i>P0907_20</i></p>	<p><input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No</p>
<p>8. OTHERWISE, IF Q6≥15, ASK: Do you consider [READ NAME] to be part of your family group -- that is, you are sharing income and expenses as if you were a family -- OR do you feel that you each keep your income and expenses and food separately? IF Q6<15, ASK: Do you consider [READ NAME] to be part of your family group -- that is, you are responsible for taking care of them as if you were all in the same family? <i>P0908_01</i> <i>P0908_02</i> <i>P0908_03</i> <i>P0908_04</i> <i>P0908_05</i> <i>P0908_06</i> <i>P0908_07</i> <i>P0908_08</i> <i>P0908_09</i> <i>P0908_10</i> <i>P0908_11</i> <i>P0908_12</i> <i>P0908_13</i> <i>P0908_14</i> <i>P0908_15</i> <i>P0908_16</i> <i>P0908_17</i> <i>P0908_18</i> <i>P0908_19</i> <i>P0908_20</i></p>	<p><input type="checkbox"/> 1-Share like family <input type="checkbox"/> 2-Separate finances</p>

<p>9. PROGRAM WILL CALCULATE NUMBER OF PEOPLE IN PRIMARY ECONOMIC UNIT PLUS ADD ONE FOR WIC PARTICIPANT</p> <ul style="list-style-type: none"> • Q8=1 and Q6 ≥15 	<p><input type="checkbox"/> NUMBER OF PEOPLE IN PRIMARY ECONOMIC UNIT</p>
<p>10. COMPUTER WILL COMPARE THE NUMBER OF PEOPLE IN PRIMARY ECONOMIC UNIT (Q10) WITH # OF HOUSEHOLD MEMBERS IN WIC RECORDS (P5-TOTAL IN PRIMARY ECONOMIC UNIT).</p> <p>IF Q10=P5, SKIP TO Q11</p> <p>IF Q10<P5, SAY: The WIC records show that you had [INSERT #] adults and [INSERT #] children in this household, which is more than we listed today. Have we left someone off the list? Or perhaps there is someone on our list today who <u>should</u> be counted as part of your main family unit but was not? [PROBE & ADD NEW NAMES OR INFORMATION IN Q2-10 AS APPROPRIATE]</p> <p>IF Q10>P5, SAY: The WIC records show that you had [INSERT #] adults and [INSERT #] children in this household, which is fewer than we have listed here. Can I verify that everyone on our list here IS part of your main family unit? [PROBE & DELETE NAMES OR INFORMATION IN Q2-10 AS APPROPRIATE]</p>	
<p>FROM PRIMARY ECONOMIC UNIT LIST, COMPUTER WILL GENERATE A LIST OF "POTENTIAL WAGE EARNERS" – DEFINED AS ALL THE ADULTS AND ALL CHILDREN ≥ 15 YEARS</p>	

ADJUNCTIVE OR AUTOMATIC ELIGIBILITY

11. IF ADJ ELIGIILITY IS SHOWN IN RECORDS, ASK: The WIC records show that you qualified for WIC because your child, or a member of your family, participate in the [FILL IN FROM P4] program. Can you show me the document that you showed to WIC to demonstrate participation in that program such as the certification card, the award letter you got, or an active program voucher? [IF NO, PROBE: Do you have anything at all?]

IF ADJ ELIGIBILITY IS NOT SHOWN IN RECORDS, ASK: Did your child qualify for WIC by showing that he/she, or another family member, participated in another benefits program such as Medicaid, SNAP or TANF? [OPTIONAL:] If yes, can you show me the document that you showed to WIC to demonstrate participation in that program such as the certification card, the award letter you got, or an active program voucher?

YES, PROOF SHOWN – WRITE DOWN :

P0812

<p>a) NAME OF PROGRAM RECIPIENT ON PROOF SHOWN. [MAKE SURE IT MATCHES SOMEONE IN THE PRIMARY ECONOMIC UNIT; OTHERWISE ASK FOR ANOTHER DOCUMENT/CARD AS PROOF]</p> <p>P0812A</p>	<p>_____</p>
<p>b) DATE OF DOCUMENT/CARD ISSUANCE (MM/DD/YYYY)</p> <p>P0812BM P0812BD P0812BY</p>	<p>[TYPE IN] _____</p> <p>99 NO DATE [PROBE: Do you have anything that shows the dates for your participation in the program?]</p>
<p>c) DATE OF DOCUMENT/CARD OR ELIGIBILITY EXPIRATION (MM/DD/YYYY)</p> <p>P0812CM P0812CD P0812CY</p>	<p>[TYPE IN] _____</p> <p>99 NO DATE [PROBE: Do you have anything that shows the expiration date?]</p>

d) NAME OF ISSUING AGENCY P0812D	[TYPE IN] _____ 99 NOT EVIDENT [PROBE: Do you have anything that shows the agency name?]
e) NUMBER ON DOCUMENT/CARD P0812E	[TYPE IN] _____ 99 NO NUMBER
f) DOCUMENT/CARD SHOWN P0812F	<input type="checkbox"/> Certification card [SKIP TO Q13 IF ADJ ELIGIBLE IN RECORDS; CONTINUE TO Q12 IF NOT ADJ ELIGIBLE IN RECORDS.] <input type="checkbox"/> Award letter [SKIP TO Q13 IF ADJ ELIGIBLE IN RECORDS; CONTINUE TO Q12 IF NOT ADJ ELIGIBLE IN RECORDS.] <input type="checkbox"/> Active program voucher [SKIP TO Q13 IF ADJ ELIGIBLE IN RECORDS; CONTINUE TO Q12 IF NOT ADJ ELIGIBLE IN RECORDS.] <input type="checkbox"/> Food Stamp EBT card [SKIP TO Q13 IF ADJ ELIGIBLE IN RECORDS; CONTINUE TO Q12 IF NOT ADJ ELIGIBLE IN RECORDS.] <input type="checkbox"/> Other [IF ANY DOUBTS ABOUT VALIDITY, HAND R. PROGRAM PARTICIPATION RELEASE FORM TO SIGN. THEN CONTINUE TO Q12]

- NO, PROOF NOT SHOWN OR WRONG PROOF SHOWN.
 [IF PERSON IS ADJUNCTIVELY ELIGIBLE IN RECORDS: HAND R. PROGRAM PARTICIPATION RELEASE FORM & CONTINUE TO Q12.
 IF PERSON IS NOT ADJUNCTIVELY ELIGIBLE IN RECORDS, CONTINUE TO Q12]

INCOME ELIGIBILITY

12. Now I am going to ask you about the income earned by you and other primary members of this household. WIC is interested in the accuracy of their data records in this area. The information you share with me will be confidential and will be combined with that from other people, so WIC won't know your or anybody else's personal information.

So let's start with [READ NAME OFF LIST OF PRIMARY ECONOMIC UNIT]

[NOTE: IF RESPONDENT HAS DIFFICULTY RECALLING TIME PERIOD USE NARRATIVE APPROACH IN WHICH A TIME IS LINKED TO A SALIENT EVENT]

d) Thinking back to [INSERT MOST RECENT CERTIFICATION MONTH/YEAR], did [INSERT you/NAME] receive any income from... [READ FROM BELOW]? CHECK ONLY IF YES	e) FOR EACH ITEM CHECKED IN a), ASK: How much did [INSERT you/NAME] earn?	f) Can you show me some evidence of that income such as [READ FROM LIST ACCOMPANYING EACH ITEM]
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<p><input type="checkbox"/> Wages, salary, fees (excluding military pay)</p> <p>P101301BN_01 P101301BN_02 P101301BN_03 P101301BN_04 P101301BN_05 P101301BN_06 P101301BN_07 P101301BN_08 P101301BN_09 P101301BN_10 P101301BN_11 P101301BN_12 P101301BN_13 P101301BN_14 P101301BN_15 P101301BN_16 P101301BN_17 P101301BN_18 P101301BN_19 P101301BN_20</p> <p>YES → NO ↓</p>	<p>\$ _____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____</p> <p>P101301BU_01 P101301BU_02 P101301BU_03 P101301BU_04 P101301BU_05 P101301BU_06 P101301BU_07 P101301BU_08 P101301BU_09 P101301BU_10 P101301BU_11 P101301BU_12 P101301BU_13 P101301BU_14 P101301BU_15 P101301BU_16 P101301BU_17 P101301BU_18 P101301BU_19 P101301BU_20</p>	<p><input type="checkbox"/> Pay stub/earnings statement <input type="checkbox"/> W-2 form <input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM AND UNDOCUMENTED EMPLOYMENT INFO FORM</p> <p>P101301C_01 P101301C_02 P101301C_03 P101301C_04 P101301C_05 P101301C_06 P101301C_07 P101301C_08 P101301C_09 P101301C_10 P101301C_11 P101301C_12 P101301C_13 P101301C_14 P101301C_15 P101301C_16 P101301C_17 P101301C_18 P101301C_19 P101301C_20</p>
<p><input type="checkbox"/> Military pay</p> <p>P101302BN_01 P101302BN_02 P101302BN_03 P101302BN_04 P101302BN_05 P101302BN_06 P101302BN_07 P101302BN_08 P101302BN_09 P101302BN_10 P101302BN_11 P101302BN_12 P101302BN_13 P101302BN_14 P101302BN_15 P101302BN_16 P101302BN_17 P101302BN_18 P101302BN_19 P101302BN_20</p> <p>YES → NO</p>	<p>\$ _____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____</p> <p>P101302BU_01 P101302BU_02 P101302BU_03 P101302BU_04 P101302BU_05 P101302BU_06 P101302BU_07 P101302BU_08 P101302BU_09 P101302BU_10 P101302BU_11 P101302BU_12 P101302BU_13 P101302BU_14</p>	<p><input type="checkbox"/> Leave and earnings statement <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM</p> <p>P101302C_01 P101302C_02 P101302C_03 P101302C_04 P101302C_05 P101302C_06 P101302C_07 P101302C_08 P101302C_09 P101302C_10 P101302C_11 P101302C_12 P101302C_13 P101302C_14 P101302C_15 P101302C_16 P101302C_17 P101302C_18</p>

↓		P101302BU_15 P101302BU_16 P101302BU_17 P101302BU_18 P101302BU_19 P101302BU_20	P101302C_19 P101302C_20
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<input type="checkbox"/> Tips and bonuses P101303BN_01 P101303BN_02 P101303BN_03 P101303BN_04 P101303BN_05 P101303BN_06 P101303BN_07 P101303BN_08 P101303BN_09 P101303BN_10 P101303BN_11 P101303BN_12 P101303BN_13 P101303BN_14 P101303BN_15 P101303BN_16 P101303BN_17 P101303BN_18 P101303BN_19 P101303BN_20 YES → NO ↓	\$ _____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101303BU_01 P101303BU_02 P101303BU_03 P101303BU_04 P101303BU_05 P101303BU_06 P101303BU_07 P101303BU_08 P101303BU_09 P101303BU_10 P101303BU_11 P101303BU_12 P101303BU_13 P101303BU_14 P101303BU_15 P101303BU_16 P101303BU_17 P101303BU_18 P101303BU_19 P101303BU_20	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> W-2 form <input type="checkbox"/> Other: _____ <input type="checkbox"/> None P101303C_01 P101303C_02 P101303C_03 P101303C_04 P101303C_05 P101303C_06 P101303C_07 P101303C_08 P101303C_09 P101303C_10 P101303C_11 P101303C_12 P101303C_13 P101303C_14 P101303C_15 P101303C_16 P101303C_17 P101303C_18 P101303C_19 P101303C_20
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<p><input type="checkbox"/> Net income from self employment (from farm and non-farm business)</p> <p>P101304BN_01 P101304BN_02 P101304BN_03 P101304BN_04 P101304BN_05 P101304BN_06 P101304BN_07 P101304BN_08 P101304BN_09 P101304BN_10 P101304BN_11 P101304BN_12 P101304BN_13 P101304BN_14 P101304BN_15 P101304BN_16 P101304BN_17 P101304BN_18 P101304BN_19 P101304BN_20</p> <p>YES → NO ↓</p>	<p>\$ _____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____</p> <p>P101304BU_01 P101304BU_02 P101304BU_03 P101304BU_04 P101304BU_05 P101304BU_06 P101304BU_07 P101304BU_08 P101304BU_09 P101304BU_10 P101304BU_11 P101304BU_12 P101304BU_13 P101304BU_14 P101304BU_15 P101304BU_16 P101304BU_17 P101304BU_18 P101304BU_19 P101304BU_20</p>	<p><input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Business records <input type="checkbox"/> Expense receipts <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE UNDOCUMENTED EMPLOYMENT FORM</p> <p>P101304C_01 P101304C_02 P101304C_03 P101304C_04 P101304C_05 P101304C_06 P101304C_07 P101304C_08 P101304C_09 P101304C_10 P101304C_11 P101304C_12 P101304C_13 P101304C_14 P101304C_15 P101304C_16 P101304C_17 P101304C_18 P101304C_19 P101304C_20</p>
<p><input type="checkbox"/> Unemployment compensation</p> <p>P101305BN_01 P101305BN_02 P101305BN_03 P101305BN_04 P101305BN_05 P101305BN_06 P101305BN_07 P101305BN_08 P101305BN_09 P101305BN_10 P101305BN_11 P101305BN_12 P101305BN_13 P101305BN_14 P101305BN_15 P101305BN_16 P101305BN_17 P101305BN_18 P101305BN_19 P101305BN_20</p> <p>YES → NO ↓</p>	<p>\$ _____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____</p> <p>P101305BU_01 P101305BU_02 P101305BU_03 P101305BU_04 P101305BU_05 P101305BU_06 P101305BU_07 P101305BU_08 P101305BU_09 P101305BU_10 P101305BU_11 P101305BU_12 P101305BU_13 P101305BU_14 P101305BU_15 P101305BU_16</p>	<p><input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Letter of determination <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM</p> <p>P101305C_01 P101305C_02 P101305C_03 P101305C_04 P101305C_05 P101305C_06 P101305C_07 P101305C_08 P101305C_09 P101305C_10 P101305C_11 P101305C_12 P101305C_13 P101305C_14 P101305C_15 P101305C_16 P101305C_17</p>

		<p>P101305BU_17 P101305BU_18 P101305BU_19 P101305BU_20</p>	<p>P101305C_18 P101305C_19 P101305C_20</p>
<p><input type="checkbox"/> Workers compensation</p> <p>P101306BN_01 P101306BN_02 P101306BN_03 P101306BN_04 P101306BN_05 P101306BN_06 P101306BN_07 P101306BN_08 P101306BN_09 P101306BN_10 P101306BN_11 P101306BN_12 P101306BN_13 P101306BN_14 P101306BN_15 P101306BN_16 P101306BN_17 P101306BN_18 P101306BN_19 P101306BN_20</p> <p>YES → NO ↓</p>	<p>\$_____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____</p> <p>P101306BU_01 P101306BU_02 P101306BU_03 P101306BU_04 P101306BU_05 P101306BU_06 P101306BU_07 P101306BU_08 P101306BU_09 P101306BU_10 P101306BU_11 P101306BU_12 P101306BU_13 P101306BU_14 P101306BU_15 P101306BU_16 P101306BU_17 P101306BU_18 P101306BU_19 P101306BU_20</p>	<p><input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Award statement <input type="checkbox"/> Statement from insurance company <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM</p> <p>P101306C_01 P101306C_02 P101306C_03 P101306C_04 P101306C_05 P101306C_06 P101306C_07 P101306C_08 P101306C_09 P101306C_10 P101306C_11 P101306C_12 P101306C_13 P101306C_14 P101306C_15 P101306C_16 P101306C_17 P101306C_18 P101306C_19 P101306C_20</p>
<p><input type="checkbox"/> Child Support</p> <p>P101307BN_01 P101307BN_02 P101307BN_03 P101307BN_04 P101307BN_05 P101307BN_06 P101307BN_07 P101307BN_08 P101307BN_09 P101307BN_10 P101307BN_11 P101307BN_12 P101307BN_13 P101307BN_14 P101307BN_15 P101307BN_16 P101307BN_17 P101307BN_18 P101307BN_19</p>	<p>\$_____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____</p> <p>P101307BU_01 P101307BU_02 P101307BU_03 P101307BU_04 P101307BU_05 P101307BU_06 P101307BU_07 P101307BU_08 P101307BU_09 P101307BU_10</p>	<p><input type="checkbox"/> Copy of check <input type="checkbox"/> Support agreement <input type="checkbox"/> Divorce/separation decree <input type="checkbox"/> Court order <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM</p> <p>P101307C_01 P101307C_02 P101307C_03 P101307C_04 P101307C_05 P101307C_06 P101307C_07 P101307C_08 P101307C_09 P101307C_10</p>

<p>P101307BN_20</p> <p>YES → NO ↓</p>		<p>P101307BU_11 P101307BU_12 P101307BU_13 P101307BU_14 P101307BU_15 P101307BU_16 P101307BU_17 P101307BU_18 P101307BU_19 P101307BU_20</p>	<p>P101307C_11 P101307C_12 P101307C_13 P101307C_14 P101307C_15 P101307C_16 P101307C_17 P101307C_18 P101307C_19 P101307C_20</p>
<p><input type="checkbox"/> Alimony</p> <p>P101308BN_01 P101308BN_02 P101308BN_03 P101308BN_04 P101308BN_05 P101308BN_06 P101308BN_07 P101308BN_08 P101308BN_09 P101308BN_10 P101308BN_11 P101308BN_12 P101308BN_13 P101308BN_14 P101308BN_15 P101308BN_16 P101308BN_17 P101308BN_18 P101308BN_19 P101308BN_20</p> <p>YES → NO ↓</p>	<p>\$ _____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____</p> <p>P101308BU_01 P101308BU_02 P101308BU_03 P101308BU_04 P101308BU_05 P101308BU_06 P101308BU_07 P101308BU_08 P101308BU_09 P101308BU_10 P101308BU_11 P101308BU_12 P101308BU_13 P101308BU_14 P101308BU_15 P101308BU_16 P101308BU_17 P101308BU_18 P101308BU_19 P101308BU_20</p>	<p><input type="checkbox"/> Copy of check <input type="checkbox"/> Support agreement <input type="checkbox"/> Divorce/separation decree <input type="checkbox"/> Court order <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM</p> <p>P101308C_01 P101308C_02 P101308C_03 P101308C_04 P101308C_05 P101308C_06 P101308C_07 P101308C_08 P101308C_09 P101308C_10 P101308C_11 P101308C_12 P101308C_13 P101308C_14 P101308C_15 P101308C_16 P101308C_17 P101308C_18 P101308C_19 P101308C_20</p>
<p><input type="checkbox"/> Social Security</p> <p>P101309BN_01 P101309BN_02 P101309BN_03 P101309BN_04 P101309BN_05 P101309BN_06 P101309BN_07 P101309BN_08 P101309BN_09 P101309BN_10 P101309BN_11</p>	<p>\$ _____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____</p> <p>P101309BU_01 P101309BU_02 P101309BU_03</p>	<p><input type="checkbox"/> SSA Award letter <input type="checkbox"/> Statement of benefits <input type="checkbox"/> 2007 IRS tax return (line 14a on 1040A) <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM</p> <p>P101309C_01 P101309C_02 P101309C_03 P101309C_04</p>

<p>P101309BN_12 P101309BN_13 P101309BN_14 P101309BN_15 P101309BN_16 P101309BN_17 P101309BN_18 P101309BN_19 P101309BN_20</p> <p>YES → NO ↓</p>		<p>P101309BU_04 P101309BU_05 P101309BU_06 P101309BU_07 P101309BU_08 P101309BU_09 P101309BU_10 P101309BU_11 P101309BU_12 P101309BU_13 P101309BU_14 P101309BU_15 P101309BU_16 P101309BU_17 P101309BU_18 P101309BU_19 P101309BU_20</p>	<p>P101309C_05 P101309C_06 P101309C_07 P101309C_08 P101309C_09 P101309C_10 P101309C_11 P101309C_12 P101309C_13 P101309C_14 P101309C_15 P101309C_16 P101309C_17 P101309C_18 P101309C_19 P101309C_20</p>
<p><input type="checkbox"/> SSI – Fed government</p> <p>P101310BN_01 P101310BN_02 P101310BN_03 P101310BN_04 P101310BN_05 P101310BN_06 P101310BN_07 P101310BN_08 P101310BN_09 P101310BN_10 P101310BN_11 P101310BN_12 P101310BN_13 P101310BN_14 P101310BN_15 P101310BN_16 P101310BN_17 P101310BN_18 P101310BN_19 P101310BN_20</p> <p>YES → NO ↓</p>	<p>\$_____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____</p> <p>P101310BU_01 P101310BU_02 P101310BU_03 P101310BU_04 P101310BU_05 P101310BU_06 P101310BU_07 P101310BU_08 P101310BU_09 P101310BU_10 P101310BU_11 P101310BU_12 P101310BU_13 P101310BU_14 P101310BU_15 P101310BU_16 P101310BU_17 P101310BU_18 P101310BU_19 P101310BU_20</p>	<p><input type="checkbox"/> Notice of benefits <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM</p> <p>P101310C_01 P101310C_02 P101310C_03 P101310C_04 P101310C_05 P101310C_06 P101310C_07 P101310C_08 P101310C_09 P101310C_10 P101310C_11 P101310C_12 P101310C_13 P101310C_14 P101310C_15 P101310C_16 P101310C_17 P101310C_18 P101310C_19 P101310C_20</p>
<p><input type="checkbox"/> SSI—State issued</p> <p>P101311BN_01 P101311BN_02 P101311BN_03 P101311BN_04 P101311BN_05 P101311BN_06</p>	<p>\$_____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter</p>	<p><input type="checkbox"/> Notice of benefits <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM</p>

<p>P101311BN_07 P101311BN_08 P101311BN_09 P101311BN_10 P101311BN_11 P101311BN_12 P101311BN_13 P101311BN_14 P101311BN_15 P101311BN_16 P101311BN_17 P101311BN_18 P101311BN_19 P101311BN_20</p> <p>YES → NO ↓</p>		<p><input type="checkbox"/> Year <input type="checkbox"/> Other: _____</p> <p>P101311BU_01 P101311BU_02 P101311BU_03 P101311BU_04 P101311BU_05 P101311BU_06 P101311BU_07 P101311BU_08 P101311BU_09 P101311BU_10 P101311BU_11 P101311BU_12 P101311BU_13 P101311BU_14 P101311BU_15 P101311BU_16 P101311BU_17 P101311BU_18 P101311BU_19 P101311BU_20</p>	<p>P101311C_01 P101311C_02 P101311C_03 P101311C_04 P101311C_05 P101311C_06 P101311C_07 P101311C_08 P101311C_09 P101311C_10 P101311C_11 P101311C_12 P101311C_13 P101311C_14 P101311C_15 P101311C_16 P101311C_17 P101311C_18 P101311C_19 P101311C_20</p>
<p><input type="checkbox"/> Any private or public pension, annuity or survivor's benefits</p> <p>P101312BN_01 P101312BN_02 P101312BN_03 P101312BN_04 P101312BN_05 P101312BN_06 P101312BN_07 P101312BN_08 P101312BN_09 P101312BN_10 P101312BN_11 P101312BN_12 P101312BN_13 P101312BN_14 P101312BN_15 P101312BN_16 P101312BN_17 P101312BN_18 P101312BN_19 P101312BN_20</p> <p>YES → NO ↓</p>	<p>\$ _____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____</p> <p>P101312BU_01 P101312BU_02 P101312BU_03 P101312BU_04 P101312BU_05 P101312BU_06 P101312BU_07 P101312BU_08 P101312BU_09 P101312BU_10 P101312BU_11 P101312BU_12 P101312BU_13 P101312BU_14 P101312BU_15 P101312BU_16 P101312BU_17 P101312BU_18 P101312BU_19 P101312BU_20</p>	<p><input type="checkbox"/> Notice of benefits <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM</p> <p>P101312C_01 P101312C_02 P101312C_03 P101312C_04 P101312C_05 P101312C_06 P101312C_07 P101312C_08 P101312C_09 P101312C_10 P101312C_11 P101312C_12 P101312C_13 P101312C_14 P101312C_15 P101312C_16 P101312C_17 P101312C_18 P101312C_19 P101312C_20</p>

<input type="checkbox"/> Medical assistance (any) P101313BN_01 P101313BN_02 P101313BN_03 P101313BN_04 P101313BN_05 P101313BN_06 P101313BN_07 P101313BN_08 P101313BN_09 P101313BN_10 P101313BN_11 P101313BN_12 P101313BN_13 P101313BN_14 P101313BN_15 P101313BN_16 P101313BN_17 P101313BN_18 P101313BN_19 P101313BN_20 YES → NO ↓	\$ _____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101313BU_01 P101313BU_02 P101313BU_03 P101313BU_04 P101313BU_05 P101313BU_06 P101313BU_07 P101313BU_08 P101313BU_09 P101313BU_10 P101313BU_11 P101313BU_12 P101313BU_13 P101313BU_14 P101313BU_15 P101313BU_16 P101313BU_17 P101313BU_18 P101313BU_19 P101313BU_20	<input type="checkbox"/> Notice of benefits <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM P101313C_01 P101313C_02 P101313C_03 P101313C_04 P101313C_05 P101313C_06 P101313C_07 P101313C_08 P101313C_09 P101313C_10 P101313C_11 P101313C_12 P101313C_13 P101313C_14 P101313C_15 P101313C_16 P101313C_17 P101313C_18 P101313C_19 P101313C_20
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<input type="checkbox"/> Veteran's payments P101314BN_01 P101314BN_02 P101314BN_03 P101314BN_04 P101314BN_05 P101314BN_06 P101314BN_07 P101314BN_08 P101314BN_09 P101314BN_10 P101314BN_11 P101314BN_12 P101314BN_13 P101314BN_14 P101314BN_15 P101314BN_16 P101314BN_17 P101314BN_18 P101314BN_19 P101314BN_20 YES → NO ↓	\$ _____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101314BU_01 P101314BU_02 P101314BU_03 P101314BU_04 P101314BU_05 P101314BU_06 P101314BU_07 P101314BU_08 P101314BU_09 P101314BU_10 P101314BU_11 P101314BU_12 P101314BU_13 P101314BU_14 P101314BU_15 P101314BU_16 P101314BU_17 P101314BU_18 P101314BU_19 P101314BU_20	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Notice of benefits <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM P101314C_01 P101314C_02 P101314C_03 P101314C_04 P101314C_05 P101314C_06 P101314C_07 P101314C_08 P101314C_09 P101314C_10 P101314C_11 P101314C_12 P101314C_13 P101314C_14 P101314C_15 P101314C_16 P101314C_17 P101314C_18 P101314C_19 P101314C_20
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<input type="checkbox"/> Other cash income P101315BN_01 P101315BN_02 P101315BN_03 P101315BN_04 P101315BN_05 P101315BN_06 P101315BN_07 P101315BN_08 P101315BN_09 P101315BN_10 P101315BN_11 P101315BN_12 P101315BN_13 P101315BN_14 P101315BN_15 P101315BN_16 P101315BN_17 P101315BN_18 P101315BN_19 P101315BN_20 YES → NO ↓	\$ _____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101315BU_01 P101315BU_02 P101315BU_03 P101315BU_04 P101315BU_05 P101315BU_06 P101315BU_07 P101315BU_08 P101315BU_09 P101315BU_10 P101315BU_11 P101315BU_12 P101315BU_13 P101315BU_14 P101315BU_15	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Benefits statement <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM P101315C_01 P101315C_02 P101315C_03 P101315C_04 P101315C_05 P101315C_06 P101315C_07 P101315C_08 P101315C_09 P101315C_10 P101315C_11 P101315C_12 P101315C_13 P101315C_14 P101315C_15 P101315C_16 P101315C_17
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		P101315BU_16 P101315BU_17 P101315BU_18 P101315BU_19 P101315BU_20	P101315C_18 P101315C_19 P101315C_20
<input type="checkbox"/> Energy assistance P101316BN_01 P101316BN_02 P101316BN_03 P101316BN_04 P101316BN_05 P101316BN_06 P101316BN_07 P101316BN_08 P101316BN_09 P101316BN_10 P101316BN_11 P101316BN_12 P101316BN_13 P101316BN_14 P101316BN_15 P101316BN_16 P101316BN_17 P101316BN_18 P101316BN_19 P101316BN_20 YES → NO ↓	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101316BU_01 P101316BU_02 P101316BU_03 P101316BU_04 P101316BU_05 P101316BU_06 P101316BU_07 P101316BU_08 P101316BU_09 P101316BU_10 P101316BU_11 P101316BU_12 P101316BU_13 P101316BU_14 P101316BU_15 P101316BU_16 P101316BU_17 P101316BU_18 P101316BU_19 P101316BU_20	<input type="checkbox"/> Notice of benefits <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM P101316C_01 P101316C_02 P101316C_03 P101316C_04 P101316C_05 P101316C_06 P101316C_07 P101316C_08 P101316C_09 P101316C_10 P101316C_11 P101316C_12 P101316C_13 P101316C_14 P101316C_15 P101316C_16 P101316C_17 P101316C_18 P101316C_19 P101316C_20
<input type="checkbox"/> Net rental income P101317BN_01 P101317BN_02 P101317BN_03 P101317BN_04 P101317BN_05 P101317BN_06 P101317BN_07 P101317BN_08 P101317BN_09 P101317BN_10 P101317BN_11 P101317BN_12 P101317BN_13 P101317BN_14 P101317BN_15 P101317BN_16 P101317BN_17 P101317BN_18 P101317BN_19	\$_____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101317BU_01 P101317BU_02 P101317BU_03 P101317BU_04 P101317BU_05 P101317BU_06 P101317BU_07 P101317BU_08 P101317BU_09 P101317BU_10	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Business records <input type="checkbox"/> Expense receipts <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM P101317C_01 P101317C_02 P101317C_03 P101317C_04 P101317C_05 P101317C_06 P101317C_07 P101317C_08 P101317C_09 P101317C_10 P101317C_11 P101317C_12 P101317C_13

<p>P101317BN_20</p> <p>YES → NO ↓</p>		<p>P101317BU_11 P101317BU_12 P101317BU_13 P101317BU_14 P101317BU_15 P101317BU_16 P101317BU_17 P101317BU_18 P101317BU_19 P101317BU_20</p>	<p>P101317C_14 P101317C_15 P101317C_16 P101317C_17 P101317C_18 P101317C_19 P101317C_20</p>
<p><input type="checkbox"/> Income from trusts</p> <p>P101318BN_01 P101318BN_02 P101318BN_03 P101318BN_04 P101318BN_05 P101318BN_06 P101318BN_07 P101318BN_08 P101318BN_09 P101318BN_10 P101318BN_11 P101318BN_12 P101318BN_13 P101318BN_14 P101318BN_15 P101318BN_16 P101318BN_17 P101318BN_18 P101318BN_19 P101318BN_20</p> <p>YES → NO ↓</p>	<p>\$ _____</p>	<p><input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____</p> <p>P101318BU_01 P101318BU_02 P101318BU_03 P101318BU_04 P101318BU_05 P101318BU_06 P101318BU_07 P101318BU_08 P101318BU_09 P101318BU_10 P101318BU_11 P101318BU_12 P101318BU_13 P101318BU_14 P101318BU_15 P101318BU_16 P101318BU_17 P101318BU_18 P101318BU_19 P101318BU_20</p>	<p><input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Business records <input type="checkbox"/> Expense receipts <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM</p> <p>P101318C_01 P101318C_02 P101318C_03 P101318C_04 P101318C_05 P101318C_06 P101318C_07 P101318C_08 P101318C_09 P101318C_10 P101318C_11 P101318C_12 P101318C_13 P101318C_14 P101318C_15 P101318C_16 P101318C_17 P101318C_18 P101318C_19 P101318C_20</p>

<input type="checkbox"/> Commissions P101319BN_01 P101319BN_02 P101319BN_03 P101319BN_04 P101319BN_05 P101319BN_06 P101319BN_07 P101319BN_08 P101319BN_09 P101319BN_10 P101319BN_11 P101319BN_12 P101319BN_13 P101319BN_14 P101319BN_15 P101319BN_16 P101319BN_17 P101319BN_18 P101319BN_19 P101319BN_20 YES → NO ↓	\$ _____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101319BU_01 P101319BU_02 P101319BU_03 P101319BU_04 P101319BU_05 P101319BU_06 P101319BU_07 P101319BU_08 P101319BU_09 P101319BU_10 P101319BU_11 P101319BU_12 P101319BU_13 P101319BU_14 P101319BU_15 P101319BU_16 P101319BU_17 P101319BU_18 P101319BU_19 P101319BU_20	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Business records <input type="checkbox"/> Expense receipts <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM P101319C_01 P101319C_02 P101319C_03 P101319C_04 P101319C_05 P101319C_06 P101319C_07 P101319C_08 P101319C_09 P101319C_10 P101319C_11 P101319C_12 P101319C_13 P101319C_14 P101319C_15 P101319C_16 P101319C_17 P101319C_18 P101319C_19 P101319C_20
<input type="checkbox"/> Income from estates P101320BN_01 P101320BN_02 P101320BN_03 P101320BN_04 P101320BN_05 P101320BN_06 P101320BN_07 P101320BN_08 P101320BN_09 P101320BN_10 P101320BN_11 P101320BN_12 P101320BN_13 P101320BN_14 P101320BN_15 P101320BN_16 P101320BN_17 P101320BN_18 P101320BN_19 P101320BN_20 YES → NO ↓	\$ _____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101320BU_01 P101320BU_02 P101320BU_03 P101320BU_04 P101320BU_05 P101320BU_06 P101320BU_07 P101320BU_08 P101320BU_09 P101320BU_10 P101320BU_11 P101320BU_12 P101320BU_13 P101320BU_14 P101320BU_15	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Business records <input type="checkbox"/> Expense receipts <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM P101320C_01 P101320C_02 P101320C_03 P101320C_04 P101320C_05 P101320C_06 P101320C_07 P101320C_08 P101320C_09 P101320C_10 P101320C_11 P101320C_12 P101320C_13 P101320C_14 P101320C_15 P101320C_16 P101320C_17

		P101320BU_16 P101320BU_17 P101320BU_18 P101320BU_19 P101320BU_20	P101320C_18 P101320C_19 P101320C_20
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<input type="checkbox"/> Net royalties P101321BN_01 P101321BN_02 P101321BN_03 P101321BN_04 P101321BN_05 P101321BN_06 P101321BN_07 P101321BN_08 P101321BN_09 P101321BN_10 P101321BN_11 P101321BN_12 P101321BN_13 P101321BN_14 P101321BN_15 P101321BN_16 P101321BN_17 P101321BN_18 P101321BN_19 P101321BN_20 YES → NO ↓	\$ _____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101321BU_01 P101321BU_02 P101321BU_03 P101321BU_04 P101321BU_05 P101321BU_06 P101321BU_07 P101321BU_08 P101321BU_09 P101321BU_10 P101321BU_11 P101321BU_12 P101321BU_13 P101321BU_14 P101321BU_15 P101321BU_16 P101321BU_17 P101321BU_18 P101321BU_19 P101321BU_20	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Business records <input type="checkbox"/> Expense receipts <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM P101321C_01 P101321C_02 P101321C_03 P101321C_04 P101321C_05 P101321C_06 P101321C_07 P101321C_08 P101321C_09 P101321C_10 P101321C_11 P101321C_12 P101321C_13 P101321C_14 P101321C_15 P101321C_16 P101321C_17 P101321C_18 P101321C_19 P101321C_20
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<input type="checkbox"/> Interest or dividends P101322BN_01 P101322BN_02 P101322BN_03 P101322BN_04 P101322BN_05 P101322BN_06 P101322BN_07 P101322BN_08 P101322BN_09 P101322BN_10 P101322BN_11 P101322BN_12 P101322BN_13 P101322BN_14 P101322BN_15 P101322BN_16	\$ _____	<input type="checkbox"/> Per week <input type="checkbox"/> Per 2 weeks <input type="checkbox"/> 2 Times a month <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other: _____ P101322BU_01 P101322BU_02 P101322BU_03 P101322BU_04 P101322BU_05 P101322BU_06 P101322BU_07 P101322BU_08	<input type="checkbox"/> 2007 IRS tax return <input type="checkbox"/> Earnings statement <input type="checkbox"/> Copy of check, check stub <input type="checkbox"/> Other: _____ <input type="checkbox"/> None: GIVE INCOME RELEASE FORM P101322C_01 P101322C_02 P101322C_03 P101322C_04 P101322C_05 P101322C_06 P101322C_07 P101322C_08 P101322C_09
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<p>P101322BN_17 P101322BN_18 P101322BN_19 P101322BN_20</p> <p>YES → NO ↓</p>		<p>P101322BU_09 P101322BU_10 P101322BU_11 P101322BU_12 P101322BU_13 P101322BU_14 P101322BU_15 P101322BU_16 P101322BU_17 P101322BU_18 P101322BU_19 P101322BU_20</p>	<p>P101322C_10 P101322C_11 P101322C_12 P101322C_13 P101322C_14 P101322C_15 P101322C_16 P101322C_17 P101322C_18 P101322C_19 P101322C_20</p>
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REPEAT INCOME QUESTIONS (Q12) FOR EVERY ADULT MEMBER OF PRIMARY ECONOMIC UNIT.

CLOSING

13. READ: This completes our survey. It was great talking to you. Thank you so much for helping us out. Here is \$20 in appreciation for your time. [FILL OUT RECEIPT FOR INCENTIVE AND GET SIGNATURE.]

Do you have any questions before I leave?

Have a great day/evening.

Appendix II-C: Denials Survey Instrument

WIC Denied Applicants Survey
PART 1: PRE-CODED FROM AGENCY DATA

P0. Interviewer Name: _____

P1. Sampled Recertificant

- a. Name: _____
- b. Address: _____

- c. Phone number(s): _____
- d. WIC client ID: _____

P2. Information on Sampled Recertificant

- a. Category
 - Pregnant
 - Breastfeeding
 - Postpartum
 - Infant (<12 months)
 - Child (1 - < 5 years)
- b. Parent/Guardian (IF APPLICABLE)
 - Name: _____
 - Address: _____
 - Phone: _____

P3. State where local agency is located: _____

1. Alabama	6. Georgia	11. Maryland	16. New York	21. Texas
2. Arizona	7. Illinois	12. Massachusetts	17. North Carolina	22. Virginia
3. California	8. Indiana	13. Michigan	18. Ohio	23. Washington
4. Colorado	9. Kansas	14. Missouri	19. Pennsylvania	
5. Florida	10. Louisiana	15. New Jersey	20. Tennessee	

P4. Date of Interview (MM/DD/YYYY): _____

P5. Time of Interview: _____:_____ AM PM

PART 2: SCREENER

SA. NAME OF RECERTIFICANT SAMPLED...

_____ **THIS IS THE "RECERTIFICANT"**

SB. NAME OF ADULT PERSON WHO WILL BE DOING INTERVIEW [WILL BE THE SAME NAME FOR PRG, BF, & PTP]

_____ **THIS IS THE "INTERVIEWEE"**

Hello, may I speak to [INTERVIEWEE]_____?

Yes [CONTINUE]

No [GET TIME AND DATE WHEN R. CAN BE REACHED. TERMINATE.]

This is _____ of ICF Macro calling on behalf of the USDA’s WIC Women, Infants and Children food program. According to the agency’s records, [INSERT “you” OR APPLICANT’S NAME] recently applied for WIC food benefits and, apparently, were/was turned down. We are conducting a confidential survey among people who got turned down so that we can see if the agency is following correct procedures. Your responses are confidential and **will not** be shared with the local WIC agency.

You are under no obligation to answer any question, and you can end the interview at any time. The survey takes approximately 5 minutes. Because it is confidential, it won’t change the decision. However, if in our conversation it appears that the local WIC agency **may have made** a mistake, you may want to apply for the WIC benefits again. And, of course, we will be recommending changes if problems are found.

[IF R. ASKS HOW HE/SHE WAS CHOSEN FOR SAMPLE, SAY: “Your name [OR CHILD’S NAME] was chosen by chance from a list of all WIC applicants. Your answers are confidential; that is, they will not be identified with you but rather will be grouped with answers from hundreds of other WIC applicants to give us a better idea of how WIC is used and ways to make it better.]

P1. May we continue?

- ACCEPT [SKIP TO Q1]
- REFUSE [SKIP TO P3]
- LANGUAGE ISSUES [CONTINUE TO P2]

P2. IF POSSIBLE LANGUAGE DIFFICULTIES, ASK: May we continue in English?

- YES [CONTINUE TO Q1]
- NO [ASK “What language do you speak?” AND RECORD ANSWER.
 - TELL R. YOU WILL CALL BACK LATER IF NECESSARY.]

P3. IF REFUSAL, SAY: This research is really important to the WIC program – to make sure mistakes don’t get made in changing or ending the benefits people get. We’re actually interviewing lots of people like you all over the country. So your answers and identity will just be grouped with others in your situation. Like I said, it’s confidential and it only takes about 5 minutes.

- YES, NOW [GO TO Q1]
- YES, LATER [RECORD TIME/DATE. THANK & TERMINATE.]
- NO. [THANK & TERMINATE.]

TELEPHONE SURVEY - English

1. Let me start by asking how you heard about the WIC – Women, Infants and Children – program?
[CIRCLE ALL THAT APPLY]

- A) FRIEND/COLLEAGUE/CO-WORKER
- B) FAMILY MEMBER
- C) DOCTOR/HEALTH PROFESSIONAL
- D) TELEVISION ADVERTISEMENT
- E) RADIO ADVERTISEMENT
- F) NEWSPAPER
- G) BILLBOARD
- W) OTHER: SPECIFY _____

2. Which of the following benefits were you interested in getting out of the WIC program? You can answer yes or no. Were you interested in...: [CIRCLE 1 FOR EACH]

- a. The food package or vouchers to get healthy food? YES=1 NO=0
- b. Health and nutrition classes and individual counseling? YES=1 NO=0
- c. Support for breastfeeding your baby? YES=1 NO=0
- d. Information about immunizations for your child(ren)? YES=1 NO=0
- e. Information on how to get other health care services for your family? YES=1 NO=0
- f. Information about what other community programs are available to help your family? YES=1 NO=0

3. THIS QUESTION WAS INTENTIONALLY SKIPPED

4. THIS QUESTION WAS INTENTIONALLY SKIPPED

5. When [INSERT “you” OR applicant’s name] were/was turned down for WIC benefits, did the WIC clinic give you any reason for their action that was related to proof of identity, that is showing identification?

- 1) YES
- 0) NO/DON’T KNOW [SKIP TO Q6]

5A. What reason did they give? [IF MORE THAN ONE IS MENTIONED, ASK “WHICH WAS THE MAIN REASON GIVEN?”] [CIRCLE ONE ONLY.]

- 1) DID NOT HAVE PROOF WITH THEM AT WIC AGENCY
- 2) EXPIRED DATE ON PROOF
- 3) UNACCEPTABLE TYPE OF PROOF
- 4) PROOF WAS MISSING NAME
- 5) PROOF WAS MISSING PHOTO
- 8) OTHER: SPECIFY _____

5B. Did you see their point or do you feel they made a mistake?

- 1) SAW THEIR POINT
- 2) MADE A MISTAKE

5C. Did the WIC representative say anything about what you could do to change the decision, such as what items you could bring back to help yourself qualify for benefits?

- 1) YES
- 0) NO

ASK Q5D – Q5F ONLY IF Q5A=3 (UNACCEPTABLE TYPE OF PROOF)

<p>5D. What did you show them to identify yourself? [IF MORE THAN ONE ITEM LISTED, ASK FOR THE MAIN ONE.]</p> <ul style="list-style-type: none"> 6a) DRIVER’S LICENSE 6b) PASSPORT 6c) IDENTIFICATION CARD 6d) OTHER ITEM: PLEASE SPECIFY _____ 6e) NOTHING [SKIP TO Q6] 6f) DON’T KNOW/ REMEMBER [SKIP TO Q6] 	<p>5E. Who issued this item? [CIRCLE ONE]</p> <ul style="list-style-type: none"> 1) FEDERAL GOVT/AGENCY 2) STATE GOVT/AGENCY 3) LOCAL GOVT/AGENCY 4) PRIVATE COMPANY 5) COURT SYSTEM 6) FOREIGN GOVERNMENT 7) OTHER 8) DON’T KNOW/REMEMBER 	<p>5F. Did it have your name <u>and</u> your photo on it?</p> <ul style="list-style-type: none"> 1) YES 0) NO/DON’T KNOW
--	--	--

6. Was a reason given related to showing proof of residency, that is where you live?

- 1) YES
- 0) NO/DON’T KNOW [SKIP TO Q7]

6A. What reason did they give? [IF MORE THAN ONE IS MENTIONED, ASK “WHICH WAS THE MAIN REASON GIVEN?”] [CIRCLE ONE ONLY.]

- 1) DID NOT HAVE PROOF WITH THEM AT WIC AGENCY
- 2) EXPIRED DATE ON PROOF
- 3) UNACCEPTABLE TYPE OF PROOF
- 4) PROOF WAS MISSING NAME
- 5) PROOF WAS MISSING PHOTO
- 6) PROOF WAS MISSING ADDRESS
- 7) ADDRESS WAS NOT IN LOCAL AGENCY’S COVERAGE AREA
- 8) OTHER: SPECIFY _____

6B. ASK: Did you see their point or do you feel they made a mistake?

- 1) SAW THEIR POINT
- 2) MADE A MISTAKE

6C. Did the WIC representative say anything about what you could do to change the decision, such as what items you could bring back to help yourself qualify for benefits?

- 1) YES
- 0) NO

ASK Q6D – Q6F ONLY IF Q6A=3 (UNACCEPTABLE TYPE OF PROOF)

<p>6D. What item did you show them to prove your address? [IF MORE THAN ONE ITEM LISTED, ASK FOR THE MAIN ONE.]</p> <p>7a) DRIVER’S LICENSE</p> <p>7b) IDENTIFICATION CARD</p> <p>7c) CURRENT UTILITY/TAX BILL</p> <p>7c) CHECKBOOK</p> <p>7e) RENT RECEIPT, MORTGAGE RECEIPT OR LEASE</p> <p>7f) WRITTEN STATEMENT BY 3RD PARTY</p> <p>7g) OTHER ITEM: PLEASE SPECIFY _____</p> <p>7h) NOTHING [SKIP TO Q7]</p> <p>7i) DON’T KNOW/ REMEMBER [SKIP TO Q7]</p>	<p>6E. Who issued this item? (CIRCLE ONE)</p> <p>1) FEDERAL GOVT/AGENCY</p> <p>2) STATE GOVT/AGENCY</p> <p>3) LOCAL GOVT/AGENCY</p> <p>4) PRIVATE COMPANY</p> <p>5) COURT SYSTEM</p> <p>6) FOREIGN GOVERNMENT</p> <p>7) NON-PROFIT ORGANIZATION</p> <p>8) RELIGIOUS ORGANIZATION</p> <p>9) OTHER: SPECIFY _____</p> <p>10) DON’T KNOW/REMEMBER</p>	<p>6F. Did it have your name <u>and</u> address on it?</p> <p>1) YES</p> <p>0) NO/DON’T KNOW</p>
---	--	--

7. Was a reason given related to household income?

- 1) YES
- 0) NO/DON’T KNOW [SKIP TO Q8]

7A. What reason did they give? [IF MORE THAN ONE IS MENTIONED, ASK “WHICH WAS THE MAIN REASON GIVEN?”] [CIRCLE ONE ONLY.]

- 1) DID NOT HAVE INCOME PROOF WITH THEM AT THE WIC AGENCY
- 2) EXPIRED DATE ON PROOF
- 3) UNACCEPTABLE TYPE OF PROOF
- 4) PROOF WAS MISSING NAME
- 6) INCOME WAS TOO HIGH
- 8) OTHER: SPECIFY _____

7B. Did you see their point or do you feel they made a mistake?

- 1) SAW THEIR POINT
- 2) MADE A MISTAKE

7C. Did the WIC representative say anything about what you could do to change the decision, such as what items you could bring back to help yourself qualify for benefits?

- 1) YES
- 0) NO

7D. [IF Q7A=5 INCOME WAS TOO HIGH , SKIP TO Q8. ASK ALL OTHERS:] When it turned out that you didn't have the right document with you at the WIC office...

- a. Were you given a new appointment with WIC after they refused to certify you? YES=1 NO=0
- b. Did they ask you to describe your income? YES=1 NO=0
- c. Did they give you a month of temporary WIC food benefits? YES=1 NO=0
- d. Did they instruct you to come back with the proof in 30 days or so? YES=1 NO=0

ASK Q7D – Q7E ONLY IF Q7A=3 (UNACCEPTABLE TYPE OF PROOF)

7E. What proof or document did you show them to demonstrate income? [IF MORE THAN ONE ITEM LISTED, ASK FOR THE MAIN ONE.]		7F. Who issued this item? [CIRCLE ONE]
8a) MOST RECENT TAX RETURN	8j) MEDICAID	1) FEDERAL GOVT/AGENCY
8b) W-2 FORM	8k) TANF	2) STATE GOVT/AGENCY
8c) STATEMENT FROM BANK OR OTHER FINANCIAL INSTITUTION	8l) SUPPLEMENTAL SECURITY INCOME (SSI)	3) LOCAL GOVT/AGENCY
8d) CHECK OR PAY STUB	8m) FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)	4) PRIVATE COMPANY
8e) SIGNED STATEMENT BY EMPLOYER	8n) CHILDREN'S MEDICAID	5) COURT SYSTEM
8f) ELIGIBILITY LETTER SIGNED BY OFFICIAL STATE/LOCAL AGENCY	8o) FREE/REDUCED-MEAL SCHOOL LUNCH/ BREAKFAST PROGRAM	6) FOREIGN GOVERNMENT
8g) STATEMENT OF BENEFITS (BY PUBLIC AGENCY OR COURT)	8p) LOW-INCOME ENERGY ASSISTANCE	7) OTHER. SPECIFY _____
8h) WRITTEN STATEMENT FROM RELIABLE THIRD PARTY		8) DON'T KNOW/REMEMBER
8i) FOOD STAMPS		
8q) OTHER ITEM: PLEASE SPECIFY _____		
8r) DON'T KNOW/ REMEMBER		
8s) NOTHING		

8. Did you take any follow-up actions to see if you could get the decision changed?
 1) YES
 0) NO [SKIP TO Q10]

9. What action did you take? [DON'T READ. CIRCLE ALL THAT APPLY. THEN SKIP TO Q11.]
 A) WROTE LETTER OF COMPLAINT, PROTEST TO WIC
 B) ASKED TO SPEAK TO, OR DID SPEAK WITH, WIC SUPERVISOR
 C) COMPLAINED TO AN ELECTED PUBLIC OFFICIAL
 D) MADE A PHONE CALL AFTERWARDS, CHALLENGING THE DECISION
 W) OTHER: SPECIFY: _____

10. Why not?

- 1) TOO BUSY
- 2) DON'T SPEAK ENGLISH WELL
- 3) IT WOULDN'T DO ANY GOOD
- 8) OTHER: SPECIFY: _____

I just have a couple more questions for categorization purposes only.

11. Are you Hispanic or Latino?

- 1) YES
- 0) NO
- R) REFUSED

12. How would you characterize yourself in terms of race? [READ ALL. CIRCLE AS MANY AS APPLY]

- A) American Indian or Alaska Native
- B) Asian American
- C) Black or African American
- D) Native Hawaiian or Other Pacific Islander
- E) White
- R) REFUSED

13. What is the highest level of education you have attained? [READ UNTIL R. INDICATES ANSWER]

- 1) Elementary school (6 years or less of education)
- 2) Some high school (7 – 11 years of education)
- 3) High school diploma or GED
- 4) Some college
- 5) Associate's degree
- 6) Bachelor's degree
- 7) Advanced degree
- 8) REFUSED

14. What is your first language, that is, the language you speak at home?

- | | | |
|------------------------|-------------|--------------------|
| 1) English | 9) Hmong | 16) Spanish |
| 2) Arabic | 10) Khmer | 17) Swahili |
| 3) Cambodian | 11) Korean | 18) Tamil |
| 4) Cantonese/ Mandarin | 12) Laotian | 19) Tagalog |
| 5) Farsi | 13) Punjabi | 20) Urdu |
| 6) French/Creole | 14) Russian | 21) Vietnamese |
| 7) Fulani | 15) Somali | 22) Other: SPECIFY |
| 8) Hindi | | _____ |

Thank you so much for your help in answering this survey. Your feedback, combined with other confidential responses, will help improve the WIC program. Thanks again.
Have a great day/evening.

**Appendix II-D: Terminations/
Discontinuations Survey
Instrument**

WIC Terminations/ Discontinuations Survey
PART 1: PRE-CODED FROM AGENCY DATA

P0. Interviewer Name: _____

P1. Sampled Recertificant

- a. Name: _____
- b. Address: _____

- c. Phone number(s): _____
- d. WIC client ID: _____

P2. Information on Sampled Recertificant

- a. Category
 - Pregnant
 - Breastfeeding
 - Postpartum
 - Infant (<12 months)
 - Child (1 - < 5 years)
- b. Parent/Guardian (IF APPLICABLE)
 - Name: _____
 - Address: _____
 - Phone: _____

P3. State where local agency is located: _____

1. Alabama	6. Georgia	11. Maryland	16. New York	21. Texas
2. Arizona	7. Illinois	12. Massachusetts	17. North Carolina	22. Virginia
3. California	8. Indiana	13. Michigan	18. Ohio	23. Washington
4. Colorado	9. Kansas	14. Missouri	19. Pennsylvania	
5. Florida	10. Louisiana	15. New Jersey	20. Tennessee	

P4. Date of Interview (MM/DD/YYYY): _____

P5. Time of Interview: _____:_____ AM PM

PART 2: SCREENER

SA. NAME OF RECERTIFICANT SAMPLED...

THIS IS THE “RECERTIFICANT”

SB. NAME OF ADULT PERSON WHO WILL BE
 DOING INTERVIEW [WILL BE THE SAME NAME
 FOR PRG, BF, & PTP]

THIS IS THE “INTERVIEWEE”

Hello, may I speak to [INTERVIEWEE]_____?

Yes [CONTINUE]

No [GET TIME AND DATE WHEN R. CAN BE REACHED. TERMINATE.]

This is _____ of ICF Macro calling on behalf of the USDA’s WIC Women, Infants and Children food program. According to the agency’s records, there may have been a change in [YOUR or RECERTIFICANT’S NAME] WIC benefits. Or they may have ended, perhaps temporarily. We are conducting a very short, confidential survey among people who got turned down so that we can see if the agency is following correct procedures. Your responses are confidential and **will not** be shared with the local WIC agency.

You are under no obligation to answer any question, and you can end the interview at any time. The survey takes approximately 5 minutes. Because it is confidential, it won’t change the decision. However, if in our conversation it appears that the local WIC agency **may have made** a mistake, you may want to apply for the WIC benefits again. And, of course, we will be recommending changes if problems are found.

[IF R. ASKS HOW HE/SHE WAS CHOSEN FOR SAMPLE, SAY: “Your [OR CHILD’S] name was chosen by chance from a list of all WIC participants. Your answers are confidential; that is, they will not be identified with you but rather will be grouped with answers from hundreds of other WIC participants to give us a better idea of how WIC is used and ways to make it better.]

P1. May we continue?

- ___ ACCEPT [SKIP TO Q1]
- ___ REFUSE [SKIP TO P3]
- ___ LANGUAGE ISSUES [CONTINUE TO P2]

P2. IF POSSIBLE LANGUAGE DIFFICULTIES, ASK: May we continue in English?

- ___ YES [CONTINUE TO Q1]
- ___ NO [ASK “What language do you speak?” AND RECORD ANSWER.
 - TELL R. YOU WILL CALL BACK LATER IF NECESSARY.]

P3. IF REFUSAL, SAY: This research is really important to the WIC program – to make sure mistakes don’t get made in changing or ending the benefits people get. We’re actually interviewing lots of people like you all over the country. So your answers and identity will just be grouped with others in your situation. Like I said, it’s confidential and it only takes about 5 minutes.

- YES, NOW [GO TO Q1]
- YES, LATER [RECORD TIME/DATE. THANK & TERMINATE.]
- NO. [THANK & TERMINATE.]

TELEPHONE SURVEY - English

1. Let me start by asking how you heard about the WIC – Women, Infants and Children – program?
[CIRCLE ALL THAT APPLY]

- A) FRIEND/COLLEAGUE/CO-WORKER
- B) FAMILY MEMBER
- C) DOCTOR/HEALTH PROFESSIONAL
- D) TELEVISION ADVERTISEMENT
- E) RADIO ADVERTISEMENT
- F) NEWSPAPER
- G) BILLBOARD
- W) OTHER: SPECIFY _____

2. Which of the following benefits were you interested in getting out of the WIC program? You can answer yes or no. Were you interested in...: [CIRCLE 1 FOR EACH]

- g. The food package or vouchers to get healthy food? YES=1 NO=0
- h. Health and nutrition classes and individual counseling? YES=1 NO=0
- i. Support for breastfeeding your baby? YES=1 NO=0
- j. Information about immunizations for your child(ren)? YES=1 NO=0
- k. Information on how to get other health care services for your family? YES=1 NO=0
- l. Information about what other community programs are available to help your family? YES=1 NO=0

3. According to our records, there was a change in [YOUR or RECERTIFICANT’S] WIC benefits back in May [INSERT “July”, if North Carolina], First, what do you recall was the change? Was it that...? [READ ALL AND CIRCLE BEST ANSWER.]

- 1) The WIC benefits ended [SKIP TO Q4]
- 2) The WIC benefits changed [SKIP TO Q4]
- 3) There was a gap or pause in benefits and you had to prove eligibility again [SKIP TO Q4]
- 4) DON’T KNOW/DON’T REMEMBER
- 5) DO NOT READ: THERE WAS NO CHANGE OR INTERRUPTION IN BENEFITS [SKIP TO Q11]
- 6) DO NOT READ: OTHER. [ASK THEM TO EXPLAIN, THEN SKIP TO Q4]

3A. You say you don’t remember and that’s understandable. It was 6 months ago. Still, the WIC records indicate there was some kind of a change—perhaps a move from one type of food package to another, a need to recertify with WIC, or a pause or ending of benefits. Can you remember anything?

- 1) YES
- 0) NO [SKIP TO Q11]

4. Do you remember, did the WIC clinic give you any reason for the change that was related to a change in status such as ...
- FOR PRG, BF AND PTP: the delivery of a baby, breastfeeding changes, or eligibility ending?
 - FOR INF AND CHD: a change in the child's age? For example, your baby turning 1 year old or your older child turning 5 years old?
- 1) YES
0) NO/DON'T KNOW [SKIP TO Q5]
- 4A. Did you see their point or do you feel they made a mistake?
- 1) SAW THEIR POINT [SKIP TO Q5]
0) MADE A MISTAKE
- 4B. What did you see as their mistake? [WRITE ANSWER CONCISELY AS POSSIBLE]
-
-
5. Did the WIC clinic give you any reason for their action that was related to proof of identity, that is showing identification?
- 1) YES
0) NO/DON'T KNOW [SKIP TO Q6]
- 5A. What reason did they give? [IF MORE THAN ONE IS MENTIONED, ASK "WHICH WAS THE MAIN REASON GIVEN?"] [CIRCLE ONE ONLY.]
- 6) DID NOT HAVE PROOF WITH THEM AT WIC AGENCY
 - 7) EXPIRED DATE ON PROOF
 - 8) UNACCEPTABLE TYPE OF PROOF
 - 9) PROOF WAS MISSING NAME
 - 10) PROOF WAS MISSING PHOTO
 - 8) OTHER: SPECIFY _____
- 5B. Did you see their point or do you feel they made a mistake?
- 1) SAW THEIR POINT
2) MADE A MISTAKE
- 5C. Did the WIC representative say anything about what you could do to change the decision, such as what items you could bring back to help yourself qualify for benefits?
- 1) YES
0) NO

ASK Q5D – Q5F ONLY IF Q5A=3 (UNACCEPTABLE TYPE OF PROOF)

<p>5D. What did you show them to identify yourself? [IF MORE THAN ONE ITEM LISTED, ASK FOR THE MAIN ONE.]</p> <p>6a) DRIVER’S LICENSE</p> <p>6b) PASSPORT</p> <p>6c) IDENTIFICATION CARD</p> <p>6d) OTHER ITEM: PLEASE SPECIFY _____</p> <p>6e) NOTHING [SKIP TO Q6]</p> <p>6f) DON’T KNOW/ REMEMBER [SKIP TO Q6]</p>	<p>5E. Who issued this item? [CIRCLE ONE]</p> <p>1) FEDERAL GOVT/AGENCY</p> <p>2) STATE GOVT/AGENCY</p> <p>3) LOCAL GOVT/AGENCY</p> <p>4) PRIVATE COMPANY</p> <p>5) COURT SYSTEM</p> <p>6) FOREIGN GOVERNMENT</p> <p>7) OTHER</p> <p>8) DON’T KNOW/REMEMBER</p>	<p>5F. Did it have your name <u>and</u> your photo on it?</p> <p>2) YES</p> <p>0) NO/DON’T KNOW</p>
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6. Was a reason given related to showing proof of residency, that is where you live?

- 1) YES
- 0) NO/DON’T KNOW [SKIP TO Q7]

6A. What reason did they give? [IF MORE THAN ONE IS MENTIONED, ASK “WHICH WAS THE MAIN REASON GIVEN?”] [CIRCLE ONE ONLY.]

- 9) DID NOT HAVE PROOF WITH THEM AT WIC AGENCY
- 10) EXPIRED DATE ON PROOF
- 11) UNACCEPTABLE TYPE OF PROOF
- 12) PROOF WAS MISSING NAME
- 13) PROOF WAS MISSING PHOTO
- 14) PROOF WAS MISSING ADDRESS
- 15) ADDRESS WAS NOT IN LOCAL AGENCY’S COVERAGE AREA
- 16) OTHER: SPECIFY _____

6B. ASK: Did you see their point or do you feel they made a mistake?

- 1) SAW THEIR POINT
- 2) MADE A MISTAKE

6C. Did the WIC representative say anything about what you could do to change the decision, such as what items you could bring back to help yourself qualify for benefits?

- 1) YES
- 0) NO

ASK Q6D – Q6F ONLY IF Q6A=3 (UNACCEPTABLE TYPE OF PROOF)

<p>6D. What item did you show them to prove your address? [IF MORE THAN ONE ITEM LISTED, ASK FOR THE MAIN ONE.]</p> <p>7a) DRIVER’S LICENSE</p> <p>7b) IDENTIFICATION CARD</p> <p>7c) CURRENT UTILITY/TAX BILL</p> <p>7c) CHECKBOOK</p> <p>7e) RENT RECEIPT, MORTGAGE RECEIPT OR LEASE</p> <p>7f) WRITTEN STATEMENT BY 3RD PARTY</p> <p>7g) OTHER ITEM: PLEASE SPECIFY _____</p> <p>7h) NOTHING [SKIP TO Q7]</p> <p>7i) DON’T KNOW/ REMEMBER [SKIP TO Q7]</p>	<p>6E. Who issued this item? (CIRCLE ONE)</p> <p>1) FEDERAL GOVT/AGENCY</p> <p>2) STATE GOVT/AGENCY</p> <p>3) LOCAL GOVT/AGENCY</p> <p>4) PRIVATE COMPANY</p> <p>5) COURT SYSTEM</p> <p>6) FOREIGN GOVERNMENT</p> <p>7) NON-PROFIT ORGANIZATION</p> <p>8) RELIGIOUS ORGANIZATION</p> <p>9) OTHER: SPECIFY _____</p> <p>10) DON’T KNOW/REMEMBER</p>	<p>6F. Did it have your name <u>and</u> address on it?</p> <p>1) YES</p> <p>0) NO/DON’T KNOW</p>
---	--	--

7. Was a reason given related to household income?

- 1) YES
- 0) NO/DON’T KNOW [SKIP TO Q8]

7A. What reason did they give? [IF MORE THAN ONE IS MENTIONED, ASK “WHICH WAS THE MAIN REASON GIVEN?”] [CIRCLE ONE ONLY.]

- 5) DID NOT HAVE INCOME PROOF WITH THEM AT THE WIC AGENCY
- 6) EXPIRED DATE ON PROOF
- 7) UNACCEPTABLE TYPE OF PROOF
- 8) PROOF WAS MISSING NAME
- 6) INCOME WAS TOO HIGH
- 8) OTHER: SPECIFY _____

7B. Did you see their point or do you feel they made a mistake?

- 1) SAW THEIR POINT
- 2) MADE A MISTAKE

7C. Did the WIC representative say anything about what you could do to change the decision, such as what items you could bring back to help yourself qualify for benefits?

- 1) YES
- 0) NO

- 7D. [IF Q7A=5 INCOME WAS TOO HIGH , SKIP TO Q8. ASK ALL OTHERS:] When it turned out that you didn't have the right document with you at the WIC office...
- a. Were you given a new appointment with WIC after they refused to certify you? YES=1 NO=0
 - b. Did they ask you to describe your income? YES=1 NO=0
 - c. Did they give you a month of temporary WIC food benefits? YES=1 NO=0
 - d. Did they instruct you to come back with the proof in 30 days or so? YES=1 NO=0

ASK Q7D – Q7E ONLY IF Q7A=3 (UNACCEPTABLE TYPE OF PROOF)

7E. What proof or document did you show them to demonstrate income? [IF MORE THAN ONE ITEM LISTED, ASK FOR THE MAIN ONE.]		7F. Who issued this item? [CIRCLE ONE]
8a) MOST RECENT TAX RETURN	8j) MEDICAID	1) FEDERAL GOVT/AGENCY
8b) W-2 FORM	8k) TANF	2) STATE GOVT/AGENCY
8c) STATEMENT FROM BANK OR OTHER FINANCIAL INSTITUTION	8l) SUPPLEMENTAL SECURITY INCOME (SSI)	3) LOCAL GOVT/AGENCY
8d) CHECK OR PAY STUB	8m) FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)	4) PRIVATE COMPANY
8e) SIGNED STATEMENT BY EMPLOYER	8n) CHILDREN'S MEDICAID	5) COURT SYSTEM
8f) ELIGIBILITY LETTER SIGNED BY OFFICIAL STATE/LOCAL AGENCY	8o) FREE/REDUCED-MEAL SCHOOL LUNCH/ BREAKFAST PROGRAM	6) FOREIGN GOVERNMENT
8g) STATEMENT OF BENEFITS (BY PUBLIC AGENCY OR COURT)	8p) LOW-INCOME ENERGY ASSISTANCE	7) OTHER. SPECIFY _____
8h) WRITTEN STATEMENT FROM RELIABLE THIRD PARTY		8) DON'T KNOW/REMEMBER
8i) FOOD STAMPS		
8q) OTHER ITEM: PLEASE SPECIFY _____		
8r) DON'T KNOW/ REMEMBER		
8s) NOTHING		

8. Did you take any follow-up actions to see if you could get the decision changed?
- 1) YES
 - 0) NO [SKIP TO Q10]
9. What action did you take? [DON'T READ. CIRCLE ALL THAT APPLY. THEN SKIP TO Q11.]
- A) WROTE LETTER OF COMPLAINT, PROTEST TO WIC
 - B) ASKED TO SPEAK TO, OR DID SPEAK WITH, WIC SUPERVISOR
 - C) COMPLAINED TO AN ELECTED PUBLIC OFFICIAL
 - D) MADE A PHONE CALL AFTERWARDS, CHALLENGING THE DECISION
 - W) OTHER: SPECIFY: _____

10. Why not?

- 1) TOO BUSY
- 2) DON'T SPEAK ENGLISH WELL
- 3) IT WOULDN'T DO ANY GOOD
- 8) OTHER: SPECIFY: _____

I just have a couple more questions for categorization purposes only.

11. Are you Hispanic or Latino?

- 1) YES
- 0) NO
- R) REFUSED

12. How would you characterize yourself in terms of race? [READ ALL. CIRCLE AS MANY AS APPLY]

- A) American Indian or Alaska Native
- B) Asian American
- C) Black or African American
- D) Native Hawaiian or Other Pacific Islander
- E) White
- R) REFUSED

13. What is the highest level of education you have attained? [READ UNTIL R. INDICATES ANSWER]

- 1) Elementary school (6 years or less of education)
- 2) Some high school (7 – 11 years of education)
- 3) High school diploma or GED
- 4) Some college
- 5) Associate's degree
- 6) Bachelor's degree
- 7) Advanced degree
- 8) REFUSED

14. What is your first language, that is, the language you speak at home?

- | | | |
|------------------------|-------------|--------------------|
| 1) English | 9) Hmong | 16) Spanish |
| 2) Arabic | 10) Khmer | 17) Swahili |
| 3) Cambodian | 11) Korean | 18) Tamil |
| 4) Cantonese/ Mandarin | 12) Laotian | 19) Tagalog |
| 5) Farsi | 13) Punjabi | 20) Urdu |
| 6) French/Creole | 14) Russian | 21) Vietnamese |
| 7) Fulani | 15) Somali | 22) Other: SPECIFY |
| 8) Hindi | | _____ |

Thank you so much for your help in answering this survey. Your feedback, combined with other confidential responses, will help improve the WIC program. Thanks again. Have a great day/evening.

Appendix II-E: Communications to States for Redemption Data and Data Issues

Data Issues

June 15, 2009

[STATE WIC DIRECTOR NAME]
 [TITLE]
 [ADDRESS1]
 [ADDRESS2]
 [CITY,STATE,ZIP]

Dear [MR/MS] [LASTNAME]:

As you may recall from previous letters, Macro International (now known as ICF Macro) is under contract with the U.S. Department of Agriculture/Food and Nutrition Services (FNS) to conduct the second National Survey of WIC Participants. [YOURSTATE] was one of the states selected to take part in the WIC participant survey phase of the project. A brief history is attached, reviewing the study as it was first introduced to you in an April 2008 letter from the director of the Supplemental Food Programs Division.

The success of this national effort depends on your cooperation and we thank you in advance. In order to make this process as clean and efficient as possible, we need your help with the following tasks:

Tasks:	Deadline
1. Fill out the enclosed paper survey on your State's policies and procedures and return in stamped envelope provided. (Attachment A. Estimated completion time: 66 minutes).	July 15, 2009
2. Submit participant-level data for all participants in the specified WIC clinics* who received food issuances at any point during April and May of 2009. (Attachment B has details of this request.)	July 15, 2009
3. Submit data for all applicants who were denied WIC benefits at the specified clinics during May 2009. <ul style="list-style-type: none"> <i>If maintain this information at the State level</i>, please fill out yellow postcard immediately and follow the instructions in Attachment C. <i>If you do not keep this information at the State level</i>, please let us know by returning the enclosed yellow postcard immediately so that we may request the individual clinics to collect this information in July. 	(Postcard immediate) July 15, 2009
	Postcard immediate
4. Inform the local agencies and clinics chosen for the study* of the importance of their participation and cooperation with the study. Specifically, let them know they will be contacted by ICF Macro in the near future with details.	June 26, 2009

If you, or any of the staff working on this request, have any difficulties, questions or concerns regarding these requests, feel free to contact Walter Rives via e-mail at WICSurvey@mmail.macroidinternational.com or by calling our toll-free WIC Survey hotline at 1-888-285-7976.

Thank you for your continued support in making the Second National Survey of WIC Participants a success.

Sincerely,



Daniel Geller, Ph.D.
Project Director
ICF Macro
11785 Beltsville Dr.
Calverton, MD 20705

* The specified clinics are as follows:

1. [CLINIC1] - [LOCALAGENCY1]
2. [CLINIC2] - [LOCALAGENCY2]
3. [CLINIC3] - [LOCALAGENCY3]
4. [CLINIC4] - [LOCALAGENCY4]
5. [CLINIC5] - [LOCALAGENCY5]
6. [CLINIC6] - [LOCALAGENCY6]
7. [CLINIC7] - [LOCALAGENCY7]
8. [CLINIC8] - [LOCALAGENCY8]
9. [CLINIC9] - [LOCALAGENCY9]
10. [CLINIC10] - [LOCALAGENCY10]
11. [CLINIC11] - [LOCALAGENCY11]
12. [CLINIC12] - [LOCALAGENCY12]
13. [CLINIC13] - [LOCALAGENCY13]
14. [CLINIC14] - [LOCALAGENCY14]

ATTACHMENT B (Task 2) – Submit data for WIC participants who received food issuances at any point during April and May of 2009

Please submit data by July 15, 2009.

To select the individuals for the WIC Participants survey, ICF Macro needs you to draw the following fields of information, listed on next page, for all food instruments issued (not redeemed) **for April and May 2009** by the clinics specified as follows:

1. [CLINIC1] - [LOCALAGENCY1]
2. [CLINIC2] - [LOCALAGENCY2]
3. [CLINIC3] - [LOCALAGENCY3]
4. [CLINIC4] - [LOCALAGENCY4]
5. [CLINIC5] - [LOCALAGENCY5]
6. [CLINIC6] - [LOCALAGENCY6]
7. [CLINIC7] - [LOCALAGENCY7]
8. [CLINIC8] - [LOCALAGENCY8]
9. [CLINIC9] - [LOCALAGENCY9]
10. [CLINIC10] - [LOCALAGENCY10]
11. [CLINIC11] - [LOCALAGENCY11]
12. [CLINIC12] - [LOCALAGENCY12]
13. [CLINIC13] - [LOCALAGENCY13]
14. [CLINIC14] - [LOCALAGENCY14]

Note that food instruments may have been distributed at an earlier date, for example, in March; what is important is that they were issued for and were valid for April and/or for May 2009.

- By sampling food instruments issued, we realize that WIC clients will appear more than once on the lists submitted.
- We would like **separate lists** for April and May, understanding of course that there will be substantial overlap of individuals.
- We would prefer the data in Excel format, although we will accept data submitted in Access, SAS or SPSS in a CSV (comma separated values) format.
- We will need a list of your State agency's definitions for certain alphanumeric data fields submitted, so that we understand the assigned values for each record.
- **Please read the attached “Directions for FTP Transmittal of Data” document.**
- **Questions? Email Walter Rives at WICSurvey@mmail.macroidinternational.com or call the toll-free WIC Survey hotline at 1-888-285-7976.**

Requested Data Fields - WIC Participants

FIELD NAME	Description	Data Type Preferred
PANAME	Name of WIC Local Agency	Alphanumeric
CLNAME	Name of WIC Clinic providing services	Alphanumeric
CLID	WIC Clinic ID (If Assigned)	Alphanumeric
P02A	Client's WIC category (i.e., Pregnant woman, Postpartum woman, Breastfeeding woman, Infant, or Child)	Alphanumeric*
P0601	Type of food package issued	Alphanumeric*
P0602	Month food package was issued	Numeric (1-12)
P0803M	First date voucher can be used (Month).	Numeric
P0803D	First date voucher can be used (Day).	Numeric
P0803Y	First date voucher can be used (Year).	Numeric
P0804	Food package maximum dollar amount value as of date requested	Numeric
P0805	Food package number assigned	Numeric
P0806	Dollar amount of Food package redeemed as of date requested	Numeric
P01A1	WIC client first name	Alphanumeric
P01A2	WIC client last name	Alphanumeric
P01ID	Identification number assigned to individual	Alphanumeric
P02FM	WIC client date of birth-Month	Numeric
P02FD	WIC client date of birth-Day	Numeric
P02FY	WIC client date of birth-Year	Numeric
P02G	WIC client gender (if child or infant)	1=Male 2=Female
P02H	Is client Hispanic or Latino?	1=Yes 0=No
P02R1	WIC client race?	Alphanumeric
P01ID	Identification number assigned to participant	Alphanumeric
P02ID	Family Economic Unit / Household ID number assigned to participant	Alphanumeric
P01B	WIC client street address – line 1	Alphanumeric
P01C	WIC client street address – line 2	Alphanumeric
P01CA	WIC client address – city	Alphanumeric
P01CB	WIC client address – State	Alphanumeric
P01CC	WIC client address – zip code	Numeric
P01D	WIC client primary phone: xxx-xxx-xxxx	Alphanumeric
P01E	WIC client second phone: xxx-xxx-xxxx	Alphanumeric
P01F	WIC client third phone: xxx-xxx-xxxx	Alphanumeric
P02B11	First name of Parent/Guardian of WIC client (if infant or child)	Alphanumeric
P02B12	Last name of Parent/Guardian of WIC client (if infant or child)	Alphanumeric
P02B2	Parent/Guardian street address – line 1	Alphanumeric
P02B3	Parent/Guardian street address – line 2	Alphanumeric

FIELD NAME	Description	Data Type Preferred
P02B3A	Parent/Guardian city	Alphanumeric
P02B3B	Parent/Guardian state	Alphanumeric
P02B3C	Parent/Guardian zip	Numeric
P02B4	Parent/Guardian – phone 1 xxx-xxx-xxxx	Alphanumeric
P02B5	Parent/Guardian – phone 2 xxx-xxx-xxxx	Alphanumeric
P02B6	Parent/Guardian – phone 3 xxx-xxx-xxxx	Alphanumeric
P02AA	What proof of Identification was provided?	Alphanumeric*
P04C9	What proof of residency was provided?	Alphanumeric*
P04AJ	What proof of adjunctive eligibility was provided?	Alphanumeric*
P04BJ	What proof of income was provided?	Alphanumeric*
P0608M	Date of first (original) certification related to this child or pregnancy (Month)	Numeric
P0608D	Date of first (original) certification related to this child or pregnancy (Day)	Numeric
P0608Y	Date of first (original) certification related to this child or pregnancy (Year)	Numeric
P0609M	Date of most recent certification (Month). Should be \leq 6 months ago except for infants where it could be \leq 1 year ago	Numeric
P0609D	Date of most recent certification (Day). Should be \leq 6 months ago except for infants where it could be \leq 1 year ago	Numeric
P0609Y	Date of most recent certification (Year). Should be \leq 6 months ago except for infants where it could be \leq 1 year ago	Numeric
P02J	OPTIONAL: Language spoken by WIC client, if known	Alphanumeric*
P0610	Number of persons in family “economic unit” -- Total number of adult and child household members who are part of economic unit, including the WIC Participant.	Numeric
P0	Current status (participant, denial, termination)	Alphanumeric*
PCH	Is there a change in status in or after the month of food issuance?	1=Yes 0=No
PCHR1	Reason for status change, if applicable?	Alphanumeric
PCHD1	Date of status change (Month)	Numeric
PCHD2	Date of status change (Day)	Numeric
PCHD3	Date of status change (Year)	Numeric

*** PLEASE PROVIDE EXPLANATORY LABELS SO WE UNDERSTAND THE CODES.**

ATTACHMENT C (Task 3) – Submit data for WIC applicants who Were denied eligibility during May 2009

Please submit data by July 15, 2009.

To select the individuals for the Denied Applicants survey, ICF Macro needs you to draw the following fields of information, listed on the next page, for all applicants who were denied WIC benefits during May 2009 OR June 2009, the latest month for which you have this information. We need the data for only the clinics specified as follows:

1. [CLINIC1] - [LOCALAGENCY1]
2. [CLINIC2] - [LOCALAGENCY2]
3. [CLINIC3] - [LOCALAGENCY3]
4. [CLINIC4] - [LOCALAGENCY4]
5. [CLINIC5] - [LOCALAGENCY5]
6. [CLINIC6] - [LOCALAGENCY6]
7. [CLINIC7] - [LOCALAGENCY7]
8. [CLINIC8] - [LOCALAGENCY8]
9. [CLINIC9] - [LOCALAGENCY9]
10. [CLINIC10] - [LOCALAGENCY10]
11. [CLINIC11] - [LOCALAGENCY11]
12. [CLINIC12] - [LOCALAGENCY12]
13. [CLINIC13] - [LOCALAGENCY13]
14. [CLINIC14] - [LOCALAGENCY14]

Note that:

- We would prefer the data in Excel format, although we will accept data submitted in Access, SAS or SPSS in a CSV (comma separated values) format.
- We will need a list of your State agency's definitions for certain alphanumeric data fields submitted, so that we understand the assigned values for each record.
- **Please read the attached “Directions for FTP Transmittal of Data” document.**
- **Questions? Email Walter Rives at WICSurvey@mmail.macroidernational.com or call the toll-free WIC Survey hotline at 1-888-285-7976.**

Requested Data Fields - Denied WIC Applicants

FIELD NAME	Description	Data Type Preferred
PANAME	Name of WIC Local Agency	Alphanumeric
CLNAME	Name of WIC Clinic providing services	Alphanumeric
CLID	WIC Clinic ID (If assigned)	Alphanumeric
P01A1	WIC client first name	Alphanumeric
P01A2	WIC client last name	Alphanumeric
P02ID	Family Economic Unit / Household ID number assigned to participant (if applicable)	Alphanumeric
P01B	WIC client street address – line 1	Alphanumeric
P01C	WIC client street address – line 2	Alphanumeric
P01CA	WIC client address – city	Alphanumeric
P01CB	WIC client address – State	Alphanumeric
P01CC	WIC client address – zip code	Numeric
P01D	WIC client primary phone: xxx-xxx-xxxx	Alphanumeric
P01E	WIC client second phone: xxx-xxx-xxxx	Alphanumeric
P01F	WIC client third phone: xxx-xxx-xxxx	Alphanumeric
P02A	Client's requested WIC category (if determined) i.e., Pregnant woman, Postpartum woman, Breastfeeding woman, Infant, or Child	Alphanumeric*
D01L	Was a letter of denied benefits sent out?	1=Yes 0=No
D01R	Reason for denied eligibility	Alphanumeric*
D01D	Date of denied eligibility	Numeric

*** PLEASE PROVIDE EXPLANATORY LABELS SO WE UNDERSTAND THE CODES.**

Directions for FTP Data Transfer

We are requesting that the data be returned to ICF Macro in the form of an Excel spreadsheet⁵⁴. ICF Macro understands that not every WIC administration collects and compiles data similarly, so we ask that you comment on any information you cannot access, or that may not be supplied to us in the form requested.

Since these data will contain sensitive information (names, identifiers, etc.), the data needs to be sent in a secure manner. **Please follow these instructions to ensure the secure transmission of data to ICF Macro:**

The data files must be sent by secure FTP (file transport protocol) using a small software package that we have included on the enclosed CD. This software enables you to send your data file to ICF Macro’s secure server. The software does not require any installation and is very easy to use. You will be provided a username and password once you contact Walter Rives and notify ICF Macro of a probable date of data transfer.

If you should encounter any difficulties with the FTP application:

The application included on this CD, to transmit the data to ICF Macro, requires the .Net Framework version 2.0. This is normally shipped as part of Windows Vista, and may not be installed on systems using Windows XP or earlier. If an error message is displayed when you first insert this CD, it may be because you do not have a recent enough version of this application installed on your computer.

If such an error message is displayed, the correct version of the .Net Framework should be installed from the CD provided by ICF Macro. The name of this file is DOTNETFX.EXE. To install it, navigate to this file on the CD and double-click it. After the installation is complete, try re-inserting the CD. If the application still does not work, call me at 1-888-285-7976.

Thank you for your continued support in making The Second national Survey of WIC Participants a success.

***IMPORTANT NOTE: FOR ALPHANUMERIC FIELDS WITH ASTERISK, PLEASE PROVIDE EXPLANATORY LABELS SO WE UNDERSTAND THE CODES. FOR EXAMPLE:**

Field Name	Field Description	Preferred Data Type
P0607	WIC women’s (or parent of the child/infant) employment status	Alphanumeric*

*Codes Used: 1=Employed full time, 2= Employed part time, 3=Full time student, 4=Not working for pay, 5=On temporary leave, 6=Other

⁵⁴ We prefer the Excel format but will accept Access, SAS or SPSS if provided in a CSV (comma separated values) format.

Texas Redemption Issues

Texas was the only state in the sample that had moved WIC redemption to an electronic benefit transfer (EBT) system.⁵⁵ Initial tabulation found that for most cases in Texas, the redemption values were greater than maximum values permitted for the food package. The State agency explained that Texas redemption data were for the household while the maximum voucher value was for the sampled individual. The agency had no way of separating the individual redemption values from the household value because transactions were made on a common EBT card. Adjustments were made to estimate the sampled individual's redemption values by removing the portion of redeemed values for non-sampled WIC participants in each household from the total household redeemed value.

Using information from the In-person Interview, the SAS program identified household members other than the sampled participant and counted the numbers of household members who were WIC women (no specific program subgrouping), WIC infants, and WIC children, as well as the total number of WIC participants in the household (see Table F-1).

Table F-1: Average Redemption Values by WIC Category

WIC Category	Redemption Value (\$)
Pregnant Woman	44.52
Breastfeeding Woman	43.83
Postpartum Woman	32.47
Infant	116.93
Child	39.87

As indicated, the bulk of difference occurred between infants (average redemption value of \$116.93) and the rest of the categories (average redemption values ranged from \$32.47 to \$44.52). The adjustment applied the ratio of infant average redemption value over the rest of the participants to calculate the portion of redeemed values for the household WIC members other than the respondent. This portion was then removed from the total redemption value of the household. The calculation was done differently depending on the WIC program status of the respondent and the rest of the WIC household members, namely, whether the respondent was an infant, whether one or more other household members were infants, and whether there was no WIC infant in the household.

SAS code for the procedure is cited below (original: ip.sas):

```
/*Count household members of WIC participant by category*/
data ip2; set ip;
HHwicwoman =0; if p02a < 4 then hhwicwoman=1 ; *count R by 3 categories;
HHwicinfant=0; if p02a = 4 then hhwicinfant=1 ;
HHwicchild=0; if p02a = 5 then hhwicchild=1 ;
HH_n_kid=0;
array hhage(20) P0906N_01--P0906N_20;
array HHwic(20) P0907_01--P0907_20; *HH member is in WIC;
array HHsex(20) p0905_01-- p0905_20;
do w =1 to 20; *count total HH members by 3 categories;
if 0 <= hhage(w) <=1 and hhwic(w) =1 then hhwicinfant=hhwicinfant+1;
if 1 < hhage(w) < 6 and hhwic(w) =1 then hhwicchild=hhwicchild+1;
if hhsex(w) =2 and hhage(w) > 6 and hhwic(w) =1 then hhwicwoman=hhwicwoman+1;
```

⁵⁵ Other than New York, State agencies included no new food package cost in their redemption data. See also Section 3.5 *Redemption Data Processing* on ICF's communication with New York State regarding its new food package inclusion.

```

if hhage(w) <18 and hhage(w) ne . then HH_n_kid =HH_n_kid +1;
end;
if hhwicchild =. then hhwicchild =0;
HHwicN= hhwicwoman+ hhwicchild+ hhwicinfant;

/*Fix Texas data: redemption for family but maxval for sampled person*/
*Weight infant benefit by 2.9 (ratio of average benefit infant over others);
if state=21 then do;
  if p02a=4
    then rredeem=redeem-redeem*(((hhwicinfant-1)*2.9+(hhwicn-hhwicinfant))/
      ((hhwicinfant)*2.9+(hhwicn-hhwicinfant)));
  if p02a ne 4 and hhwicinfant>0
    then rredeem=redeem-redeem*(((hhwicinfant*2.9+(hhwicn-hhwicinfant-1))/
      (hhwicinfant*2.9+(hhwicn-hhwicinfant)));
  if p02a ne 4 and hhwicinfant=0
    then rredeem=redeem-redeem*((hhwicn-1)/hhwicn);
  redeem= rredeem;
  drop rredeem;
end;
if redeem> maxval then redeem=redeem/hhwicn;
if redeem> maxval then redeem=maxval;
diff =redeem-maxval;

proc sql; select state, p02a from tx where cat_err =1;
  select state, agency, clinic,partic,redeem
  from tx where p02a="5" and state=22;
  select state, p02a, redeem from tx where state<3;
quit;

```

Caution is called for regarding the adjusted Texas redemption data because of the adjustment made to the defected data. Note that State average estimates are not necessarily representative of the population.

SAS Code for North Carolina Redemption Data Imputation

```

options nocenter nofmterr ls=max ps=max;
libname red '/home/lharding/WIC/RED';
libname inh '/home/lharding/WIC/inhome';
libname tel '/home/lharding/WIC/paper';

data red;
  set red.idmatch;
  if r04m in(, 0) then r04m_a = p0802m;
  else r04m_a = r04m;
run;

data red1;
  set red;
  /* Some variable Recodes */

  if p0802m = 5 and r04m_a in(5 6 7 8 9); * subsetting to the months we requested;

  if r05fpr in(, 999.99 9999.99 99999.99 99999 999 99999 9999999.99 999999) then redeemflg = 1;
  if redeemflg = 1 then redeemed = 0;
  else redeemed = r05fpr; * Redeemed Value;

  if r05fmv in(, 999.99 9999.99 99999.99 9999 999 99999 9999999.99 999999) then maxflg = 1;
  if maxflg = 1 then maxvalue = 0;
  else maxvalue = r05fmv; * Max value redeemable;

  if r04y = 9 then r04y = 2009;
  if r04y in(0 .) then r04y = 2009;

```

```

if p0802y = 9      then p0802y = 2009;
if p0803y = 9      then p0803y = 2009;

inred = 1;          * In redemption file flag;
run;

data paper ; *(keep = status state agency clinic partic);
set tel.pwgt;
inpap = 1;          * In telephone weight flag;
run;

proc sort data = paper;
  by state agency clinic partic;
run;

proc freq data = paper;
  tables state/list missing;
run;

proc sort data = red1;
  by state agency clinic partic;
run;

data redall;
merge paper (in=a) red1 (in=b);
by state agency clinic partic;
if a;

if r04m_a = . then r04m_a = 5;
if p0802m = . then mnthflg = 1;
if p0802m = . then p0802m = 5;

if inred = . then impute_flg = 1;
else          impute_flg = 0;

if   redeemed = 0 then   zero = 1;
else if redeemed = . then zero = 2;
else          zero = 0;

/* State = 17 is North Carolina, they did not provided redemption data*/
/* Setting values for NC to . because they will be imputed          */

if state = 17      then redeemed = .;
else if zero = 2   then redeemed = 0;

if state = 17      then maxvalue = .;
else if maxvalue = . then maxvalue = 0;
else          maxvalue = maxvalue;

/* Creating a Infant category indicator. Infants redemption values where */
/* different from all other wic categories.                               */

if wiccat = 4 then wcat2 = 1;
else          wcat2 = 0;
run;

data redx;
set red;

if r05fpr in(. 999.99 9999.99 99999.99 9999 999 99999 999999.99 999999) then redeem_flg = 1;
if redeem_flg = 1 then redeemed = 0;
else          redeemed = r05fpr;

if r05fmv in(. 999.99 9999.99 99999.99 9999 999 99999 999999.99 999999) then max_flg = 1;
if max_flg = 1 then maxvalue = 0;
else          maxvalue = r05fmv;

if r04y = 9      then r04y = 2009;
if r04y in(0 .) then r04y = 2009;

```

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```
if p0802y = 9 then p0802y = 2009;  
if p0803y = 9 then p0803y = 2009;
```

```
inred = 1;  
run;
```

```
proc sort data = redx;  
by state agency clinic partic;  
run;
```

```
data redallx;  
merge paper (in=a) redx (in=b);  
by state agency clinic partic;  
if a;
```

```
if r04m_a = . then r04m_a = 5;  
if p0802m = . then mnthflg = 1;  
if p0802m = . then p0802m = 5;
```

```
if inred = . then impute_flg = 1;  
else impute_flg = 0;
```

```
if redeemed = 0 then zero = 1;  
else if redeemed = . then zero = 2;  
else zero = 0;
```

```
if state = 17 then redeemed = .;  
else if zero = 2 then redeemed = 0;
```

```
if state = 17 then maxvalue = .;  
else if maxvalue = . then maxvalue = 0;  
else maxvalue = maxvalue;
```

```
if wiccat = 4 then wcat2 = 1;  
else wcat2 = 0;  
run;
```

```
proc freq data = redall;  
tables inpap*inred/list missing;  
run;
```

```
data lastredeem;  
set redallx;  
if redeemed > 0;  
id = state|agency|clinic|partic;  
run;
```

```
proc sort data = lastredeem;  
by id r04m_a r04d r04y;  
run;
```



```

data lastredeem;
  set lastredeem;
  by id r04m_a r04d r04y;
  if last.id then last = 1;
run;

data lastredeem;
  set lastredeem;
  where last = 1;
  lredeem_m = r04m_a;
  lredeem_d = r04d;
  lredeem_y = r04y;
  drop r04m r04m_a r04d r04y;
run;

proc print data = lastredeem (obs = 100);
  var id lredeem_m lredeem_d lredeem_y redeemed last;
run;

proc freq data = lastredeem;
  tables state;
run;

proc sort data = redall;
  by state agency clinic partic wiccat impute_flg p0802m;
run;

/* Create the sum of all redeemed amounts and maximum amount for each participant */
proc means data = redall sum noprint;
  by state agency clinic partic wiccat p0802m;
  id impute_flg r04y r04m_a p0802y p0803m p0803y;
  var redeemed maxvalue;
  output out=redall2 sum=redeem maxval;
run;

proc sort data = redall2;
  by state agency clinic partic p0802m;
run;

data test1;
  set redall2;
  id = state||agency||clinic||partic;
run;

proc sort data = test1;
  by id ;
run;

data test;
  set test1;
  by id r04m_a ;
  if first.id then flg1 = 1;
run;

proc freq data = test;
  tables flg1 flg1*r04m_a/list missing;
run;

proc print data = test;
  where r04m_a = .;
  var state agency clinic partic flg1 redeem maxval wiccat;
run;

* endsas;

/* North Carolina Imputation */
/* Subset to NC and neighboring States */

data redall3;
  set redall2;

```

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```
where state in(1 5 6 17 20);
run;

proc sort data = redall3;
  by wiccat;
run;

proc mi data = redall3
  out = in_imp
  nimpute = 5
  seed = 145
  minimum = 0 ;*  noprint;

  by wiccat;
  mcmc nbiter=50 niter=10;
  var state agency clinic redeem maxval;
run;

proc sort data = in_imp;
  by state agency clinic partic redeem;
run;

proc print data = in_imp (obs=20);
  where impute_flg = 1;
  var _imputation_ impute_flg state agency clinic partic wiccat r04m_a redeem maxval;
run;

data redemption;
  set redall2;
  where p0802m = 5 and state ne 17;
  inredfile = 1;
run;

proc sort data = redemption;
  by state agency clinic partic;
run;

proc sort data = lastredeem;
  by state agency clinic partic;
run;

data redemption;
  merge redemption (in=a) lastredeem (in=b);
  by state agency clinic partic;
  if a;
run;

  proc contents data = redemption;
  run;

  proc freq data = redemption;
  tables last state*last
    /list missing;
  run;
  proc print data = redemption;
  where last = .;
  var state agency clinic partic last redeem maxval;
  run;

proc freq data = redemption;
  tables lredeem_m*state
    /list missing;
run;
```

```

proc freq data = redemption;
  tables state p0802m p0802m*r04m_a r04m_a
  /list missing;
run;

/* CHECKS */
data check;
  merge redemption (in=a) paper (in=b);
  by state agency clinic partic;
run;

proc freq data = check;
  tables inredfile inredfile*state/list missing;
run;

data check2;
  merge check (in=a) redall2 (in=b);
  by state agency clinic partic;
  if a and inredfile = .;
run;

proc freq data = check2;
  tables r04m_a;
run;

data ncredemption;
  set in_imp;
  where state = 17;
run;

proc sort data = ncredemption;
  by state agency clinic partic wiccat;
run;

proc sort data = ncredemption;
  by wiccat;
run;

proc univariate data = ncredemption;
  by wiccat;
  var redeem maxval;
run;

proc print data = ncredemption;
run;

data red.redemption (keep = impute_flg state agency clinic partic r04m_a r04y p0802m p0802y p0803m p0803y lredeem_m lredeem_d lredeem_y redeem
maxval wiccat);
  set redemption;
run;

data red.ncredemption (keep = _imputation_ impute_flg state agency clinic partic r04m_a r04y p0802m p0802y p0803m p0803y lredeem_m lredeem_d
lredeem_y redeem wiccat maxval);
  set ncredemption;
run;

ENDSAS;

```


Appendix II-F: Communications to States for Denials

July 22, 2009

[NAME OF CLINIC DIRECTOR]
[TITLE]
[AGENCY]
[ADDRESS]
[CITY], [STATE], [ZIPCODE]

You may have recently heard from your Local WIC Agency or State WIC Director that your clinic was randomly selected to participate in the *Second National Survey of WIC Participants* along with many others from throughout the country. We will not require much from your clinic; however, what this means is that between the months of September and December of 2009, our organization, ICF Macro, will be conducting a telephone survey with approximately 15 of your WIC participants and a smaller number of Denied Applicants and Denied Recertificants. About half of the WIC participants will also be asked to take part in an In-person survey for which they will be offered \$20. The information collected is confidential and will be used to improve administration of and services offered by WIC. It will not impact participants' WIC benefit levels.

The survey is being administered on behalf of the United States Department of Agriculture, Food and Nutrition Service. ICF Macro is already working with your State agency to obtain data on participants, from which we will select a random sample of people for interview about their experiences with the certification, re-certification, denial, or termination processes and food instrument selection, preferences and usage.

To help us in the success of this survey we request the help of WIC clinic staff in two ways:

1. Using the enclosed "Denials" log, we need you to keep a record of applicants who apply for WIC but are determined ineligible -- so-called "Denied" Applicants -- during the 30-day period from July 30, 2009 to August 28, 2009.
2. Please help us inform participants who might be selected for interview about the study using the materials enclosed. And reassure WIC clients that their answers will be kept confidential, be grouped with others, and not affect their benefits.

Denied Applicant Log

IMPORTANT – PREPARE FOR THIS IMMEDIATELY

*The **only** method of capturing information on Denied Applicants is through documentation at the local level. Please use the attached Denials Log to provide the information requested for denied applicants. The period of documenting denials must occur every day your clinic is open from July 30, 2009 through August 28, 2009. For the purposes of this study, a Denied Applicant is a person who has applied for WIC and been deemed ineligible but does **not** include Denied Recertificants (that is, people who were denied when they reapplied for benefits since we are researching them separately.)*

Return the completed log in the postage-paid envelope provided as soon as possible after August 28. (You should retain a photocopy as a record of your compliance with the request.)

Note: Due to data integrity and privacy concerns, the DENIED APPLICANTS information should be collected and recorded legibly by WIC staff persons. Individuals who apply for benefits should not see or record information on the log.

Posters and Information about the Interviews

Enclosed, you will find materials that should help warn WIC participants that they might be contacted and will give them some information and reassurance about the interviews. Included are:

- Posters to be displayed in highly visible areas at the clinic site.
- FAQ sheets to be provided to clinic staff about the purpose and importance of the study. This will help staff answer questions that may arise.
- Half-page flyers for distribution to WIC participants. You may make copies as needed for distribution to individuals who request more information.

Please contact your WIC Local Agency administration if you have any questions or concerns regarding The Second National Survey of WIC Participants. They have been briefed about the study. ICF Macro support staff are also available by email at: WICSurvey@mmail.macrointernational.com or at the WIC Survey toll free hotline at 1-888-285-7976.

Thank you for your efforts in making The Second National Survey of WIC Participants a success, and in turn, improving the quality of future WIC programs and services.

Sincerely,



Daniel M. Geller, PhD.
Project Director

Appendix II-G: Non-response Analysis

Non-response Analysis

Table G-1 compares 1,188 In-person survey respondents⁵⁶ and 275 nonrespondents on telephone and administrative variables, without sample weighting. Chi-square tests were used to assess the statistical significance of these differences. This analysis informed the sample re-weighting to remedy potential nonresponse bias for the In-person survey. Three variables were found to be significantly different between the respondents and nonrespondents:

- Participation in SNAP (formerly Food Stamp) program (variable name P0532_1, Chi-square = 12.61, p<.0001)—*this was the key concern that motivated the sampling reweighting and nonresponse analysis* (See Appendix II-G: Sampling and Weighting Methodology).
- Food Distribution Program on Indian Reservations (variable name P0532_4, Chi-square = 5.58, p=.019).
- Commodity Supplemental Food Program (variable name P0532_9, Chi-square = 6.42, p=.012).

Table G-2 further shows the association between SNAP participation and the key variables used in the improper payment analysis, without sample weighting. As expected, substantial differences were found between the SNAP participants and nonparticipants. Sample re-weighting thus was justified to remedy the bias and the final improper payment estimation was based on the re-weighted sample.

Table G-3 presents a comparison of, by WIC category, participants in the in-person interview against participants in the telephone interview but not in the in-home interview, with sample weighting. The weighted frequency and percentage distribution are statistically equivalent as evidenced by the point estimates and standard errors.

Table G-1 In-person Survey Respondents vs. Non-respondents (Those Who Refused to Participate in In-person Survey): Unweighted Frequencies and Column Percentages

		WAS ASKED FOR IN HOME INTERVIEW		Total
		NO	YES	
IN HOME INTERVIEW	NO	1075 100.0%	275 18.8%	1350 53.2%
	YES	0 .0%	1188 81.2%	1188 46.8%
Total		1075 100.0%	1463 100.0%	2538 100.0%

⁵⁶ There were 22 cases that did not complete the telephone interview but were asked and participated in the in-person interview. They were included in the improper payment analysis-- the WIC categories are shown below:

Pregnant	4
Breastfeeding	12
Postpartum	1
Infants	3
Children	2
Total	22

		IN HOME INTERVIEW		Total
		NO	YES	
P0507 Thinking about the WIC clinic that you are familiar with, how satisfied are you with the people that work there and the services they provide?	Neutral, Not Satisfied	7.3%	7.1%	7.1%
	Satisfied	92.7%	92.9%	92.9%
Total		100.0%	100.0%	100.0%

Note: Chi-square = .01; p = .91, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0507A Thinking about the WIC clinic's location and building facility, would you say you are	Neutral, Not Satisfied	12.7%	10.0%	10.5%
	Satisfied	87.3%	90.0%	89.5%
Total		100.0%	100.0%	100.0%

Note: Chi-square = 1.72; p = .19, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0508_01 How would you rate the: Customer friendliness of the WIC staff	Not Good	4.4%	5.1%	5.0%
	Excellent, Very Good, Good	95.6%	94.9%	95.0%
Total		100.0%	100.0%	100.0%

Note: Chi-square = .28; p = .60, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0508_02 How would you rate the: Quality of service you get	Not Good	2.2%	4.5%	4.1%
	Excellent, Very Good, Good	97.8%	95.5%	95.9%
Total		100.0%	100.0%	100.0%

Note: Chi-square = 3.17; p = .08, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0508_03 How would you rate the: Helpfulness of the staff	Not Good	4.0%	4.7%	4.6%
	Excellent, Very Good, Good	96.0%	95.3%	95.4%
Total		100.0%	100.0%	100.0%

Note: Chi-square = .26; p = .61, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0508_04 How would you rate the: Staff's ability to speak your language	Not Good	5.1%	4.0%	4.2%
	Excellent, Very Good, Good	94.9%	96.0%	95.8%
Total		100.0%	100.0%	100.0%

Note: Chi-square = .61; p = .44, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0508_05 How would you rate the: Safety of the clinic's location	Not Good	4.0%	5.6%	5.3%
	Excellent, Very Good, Good	96.0%	94.4%	94.7%
Total		100.0%	100.0%	100.0%

Note: Chi-square = 1.08; p = .30, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0508_06 How would you rate the: Convenience of the clinic's location for you	Not Good	4.0%	6.9%	6.4%
	Excellent, Very Good, Good	96.0%	93.1%	93.6%
Total		100.0%	100.0%	100.0%

Note: Chi-square = 3.16; p = .08, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0508_07 How would you rate the: Convenience of its operating hours	Not Good	5.8%	5.9%	5.9%
	Excellent, Very Good, Good	94.2%	94.1%	94.1%
Total		100.0%	100.0%	100.0%

Note: Chi-square = .011; p = .96, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0508_08 How would you rate the: Amount of time you must wait until you are seen by WIC staff	Not Good	19.3%	18.1%	18.3%
	Excellent, Very Good, Good	80.7%	81.9%	81.7%
Total		100.0%	100.0%	100.0%

Note: Chi-square = .21; p = .65, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0508_09 How would you rate the: Size and space of the waiting area	Not Good	16.7%	18.4%	18.0%
	Excellent, Very Good, Good	83.3%	81.6%	82.0%
Total		100.0%	100.0%	100.0%

Note: Chi-square = .40; p = .53, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0508_10 How would you rate the: Activities provided to occupy children while you wait	Not Good	32.4%	28.5%	29.3%
	Excellent, Very Good, Good	67.6%	71.5%	70.7%
Total		100.0%	100.0%	100.0%

Note: Chi-square = 1.58; p = .21, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0508_11 How would you rate the: Way they handle paperwork for certification	Not Good	2.5%	5.1%	4.6%
	Excellent, Very Good, Good	97.5%	94.9%	95.4%
Total		100.0%	100.0%	100.0%

Note: Chi-square = 3.21; p = .07, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0508_12 How would you rate the: How they deliver your food	Not Good	2.5%	5.1%	4.6%
	Excellent, Very Good, Good	97.5%	94.9%	95.4%
Total		100.0%	100.0%	100.0%

Note: Chi-square = 3.22; p = .07, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0509_1 How would you rate the food benefits for Providing the right quantity of food?	Not Good	7.6%	10.7%	10.1%
	Excellent, Very Good, Good	92.4%	89.3%	89.9%
Total		100.0%	100.0%	100.0%

Note: Chi-square = 2.29; p = .13, non-significant.

		IN HOME INTERVIEW		Total
		0	1	
P0509_2 How would you rate the food benefits for Offering foods that you like to eat?	Not Good	9.5%	11.3%	10.9%
	Excellent, Very Good, Good	90.5%	88.7%	89.1%
Total		100.0%	100.0%	100.0%

Note: Chi-square = .76; p = .38, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0509_3 How would you rate the food benefits for Offering food choices in sizes and brands that you can find on the shelf?	Not Good	13.5%	11.8%	12.1%
	Excellent, Very Good, Good	86.5%	88.2%	87.9%
Total		100.0%	100.0%	100.0%

Note: Chi-square = .59; p = .44, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0518 have you attended any group education sessions that were recommended to you by the WIC staff?	NO	64.0%	60.3%	61.0%
	YES	36.0%	39.7%	39.0%
Total		100.0%	100.0%	100.0%

Note: Chi-square = 1.31; p = .25, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0524 How much one-on-one nutrition counseling have you received in person for this most recent pregnancy/baby?	None at all	40.0%	34.3%	35.4%
	One session or more	60.0%	65.7%	64.6%
Total		100.0%	100.0%	100.0%

Note: Chi-square = 3.12; p = .08, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0532_1 Food Stamp program?	NO	60.4%	48.5%	50.7%
	YES	39.6%	51.5%	49.3%
Total		100.0%	100.0%	100.0%

Note: Chi-square = 12.61, p<.0001.

		IN HOME INTERVIEW		Total
		NO	YES	
P0532_2 Free or reduced price School Lunch or Breakfast program?	NO	74.5%	70.0%	70.9%
	YES	25.5%	30.0%	29.1%
Total		100.0%	100.0%	100.0%

Note: Chi-square = 2.20; p = .14, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0532_3 Summer Food Service program, for kids when not in school?	NO	95.6%	93.9%	94.2%
	YES	4.4%	6.1%	5.8%
Total		100.0%	100.0%	100.0%

Note: Chi-square = 1.30; p = .26, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0532_4 Food Distribution Program on Indian Reservations (FDPIR)?	NO	98.9%	99.8%	99.7%
	YES	1.1%	.2%	.3%
Total		100.0%	100.0%	100.0%

Note: Chi-square = 5.58, p=.019.

		IN HOME INTERVIEW		Total
		NO	YES	
P0532_5 Temporary Emergency Food Assistance program?	NO	97.8%	98.1%	98.0%
	YES	2.2%	1.9%	2.0%
Total		100.0%	100.0%	100.0%

Note: Chi-square = .07; p = .79, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0532_6 Child and Adult Care Food program, which provides free lunches for children at day care centers?	NO	96.4%	96.9%	96.8%
	YES	3.6%	3.1%	3.2%
Total		100.0%	100.0%	100.0%

Note: Chi-square = .20; p = .66, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0532_7 Local/community food bank or pantry?	NO	94.5%	93.5%	93.7%
	YES	5.5%	6.5%	6.3%
Total		100.0%	100.0%	100.0%

Note: Chi-square = .40; p = .53, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0532_8 Commodity Supplemental Food Program, which provides food packets that are distributed through State and local agencies?	NO	98.9%	98.8%	98.8%
	YES	1.1%	1.2%	1.2%
Total		100.0%	100.0%	100.0%

Note: Chi-square = .02; p = .90, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P0532_9 Have you ever participated in Commodity Supplemental Food Program in the past?	NO	98.2%	99.6%	99.3%
	YES	1.8%	.4%	.7%
Total		100.0%	100.0%	100.0%

Note: Chi-square = 6.42, p=.012.

		IN HOME INTERVIEW		Total
		NO	YES	
P0533 Food consumed during last 12 months	Have enough to eat	84.0%	79.9%	80.7%
	do not have enough to eat	16.0%	20.1%	19.3%
Total		100.0%	100.0%	100.0%

Note: Chi-square = 2.43; p = .12, non-significant.

	IN HOME INTERVIEW		Total
	NO	YES	
.00	11.6%	15.5%	14.8%
1.00	18.9%	18.6%	18.7%
2.00	18.9%	15.3%	16.0%
Months since recent certification			
3.00	9.8%	12.2%	11.8%
4.00	10.9%	10.5%	10.6%
5.00	8.4%	8.4%	8.4%
6.00	5.1%	3.7%	4.0%
7.00	16.4%	15.7%	15.9%
Total	100.0%	100.0%	100.0%

Note: Chi-square = 6.30; p = .50, non-significant.

	IN HOME INTERVIEW		Total
	NO	YES	
White	24.0%	26.1%	25.7%
Black of African American	15.6%	13.6%	14.0%
ETHNICITY (not imputed)			
Asian American, American Indian, Alaska Native, Native Hawaiian or Pacific Islander	8.4%	8.9%	8.8%
Other	10.2%	5.4%	6.3%
Hispanic	41.8%	46.0%	45.2%
Total	100.0%	100.0%	100.0%

Note: Chi-square =10.10, p=.04.

	IN HOME INTERVIEW		Total
	NO	YES	
White	34.2%	34.8%	34.7%
ETHNICITY (imputed and collapsed)			
Black of African American	18.9%	19.5%	19.4%
Hispanic	46.9%	45.6%	45.9%
Total	100.0%	100.0%	100.0%

Note: Chi-square =.15; p = .93, non-significant.

	IN HOME INTERVIEW		Total
	NO	YES	
Pregnant	21.8%	20.8%	21.0%
Breastfeeding	16.4%	20.7%	19.9%
P02A Postpartum	18.2%	18.8%	18.7%
Infant (<12 months)	20.7%	18.8%	19.1%
Child (1 - < 5 years)	22.9%	21.0%	21.3%
Total	100.0%	100.0%	100.0%

Note: Chi-square = 3.12; p = .54, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
P02G GENDER	MALE	25.1%	20.5%	21.3%
	FEMALE	74.9%	79.5%	78.7%
Total		100.0%	100.0%	100.0%

Note: Chi-square = 2.86; p = .09, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
Family Size	1.00	3.6%	2.4%	2.6%
	2.00	19.6%	19.1%	19.2%
	3.00	31.6%	30.7%	30.9%
	4.00	18.9%	21.3%	20.8%
	5.00	26.2%	26.5%	26.5%
Total		100.0%	100.0%	100.0%

Note: Chi-square = 2.12; p = .71, non-significant.

		IN HOME INTERVIEW		Total
		NO	YES	
MSA	NO	21.7%	23.1%	22.4%
	YES	78.3%	76.9%	77.6%
Total		100.0%	100.0%	100.0%

Note: Chi-square = 4.61; p = .03, non-significant.

Table G-2 Variables differentiated by SNAP Participation Status: Percentages and Chi square tests

Table of P0812 by SNAP			
P0812(Proof shown)	SNAP(receive SNAP)		
	No	Yes	Total
Yes, can show documents (for any qualifying program)	63.6	83.79	
Yes, but no adequate documentation	4.13	2.93	
No, did not qualify based on those programs	32.27	13.28	
Total	533	580	1113
Frequency Missing = 97			
Statistic	DF	Value	Prob
Chi-Square	2	61.2031	<.0001
Table of P0812F by SNAP			
P0812F(Document shown)	SNAP(receive SNAP)		
	0	1	Total
Certification card	65.98	49.08	
Award letter	7.69	19.1	
Active program voucher	7.69	11.5	
SNAP/Food Stamp EBT card	3.85	12.94	
Other	14.79	7.39	
Total	338	487	825
Frequency Missing = 385			
Statistic	DF	Value	Prob
Chi-Square	4	59.4553	<.0001
Table of WICCAT by SNAP			
WIC Category	SNAP(receive SNAP)		
	No	Yes	Total
Pregnant	22.24	19.24	
Breastfeeding	25.69	17.41	
Postpartum	17.07	19.4	
Infant	19.66	17.74	
Child	15.34	26.2	
Total	580	603	1183

Frequency Missing = 27			
Statistic	DF	Value	Prob
Chi-Square	4	28.8726	<.0001
N of HH infants in WIC			
	SNAP(receive SNAP)		
	0	1	Total
0	32.26	37.52	
1	64.18	56.84	
2	3.57	4.83	
3	0	0.32	
4	0	0.48	
Total	589	621	1210
Statistic	DF	Value	Prob
Chi-Square	4	10.9758	<.05
N of HH children in WIC			
	SNAP(receive SNAP)		
	0	1	Total
0	74.19	53.3	
1	22.92	35.59	
2	2.72	9.34	
3	0.17	1.77	
Total	589	621	1210
Statistic	DF	Value	Prob
Chi-Square	3	66.7771	<.0001
N of HH member in WIC			
	SNAP(receive SNAP)		
	0	1	Total
1	34.8	27.38	
2	51.44	47.5	
3	10.19	16.43	
4	2.89	6.44	
5	0.68	1.29	
6	0	0.81	
7	0	0.16	
Total	589	621	1210
Statistic	DF	Value	Prob
Chi-Square	6	30.0514	<.0001

N of income sources	SNAP(receive SNAP)		
	0	1	Total
0	60.44	71.66	
1	29.88	23.19	
2	7.64	4.19	
3	1.53	0.64	
4	0.17	0.16	
5	0.17	0.16	
37	0.17	0	
Total	589	621	1210
Statistic	DF	Value	Prob
Chi-Square	6	20.2644	0.0025
Adjunct verified	SNAP(receive SNAP)		
	0	1	Total
Not verified	72.84	51.37	
Verified	27.16	48.63	
Total	589	621	1210
Statistic	DF	Value	Prob
Chi-Square	1	59.0165	<.0001
P0549(Hispanic)	SNAP(receive SNAP)		
	0	1	Total
Others	54.61	34.73	
Hispanic	45.39	65.27	
Total	586	619	1205
Frequency Missing = 5			
Statistic	DF	Value	Prob
Chi-Square	1	48.1637	<.0001
Table of TRACE by SNAP			
TRACE(Self-identified race)	SNAP(receive SNAP)		
	0	1	Total
American Indian/Alaskan Native	0.52	1.47	
Asian/Pacific Islander	2.08	2.45	
African American	13.89	26.63	
White	44.1	43.79	
Multiracial	2.08	1.14	
Other	37.33	24.51	

Total	576	612	1188
Frequency Missing = 22			
Statistic	DF	Value	Prob
Chi-Square	5	43.8991	<.0001
Table of P0501 by SNAP			
P0501(First time received benefits)	SNAP(receive SNAP)		
	0	1	Total
1	65.53	45.09	
2	34.47	54.91	
Total	589	621	1210
Statistic	DF	Value	Prob
Chi-Square	1	51.0677	<.0001
Table of p0532 by SNAP			
p0532(Participate in food prms)	SNAP(receive SNAP)		
	0	1	Total
0	75.35	0	
1	24.65	0	
2	0	100	
Total	576	612	1188
Frequency Missing = 22			
Statistic	DF	Value	Prob
Chi-Square	2	1188	<.0001
Table of eligible_ST2 by SNAP			
eligible_ST2(Final eligible status STATE GUIDE)	SNAP(receive SNAP)		
	0	1	Total
0	4.27	1.29	
1	95.73	98.71	
Total	586	618	1204
Frequency Missing = 6			
Statistic	DF	Value	Prob
Chi-Square	1	9.9645	0.0016

Table G-3 Weighted numbers and percentage distributions by WIC categories: Subsamples that participated in both telephone and in-person interview vs. participants only in telephone interview:

Sample components	WIC category	Unweighted n	Weighted ¹ n	Weighted ¹ %	Std Err o weighted ¹ %
In telephone interview but not in in-person interview	Pregnant	266	488,788	10.30	0.39
	Breastfeeding	261	299,075	6.30	0.24
	Postpartum	266	341,510	7.20	0.25
	Infant	269	1,162,180	24.49	0.66
	Child	288	2,454,406	51.72	0.93
	Total	1350	4,745,959	100.00	
In both interviews	Pregnant	251	489,087	10.95	0.38
	Breastfeeding	258	311,365	6.97	0.27
	Postpartum	224	295,577	6.62	0.24
	Infant	226	1,072,430	24.00	0.66
	Child	251	2,299,322	51.46	0.97
	Total	1210	4,467,781	100.00	
Total	Pregnant	517	977,875	10.61	0.10
	Breastfeeding	519	610,440	6.63	0.09
	Postpartum	490	637,086	6.91	0.03
	Infant	495	2,234,610	24.25	0.13
	Child	539	4,753,728	51.59	0.17
	Total	2560	9,213,739	100.00	
<hr/>					
Pearson Chi-Square	1.06				
Pr > ChiSq	0.63				

¹ Statistics are weighted by the Telephone Survey weights.

Appendix II-H: Contending Reasons against Denial and Termination/Discontinuation

Verbatim Responses Contending Agencies' Denial of WIC Eligibility: Denial Analysis

I hadn't worked for 12 weeks, but my income was calculated anyway.

My income had changed; I was making less.

Many friends told me I would qualify.

It isn't fair. It looks like I'm making more than I am.

I'm still in need of assistance.

People lie about their personal situations. Sometimes we had, and sometimes we didn't.

Someone else told me I was eligible.

The doctor and the hospital said I was entitled because I was pregnant.

She added more than I was making.

They didn't take into consideration how my finances worked.

I didn't understand. I'm not working and they counted my 6 weeks of short-term disability.

My income has been cut by 15 percent.

My husband was only making half of what he used to.

Some people make more than my husband, and they're receiving WIC.

Appendix III-A: State Agencies Survey

Questionnaire contains data item identifications (variable names) for each question in order to facilitate secondary data analysis.

State WIC Agency Survey

Thank you for responding to the FNS' second National Survey of WIC Participants, administered by ICF Macro. Please refer to the accompanying cover letter for full details of the research effort. If you have any questions, please contact Walter Rives at 1-888-285-7976 or email WICSurvey@mmail.macroidinternational.com.

This survey—along with surveys of local agencies and participants—is designed to provide FNS with additional information on policies and program operations, beyond those available from existing program sources. For your convenience, the survey is organized by topic.

Please return the survey in the postage-paid envelope provided.

Public reporting burden for this collection of information is estimated to average 66 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0484).

STATE: _____

STATE ELIGIBILITY GUIDANCE TO LOCAL WIC AGENCIES

1. Which programs establish adjunctive or other automatic State eligibility for a WIC applicant in your State? (CHECK OFF ALL PROGRAMS THAT ESTABLISH ELIGIBILITY IN THE LEFT HAND COLUMN. PROGRAMS THAT ARE REQUIRED BY § 246.7 WIC PROGRAM REGULATIONS ARE ALREADY CHECKED FOR YOU.)

1A. For each item checked in Question 1, please indicate what, if any proofs, the State requires local agencies to collect. (CHECK ALL THAT APPLY)

(CHECK ALL THAT APPLY)	Q1_FS	No specific requirements are set	Proof of certification (e.g. card)	Award letter	Active program voucher	Other: PLEASE SPECIFY
<input checked="" type="checkbox"/> Food Stamps	Q1_FS	Q1A_FSa	Q1A_FSb	Q1A_FSc	Q1A_FSc	Q1A_FSd Q1A_FS_e Q1A_FS_txt
<input checked="" type="checkbox"/> Medicaid	Q1_MD	Q1A_MDa	Q1A_MDb	Q1A_MDc	Q1A_MDd	Q1A_MDe Q1A_MD_txt
<input checked="" type="checkbox"/> TANF	Q1_TF	Q1A_TFa	Q1A_TFb	Q1A_TFc	Q1A_TFd	Q1A_TFe Q1A_TF_txt
<input type="checkbox"/> Children’s Medicaid	Q1_CM	Q1A_CMa	Q1A_CMb	Q1A_CMc	Q1A_CMD	Q1A_CMe Q1A_CM_txt
<input type="checkbox"/> Supplemental Security Income (SSI)	Q1_SS	Q1A_SSa	Q1A_Ssb	Q1A_SSc	Q1A_Ssd	Q1A_SSe Q1A_SS_txt
<input type="checkbox"/> Free and Reduced-Meal School Lunch/Breakfast Program	Q1_FR	Q1A_FRa	Q1A_FRb	Q1A_FRc	Q1A_FRd	Q1A_FRe Q1A_FR_txt
<input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR)	Q1_FD	Q1A_FDa	Q1A_FD_b	Q1A_FDc	Q1A_FDd	Q1A_FDe Q1A_FD_txt
<input type="checkbox"/> Low-Income Energy Assistance	Q1_EA	Q1A_EAa	Q1A_EAb	Q1A_EAc	Q1A_EAd	Q1A_EAe Q1A_EA_txt
<input type="checkbox"/> Other: PLEASE SPECIFY _____	Q1_O1 Q1_O1_txt	Q1A_O1a	Q1A_O1b	Q1A_O1c	Q1A_O1d	Q1A_O1e Q1A_O1_txt
<input type="checkbox"/> Other: PLEASE SPECIFY _____	Q1_O2 Q1_O2_txt	Q1A_O2a	Q1A_O2b	Q1A_O2c	Q1A_O2d	Q1A_O2e Q1A_O2_txt

2. Do any of the programs checked above, that establish adjunctive or other automatic State eligibility, allow people to participate whose income may exceed the normal “185% of the federal poverty income” standard that is used to establish income eligibility?

Q2

- Yes
- No (SKIP TO QUESTION 3)

2A. Which ones? (CHECK ALL THAT APPLY)

- Food Stamps **Q2A_FS**
- Medicaid **Q2A_MD**
- TANF **Q2A_TF**
- Children’s Medicaid **Q2A_CM**
- Other: **Q2A_O** PLEASE SPECIFY _____ **Q2A_O_txt**
- Supplemental Security Income (SSI) **Q2A_SS**
- Free and Reduced-Meal School Lunch/Breakfast Program **Q2A_FR**
- Food Distribution Program on Indian Reservations (FDPIR) **Q2A_FD**
- Low-Income Energy Assistance **Q2A_EA**

3. When adjunctive/automatic eligibility is NOT established, what **sources of income** does your State require local agencies to count when determining the income eligibility of an applicant? (CHECK ALL THAT APPLY)

- Wages, salary, fees **Q3_WS**
- Tips and bonuses **Q3_TB**
- Self employment **Q3_SE**
- Unemployment compensation **Q3_UC**
- Workers compensation **Q3_WC**
- Child support **Q3_CS**
- Commissions **Q3_CM**
- Public assistance **Q3_PA**
- Alimony **Q3_AL**
- Social Security **Q3_SS**
- Private pension **Q3_PP**
- Disability pension **Q3_DP**
- Medical assistance (any) **Q3_MA**
- SSI – Fed government **Q3_SSF**
- SSI—State issued **Q3_SSS**
- Income from estates **Q3_IE**
- Net royalties **Q3_Nro**
- Other cash income **Q3_OC**
- Energy assistance **Q3_EA**
- Rental assistance **Q3_RA**
- Net rental income **Q3_Nre**
- Dividends or interest from savings **Q3_DI**
- Regular contributions from persons not in household **Q3_RC**
- Income from trusts **Q3_IT**
- Welfare **Q3_WF**
- Other: **Q3_O** SPECIFY ___ **Q3_O_txt**

4. In determining the income of an applicant where unemployment is **not** an issue, does the State instruct local agencies to use income from the last year, to use current income, or is it left up to the judgment of the local agencies?

Q4

- Income from last year used
- Current income used
- Left to local agencies to decide
- Other: PLEASE SPECIFY _____ **Q4_O_txt**

5. What types of proof are acceptable in your State to verify the **sources of income** for WIC applicants?
(CHECK ALL THAT APPLY)

- Most recent tax return **Q5tax**
- Check or pay stubs **Q5chk**
- Signed statement by employer **Q5ss**
- Statement of benefits by public agency or court **Q5sob**
- Statement of benefits for child support and alimony **Q5sob2**
- Leave and Earnings Statement (LES) for military pay **Q5leave**
- Unemployment letter or notice letter signed by official State/local agency attesting to client's low income **Q5unemploy**
- Written statement from reliable third party **Q5writ**
- Statement from bank or other financial institution savings (e.g. direct deposit) **Q5bank**
- Accounting records (for self-employed individuals) **Q5acctg**
- Scholarship letter (e.g. for students) **Q5schol**
- Other: **Q5_O** PLEASE SPECIFY _____ **Q5_O_txt**

5A. How does the State determine "most recent" income? (Be as specific as possible, or attach supporting documentation)

Q5A_txt

6. Does the State use or grant discretion to local agencies regarding income determination?

Q6

- No
- Yes, discretion is given

6A. State or local income guidelines used for WIC are adopted from which of the following services?

Q6A

- Free and Reduced Health Care (e.g. Maternal Health Care, Pediatric Health Care)
_____ % Federal Poverty Level
- Free and Reduced Priced School Meals
_____ % Federal Poverty Level
- Other (Specify: Provide supporting policy statements)___ **Q6A_O_txt**
% Federal Poverty Level **Q6A_A**

7. For applicants not likely to have any proof of income--e.g., homeless, or migrant farm worker who works for cash, does the State allow self-declaration of income with applicants signed statement of why documentation cannot be provided?

Q7

- Yes
- No

8. When an infant turns 1 year, does the 6 months certification period remain valid, or does the infant become categorically ineligible and need to again be certified based on criteria used for children?

Q8

- The 6 month certification period remains valid
- The infant becomes categorically ineligible and needs to again be certified based on criteria used for children
- Neither. There is no State policy. Discretion is given to local agencies

9. Does your State use a data month or calendar month for issuance cycles?

Q9

- Calendar month(benefits continue until the end of the month)
- Data month (benefits continue until next 30-day period of eligibility ends)

10. For temporary low-income persons (e.g. strikers), does the State allow the full certification period or shorten the certification period based on anticipated income increase?

Q10

- Allows full certification period
- Shortens certification period based on anticipated income increase

11. What other discretion, if any, does the State use or grant to local agencies regarding certification periods?

Q11

- No additional discretion is given
- Other discretion is given: (Specify) **Q11_O_txt**

12. What additional guidelines, if any, are given by the State to local agencies to help them determine the **WIC economic/family unit** above and beyond the national WIC program definition which defines it as “a group of related or nonrelated individuals who are living together?”

Q12

- No additional discretion is given
 - The following discretion is given: (PROVIDE SUPPORTING POLICY STATEMENTS AS APPROPRIATE.) **Q12_O_txt**

13. In determining household income, does the State exclude any of the following military housing allowances? (CHECK ALL THAT APPLY)

- Basic Allowance for Housing (BAH) for off-base housing and privatization housing in the U.S. **Q13_BAH**
- Family Separation Housing (FSH) provided to military personnel for overseas housing. **Q13_FSH**
- Overseas Housing Allowance (OHA) provided to military personnel living overseas. **Q13_OHA**
- Overseas Continental U.S. (OCONUS) cost of living allowance (COLA) provided to active duty uniformed service members in Hawaii, Alaska, and Guam. **Q13_OCON**

14. Regarding Children in Temporary Care of Friends/Relatives, does the State: (CHOOSE ONE)
Q14

- Count absent parents and children as one unit.
- Count the children as a separate unit in which case they should have separate income, e.g., child allotment.
- Count the children as part of the economic unit of the person with whom they are residing.

15. What types of identification are acceptable in your State to verify the residency of a WIC applicant? (CHECK ALL THAT APPLY)

- Driver's license **Q15_DL**
- Current utility/tax bill with address on it **Q15_UB**
- Written statement from reliable third party **Q15_WS**
- Checkbook **Q15_CK**
- Signed statement by applicant that he/she is victim of loss or disaster, or is homeless, a migrant person, or military personnel. **Q15_ST**
- Rent receipt, mortgage receipt or lease **Q15_RR**
- Other: **Q15_O1** PLEASE SPECIFY _____ **Q15_O1_txt**
- Other: **Q15_O2** PLEASE SPECIFY _____ **Q15_O2_txt**
- Other: **Q15_O3** PLEASE SPECIFY _____ **Q15_O3_txt**
- Other: **Q15_O4** PLEASE SPECIFY _____ **Q15_O4_txt**
- Other: **Q15_O5** PLEASE SPECIFY _____ **Q15_O5_txt**

16. Does the State require applicants to reside within the State to be eligible for WIC?
Q16

- Yes
- No

17. Do local agencies (i.e. the umbrella agencies above the local clinics) have non-overlapping jurisdictions with one another? (For example, county boundaries)

Q17

- Yes
- No

18. Check the statement that best describes your residency requirements for WIC participants:

Q18

- WIC participants must reside within the boundary of the WIC local clinic where she/he resides.
- WIC participants must reside within the boundary of the WIC local agency (overseeing the clinic) where she/he resides.
- WIC participants only need to show that they live somewhere within the State.
- The decision about whether a WIC participants must reside within the local agency/clinic boundary or can simply reside in the State is left to local agencies and/or clinics to decide
- Other. PLEASE SPECIFY _____ **Q18_O_txt**

19. How often does the State regularly review the records of WIC participants to identify duplicate certifications across local agencies?

Q19

- Process is automated and constant. State's WIC system looks for duplicate records at time of certification and at subsequent certifications
- 10-12 times a year (e.g. monthly)
- 7-9 times a year
- 4-6 times a year (e.g. quarterly)
- 2-3 times a year (e.g. semiannually)
- Once a year or less
- Never
- Don't know

20. At the current time, does your State use FNS's WIC Nutrition Risk Criteria to ascertain nutritional eligibility or does the State bundle the codes into its own unique groupings?

Q20

- Use FNS criteria
- Bundle codes
- Other. PLEASE EXPLAIN _____ **Q20_O_txt**

21. In the following table, please list by code number (for example, 331—pregnancy at a young age) the seven most prevalent nutritional risk code indicators in your State, by category. NOTE: IF YOUR STATE HAS BUNDLED CODES, LIST ALL CODES IN BUNDLE IN A CELL OR, IF YOU DO NOT USE FNS CODE NUMBERING, REFER TO BUNDLE IN A CELL AND ATTACH A CROSSWALK TABLE OR KEY).

	Pregnant	Breastfeeding	Postpartum	Infants	Children
1st (Most prevalent)	Q21PG_1	Q21BF_1	Q21PP_1	Q21IN_1	Q21CH_1
2nd	Q21PG_2	Q21BF_2	Q21PP_2	Q21IN_2	Q21CH_2
3rd	Q21PG_3	Q21BF_3	Q21PP_3	Q21IN_3	Q21CH_3
4th	Q21PG_4	Q21BF_4	Q21PP_4	Q21IN_4	Q21CH_4
5th	Q21PG_5	Q21BF_5	Q21PP_5	Q21IN_5	Q21CH_5
6th	Q21PG_6	Q21BF_6	Q21PP_6	Q21IN_6	Q21CH_6
7 th (Least prevalent of top risk codes)	Q21PG_7	Q21BF_7	Q21PP_7	Q21IN_7	Q21CH_7

Q21A

- Check if above are new VENA FNS codes
- Check if you are using FNS Codes but are NOT using the new VENA codes for dietary risks
- Check if above are you own codes, NOT FNS codes (Please include crosswalk table or key)

22. When does your State plan to have the VENA (Value Enhanced Nutrition Assessment) protocols fully implemented *at the local level*?

Q22

- It is already implemented
- By end of 2009
- By end of 2010
- Later than 2010

DENIALS

23. Does State policy require that local WIC agencies keep information on denied applicants?

Q23

- Yes
- No (SKIP TO QUESTION 25)

24. What information on Denied Applicants is required to be retained by the State?

(CHECK ALL THAT APPLY)

- Name of applicant **Q24name**
- Address **Q24adr**
- Phone number **Q24pho**
- WIC applicant category **Q24wic**
- Reason for denial **Q24reason**
- Date of application **Q24applic**
- Date of denial **Q24denial**

24A. How is the Denied Applicant information retained?

Q24A

- No specific retention requirements
- Paper copy only
- Electronic copy only
- Both paper and electronic

25. Is it State policy to have local agencies send an official letter of denial to applicants who are denied eligibility for WIC?

Q25

- Yes
- No

FOOD PACKAGES & NUTRITION SERVICES

26. What, if any, assistance does the State provide to local agencies for the specific purpose of promoting breastfeeding?

- Funding for breastfeeding coordinators or peer counselors **Q26fundg**
- Training for personnel to support breastfeeding **Q26trng**
- Printed breastfeeding materials (hand-outs, posters, etc.) **Q26prntd**
- Free breast pumps for distribution **Q26free**
- Other: **Q26_O** PLEASE DESCRIBE BRIEFLY _____ **Q26_O_txt**

- None **Q26none**

27. Which of the following actions are designated proxies allowed to do in your State on behalf of the WIC participants they represent?

- Get certification for the WIC applicant **Q27get**
- Pick up food instruments **Q27pick**
- Attend educational sessions **Q27attend**
- Spend food instruments **Q27spend**
- Not Applicable. State does not allow proxies **Q27NA**
- Other: **Q27_O** PLEASE SPECIFY _____ **Q27_O_txt**

28. How frequently are food instruments distributed throughout the State via the following distribution methods? (PLEASE CHECK ONE ANSWER FOR EACH)

		Most of the time	Some of the time	Occasionally	Not at all
a. In person at a local WIC site	Q28a				
b. EBT (electronic benefit cards)	Q28b				
c. By mail	Q28c				
d. Other: PLEASE SPECIFY _____	Q28d Q28_O_txt				

RECORD-KEEPING & SYSTEMS

29. Please indicate for how long, if at all, the following WIC Participant data is kept at the State level.
(CHECK ALL THAT APPLY. EACH ROW SHOULD HAVE AT LEAST ONE CHECK.)

Possible data stored: ↓		State does not retain this information	State stores only most current information (i.e. no record of previous changes)	State stores current and previous information (including changes) for...			
				Up to 3 months	4-8 months	9-12 months	Over a Year
Client name	Q29a						
Clinic attended	Q29b						
Family identification or affiliation	Q29c						
Category of eligibility	Q29d						
Client address	Q29e						
Client telephone	Q29f						
Second client telephone	Q29g						
Food package issued	Q29h						
Value of food package redeemed	Q29i						
Program through which adjunctively/ automatically income eligible	Q29j						
Proofs of income (if not adjunctively/automatically eligible)	Q29k						
Primary language	Q29l						

30. What proofs of eligibility are local WIC agencies required to keep in their files?

	Local agency must keep... (CHECK ALL THAT APPLY)				
<i>For what types of documents...?</i> ↓	Original document/s	Copy of original document/s	Identifying number of original document	A written statement or notation (such as a check mark) that an acceptable document was shown to the (re)certification staff.	None of these items
Documents proving adjunctive/automatic eligibility	Q30_ADJ_1	Q30_ADJ_2	Q30_ADJ_3	Q30_ADJ_4	Q30_ADJ_5
Proofs of income (wages, fees and tips, etc.)	Q30_INC_1	Q30_INC_2	Q30_INC_3	Q30_INC_4	Q30_INC_5
Nutritional eligibility paperwork	Q30_NUT_1	Q30_NUT_2	Q30_NUT_3	Q30_NUT_4	Q30_NUT_5
Categorical eligibility paperwork	Q30_CAT_1	Q30_CAT_2	Q30_CAT_3	Q30_CAT_4	Q30_CAT_5
Proof of residency	Q30_RES_1	Q30_RES_2	Q30_RES_3	Q30_RES_4	Q30_RES_5

31. Are proofs of eligibility stored at the State level? (CHECK ONE FOR EACH)

YES NO

- Documents proving adjunctive/automatic eligibility **Q31a**
- Proofs of income **Q31b**
- Nutritional eligibility paperwork **Q31c**
- Categorical eligibility paperwork **Q31d**
- Proof of residency **Q31e**

32. What is the longest that local agencies may wait before sending applicant data to the State WIC agency about new WIC certificants and recertificants?

Q32

- 30 days or less
- 31-60 days
- 61-90 days
- Other: PLEASE SPECIFY _____ **Q32_O_txt**

33. With regard to the State's database of WIC participants...

1. What does State use to store participant data? 2. What databases are used?

Q33_1

- Mainframe server
- QuickWIC (web-based)
- Other: SPECIFY

_____ **Q33_1_O_txt**

Q33_2

- Access (MDB)
- Excel (XLS)
- Oracle
- SAS
- SPSS (SPS)
- XML
- Other: SPECIFY _____

Q33_2_O_txt

34. Please indicate the **maximum** number of days that...

- a. participants are given to use their food instruments after start date? _____ days

Q34a

- b. vendors can take to deposit redeemed food instruments in their bank? _____ days

Q34b

- c. vendors' banks can take to turn the food instruments over to the State WIC agency's bank? _____ days

Q34c

Check here if question does not apply because vendors must turn in their coupons to the State WIC agency's bank

Q34_1checkbox

GENERAL CHARACTERISTICS

35. For the State as a whole, how many WIC clients are: (PLEASE GIVE YOUR BEST ESTIMATE OF ACTUAL NUMBERS)

- a. migrant farmworkers _____ **Q35a** b. homeless individuals _____ **Q35b**

36. What is the number of WIC local agencies in the State?

Q36

_____ LOCAL AGENCIES

37. What is the number of WIC clinics or sites, including satellite sites in the State? (IF MOBILE UNIT IS ATTACHED TO A SINGLE CLINIC OR SITE, DO NOT CONSIDER IT A SITE. IF MOBILE UNIT SERVES MULTIPLE SITES, CONSIDER IT A SEPARATE SITE.) **Q37**

_____ LOCAL CLINICS/SITES

YOUR TIME COMPLETING THE SURVEY IS GREATLY APPRECIATED.
THANK YOU! PLEASE RETURN PROMPTLY IN ENVELOPE PROVIDED.

Appendix III-B: Local Agencies Survey

Questionnaire contains data item identifications (variable names) for each question in order to facilitate secondary data analysis.

Local WIC Agency Web Survey

Thank you for participating in the FNS' second National Survey of WIC Participants, administered by ICF Macro. Please refer to the accompanying cover letter for full details of the research effort. If you have any questions, please contact Walter Rives at 1-888-285-7976 or email him at WICSurvey@mmail.macrointernational.com.

This survey—along with surveys at the State and participant levels—is designed to provide FNS with additional information on policies and program operations, above and beyond that which is available from existing program sources. For your convenience, the survey is organized by topic. There is a space for additional comments at the very end.

SCREENER

S1. Does this local agency conduct certifications and recertifications of WIC applicants, or does it serve as a purely administrative office, overseeing these functions at the clinic level?

S1

- Agency to which this survey was addressed does certifications and recertifications
→ CONTINUE TO SURVEY
- Agency serves as a purely administrative office
- Not sure

PLEASE CONTACT **WALTER RIVES** AT
ICF MACRO TO CLARIFY IF YOU SHOULD
FILL OUT THIS SURVEY.

Phone: 1-888-285-7976

Email :

WICSurvey@mmail.macrointernational.com

Until directed otherwise, please answer all the questions as they apply to just this location of your local agency or clinic.

CHARACTERISTICS OF LOCAL WIC AGENCY

1. Which description most closely fits the structure in which your local agency or clinic is located?
(CHECK ONE)

q1

- Health department or medical clinic
- Social services office or agency
- Full service hospital
- School
- Site of non-profit organization
- Site of religious group
- Other: PLEASE SPECIFY _____ **q1oth**

2. How many rooms does the WIC program use, excluding such things as hallways, bathrooms, kitchen, and storage closets? Please select the total for each type of room. [PLEASE GIVE THE NUMBER.]

- Large waiting rooms/reception areas (greater than 15x15 feet) **q2_01**
- Small waiting rooms/reception areas (15x15 feet or smaller) **q2_02**
- Rooms, offices or cubicles where clients are seen **q2_03**
- Large training/conference/multipurpose rooms **q2_04**
- Small training/conference/multipurpose rooms **q2_05**
- Administrative offices (no clients seen) **q2_06**
- Administrative cubicles (no clients seen) **q2_07**
- Other: **q2_951** PLEASE SPECIFY _____ **q2oth**

3. How many days a week, on average is the agency open to clients/applicants? _____ DAYS

q3

4. How many hours per week, on average, is the WIC agency open? _____ HOURS

q4

5. How many of the hours are “extended hours,” meaning they take place before 9 AM and after 5 PM? _____ HOURS

q5

6. Approximately how many clients are served at the agency per month? _____ CLIENTS/MONTH

q6

7. Of these, approximately what percentage are certifications and recertifications? _____ %

q7

8. What types of public transportation are within a 10 minute walk (1/2 mile) of the agency? (CHECK ALL THAT APPLY)

Bus **q8_1**
 Light rail/subway/commuter train **q8_2**
 Other **q8_3**
 None **q8_4**

9. What is the most-frequent means of transport used by WIC applicants and participants to get to your agency?

q9

Private car
 Taxi
 Bus
 Light rail/subway/commuter train
 On foot
 Other

10. What is the second most-used means of transport used by WIC applicants and participants to get to your agency?

q10

Private car
 Taxi
 Bus
 Light rail/subway/commuter train
 On foot
 Other

11. How would you rate the physical security of your local agency's location?

q11

Very safe (No incidents)
 Safe (Occasional minor incidents)
 Unsafe (Occasional major incidents or frequent minor incidents)
 Very unsafe (Frequent major incidents)

12. Does the agency have on-site the necessary technology, equipment, supplies, etc. to do the following tasks?

a) Enter/access client certification information via a computer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know q12_a_01
i. Is this computer networked to other computers in the office (i.e. a shared drive)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know q12_a_02
ii. Is this computer networked to other agencies, clinics or the State WIC office?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know q12_a_03
b) Have internet access?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know q12_b
c) Perform hematological tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know q12_c
d) Take anthropometric measurements for weight, BMI (body mass) and height?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know q12_d

13. For each of the following services, please indicate if your local agency is able to offer the service, provide information and/or make referrals in the following areas. “Ability to make a referral” means that your local agency’s involvement is required to obtain a particular service whereas “ability to provide information” means that you have only given client the information about the problem and possibly places to go for help. (CHECK ALL THAT APPLY)

	Offered by WIC Agency/Clinic	Able to provide information	Ability to make a referral	Neither	
Maternal health care	q13_01_01	q13_01_02	q13_01_03	q13_01_04	
Prenatal health care	q13_02_01	q13_02_02	q13_02_03	q13_02_04	
Children’s health care	q13_03_01	q13_03_02	q13_03_03	q13_03_04	
Prevention (e.g., immunizations) and Screenings (e.g. vision or Early & Periodic Screening)	q13_04_01	q13_04_02	q13_04_03	q13_04_04	
Breastfeeding support	q13_05_01	q13_05_02	q13_05_03	q13_05_04	
Dietitian/nutrition services	q13_06_01	q13_06_02	q13_06_03	q13_06_04	
Mental health services	q13_07_01	q13_07_02	q13_07_03	q13_07_04	
STD (sexually transmitted diseases)	q13_08_01	q13_08_02	q13_08_03	q13_08_04	
Dental	q13_09_01	q13_09_02	q13_09_03	q13_09_04	
Family planning	q13_10_01	q13_10_02	q13_10_03	q13_10_04	
Child care/education (e.g., Healthy Start, Head Start)	q13_11_01	q13_11_02	q13_11_03	q13_11_04	
Parenting support	q13_12_01	q13_12_02	q13_12_03	q13_12_04	
Employment/life skills training	q13_13_01	q13_13_02	q13_13_03	q13_13_04	
Other public assistance	q13_14_01	q13_14_02	q13_14_03	q13_14_04	
Environmental health/screening	q13_15_01	q13_15_02	q13_15_03	q13_15_04	
Substance abuse counseling/treatment	q13_16_01	q13_16_02	q13_16_03	q13_16_04	
Smoking cessation	q13_17_01	q13_17_02	q13_17_03	q13_17_04	
Violence Protection/Prevention (women)	q13_18_01	q13_18_02	q13_18_03	q13_19_04	
Violence Protection/Prevention (children)	q13_19_01	q13_19_02	q13_02_03	q13_19_04	
OTHER: SPECIFY _____	q13_95_other	q13_95_01	q13_95_02	q13_95_03	q13_95_04

FOR ALL ITEMS WHERE REFERRALS ARE CHECKED IN Q13, ASK:

13A. In Q13, you indicated that you give referrals for certain services. For *just those* services where referrals are given, please mark which type of referral is given

- a. WIC client gets referral sheet to take to other organization
- b. Organization is given name of WIC client to contact (with client’s knowledge)
- c. Organization is notified of WIC client situation (without client’s knowledge – e.g., protective services – as permitted by law)
- d. Other

	For all services in Q13 where referrals are given out, check all that apply. (If no referrals given, leave blank.)			
	a. Referral sheet	b. Org'l name is given out	c. Org. is notified	d. Other
Maternal health care	q13a_01_01	q13a_01_02	q13a_01_03	q13a_01_04
Prenatal health care	q13a_02_01	q13a_02_02	q13a_02_03	q13a_02_04
Children’s health care	q13a_03_01	q13a_03_02	q13a_03_03	q13a_03_04
Prevention (e.g., immunizations) and Screenings (e.g. vision or Early & Periodic Screening)	q13a_04_01	q13a_04_02	q13a_04_03	q13a_04_04
Breastfeeding support	q13a_05_01	q13a_05_02	q13a_05_03	q13a_05_04
Dietitian/nutrition services	q13a_06_01	q13a_06_02	q13a_06_03	q13a_06_04
Mental health services	q13a_07_01	q13a_07_02	q13a_07_03	q13a_07_04
STD (sexually transmitted diseases)	q13a_08_01	q13a_08_02	q13a_08_03	q13a_08_04
Dental	q13a_09_01	q13a_09_02	q13a_09_03	q13a_09_04
Family planning	q13a_10_01	q13a_10_02	q13a_10_03	q13a_10_04
Child care/education (e.g., Healthy Start, Head Start)	q13a_11_01	q13a_11_02	q13a_11_03	q13a_11_04
Parenting support	q13a_12_01	q13a_12_02	q13a_12_03	q13a_12_04
Employment/life skills training	q13a_13_01	q13a_13_02	q13a_13_03	q13a_13_04
Other public assistance	q13a_14_01	q13a_14_02	q13a_14_03	q13a_14_04
Environmental health/screening	q13a_15_01	q13a_15_02	q13a_15_03	q13a_15_04
Substance abuse counseling/treatment	q13a_16_01	q13a_16_02	q13a_16_03	q13a_16_04
Smoking cessation	q13a_17_01	q13a_17_02	q13a_17_03	q13a_17_04
Violence Protection/Prevention (women)	q13a_18_01	q13a_18_02	q13a_18_03	q13a_18_04
Violence Protection/Prevention (children)	q13a_19_01	q13a_19_02	q13a_19_03	q13a_19_04
OTHER:	q13a_95_01	q13a_95_02	q13a_95_03	q13a_95_04

AGENCY PROCEDURES

14. What types of identification does the agency use to verify the residency of a WIC applicant?
(CHECK ALL THAT APPLY)

- Drivers license **q14_1**
- Current utility/tax bill with address on it **q14_2**
- Written statement from reliable third party **q14_3**
- Checkbook **q14_4**
- Rent receipt, mortgage receipt or lease **q14_5**
- Other: **q14_6** PLEASE SPECIFY _____ **q14oth1**
- Other: **q14_7** PLEASE SPECIFY _____ **q14oth2**
- Other: **q14_8** PLEASE SPECIFY _____ **q14oth3**
- Other: **q14_9** PLEASE SPECIFY _____ **q14oth4**
- Paystub, Paycheck, SSI check, unemployment check **q14_11**
(added based on recoding of “other” responses)
- Other mail with name and address on it **q14_12**
(added based on recoding of “other” responses)
- Medicaid or health insurance card **q14_10**
(added based on recoding of “other” responses)

15. Does the agency keep a copy of documents proving adjunctive or automatic eligibility for applicants?

- Yes, physical copy **q15_1**
- Yes, electronic copy (scanned document) **q15_2**
- No **q15_3**

16. When does the start-date for a certification occur? (CHECK ONE BEST ANSWER)

q16

- When the WIC applicant first comes into the clinic
- When the WIC application is filled out
- When the WIC application is filled out and all supporting information provided

17. What discretion, if any, does the state use or grant to local agencies regarding certification periods?

q17

- No additional discretion is given
- The following discretion is given: (PROVIDE SUPPORTING POLICY STATEMENTS AS APPROPRIATE)

q17oth

18. Do certifications have to take place in person?

q18

- Yes [SKIP TO Q20]
- No

19. If no, by what other means can WIC applicants be certified? (CHECK ALL THAT APPLY)

- Phone **q19_1**
- Mail **q19_2**
- Fax **q19_3**
- Other: **q19_4** PLEASE SPECIFY _____ **q19oth**

20. Approximately what percentage of **WIC applicants** are given temporary certification, that is, 30 days of food instruments while the validity of their application for WIC certification is being established?

q20

[CIRCLE ONE ANSWER IN BOX WITH...]



20a. How confident are you in the range entered here?

q20a

- Very confident
- Somewhat confident
- Not very confident (i.e. a lot of guesswork involved)

0%

1 - 10%

11 - 20%

21 - 30%

31 - 40%

41 - 50%

51 - 60%

61 - 70%

71 - 80%

81 - 90%

91 - 100%

21. Which of the following actions are designated proxies allowed to do on behalf of the WIC participants they represent?

- Get certification for the WIC applicant **q21_1**
- Pick up food instruments **q21_2**
- Attend educational sessions **q21_3**
- Other: **q21_4** PLEASE SPECIFY _____ **q21oth**
- Not Applicable. State does not allow proxies **q21_5**
- Use food instruments at store **q21_6** (added based on recoding of “other” responses)

22. What controls are in place to ensure that a WIC applicant is not already participating in WIC at a different location? (CHECK ALL THAT APPLY)

- Applicant must show identification **q22_1**
- Applicant must submit proof of current residence **q22_2**
- Computer checks system based on applicant name **q22_3**
- Computer checks system based on Social Security number **q22_4**
- Other procedure: **q22_5** PLEASE DESCRIBE _____ **q22oth**

23. Of applicants **new** to WIC, what percentage is denied certification?
q23

[CIRCLE ONE ANSWER IN BOX WITH...]



23a. How confident are you in the range entered here?
q23a

- Very confident
- Somewhat confident
- Not very confident (i.e. a lot of guesswork involved)

- ≤10%
- 11 - 20%
- 21 - 30%
- 31 - 40%
- 41 - 50%
- 51 - 60%
- 61 - 70%
- 71 - 80%
- 81 - 90%
- 91 - 100%

24. Of WIC participants seeking **recertification**, what percentage is denied certification?
q24

[CIRCLE ONE ANSWER IN BOX WITH...]



24a. How confident are you in the range entered here?
q24a

- Very confident
- Somewhat confident
- Not very confident (i.e. a lot of guesswork involved)

- ≤10%
- 11 - 20%
- 21 - 30%
- 31 - 40%
- 41 - 50%
- 51 - 60%
- 61 - 70%
- 71 - 80%
- 81 - 90%
- 91 - 100%

25. Please specify the percentage of denials that are attributable to the following eligibility problems. It is possible the percentages may sum to more than 100% as applicants may be denied that for more than one reason.

- Insufficient identification **q25_01** _____%
- Income ineligibility **q25_02** _____%
- Nutritional ineligibility **q25_03** _____%
- Residency ineligibility **q25_04** _____%
- Category ineligibility (i.e. not pregnant, child over 5 years, etc.) **q25_05** _____%
- Other: PLEASE SPECIFY _____ **q25oth** **q25_95** _____%

25a. How confident are you in the percentages entered here?
q25a

- Very confident
- Somewhat confident
- Not very confident (i.e. a lot of guesswork involved)

26. Does the agency keep information on denied applicants?
q26

- Yes
- No [SKIP TO Q28]

27. What information on Denied Applicants do you retain and how is it retained? (ANSWER b. AND c. ONLY IF a. IS CHECKED.)

<u>a. Information Retained</u> (CHECK ALL THAT APPLY)	<u>b. How Retained</u> (CHECK ONE)	<u>c. Where Retained</u> (CHECK ALL THAT APPLY)
<input type="checkbox"/> Name of applicant q27a1	<input type="checkbox"/> Paper copy only <input type="checkbox"/> Electronic copy only <input type="checkbox"/> Both paper and electronic q27b_01	<input type="checkbox"/> WIC State Agency q27c_01_01 <input type="checkbox"/> Your Local Agency q27c_01_02 <input type="checkbox"/> Sites/Clinics q27c_01_03
<input type="checkbox"/> Address q27a2	<input type="checkbox"/> Paper copy only <input type="checkbox"/> Electronic copy only <input type="checkbox"/> Both paper and electronic q27b_02	<input type="checkbox"/> WIC State Agency q27c_02_01 <input type="checkbox"/> Your Local Agency q27c_02_02 <input type="checkbox"/> Sites/Clinics q27c_02_03
<input type="checkbox"/> Phone number q27a3	<input type="checkbox"/> Paper copy only <input type="checkbox"/> Electronic copy only <input type="checkbox"/> Both paper and electronic q27b_03	<input type="checkbox"/> WIC State Agency q27c_03_01 <input type="checkbox"/> Your Local Agency q27c_03_02 <input type="checkbox"/> Sites/Clinics q27c_03_03
<input type="checkbox"/> WIC applicant category q27a4	<input type="checkbox"/> Paper copy only <input type="checkbox"/> Electronic copy only <input type="checkbox"/> Both paper and electronic q27b_04	<input type="checkbox"/> WIC State Agency q27c_04_01 <input type="checkbox"/> Your Local Agency q27c_04_02 <input type="checkbox"/> Sites/Clinics q27c_04_03
<input type="checkbox"/> Reason for denial q27a5	<input type="checkbox"/> Paper copy only <input type="checkbox"/> Electronic copy only <input type="checkbox"/> Both paper and electronic q27b_05	<input type="checkbox"/> WIC State Agency q27c_05_01 <input type="checkbox"/> Your Local Agency q27c_05_02 <input type="checkbox"/> Sites/Clinics q27c_05_03
<input type="checkbox"/> Date of application q27a6	<input type="checkbox"/> Paper copy only <input type="checkbox"/> Electronic copy only <input type="checkbox"/> Both paper and electronic q27b_06	<input type="checkbox"/> WIC State Agency q27c_06_01 <input type="checkbox"/> Your Local Agency q27c_06_02 <input type="checkbox"/> Sites/Clinics q27c_06_03
<input type="checkbox"/> Date of denial q27a7	<input type="checkbox"/> Paper copy only <input type="checkbox"/> Electronic copy only <input type="checkbox"/> Both paper and electronic q27b_07	<input type="checkbox"/> WIC State Agency q27c_07_01 <input type="checkbox"/> Your Local Agency q27c_07_02 <input type="checkbox"/> Sites/Clinics q27c_07_03

28. Does the agency send an official letter of denial to applicants who are denied eligibility for WIC?
q28

- Yes
- No

29. Can an applicant be screened and denied eligibility by telephone?
q29

- Yes
- No [SKIP TO Q31]

30. For which reasons can an applicant be screened and denied eligibility by telephone? (CHECK ALL THAT APPLY)

- Insufficient identification **q30_1**
- Income eligibility **q30_2**
- Nutritional eligibility **q30_3**
- Residency eligibility **q30_4**
- Category eligibility **q30_5**
- Other: **q30_6** PLEASE SPECIFY: _____ **q30oth**

NUTRITION SERVICES

31. What nutrition services are offered by your local agency? (CHECK ALL THAT APPLY)

- One-on-one counseling **q31_1**
- Group educational sessions **q31_2**
- Internet-based nutrition education for clients to use **q31_3**
- Other: **q31_4** PLEASE SPECIFY _____ **q31oth**

32. Who provides these nutrition services? (CHECK ALL THAT APPLY)

- WIC Director or Clinic Supervisor **q32_01**
- Registered Dietitians **q32_02**
- Degreed/Licensed Nutritionists **q32_03**
- Trained Nutrition Paraprofessional **q32_04**
- Registered Nurses/Physicians Assistants **q32_05**
- Physicians **q32_06**
- Social Workers/ Psychologists/ Therapists **q32_07**
- Other Health Professionals not listed here **q32_08**
- Other Non-Health Professionals not listed here **q32_09**
- Administrative/clerical/support staff **q32_10**
- Peer Counselors **q32_11**

33. On average, how much time is spent giving nutrition education to an adult client during the certification process?

q33

[CIRCLE ONE:]

- None
- <5 minutes
- 5 - <10 minutes
- 10 - <20 minutes
- 20 - <30 minutes
- 30 - <45 minutes
- 45 - <60 minutes
- 60 minutes or more

34. In a given 3-month period, on average, how much time is spent giving nutrition education to an adult client during follow-up visits (excluding the initial certification)?

q34

[CIRCLE ONE:]

- None
- <10 minutes
- 10 - <20 minutes
- 20 - <30 minutes
- 30 - <45 minutes
- 45 - <60 minutes
- 60 - <90 minutes
- 90 minutes or more

35. What percentage of infants are certified off-site (e.g. in the hospital)?

q35 _____ %

36. What types of outreach does your local agency do in, or with, hospitals to help bring qualified infants into the WIC program? (CHECK ALL THAT APPLY)

- Agency staff visit currently-certified and prospective WIC mothers in the hospital **q36_1**
- Agency provides general information and/or specific forms to the hospital for distribution **q36_2**
- Agency staff provide pregnant mothers with WIC forms (for their infants) for hospital physicians to fill out **q36_3**
- Agency joins with other social service agencies to provide a place at the hospital where prospective clients can shop services, all in one place **q36_4**
- Other: **q36_5** PLEASE SPECIFY _____ **q36oth**

From this point forward, please answer the remaining 16 questions as they apply to the WIC local agency in its entirety, including all clinics, satellites and mobile units.

LOCAL AGENCY ORGANIZATION

37. How would you describe the relationship of your WIC local agency to the WIC State agency? Your local agency is... (CHECK ONE)

q37

- part of State agency
- a local government entity administering the WIC program
- a non-profit organization that has been contracted to run the WIC program
- not a local agency, but rather a clinic under a local agency
- Other: PLEASE SPECIFY _____ **q37oth**

38. Please record the number of other WIC sites that operate under the authority of this local agency, by type.

___ Clinics (defined as a permanent location assigned to the WIC program) **q38a**

___ Satellites (defined as a location such as a school, church or town hall that is only temporarily assigned the WIC program each week. WIC staff must carry their own files and equipment to the site each week) **q38b**

___ Mobile Units (a vehicle assigned to the WIC program that may make multiple stops) **q38c**

39. To what extent are certification services provided by your local agency at the various sites you specified in the previous question?

[WEB SURVEY WILL SHOW CLINICS, SATELLITES AND/OR MOBILE UNITS COLUMN ONLY IF RESPONDENT HAS ANSWERED >0 IN Q38.]

	Local Agency	Clinics			Satellites			Mobile Units		
	Agency does this	All can do	Some can do	None can do	All can do	Some can do	None can do	All can do	Some can do	None can do
Conducts certifications	q39a_1	q39b_1			q39c_1			q39d_1		
Performs blood testing	q39a_2	q39b_2			q39c_2			q39d_2		
Takes anthropometric measurements for height, weight and body mass index (BMI)	q39a_3	q39b_3			q39c_3			q39d_3		
Conducts nutrition counseling	q39a_4	q39b_4			q39c_4			q39d_4		
Offers other educational seminars (e.g. on breastfeeding)	q39a_5	q39b_5			q39c_5			q39d_5		
Distributes food instruments	q39a_6	q39b_6			q39c_6			q39d_6		
Provides referrals to other services	q39a_7	q39b_7			q39c_7			q39d_7		
Has access to WIC participant records electronically	q39a_8	q39b_8			q39c_8			q39d_8		
Stores paper copies of the WIC participant records	q39a_9	q39b_9			q39c_9			q39d_9		

40. What is the distribution and average allocation of Nutrition Services and Administration (NSA) funds across the following functions?

- _____ % Certification and re-certification **q40_a_number**
 - _____ % Nutrition education **q40_b_number**
 - _____ % Breastfeeding promotion and support **q40_c_number**
 - _____ % Administration **q40_d_number**
-
- 100 % [TOTAL SHOULD SUM TO 99-101%.]

STAFF & CASELOAD

41. How many staff members work for the WIC program at your local agency or clinic on a full-time or part-time basis? [PLEASE GIVE NUMBER]	Number of full-time staff (working 32- 40+ hours/wk)	Number of part-time staff (working <32 hours/wk)	42. Of the total, what percentage have worked at the agency/clinic less than 2 years
a) WIC Director or Clinic Supervisor	q41_a_fulltime	q41_a_parttime	_____ % q42_a
b) Office Manager	q41_b_fulltime	q41_b_parttime	_____ % q42_b
c) Administrative Support Staff	q41_c_fulltime	q41_c_parttime	_____ % q42_c
d) Certification Specialist	q41_d_fulltime	q41_d_parttime	_____ % q42_d
e) Registered Dietitian	q41_e_fulltime	q41_e_parttime	_____ % q42_e
f) Degreed/Licensed Nutritionist	q41_f_fulltime	q41_f_parttime	_____ % q42_f
g) Trained Nutrition Paraprofessional	q41_g_fulltime	q41_g_parttime	_____ % q42_g
h) Registered Nurse/Physicians Assistant	q41_h_fulltime	q41_h_parttime	_____ % q42_h
i) Physician	q41_i_fulltime	q41_i_parttime	_____ % q42_i
j) Social Worker/ Psychologist/ Therapist	q41_j_fulltime	q41_j_parttime	_____ % q42_j
k) Other Professional (non-medical)	q41_k_fulltime	q41_k_parttime	_____ % q42_k
l) Other: PLEASE SPECIFY _____ q41oth	q41_l_fulltime	q41_l_parttime	_____ % q42_l
m) Peer Counselor (added based on recoding of “other” responses):	q41_M_fulltime	q41_M_parttime	_____ %
TOTAL STAFF	□	□	_____ %

43. In all, what is the number of full-time equivalent (FTE) staff who work at your local WIC agency or clinic? (IN CALCULATING, NOTE THAT IF THE STANDARD WORK WEEK IS 35-40 HOURS, AN FTE COULD BE COMPOSED OF 1 FULL TIME EMPLOYEE OR TWO OR MORE PART TIME EMPLOYEES WHO, COMBINED, WORK THAT NUMBER OF HOURS.)

q43

_____ FTE Staff

44. What difficulties are faced in retaining, recruiting and hiring staff at your local agency? (CHECK ALL THAT APPLY)

- Salaries not competitive **q44_01**
- Benefits not competitive **q44_02**
- Minimal training and job growth offered **q44_03**
- Workload too great **q44_04**
- Location of local agency unsafe **q44_05**
- Location of local agency hard to get to **q44_06**
- Physical space occupied by local agency crowded **q44_07**
- Low employee morale throughout agency **q44_08**
- Lack of support for WIC program from State **q44_09**
- Limited career path or opportunities for promotion **q44_10**
- Required skillset lacking in prospective employees **q44_11**
- Other: **q44_12** PLEASE SPECIFY _____ **q44oth**
- None of the above **q44_13**

45. Check off any positions for which your local agency is experiencing moderate or acute staffing shortages? (CHECK ALL THAT APPLY)

- Administrative/clerical/support staff **q45_01**
- Registered Dietitian **q45_02**
- Degreed/Licensed Nutritionist **q45_03**
- Trained Nutrition Paraprofessional **q45_04**
- Registered Nurses/Physicians Assistant **q45_05**
- Physician **q45_06**
- Social Worker/ Psychologist/ Therapist **q45_07**
- Other Professional **q45_08**
- Other: **q45_09** PLEASE SPECIFY _____ **q45oth**
- None of the above **q45_10**

46. What percentage of WIC applicants and certificants coming to the agency do NOT speak English well enough to communicate about eligibility, procedures, nutrition, breastfeeding and services?
q46

- | | |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> 0% | <input type="checkbox"/> 41-50% |
| <input type="checkbox"/> 1-5% | <input type="checkbox"/> 51-60% |
| <input type="checkbox"/> 6-10% | <input type="checkbox"/> 61-70% |
| <input type="checkbox"/> 11-20% | <input type="checkbox"/> 71-80% |
| <input type="checkbox"/> 21-30% | <input type="checkbox"/> 81-90% |
| <input type="checkbox"/> 31-40% | <input type="checkbox"/> 91-100% |

46a. How confident are you in the range entered here?
q46a

- Very confident
- Somewhat confident
- Not very confident (i.e. a lot of guesswork involved)

47. What foreign languages are offered by local agency staff? (CHECK ALL THAT APPLY)

- | | | |
|---|---|---|
| <input type="checkbox"/> NONE q47_01 | <input type="checkbox"/> Hmong q47_09 | <input type="checkbox"/> Spanish q47_17 |
| <input type="checkbox"/> Arabic q47_02 | <input type="checkbox"/> Khmer q47_10 | <input type="checkbox"/> Swahili q47_18 |
| <input type="checkbox"/> Cambodian q47_03 | <input type="checkbox"/> Korean q47_11 | <input type="checkbox"/> Tamil q47_19 |
| <input type="checkbox"/> Cantonese/Mandarin q47_04 | <input type="checkbox"/> Laotian q47_12 | <input type="checkbox"/> Tagalog q47_20 |
| <input type="checkbox"/> Farsi q47_05 | <input type="checkbox"/> Portuguese q47_13 | <input type="checkbox"/> Urdu q47_21 |
| <input type="checkbox"/> French/Creole q47_06 | <input type="checkbox"/> Punjabi q47_14 | <input type="checkbox"/> Vietnamese q47_22 |
| <input type="checkbox"/> Fulani q47_07 | <input type="checkbox"/> Russian q47_15 | <input type="checkbox"/> Other: q47_23 |
| <input type="checkbox"/> Hindi q47_08 | <input type="checkbox"/> Somali q47_16 | SPECIFY _____ q47oth |

48. Approximately what percentage of your WIC population (applicants, participants, and proxies) are **not** served by your combined language capabilities?

q48
 _____ %

48a. How confident are you in the percentage entered here?
q48a

- Very confident
- Somewhat confident
- Not very confident (i.e. a lot of guesswork involved)

[IF Q48 MARKED \leq 10%, SKIP TO Q50]

49. In what languages does the agency need further support to serve the WIC population? (CHECK ALL THAT APPLY)

- | | | |
|---|---|---|
| <input type="checkbox"/> Arabic q49_01 | <input type="checkbox"/> Hmong q49_08 | <input type="checkbox"/> Spanish q49_16 |
| <input type="checkbox"/> Cambodian q49_02 | <input type="checkbox"/> Khmer q49_09 | <input type="checkbox"/> Swahili q49_17 |
| <input type="checkbox"/> Cantonese/Mandarin q49_03 | <input type="checkbox"/> Korean q49_10 | <input type="checkbox"/> Tamil q49_18 |
| <input type="checkbox"/> Farsi q49_04 | <input type="checkbox"/> Laotian q49_11 | <input type="checkbox"/> Tagalog q49_19 |
| <input type="checkbox"/> French/Creole q49_05 | <input type="checkbox"/> Portuguese q49_12 | <input type="checkbox"/> Urdu q49_20 |
| <input type="checkbox"/> Fulani q49_06 | <input type="checkbox"/> Punjabi q49_13 | <input type="checkbox"/> Vietnamese q49_21 |
| <input type="checkbox"/> Hindi q49_07 | <input type="checkbox"/> Russian q49_14 | <input type="checkbox"/> Other: q49_22 |
| | <input type="checkbox"/> Somali q49_15 | SPECIFY ____ q49oth |

PARTICIPANT CHARACTERISTICS

Thinking of the typical WIC participants served by your local agency each month, please give the percentage that fall into the following demographic areas. (PLEASE ROUND PERCENTAGES TO NEAREST WHOLE NUMBER. PERCENTAGES MAY TOTAL 99-101% DUE TO ROUNDING)

50. CATEGORY

- ___% Pregnant **q50a**
- ___% Breastfeeding **q50b**
- ___% Postpartum **q50c**
- ___% Infants **q50d**
- ___% Children **q50e**

100 % TOTAL

51. ETHNICITY

- ___% Hispanic or Latino **q51a**
- ___% Not Hispanic or Latino **q51b**

100 % TOTAL

52. RACE

- ___% American Indian or Alaska Native **q52a**
- ___% Asian American **q52b**
- ___% Black or African American **q52c**
- ___% Native Hawaiian or Other Pacific Islander **q52d**
- ___% White **q52e**
- ___% Multiracial (Two or more of the above) **q52f**

100 % TOTAL

53. OTHER CHARACTERISTICS

