

APPENDIX G

DATA COLLECTION INSTRUMENT FOR WIC TERMINATIONS (DENIED RECERTIFICANTS)

Public reporting burden for this collection of information is estimated to average 6 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).

WIC Terminations (Denied Recertificants) Survey

PART 1: PRE-CODED FROM AGENCY DATA

P1. Sampled Recertificant

- a. Name: _____
 b. Address: _____
 c. Phone number(s): _____

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. Region where local agency is located: _____

Northeast Region =1	Southeast Region=3	Southwest Region =5
Massachusetts	Alabama	Louisiana
New York	Florida	Texas
Seneca Nation, NY	Georgia	Western Region =6
Mid-Atlantic Region =2	North Carolina	Arizona
Maryland	Tennessee	California
New Jersey	Eastern Cherokee, NC	Washington
Pennsylvania	Midwest Region=4	Inter-Tribal Council, AZ
Virginia	Illinois	Navajo Nation, AZ
	Indiana	Mountain Plains =7
	Michigan	Colorado
	Ohio	Kansas
		Missouri
		Ute Mountain Ute Tribe, CO

P5. Administration of local agency: _____

- 1) By State directly
- 2) By local government
- 3) By public or private third party organization

PART 2: DENIALS TELEPHONE SURVEY

SCREENER

SA. NAME OF DENIED RECERTIFICANT
SAMPLED...

THIS IS "RECERTIFICANT"

SB. NAME OF PERSON REPRESENTING DENIED
RECERTIFICANT... [WRITE NAME AGAIN, IF
NO OTHER PERSON NOTED IN AGENCY
RECORDS]

THIS IS "REPRESENTATIVE"

- Contact made by Phone
- Non- Contact Reasons:
 - _____ No Answer
 - _____ Normal Busy
 - _____ Answering Machine
 - _____ Wrong Number

1. Hello, may I speak to [WIC PARTICIPANT]_____?

A. Yes [WHEN R. IS REACHED, CONTINUE]

No [GET TIME AND DATE WHEN R. CAN BE REACHED. TERMINATE.]

B. Time _____ Date_____

This is _____ of Macro International calling on behalf of the USDA's WIC Women, Infants and Children food program. According to the agency's records, [INSERT "you" OR RECERTIFICANT'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 anonymous and **will not** be shared with the local WIC agency.

This 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.

ADD INFORMED CONSENT LANGUAGE FROM IRB.

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]

NO [ASK "What language do you speak?" AND RECORD ANSWER. IF QUESTION NOT UNDERSTOOD, ASK "Español?" OR OTHER LIKELY LANGUAGE (AS PRECODED IN P2j) AND RECORD ANSWER. TELL R. YOU WILL CALL BACK LATER.]

P3. IF REFUSAL, SAY: This research is really important to the WIC program – to make sure mistakes don't get made in turning people away who want to be get benefits. 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.

- SEE IF R. WILL DO INTERVIEW NOW.
- IF YES, GO BACK TO P1; CHANGE TO ACCEPT, THEN CONTINUE
- IF NOT, SEE IF R. SUGGEST TIME/DATE AND NEGOTIATE AS INTERVIEWER'S SCHEDULE PERMITS.

TIME _____ DATE _____ (ENTER "0" IF R. REFUSES)

- IF R. STILL REFUSES, THANK & TERMINATE.

TELEPHONE SURVEY

Public reporting burden for this collection of information is estimated to average 6 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).

1. Let me start by asking how you heard about the WIC – Women, Infants and Children – program? [CHECK ALL THAT APPLY]

- FRIEND/COLLEAGUE/CO-WORKER
- FAMILY MEMBER
- DOCTOR/HEALTH PROFESSIONAL
- TELEVISION ADVERTISEMENT
- RADIO ADVERTISEMENT
- NEWSPAPER
- BILLBOARD
- 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...[INSERT FROM BELOW]:

- | | | |
|---|-----|----|
| a. The food package or coupons to get healthy food? | YES | NO |
| b. Health and nutrition classes and individual counseling? | YES | NO |
| c. Support for breastfeeding your baby? | YES | NO |
| d. Information about immunizations for your child(ren)? | YES | NO |
| e. Information on how to get other health care services for your family? | YES | NO |
| f. Information about what other community programs are available to help your family? | YES | NO |

3. When you went to apply for WIC benefits, [INSERT “you were” OR “RECERTIFICANT’S NAME was”] turned down. Did the WIC clinic give you any reason for turning you down that was related to proof of identity, that is showing identification?

- YES [CONTINUE TO Q3A]
- NO [SKIP TO Q4]

3A. What reason did they give? [IF MORE THAN ONE IS MENTIONED, ASK "WHICH WAS THE MAIN REASON GIVEN?"]

- RECERTIFICANT DID NOT HAVE PROOF WITH THEM AT WIC AGENCY
- EXPIRED DATE ON PROOF
- UNACCEPTABLE TYPE OF PROOF
- PROOF WAS MISSING NAME
- PROOF WAS MISSING PHOTO
- OTHER: SPECIFY _____

3B. Did you see their point or do you feel they made a mistake?

- SAW THEIR POINT
- MADE A MISTAKE

3C. 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?

- YES
- NO

4. Was a reason given related to showing proof that [You/OR NAME OF RECERTIFICANT] live/s, that is resides, in the right area?

- YES [CONTINUE TO Q4A]
- NO [SKIP TO Q5]

4A. What reason did they give? [IF MORE THAN ONE IS MENTIONED, ASK "WHICH WAS THE MAIN REASON GIVEN?"]

- RECERTIFICANT DID NOT HAVE PROOF WITH THEM AT WIC AGENCY
- EXPIRED DATE ON PROOF
- UNACCEPTABLE TYPE OF PROOF
- PROOF WAS MISSING NAME
- PROOF WAS MISSING PHOTO
- PROOF WAS MISSING ADDRESS
- ADDRESS WAS NOT IN LOCAL AGENCY'S COVERAGE AREA
- OTHER: SPECIFY _____

4B. ASK: Did you see their point or do you feel they made a mistake?

- SAW THEIR POINT
- MADE A MISTAKE

4C. 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?

- YES
- NO

5. Was a reason given related to [Your/OR NAME OF RECERTIFICANT's] income?

- YES [CONTINUE TO Q5A]
- NO [SKIP TO Q5C]

5A. What reason did they give? [IF MORE THAN ONE IS MENTIONED, ASK "WHICH WAS THE MAIN REASON GIVEN?"]

- DID NOT HAVE INCOME PROOFS WITH THEM AT THE WIC AGENCY
- EXPIRED DATE ON PROOF
- UNACCEPTABLE TYPE OF PROOF
- PROOF WAS MISSING NAME
- INCOME WAS TOO HIGH
- OTHER: SPECIFY _____

5B. Did you see their point or do you feel they made a mistake?

- SAW THEIR POINT
- 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?

- YES
- NO

5D. [IF Q5A=INCOME WAS TOO HIGH , SKIP TO Q6.] When it turned out that you didn't have the right documents with you at the WIC office... [INSERT FROM BELOW]?

- | | | |
|---|-----|----|
| a. Were you given a new appointment with WIC after they refused to certify you? | YES | NO |
| b. Did they ask you to describe your income? | YES | NO |
| c. Did they give you a month of temporary WIC food benefits? | YES | NO |
| d. Did they instruct you to come back with the proof in 30 days or so? | YES | NO |

6. [IF Q3 IS “NO” OR Q3B IS “SAW THEIR POINT”, SKIP TO Q7.] You said you did not agree with their decision about your identification proofs...

<p>A. What did you show them to identify yourself? [DO NOT READ. CHECK ALL THAT APPLY.]</p> <p><input type="checkbox"/> DRIVER’S LICENSE</p> <p><input type="checkbox"/> PASSPORT</p> <p><input type="checkbox"/> IDENTIFICATION CARD</p> <p><input type="checkbox"/> OTHER ITEM: PLEASE SPECIFY</p> <p>_____</p> <p><input type="checkbox"/> NOTHING [SKIP TO Q7]</p> <p><input type="checkbox"/> DON’T KNOW/ REMEMBER [SKIP TO Q7]</p>	<p>FOR EACH ITEM CHECKED IN Q6A, ASK Q6B and Q6C.</p> <p>B. Who issued this item? [PROBE TO CLARIFY]</p> <p><input type="checkbox"/> FEDERAL GOVT/AGENCY</p> <p><input type="checkbox"/> STATE GOVT/AGENCY</p> <p><input type="checkbox"/> LOCAL GOVT/AGENCY</p> <p><input type="checkbox"/> PRIVATE COMPANY</p> <p><input type="checkbox"/> COURT SYSTEM</p> <p><input type="checkbox"/> FOREIGN GOVERNMENT</p> <p><input type="checkbox"/> OTHER</p> <p><input type="checkbox"/> DON’T KNOW/REMEMBER</p>	<p>C. Did it have your name <u>and</u> your photo on it?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
--	--	---

7. [IF Q4 IS “NO” OR Q4B IS “SAW THEIR POINT”, SKIP TO Q8.] You said you did not agree with their decision about your proof of residence (that is, address)...

<p>A. What items did you show them to prove your address? [DO NOT READ. CHECK ALL THAT APPLY.]</p> <p><input type="checkbox"/> DRIVER’S LICENSE</p> <p><input type="checkbox"/> IDENTIFICATION CARD</p> <p><input type="checkbox"/> CURRENT UTILITY/TAX BILL</p> <p><input type="checkbox"/> CHECKBOOK</p> <p><input type="checkbox"/> RENT RECEIPT, MORTGAGE RECEIPT OR LEASE</p> <p><input type="checkbox"/> WRITTEN STATEMENT BY 3RD PARTY</p> <p><input type="checkbox"/> OTHER ITEM: PLEASE SPECIFY</p> <p>_____</p> <p><input type="checkbox"/> NOTHING [SKIP TO Q8]</p> <p><input type="checkbox"/> DON’T KNOW/ REMEMBER [SKIP TO Q8]</p>	<p>FOR EACH ITEM CHECKED IN Q5a, ASK Q5b and Q5c:</p> <p>B. Who issued this item? [PROBE TO CLARIFY]</p> <p><input type="checkbox"/> FEDERAL GOVT/AGENCY</p> <p><input type="checkbox"/> STATE GOVT/AGENCY</p> <p><input type="checkbox"/> LOCAL GOVT/AGENCY</p> <p><input type="checkbox"/> PRIVATE COMPANY</p> <p><input type="checkbox"/> COURT SYSTEM</p> <p><input type="checkbox"/> FOREIGN GOVERNMENT</p> <p><input type="checkbox"/> NON-PROFIT ORGANIZATION</p> <p><input type="checkbox"/> RELIGIOUS ORGANIZATION</p> <p><input type="checkbox"/> OTHER</p> <p><input type="checkbox"/> DON’T KNOW/REMEMBER</p>	<p>C. Did it have your name <u>and</u> address on it?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
--	---	--

8. [IF Q5 IS "NO" OR Q5B IS "SAW THEIR POINT", SKIP TO Q9.] You said you did not agree with their decision about you or your family's income...

A. What proofs or documents did you show them to demonstrate income? [DO NOT READ. CHECK ALL THAT APPLY.]	B. Who issued this item? [PROBE TO CLARIFY]
<input type="checkbox"/> MOST RECENT TAX RETURN <input type="checkbox"/> W-2 FORM <input type="checkbox"/> STATEMENT FROM BANK OR OTHER FINANCIAL INSTITUTION <input type="checkbox"/> CHECK OR PAY STUB <input type="checkbox"/> SIGNED STATEMENT BY EMPLOYER <input type="checkbox"/> ELIGIBILITY LETTER SIGNED BY OFFICIAL STATE/LOCAL AGENCY <input type="checkbox"/> STATEMENT OF BENEFITS (BY PUBLIC AGENCY OR COURT) <input type="checkbox"/> WRITTEN STATEMENT FROM RELIABLE THIRD PARTY <input type="checkbox"/> LOW-INCOME ENERGY ASSISTANCE <input type="checkbox"/> OTHER ITEM: PLEASE SPECIFY _____ <input type="checkbox"/> NOTHING <input type="checkbox"/> DON'T KNOW/ REMEMBER	<input type="checkbox"/> FEDERAL GOVT/AGENCY <input type="checkbox"/> STATE GOVT/AGENCY <input type="checkbox"/> LOCAL GOVT/AGENCY <input type="checkbox"/> PRIVATE COMPANY <input type="checkbox"/> COURT SYSTEM <input type="checkbox"/> FOREIGN GOVERNMENT <input type="checkbox"/> NON-PROFIT ORGANIZATION <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> OTHER <input type="checkbox"/> DON'T KNOW/REMEMBER

9. Did you take any follow-up actions to see if you could get the decision changed?

- YES
- NO [SKIP TO Q11]

10. What action did you take? [DON'T READ. CHECK ALL THAT APPLY. THEN SKIP TO Q12.]

- WROTE LETTER OF COMPLAINT, PROTEST TO WIC
- ASKED TO SPEAK TO, OR DID SPEAK WITH, WIC SUPERVISOR
- COMPLAINED TO AN ELECTED PUBLIC OFFICIAL
- MADE A PHONE CALL AFTERWARDS, CHALLENGING THE DECISION
- OTHER: SPECIFY: _____

11. Why not?

- TOO BUSY
- DON'T SPEAK ENGLISH WELL
- IT WOULDN'T DO ANY GOOD
- OTHER: SPECIFY: _____

I just have a couple more questions for categorization purposes only.

SKIP IF KNOWN FROM PART 1:

12. Are you... [READ]

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

SKIP IF KNOWN FROM PART 1:

13. How would you characterize yourself in terms of race? [READ ALL.]

- American Indian or Alaska Native
- Asian American
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Multiracial (Two or more of the above)
- REFUSED

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

- 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
- REFUSED

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

- | | | |
|--|----------------------------------|---|
| <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 | | _____ |

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