

**APPENDIX A**

**A-1 MACRO CONFIDENTIALITY PLEDGE**

**A-2 HOUSEHOLD INTERVIEW CONSENT FORM**

**A-3 FEDERAL REGISTER NOTICE**

## APPENDIX A-1: MACRO CONFIDENTIALITY PLEDGE

*Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reading instruction, asking questions and filling the form out. 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).*

### **Confidentiality Pledge**

I, **Data Collector Name**, in my role as an employee of **Hiring Subcontractor Name**, working as a Field Interviewer for the National Survey of WIC Participants II study, Macro contract Contract: GS-23F-9777H (Order: AG-3198-D-07-0105), understand and agree to comply with the following:

### **Confidentiality of Data**

All information I obtain, from either formal interviews or in casual observation or conversation, will be treated as confidential and not discussed with any parties not authorized to have access to such data, including (but not limited to) WIC agency staff, other households I may contact, and USDA/FNS staff.

### **Support for Goals of Study/Objectivity**

I support the goals of this study and will collect, to the best of my ability, complete and accurate data, and will report the data objectively and without regard to how it might affect the results of this study. I will be objective in all dealings with study participants. I will voice no opinions I may have about WIC participants and how the WIC program is administered, and I will not discuss them with any study participants (including WIC local agency staff and households).

### **Treatment of Hardcopy Documents**

All information I obtain, from hardcopy documents will be treated as confidential and will not be discussed with or shown to any parties not authorized to have access to such information, including (but not limited to) project staff, other households I may contact, local WIC agency staff, and USDA/FNS staff.

My signature below signifies my agreement with the above stipulations.

Data Collector Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## National Survey of WIC Participants II Household Interview Consent Form – 2009

*Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reading text, asking questions and signing document. 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).*

**Name of Respondent:** \_\_\_\_\_ C/P/C \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Purpose.** You have been selected to participate in a research study being conducted by the United States Department of Agriculture, Food and Nutrition Service and is authorized under 31 USC 3321, The Improper Payments Information Act (IPIA) of 2002. The purpose of the study is to learn more about the types of errors that occur when people apply for WIC benefits. We will be interviewing 2,400 randomly selected households from all over the United States.

**Study Procedures.** We have already contacted the staff at your local WIC agency. They, or the State WIC agency, provided the names from which yours was randomly selected. They also allowed us to review the file which was created when they determined your WIC eligibility. The interview will take from 20-40 minutes. The interview will include questions about who lives in your home with you and the income received by the household. Your responses to our questions will be entered into a laptop computer and transmitted to study headquarters where the information will be processed.

**Risks and Benefits.** Participation in this study is strictly voluntary and will not result in any direct penalty if you decide not to respond in the information collection as a whole or to any particular question. The information you provide will be kept confidential and will not be disclosed to any one in any identifiable form. The study findings will be used to make WIC program changes that will lead to fewer errors when determining eligibility for benefits. Some of the questions are of a personal financial nature and you may feel uncomfortable with some of them. You will be compensated \$20 for your time.

**Confidentiality.** All information collected during this study will be kept confidential by the individual field interviewers who conduct the surveys. The information is transferred onto secure computer systems at study headquarters. The information you provide will not be shared with your WIC agency; rather the data will be put together with that from other respondents and analyzed in groups and subgroups. Your information will not be identified individually in any way.

**Participant Rights.** The United States Department of Agriculture and the federal Office of Management and Budget have authorized this study to be carried out by Macro International. We look forward to your participation. If you have any questions about this study, you may contact the study director at Macro with this toll-free number: 800-xxx-xxxx

\*\*\*\*\*

**Data Collector Certification.** By signing this document, you are certifying that you read this agreement to the respondent and that she/he [CHECK ONE] \_\_\_\_ agreed/\_\_\_\_ disagreed to participate in the National Survey of WIC Participants.

Data Collector Name [PRINT]: \_\_\_\_\_

Data Collector Signature: \_\_\_\_\_ Date: \_\_\_\_\_