



[City, ST ZIP Code]

**Appendix G.1**  
**Postnatal Enrollment Package Letter - ENGLISH**

Dear [Recipient Name]:

Thank you so much for talking to us [at site name/by phone] on [enrollment date] and joining the WIC **Feeding My Baby** study. You are now in a select group of people who will help inform America about the choices WIC families make in feeding their children.

This Study Welcome package includes the following:

- A Payoneer Prepaid MasterCard with \$50 to thank you for joining the **Feeding My Baby** study. Please hold on to the card until your baby is 2 years old. The blue sheet provides instructions on how to use the card. The money you receive for participating in the study will be added to this card. You can receive:
  - o \$20 for each phone interview, up to [\$220 IF CORE/\$80 FOR SUPPLEMENTAL]
  - o An additional \$10 for each phone interview if you use your own cell phone minutes, up to [\$110 IF CORE/\$40 IF SUPPLEMENTAL]

OMB Approval No. 0584-XXXX  
Approval Expires: XX/XX/20XX

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 5 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.

[Recipient Name]

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#### Enclosures

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8. Consent Form (for participants enrolled by telephone)
9. Return Envelope
10. Measuring guides

### Payoneer Card Instructions

We are pleased to present your new Payoneer Prepaid Mastercard® card!

- You will receive your Feeding My Baby study incentives on this card.
- Use your card for purchases at any merchant where Mastercard® is accepted.
- If you are asked, select “Credit” at the register and sign for your purchase if required.
- If you are asked for a PIN at the register, ask the cashier to process the transaction as ‘Credit’
- For gas purchases, present your card to the cashier – the card cannot be used to pay-at-the-pump.
- This card cannot be used to access cash at an ATM.
- You may be able to get cash from a bank teller. Check with your bank for its policies and the applicable fees.
- Split Tender Transactions. When making a purchase for an amount greater than your available balance, you can ask the merchant to charge an amount equal to your available balance and then pay the remainder using another form of payment.
- A monthly maintenance fee of \$3 will be applied if you do not use the card. Please see the attached information on card fees for more details.
- If you have any questions regarding use of the card, including balance inquiry or a lost/stolen card, please contact [toll-free number]



### **Cardholder Frequently Asked Questions**

#### **1) What is the participant compensation card?**

The participant compensation card is a prepaid MasterCard® card which will be used to deposit your study related payments. The card is not a credit card.

#### **2) Do I have to activate my card?**

No. You will be able to use your card as soon as funds are deposited onto the card. Contact the Westat Payoneer Help Desk at XX-XXX-XXXX for more information on when your card will be loaded.

#### **3) How do I check my card balance or transaction history?**

Your study coordinator will inform you of your card balance when you receive your card. Make sure to keep your receipts to track your remaining card balance and transaction history. For your convenience, the compensation card register is provided below to assist you in tracking your card balance and transaction history. If you need to contact cardholder customer support, you may do so at: <http://www.payoneer.com/contactUs.aspx>. To send an email, use the multilingual email form at: <http://www.payoneer.com/EmailForm.aspx>. You can also check your card balance and transaction history anytime by calling 1-888-500-7754 (from within the United States) or +1-646-386-2428 (from outside the United States).

#### **4) Where can I use my card to make purchases?**

Your card can be used to make purchases anywhere MasterCard is accepted; at the point-of-sale, online or by phone. Common purchases include food, gasoline and transportation. When making a purchase for an amount greater than your available balance, instruct the merchant to charge an amount equal to or less than your available balance and then pay the remainder using another form of payment.

#### **5) How do I use my card to make purchases?**

At the point-of-sale, simply present your card to the cashier and sign the receipt. If you're asked to choose between CREDIT and DEBIT, you must select **CREDIT** for your transaction to be processed successful. Your card does not have a PIN associated with it. When making a purchase over the phone or internet, you must enter the billing address associated with your card. The billing address is located on the card carrier that came with your card. When making a purchase for an amount greater than your available balance, instruct the merchant to charge an amount equal to your available balance and then pay the remainder using another form of payment.

#### **6) Can I use my card to withdrawal cash?**

Yes. You may withdrawal cash by presenting your card to a bank teller inside any bank that displays the MasterCard logo. Advise the bank teller: "I would like to withdrawal cash from my prepaid MasterCard card" and request an amount that is less than or equal to your available card balance. The bank teller may ask you to show valid identification and sign a receipt to complete the transaction. Note: There is no PIN associated with your card so you cannot use it an ATM to withdraw cash or get cash back when making a purchase.

#### **7) Can I use my card to pay-at-the-pump at gas stations?**

No. Your card must be presented to the attendant inside the gas station to pay for your transaction. Instruct the attendant to charge a specific amount that is less than or equal to your card balance. Any additional amount due can be paid with a separate form of payment.

#### **8) Can I use my card at restaurants?**

Yes. Please keep in mind that restaurants will attempt to authorize your card for an amount over your bill to cover for gratuity. As a result, make sure to instruct your waiter or waitress to only authorize an amount equal to or less than your card balance. Any additional amount due can be paid with a separate form of payment.

#### **9) Who do I contact if I lose my card or have further questions about my card?**

Contact the study location where you received your card.

#### **10) When does my card expire?**

The expiration date is located on the front of your card. Your card expires on the last day of the month listed. If you still have funds on your card and your card has expired, contact the study location where you received your card to request a new card and balance transfer.

#### **11) Are there any fees associated with the card?**

Please refer to the Fee Schedule below. To avoid incurring a maintenance fee, simply make one transaction with your card every calendar month after your initial deposit or spend the entire balance on your card. The maintenance fee will never cause your card account to go negative and will not apply if there is Qualifying Activity. Qualifying Activity includes payments loaded onto your card and purchase transactions.

**Cut along the dotted line and keep with your card**

Fee Schedule		Compensation Card Register				
Description	Fee	Date	Description of Transaction	Deposit	Purchase	Balance
Purchase transaction	Free					
ATM transaction *	N/A					
Bank Teller Cash Withdrawal	\$1.00					
Card Replacement	Free					
Live Agent Customer Service	Free					
Automated Phone Customer Service	Free					
Email Customer Service	Free					
Live Chat Customer Service	Free					
Monthly Maintenance Fee **	\$3.00					
Foreign Transaction Processing	Up to 5%					
* Your card cannot be used to withdrawal cash at an ATM						
** After the initial deposit onto your card, a monthly maintenance fee may be assessed to your card account if no Qualifying Activity has been initiated with your card account in the preceding month.						

*The Payoneer prepaid MasterCard is issued by Choice Bank Limited, pursuant to a license by MasterCard International Incorporated. MasterCard is a registered trademark of MasterCard International Incorporated.*

## Terms & Conditions

### IMPORTANT – PLEASE READ CAREFULLY

**Terms and Conditions for the Payoneer Stipend Prepaid MasterCard® card.** This card is issued by First Covenant Bank pursuant to a license by MasterCard® International Incorporated. MasterCard is a registered trademark of MasterCard International Incorporated. This document constitutes the agreement ("Agreement") outlining the terms and conditions under which the Payoneer Stipend Prepaid MasterCard Card has been issued to you. By accepting and using this card, you agree to be bound by the terms and conditions contained in this Agreement. In this Agreement, "Card" means the Payoneer Prepaid MasterCard card issued to you by First Covenant Bank. "You" and "your" means the person or persons who have received the Card and are authorized to use the Card as provided for in this Agreement. "We," "us," and "our" mean First Covenant Bank, our successors, affiliates or assigns. The Card will remain the property of First Covenant Bank and must be surrendered upon demand. The Card is nontransferable, and it may be canceled, repossessed, or revoked at any time without prior notice subject to applicable law. Please read this Agreement carefully and keep it for future reference.

#### 1. Definitions

The Card is a prepaid card that has been provided pursuant to a Stipend card program. The Card allows you to access funds on the Card. The Card does not constitute a checking, savings or other bank account and is not connected in any way to any other account you may have. The Card is not a credit card. You will not receive any interest on the funds on the Card.

#### 2. Information Needed to Obtain Your Card

The USA PATRIOT Act is a federal law that requires all financial institutions to obtain, verify, and record information that identifies each person who opens a Card Account. The organization you received your card from has provided Payoneer with a unique ID linking the information they have on file for you with your card.

#### 3. Limitations on Transactions

For security reasons, you may not make more than \$2,500 in transactions of any type from your Card on any business day. Any transaction made on a non-business day is considered made on the next business day.

#### 4. Using Your Card

When funds have been added to your Card Account, you may use your Card to obtain goods or services, or to initiate transactions from your Card Account, wherever Debit MasterCard cards are accepted, as long as you do not exceed the value available in your Card Account. Unless the context indicates otherwise, we use the word "transaction" to refer to any use of your Card mentioned herein. You may use your Card to make purchases at POS terminals.

You are responsible for all transactions initiated by use of your Card. If you permit someone else to use your Card we will treat this as if you have authorized such use and you will be responsible for any transactions made subject to such use. If you use your Card number without presenting your Card (such as for online or telephone purchases), the legal effect will be the same as if you used the Card itself.

Your Card cannot be redeemed for cash.

You may not use your Card for any illegal transactions, at casinos or for any gambling activity.

You should keep track of the amount of value loaded on Cards issued to you. You may view the available balance on your Card by calling toll free 1-888-811-3182, Monday-Friday 9:00am-5:00pm EST.

Each time you use your Card, you authorize us to reduce the value available on your Card by the amount of the transaction and any applicable fees. You are not allowed to exceed the available amount on your Card through an individual transaction or a series of transactions. Nevertheless, if a transaction exceeds the balance of funds available on your Card (creating a "shortage") you shall remain fully liable to us for the amount of the transaction and any applicable fees or charges. You agree to pay us promptly for the shortage and any applicable shortage fees. We also reserve the right to cancel the Card should you create a shortage with your Card.

You do not have the right to stop payment on any purchase transaction originated by use of your Card. If you authorize a transaction and then fail to make a purchase as planned, the authorization may result in a hold for that amount of funds for up to ten (10) days.

#### 5. Returns and Refunds

If you are entitled to a refund for any reason for goods or services obtained with your Card, you agree to accept credits to your Card for such refunds. The amounts credited to your Card for refunds may not be available for up to five (5) days from the date the refund transaction occurs.

#### 6. Foreign Transactions and Transactions made outside the US

If you make a transaction in a currency other than US Dollars or in a country other than the US this will be considered a foreign transaction. Transactions in a currency other than US Dollars will be converted to US Dollars. The currency conversion rate used by MasterCard is either a wholesale market rate or the government-mandated rate. In effect one day prior to the processing date for the transaction, the currency conversion rate used by MasterCard on the processing date may differ from the rate in effect on the transaction date or on the date that the transaction posts to your Card Account. The combined processing fees for foreign transactions and for transactions made outside the US, including MasterCard® and bank charges, can be up to 5%.

#### 7. Receipts

You should get a receipt at the time you make a transaction using your Card. You agree to retain your receipt to verify your transactions.

#### 8. Periodic Statements

You may obtain information about the amount of money you have remaining in your card account by calling 1-888-811-3182.

#### 9. Fees and Charges

A monthly account maintenance fee of \$3 will be collected if no Qualifying Activity has been initiated with your Card Account in the preceding period designated in the agreement between Payoneer and the entity which made the initial deposit into your Card. For the above purpose, a "Qualifying Activity" shall mean any activity with the Card with an amount exceeding \$0.00, excluding the Monthly Maintenance fees. The charge will thereafter be recurring each month, unless a Qualifying Activity is made with your Card Account and as long as the balance on the account is more than \$0.00. Please refer to the Fee Schedule that accompanied your card for complete details.

#### 10. Confidentiality

We may disclose information to third parties about your Card or the transactions you make:

- (1) Where it is necessary for completing transactions;
- (2) In order to verify the existence and condition of your Card for a third party such as a merchant;

- (3) In order to comply with any government agency, court order, or other legal reporting requirements;
- (4) If you give us your written permission; or
- (5) To our employees, auditors, affiliates, service providers, or attorneys as needed;

#### 11. Our Liability for Failure to Complete Transactions

In no event will we be liable for consequential damages (including lost profits), extraordinary damages, special or punitive damages. Additionally, we will not be liable:

- (1) If through no fault of ours, you do not have enough funds available on your Card to complete the transaction;
- (2) If a merchant refuses to accept your Card;
- (3) If an electronic terminal where you are making a transaction does not operate properly;
- (4) If access to your Card has been blocked after you reported your Card lost or stolen;
- (5) If there is a hold or your funds are subject to legal process or other encumbrance restricting their use;
- (6) If we have reason to believe the requested transaction is unauthorized;
- (7) If circumstances beyond our control (such as fire, flood or computer or communication failure) prevent the completion of the transaction, despite reasonable precautions that we have taken;
- (8) Any other exception stated in our Agreement with you;

#### 12. Your Liability for Unauthorized Transactions

Tell us AT ONCE if you believe your Card has been lost or stolen or if you think a transaction was authorized without your permission, by calling 1-646-224-6993 or by writing to us using our Contact Us page. You could lose all the money in your account if you tell us within 2 business days after you learn of the loss or theft of your Card, you can lose no more than \$50 if someone used your Card without your permission.

If you do NOT tell us within 2 business days after you learn of the loss or theft of your Card, and we can prove we could have stopped someone from using your Card without your permission (if you had told us, you could lose as much as \$500).

Also, if your statement shows transfers that you did not make, including those made by card, code or other means, tell us at once. If you do not tell us within 60 days after the earlier of the date you electronically access your account, if the error could be viewed in your electronic history, or the date we sent the FIRST written history on which the error appeared, you may not get back any money you lost after the 60 days if we can prove that we could have stopped someone from taking the money if you had told us in time. If a good reason (such as a long trip or a hospital stay) kept you from telling us, we will extend the time periods.

If you report your Card as lost or stolen, we will close your Card to keep losses down. We reserve the right to investigate any claim you may make with respect to a lost or stolen Card, and you agree to cooperate with such investigation. We may ask you for a written statement, affidavit or other information in support of the claim.

The minimum transaction amount for reporting unauthorized transactions is \$20. Unauthorized transactions may be reported if you have not reported two or more unauthorized events in the past 12 months.

#### 13. Information About Your Right to Dispute Errors

In case of errors or questions about your Card transactions, call 1-888-811-3182 or contact Payoneer Customer Service through the form on our Contact Us page at [www.payoneer.com](http://www.payoneer.com). You must contact us no later than sixty (60) days from the date on which the problem or error appeared.



[Recipient Name]

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**Follow up Interview Calendar for Core Participants  
(Baby born on March 15, 2013 and enrolled at age <1month)**

Thank you for your participation in the WIC Feeding My Baby study.

We will be contacting you for follow up interviews during the times listed below.

You will receive \$20 for each interview.

You can also call us at [toll free number] during the interview times to complete the interview.

**[DATES TO BE DETERMINED AFTER OMB APPROVAL]**

First Follow up Interview	
Second Follow up Interview	
Third Follow up interview	
Fourth Follow up Interview	
Fifth Follow up Interview	
Sixth Follow up Interview	
Seventh Follow up Interview	
Eighth Follow up Interview	
Ninth Follow up Interview	
Final Follow up Interview	

Please let us know of any changes in your address or phone number by contacting your Study Liaison [STUDY LIAISONNAME] at [STUDY LIAISON PHONE NUMBER AND EMAIL ADDRESS] or[toll-free number]

[Recipient Name]

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**Follow up Interview Calendar for Supplemental Participants  
(Baby born on March 15, 2013 and enrolled at age <1month)**

Thank you for your participation in the WIC Feeding My Baby study.

We will be contacting you for follow up interviews during the times listed below.

You will receive \$20 for each interview.

You can also call us at [toll free number] during the interview times to complete the interview.

**[DATES TO BE DETERMINED AFTER OMB APPROVAL]**

First Follow up Interview	
Second Follow up Interview	
Third Follow up Interview	
Final Follow up Interview	

Please let us know of any changes in your address or phone number by contacting your Study Liaison [STUDY LIAISONNAME] at [STUDY LIAISON PHONE NUMBER AND EMAIL ADDRESS] or[toll-free number]



**Permission to Get Information from Medical Records  
WIC Feeding My Baby Study  
Food and Nutrition Service, U.S. Department of Agriculture**

If you sign this document, you are giving permission to (1) the hospital or medical facility where you gave birth to your child, and (2) your child's doctor, to release health information that identifies you to Westat for the WIC Feeding My Baby Study. The health information that we will use for the Feeding My Baby Study includes both **your medical records and your child's medical records from the hospital stay when you gave birth to your child; and, your child's weight, length, and health status information from your child's doctor up until your child is two years old.** Westat will use this health information, along with information you give during your interviews and information from your WIC records, to learn more about the health and feeding choices of WIC families.

Both the hospital or medical facility where you gave birth, and your child's doctor, are required by law to protect your health information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) prevents them from releasing your health information without your permission. Once your information is released to Westat it is no longer protected by HIPAA, but the same privacy protections Westat takes with your other information will also apply to your medical records. Your name and your child's name will not be used in any research reports, and Westat will not share personal information about you with WIC or with anyone else who is not on the study staff.

The hospital, medical facility, or your child's doctor may not refuse to treat you because of your decision to sign or not sign this authorization. You can change your mind and take back this authorization at any time by contacting the Feeding My Baby study by phone at XXX-XXX-XXXX or in writing at [Address]. The Feeding My Baby study would not seek any more records about you or your child, but would still use any records that had already been released.

By signing this document, you are authorizing the hospital or medical facility where you gave birth, and your child's doctor, to release your health information to Westat for this research. The health records are for care provided only during the study period of November 1, 2012, to April 1, 2016.

*I am voluntarily giving permission for my medical records and my child's medical records, as described above, to be released to Westat for the Feeding My Baby Study.*

**Patient's Name (Mother):** \_\_\_\_\_  
Please Print Your Full Name

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**Patient's Name (Child):** \_\_\_\_\_  
Please Print Your Child's Full Name

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**Patient's Signature (Mother):** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

***If the mother is a minor, her parent's or guardian's signature is also needed:***

Parent or Guardian Signature (for Mother): \_\_\_\_\_

Signer's Relationship to Mother: \_\_\_\_\_

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

***A parent or guardian's signature is needed for the child's records:***

Parent or Guardian Signature (for Child): \_\_\_\_\_

Signer's Relationship to Child: \_\_\_\_\_

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

**CELLPHONE INSTRUCTIONS**

**A cellphone, charger, and a booklet with detailed instructions are included in the enclosed package.**

**The phone number is \_\_[CELLPHONE NUMBER]\_\_\_\_\_**

**Network: \_\_[CARRIER NAME]\_\_\_\_\_**

**TO TURN THE PHONE ON OR OFF: [INSTRUCTION SPECIFIC TO THE SELECTED DEVICE]**

**TO PLACE A CALL: [INSTRUCTION SPECIFIC TO THE SELECTED DEVICE]**

**TO SET UP YOUR VOICEMAIL:**

**[INSTRUCTIONS SPECIFIC TO THE SELECTED DEVICE AND CARRIER]**

**TO USE VOICEMAIL:**

**[INSTRUCTIONS SPECIFIC TO THE SELECTED DEVICE AND CARRIER].**

.....  
**\*\*\*\*There is NO text message or data plan on this phone.\*\*\*\***

**Your cellphone has XXX minutes of talk time. A day or two before your next follow up interview, we will provide you with [NUMBER OF MINUTES PER THE SELECTED PLAN] minutes so you can complete the interview and receive \$20.**

**Please make sure to charge the phone and keep it with you on the days you have appointments for your follow up interviews, and check your voicemail frequently for any study messages.**

**Please contact your Study Liaison if the cellphone is lost, stolen, or damaged. For problems using the cellphone please contact [TOLL FREE NUMBER]**

**We look forward to speaking with you soon.**

### PICTURES OF THE MEASURING GUIDES

