

Third National Survey of WIC Participants (NSWP-III)

Appendix A1

Revised State Agency Survey

State Agency Survey

Overview

The sample of State agencies (SAs) will be a census of 90 WIC State agencies, including the 50 States and the District of Columbia, 34 Indian Tribal Organizations (ITOs), and 5 territories. These SAs will be identified for participation in the study. Contact information will be obtained for the WIC director for each SA. Initial contact attempts will be made to the WIC director's email address on file.

Federal guidelines grant the SAs substantial authority to determine their WIC Program operations and procedures, including defining some eligibility criteria, negotiating food prices and determining food options, establishing application and payment procedures, and establishing program data management systems and procedures. The State Agency Survey is designed to identify policies and practices that each SA has established under these discretionary powers, and to enable comparisons of their potential effects. The State Agency Survey was created by incorporating and modifying questions from NSWP-II. Some questions are new to the NSWP-III survey.

Protocol

The research team will email an invitation letter to all SA directors in the sample population to request their participation in the study. The invitation email will let the officials know that a paper questionnaire will be mailed to them within a week, and that if they want to answer the survey sooner, they can access it via the web. A simple URL with a secure log in and password will be provided.

Several days after the invitation is emailed, the research team will mail an invitation letter requesting participation in the study. The mail package will include a hard copy of the questionnaire, as well as instructions on how to access the survey online using the same secure login and password provided in the invitation email. Any respondent choosing the web version of the questionnaire will have the ability to complete the survey in more than one sitting, since their answers are saved automatically. In addition, the login and password provided will grant access to the survey for more than one person. The mail package will be sent using FedEx so that the package stands out among other mail items that the official may receive.

The survey may take up to approximately 1 hour and 9 minutes (69 minutes) to complete. Respondent instructions are included with the data collection document listed below.

Pretest Protocol

The research team will mail a hard copy of the invitation letter and two hard copies of the questionnaire (one to keep and one to return) to nine of the selected SA directors. Other details of the protocol, including sampling, recruitment, data collection, and analysis are described in the supporting statement for Generic OMB Clearance No. 0584-0606.

Instructions for Reviewers

The State Agency Survey will be delivered to SA representatives via an email link to a web survey. This paper version approximates the layout of the survey and includes notes indicating how the web survey will automatically route the respondent to the appropriate questions or data entry forms (these notes appear in the paper version in **RED, CAPITALIZED** text but will not be visible to the respondent in the web version).

The NSWP-III version of the State Agency Survey is based on the research questions presented in the Performance Work Statement (PWS). Whenever possible, questions from NSWP-II are used for NSWP-III if they address the research questions from the PWS. This approach allows for more reliable comparisons between the two studies. The survey is organized into the following modules:

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Instructions for Respondents

INTRO: Thank you for participating in this pretest of the Food and Nutrition Service’s third National Survey of WIC Participants. This survey is sponsored by the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) and administered by 2M Research Services and Abt Associates. Please refer to the accompanying cover letter for full details of this research effort. If you have any questions, please contact Paul Ruggiere at 1-817-856-0871, or by email at pruggiere@2mresearch.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 (e.g., State Plans).

You have been provided two copies of this survey—one to mail back to us and one to keep for your notes. Indicate your responses on the copy you send back to us. Your notes on the copy you keep may include your responses or any feedback you have regarding the content or clarity of the questions you could share with us during our debriefing interview. We are particularly interested in how well the questions were understood by you and any other feedback we should consider as we finalize the questionnaire for use with all State agencies administering the WIC program.

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 0584-0606. It will take you, on average, 69 minutes to log in and complete this survey.

Identity

Q1. What types of documentation does your State agency accept as proof of identity for a WIC applicant?
(CHECK ALL THAT APPLY)

- Letter from government agency (including WIC) w/name form/letter
- Driver's license, State ID
- Work, school, or bus pass ID w/photo & name
- Military ID
- Social Security card
- Voter's registration card
- Foster placement letter
- Passport or immigration records
- Marriage license
- Birth certificate
- Crib card, hospital discharge papers or hospital ID bracelet
- Immunization record
- Other: PLEASE SPECIFY _____
- Other: PLEASE SPECIFY _____
- Other: PLEASE SPECIFY _____
- Other: PLEASE SPECIFY _____
- Other: PLEASE SPECIFY _____

Residency

Q2. What types of documentation does your State agency accept to verify the residency of a WIC applicant?
(CHECK ALL THAT APPLY)

- Driver's license
- Current utility/tax bill, rent receipt, mortgage receipt, or lease receipt with name and address on it
- Letter from government agency (including WIC) w/name and address
- State or Tribal-issued license or ID w/name and address
- Postmarked mail from reliable third party with name and address
- Checkbook, bank statement
- Signed statement by applicant that he/she is victim of loss or disaster, or is homeless, a migrant person, or military personnel.
- Other: PLEASE SPECIFY _____
- Other: PLEASE SPECIFY _____
- Other: PLEASE SPECIFY _____
- Other: PLEASE SPECIFY _____
- Other: PLEASE SPECIFY _____

Q2A. Check the statement that best describes your State agency's residency requirements for WIC participants:

- WIC participants must reside within the service delivery area 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 participant must reside within the local agency boundary or can simply reside in the State is left to local agencies to decide.
- WIC participants must be an enrolled member of a recognized Tribal organization.
- Other. PLEASE SPECIFY _____

Household Composition

- Q3. What additional guidelines, if any, are given by your State agency to local agencies to help them determine the **family economic unit**, above and beyond the national WIC program definition which defines it as “a group of related or nonrelated individuals who are living together as one economic unit?”
- No additional guidelines are given.
 - The following guidelines are given: (PROVIDE SUPPORTING POLICY STATEMENTS AS APPROPRIATE.)
-

Certification Periods

- Q4. In your State, when an infant turns 1 year old, does his or her current certification remain valid, or does the infant become categorically ineligible and need to be certified again based on criteria used for children?
- The current certification remains valid.
 - The infant becomes categorically ineligible and needs to be certified again based on criteria used for children.
 - Neither. There is no State agency policy. Discretion is given to local agencies.
 - Other. PLEASE SPECIFY _____
- Q5. Does your State agency use a data month or calendar month for issuance cycles?
- Calendar month (benefits continue until the end of the month)
 - Data or “rolling” month (benefits continue until next 30-day period of eligibility ends)
 - Other. PLEASE SPECIFY _____
- Q6. What other discretion, if any, does your State agency use or grant to local agencies regarding certification periods?
- No additional discretion is given
 - Other discretion is given. PLEASE SPECIFY:
-
-

Proxies/Authorized Representatives

Q7. Which of the following actions are individuals who are authorized to represent WIC participants in your State permitted to do? (CHECK ALL THAT APPLY)

	Pregnant	Postpartum	Breastfeeding	Infant	Child
Act on behalf of WIC applicant at certification appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtain food instruments (vouchers/EBT cards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend educational sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Redeem food instruments (vouchers/EBT cards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Applicable. State agency does not allow proxies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: PLEASE SPECIFY _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Composition of the WIC Application

Q8. Does your State agency require local agencies to use online/electronic WIC applications or are paper applications acceptable as well? (CHECK ALL THAT APPLY)

- Online/Electronic
- Paper

[IF ABOVE ARE BOTH CHECKED, GO TO 8A]

Do not require WIC application: PLEASE EXPLAIN: _____ **[GO TO Q10]**

Q8A. Among the local agencies in your State, how many use each of the following options:

- _____ Online/electronic
- _____ Paper
- _____ Both online/electronic and paper

Q9. Does your State agency provide local agencies with additional guidance on what is included in an acceptable WIC application?

- Yes
- No

Income Determination

Q10. State agencies can set an income standard between 100 percent and 185 percent of the Federal poverty guidelines to determine eligibility for WIC. What is the income standard in your State for determining WIC eligibility?

_____ % of the Federal poverty guidelines

Q11. In determining household income, does the State agency 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.

- Family Separation Housing (FSH) provided to military personnel for overseas housing
- Overseas Housing Allowance (OHA) provided to military personnel living overseas
- Overseas Continental U.S. (OCONUS) cost of living allowance (COLA) provided to active duty uniformed service members in Hawaii, Alaska, and Guam
- Not sure

Q11A. When adjunctive/automatic eligibility is NOT established, what **sources of income** does your State agency require local agencies to count when determining the income eligibility of an applicant's household? (CHECK ALL THAT APPLY)

- Wages, salary, fees
- Social Security
- Energy assistance
- Tips and bonuses
- Private pension
- Rental assistance
- Self-employment
- Disability pension
- Net rental income
- Unemployment compensation
- Workers compensation
- Medical assistance (any, i.e., Medicaid)
- Supplemental Security Income – Fed government
- Dividends or interest from savings
- Income from trusts
- Commissions
- Income from estates
- Welfare
- Public assistance
- Net royalties
- Alimony
- Other: PLEASE SPECIFY _____

Q11B. In determining the income of an applicant where unemployment is **not** an issue, does the State agency instruct local agencies to use annual income, to use current income, or is it left up to the judgment of the local agencies?

- Annual income used (income received by the household during the last year)
- Current income used (income received by the household during the month [30 days] prior to date of application)
- Left to local agencies to decide
- Other: PLEASE SPECIFY _____

Q11C. 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 (self-employed only)
- Paycheck or pay stubs
- Signed statement by employer
- Statement of benefits by public agency
- Statement of benefits for child support and alimony
- Leave and Earnings Statement (LES) for military pay
- Unemployment letter or notice letter signed by official State/local agency attesting to client's low income
- Written statement from reliable third party

- Statement from bank or other financial institution savings (e.g., direct deposit)
- Other: PLEASE SPECIFY _____

Adjunctive/Automatic Income Eligibility

Q12. Which programs establish adjunctive or other automatic income eligibility for a WIC applicant in your State? (CHECK ALL programs that establish eligibility in the left hand column. Programs that are required by §246.7 of the WIC program regulations are already checked for you.)

(CHECK ALL THAT APPLY)	For each item checked in the left column, please indicate what, if any proofs, the State agency <u>requires</u> local agencies to collect. (CHECK ALL THAT APPLY)				
	No specific requirements are set	Contact office directly	Electronic lookup	Award letter	Other: PLEASE SPECIFY
<input checked="" type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Children's Health Insurance Program (CHIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Free and Reduced-Meal School Lunch/Breakfast Programs (NSLP and SBP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: PLEASE SPECIFY _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: PLEASE SPECIFY _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q13. Does your State agency allow local agencies to accept incomplete Verification of Certification (VOC) documents (cards or printed summaries)?

- Yes: PLEASE EXPLAIN _____
- No

Denied Applications

Q14. Does the State agency require local agencies to follow any of the listed approaches to notify applicants of

certification denials? (CHECK ALL THAT APPLY)

- Written notification.
- Verbal notification (by phone or in-person).
- Local agency discretion. PLEASE EXPLAIN: _____

Q15. Does State policy require that local WIC agencies keep information on denied applications?

- Yes
- No **[GO TO Q17]**

Q16. What information on denied applicants is required to be retained by the State agency? (CHECK ALL THAT APPLY)

- Name of applicant
- Address
- Phone number
- WIC applicant category
- Reason for denial
- Date of application
- Date of denial
- Other: PLEASE SPECIFY _____

Q16A. How is the denied applicant information retained?

- No specific retention requirements
- Paper copy only
- Electronic copy only
- Both paper and electronic

Q17. Does your State agency review ineligibility determinations to ensure that they were made correctly?

- Yes
- No

If yes, please briefly describe this process.

Retention

Q18. Does your State agency calculate a retention rate for WIC participants?

- Yes
- No **[GO TO Q20]**

Q19A. Please provide the methodology (formula) you use to calculate that rate:

Q19B. How often do you calculate retention rates?

- Weekly
- Monthly
- Quarterly
- Annually
- Other: PLEASE SPECIFY _____

Q19C. Please provide your State's retention rates for the past 5 Federal fiscal years (FY).

FY 2012	FY 2013	FY 2014	FY 2015	FY 2016

Operations

Q20. How many local WIC agencies are in your State?

_____ LOCAL AGENCIES

Q21. How many WIC clinics or sites, including satellite sites, are in your State?

_____ LOCAL CLINICS/SITES

Manufacturer Rebates

Q22. What are the three most frequently purchased formula types and cereal types by your State agency (where "1" is most often, "2" is the second most often, and "3" is the third most often)?

Product	Most Frequently Purchased: PLEASE SPECIFY		
Infant Formula			
	1.	_____	
	2.	_____	
	3.	_____	
Infant Cereal			
	1.	_____	
	2.	_____	
	3.	_____	

Q22A. Please indicate if this State agency receives rebates from the contracted manufacturers of the most frequently purchased product and the current unit price. Also provide the definition of the unit and the total value of rebates for each product in Federal FY 2016.

	Yes	No	Current Unit Price	Define the "Unit"	Total Annual Value of Rebates in Federal FY 2016
Infant formula	<input type="checkbox"/>	<input type="checkbox"/>	\$____.____	<input type="checkbox"/> Per unit purchased <input type="checkbox"/> Per participant	\$_____
Infant Cereal	<input type="checkbox"/>	<input type="checkbox"/>	\$____.____	<input type="checkbox"/> Per unit purchased <input type="checkbox"/> Per participant	\$_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$____.____	<input type="checkbox"/> Per unit purchased <input type="checkbox"/> Per participant	\$_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$____.____	<input type="checkbox"/> Per unit purchased <input type="checkbox"/> Per participant	\$_____

Record Keeping and Systems

Q23. Please indicate for how long, if at all, the following WIC participant data are kept at the State agency level. (CHECK ALL THAT APPLY. EACH ROW SHOULD HAVE AT LEAST ONE CHECK.)

Possible data stored:	State agency does not retain this information	State agency stores only most current information (i.e., no record of previous changes)	State agency stores current and previous information (including changes) for . . .			
			Up to 3 month	4–8 months	9–12 months	Over 1 Year
Client name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinic attended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family identification or affiliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Category of eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second client telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food package issued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value of food package redeemed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program through which adjunctively/automatically income eligible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proofs of income (if not adjunctively/automatically eligible)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proofs of identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proofs of residency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24. Does this record-keeping system also retain records that would permit review and confirmation of participant disqualifications?

- Yes
- No
- Not sure

Q25. Does this record-keeping system also retain records that would permit review and confirmation of denials?

- Yes
- No
- Not sure

Q26. Do these WIC record-keeping systems provide access to the systems of any other programs, such as TANF

or Medicaid, to facilitate record-keeping or certification?

- Yes - PLEASE SPECIFY: _____
- No
- Not sure

Q27. With regard to the State's database of WIC participants, what hardware system does your State agency use to store participant data? (CHECK ALL THAT APPLY)

- Mainframe server
- Unix system
- Midrange computer
- PC server
- Web-based
- Not sure
- Other: PLEASE SPECIFY: _____

Q27A. What databases are used? (CHECK ALL THAT APPLY)

- Access (MDB)
- Excel (XLS)
- Oracle
- Sybase
- DB2
- Microsoft SQL Server
- CMIS
- WIC SIS
- Adabas
- Informix
- Not sure
- Other: PLEASE SPECIFY: _____

[SUBMIT]

End Survey

Thank you for participating in this survey!