

REVISED

Third National Survey of WIC Participants (NSWP-III)

Capital Consulting Corporation

2M Research Services

Abt Associates Inc.

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Deliverable 3.2.2 REVISED Certification Survey

With Instructions to Interviewers and Reviewers

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Certification Survey for WIC Participants: Version A (Women)

The NSWP-III Certification Survey has two versions. Version A is used when the sampled participant is a pregnant, breastfeeding or postpartum, non-breastfeeding woman. Version B (included after Version A) is used when the participant is an infant or child. The survey respondent for Version B is the adult who applied for WIC for the infant or child.

Instructions for Reviewers

The Certification Survey will be administered by trained Field Interviewers (FIs). After the pretest results the survey will be implemented in a Computer Assisted Personal Interview (CAPI) format programmed onto study laptops. This paper version approximates the layout of the CAPI questionnaire and includes notes indicating how the CAPI system will automatically route the interviewer to the appropriate questions or data entry forms, or performs specified calculations (these notes appear in the paper version in **RED, CAPITALIZED** text but will not appear in the CAPI version). In addition, the CAPI version will be programmed to pre-populate certain data about each participant sampled for the Certification Survey; these data elements appear in Table 2 on the next page.

The NSWP-III version of the Certification Survey is adapted from the version used in NSWP-II. This is motivated by an effort to minimize differences in data collection to allow meaningful comparison of the estimates of improper payment errors between the two studies. The survey is organized into the following modules:

| Name | Purpose |
|---------------------|---|
| 1. Identity | Document proof of identity |
| 2. Residency | Document proof of residency |
| 3. Category | For Infant or Child participants, confirm participant category |
| 4. Income | Determine the size of the participant's family economic unit (SURVEY_EU_SIZE); Collect documentation of income sources |
| 5. End survey | Thank participant and conclude survey |
| Military Pay Module | Module to assist in determining income and exclusions for military service members |
| Income Probe Module | Questions in the event one or more reported income sources may be subject to WIC income exclusion regulations |

Typically, FIs will administer the five numbered modules in order, but FIs may navigate between modules as needed during survey administration. The two final modules are supplementary, included for use by FIs if needed. The Military Pay module assists FIs in correctly including or excluding income from pre-specified pay codes (e.g., combat pay codes and FSSA are excluded) or querying if a military pay “allowance” is a lump sum paid other than monthly. The Income Probe module includes questions FIs will ask if a respondent reports income that may come from a source that must be excluded per federal WIC regulations.

Text that FIs read aloud (questions, response options where indicated) appear in regular text, while on-screen instructions to FIs appear in CAPITALIZED TEXT.

Table 2. Data Pre-Populated into the Computer-Assisted Personal Interview (CAPI) system for each Participant in the Sample

| Variable | Description | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|--|----------|----------|-----------|-----------|----------|----------|---------|----------|----------|----------|----------|-----------|---------|----------|----------|----------|----------|-----------|----------|----------|----------|----------|-----------|-----------|
| PARTICIPANT | Name of certified WIC participant (Last, First, Middle) | | | | | | | | | | | | | | | | | | | | | | | | |
| APPLICANT | Name of Certification Survey applicant if PARTICIPANT is infant or child | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS | Participant's address (number, street, apartment number, city, state, zip code) | | | | | | | | | | | | | | | | | | | | | | | | |
| STATE | Participant listed in this State's WIC participant data | | | | | | | | | | | | | | | | | | | | | | | | |
| STATE_ID | State WIC Agency identifier | | | | | | | | | | | | | | | | | | | | | | | | |
| LOCAL_ID | Local WIC Agency identifier | | | | | | | | | | | | | | | | | | | | | | | | |
| CLINIC_ID | Local clinic identifier | | | | | | | | | | | | | | | | | | | | | | | | |
| ITO | Yes/No, Participant is from an ITO or an LWA run by an Indian organization or Indian Health Service | | | | | | | | | | | | | | | | | | | | | | | | |
| CERT_CAT | Participant's category (as assigned by WIC) P=pregnant; B=breastfeeding; N=not breastfeeding postpartum; INF=infant; C=child | | | | | | | | | | | | | | | | | | | | | | | | |
| CERT_DATE | Start date of most recent certification period | | | | | | | | | | | | | | | | | | | | | | | | |
| CERT_EXPIRES | End date of certification period | | | | | | | | | | | | | | | | | | | | | | | | |
| CERT_PERIOD | Number of days of most recent certification period (1 to 365) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>30 days</td> <td>1 month</td> <td>150 days</td> <td>5 months</td> <td>270 days</td> <td>9 months</td> </tr> <tr> <td>60 days</td> <td>2 months</td> <td>180 days</td> <td>6 months</td> <td>300 days</td> <td>10 months</td> </tr> <tr> <td>90 days</td> <td>3 months</td> <td>210 days</td> <td>7 months</td> <td>330 days</td> <td>11 months</td> </tr> <tr> <td>120 days</td> <td>4 months</td> <td>240 days</td> <td>8 months</td> <td>360+ days</td> <td>12 months</td> </tr> </table> | 30 days | 1 month | 150 days | 5 months | 270 days | 9 months | 60 days | 2 months | 180 days | 6 months | 300 days | 10 months | 90 days | 3 months | 210 days | 7 months | 330 days | 11 months | 120 days | 4 months | 240 days | 8 months | 360+ days | 12 months |
| 30 days | 1 month | 150 days | 5 months | 270 days | 9 months | | | | | | | | | | | | | | | | | | | | |
| 60 days | 2 months | 180 days | 6 months | 300 days | 10 months | | | | | | | | | | | | | | | | | | | | |
| 90 days | 3 months | 210 days | 7 months | 330 days | 11 months | | | | | | | | | | | | | | | | | | | | |
| 120 days | 4 months | 240 days | 8 months | 360+ days | 12 months | | | | | | | | | | | | | | | | | | | | |
| ADJUNCTIVE | Yes/No, Participant was certified as adjunctively income eligible by WIC | | | | | | | | | | | | | | | | | | | | | | | | |
| AUTOMATIC | Yes/No, Participant was certified as automatically income eligible by WIC | | | | | | | | | | | | | | | | | | | | | | | | |
| ADJC_PRG | Name of program that made participant adjunctively eligible | | | | | | | | | | | | | | | | | | | | | | | | |
| AUTO_PRG | Name of program that made participant automatically eligible | | | | | | | | | | | | | | | | | | | | | | | | |
| MIGRANT | Yes/No, Participant is a migrant worker | | | | | | | | | | | | | | | | | | | | | | | | |
| EU_SIZE | Economic Unit size -- number of persons in participant's family Economic Unit | | | | | | | | | | | | | | | | | | | | | | | | |
| EU_ADULT | Number of persons aged 15 years or older in participant's EU | | | | | | | | | | | | | | | | | | | | | | | | |
| EU_CHILD | Number of persons younger than 15 years in participant's EU | | | | | | | | | | | | | | | | | | | | | | | | |
| PREG_NUM | Number of expected live births: if SINGLETON, PREG_NUM=1; if TWINS, PREG_NUM=2; etc. | | | | | | | | | | | | | | | | | | | | | | | | |

Certification Survey for WIC participants (Version A: Women)

Version A: Pregnant, Breastfeeding, and Postpartum Women

THE FOLLOWING INFORMATION WILL BE AVAILABLE TO INTERVIEWER WHILE ADMINISTERING THE SURVEY:

| Last Name | | | First Name | | | Participant Category | | Certification Date (CERT_DATE) | | Certification Period | | Prior WIC Participant? | | Migrant? | |
|---|----|--------|------------------------------------|--|--|----------------------|--------------------------|--------------------------------|---------|--|-----------------|------------------------|--|----------|--|
| Doe | | | Jane | | | P/B/N/INF/C | | mm/dd/yy | | xx days/months | | Yes/No | | Yes/No | |
| State: | MN | City: | Anytown | | | ZIP: | 12345 | | Street: | | 100 Main Street | | | | |
| Reciprocity? | | Yes/No | Participant of WIC in which State: | | | ST | Participant's LWA: | | | Local Agency where participant receives WIC benefits, services | | | | | |
| Family (EU) Size | | # | Adjunct/Auto Elig? | | | Y/N | Adjunctive program name: | | | | | | | | |
| ITO? | | Yes/No | Use alternate income procedure? | | | Yes/No | | | | | | | | | |
| IF PARTICIPANT IN ITO OR SERVED BY ITO OR LIVES IN INDIAN VILLAGE: | | | | | | | | | | | | | | | |
| Village | | | Reservation or Sovereign Nation | | | | | | | | | | | | |
| State: | | City: | Anytown | | | ZIP: | | | PO Box: | | | | | | |

INTRO: Hi. Thanks for agreeing to do this survey. We will keep your answers private to the extent allowed by law. None of the information you share with me will cause your WIC benefits to change. The purpose of the survey is to help get a better idea of who participates in the program and their family's circumstances. After we finish, I will give you a \$25 gift card to thank you for your participation. Before we start, we need to review this form together. It tells you about your rights as a study participant. It tells you how we will protect your privacy and how we will use your answers.

READ INFORMED CONSENT STATEMENT AND GET SIGNED CONSENT BEFORE PROCEEDING.

Field Interviewer confirmation at end of survey:

| I met with participant at the following address on the date below: MAKE ANY CORRECTIONS IN THE ROW BELOW | | | | | | | | | | | INITIALS | |
|--|----|-------|---------|--|--|-----|-------|--|--------|-----------------|----------|--|
| State: | MN | City: | Anytown | | | ZIP | 12345 | | Street | 100 MAIN STREET | | |
| | | | | | | | | | Date | mm/dd/yy | | |

- Location was a residential address
- Location was a non-residential address (e.g., library, business, community center). PROVIDE NAME OF LOCATION:

IDENTITY

1. The first thing we need is some identification for you. [IF PARTICIPANT HAS TROUBLE WITH THIS REQUEST, READ OFF SOME OF THE ACCEPTABLE TYPES OF ID FROM LIST.]

HAS IDENTIFICATION?

- YES GO TO 1A
- NO IF PRIOR_WIC_PARTICIPANT=YES, GO TO 1B. IF PRIOR_WIC_PARTICIPANT=NO, GO TO 1C

1A. IF NAME MATCHES WIC RECORD CHECK OFF ID SHOWN AND GO TO NEXT MODULE

IF ID NAME DIFFERS: “The name on this ID doesn’t match my records. Can you show me another form of ID that has your name?”

| Identification proofs [CHECK AT LEAST ONE] | ID shown during survey | ID shown at WIC |
|--|--|--------------------------|
| Driver’s license w/photo & name | <input type="checkbox"/> | <input type="checkbox"/> |
| State or tribal-issued license or ID w/photo & name | <input type="checkbox"/> | <input type="checkbox"/> |
| U.S. or foreign passport w/photo and name | <input type="checkbox"/> | <input type="checkbox"/> |
| Work, school, military, or bus pass ID w/photo & name | <input type="checkbox"/> | <input type="checkbox"/> |
| WIC ID card or WIC folder (PRIOR WIC PARTICIPANTS only; EBT cards are NOT valid proof of identity) | <input type="checkbox"/> | <input type="checkbox"/> |
| Letter from government agency (including WIC) w/name | <input type="checkbox"/> | <input type="checkbox"/> |
| Bank statement showing name | <input type="checkbox"/> | <input type="checkbox"/> |
| Utility bill, rent/mortgage receipt, lease, w/name | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Security or Green card (or other Immigration document with name) | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: SPECIFY <input type="checkbox"/> | | |
| FI Notes | <input type="checkbox"/> FI: TYPE ANY CLARIFICATIONS OR EXPLANATORY NOTES HERE | |

1B. (PRIOR_WIC_PARTICIPANT = YES): “Ok, the records I have show that you most recently certified for WIC on CERT_DATE, and that you were receiving WIC benefits before that. Can you show me a WIC ID card or something else from WIC that has your name?”

[TRANSFER/VERIFICATION OF CERTIFICATION NOT ACCEPTABLE PROOF OF IDENTITY]

- WIC FOLDER GO TO 1A
- OTHER DOCUMENT FROM WIC WITH NAME/ADDRESS GO TO 1A
- NEITHER GO TO 1C

1C. (PRIOR_WIC_PARTICIPANT = NO) OR 1B=NEITHER:

“Was your ID recently stolen, did you recently lose your ID? Have you recently been homeless, or experienced a fire, flood, hurricane, tornado, or similar event?”

- STOLEN/LOST GO TO 1D
- HOMELESS GO TO 1D
- DISASTER VICTIM GO TO 1D
- {State specific reason providing ID = unreasonable burden} GO TO 1D
- NONE OF THE ABOVE GO TO 1D

1D. “At your recent WIC certification appointment (on or before CERT_DATE), did you show any identification then?” (IF YES: Do you recall what type of ID you showed?)

- SHOWED ID AND RECALLS TYPE CHECK OFF ID SHOWN AT WIC IN IDENTIFICATION PROOF TABLE AND GO TO NEXT MODULE

- SHOWED ID BUT NO RECALL OF TYPE
- DID NOT SHOW ID
- DO NOT RECALL



GO TO NEXT MODULE.
 30-day CERT_PERIOD and NO ID SHOWN = NO ERROR.
 Else, NO ID SHOWN = ID ERROR

RESIDENCY: GEOGRAPHIC STATE

IF PARTICIPANT FROM ITO OR LIVES IN REMOTE INDIAN VILLAGE OR PUEBLO THEN CAPI WILL SKIP TO “ALTERNATE PROOF OF RESIDENCY.” ELSE CONTINUE WITH RESIDENCY: GEOGRAPHIC STATE PROCEDURE.

IF IDENTIFICATION SHOWN AS PROOF OF IDENTITY HAS ADDRESS AND IS AN ACCEPTED PROOF OF RESIDENCY, MARK OFF THE TYPE OF RESIDENCY PROOF IN TABLE BELOW AND SKIP TO INCOME ELIGIBILITY MODULE. OTHERWISE GO TO QUESTION 2.

2. “Next, I need some kind of proof that you live here. Do you have a utility bill, lease, or letter addressed to you?” MAIL MUST HAVE RESIDENTIAL ADDRESS. P.O. BOX DOES NOT = PROOF OF RESIDENCY. RURAL ROUTE BOX NUMBER IS ACCEPTABLE PROOF OF RESIDENTIAL ADDRESS.

HAS PROOF OF RESIDENCY?

- YES GO TO 2A
- NO IF PRIOR_WIC_PARTICIPANT=YES, GO TO 2B. IF PRIOR_WIC_PARTICIPANT=NO AND MIGRANT=YES, GO TO 2C(i); IF PRIOR_WIC_PARTICIPANT=NO AND MIGRANT=NO, GO TO 2C(ii)

2A. IF NAME AND ALL ADDRESS FIELDS MATCH WIC RECORD, CHECK OFF RESIDENCY PROOF AND GO TO NEXT MODULE. IF ADDRESS FIELDS MATCH AND NAME DIFFERS, GO TO 2D. IF ANY ADDRESS FIELD DIFFERS, GO TO 2E.

| Residency proofs [CHECK AT LEAST ONE] | Shown during survey | Shown at WIC |
|--|--------------------------|--------------------------|
| Driver’s license with name & address | <input type="checkbox"/> | <input type="checkbox"/> |
| State or tribal-issued license or ID w/name & address | <input type="checkbox"/> | <input type="checkbox"/> |
| Utility bill, rent/mortgage receipt, or lease w/name & address | <input type="checkbox"/> | <input type="checkbox"/> |
| Letter from government agency (including WIC) w/name & address | <input type="checkbox"/> | <input type="checkbox"/> |
| Postmarked mail from reliable third party w/name & address | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER: specify PROOF shown AT WIC: _____ DURING SURVEY: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

FI Notes FI: TYPE ANY CLARIFICATIONS OR EXPLANATORY NOTES HERE

2B. (PRIOR_WIC = YES): “Ok, the records I have show that you were most recently certified for WIC on CERT_DATE, and that you were receiving WIC benefits before that. Can you show me a WIC ID card or something else from WIC that has your name and address?”

- WIC FOLDER GO TO 2A
- OTHER DOCUMENT FROM WIC WITH NAME/ADDRESS GO TO 2A
- NEITHER GO TO 2C

2C(i). (PRIOR_WIC = NO AND MIGRANT =YES): “Do you, or does anyone in your household, work on farms and move from place to place as the season changes?” IF NECESSARY: “WIC agencies have special rules for families include a migrant farmworker who moves around the country depending on where there is work based on the growing season.”

- YES (MIGRANT FARMWORKER) GO TO 2F
- NO GO TO 2C(ii)

2C(ii) (PRIOR_WIC = NO OR 2B=NEITHER OR 2E=NO): “Did you recently lose documents with your address or were they stolen? Have you recently been homeless, or recently experienced a fire, flood, hurricane, tornado, or similar event?”

- STOLEN/LOST GO TO 2F
- HOMELESS GO TO 2F
- DISASTER VICTIM GO TO 2F
- {State specific reasons providing proof = unreasonable burden} GO TO 2F
- NONE OF THE ABOVE GO TO 2F

2D. (ADDRESS MATCHES BUT NAME DIFFERS): “This has an address, but someone else’s name. Do you have something with your name and address?” READ LIST IN 2A FOR EXAMPLES OF OTHER TYPES OF DOCUMENTS FOR RESIDENCY PROOF.

2E. (ADDRESS DIFFERS OR NAME AND ADDRESS DIFFER): “Ok, the [name and] address on this document doesn’t match my records. Have you moved since CERT_DATE? Just as a reminder, WIC won’t know any personal information you share with me, including whether or not your address has changed.”

- YES (RECENTLY MOVED) ENTER INFO BELOW AND GO TO 2F
- NO (DID NOT RECENTLY MOVE) REVERSE TO 2C

| | | | | | |
|--------|--|------|--|---|--|
| State: | | ZIP: | | ADDRESS IS A STREET ADDRESS (Not PO Box)? | <input type="radio"/> Yes <input type="radio"/> No |
|--------|--|------|--|---|--|

2F. “At your recent WIC certification appointment, did you show anything with your name and address then?” (IF YES: “Do you recall what type of document you showed?”)

- SHOWED PROOF AND RECALLS TYPE CHECK OFF PROOF SHOWN AT WIC ON RESIDENCY PROOF TABLE AND GO TO NEXT MODULE
- SHOWED PROOF BUT NO RECALL OF TYPE
- DID NOT SHOW PROOF
- DO NOT RECALL

GO TO NEXT MODULE.
 30-day CERT_PERIOD and NO PROOF SHOWN = NO ERROR.
 Else, NO PROOF SHOWN = RESIDENCE PROOF ERROR

RESIDENCY: ALTERNATE PROCEDURE (ITO OR REMOTE INDIAN VILLAGE/PUEBLO)

ALTERNATE PROCEDURE APPLIES ONLY IF PARTICIPANT FROM ITO OR LIVES IN REMOTE INDIAN VILLAGE OR PUEBLO
 “ALTERNATE PROOF OF RESIDENCY PROCEDURE” APPLIES. ELSE USE RESIDENCY: GEOGRAPHIC STATES

ALTERNATIVE RESIDENCY PROCEDURE: GET VILLAGE NAME AND MAILING ADDRESS.

IF WIC RECORDS SHOW A RESIDENTIAL STREET ADDRESS (NOT A PO BOX), GO TO ALT 2A.
 IF WIC RECORDS SHOW A PO BOX AND DO NOT SHOW VILLAGE, GO TO ALT 2B.
 IF WIC RECORDS DO NOT SHOW A PO BOX AND SHOW A VILLAGE, GO TO ALT 2B.
 IF WIC RECORDS SHOW A PO BOX AND SHOW A VILLAGE, GO TO ALT 2D.

ALT 2A. “At your most recent visit to the WIC office, did you have to show a document with your home address?”

- YES “What type of document did you show?” GO TO RESIDENCY: GEOGRAPHIC STATE AND ENTER PROOF SHOWN AT WIC
- NO GO TO ALT 2B

ALT 2B. “What is the name of the town, village or pueblo where you live?”

| Village from WIC records | Matches WIC records? | |
|--------------------------|---------------------------|--------------------------|
| Village | <input type="radio"/> Yes | <input type="radio"/> No |

IF VILLAGE NAME MATCHES WIC RECORDS, GO TO ALT 2D. IF NO VILLAGE IN WIC RECORDS OR PARTICIPANT RELUCTANT TO GIVE VILLAGE NAME GO TO ALT 2D. IF VILLAGE NAME GIVEN DOESN'T MATCH GO TO ALT 2C.

ALT 2C. “My records say that you were living in [VILLAGE].

(i) is there another name for the place you live?

- YES (RECORD NAME)
- NO

GO TO ALT 2D
GO TO ALT 2C(ii)

ALT 2C.

(ii) Did you recently move? Just as a reminder, WIC won’t know any personal information you share with me, including whether or not where you live has changed.”

- YES (RECENTLY MOVED)
- NO (DID NOT RECENTLY MOVE)

GO TO ALT 2D
GO TO ALT 2D

ALT 2D. MAILING ADDRESS: “What is your current mailing address?”

| Mailing address from WIC records | | | | | |
|---|--|--------------|-----------|------------|--------------|
| P.O. Box or Street Address | <i>P.O. Box NN</i> | State | <i>MN</i> | ZIP | <i>ZZZZZ</i> |
| City | <i>Anywhere</i> | | | | |
| IF MAILING ADDRESS DIFFERENT FROM WIC RECORDS | | | | | |
| Gave mailing address | <input type="radio"/> Yes <input type="radio"/> No | | | | |
| City | | State | | ZIP | |

IF MAILING ADDRESS MATCHES WIC RECORDS, GO TO NEXT MODULE. IF NO MAILING ADDRESS IN WIC RECORDS OR RELUCTANT TO GIVE MAILING ADDRESS, GO TO NEXT MODULE.

IF MAILING ADDRESS GIVEN DOESN’T MATCH WIC RECORDS, GO TO ALT 2E.

ALT 2E. (CHANGE OF MAILING ADDRESS) “Did you recently change your mailing address? Remember, WIC won’t know any personal information you share with me, including any change in your mailing address.”

- YES GO TO NEXT MODULE
- NO GO TO NEXT MODULE

FI Notes

FI: TYPE ANY CLARIFICATIONS OR EXPLANATORY NOTES HERE

PARTICIPANT CATEGORY

[No data will be collected to confirm participant category for Pregnant, Breastfeeding or Postpartum WIC participants. See Version B for Infant/Child WIC participants]

INCOME ELIGIBILITY

HOUSEHOLD ENUMERATION

“Next, I’m going to ask you to tell me the names of all the people who were living or staying with you in [MONTH OF CERT_DATE] and whether they are related to you or not. I’ll type the names so that I can follow up with some questions. Please list only people who were living with you in [MONTH OF CERT_DATE].”

RECORD EACH NAME IN THE LIST BELOW. ENTER FIRST NAME ONLY.

- Q1. PROBE FOR ADDITIONAL PERSONS: Anyone else?
- Q2. Is [NAME] male or female?
- Q3. How old is [NAME]?
- Q4. What is [NAME]’s relationship to you?

| Q1 | Q2 | Q3 | Q4 | Relationship Codes |
|-----------------------------|------------------------------|-----------------|--------------|---|
| NAME | GENDER 1=male 2=female | AGE in years | RELATIONSHIP | |
| R1. NAME OF WIC PARTICIPANT | | | 21 | 1=spouse 2=partner 3=child 4=step-child 5=adopted child 6=parent 7=step-parent 8=legal guardian 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=non-relative 18=child in temporary care 19=foster child 20=foster parent 21=sampled WIC participant |
| R2. | | | | |
| R3. | | | | |
| R4. | | | | |
| R5. | | | | |
| R6. | | | | |
| R7. | | | | |
| R8. | | | | |

| | |
|----------------|---|
| ANYONE ELSE? ▲ | FI MAY CLICK FOR ADDITIONAL ROWS AT ANY TIME DURING THE INTERVIEW. CAPI will add additional rows one at a time, up to 20 persons. |
|----------------|---|

IF ANY Q4= 19 [HOUSEHOLD INCLUDES A FOSTER CHILD WHO SHOULD BE EXCLUDED FROM SAMPLED ECONOMIC UNIT], DISPLAY Q4FOSTER(ii): “When you applied for WIC, did you tell WIC that [NAME OF HOUSEHOLD MEMBER where Q4=19] is a foster child? YES NO

FAMILY MEMBERS TEMPORARILY AWAY

“Other than people already listed, is there anyone who typically lives here but who was temporarily away in [MONTH OF CERT_DATE]?” (IF NECESSARY, PROBE: “For example, this could be a military service member on active deployment, someone who is in the hospital, a child away at school, or a child who lives part-time with each parent. Is there anyone who typically lives here but who was temporarily away?”)

- Yes ADD MEMBERS TEMPORARILY AWAY
- No GO TO CHILDREN IN TEMPORARY CARE

Q1A. LIST NAME OF EACH PERSON TEMPORARILY AWAY

Q2A. “Is [NAME] male or female?”

Q3A. “How old is [NAME]?”

Q4A. “What is [NAME]’s relationship to you?”

Q4B. “Can you tell me the main reason this person was temporarily away?” DO NOT READ LIST. PROBE FROM LIST IF NECESSARY.

1=MILITARY MEMBER ON ACTIVE DEPLOYMENT

2=IN THE HOSPITAL/REHAB OR TREATMENT CENTER/HALFWAY HOUSE

3=LIVING AWAY AT SCHOOL (BOARDING SCHOOL, COLLEGE)

4=CHILD LIVES PART-TIME IN HOUSEHOLD

5=OTHER, SPECIFY [DO NOT LIST ANY PERSON WHO WAS IN JAIL/PRISON IN MONTH OF CERT_DATE]

| Members temporarily away | | | | | | | |
|--------------------------|--------|-----|--------------|--------------------|---------------------------------|-------------------------|---------------------------------|
| Q1A | Q2A | Q3A | Q4A | Relationship Codes | | Q4B | Q4C |
| NAME | GENDER | AGE | RELATIONSHIP | 1=spouse | 11=uncle/aunt | REASON TEMPORARILY AWAY | if 4B=4: WHERE CHILD LIVES MOST |
| R2. | | | | 2=partner | 12=cousin | | |
| R3. | | | | 3=child | 13=nephew/niece | | |
| R4. | | | | 4=step-child | 14=parent in-law | | |
| R5. | | | | 5=adopted child | 15=brother-in-law/sister-in-law | | |
| | | | | 6=parent | 16=other relative | | |
| | | | | 7=step-parent | 17=non-relative | | |
| | | | | 8=legal guardian | 18=child in temporary care | | |
| | | | | 9=brother/sister | 19=foster child | | |
| | | | | 10=grandparent | 20=foster parent | | |

IF 4B=5, CAPI WILL DISPLAY APPROPRIATE 4C QUESTION:

Q4C. IF 4B=5: “Where does [NAME] live most of the time: READ LIST

1= More than half of the time here in this household

2= More than half of the time in another household

3=About equal time here and in another household

IF STATE AGENCY INCLUDES CHILDREN IN TEMPORARY CARE IN FAMILY ECONOMIC UNIT, CAPI WILL SKIP THIS MODULE
 IF STATE AGENCY EXCLUDES CHILDREN IN TEMPORARY CARE FROM FAMILY ECONOMIC UNIT, CAPI WILL DISPLAY THIS MODULE

CHILDREN IN TEMPORARY CARE

IF STATE AGENCY EXCLUDES CHILDREN IN TEMPORARY CARE OF FRIENDS OR RELATIVES FROM THE FAMILY ECONOMIC UNIT, AND THERE ARE ONE OR MORE CHILDREN AGED 15 OR YOUNGER IN THE HOUSEHOLD, THEN ASK:

“Sometimes, children stay with another family who takes care of them temporarily. Does this apply to any of the children you’ve listed? I’m going to read the name of each child who is 14 years old or younger. If you/your family were providing temporary care to that child in [MONTH OF CERT DATE], please answer ‘Yes.’”

LIST OF CHILDREN WHERE AGE < 15 YEARS AND CHILD IS NOT A FOSTER CHILD

“Were you or your family, providing temporary care to:

| | | |
|----------------------|------------------------------|--|
| NAME OF first CHILD | <input type="checkbox"/> Yes | Q4 SET TO 18 CHILD WILL BE EXCLUDED FROM EU |
| NAME OF second CHILD | <input type="checkbox"/> Yes | Q4 SET TO 18 CHILD WILL BE EXCLUDED FROM EU |
| ... | | |
| | | |

SHARED OR SEPARATE FINANCES

CAPI WILL AUTOMATICALLY DISPLAY NAME, GENDER, AGE AND (IF APPLICABLE) REASON TEMPORARILY AWAY OF EACH PERSON. INTERVIEWER WILL READ THE AGE-APPROPRIATE QUESTION AND SELECT RESPONSE IN COLUMN Q6:

“Next, I’m going to ask whether you shared income and expenses with each person who was living here in [MONTH OF CERT_DATE].”

IF AGE ≥ 15 YEARS: “Do you consider [NAME] to be part of your family group – that is, in [MONTH OF CERT_DATE], you were sharing income and expenses as if you were a family – OR do you feel that you each kept your income and expenses and food separately?”

- Yes, share: SELECT “SHARE LIKE FAMILY” FOR NAME
- No, keep separate: SELECT “SEPARATE” FOR NAME

IF AGE < 15 YEARS: “Do you consider [NAME] to be part of your family group – that is, in [MONTH OF CERT_DATE], you were responsible for taking care of them as if you were all in the same family?”

- Yes, responsible for taking care of: SELECT “SHARE LIKE FAMILY” FOR NAME
- No, not responsible for taking care of: SELECT “SEPARATE” FOR NAME

| PREFILLED | | | | | INTERVIEWER SELECTS |
|-----------|-------------|-----------------|--------------|-------------------------|--|
| | Q1 | Q2 | Q3 | Q4B | Q6 |
| | NAME | GENDER | AGE | REASON TEMPORARILY AWAY | Family or Separate? ¹ |
| R#. | <i>name</i> | <i>(1 or 2)</i> | <i>(age)</i> | <i>NA</i> | <input type="radio"/> 1=share like family <input type="radio"/> 2=separate |
| R#. | <i>name</i> | <i>(1 or 2)</i> | <i>(age)</i> | <i>NA</i> | <input type="radio"/> 1=share like family <input type="radio"/> 2=separate |
| R#. | <i>name</i> | <i>(1 or 2)</i> | <i>(age)</i> | <i>NA</i> | <input type="radio"/> 1=share like family <input type="radio"/> 2=separate |
| R#. | <i>name</i> | <i>(1 or 2)</i> | <i>(age)</i> | <i>(1-6 code)</i> | <input type="radio"/> 1=share like family <input type="radio"/> 2=separate |
| R#. | <i>name</i> | <i>(1 or 2)</i> | <i>(age)</i> | <i>(1-6 code)</i> | <input type="radio"/> 1=share like family <input type="radio"/> 2=separate |

IF NECESSARY FOR MEMBERS TEMPORARILY AWAY, PROBE:

- NAME IS AGE ≥ 15 YEARS: “When [NAME] is here, do you and [NAME] share income and expenses?”
- NAME IS AGE < 15 YEARS: “When [NAME] is here, do you help take care of [NAME] as if you were all in the same family?”

¹ Although WIC policy guidance indicates that agencies should determine whether or not separate family economic units have “adequate income” to “sustain the economic unit” and that the “actual living and support costs for the economic unit in that environment must be considered,” the guidance does not indicate how agencies should determine these “actual living and support costs” or what threshold relative to these costs would suffice as “adequate.” Because these judgments are inherently subjective, the NSWP-III cannot independently confirm or disconfirm an independent judgment made by staff at a local WIC agency. If a Participant indicates that a resident of the household maintains separate finances, the NSWP-III will treat those persons as economic unit(s) separate from the participant’s economic unit.

PREGNANT FAMILY MEMBERS

P1. “Were you, or was anyone in your household, pregnant at your recent certification appointment at the WIC office?”

- Yes GO TO P2
- No GO TO CONFIRM SIZE OF FAMILY EU

| | |
|---|--|
| P2. “Who was pregnant on CERT_DATE?” | |
| <SELECT NAME FROM Q1 LIST DROPDOWN MENU> | IF PREGNANT MEMBER SHARES FINANCES (Q6=1), GO TO P2A. IF PREGNANTMEMBER HAS SEPARATE FINANCES (Q6=2), GO TO P2D |

P2A. “Were you/Was [NAME] expecting a single infant, twins or multiples?” (DO NOT READ OPTIONS)

- SINGLETON IF SHARED FINANCES, CAPI WILL ADD 1 TO FAMILY ECONOMIC UNIT. GO TO P2B
- TWINS IF SHARED FINANCES, CAPI WILL ADD 2 TO FAMILY ECONOMIC UNIT. GO TO P2B
- MULTIPLES [ENTER NUMBER FROM 3 OR HIGHER] IF SHARED FINANCES, CAPI WILL ADD [N] TO FAMILY ECONOMIC UNIT. GO TO P2B

P2B. “Since that appointment have you/has [NAME] given birth?” (DO NOT READ OPTIONS)

- YES GO TO P2C
- NO [STILL PREGNANT OR PREGNANCY ENDED] GO TO P2D

P2C. “Have you already listed the infant/infants that you/that [NAME] gave birth to as part of your household above?” [CONFIRM THAT THE SAME NUMBER OF INFANTS FROM PREGNANCY (P3) ARE ALREADY LISTED IN HOUSEHOLD ENUMERATION CHART] (DO NOT READ OPTIONS)

- YES, WITH [N] BABIES LISTED CAPI WILL SUBTRACT [N] FROM FAMILY ECONOMIC UNIT
- NO, BABY DOES NOT LIVE IN UNIT/DIED/ETC GO TO P2D

P2D. Was anyone else pregnant on CERT_DATE? REPEAT P4-P4D AS NEEDED UNTIL P2D=NO.

- YES GO TO P2
- NO GO TO CONFIRMATION OF SIZE OF FAMILY ECONOMIC UNIT

CONFIRMATION OF SIZE OF FAMILY ECONOMIC UNIT (EU_SIZE)

CAPI WILL CALCULATE SURVEY_EU_SIZE AND COMPARE TO FAMILY (EU) SIZE FROM WIC RECORDS (WIC_EU_SIZE).

- **IF CERT_CAT= PREGNANT, EU_SIZE INCREMENTED BASED ON Q1P1 SERIES OF QUESTIONS**
- **IF Q4=18 (CHILD IN TEMP CARE) AND STATE EXCLUDES THESE CHILDREN FROM EU, CHILD WILL BE EXCLUDED FROM PARTICIPANT’S EU**
- **IF Q4=19 (FOSTER CHILD), THE INDIVIDUAL IS EXCLUDED FROM PARTICIPANT’S EU**
- **IF Q6=2, THE INDIVIDUAL IS EXCLUDED FROM THE PARTICIPANT’S EU.**

IF SURVEY_EU_SIZE = WIC_EU_SIZE, CAPI WILL SKIP TO ADJUNCTIVE/AUTOMATIC ELIGIBILITY.

IF SURVEY_EU_SIZE < WIC_EU_SIZE, CAPI WILL PROMPT:

- “My records show that when you applied for WIC, you had [#IN_FAMILY] people in your family, which is more than we listed today. Have we left someone off the list? Or is there someone on our list who should be counted as part of your main family unit but was not?”
- REVIEW LIST, ADD NAMES/EDIT INFO IF NECESSARY. IF LIST CORRECT, CONTINUE.

IF SURVEY_EU_SIZE > WIC_EU_SIZE, CAPI WILL PROMPT:

- “My records show that when you applied for WIC, you had [#IN_FAMILY] people in your family, which is less than we listed today. Can you confirm that everyone on our list today is part of your main family unit?”
- REVIEW LIST, SUBTRACT NAMES/EDIT INFO IF NECESSARY. IF LIST CORRECT, CONTINUE.

ADJUNCTIVE OR AUTOMATIC ELIGIBILITY

Q7. IF ADJ OR AUTO ELIGIBILITY in WIC RECORDS=YES: “My records show that you qualified for WIC because you, or a member of your family, participates in the [ADJ/AUTO PROGRAM NAME]. Can you show me a document to demonstrate participation in that program, such as a certification card, award letter or notice of benefits?”

IF ADJ OR AUTO ELIGIBILITY in WIC RECORDS =NO: “Were you or someone in your family, participating in a benefits program such as Medicaid, SNAP, TANF or [NAME OF STATE PROGRAM(S)] on [CERT_DATE]?”

- YES “Can you show me a document to demonstrate participation in that program, such as the certification card, award letter or notice of benefits?”
- WIC LOOKED UP MY NAME IN PROGRAM ENROLLMENT LIST, WEBSITE, OR BY CALLING RELEVANT AGENCY “Ok, do you have a certification card, award letter or notice of benefits?”
- NO GO TO INCOME SOURCES

| | | |
|--|---|---|
| <input type="checkbox"/> PROOF SHOWN | <input type="checkbox"/> NO PROOF SHOWN (OR WRONG PROOF) | FLAG FOR FOLLOW-UP WITH STATE AGENCY to confirm enrollment in applicable program |
| NAME OF PROGRAM RECIPIENT | <select name from Q1 list> CHECK THAT NAME MATCHES SOMEONE IN FAMILY EU | <p>IF NAME ON DOCUMENT DOES NOT MATCH PARTICIPANT'S NAME:</p> <p>If program is SNAP or FDPIR and NAME on document is member of PARTICIPANT's family (Q6=share like family), then acceptable proof.</p> <p>If program is Medicaid and NAME on document is a pregnant woman or infant and a member of the PARTICIPANT's family (Q6=shared), then acceptable proof.</p> <p>If program is TANF and NAME on document is a member of PARTICIPANT's family (Q6=shared), then acceptable proof.</p> |
| Date of document/card issuance (mm/dd/yyyy) | TYPE IN: mm/dd/yyyy 99 No date PROBE: Do you have anything that shows the dates of your participation? | |
| Date enrollment expires (mm/dd/yyyy) | TYPE IN: mm/dd/yyyy 99 No date PROBE: Do you have anything that shows the expiration date? | |
| Name of issuing agency | TYPE IN: 99 Not evident PROBE: Do you have anything that shows the agency name? | |
| Number on document/card | TYPE IN: 99 No number | |
| Type of document/card shown: | | |
| <input type="checkbox"/> Certification card <input type="checkbox"/> Award letter <input type="checkbox"/> EBT transaction receipt or activity statement w/deposit no greater than 30 days prior to CERT_DATE <input type="checkbox"/> Other: | | |

CAPRI WILL GO TO INCOME SOURCES EVEN IF ADJUNCTIVELY/AUTOMATICALLY INCOME ELIGIBLE: [Note for reviewers: NSWP-III research objectives call for estimate of WIC participants' income, regardless of adjunctive income eligibility status]

INCOME: ALTERNATE INCOME DETERMINATION PROCEDURE (INDIAN TRIBAL ORGANIZATIONS)

IF ITO=YES AND ALTERNATIVE INCOME PROCEDURE =YES, THE “ALTERNATE INCOME DETERMINATION PROCEDURE” APPLIES. OTHERWISE, CAPI SKIPS ALTERNATE PROCEDURE FOR INCOME DETERMINATION

CAPI PERFORMS A LOOKUP AGAINST TABLE OF INCOME ELIGIBILITY GUIDELINES (IEGs) BASED ON SIZE OF FAMILY ECONOMIC UNIT. CAPI DISPLAYS INCOME THRESHOLD [INCOME_MAX].

ID8 “On [CERT_DATE], was your family’s income at or below \$[INCOME_MAX]?”

- YES GO TO ID8A

- NO GO TO INCOME SOURCES (Q8a)

INCOME SOURCES

“Now I’m going to ask you about the income received by you and other primary members of your family unit. Your name, address and other information that identifies you or your family will not be included in study reports. The information we collect will be combined with information from other people in this study from across the U.S. We won’t share personal information about you with your local WIC agency, other benefit programs, your landlord, bank, employer, or people in your community. None of your WIC benefits will change as a result of this survey.”

Q8a. At the time of your most recent certification appointment (on or before [CERT_DATE]), [were you /was NAME] unemployed – that is, had you/NAME been working but stopped?

- Yes GO TO Q8b
 No GO TO INCOME SOURCES

Q8b. About how long had you/NAME been unemployed as of CERT_DATE? READ LIST:

- Less than 30 days before CERT_DATE
 1 month or longer before CERT_DATE

GO TO Q9

Note for reviewers: The next set of questions asks for income sources and amounts during the 30 days prior to the participant’s certification date. Federal WIC regulations (Section 246.7(d)(2)(i)) permit State agencies to instruct local agencies to determine whether the current rate of income or income over the prior 12 months most accurately reflects the family status (with two exceptions described below). Although policy guidance provides some recommendations, this regulation gives local agencies some flexibility to make independent and non-replicable decisions about which timeframe is more accurate. As a result, FIs will first assess family income based on the current rate of income (defined as the 30 days prior to certification date). If preliminary results suggest that the WIC participant should have been deemed ineligible due to income, the FI will re-assess the family’s income using a reference period of at least 30 days that falls sometime within the year prior to CERT_DATE. The FI will first attempt to obtain income documentation for a total of 30 days during the three months prior to CERT_DATE. Given that families may have sparse documentation for income from prior periods, the FI will accept any proof of income that spans a total of 30 days within the past six months. (For income from self-employment, rental income and royalties, FIs will have already requested proof of income over the past 12 months.)

There are two exceptions to the federal regulations granting flexibility regarding the income timeframe: (1) for families with an unemployed person agencies must determine income eligibility based on current rate of income; (2) for families with an instream migrant worker whose Verification of Certification card is expired, agencies must consider the family to be income eligible so long as the income is redetermined once every 12 months. IF WIC PARTICIPANT’S MIGRANT STATUS =YES, LACK OF DOCUMENTATION OF INCOME WILL NOT RESULT IN “INCOME INELIGIBLE” DETERMINATION.

Q9A. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [you/NAME] have any income from: READ LIST IN COLUMN A. CHECK ONLY IF YES.

Q9B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”].

| 9A Income Type | 9B Income Period | 9C Proof of Income Document | 9D Amount | 9E Frequency |
|--|--------------------------------|---|---|--|
| <input type="checkbox"/> Wages, salary or fees (excluding military pay) | From: mm/dd/yy To: mm/dd/yy | Check one, use addtl rows if nec: <input type="checkbox"/> <u>Paystub/earnings statement</u> <input type="checkbox"/> <u>Employer statement</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date ^x <input type="radio"/> Once/lump sum <input type="radio"/> Other: _____ |
| INSTRUCTIONS for Wages, salary or fees (excluding military pay): <ul style="list-style-type: none"> Use one row per income document. If the income period covers less than one month's pay (less than 28 days total), you will need more than one paystub or documentation of income from wages, salary or fees. Be sure to enter the income period. If the pay period is not stated on a paycheck or pay statement, enter the date the check or was issued and PROBE for the frequency of pay: Does this income cover one week of work, two weeks, half of the month, one month of work, or some other duration? Income documents are listed in order of preference. Preferred documentation types are <u>underlined</u>. Less preferred options are gray and not underlined. Try to obtain a preferred document type. Record the GROSS pay before deductions for taxes, insurance, or any other amounts withheld from the net pay. If Net Pay is the only amount available from any source, record the Net dollar amount and check the box in the Amount column to indicate that the dollar amount reflects net pay. | | | | |
| IF FREQUENCY IS PER TWO WEEKS OR TWICE/MONTH, PROMPT: Do you have another paystub/document showing the amount you received in the weeks just before [just after] the period covered in this one? IF FREQUENCY IS PER WEEK, PROMPT: Do you have other paystubs/documents showing the amount you received in the weeks before [after] this week? PROMPT: Did you have wages, salary or fees from any other job in the month before CERT_DATE? | | | | |
| <input type="checkbox"/> Wages, salary or fees (additional paystub) | From: mm/dd/yy To: mm/dd/yy | Check one, use addtl rows if nec: <input type="checkbox"/> <u>Paystub/earnings statement</u> <input type="checkbox"/> <u>Employer statement</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: _____ |
| <input type="checkbox"/> Wages, salary or fees (additional paystub) | From: mm/dd/yy To: mm/dd/yy | Check one, use addtl rows if nec: <input type="checkbox"/> <u>Paystub/earnings statement</u> <input type="checkbox"/> <u>Employer statement</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: _____ |
| <input type="checkbox"/> CLICK TO ADD ROW FOR ADDITIONAL Wages, salary or fees | | | | |

^x Year to Date will appear as an option only if the Alternate Income Reference Period applies.

A. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [you/NAME] have any income from: COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”].

| 9A Income Type | 9B Income Period | 9C Proof of Income Document | 9D Amount | 9E Frequency |
|---|--------------------------------|---|---|--|
| <input type="checkbox"/> Tips, bonuses, or commissions (POSSIBLE LUMP SUM) | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> <u>Paystub/earnings statement</u> <input type="checkbox"/> <u>Employer statement</u> <input type="checkbox"/> <u>Business records (for commissions)</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Income from self-employment (farm or non-farm) (NET INCOME) | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> <u>2017 IRS tax return, 1099</u> <input type="checkbox"/> <u>Business records</u> <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | NET \$ _____ | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Rental income (NET INCOME) | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> <u>Rental agreement, lease, other business records</u> <input type="checkbox"/> <u>Cancelled rent check</u> <input type="checkbox"/> <u>2017 IRS tax return, 1099</u> <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | NET \$ _____ | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Royalties (PROMPT FOR ITOs: per capita payments) (NET INCOME) (POSSIBLE LUMP SUM) (POSSIBLE EXCLUSION) | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> <u>Paystub/earnings statement</u> <input type="checkbox"/> <u>Deposit on bank statement</u> <input type="checkbox"/> <u>2017 IRS tax return, 1099</u> <input type="checkbox"/> <u>Business records</u> <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | NET \$ _____ | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |

^x Year to Date will appear as an option only if the Alternate Income Reference Period applies.

A. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [you/NAME] have any income from: COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”

| 9A Income Type | 9B Income Period | 9C Proof of Income Document | 9D Amount | 9E Frequency |
|--|--------------------------------|--|---|--|
| <input type="checkbox"/> Unemployment compensation | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> <u>Benefit letter/letter of determination</u> <input type="checkbox"/> <u>Check or check stub</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| IF PARTICIPANT/FAMILY MEMBER INDICATES NO INCOME FROM UNEMPLOYMENT COMPENSATION BUT WAS UNEMPLOYED (Q8A), ASK: UE1. "Did you apply for unemployment benefits?" <input type="radio"/> Yes GO TO UE2 <input type="radio"/> No CONTINUE TO NEXT INCOME SOURCE UE2. "Was your application denied or approved?" DO NOT READ LIST <input type="radio"/> Denied/turned down CONTINUE TO NEXT INCOME SOURCE <input type="radio"/> Approved GO TO UE3 <input type="radio"/> Have not heard back/never heard back CONTINUE TO NEXT INCOME SOURCE UE3. "Okay, you were approved to get unemployment, but you have not received any income from unemployment compensation. Can you show me a copy of the approval letter?" <input type="radio"/> Yes RECORD DATE OF LETTER AND AMOUNT OF BENEFITS AWARDED <input type="radio"/> No CONTINUE TO NEXT INCOME SOURCE | | | | |
| <input type="checkbox"/> Workers compensation | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> <u>Benefit letter/letter of determination</u> <input type="checkbox"/> <u>Check or check stub</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Social security benefits | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> <u>Award letter from SSA</u> <input type="checkbox"/> <u>Statement of benefits</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |

* Year to Date will appear as an option only if the Alternate Income Reference Period applies.

A. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [you/NAME] have any income from: COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”].

| 9A Income Type | 9B Income Period | 9C Proof of Income Document | 9D Amount | 9E Frequency |
|---|--------------------------------|--|---|--|
| <input type="checkbox"/> Federal SSI (Supplemental security income) | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Notice of benefits <input type="checkbox"/> Check or check stub <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> State SSI or State disability insurance | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Notice of benefits <input type="checkbox"/> Check or check stub <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Public assistance or TANF | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Notice of benefits <input type="checkbox"/> Check or check stub <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Energy assistance (amount will be excluded, per WIC regulations) | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Notice of benefits <input type="checkbox"/> Check or check stub <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| Possible income exclusions or lump sums (SEE INCOME PROBE QUESTIONS): <ul style="list-style-type: none"> • Vouchers received under the Workforce Investment and Opportunity Act to cover cost of job training or employment such as transportation, uniforms, or child care. • Payments to the Confederated Tribes and Bands of certain Indian Tribes listed in WIC regulations • Value of SNAP or WIC food instruments issued to family member | | | | |

* Year to Date will appear as an option only if the Alternate Income Reference Period applies.

A. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [you/NAME] have any income from: COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”]

| 9A Income Type | 9B Income Period | 9C Proof of Income Document | 9D Amount | 9E Frequency |
|--|--------------------------------|---|---|--|
| <input type="checkbox"/> Alimony or child support (1 st source) | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Check or check stub <input type="checkbox"/> Support agreement <input type="checkbox"/> Divorce/separation decree <input type="checkbox"/> Court order <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Alimony or child support (2 nd source) | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Check or check stub <input type="checkbox"/> Support agreement <input type="checkbox"/> Divorce/separation decree <input type="checkbox"/> Court order <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Any government or private pension, annuity or survivor's benefits | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Notice of benefits <input type="checkbox"/> Check or check stub <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Disbursement from an estate or trust | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Earnings statement <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |

^x Year to Date will appear as an option only if the Alternate Income Reference Period applies.

A. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [you/NAME] have any income from: COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”]

| 9A Income Type | 9B Income Period | 9C Proof of Income Document | 9D Amount | 9E Frequency |
|---|--------------------------------|--|---|--|
| <input type="checkbox"/> Interest or dividends | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> <u>Earnings or dividend statement</u> <input type="checkbox"/> <u>Deposit on bank statement</u> <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Withdrawals from a savings or investment account | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> <u>Withdrawal receipt/slip</u> <input type="checkbox"/> <u>Earnings statement</u> <input type="checkbox"/> <u>Withdrawal on bank statement</u> <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| Possible income exclusions or lump sums (SEE INCOME PROBE QUESTIONS): <ul style="list-style-type: none"> • Payments to American Indian Tribes/Tribal members (SEE EXCLUSIONS LIST) • The value of payments (subsidies) for the provision of child care services for low-income families • The value of any rental assistance (vouchers), lower mortgage rates, loan guarantees to support home ownership by low-income families (see the Cranston-Gonzales National Affordable Housing Act Housing and Community Development Act of 1987) | | | | |

^x Year to Date will appear as an option only if the Alternate Income Reference Period applies.

A. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [you/NAME] have any income from: COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”]

| 9A Income Type | 9B Income Period | 9C Proof of Income Document | 9D Amount | 9E Frequency |
|---|--------------------------------|---|---|--|
| <input type="checkbox"/> Veteran's payments | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Notice of benefits <input type="checkbox"/> Check or check stub <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| Possible income exclusions or lump sums (SEE INCOME PROBE QUESTIONS): Any veteran's compensation to a Vietnam veteran or veteran who served in Korea in 1968 or 1969 who was exposed to the herbicide known as "Agent Orange" | | | | |
| <input type="checkbox"/> Military pay (EXCLUSIONS APPLY. CAPI TAKES INTERVIEWER TO MILITARY PAY MODULE) | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Leave and Earnings Statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Regular contributions from someone not in household | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Letter from payer, dated & signed <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Other income sources (SEE INCOME PROBE QUESTIONS) | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Earnings statement <input type="checkbox"/> Benefit/award letter <input type="checkbox"/> Letter from payer, dated & signed <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> 2017 IRS tax return, W2, 1099 <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| Possible income exclusions or lump sums (SEE INCOME PROBE QUESTIONS): | | | | |
| <ul style="list-style-type: none"> • Payments received under the Carl D. Perkins Vocational Education Act or Carl D. Perkins Vocational Applied Technology Education Act Amendments of 1990 • Student financial assistance under Title IV of Higher Education Act used for tuition fees, books, equipment materials or supplies required of students for the course of study, including Pell Grant, Supplemental Educational Opportunity Grant (SEOG), State Student Incentive Grant, National Direct Student Loan, PLUS, College Work Study • Loans | | | | |

^x Year to Date will appear as an option only if the Alternate Income Reference Period applies.

ZERO INCOME REPORTED

IF PARTICIPANT DID NOT QUALIFY AS ADJUNCTIVELY/AUTOMATICALLY INCOME ELIGIBILITY FOR WIC AND PARTICIPANT’S TOTAL INCOME = \$0 AND NO ADULT AGE ≥ 15 YEARS WAS REPORTED TO HAVE SEPARATE FINANCES, CAPI WILL DISPLAY INTRO AND Z1b-Z2; IF ANY ADULT AGE ≥ 15 YEARS WAS REPORTED TO HAVE SEPARATE FINANCES (Q6=2), CAPI WILL DISPLAY ALL ITEMS

INTRO: “If I understand your answers correctly, it looks like you had zero income on [CERT_DATE].

- Z1. You said that [NAME] and [NAME] was/were not part of your family group. Was/Were [LIST NAMES WHERE Q6=SEPARATE FINANCES], or was anyone that you haven’t named helping you to pay for living expenses such as rent/mortgage, heat, or food on [CERT_DATE]?
- Yes GO TO Z1a
 - No GO TO Z1b

Z1a. “In that case, I need to ask you about [NAME]’s income. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [NAME] have any income from [REPEAT Q9a for NAME FOR EACH TYPE OF INCOME SOURCE]. CAPI WILL PROMPT INTERVIEWER TO CHANGE THE RESPONSE TO Q6 FOR [NAME(S)] TO Q6=1 SO THAT THIS INDIVIDUAL IS COUNTED AS PART OF PARTICIPANT’S FAMILY

Z2. “I’d like to better understand how you were paying for living expenses in [MONTH, YEAR OF CERT_DATE]. Can you tell me if any of the following were true: CHECK ALL THAT APPLY

| | |
|---|---|
| <input type="radio"/> I had applied for public assistance but did not received payment until after [MONTH, YEAR OF CERT_DATE] (IF NECESSARY: such as Temporary Assistance to Needy Families (sometimes called welfare) or SNAP or Food Stamps). | REQUEST AWARD LETTER AND ENTER AMOUNT AND DATE IN Q9, PUBLIC ASSISTANCE |
| <input type="radio"/> I had applied for workers compensation but did not received payment until after [MONTH, YEAR OF CERT_DATE] | REQUEST AWARD LETTER AND ENTER AMOUNT AND DATE IN Q9, WORKER’S COMPENSATION |
| <input type="radio"/> I received some emergency cash from a church, charity, or social services agency or food from a food bank | ENTER AMOUNT IN Q9, OTHER CASH |
| <input type="radio"/> I skipped one or more rent, mortgage or utility payments | |
| <input type="radio"/> I did some work such as child care, housework, or another service in exchange for reduced rent or food | IN-KIND BENEFITS NOT INCOME |
| <input type="radio"/> OTHER: “Can you describe how you paid for living expenses then?” TYPE IN RESPONSE: _____ | IF ANY INCOME SOURCES RETURN TO Q9 |
| <input type="radio"/> NONE OF THE ABOVE | |

AFTER Z2 GO TO END OF SURVEY

ALTERNATE INCOME REFERENCE PERIOD

CAPI WILL MAKE A PRELIMINARY DETERMINATION OF INCOME ELIGIBILITY BASED ON MOST RECENT 30 DAYS' INCOME PRIOR TO CERTIFICATION DATE REVIEWED.

IF PRELIM_INCOME_ELIG=YES, THEN CAPI WILL SKIP TO END OF CERTIFICATION SURVEY.

IF PRELIM_INCOME_ELIG= NO, THEN CAPI WILL DISPLAY THE FOLLOWING ON-SCREEN.

“I need to be sure we’ve come up with the best estimate of your typical income. We just went over your family’s income during the month before your certification appointment at WIC.”

Q10. During that month, did you, or anyone else I’m going to name, have income that was higher than usual?

| | YES | NO |
|---|--------------------------|--------------------------|
| Let’s start with you [WIC PARTICIPANT]: was your income during the month before [CERT_DATE] higher than usual? | <input type="checkbox"/> | <input type="checkbox"/> |
| NEXT MEMBER OF FAMILY ECONOMIC UNIT WITH NON-ZERO INCOME: Was [NAME’s] income during this period higher than usual? | <input type="checkbox"/> | <input type="checkbox"/> |
| NEXT MEMBER OF FAMILY ECONOMIC UNIT WITH NON-ZERO INCOME: Was [NAME’s] income during this period higher than usual? | <input type="checkbox"/> | <input type="checkbox"/> |
| NEXT MEMBER OF FAMILY ECONOMIC UNIT WITH NON-ZERO INCOME: Was [NAME’s] income during this period higher than usual? | <input type="checkbox"/> | <input type="checkbox"/> |

FOR EACH FAMILY MEMBER WHERE Q10=YES, COMPUTER WILL LOOP BACK THROUGH THE INCOME SOURCES USING ALTERNATE REFERENCE PERIOD FOR INCOME PROOF:

“It looks like I may have overestimated your family’s typical income.”

10A. “I’d like you now to think back about three months before [CERT_DATE]: So, I’m talking about [MONTH EQUAL TO MONTH OF CERT_DATE-90 DAYS] to [MONTH EQUAL TO MONTH OF CERT_DATE -60 DAYS]. During that time, did [YOU/FAMILY MEMBER WHERE Q10=YES] have any income from [REVIEW EACH SOURCE IN COLUMN A]. IF INCOME REPORTED ASK 10B, IF NO INCOME FROM THAT SOURCE GO TO NEXT INCOME SOURCE.

IF NO DOCUMENTATION FOR 3RD MONTH BEFORE CERT_DATE, REQUEST DOCUMENTATION FOR 2ND MONTH BEFORE CERT_DATE;

IF NO DOCUMENTATION FOR 2ND MONTH BEFORE CERT_DATE, THEN REQUEST DOCUMENTATION FOR 4TH MONTH BEFORE CERT_DATE.

IF NO DOCUMENTATION 4TH MONTH BEFORE CERT_DATE, REQUEST DOCUMENTATION FOR 5TH MONTH BEFORE CERT_DATE.

IF NO DOCUMENTATION FOR 5TH MONTH BEFORE CERT_DATE, REQUEST DOCUMENTATION FOR 6TH MONTH BEFORE CERT_DATE. IF NONE, END LOOP [DO NOT REQUEST DOCUMENTATION OLDER THAN 6 MONTHS PRIOR TO CERT_DATE].

10B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”]

END OF CERTIFICATION SURVEY**IF PARTICIPANT IS ALSO IN THE SAMPLE FOR THE PROGRAM EXPERIENCES SURVEY:**

“Ok, that’s the end of the first part. Here is the first \$25 gift card. Next, I’d like to ask about your experiences with the WIC program and your satisfaction with various WIC benefits and services. This next part will take about [ESTIMATED BURDEN OF PROGRAM EXPERIENCE SURVEY] minutes. Afterwards, I’ll give you another \$25 gift card. [GO TO PROGRAM EXPERIENCES SURVEY]

IF PARTICIPANT IS NOT IN THE SAMPLE FOR THE PROGRAM EXPERIENCES SURVEY:

“Ok, this completes our survey. It was great talking with you, and thank you so much for helping us out. Here is a \$25 gift card in appreciation for your time.

SEE BELOW FOR MILITARY PAY MODULE AND INCOME PROBE QUESTIONS MODULE

MILITARY PAY MODULE²

Using the service member’s military **Leave and Earnings Statement**, enter the information below. Some pay codes will prompt you to ask clarifying questions that will automatically display. Answering the questions will determine the Income Treatment Code in the rightmost column.

| Last Name | First Name | MI | Pay Date | Branch | Period Covered |
|---------------------|--|---------------|--|--------|----------------|
| ENTITLEMENTS | | | | | |
| A | Type | Amount | Income treatment codes | | |
| B | ENTER PAY CODE | \$. | | | |
| C | ENTER PAY CODE | \$. | EXCLUDE: BAH | | |
| D | ENTER PAY CODE | \$. | EXCLUDE: OCONUS COLA | | |
| E | ENTER PAY CODE | \$. | | | |
| F | ENTER PAY CODE | \$. | ANNUALIZE | | |
| G | ENTER PAY CODE | \$. | | | |
| H | ENTER PAY CODE | \$. | | | |
| I | ENTER PAY CODE | \$. | EXCLUDE: COMBAT PAY | | |
| J | ENTER PAY CODE | \$. | | | |
| K | ENTER PAY CODE | \$. | | | |
| L | ENTER PAY CODE | \$. | | | |
| M | ENTER PAY CODE | \$. | | | |
| N | ENTER PAY CODE | \$. | | | |
| O | ENTER PAY CODE | \$. | | | |
| | REMARKS: ENTER any PAY CODES listed in REMARKS | \$. | | | |
| | TOTAL | \$. | Countable income after exclusions and annualizations = | | |

POSSIBLE LUMP SUM PAYMENT:

“Does [NAME] receive this pay, [PAYCODE], once a year, monthly, or with some other frequency?”

² See Table 3 for specific military pay codes and proposed exclusions. WIC regulations allow States to choose whether or not to exclude the military Basic Allowance for Housing (BAH) and Cost-of-living allowance for service members stationed outside the contiguous United States (OCONUS COLA) (See 246.7(2)(d)(iv)(A)). WIC regulations require States to exclude from income payments to service members from the Family Supplemental Subsistence Act (FSSA) and combat pay. In the context of military pay, WIC Policy Memorandum 2013-3 indicated that “in-kind benefits, such as military on-base housing or other subsidized housing, medical and dental benefits are services that do not meet the definition of ‘income’ and may not be considered in income eligibility determinations.”

- Once per year
- Quarterly
- Monthly
- OTHER: SPECIFY FREQUENCY OR PAY INTERVAL

IF FREQUENCY IS ONCE/YEAR OR QUARTERLY, THEN THE AMOUNT WILL BE ANNUALIZED. OTHERWISE ALL AMOUNTS ARE ASSUMED MONTHLY

POSSIBLE COMBAT PAY:

SELECT YES OR NO FOR EACH QUESTION

| | YES | NO |
|--|-----------------------|-----------------------|
| Does [NAME] receive this pay in addition to the base pay? | <input type="radio"/> | <input type="radio"/> |
| Is this pay the result of deployment to a designated combat zone? | <input type="radio"/> | <input type="radio"/> |
| Does [NAME] only receive this pay while deployed to the combat zone? | <input type="radio"/> | <input type="radio"/> |

IF YES TO ALL THREE QUESTIONS, THE PAY IS COMBAT PAY (AND WILL BE EXCLUDED FROM TOTAL INCOME)
 IF NO, TO ANY QUESTION, THE PAY IS NOT COMBAT PAY AND WILL BE INCLUDED AS INCOME.

Table 3. Military Pay Codes

| Code | Type of Pay | Counts as Income unless noted otherwise |
|--------------------------------|--|---|
| AB | Accession bonus | Ask Lump Sum |
| ACIP | Aviation Career Incentive Pay | |
| ACP | Aviation Continuation Pay | |
| AIP | Assignment Incentive Pay | Ask Combat Pay |
| ASP | Additional Special Pay | |
| BAH | Basic Allowance for Housing | if State excludes |
| BAS | Basic Allowance for Subsistence | |
| BAQ | Basic Allowance for Quarters | if State excludes |
| Base Pay | Base Pay | |
| BCP | Board Certified Pay Special Pay | |
| CCA | Civilian Clothing Allowance | Ask Lump Sum |
| BRA | Basic Replacement Allowance | Ask Lump Sum |
| Continuation Pay | Continuation Pay | |
| CCCA | Continuing Civilian Clothing Allowance | Ask Lump Sum |
| CCRA | Cash Clothing Replacement Allowance | Ask Lump Sum |
| CEFIP | Career Enlisted Flyer Incentive Pay | |
| CIP | Combat-related Injury & Rehabilitation | Ask Combat Pay |
| CMA | Clothing Maintenance Allowance or Clothing Allowance | |
| CONUS COLA | Continental U.S. Cost of Living Allowance | Exclude, in-kind benefit |
| Combat Duty or Combat Zone Pay | Combat Duty or Combat Zone Pay | EXCLUDE |
| CRA | Clothing Replacement Allowance | Ask Lump Sum |
| CSP | Career Sea Pay | |
| CSP-P | Career Sea Pay – Premium | |
| CSRB | Critical Skills Retention Bonus | Ask Lump Sum |
| CVI | Conditional Voluntary Indefinite Status | |
| DLA | Dislocation Allowance | Exclude, in-kind benefit |
| Dive Pay | Dive Pay | Ask Combat Pay |
| DSCT Meal | Discount Meal | Exclude, in-kind benefit |
| FDP | Foreign Duty Pay | Ask Combat Pay |
| FLPP | Foreign Language Proficiency Pay | Ask Combat Pay |
| Flight or Fly Pay | Flight or Fly Pay | Ask Combat Pay |
| FSA | Family Separation Allowance | Ask Combat Pay |
| FSH | Family Separation Housing | Exclude, in-kind benefit |
| FSSA | Family Subsistence Supplemental Allowance | EXCLUDE |
| HALO | High Altitude/Low Altitude | Ask Combat Pay |
| HDIP | Hazardous Duty Incentive Pay | Ask Combat Pay |
| HDP – Involuntary Extension | Hardship Duty Pay – Involuntary Extension | Ask Combat Pay |
| HDP – L | Hardship Duty Pay - Location | Ask Combat Pay |
| HDP – M | Hardship Duty Pay – Mission | Ask Combat Pay |
| HFP/IDP | Hostile Fire/Imminent Danger Pay | Ask Combat Pay |
| HFP-L | Hostile Fire Pay - Location | Ask Combat Pay |
| HZD | Hazardous Duty Pay | Ask Combat Pay |
| ICCA | Initial Civilian Clothing Allowance | Ask Lump Sum |
| IDP | Imminent Danger Pay | Ask Combat Pay |
| | Note: Can also mean Independent Duty Corpsman | |
| ISP | Incentive Special Pay | |
| Jump Pay | Jump Pay | Ask Combat Pay |
| LQA | Living Quarters Allowance | Exclude, in-kind benefit |
| Maternity Clothing Allowance | Maternity Clothing Allowance | Ask Lump Sum |
| MIHA – Miscellaneous | Moving Housing Allowance - Miscellaneous | Exclude, in-kind benefit |
| MIHA – Rent | Moving Housing Allowance – Rent | Exclude, in-kind benefit |
| MIHA – Security | Moving Housing Allowance - Security | Exclude, in-kind benefit |
| MRB | Multiyear Retention Bonus | |
| MSP | Multiyear Special Pay | |
| NIB | Nuclear Career Annual Incentive Bonus | |
| NPAB | Nuclear Power Accession Bonus | Ask Lump Sum |
| Nuclear – Continuation Pay | Nuclear – Continuation Pay | |

| Code | Type of Pay | Counts as Income unless noted otherwise |
|-------------------------------------|---|---|
| OEP | Overseas Extension Pay | |
| OHA | Overseas Housing Allowance | Exclude, in-kind benefit |
| OCONUS COLA | Overseas Continental United States Cost of Living Allowance | if State excludes |
| OTEIP | Army Overseas Tour Extension Incentive Pay | |
| OVERSEAS COLA | Overseas Cost of Living Allowance | Exclude, in-kind benefit |
| Overseas Extension Pay | Overseas Extension Pay | |
| PCCA | Partial Civilian Clothing Allowance | Ask Lump Sum |
| RBMA | Reserve Basic Maintenance Allowance | |
| SBP | Military Survivor Benefits Plan | |
| SAVE PAY | Save pay Note: This can represent many types of pay. Ask questions to determine what the pay is for to see if it counts. Often refers to difference in pay due to accepting a new appointment between new and old pay rates. Likely to be a lump sum. | Caution: ask if lump sum |
| SDAP | Special Duty Assignment Pay | Ask Combat Pay |
| SDIP | Submarine Duty Incentive Pay | Ask Combat Pay |
| Sea Pay | Sea Pay | Ask Combat Pay |
| SEA | Subsistence Expense Allowance | |
| SEB | Selective Enlistment Bonus | Ask Lump Sum |
| SepRats | Separation Rations | |
| SMA | Standard or Separate Maintenance Allowance | |
| Special Duty Pay | Special Duty Pay | Ask Combat Pay |
| Specialty Pay | Specialty Pay | Ask Combat Pay |
| SPO | Split Payment Option Note: This option allows the person to take an amount from the base pay and put it into the ship ATM for personal use while on board. Base WIC income eligibility on the gross amount before the split allocation. Don't count the amount sent to the ship account twice. | Caution |
| SR | Separation Rations | |
| SRA | Standard Replacement Allowance | Ask Lump Sum |
| SRB | Selective Reenlistment Bonus | Ask Lump Sum |
| Standard Initial Clothing Allowance | Standard Initial Clothing Allowance | Ask Lump Sum |
| Submarine Pay | Submarine Pay | |
| SUPP CMA | Enlisted Supplemental Clothing Allowance | Ask Lump Sum |
| TDYCCA | Temporary Duty Civilian Clothing Allowance | Ask Lump Sum |
| TLE CONUS | Temporary Lodging Expense in US | Exclude, in-kind benefit |
| TLA | Temporary Living Allowance | Exclude, in-kind benefit |
| TLA OCONUS | Temporary Lodging Allowance Outside US | Exclude, in-kind benefit |
| TQSA | Temporary Quarters Subsistence Allowance | |
| VI | Voluntary Indefinite Status | |
| VBSS Duty | Maritime Visit, Board, Search & Seizure Duty | |
| VSP | Variable Special Pay | |

INCOME PROBE QUESTIONS (POSSIBLE EXCLUSIONS OR LUMP SUMS)

AT ANY TIME WHILE ASKING PARTICIPANT ABOUT INCOME SOURCES (Q9), THE INTERVIEWER MAY BRING UP A LIST OF THE FOLLOWING POTENTIAL LUMP SUM OR INCOME EXCLUSION QUESTIONS:

| If participant is a member of an American Indian Tribe and: | ASK/DO |
|--|---|
| Reports income from the government or Tribe | <p>“Did you receive this income as part of a settlement or agreement between the U.S. government and an American Indian tribe or Nation?” EXCLUDE ANY SUCH INCOME³</p> <p>“Is this income a ‘per cap’ or per capita payment from a business operated by an American Indian tribe or Nation to which you belong?” ENTER NET AMOUNT UNDER ROYALTIES. ASK “POSSIBLE LUMP SUM” TO DETERMINE IF ANNUALIZATION IS NEEDED</p> |

| If participant or income document refers to: | ASK/DO |
|--|--|
| Section 8, housing voucher, rental assistance | “Is this a voucher to help you afford housing or rent?” ANY AMOUNT SHOWN ON A HOUSING CHOICE VOUCHER IS NOT COUNTED AS INCOME. DO NOT ENTER AS AN INCOME SOURCE. ⁴ |
| Child care or day care voucher, child care or day care assistance | EXCLUDE ANY REPORTED PUBLIC ASSISTANCE OR SUBSIDY FOR DAY CARE OR CHILD CARE COSTS ⁵ |
| Food Stamps, Free or Reduced Price Lunch or Breakfast for child in public school, WIC food instruments provided to other WIC participants in family | EXCLUDE ANY REPORTED PUBLIC ASSISTANCE WITH MEALS OR FOOD, INCLUDING ANY REPORT OF FREE MEALS A CHILD RECEIVES AT SCHOOL, FOOD INSTRUMENTS RECEIVED BY ANY FAMILY MEMBER FROM SNAP, FDPIR, OR WIC. ⁶ |
| Job assistance, employment training, Employment Services Program, Job Corps, Youth Build, job training, American Job Center, Workforce Investment, Employment Training, Career Pathway | “Was this income to reimburse you for transportation, child care costs or other expenses so that you could take part in job training, get a GED or take classes that will prepare you for employment?” EXCLUDE REIMBURSEMENTS FOR THESE EXPENSES ⁷ |
| Volunteer, AmeriCorps, VISTA | “Was this income you received as a volunteer for AmeriCorps, AmeriCorps VISTA or AmeriCorps National Civilian Community Corps (NCCC)?” ⁸ |
| Bonus/commissions | ASK “POSSIBLE LUMP SUM” TO DETERMINE IF ANNUALIZATION IS NEEDED |
| Royalties | ASK “POSSIBLE LUMP SUM” TO DETERMINE IF ANNUALIZATION IS NEEDED |
| Any mention of emergency assistance due to a hurricane, tornado, storm, earthquake, volcano, landslide, mudslide, snowstorm, flood, forest fire | “Did you receive [this] assistance because of a major disaster such as a hurricane, tornado, storm or similar natural event that was declared a federal disaster?” FEMA maintains a list of federal disasters each year: https://www.fema.gov/disasters/grid/year/2015 . EXCLUDE ANY ASSISTANCE DUE TO FEDERAL DISASTER FROM INCOME SOURCES ⁹ |
| Any mention of loss of property due to | “Did this income come from FEMA or the National Flood Insurance Program after |

³ WIC regulations include income exclusions for multiple types of payments to members of American Indian Tribes from various treaties, agreements or settlements with the U.S. government (see 246.7(2)(d)(iv)(D)(4, 6, 7, 9, 10, 21, 24-32)).

⁴ WIC regulations include income exclusions for multiple forms of housing assistance to low income individuals (see 246.7(2)(d)(iv)(D)(1, 22-23)

⁵ WIC regulations include income exclusions for payments, or the value of, child care under the Social Security Act or the Child Care and Development Block Grant programs (see 246.7(2)(d)(iv)(D)(17-19)

⁶ WIC regulations include income exclusions for the value of food assistance from the National School Lunch Program, the Child Nutrition Act or the Food and Nutrition Act (see 246.7(2)(d)(iv)(D)(8).

⁷ WIC regulations include income exclusions for payments under the Job Training Partnership Act, replaced by the Workforce Investment Act (WIA) and Workforce Investment and Opportunity Act (WIOA). See 246.7(2)(d)(iv)(D)(5).

⁸ WIC regulations exclude payments to domestic volunteers (VISTA is now part of AmeriCorps). See 246.7(2)(d)(iv)(D)(2)

| If participant or income document refers to: | ASK/DO |
|--|--|
| flood/hurricane | filing a claim for flood damage to your home? EXCLUDE ANY INCOME DUE TO APPROVED FLOOD DAMAGE CLAIM ¹⁰ |
| Veteran's or VA payment, VA disability | "Did you/NAME receive payment because you were exposed to Agent Orange while serving in Vietnam or Korea?" EXCLUDE ANY AMOUNT DUE TO EXPOSURE TO AGENT ORANGE. INCLUDE ALL OTHER VETERAN'S PAYMENTS ¹¹ |
| Loan, Student loan | "Is this income part of a loan that you must repay?" EXCLUDE ANY LOAN AMOUNT FROM INCOME SOURCES unless the loan is an amount to which the participant has constant access (e.g., regular contributions from someone not in the household) ¹² |

⁹ WIC regulations exclude income from assistance received under the Disaster Relief and Emergency Assistance Amendments of 1989, now the Robert T. Stafford Disaster Relief and Emergency Assistance Act. See 246.7(2)(d)(iv)(D)(13)

¹⁰ WIC regulations exclude income from assistance to property owners under the National Flood Insurance Program (246.7(2)(d)(iv)(D)(34).

¹¹ WIC regulations exclude income to certain veterans from the Agent Orange Compensation Exclusion Act ((246.7(2)(d)(iv)(D)(15))

¹² WIC regulations exclude loans (246.7(2)(d)(iv)(C)).

Certification Survey for WIC participants: Version B (Infant/Child)

This is Version B of the NSW-III Certification Survey. Version B is used when the participant is an infant or child. The survey respondent for Version B is the adult applicant who sought WIC certification for the infant or child. Version A (included separately) is used when the sampled participant is a pregnant, breastfeeding or postpartum, non-breastfeeding woman.

Instructions for Reviewers

The Certification Survey will be administered by trained Field Interviewers (FIs). After the pretest results the survey will be implemented in a Computer Assisted Personal Interview (CAPI) format programmed onto study laptops.. This paper version approximates the layout of the CAPI questionnaire and includes notes indicating how the CAPI system will automatically route the interviewer to the appropriate questions or data entry forms, or performs specified calculations (these notes appear in the paper version in **RED, CAPITALIZED** text but will not appear in the CAPI version). In addition, the CAPI version will be programmed to pre-populate certain data about each participant sampled for the Certification Survey; these data elements appear in Table 2 on the next page.

The NSW-III version of the Certification Survey is adapted from the version used in NSW-II. This is motivated by an effort to minimize differences in data collection to allow meaningful comparison of the estimates of improper payment errors between the two studies. The survey is organized into the following modules:

| Name | Purpose |
|---------------------|---|
| 1. Identity | Document proof of identity |
| 2. Residency | Document proof of residency |
| 3. Category | For Infant or Child participants, confirm participant category |
| 4. Income | Determine the size of the participant's family economic unit (SURVEY_EU_SIZE); Collect documentation of income sources |
| 5. End survey | Thank participant and conclude survey |
| Military Pay Module | Module to assist in determining income and exclusions for military service members |
| Income Probe Module | Questions in the event one or more reported income sources may be subject to WIC income exclusion regulations |

Typically, FIs will administer the five numbered modules in order, but FIs may navigate between modules as needed during survey administration. The two final modules are supplementary, included for use by FIs if needed. The Military Pay Module assists FIs in correctly including or excluding income from pre-specified pay codes (e.g., combat pay codes and FSSA are excluded) or querying if a military pay “allowance” is a lump sum paid other than monthly. The Income Probe Module includes questions FIs will ask if a respondent reports income that may come from a source that must be excluded per federal WIC regulations.

Text that FIs read aloud (questions, response options where indicated) appear in regular text, while on-screen instructions to FIs appear in CAPITALIZED TEXT.

Table 2. Data Pre-Populated into the Computer-Assisted Personal Interview (CAPI) system for each Participant in the Sample

| Variable | Description | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|--|----------|----------|-----------|-----------|----------|----------|---------|----------|----------|----------|----------|-----------|---------|----------|----------|----------|----------|-----------|----------|----------|----------|----------|-----------|-----------|
| PARTICIPANT | Name of certified WIC participant (Last, First, Middle) | | | | | | | | | | | | | | | | | | | | | | | | |
| DOB | Date of birth of infant or child participant | | | | | | | | | | | | | | | | | | | | | | | | |
| APPLICANT | Name of Certification Survey applicant if PARTICIPANT is infant or child | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS | Participant's address (number, street, apartment number, city, state, zip code) | | | | | | | | | | | | | | | | | | | | | | | | |
| STATE | Participant listed in this State's WIC participant data | | | | | | | | | | | | | | | | | | | | | | | | |
| STATE_ID | State WIC Agency identifier | | | | | | | | | | | | | | | | | | | | | | | | |
| LOCAL_ID | Local WIC Agency identifier | | | | | | | | | | | | | | | | | | | | | | | | |
| CLINIC_ID | Local clinic identifier | | | | | | | | | | | | | | | | | | | | | | | | |
| ITO | Yes/No, Participant is from an ITO or an LWA run by an Indian organization or Indian Health Service | | | | | | | | | | | | | | | | | | | | | | | | |
| CERT_CAT | Participant's category (as assigned by WIC) P=pregnant; B=breastfeeding; N=not breastfeeding postpartum; INF=infant; C=child | | | | | | | | | | | | | | | | | | | | | | | | |
| CERT_DATE | Start date of most recent certification period | | | | | | | | | | | | | | | | | | | | | | | | |
| CERT_EXPIRES | End date of certification period | | | | | | | | | | | | | | | | | | | | | | | | |
| CERT_PERIOD | Number of days of most recent certification period (1 to 365) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>30 days</td> <td>1 month</td> <td>150 days</td> <td>5 months</td> <td>270 days</td> <td>9 months</td> </tr> <tr> <td>60 days</td> <td>2 months</td> <td>180 days</td> <td>6 months</td> <td>300 days</td> <td>10 months</td> </tr> <tr> <td>90 days</td> <td>3 months</td> <td>210 days</td> <td>7 months</td> <td>330 days</td> <td>11 months</td> </tr> <tr> <td>120 days</td> <td>4 months</td> <td>240 days</td> <td>8 months</td> <td>360+ days</td> <td>12 months</td> </tr> </table> | 30 days | 1 month | 150 days | 5 months | 270 days | 9 months | 60 days | 2 months | 180 days | 6 months | 300 days | 10 months | 90 days | 3 months | 210 days | 7 months | 330 days | 11 months | 120 days | 4 months | 240 days | 8 months | 360+ days | 12 months |
| 30 days | 1 month | 150 days | 5 months | 270 days | 9 months | | | | | | | | | | | | | | | | | | | | |
| 60 days | 2 months | 180 days | 6 months | 300 days | 10 months | | | | | | | | | | | | | | | | | | | | |
| 90 days | 3 months | 210 days | 7 months | 330 days | 11 months | | | | | | | | | | | | | | | | | | | | |
| 120 days | 4 months | 240 days | 8 months | 360+ days | 12 months | | | | | | | | | | | | | | | | | | | | |
| ADJUNCTIVE | Yes/No, Participant was certified as adjunctively income eligible by WIC | | | | | | | | | | | | | | | | | | | | | | | | |
| AUTOMATIC | Yes/No, Participant was certified as automatically income eligible by WIC | | | | | | | | | | | | | | | | | | | | | | | | |
| ADJC_PRG | Name of program that made participant adjunctively eligible | | | | | | | | | | | | | | | | | | | | | | | | |
| AUTO_PRG | Name of program that made participant automatically eligible | | | | | | | | | | | | | | | | | | | | | | | | |
| MIGRANT | Yes/No, Participant is a migrant worker | | | | | | | | | | | | | | | | | | | | | | | | |
| EU_SIZE | Economic Unit size -- number of persons in participant's family Economic Unit | | | | | | | | | | | | | | | | | | | | | | | | |
| EU_ADULT | Number of persons aged 15 years or older in participant's EU | | | | | | | | | | | | | | | | | | | | | | | | |
| EU_CHILD | Number of persons younger than 15 years in participant's EU | | | | | | | | | | | | | | | | | | | | | | | | |
| PREG_NUM | Number of expected live births: if SINGLETON, PREG_NUM=1; if TWINS, PREG_NUM=2; etc. | | | | | | | | | | | | | | | | | | | | | | | | |

Certification Survey for WIC participants (Version B: Infant or Child)

Version B: Infant or Child WIC Participant

THE FOLLOWING INFORMATION WILL BE AVAILABLE TO INTERVIEWER WHILE ADMINISTERING THE SURVEY:

| PARTICIPANT Last_Name | | | PARTICIPANT First_Name | | | Participant Category | Certification Date (CERT_DATE) | Certification Period | Prior WIC Participant? | Migrant? |
|---|--------|-------|------------------------------------|--|--------|---------------------------------|--------------------------------|--|------------------------|----------|
| Doe | | | Jane | | | P/B/N/INF/C | mm/dd/yy | xx days/months | Yes/No | Yes/No |
| CAREGIVER Last_Name | | | CAREGIVER First_Name | | | | | | | |
| Doe | | | Janelle | | | | | | | |
| State: | MN | City: | Anytown | | | ZIP: | 12345 | Street: | 100 Main Street | |
| Reciprocity? | Yes/No | | Participant of WIC in which State: | | ST | Participant's LWA: | | Local Agency where participant receives WIC benefits, services | | |
| Family (EU) Size | # | | Adjunct/Auto Elig? | | Y/N | Adjunctive program name: | | | | |
| ITO? | Yes/No | | Use alternate income procedure? | | Yes/No | | | | | |
| IF PARTICIPANT IN ITO OR SERVED BY ITO OR LIVES IN INDIAN VILLAGE: | | | | | | | | | | |
| Village | | | | | | Reservation or Sovereign Nation | | | | |
| State: | | City: | Anytown | | | ZIP: | | PO Box: | | |

INTRO: Hi. Thanks for agreeing to do this survey. We will keep your answers private to the extent allowed by law. None of the information you share with me will cause your WIC benefits to change. The purpose of the survey is to help get a better idea of who participates in the program and their family's circumstances. After we finish, I will give you a \$25 gift card to thank you for your participation. Before we start, we need to review this form together. It tells you about your rights as a study participant. It tells you how we will protect your privacy and how we will use your answers.

READ INFORMED CONSENT STATEMENT AND GET SIGNED CONSENT BEFORE PROCEEDING.

Field Interviewer confirmation at end of survey:

| I met with participant at the following address on the date below: MAKE ANY CORRECTIONS IN THE ROW BELOW | | | | | | | | | INITIALS | |
|--|----|-------|---------|--|--|-----|-------|----------|-----------------|--|
| State: | MN | City: | Anytown | | | ZIP | 12345 | Street | 100 MAIN STREET | |
| | | | | | | | | | | |
| | | | | | | | Date | mm/dd/yy | | |

- Location was a residential address
- Location was a non-residential address (e.g., library, business, community center). PROVIDE NAME OF LOCATION:



IDENTITY

2. The first thing we need is some identification for [NAME of INFANT/CHILD WIC PARTICIPANT]. [IF PARTICIPANT HAS TROUBLE WITH THIS REQUEST, READ OFF SOME OF THE ACCEPTABLE TYPES OF ID FROM LIST.]

HAS IDENTIFICATION FOR INFANT/CHILD?

YES GO TO 1A

NO IF PRIOR_WIC_PARTICIPANT=YES, GO TO 1B. IF PRIOR_WIC_PARTICIPANT=NO, GO TO 1C

1A. IF NAME MATCHES WIC RECORD CHECK OFF ID SHOWN AND GO TO NEXT MODULE

IF ID NAME DIFFERS: “The name on this ID doesn’t match my records. Can you show me a form of ID [another form of ID] that has your child’s name?”

| Identification proofs [CHECK AT LEAST ONE] | (INFANT or CHILD ID) | CAREGIVER ID (if no ID for infant/child) | ID shown during survey | ID shown at WIC |
|--|--------------------------|--|--------------------------|--------------------------|
| Birth certificate w/infant/child's name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospital or immunization record, hospital ID bracelet w/infant/child's name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| U.S. or foreign passport w/photo and infant/child's name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Security or Green card for infant/child (or other Immigration document with name) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Letter from government agency (including WIC) w/ infant/child's name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WIC ID Card or WIC folder (PRIOR WIC PARTICIPANTS only) with infant/child name (EBT cards are NOT valid proof of identity) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School, military, bus pass ID (or work ID for adult) w/photo & name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PARENT/GUARDIAN ONLY: Driver's license w/photo & name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| State- or Tribal- issued license of ID w/photo & name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER: specify ID shown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AT WIC: _____ DURING SURVEY: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FI Notes



FI: TYPE ANY CLARIFICATIONS OR EXPLANATORY NOTES HERE

1B. (PRIOR_WIC_PARTICIPANT = YES): “Ok, the records I have show that **your child** most recently certified for WIC on CERT_DATE, and that **he/she was** receiving WIC benefits before that. Can you show me a WIC ID card, or something the WIC office gave you with your **child’s** name and address?” [TRANSFER/VERIFICATION OF CERTIFICATION NOT ACCEPTABLE PROOF OF IDENTITY]

- WIC FOLDER GO TO 1A
- OTHER DOCUMENT FROM WIC WITH NAME/ADDRESS GO TO 1A
- NEITHER GO TO 1C

1C. (PRIOR_WIC_PARTICIPANT = NO) OR 1B=NEITHER: “Ok, do you have any ID for yourself?”
IF YES, SELECT APPROPRIATE ROW FOR TYPE OF APPLICANT ID IN QUESTION 1A. IF NO, GO TO 1D.

1D. “Was your ID, **or records having to do with your child’s** recently stolen, did you recently lose your ID **or your child’s records**? Have you **and your child** recently been homeless, or experienced a fire, flood, hurricane, tornado, or similar event?”

- STOLEN/LOST GO TO 1E
- HOMELESS GO TO 1E
- DISASTER VICTIM GO TO 1E
- {State specific reason providing ID = unreasonable burden} GO TO 1E
- NONE OF THE ABOVE GO TO 1E

1E. “At your recent WIC certification appointment on or before CERT_DATE, did you show any identification **for** [NAME OF INFANT/CHILD WIC PARTICIPANT] then?” (IF YES: Do you recall what type of ID you showed?) CHECK BOTH WHETHER ID FOR CHILD AND FOR SELF SHOWN

- SHOWED ID **FOR CHILD** AND RECALLS TYPE CHECK OFF ID SHOWN AT WIC IN IDENTIFICATION PROOF TABLE AND GO TO NEXT MODULE
- SHOWED ID FOR SELF AND RECALLS TYPE**
- SHOWED ID FOR CHILD BUT NO RECALL OF TYPE**
- SHOWED ID FOR SELF BUT NO RECALL OF TYPE**
- DID NOT SHOW ID **FOR EITHER**
- DO NOT RECALL

GO TO NEXT MODULE.

30-day CERT_PERIOD and NO ID SHOWN = NO ERROR.

Else, IF STATE REQUIRES ID FOR INFANT/CHILD AND NO INFANT/CHILD ID SHOWN = ID ERROR.

RESIDENCY: GEOGRAPHIC STATE

IF PARTICIPANT FROM ITO OR LIVES IN REMOTE INDIAN VILLAGE OR PUEBLO THEN CAPI WILL SKIP TO “ALTERNATE PROOF OF RESIDENCY.” ELSE CONTINUE WITH RESIDENCY: GEOGRAPHIC STATE PROCEDURE.

IF IDENTIFICATION SHOWN AS PROOF OF IDENTITY HAS ADDRESS AND IS AN ACCEPTED PROOF OF RESIDENCY, MARK OFF THE TYPE OF RESIDENCY PROOF IN TABLE BELOW AND SKIP TO INCOME ELIGIBILITY MODULE. OTHERWISE GO TO QUESTION 2.

2. “Next, I need some kind of proof that you live here. Do you have a utility bill, lease, or letter addressed to you?” MAIL MUST HAVE RESIDENTIAL ADDRESS. P.O. BOX DOES NOT = PROOF OF RESIDENCY. RURAL ROUTE BOX NUMBER IS ACCEPTABLE RESIDENTIAL ADDRESS.

HAS PROOF OF RESIDENCY?

YES GO TO 2A

NO IF PRIOR_WIC_PARTICIPANT=YES, GO TO 2B. IF PRIOR_WIC_PARTICIPANT=NO AND MIGRANT=YES, GO TO 2C(i); IF PRIOR_WIC_PARTICIPANT=NO AND MIGRANT=NO, GO TO 2C(ii)

2A. IF NAME AND ALL ADDRESS FIELDS MATCH WIC RECORD **FOR APPLICANT OR INFANT/CHILD**, CHECK OFF RESIDENCY PROOF AND GO TO NEXT MODULE.

IF ADDRESS FIELDS MATCH AND NAME DIFFERS, GO TO 2D.

IF ANY ADDRESS FIELD DIFFERS, GO TO 2E.

| Residency proofs [CHECK AT LEAST ONE] | Shown during survey | Shown at WIC |
|---|--------------------------|--------------------------|
| Same as ID shown (IDENTITY MODULE). Includes name AND residential address | <input type="checkbox"/> | <input type="checkbox"/> |
| Driver's license with name & address | <input type="checkbox"/> | <input type="checkbox"/> |
| State- or Tribal- issued license or ID w/name & address | <input type="checkbox"/> | <input type="checkbox"/> |
| Utility bill, rent/mortgage receipt, or lease w/name & address | <input type="checkbox"/> | <input type="checkbox"/> |
| Letter from government agency (including WIC) w/name & address | <input type="checkbox"/> | <input type="checkbox"/> |
| Postmarked mail from reliable third party w/name & address | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER: specify PROOF shown AT WIC: _____ DURING SURVEY: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| FI Notes | <input type="checkbox"/> | |

2B. (PRIOR_WIC = YES): “Ok, the records I have show that **your child** most recently certified for WIC on CERT_DATE, and that **he/she was** receiving WIC benefits before that. Can you show me a WIC folder, or something the WIC office gave you with you **or your child’s** name and address?”

- | | |
|---|----------|
| <input type="radio"/> WIC FOLDER | GO TO 2A |
| <input type="radio"/> OTHER DOCUMENT FROM WIC WITH NAME/ADDRESS | GO TO 2A |
| <input type="radio"/> NEITHER | GO TO 2C |

2C(i). (PRIOR_WIC = NO AND MIGRANT = YES): “Do you, or does anyone in your household, work on farms and move from place to place as the season changes?” IF NECESSARY: “WIC agencies have special rules for families include a migrant farmworker who moves around the country depending on where there is work based on the growing season.”

- | | |
|--|--------------|
| <input type="radio"/> YES (MIGRANT FARMWORKER) | GO TO 2F |
| <input type="radio"/> NO | GO TO 2C(ii) |

2C(ii). (PRIOR_WIC = NO OR 2B=NEITHER OR 2E=NO): “**Did you recently lose documents with your address or were they stolen?** Have you **and your child** recently been homeless, or recently experienced a fire, flood, hurricane, tornado, or similar event?”

- | | |
|---|----------|
| <input type="checkbox"/> STOLEN/LOST | GO TO 2F |
| <input type="checkbox"/> HOMELESS | GO TO 2F |
| <input type="checkbox"/> DISASTER VICTIM | GO TO 2F |
| <input type="checkbox"/> {State specific reasons providing proof = unreasonable burden} | GO TO 2F |
| <input type="checkbox"/> NONE OF THE ABOVE | GO TO 2F |

RESIDENCY: ALTERNATE PROCEDURE (ITO/REMOTE INDIAN VILLAGE/PUEBLO)

ALTERNATE PROCEDURE APPLIES ONLY IF PARTICIPANT FROM ITO OR LIVES IN REMOTE INDIAN VILLAGE OR PUEBLO
“ALTERNATE PROOF OF RESIDENCY PROCEDURE” APPLIES. ELSE USE RESIDENCY: GEOGRAPHIC STATES

ALTERNATIVE RESIDENCY PROCEDURE: GET VILLAGE NAME AND MAILING ADDRESS.

IF WIC RECORDS SHOW A RESIDENTIAL STREET ADDRESS (NOT A PO BOX), GO TO ALT 2A.

IF WIC RECORDS SHOW A PO BOX AND DO NOT SHOW VILLAGE, GO TO ALT 2B.

IF WIC RECORDS DO NOT SHOW A PO BOX AND SHOW A VILLAGE, GO TO ALT 2B.

IF WIC RECORDS SHOW A PO BOX AND SHOW A VILLAGE, GO TO ALT 2D.

ALT 2A. “At your most recent visit to the WIC office, did you have to show a document with you **and your child’s** home address?”

YES “What type of document did you show?” GO TO RESIDENCY: GEOGRAPHIC STATE AND ENTER PROOF SHOWN AT WIC

NO GO TO ALT 2B

ALT 2B. “What is the name of the town, village or pueblo where you live?”

| Village from WIC records | Matches WIC records? | |
|--------------------------|---------------------------|--------------------------|
| Village | <input type="radio"/> Yes | <input type="radio"/> No |

IF VILLAGE NAME MATCHES WIC RECORDS, GO TO ALT 2D. IF NO VILLAGE IN WIC RECORDS OR PARTICIPANT RELUCTANT TO GIVE VILLAGE NAME GO TO ALT 2D. IF VILLAGE NAME GIVEN DOESN'T MATCH GO TO ALT 2C.

ALT 2C

(i) “My records say that you were living in [VILLAGE]. Is there another name for the place you live?”

- YES (RECORD NAME) GO TO ALT 2D
- NO GO TO ALT 2C(ii)

(ii) “Did you recently move? Just as a reminder, WIC won’t know any personal information you share with me, including whether or not where you live has changed.”

- YES (RECENTLY MOVED) GO TO ALT 2D
- NO (DID NOT RECENTLY MOVE) GO TO ALT 2D

ALT 2D. MAILING ADDRESS: “What is your current mailing address?”

| Mailing address from WIC records | | | | | |
|---|--|-------|----|-----|-------|
| P.O. Box or Street Address | P.O. Box NN | State | MN | ZIP | ZZZZZ |
| City | Anywhere | | | | |
| IF MAILING ADDRESS DIFFERENT FROM WIC RECORDS | | | | | |
| Gave mailing address | <input type="radio"/> Yes <input type="radio"/> No | | | | |
| City | | State | | ZIP | |

IF MAILING ADDRESS MATCHES WIC RECORDS, GO TO NEXT MODULE. IF NO MAILING ADDRESS IN WIC RECORDS OR RELUCTANT TO GIVE MAILING ADDRESS, GO TO NEXT MODULE.

IF MAILING ADDRESS GIVEN DOESN’T MATCH WIC RECORDS, GO TO ALT 2E.

ALT 2E. (CHANGE OF MAILING ADDRESS) “Did you recently change your mailing address? Remember, WIC won’t know any personal information you share with me, including any change in your mailing address.”

- YES GO TO NEXT MODULE
- NO GO TO NEXT MODULE

FI Notes

FI: TYPE ANY CLARIFICATIONS OR EXPLANATORY NOTES HERE

PARTICIPANT CATEGORY

“Next, I’d like to confirm your child’s date of birth. When was [PARTICIPANT] born?”

ENTER DOB: mm/dd/yyyy. READ THE ENTIRE BIRTH DATE BACK TO APPLICANT TO CONFIRM ENTRY.

CAPI WILL CALCULATE THE INFANT OR CHILD’S AGE AS OF CERT_DATE TO DETERMINE WHETHER THE PARTICIPANT CATEGORY IS CORRECT OR ERRONEOUS.

IF THE PARTICIPANT’S CATEGORY = INFANT, THEN THE INFANT CATEGORY IS CORRECT IF A OR B IS TRUE.

- A. THE INFANT MUST BE ≤ 12 MONTHS ON CERT_DATE, OR
- B. THE INFANT’S CERT_DATE FALLS ON OR BETWEEN THE BIRTHDATE + 1 YEAR AND THE LAST DAY OF THE MONTH IN WHICH THE INFANT REACHES 1 YEAR OF AGE +. EXAMPLE:

John Doe was born on April 2, 2016. John Doe has never received WIC before. The most recent certification date was April 10, 2017 and he was certified as an infant, even though he was 12 months, 8 days old. The last day of the month equal to John Doe’s DOB + 1 year is April 30, 2017. CAPI would determine that the participant category was correct. (Although unusual for a WIC agency to certify John Doe as an infant for the remainder of the month, it is technically possible and consistent with WIC regulations.)

IF THE PARTICIPANT’S CATEGORY = CHILD, THEN THE CHILD CATEGORY IS CORRECT IF A OR B OR C IS TRUE:

- A. THE CHILD MUST BE ≤ 60 MONTHS AND > 12 ON CERT_DATE, OR
- B. THE CHILD’S CERT_DATE FALLS ON OR BETWEEN THE BIRTHDATE + 60 MONTHS AND THE LAST DAY OF THE MONTH IN WHICH THE CHILD REACHES 60 MONTHS OF AGE, OR
- C. **(NOTE THAT WIC REGULATIONS (246.7(g)(3)) ALLOW LOCAL AGENCIES TO SHORTEN OR EXTEND A CURRENT CERTIFICATION PERIOD FOR AN INFANT OR CHILD UP TO 30 DAYS IF THERE IS DIFFICULTY SCHEDULING A CERTIFICATION APPOINTMENT):** THE CHILD IS < 12 MONTHS AND THE CERT_DATE FALLS ON OR BETWEEN THE LAST DAY OF THE MONTH IN WHICH THE INFANT TURNS 11 MONTHS OF AGE AND THE BIRTHDATE + 1 YEAR. EXAMPLE:

Jane Doe was born on 12-25-16 and is certified as an infant through 12-31-2017. However, Jane’s mother is having difficulty scheduling a certification appointment for Jane. Her local WIC agency suggests that she come to a certification appointment for Jane on 12-02-17. On that date, the agency certifies Jane as a CHILD even though Jane is 11 months, 7 days old. The agency has discretion to shorten the infant certification period by up to 30 days (i.e., to December 1, 2017) and extend the child certification by this same amount. Jane is less than 12 months of age on her certification date but the certification date is between the last day of the month in which she turns 11 months (November 30) and her first birthday. CAPI would determine that the participant category is correct – no error.

INCOME ELIGIBILITY

HOUSEHOLD ENUMERATION

“Next, I’m going to ask you to tell me the names of all the people who were living or staying with [NAME OF SAMPLED INFANT/CHILD PARTICIPANT] in [MONTH OF CERT_DATE] and whether they are related or not. I’ll type the names so that I can follow up with some questions. Be sure to include yourself, but please list only people who were living with [SAMPLED INFANT/CHILD] in [MONTH OF CERT_DATE].”

RECORD EACH NAME IN THE LIST BELOW. ENTER FIRST NAME ONLY

- Q1. PROBE FOR ADDITIONAL PERSONS: Anyone else?
- Q2. Is [NAME] male or female?
- Q3. How old is [NAME]?
- Q4. What is [NAME]’s relationship to [NAME OF INFANT/CHILD]?

IF RELATIONSHIP IN Q4 = 20 (FOSTER PARENT), ASK Q4(FOSTER)

ASK Q4(FOSTER): “Just to confirm, is [NAME OF SAMPLED INFANT/CHILD PARTICIPANT] your/[NAME]’s foster child?”

- YES CAPI WILL ENUMERATE SAMPLED FOSTER INFANT/CHILD AS FAMILY ECONOMIC UNIT OF 1. GO TO “ADJUNCTIVE OR AUTOMATIC ELIGIBILITY” SECTION
- NO REPEAT Q4 TO DETERMINE RELATIONSHIP, THEN CONTINUE WITH HOUSEHOLD ENUMERATION

| Q1 | Q2 | Q3 | Q4 | Relationship Codes |
|--------------------------|------------------------------|-----------------|--------------|---------------------------------|
| NAME | GENDER 1=male 2=female | AGE in years | RELATIONSHIP | |
| R1. SAMPLED INFANT/CHILD | | | 21 | |
| R2. | | | | 6=parent |
| R3. | | | | 7=step-parent |
| R4. | | | | 8=legal guardian |
| R5. | | | | 9=brother/sister |
| R6. | | | | 10=grandparent |
| R7. | | | | 11=uncle/aunt |
| R8. | | | | 12=cousin |
| | | | | 13=nephew/niece |
| | | | | 14=parent in-law |
| | | | | 15=brother-in-law/sister-in-law |
| | | | | 16=other relative |
| | | | | 17=non-relative |
| | | | | 18=child in temporary care |
| | | | | 19=foster child |
| | | | | 20=foster parent |
| | | | | 21=infant/child WIC participant |

| | |
|----------------|---|
| ANYONE ELSE? ▲ | FI MAY CLICK FOR ADDITIONAL ROWS AT ANY TIME DURING THE INTERVIEW. CAPI will add additional rows one at a time, up to 20 persons. |
|----------------|---|

IF ANY Q4= 19 [HOUSEHOLD INCLUDES A FOSTER CHILD WHO SHOULD BE EXCLUDED FROM SAMPLED ECONOMIC UNIT], DISPLAY Q4FOSTER(ii): “When you applied for WIC, did you tell WIC that [NAME OF HOUSEHOLD MEMBER where Q4=19] is a foster child? YES NO

FAMILY MEMBERS TEMPORARILY AWAY

Q1. “Other than people already listed, is there anyone who typically lives here but who was temporarily away in [MONTH OF CERT_DATE]? (IF NECESSARY, PROBE: For example, this could be a military service member on active deployment, someone who is in the hospital, in jail or serving time in prison, a child away at school, or a child who lives part-time with each parent. Is there anyone who typically lives here but who was temporarily away?”

- Yes ADD MEMBERS TEMPORARILY AWAY
- No GO TO CHILDREN IN TEMPORARY CARE

Q1A. LIST NAME OF EACH PERSON TEMPORARILY AWAY

Q2A. “Is [NAME] male or female?”

Q3A. “How old is [NAME]?”

Q4A. “What is [NAME]’s relationship to [NAME OF INFANT/CHILD]?”

Q4B. “Can you tell me the main reason this person was temporarily away?” DO NOT READ LIST. PROBE FROM LIST IF NECESSARY.

1=MILITARY MEMBER ON ACTIVE DEPLOYMENT

2=IN THE HOSPITAL/REHAB OR TREATMENT CENTER/HALFWAY HOUSE

3=LIVING AWAY AT SCHOOL (BOARDING SCHOOL, COLLEGE)

4=CHILD LIVES PART-TIME IN HOUSEHOLD

5=OTHER, SPECIFY [DO NOT LIST ANY PERSON WHO WAS IN JAIL/PRISON IN MONTH OF CERT_DATE]

| Members temporarily away | | | | | | | |
|--------------------------|--------|-----|--------------|--|---|-------------------------|---------------------------------|
| Q1A | Q2A | Q3A | Q4A | Relationship Codes | | Q4B | Q4C |
| NAME | GENDER | AGE | RELATIONSHIP | 1=spouse 2=partner 3=child 4=step-child 5=adopted child 6=parent 7=step-parent 8=legal guardian 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=non-relative 18=child in temporary care 19=foster child 20=foster parent | REASON TEMPORARILY AWAY | if 4B=4: WHERE CHILD LIVES MOST |
| R2. | | | | | | | |
| R3. | | | | | | | |
| R4. | | | | | | | |
| R5. | | | | | | | |

IF 4B=5, CAPI WILL DISPLAY APPROPRIATE 4C QUESTION:

Q4C. IF 4B=5: “Where does [NAME] live most of the time: READ LIST

1= More than half of the time here in this household

2= More than half of the time in another household

3=About equal time here and in another household

IF STATE AGENCY INCLUDES CHILDREN IN TEMPORARY CARE IN FAMILY ECONOMIC UNIT, CAPI WILL SKIP THIS MODULE
 IF STATE AGENCY EXCLUDES CHILDREN IN TEMPORARY CARE FROM FAMILY ECONOMIC UNIT, CAPI WILL DISPLAY THIS
 MODULE

CHILDREN IN TEMPORARY CARE

IF STATE AGENCY EXCLUDES CHILDREN IN TEMPORARY CARE OF FRIENDS OR RELATIVES FROM THE FAMILY ECONOMIC
 UNIT, AND THERE ARE ONE OR MORE CHILDREN AGED 15 OR YOUNGER IN THE HOUSEHOLD, THEN ASK:

“Sometimes, children stay with another family who takes care of them temporarily. Does this apply to any of the children (other than [NAME OF
 SAMPLED INFANT/CHILD]) you’ve listed? I’m going to read the name of each child who is 14 years old or younger. If you/your family were
 providing temporary care to that child in [MONTH OF CERT DATE], please answer ‘Yes.’”

LIST OF CHILDREN WHERE AGE < 15 YEARS AND CHILD IS NOT A FOSTER CHILD AND NOT = SAMPLED INFANT/CHILD
 PARTICIPANT

“Were you or your family, providing temporary care to:

| | | |
|----------------------|------------------------------|--|
| NAME OF first CHILD | <input type="checkbox"/> Yes | Q4 SET TO 18 CHILD WILL BE EXCLUDED FROM EU |
| NAME OF second CHILD | <input type="checkbox"/> Yes | Q4 SET TO 18 CHILD WILL BE EXCLUDED FROM EU |
| ... | | |
| | | |

SHARED OR SEPARATE FINANCES

CAPI WILL AUTOMATICALLY DISPLAY NAME, GENDER, AGE AND (IF APPLICABLE) REASON TEMPORARILY AWAY OF EACH PERSON. INTERVIEWER WILL READ THE AGE-APPROPRIATE QUESTION AND SELECT RESPONSE IN COLUMN Q6:

“Next, I’m going to ask whether you shared income and expenses with each person who was living with [NAME OF SAMPLED CHILD] in [MONTH OF CERT_DATE].”

IF AGE ≥ 15 YEARS: “Do you consider [NAME] to be part of your family group – that is, in [MONTH OF CERT_DATE], you were sharing income and expenses as if you were a family – OR do you feel that you each kept your income and expenses and food separately?”

- Yes, share: SELECT “SHARE LIKE FAMILY” FOR NAME
- No, keep separate: SELECT “SEPARATE” FOR NAME

IF AGE < 15 YEARS: “Do you consider [NAME] to be part of your family group – that is, in [MONTH OF CERT_DATE], you were responsible for taking care of them as if you were all in the same family?”

- Yes, responsible for taking care of: SELECT “SHARE LIKE FAMILY” FOR NAME
- No, not responsible for taking care of: SELECT “SEPARATE” FOR NAME

| PREFILLED | | | | | INTERVIEWER SELECTS |
|-----------|------|----------|-------|-------------------------|--|
| | Q1 | Q2 | Q3 | Q4B | Q6 |
| | NAME | GENDER | AGE | REASON TEMPORARILY AWAY | Family or Separate? ¹³ |
| R#. | name | (1 or 2) | (age) | NA | <input type="radio"/> 1=share like family <input type="radio"/> 2=separate |
| R#. | name | (1 or 2) | (age) | NA | <input type="radio"/> 1=share like family <input type="radio"/> 2=separate |
| R#. | name | (1 or 2) | (age) | NA | <input type="radio"/> 1=share like family <input type="radio"/> 2=separate |
| R#. | name | (1 or 2) | (age) | NA | <input type="radio"/> 1=share like family <input type="radio"/> 2=separate |
| R#. | name | (1 or 2) | (age) | NA | <input type="radio"/> 1=share like family <input type="radio"/> 2=separate |
| R#. | name | (1 or 2) | (age) | (1-6 code) | <input type="radio"/> 1=share like family <input type="radio"/> 2=separate |
| R#. | name | (1 or 2) | (age) | (1-6 code) | <input type="radio"/> 1=share like family <input type="radio"/> 2=separate |

IF NECESSARY FOR MEMBERS TEMPORARILY AWAY, PROBE:

- NAME IS AGE ≥ 15 YEARS: “When [NAME] is here, do you and [NAME] share income and expenses?”
- NAME IS AGE < 15 YEARS: “When [NAME] is here, do you help take care of [NAME] as if you were all in the same family?”

¹³ Although WIC policy guidance indicates that agencies should determine whether or not separate family economic units have “adequate income” to “sustain the economic unit” and that the “actual living and support costs for the economic unit in that environment must be considered,” the guidance does not indicate how agencies should determine these “actual living and support costs” or what threshold relative to these costs would suffice as “adequate.” Because these judgments are inherently subjective, the NSWP-III cannot independently confirm or disconfirm an independent judgment made by staff at a local WIC agency. If a Participant indicates that a resident of the household maintains separate finances, the NSWP-III will treat those persons as economic unit(s) separate from the participant’s economic unit.

PREGNANT FAMILY MEMBERS

P1. “Were you, or was anyone in your household, pregnant at your recent certification appointment at the WIC office?”

- Yes GO TO P2
- No GO TO CONFIRM SIZE OF FAMILY EU

| | |
|---|--|
| P2. “Who was pregnant on CERT_DATE?” | |
| <SELECT NAME FROM Q1 LIST DRODOWN MENU> | IF PREGNANT MEMBER SHARES FINANCES (Q6=1), GO TO P2A. IF PREGNANTMEMBER HAS SEPARATE FINANCES (Q6=2), GO TO P2D |

P2A. “Were you/Was [NAME] expecting a single infant, twins or multiples?” (DO NOT READ OPTIONS)

- SINGLETON IF SHARED FINANCES, CAPI WILL ADD 1 TO FAMILY ECONOMIC UNIT. GO TO P2B
- TWINS IF SHARED FINANCES, CAPI WILL ADD 2 TO FAMILY ECONOMIC UNIT. GO TO P2B
- MULTIPLES [ENTER NUMBER FROM 3 OR HIGHER] IF SHARED FINANCES, CAPI WILL ADD [N] TO FAMILY ECONOMIC UNIT. GO TO P2B

P2B. “Since that appointment have you/has [NAME] given birth?” (DO NOT READ OPTIONS)

- YES GO TO P2C
- NO [STILL PREGNANT OR PREGNANCY ENDED] GO TO P2D

P2C. “Have you already listed the infant/infants that you/that [NAME] gave birth to as part of your household above?” **[CONFIRM THAT THE SAME NUMBER OF INFANTS FROM PREGNANCY (P3) ARE ALREADY LISTED IN HOUSEHOLD ENUMERATION CHART]** (DO NOT READ OPTIONS)

- YES, WITH [N] BABIES LISTED CAPI WILL SUBTRACT [N] FROM FAMILY ECONOMIC UNIT
- NO, BABY DOES NOT LIVE IN UNIT/DIED/ETC GO TO P2D

P2D. Was anyone else pregnant on CERT_DATE? REPEAT P4-P4D AS NEEDED UNTIL P2D=NO.

- YES GO TO P2
- NO GO TO CONFIRMATION OF SIZE OF FAMILY ECONOMIC UNIT

CONFIRMATION OF SIZE OF FAMILY ECONOMIC UNIT (EU_SIZE)

CAPI WILL CALCULATE SURVEY_EU_SIZE AND COMPARE TO FAMILY (EU) SIZE FROM WIC RECORDS (WIC_EU_SIZE).

- IF CERT_CAT= PREGNANT, EU_SIZE INCREMENTED BASED ON Q1P1 SERIES OF QUESTIONS
- IF Q4=18 (CHILD IN TEMP CARE) AND STATE EXCLUDES THESE CHILDREN FROM EU, CHILD WILL BE EXCLUDED FROM PARTICIPANT'S EU
- IF Q4=19 (FOSTER CHILD), THE INDIVIDUAL IS EXCLUDED FROM PARTICIPANT'S EU
- IF Q6=2, THE INDIVIDUAL IS EXCLUDED FROM THE PARTICIPANT'S EU.

IF SURVEY_EU_SIZE = WIC_EU_SIZE, CAPI WILL SKIP TO ADJUNCTIVE/AUTOMATIC ELIGIBILITY.

IF SURVEY_EU_SIZE < WIC_EU_SIZE, CAPI WILL PROMPT:

- “My records show that when you applied for WIC for your child, there were [#IN FAMILY] people in his/her family, which is more than we listed today. Have we left someone off the list? Or is there someone on our list who should be counted as part of your child's main family unit but was not?”
- REVIEW LIST, ADD NAMES/EDIT INFO IF NECESSARY. IF LIST CORRECT, CONTINUE.

IF SURVEY_EU_SIZE > WIC_EU_SIZE, CAPI WILL PROMPT:

- “My records show that when you applied for WIC for your child, there were [#IN FAMILY] people in his/her family, which is less than we listed today. Can you confirm that everyone on our list today is part of your child's main family unit?”
- REVIEW LIST, SUBTRACT NAMES/EDIT INFO IF NECESSARY. IF LIST CORRECT, CONTINUE.

ADJUNCTIVE OR AUTOMATIC ELIGIBILITY

Q7. IF ADJ OR AUTO ELIGIBILITY in WIC RECORDS=YES: “My records show that you qualified for WIC because **your child**, or a member of your family, participates in the [ADJ/AUTO PROGRAM NAME]. Can you show me a document to demonstrate participation in that program, such as a certification card, award letter or notice of benefits?”

IF ADJ OR AUTO ELIGIBILITY in WIC RECORDS =NO: “Was **your child, or another family member**, participating in a benefits program such as Medicaid, SNAP, TANF or [NAME OF STATE PROGRAM(S)] on [CERT_DATE]?”

- YES “Can you show me a document to demonstrate participation in that program, such as the certification card, award letter or notice of benefits?”
- WIC LOOKED UP MY NAME IN PROGRAM ENROLLMENT LIST, WEBSITE, OR BY CALLING RELEVANT AGENCY “Ok, do you have a certification card, award letter or notice of benefits?”
- NO GO TO INCOME SOURCES

| | | |
|--|---|---|
| <input type="checkbox"/> PROOF SHOWN | <input type="checkbox"/> NO PROOF SHOWN (OR WRONG PROOF) | FLAG FOR FOLLOW-UP WITH STATE AGENCY to confirm enrollment in applicable program |
| NAME OF PROGRAM RECIPIENT | <select name from Q1 list> CHECK THAT NAME MATCHES SOMEONE IN FAMILY EU | <p>IF NAME ON DOCUMENT DOES NOT MATCH PARTICIPANT'S NAME:</p> <p>If program is SNAP or FDPIR and NAME on document is member of PARTICIPANT's family (Q6=share like family), then acceptable proof.</p> <p>If program is Medicaid and NAME on document is a pregnant woman or infant and a member of the PARTICIPANT's family (Q6=shared), then acceptable proof.</p> <p>If program is TANF and NAME on document is a member of PARTICIPANT's family (Q6=shared), then acceptable proof.</p> |
| Date of document/card issuance (mm/dd/yyyy) | TYPE IN: mm/dd/yyyy 99 No date PROBE: Do you have anything that shows the dates of your participation? | |
| Date enrollment expires (mm/dd/yyyy) | TYPE IN: mm/dd/yyyy 99 No date PROBE: Do you have anything that shows the expiration date? | |
| Name of issuing agency | TYPE IN: 99 Not evident PROBE: Do you have anything that shows the agency name? | |
| Number on document/card | TYPE IN: 99 No number | |
| Type of document/card shown: | | |
| <input type="checkbox"/> Certification card <input type="checkbox"/> Award letter <input type="checkbox"/> EBT transaction receipt or activity statement w/deposit no greater than 30 days prior to CERT_DATE <input type="checkbox"/> Other: | | |

CAPRI WILL GO TO INCOME SOURCES EVEN IF ADJUNCTIVELY/AUTOMATICALLY INCOME ELIGIBLE: [Note for reviewers: NSWP-III research objectives call for estimate of WIC participant's income, regardless of adjunctive income eligibility status]

INCOME: ALTERNATE INCOME DETERMINATION PROCEDURE (INDIAN TRIBAL ORGANIZATIONS)

IF ITO=YES AND ALTERNATIVE INCOME PROCEDURE =YES, THE “ALTERNATE INCOME DETERMINATION PROCEDURE” APPLIES. OTHERWISE, CAPI SKIPS ALTERNATE PROCEDURE FOR INCOME DETERMINATION

CAPI PERFORMS A LOOKUP AGAINST TABLE OF INCOME ELIGIBILITY GUIDELINES (IEGs) BASED ON SIZE OF FAMILY ECONOMIC UNIT. CAPI DISPLAYS INCOME THRESHOLD [INCOME_MAX].

ID8 “On [CERT_DATE], was your family’s income at or below \$[INCOME_MAX]?”

YES GO TO ID8A

NO GO TO INCOME SOURCES (Q8a)

INCOME SOURCES

“Now I’m going to ask you about the income received by you and other primary members of your family unit. Your name, your child’s name, your address and other information that identifies you or your family will not be included in study reports. The information we collect will be combined with information from other people in this study from across the U.S. We won’t share personal information about you with your local WIC agency, other benefit programs, your landlord, bank, employer, or people in your community. None of your WIC benefits will change as a result of this survey.”

Q8a. At the time of your most recent certification appointment (on or before [CERT_DATE]), [were you /was NAME] unemployed – that is, had you/NAME been working but stopped?

- Yes GO TO Q8b
- No GO TO INCOME SOURCES

Q8b. About how long had you/NAME been unemployed as of CERT_DATE? READ LIST:

- Less than 30 days before CERT_DATE
- 1 month or longer before CERT_DATE

GO TO Q9

Note for reviewers: The next set of questions asks for income sources and amounts during the 30 days prior to the participant’s certification date. Federal WIC regulations (Section 246.7(d)(2)(i)) permit State agencies to instruct local agencies to determine whether the current rate of income or income over the prior 12 months most accurately reflects the family status (with two exceptions described below). Although policy guidance provides some recommendations, this regulation gives local agencies some flexibility to make independent and non-replicable decisions about which timeframe is more accurate. As a result, FIs will first assess family income based on the current rate of income (defined as the 30 days prior to certification date). If preliminary results suggest that the WIC participant should have been deemed ineligible due to income, the FI will re-assess the family’s income using a reference period of at least 30 days that falls sometime within the year prior to CERT_DATE. The FI will first attempt to obtain income documentation for a total of 30 days during the three months prior to CERT_DATE. Given that families may have sparse documentation for income from prior periods, the FI will accept any proof of income that spans a total of 30 days within the past six months. (For income from self-employment, rental income and royalties, FIs will have already requested proof of income over the past 12 months.)

There are two exceptions to the Federal regulations granting flexibility regarding the income timeframe: (1) for families with an unemployed person agencies must determine income eligibility based on current rate of income; (2) for families with an instream migrant worker whose Verification of Certification card is expired, agencies must consider the family to be income eligible so long as the income is redetermined once every 12 months. IF WIC PARTICIPANT’S MIGRANT STATUS =YES, LACK OF DOCUMENTATION OF INCOME WILL NOT RESULT IN “INCOME INELIGIBLE” DETERMINATION.

Q9A. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [you/NAME] have any income from: READ LIST IN COLUMN A. CHECK ONLY IF YES.

Q9B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”].

| 9A Income Type | 9B Income Period | 9C Proof of Income Document | 9D Amount | 9E Frequency |
|--|--------------------------------|---|---|--|
| <input type="checkbox"/> Wages, salary or fees (excluding military pay) | From: mm/dd/yy To: mm/dd/yy | Check one, use addtl rows if nec: <input type="checkbox"/> <u>Paystub/earnings statement</u> <input type="checkbox"/> <u>Employer statement</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date ^x <input type="radio"/> Once/lump sum <input type="radio"/> Other: _____ |
| INSTRUCTIONS for Wages, salary or fees (excluding military pay): <ul style="list-style-type: none"> Use one row per income document. If the income period covers less than one month's pay (less than 28 days total), you will need more than one paystub or documentation of income from wages, salary or fees. Be sure to enter the income period. If the pay period is not stated on a paycheck or pay statement, enter the date the check or was issued and PROBE for the frequency of pay: Does this income cover one week of work, two weeks, half of the month, one month of work, or some other duration? Income documents are listed in order of preference. Preferred documentation types are <u>underlined</u>. Less preferred options are gray and not underlined. Try to obtain a preferred document type. Record the GROSS pay before deductions for taxes, insurance, or any other amounts withheld from the net pay. If Net Pay is the only amount available from any source, record the Net dollar amount and check the box in the Amount column to indicate that the dollar amount reflects net pay. | | | | |
| IF FREQUENCY IS PER TWO WEEKS OR TWICE/MONTH, PROMPT: Do you have another paystub/document showing the amount you received in the weeks just before [just after] the period covered in this one? IF FREQUENCY IS PER WEEK, PROMPT: Do you have other paystubs/documents showing the amount you received in the weeks before [after] this week? PROMPT: Did you have wages, salary or fees from any other job in the month before CERT_DATE? | | | | |
| <input type="checkbox"/> Wages, salary or fees (additional paystub) | From: mm/dd/yy To: mm/dd/yy | Check one, use addtl rows if nec: <input type="checkbox"/> <u>Paystub/earnings statement</u> <input type="checkbox"/> <u>Employer statement</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: _____ |
| <input type="checkbox"/> Wages, salary or fees (additional paystub) | From: mm/dd/yy To: mm/dd/yy | Check one, use addtl rows if nec: <input type="checkbox"/> <u>Paystub/earnings statement</u> <input type="checkbox"/> <u>Employer statement</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: _____ |
| <input type="checkbox"/> CLICK TO ADD ROW FOR ADDITIONAL Wages, salary or fees | | | | |

^x Year to Date will appear in Income Sources: Frequency as an option only if the Alternate Income Reference Period applies.

A. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [you/NAME] have any income from: COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”].

| 9A Income Type | 9B Income Period | 9C Proof of Income Document | 9D Amount | 9E Frequency |
|---|--------------------------------|---|---|--|
| <input type="checkbox"/> Tips, bonuses, or commissions (POSSIBLE LUMP SUM) | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> <u>Paystub/earnings statement</u> <input type="checkbox"/> <u>Employer statement</u> <input type="checkbox"/> <u>Business records (for commissions)</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Income from self-employment (farm or non-farm) (NET INCOME) | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> 2017 IRS tax return, 1099 <input type="checkbox"/> Business records <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | NET \$ _____ | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Rental income (NET INCOME) | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> <u>Rental agreement, lease, other business records</u> <input type="checkbox"/> <u>Cancelled rent check</u> <input type="checkbox"/> <u>2017 IRS tax return, 1099</u> <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | NET \$ _____ | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Royalties (PROMPT FOR ITOs: per capita payments) (NET INCOME) (POSSIBLE LUMP SUM) (POSSIBLE EXCLUSION) | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> <u>Paystub/earnings statement</u> <input type="checkbox"/> <u>Deposit on bank statement</u> <input type="checkbox"/> <u>2017 IRS tax return, 1099</u> <input type="checkbox"/> <u>Business records</u> <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | NET \$ _____ | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |

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A. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [you/NAME] have any income from: COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”].

| 9A Income Type | 9B Income Period | 9C Proof of Income Document | 9D Amount | 9E Frequency |
|--|--------------------------------|--|---|--|
| <input type="checkbox"/> Unemployment compensation | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> <u>Benefit letter/letter of determination</u> <input type="checkbox"/> <u>Check or check stub</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| IF PARTICIPANT/FAMILY MEMBER INDICATES NO INCOME FROM UNEMPLOYMENT COMPENSATION BUT WAS UNEMPLOYED (Q8A), ASK: UE1. "Did you apply for unemployment benefits?" <input type="radio"/> Yes GO TO UE2 <input type="radio"/> No CONTINUE TO NEXT INCOME SOURCE UE2. "Was your application denied or approved?" DO NOT READ LIST <input type="radio"/> Denied/turned down CONTINUE TO NEXT INCOME SOURCE <input type="radio"/> Approved GO TO UE3 <input type="radio"/> Have not heard back/never heard back CONTINUE TO NEXT INCOME SOURCE UE3. "Okay, you were approved to get unemployment, but you have not received any income from unemployment compensation. Can you show me a copy of the approval letter?" <input type="radio"/> Yes RECORD DATE OF LETTER AND AMOUNT OF BENEFITS AWARDED <input type="radio"/> No CONTINUE TO NEXT INCOME SOURCE | | | | |
| <input type="checkbox"/> Workers compensation | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> <u>Benefit letter/letter of determination</u> <input type="checkbox"/> <u>Check or check stub</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Social security benefits | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> <u>Award letter from SSA</u> <input type="checkbox"/> <u>Statement of benefits</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |

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A. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [you/NAME] have any income from: COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”]

| 9A Income Type | 9B Income Period | 9C Proof of Income Document | 9D Amount | 9E Frequency |
|---|--------------------------------|--|---|--|
| <input type="checkbox"/> Federal SSI (Supplemental security income) | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Notice of benefits <input type="checkbox"/> Check or check stub <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> State SSI or State disability insurance | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Notice of benefits <input type="checkbox"/> Check or check stub <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Public assistance or TANF | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Notice of benefits <input type="checkbox"/> Check or check stub <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Energy assistance (amount will be excluded, per WIC regulations) | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Notice of benefits <input type="checkbox"/> Check or check stub <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |

Possible income exclusions or lump sums (SEE INCOME PROBE QUESTIONS):

- Vouchers received under the Workforce Investment and Opportunity Act to cover cost of job training or employment such as transportation, uniforms, or child care.
- Payments to the Confederated Tribes and Bands of certain Indian Tribes listed in WIC regulations
- Value of SNAP or WIC food instruments issued to family member

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A. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [you/NAME] have any income from: COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”]

| 9A Income Type | 9B Income Period | 9C Proof of Income Document | 9D Amount | 9E Frequency |
|--|--------------------------------|---|---|--|
| <input type="checkbox"/> Alimony or child support (1 st source) | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Check or check stub <input type="checkbox"/> Support agreement <input type="checkbox"/> Divorce/separation decree <input type="checkbox"/> Court order <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Alimony or child support (2 nd source) | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Check or check stub <input type="checkbox"/> Support agreement <input type="checkbox"/> Divorce/separation decree <input type="checkbox"/> Court order <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Any government or private pension, annuity or survivor's benefits | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Notice of benefits <input type="checkbox"/> Check or check stub <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Disbursement from an estate or trust | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Earnings statement <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |

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A. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [you/NAME] have any income from: COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”]

| 9A Income Type | 9B Income Period | 9C Proof of Income Document | 9D Amount | 9E Frequency | |
|---|--------------------------------|--|---|---|---|
| <input type="checkbox"/> Interest or dividends | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> <u>Earnings or dividend statement</u> <input type="checkbox"/> <u>Deposit on bank statement</u> <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month | <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Withdrawals from a savings or investment account | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> <u>Withdrawal receipt/slip</u> <input type="checkbox"/> <u>Earnings statement</u> <input type="checkbox"/> <u>Withdrawal on bank statement</u> <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month | <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| Possible income exclusions or lump sums (SEE INCOME PROBE QUESTIONS): <ul style="list-style-type: none"> • Payments to American Indian Tribes/Tribal members (SEE EXCLUSIONS LIST) • The value of payments (subsidies) for the provision of child care services for low-income families • The value of any rental assistance (vouchers), lower mortgage rates, loan guarantees to support home ownership by low-income families (see the Cranston-Gonzales National Affordable Housing Act Housing and Community Development Act of 1987) | | | | | |

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A. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [you/NAME] have any income from: COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”]

| 9A Income Type | 9B Income Period | 9C Proof of Income Document | 9D Amount | 9E Frequency |
|--|--------------------------------|---|---|--|
| <input type="checkbox"/> Veteran's payments | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Notice of benefits <input type="checkbox"/> Check or check stub <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| Possible income exclusions or lump sums (SEE INCOME PROBE QUESTIONS): Any veteran's compensation to a Vietnam veteran or veteran who served in Korea in 1968 or 1969 who was exposed to the herbicide known as "Agent Orange" | | | | |
| <input type="checkbox"/> Military pay (EXCLUSIONS APPLY. CAPI TAKES INTERVIEWER TO MILITARY PAY MODULE) | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Leave and Earnings Statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Regular contributions from someone not in household | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Letter from payer, dated & signed <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| <input type="checkbox"/> Other income sources (SEE INCOME PROBE QUESTIONS) | From: mm/dd/yy To: mm/dd/yy | <input type="checkbox"/> Earnings statement <input type="checkbox"/> Benefit/award letter <input type="checkbox"/> Letter from payer, dated & signed <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> 2017 IRS tax return, W2, 1099 <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported) | Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____ |
| Possible income exclusions or lump sums (SEE INCOME PROBE QUESTIONS): <ul style="list-style-type: none"> • Payments received under the Carl D. Perkins Vocational Education Act or Carl D. Perkins Vocational Applied Technology Education Act Amendments of 1990 • Student financial assistance under Title IV of Higher Education Act used for tuition fees, books, equipment materials or supplies required of students for the course of study, including Pell Grant, Supplemental Educational Opportunity Grant (SEOG), State Student Incentive Grant, National Direct Student Loan, PLUS, College Work Study • Loans | | | | |

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ZERO INCOME REPORTED

IF PARTICIPANT DID NOT QUALIFY AS ADJUNCTIVELY/AUTOMATICALLY INCOME ELIGIBILITY FOR WIC AND PARTICIPANT’S TOTAL INCOME = \$0 AND NO ADULT ≥ 15 YEARS WAS REPORTED TO HAVE SEPARATE FINANCES (Q6=2), CAPI WILL DISPLAY INTRO AND Z1b-Z2; IF ANY ADULT AGE ≥ 15 YEARS WAS REPORTED TO HAVE SEPARATE FINANCES (Q6=2), CAPI WILL DISPLAY ALL ITEMS:

INTRO: “If I understand your answers correctly, it looks like you had zero income on [CERT_DATE].

- Z1. You said that [NAME] and [NAME] were not part of your family group. Was/Were [LIST NAMES WHERE Q6=SEPARATE FINANCES], or was anyone that you haven’t named helping you to pay for living expenses such as rent/mortgage, heat, or food on [CERT_DATE]?
- Yes GO TO Z1a
 - No GO TO Z1b

Z1a. “In that case, I need to ask you about [NAME]’s income. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [NAME] have any income from [REPEAT Q9a for NAME FOR EACH TYPE OF INCOME SOURCE]. CAPI WILL PROMPT INTERVIEWER TO CHANGE THE RESPONSE TO Q6 FOR [NAME(S)] TO Q6=1 SO THAT THIS INDIVIDUAL IS COUNTED AS PART OF PARTICIPANT’S FAMILY

Z2. “I’d like to better understand how you were paying for living expenses in [MONTH, YEAR OF CERT_DATE]. Can you tell me if any of the following were true: CHECK ALL THAT APPLY

| | |
|---|---|
| <input type="radio"/> I had applied for public assistance but did not received payment until after [MONTH, YEAR OF CERT_DATE] (IF NECESSARY: such as Temporary Assistance to Needy Families (sometimes called welfare) or Food Stamps). | REQUEST AWARD LETTER AND ENTER AMOUNT AND DATE IN Q9, PUBLIC ASSISTANCE |
| <input type="radio"/> I had applied for workers compensation but did not received payment until after [MONTH, YEAR OF CERT_DATE] | REQUEST AWARD LETTER AND ENTER AMOUNT AND DATE IN Q9, WORKER’S COMPENSATION |
| <input type="radio"/> I received some emergency cash from a church, charity, or social services agency or food from a food bank | ENTER AMOUNT IN Q9, OTHER CASH |
| <input type="radio"/> I skipped one or more rent, mortgage or utility payments | |
| <input type="radio"/> I did some work such as child care, housework, or another service in exchange for reduced rent or food | IN-KIND BENEFITS NOT INCOME |
| <input type="radio"/> OTHER: “Can you describe how you paid for living expenses then?” TYPE IN RESPONSE: _____ | IF ANY INCOME SOURCES RETURN TO Q9 |
| <input type="radio"/> NONE OF THE ABOVE | |

AFTER Z2 GO TO END OF SURVEY

ALTERNATE INCOME REFERENCE PERIOD

CAPI WILL MAKE A PRELIMINARY DETERMINATION OF INCOME ELIGIBILITY BASED ON MOST RECENT 30 DAYS' INCOME PRIOR TO CERTIFICATION DATE REVIEWED.

IF PRELIM_INCOME_ELIG=YES, THEN CAPI WILL SKIP TO END OF CERTIFICATION SURVEY.

IF PRELIM_INCOME_ELIG= NO, THEN CAPI WILL DISPLAY THE FOLLOWING ON-SCREEN.

“I need to be sure we’ve come up with the best estimate of your typical income. We just went over your family’s income during the month before your certification appointment at WIC.”

Q10. During that month, did you, or anyone else I’m going to name, have income that was higher than usual?

| | YES | NO |
|---|--------------------------|--------------------------|
| Let’s start with you [WIC PARTICIPANT]: was your income during the month before [CERT_DATE] higher than usual? | <input type="checkbox"/> | <input type="checkbox"/> |
| NEXT MEMBER OF FAMILY ECONOMIC UNIT WITH NON-ZERO INCOME: Was [NAME’s] income during this period higher than usual? | <input type="checkbox"/> | <input type="checkbox"/> |
| NEXT MEMBER OF FAMILY ECONOMIC UNIT WITH NON-ZERO INCOME: Was [NAME’s] income during this period higher than usual? | <input type="checkbox"/> | <input type="checkbox"/> |
| NEXT MEMBER OF FAMILY ECONOMIC UNIT WITH NON-ZERO INCOME: Was [NAME’s] income during this period higher than usual? | <input type="checkbox"/> | <input type="checkbox"/> |

FOR EACH FAMILY MEMBER WHERE Q10=YES, COMPUTER WILL LOOP BACK THROUGH THE INCOME SOURCES USING ALTERNATE REFERENCE PERIOD FOR INCOME PROOF:

“It looks like I may have overestimated your family’s typical income.”

10A. “I’d like you now to think back about three months before [CERT_DATE]: So, I’m talking about [MONTH EQUAL TO CERT_DATE-90 DAYS] to [MONTH EQUAL TO CERT_DATE -60 DAYS]. During that time, did [YOU/FAMILY MEMBER WHERE Q10=YES] have any income from [REVIEW EACH SOURCE IN COLUMN A]. IF INCOME REPORTED ASK 10B, IF NO INCOME FROM THAT SOURCE GO TO NEXT INCOME SOURCE.

IF NO DOCUMENTATION FOR 3RD MONTH BEFORE CERT_DATE, REQUEST DOCUMENTATION FOR 2ND MONTH BEFORE CERT_DATE;

IF NO DOCUMENTATION FOR 2ND MONTH BEFORE CERT_DATE, THEN REQUEST DOCUMENTATION FOR 4TH MONTH BEFORE CERT_DATE.

IF NO DOCUMENTATION 4TH MONTH BEFORE CERT_DATE, REQUEST DOCUMENTATION FOR 5TH MONTH BEFORE CERT_DATE.

IF NO DOCUMENTATION FOR 5TH MONTH BEFORE CERT_DATE, REQUEST DOCUMENTATION FOR 6TH MONTH BEFORE CERT_DATE. IF NONE, END LOOP [DO NOT REQUEST DOCUMENTATION OLDER THAN 6 MONTHS PRIOR TO CERT_DATE].

10B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”]

END OF CERTIFICATION SURVEY

IF PARTICIPANT IS ALSO IN THE SAMPLE FOR THE PROGRAM EXPERIENCES SURVEY:

“Ok, that’s the end of the first part. Here is the first \$25 gift card. Next, I’d like to ask about your experiences with the WIC program and your satisfaction with various WIC benefits and services. This next part will take about [ESTIMATED BURDEN OF PROGRAM EXPERIENCE SURVEY] minutes. Afterwards, I’ll give you another \$25 gift card. [GO TO PROGRAM EXPERIENCES SURVEY]

IF PARTICIPANT IS NOT IN THE SAMPLE FOR THE PROGRAM EXPERIENCES SURVEY:

“Ok, this completes our survey. It was great talking with you, and thank you so much for helping us out. Here is a \$25 gift card in appreciation for your time.

SEE BELOW FOR MILITARY PAY MODULE AND INCOME PROBE QUESTIONS MODULE



MILITARY PAY MODULE¹⁴

Using the service member’s military **Leave and Earnings Statement**, enter the information below. Some pay codes will prompt you to ask clarifying questions that will automatically display. Answering the questions will determine the Income Treatment Code in the rightmost column.

| Last Name | First Name | MI | Pay Date | Branch | Period Covered |
|---------------------|--|---------------|--|--------|----------------|
| | | | | | |
| ENTITLEMENTS | | | | | |
| A | Type | Amount | Income treatment codes | | |
| B | ENTER PAY CODE | \$. | | | |
| C | ENTER PAY CODE | \$. | EXCLUDE: BAH | | |
| D | ENTER PAY CODE | \$. | EXCLUDE: OCONUS COLA | | |
| E | ENTER PAY CODE | \$. | | | |
| F | ENTER PAY CODE | \$. | ANNUALIZE | | |
| G | ENTER PAY CODE | \$. | | | |
| H | ENTER PAY CODE | \$. | | | |
| I | ENTER PAY CODE | \$. | EXCLUDE: COMBAT PAY | | |
| J | ENTER PAY CODE | \$. | | | |
| K | ENTER PAY CODE | \$. | | | |
| L | ENTER PAY CODE | \$. | | | |
| M | ENTER PAY CODE | \$. | | | |
| N | ENTER PAY CODE | \$. | | | |
| O | ENTER PAY CODE | \$. | | | |
| | REMARKS: ENTER any PAY CODES listed in REMARKS | \$. | | | |
| | TOTAL | \$. | Countable income after exclusions and annualizations = | | |

¹⁴ See Table 3 for specific military pay codes and proposed exclusions. WIC regulations allow States to choose whether or not to exclude the military Basic Allowance for Housing (BAH) and Cost-of-living allowance for service members stationed outside the contiguous United States (OCONUS COLA) (See 246.7(2)(d)(iv)(A). WIC regulations require States to exclude from income payments to service members from the Family Supplemental Subsistence Act (FSSA) and combat pay. In the context of military pay, WIC Policy Memorandum 2013-3 indicated that “in-kind benefits, such as military on-base housing or other subsidized housing, medical and dental benefits are services that do not meet the definition of ‘income’ and may not be considered in income eligibility determinations.”

POSSIBLE LUMP SUM PAYMENT:

“Does [NAME] receive this pay, [PAYCODE], once a year, monthly, or with some other frequency?”

- Once per year
- Quarterly
- Monthly
- OTHER: SPECIFY FREQUENCY OR PAY INTERVAL

IF FREQUENCY IS ONCE/YEAR OR QUARTERLY, THEN THE AMOUNT WILL BE ANNUALIZED. OTHERWISE ALL AMOUNTS ARE ASSUMED MONTHLY

POSSIBLE COMBAT PAY:

SELECT YES OR NO FOR EACH QUESTION

| | YES | NO |
|--|-----------------------|-----------------------|
| Does [NAME] receive this pay in addition to the base pay? | <input type="radio"/> | <input type="radio"/> |
| Is this pay the result of deployment to a designated combat zone? | <input type="radio"/> | <input type="radio"/> |
| Does [NAME] only receive this pay while deployed to the combat zone? | <input type="radio"/> | <input type="radio"/> |

IF YES TO ALL THREE QUESTIONS, THE PAY IS COMBAT PAY (AND WILL BE EXCLUDED FROM TOTAL INCOME)
IF NO, TO ANY QUESTION, THE PAY IS NOT COMBAT PAY AND WILL BE INCLUDED AS INCOME.

Table 3. Military Pay Codes

| Code | Type of Pay | Counts as Income unless noted otherwise |
|--------------------------------|--|--|
| AB | Accession bonus | Ask Lump Sum |
| ACIP | Aviation Career Incentive Pay | |
| ACP | Aviation Continuation Pay | |
| AIP | Assignment Incentive Pay | Ask Combat Pay |
| ASP | Additional Special Pay | |
| BAH | Basic Allowance for Housing | if State excludes, Exclude |
| BAS | Basic Allowance for Subsistence | |
| BAQ | Basic Allowance for Quarters | if State excludes, Exclude |
| Base Pay | Base Pay | |
| BCP | Board Certified Pay Special Pay | |
| CCA | Civilian Clothing Allowance | Ask Lump Sum |
| BRA | Basic Replacement Allowance | Ask Lump Sum |
| Continuation Pay | Continuation Pay | |
| CCCA | Continuing Civilian Clothing Allowance | Ask Lump Sum |
| CCRA | Cash Clothing Replacement Allowance | Ask Lump Sum |
| CEFIP | Career Enlisted Flyer Incentive Pay | |
| CIP | Combat-related Injury & Rehabilitation | Ask Combat Pay |
| CMA | Clothing Maintenance Allowance or Clothing Allowance | |
| CONUS COLA | Continental U.S. Cost of Living Allowance | Exclude, in-kind benefit |
| Combat Duty or Combat Zone Pay | Combat Duty or Combat Zone Pay | EXCLUDE |
| CRA | Clothing Replacement Allowance | Ask Lump Sum |
| CSP | Career Sea Pay | |
| CSP-P | Career Sea Pay – Premium | |
| CSRB | Critical Skills Retention Bonus | Ask Lump Sum |
| CVI | Conditional Voluntary Indefinite Status | |
| DLA | Dislocation Allowance | Exclude, in-kind benefit |
| Dive Pay | Dive Pay | Ask Combat Pay |
| DSCT Meal | Discount Meal | Exclude, in-kind benefit |
| FDP | Foreign Duty Pay | Ask Combat Pay |
| FLPP | Foreign Language Proficiency Pay | Ask Combat Pay |
| Flight or Fly Pay | Flight or Fly Pay | Ask Combat Pay |
| FSA | Family Separation Allowance | Ask Combat Pay |
| FSH | Family Separation Housing | Exclude, in-kind benefit |
| FSSA | Family Subsistence Supplemental Allowance | EXCLUDE |
| HALO | High Altitude/Low Altitude | Ask Combat Pay |
| HDIP | Hazardous Duty Incentive Pay | Ask Combat Pay |
| HDP – Involuntary Extension | Hardship Duty Pay – Involuntary Extension | Ask Combat Pay |
| HDP – L | Hardship Duty Pay - Location | Ask Combat Pay |
| HDP – M | Hardship Duty Pay – Mission | Ask Combat Pay |
| HFP/IDP | Hostile Fire/Imminent Danger Pay | Ask Combat Pay |
| HFP-L | Hostile Fire Pay - Location | Ask Combat Pay |
| HZD | Hazardous Duty Pay | Ask Combat Pay |
| ICCA | Initial Civilian Clothing Allowance | Ask Lump Sum |
| IDP | Imminent Danger Pay | Ask Combat Pay |
| | Note: Can also mean Independent Duty Corpsman | |
| ISP | Incentive Special Pay | |
| Jump Pay | Jump Pay | Ask Combat Pay |
| LQA | Living Quarters Allowance | Exclude, in-kind benefit |
| Maternity Clothing Allowance | Maternity Clothing Allowance | Ask Lump Sum |
| MIHA – Miscellaneous | Moving Housing Allowance - Miscellaneous | Exclude, in-kind benefit |
| MIHA – Rent | Moving Housing Allowance – Rent | Exclude, in-kind benefit |
| MIHA – Security | Moving Housing Allowance - Security | Exclude, in-kind benefit |
| MRB | Multiyear Retention Bonus | |
| MSP | Multiyear Special Pay | |
| NIB | Nuclear Career Annual Incentive Bonus | |

| Code | Type of Pay | Counts as Income unless noted otherwise |
|-------------------------------------|---|---|
| NPAB | Nuclear Power Accession Bonus | Ask Lump Sum |
| Nuclear – Continuation Pay | Nuclear – Continuation Pay | |
| OEP | Overseas Extension Pay | |
| OHA | Overseas Housing Allowance | Exclude, in-kind benefit |
| OCONUS COLA | Overseas Continental United States Cost of Living Allowance | if State excludes, Exclude |
| OTEIP | Army Overseas Tour Extension Incentive Pay | |
| OVERSEAS COLA | Overseas Cost of Living Allowance | Exclude, in-kind benefit |
| Overseas Extension Pay | Overseas Extension Pay | |
| PCCA | Partial Civilian Clothing Allowance | Ask Lump Sum |
| RBMA | Reserve Basic Maintenance Allowance | |
| SBP | Military Survivor Benefits Plan | |
| SAVE PAY | Save pay Note: This can represent many types of pay. Ask questions to determine what the pay is for to see if it counts. Often refers to difference in pay due to accepting a new appointment between new and old pay rates. Likely to be a lump sum. | Caution: ask if lump sum |
| SDAP | Special Duty Assignment Pay | Ask Combat Pay |
| SDIP | Submarine Duty Incentive Pay | Ask Combat Pay |
| Sea Pay | Sea Pay | Ask Combat Pay |
| SEA | Subsistence Expense Allowance | |
| SEB | Selective Enlistment Bonus | Ask Lump Sum |
| SepRats | Separation Rations | |
| SMA | Standard or Separate Maintenance Allowance | |
| Special Duty Pay | Special Duty Pay | Ask Combat Pay |
| Specialty Pay | Specialty Pay | Ask Combat Pay |
| SPO | Split Payment Option Note: This option allows the person to take an amount from the base pay and put it into the ship ATM for personal use while on board. Base WIC income eligibility on the gross amount before the split allocation. Don't count the amount sent to the ship account twice. | Caution |
| SR | Separation Rations | |
| SRA | Standard Replacement Allowance | Ask Lump Sum |
| SRB | Selective Reenlistment Bonus | Ask Lump Sum |
| Standard Initial Clothing Allowance | Standard Initial Clothing Allowance | Ask Lump Sum |
| Submarine Pay | Submarine Pay | |
| SUPP CMA | Enlisted Supplemental Clothing Allowance | Ask Lump Sum |
| TDYCCA | Temporary Duty Civilian Clothing Allowance | Ask Lump Sum |
| TLE CONUS | Temporary Lodging Expense in US | Exclude, in-kind benefit |
| TLA | Temporary Living Allowance | Exclude, in-kind benefit |
| TLA OCONUS | Temporary Lodging Allowance Outside US | Exclude, in-kind benefit |
| TQSA | Temporary Quarters Subsistence Allowance | |
| VI | Voluntary Indefinite Status | |
| VBSS Duty | Maritime Visit, Board, Search & Seizure Duty | |
| VSP | Variable Special Pay | |

INCOME PROBE QUESTIONS (POSSIBLE EXCLUSIONS OR LUMP SUMS)

AT ANY TIME WHILE ASKING PARTICIPANT ABOUT INCOME SOURCES (Q9), THE INTERVIEWER MAY BRING UP A LIST OF THE FOLLOWING POTENTIAL LUMP SUM OR INCOME EXCLUSION QUESTIONS:

| If participant is a member of an American Indian Tribe and: | ASK/DO |
|---|---|
| Reports income from the government or Tribe | <p>“Did you receive this income as part of a settlement or agreement between the U.S. government and an American Indian tribe or Nation?” EXCLUDE ANY SUCH INCOME¹⁵</p> <p>“Is this income a ‘per cap’ or per capita payment from a business operated by members of an American Indian tribe or Nation to which you belong?” ENTER NET AMOUNT UNDER ROYALTIES. ASK “POSSIBLE LUMP SUM” TO DETERMINE IF ANNUALIZATION IS NEEDED</p> |

| If participant or income document refers to: | ASK/DO |
|--|---|
| Section 8, housing voucher, rental assistance | “Is this a voucher to help you afford housing or rent?” ANY AMOUNT SHOWN ON A HOUSING CHOICE VOUCHER IS NOT COUNTED AS INCOME. DO NOT ENTER AS AN INCOME SOURCE. ¹⁶ |
| Child care or day care voucher, child care or day care assistance | EXCLUDE ANY REPORTED PUBLIC ASSISTANCE OR SUBSIDY FOR DAY CARE OR CHILD CARE COSTS ¹⁷ |
| Food Stamps, Free or Reduced Price Lunch or Breakfast for child in public school, WIC food instruments provided to other WIC participants in family | EXCLUDE ANY REPORTED PUBLIC ASSISTANCE WITH MEALS OR FOOD, INCLUDING ANY REPORT OF FREE MEALS A CHILD RECEIVES AT SCHOOL, FOOD INSTRUMENTS RECEIVED BY ANY FAMILY MEMBER FROM SNAP, FDPIR, OR WIC. ¹⁸ |
| Job assistance, employment training, Employment Services Program, Job Corps, Youth Build, job training, American Job Center, Workforce Investment, Employment Training, Career Pathway | “Was this income to reimburse you for transportation, child care costs or other expenses so that you could take part in job training, get a GED or take classes that will prepare you for employment?” EXCLUDE REIMBURSEMENTS FOR THESE EXPENSES ¹⁹ |
| Volunteer, AmeriCorps, VISTA | “Was this income you received as a volunteer for AmeriCorps, AmeriCorps VISTA or AmeriCorps National Civilian Community Corps (NCCC)?” ²⁰ |
| Bonus/commissions | ASK “POSSIBLE LUMP SUM” TO DETERMINE IF ANNUALIZATION IS NEEDED |
| Royalties | ASK “POSSIBLE LUMP SUM” TO DETERMINE IF ANNUALIZATION IS NEEDED |
| Any mention of emergency assistance due to a hurricane, tornado, storm, earthquake, volcano, landslide, mudslide, snowstorm, flood, forest fire | “Did you receive [this] assistance because of a major disaster such as a hurricane, tornado, storm or similar natural event that was declared a federal disaster?” FEMA maintains a list of federal disasters each year: https://www.fema.gov/disasters/grid/year/2015 . EXCLUDE ANY ASSISTANCE DUE TO FEDERAL DISASTER FROM INCOME SOURCES ²¹ |
| Any mention of loss of property due to | “Did this income come from FEMA or the National Flood Insurance Program after |

¹⁵ WIC regulations include income exclusions for multiple types of payments to members of American Indian Tribes from various treaties, agreements or settlements with the U.S. government (see 246.7(2)(d)(iv)(D)(4, 6, 7, 9, 10, 21, 24-32)).

¹⁶ WIC regulations include income exclusions for multiple forms of housing assistance to low income individuals (see 246.7(2)(d)(iv)(D)(1, 22-23)

¹⁷ WIC regulations include income exclusions for payments, or the value of, child care under the Social Security Act or the Child Care and Development Block Grant programs (see 246.7(2)(d)(iv)(D)(17-19)

¹⁸ WIC regulations include income exclusions for the value of food assistance from the National School Lunch Program, the Child Nutrition Act or the Food and Nutrition Act (see 246.7(2)(d)(iv)(D)(8).

¹⁹ WIC regulations include income exclusions for payments under the Job Training Partnership Act, replaced by the Workforce Investment Act (WIA) and Workforce Investment and Opportunity Act (WIOA). See 246.7(2)(d)(iv)(D)(5).

²⁰ WIC regulations exclude payments to domestic volunteers (VISTA is now part of AmeriCorps). See 246.7(2)(d)(iv)(D)(2)

| If participant or income document refers to: | ASK/DO |
|--|--|
| flood/hurricane | filing a claim for flood damage to your home? EXCLUDE ANY INCOME DUE TO APPROVED FLOOD DAMAGE CLAIM ²² |
| Veteran's or VA payment, VA disability | "Did you/NAME receive payment because you were exposed to Agent Orange while serving in Vietnam or Korea?" EXCLUDE ANY AMOUNT DUE TO EXPOSURE TO AGENT ORANGE. INCLUDE ALL OTHER VETERAN'S PAYMENTS ²³ |
| Loan, Student loan | "Is this income part of a loan that you must repay?" EXCLUDE ANY LOAN AMOUNT FROM INCOME SOURCES unless the loan is an amount to which the participant has constant access (e.g., regular contributions from someone not in the household) ²⁴ |

²¹ WIC regulations exclude income from assistance received under the Disaster Relief and Emergency Assistance Amendments of 1989, now the Robert T. Stafford Disaster Relief and Emergency Assistance Act. See 246.7(2)(d)(iv)(D)(13)

²² WIC regulations exclude income from assistance to property owners under the National Flood Insurance Program (246.7(2)(d)(iv)(D)(34).

²³ WIC regulations exclude income to certain veterans from the Agent Orange Compensation Exclusion Act ((246.7(2)(d)(iv)(D)(15))

²⁴ WIC regulations exclude loans (246.7(2)(d)(iv)(C)).