

## C1. Proposed Informed Consent Form: Certification Survey

### Agreement to Take Part in the U.S. Department of Agriculture – Food and Nutrition Service Third National Survey of WIC Participants (NSWP-III) Certification Survey: WIC Participant

You are invited to take part in an important study of participants in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program. The study is called the “Third National Survey of WIC Participants” (NSWP-III). The U.S. Department of Agriculture’s (USDA) Food and Nutrition Service (FNS) is funding the study. Abt Associates, Inc., Abt SRBI, and 2M Research Services, in partnership with Capital Consulting Corporation (collectively, “the research team”), are conducting the study for FNS. Your participation will help the research team and FNS to understand how well the WIC certification process is working.

**Why you were invited to the study:** The research team randomly selected current WIC participants to invite to the study. Approximately 2,000 current WIC participants from across the U.S. were selected. **[IF SAMPLED ADULT:** You were one of those randomly selected. **] [IF SAMPLED INFANT/CHILD:** Your child was one of those randomly selected.]

**Participation is voluntary:** If you decline to participate, your eligibility (and/or your child’s eligibility) for WIC will not change as a result. The research team encourages you to participate, but you are not required to take part in the study. If you decide not to participate, you (and/or your child) will continue to receive services and benefits from WIC for which you or your child are eligible. The staff at your local WIC office do not know who was selected for the study. The research team will not tell your local WIC office whether or not you take part in the study.

**What it means to participate in the study:** If you agree to participate in the study, a trained interviewer from the research team will meet with you in person. The interviewer will ask for information about who lives with you, your family’s income and whether you receive SNAP (“food stamps”), TANF (“welfare” or “public assistance”), Medicaid, or other public benefits. During the interview, the interviewer will ask to see certain documents. The interviewer will collect information from these documents and give them back to you. These documents may include a driver’s license or some other type of identification; **[IF SAMPLED INFANT/CHILD:** a birth certificate or letter from your child’s school or doctor; **] a rental agreement or a utility bill or other mail that shows where you live; copies of paychecks, bank statements or other documents that show your income. If you receive SNAP (“food stamps”), TANF (“welfare” or “public assistance”), Medicaid, or other public benefits, the interviewer may ask to see your program card or notice of benefits.**

During the interview, you can decline to answer any questions or provide any document the interviewer asks to see. If you do not have one or more of the documents, you can still take part in the study. You may stop the interview if you do not want to continue. However, if you stop the interview, the research team may continue to use information that you provided before stopping.

**Privacy:** The research team will use information about you or your family for research purposes only. Your responses to questions and the information you provide for this study are private to the full extent allowed by law. The research team will combine your information with information from other

households. The research team will not share information that could identify you or anyone in your household with your local WIC office, FNS, or the USDA. Study reports will not identify you or anyone in your household. At the conclusion of the study, “anonymous” (non-identifiable) data from all study participants may be made available to other researchers interested in the study. These data will not include information that could identify you or anyone in your household. The information we collect will not be used to change your eligibility for WIC services or benefits, and you will continue to receive WIC benefits and services for which you are eligible.

**Study costs and compensation:** There are no costs to you for participating in the study. As a token of appreciation, the interviewer will give you a \$25 gift card at the end of the interview. You do not need to report this gift card as income to your WIC office.

**Benefits and Risks of Participation:** Your participation in this study may not benefit you directly. Your participation will help FNS learn if the WIC application process is working to ensure that WIC benefits reach those who need them most. The research team has strong precautions in place to protect your privacy, but there is a small risk of a breach of privacy. The research team will safeguard your privacy as follows: Only the interviewer and members of the research team will see your responses. Any papers that include personal information that identifies you or your family will be kept in a locked storage area and destroyed after the study ends. Any computer files with personal information that identifies you or your family will be protected by a password and stored on a secure network. In computer files we use to analyze data and prepare study reports, we will replace names and other identifying information with a code number. We will destroy computer files that contain names or other identifying information about you or your family after the study ends.

**Questions:** If you have any questions about this study, please contact [CONTACT NAME] at [CONTACT INFORMATION]. For questions or concerns about your rights as a study participant, please contact [IRB CONTACT NAME] at [IRB CONTACT INFORMATION].

### Agreement to Participate

By signing this participation agreement, I confirm that I have read and understand the description of the FNS study. I have had the opportunity to ask my interviewer questions about the study. I understand that my participation in this study is voluntary. I understand that agreeing or declining to participate in the study will have no effect on my eligibility for the WIC program. I understand that I can refuse to answer any questions or end my participation in the study at any time without penalty. I understand that the research team will obtain information about me, as described above. I understand that the research team will protect my personal information to the extent provided by law, and that the research team will use the methods describe above to keep personal information about me private.

### Participant name, signature and date:

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Name of Participant (Printed)	Signature of Participant	Date
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0606. It will take you, on average, 6 minutes to read this consent form.