



Dear «First_Name»:

APPENDIX I1
48-mo advance letter - English

[DATE]

«First Name» «Last Name»
Please contact your Study Liaison, << STUDY LIAISON NAME >>, at
«Address1»
<< STUDY LIAISON TOLL FREE NUMBER>> or << STUDY LIAISON
«City», «State» «Zip»
EMAIL ADDRESS>> or by text at <<STUDY LIAISON TEXT>> <<to
find the closest WIC clinic to you to schedule the appointment for
measurement/find out how to get your child measured>> [LATTER
USED WHERE RESPONDENT CAN ONLY GO TO ORIGINAL WIC CLINIC
PER STATE WIC RULES].

OMB Approval No. 0584-0580
Approval Expires: XX/XX/20XX

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0580. The time required to complete this information collection is estimated to average 3 minutes (0.05 hours) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Your Study Liaison will work with you to make other arrangements for measurement if you cannot return to WIC, such as taking <<CHILD FIRST NAME>> to the doctor for measurement.

The Age 4 Feeding My Baby interview is scheduled to start on <<START DATE>>. One of our interviewers will be calling you on <<START DATE>>. The display on your phone when the interviewer calls will be 301-762-1940 or FEED MY BABY.

You can also call our phone center after <<START DATE>> at **(888) 783-6493** to complete the interview at your convenience.

Phone center hours are (Eastern Time):

Monday - Friday	9:00 am - Midnight
Saturday	10:00 am - 6:00 pm
Sunday	2:00 pm - 10:00 pm

We are grateful to you for your assistance. Your continued participation has been key to the success of this study.

Best wishes,

Nancy Weinfield
Feeding My Baby Study Project Director

