**Appendix E.1**

**Instruction Sheet for Submitting Former WIC Participants Certification Data File**

Instruction Sheet for Submitting

**OMB Number: 0584-XXXX**

**Expiration Date: XX/XX/XXXX**

Former WIC Participants Certification Data File

What is the timeline for each data submission?

Data should be submitted once in October 2017.

What should be in the file?

The file should contain data for former WIC participants with an active certification as of May 31, 2017, who were due to recertify between June 1, 2017, and August 30, 2017, but had not recertified. The reference period for the WIC data file should be the first day of the month of the latest active month of WIC certification.

For example, if a participant’s certification period ended June 15, 2017, and the participant did not recertify, provide certification data as of June 1, 2017.

What is the preferred file format?

The preferred file format is text (.txt), although other formats are acceptable. Please discuss alternate formats with Insight. Each file should have one record per WIC participant, and each record should include all variables in the list in table A.

What variables should be included?

Table A provides a list of the variables USDA-FNS is requesting for this study. These variables include the minimum data set (MDS) variables from the WIC Participant and Program Characteristics (WIC PC), but for the reference period specified above, as well as 10 contact information variables (e.g., name, telephone number) and a household ID variable linking participants living in the same household. Please provide the variables in the column positions as listed in table A (e.g., State agency ID should be in columns 1–7 of the .txt file). These variables should be provided for each WIC participant in the data file.

*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-XXXX. The time required to complete this information collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

How should missing versus nonparticipating data be submitted?

Missing values should be indicated by a BLANK space. Please do NOT fill unknown values with zeros. Zero should ONLY indicate an actual zero value, such as zero dollar income. For example, if the WIC participant does not have a fifth nutritional risk code, the columns for the fifth nutritional risk code should be left BLANK, not filled with zeros.

How will Insight ensure privacy of State data?

The data will be maintained on a secure server and available only to key project personnel for cleaning and tabulation. No personal identifiers will be disclosed in reports.

How should the file be submitted?

To protect the data, please submit the file using Insight’s FTP system, a secure file transfer site that encrypts both commands and data, preventing passwords and sensitive information from being accessed during transmission. Instructions for using this system will be sent separately.

Questions or concerns?

If you have any questions about the MDS variables from the WIC Participant C (items 1 through 20o in table A), you may consult the *Guidance to State Agencies Providing Participant Data* document. If you have any other questions or concerns, contact Carole Trippe at ctrippe@insightpolicyresearch.com or 703-504-9498.

Table A. Requested Variable List

| Data Item Number | Description of Data Item | Beginning Column | Ending Column | Field Width  by Bytes  (No Binary Data) |
| --- | --- | --- | --- | --- |
| **WIC PC Study MDS Variables** | | | | |
| 1. | State Agency ID | 1 | 7 | 7 |
| 2a. | Local Agency ID | 8 | 10 | 3 |
| 2b. | Service Site ID | 11 | 13 | 3 |
| 3. | Case ID[[1]](#footnote-1) | 14 | 24 | 11 |
| 4. | Date of Birth (MMDDYYYY) | 25 | 32 | 8 |
| 5. | Race/Ethnicity **(Left Justified)** | 33 | 38 | 6 |
| 6a. | Certification Category | 39 | 39 | 1 |
| 6b. | Expected Date of Delivery  **OR**  (MMDDYYYY) | 40 | 47 | 8 |
| 6c. | Weeks’ Gestation | 48 | 49 | 2 |
| 7. | Date of Certification (MMDDYYYY) | 50 | 57 | 8 |
| 8. | Sex | 58 | 58 | 1 |
| 9. | Risk Priority Code | 59 | 59 | 1 |
| 10a. | Participation in TANF | 60 | 60 | 1 |
| 10b. | Participation in SNAP | 61 | 61 | 1 |
| 10c. | Participation in Medicaid | 62 | 62 | 1 |
| 11. | Migrant Status | 63 | 63 | 1 |
| 12. | Number in Family/Economic Unit | 64 | 65 | 2 |
| 13a. | Family/Economic Unit Income | 66 | 70 | 5 |
| 13b. | Income Period | 71 | 71 | 1 |
| 13c. | Income Ranges | 72 | 73 | 2 |
| 14a. | Nutritional Risk 1 **(Left Justified)** | 74 | 79 | 6 |
| 14b. | Nutritional Risk 2 **(Left Justified)** | 80 | 85 | 6 |
| 14c. | Nutritional Risk 3 **(Left Justified)** | 86 | 91 | 6 |
| 14d. | Nutritional Risk 4 **(Left Justified)** | 92 | 97 | 6 |
| 14e. | Nutritional Risk 5 **(Left Justified)** | 98 | 103 | 6 |
| 14f. | Nutritional Risk 6 **(Left Justified)** | 104 | 109 | 6 |
| 14g. | Nutritional Risk 7 **(Left Justified)** | 110 | 115 | 6 |
| 14h. | Nutritional Risk 8 **(Left Justified)** | 116 | 121 | 6 |
| 14i. | Nutritional Risk 9 **(Left Justified)** | 122 | 127 | 6 |
| 14j. | Nutritional Risk 10 **(Left Justified)** | 128 | 133 | 6 |
| 15a. | Hemoglobin | 134 | 136 | 3 |
| 15b. | Hematocrit | 137 | 139 | 3 |
| 15c. | Date of Blood Test (MMDDYYYY) | 140 | 147 | 8 |
| 16a(i). | Participant’s Weight in Pounds  **Report pounds or grams** | 148 | 150 | 3 |
| 16a(ii). | Nearest Quarter Pound of  Participant’s Weight | 151 | 151 | 1 |
| 16b. | Participant’s Weight in Grams | 152 | 157 | 6 |
| 17a(i). | Participant’s Height in Inches  **Report inches or centimeters** | 158 | 159 | 2 |
| 17a(ii). | Nearest Eighth of an Inch of  Participant’s Height | 160 | 160 | 1 |
| 17b. | Participant’s Height in  Centimeters | 161 | 164 | 4 |
| 18. | Date of Height and Weight Measure  (MMDDYYYY) | 165 | 172 | 8 |
| 19a. | Currently Breastfed | 173 | 173 | 1 |
| 19b. | Ever Breastfed | 174 | 174 | 1 |
| 19c. | Length of Time Breastfed | 175 | 176 | 2 |
| 19d. | Date Breastfeeding Data Collected  (MMDDYYYY) | 177 | 184 | 8 |
| 20a. | Food Code 1 **(Left Justified)** | 185 | 194 | 10 |
| 20b. | Food Code 2 **(Left Justified)** | 195 | 204 | 10 |
| 20c. | Food Code 3 **(Left Justified)** | 205 | 214 | 10 |
| 20d. | Food Code 4 **(Left Justified)** | 215 | 224 | 10 |
| 20e. | Food Code 5 **(Left Justified)** | 225 | 234 | 10 |
| 20f. | Food Code 6 **(Left Justified)** | 235 | 244 | 10 |
| 20g. | Food Code 7 **(Left Justified)** | 245 | 254 | 10 |
| 20h. | Food Code 8 **(Left Justified)** | 255 | 264 | 10 |
| 20i. | Food Code 9 **(Left Justified)** | 265 | 274 | 10 |
| 20j. | Food Code 10 **(Left Justified)** | 275 | 284 | 10 |
| 20k. | Food Code 11 **(Left Justified)** | 285 | 294 | 10 |
| 20l. | Food Code 12 **(Left Justified)** | 295 | 304 | 10 |
| 20m. | Food Code 13 **(Left Justified)** | 305 | 314 | 10 |
| 20n. | Food Code 14 **(Left Justified)** | 315 | 324 | 10 |
| 20o. | Food Package Type | 325 | 326 | 2 |
| **WIC Participant and Household Identification Variables** | | | | |
| 21. | Household ID | 327 | 338 | 11 |
| 22. | Head of Household Last Name **(Left Justified)** | 339 | 354 | 16 |
| 23. | Head of Household First Name **(Left Justified)** | 355 | 370 | 16 |
| 24a. | Street Address 1 **(Left Justified)** | 371 | 386 | 16 |
| 24b. | Street Address 2 **(Left Justified)** | 387 | 402 | 16 |
| 24c. | City **(Left Justified)** | 403 | 418 | 16 |
| 24d. | State Abbreviation **(Left Justified)** | 419 | 420 | 2 |
| 24e. | ZIP Code **(Left Justified)** | 421 | 425 | 5 |
| 25a. | Head of Household Primary Telephone Number  (XXXXXXXXXX) | 426 | 435 | 10 |
| 25b. | Head of Household Secondary Telephone Number  (XXXXXXXXXX) | 436 | 445 | 10 |
| 26. | Head of Household Email **(Left Justified)** | 446 | 477 | 32 |
| 27. | Date of the End of the Last Certification Period | 478 | 485 | 8 |

1. WIC PC instructions request that State agencies create a new case ID for that data submission. For this study request, however, we recommend that State agencies use their system IDs so that multiple data files can be linked using IDs. Please do not create a new case ID. [↑](#footnote-ref-1)