

Appendix G.5
WIC Participant/Former Participant Refusal Letter
(English)



Food and
Nutrition
Service

3101 Park
Center Drive
Alexandria, VA
22302-1500

[Date]

[PARTICIPANT NAME]

[ADDRESS 1]

[ADDRESS 2]

[CITY, STATE, ZIP]

OMB Number: 0584-XXXX

Expiration Date: XX/XX/XXXX

Dear [PARTICIPANT/FORMER PARTICIPANT NAME],

We are writing to ask for your help with an important study sponsored by the U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS). The goal of the study is to learn about your WIC shopping experiences and about the WIC foods you like\liked and do\did not like. It is important that we understand the different experiences of people who [use\have used] WIC. [If you no longer receive WIC, we still want to hear from you and learn about your previous WIC experiences.]

Recently, a research interviewer (from Mathematica Policy Research) called to attempt an interview with you. You probably receive a lot of telephone calls from telemarketers and other sales representatives and we want to assure you, this is not one of those calls. We are calling to hear your opinions on WIC foods.

Participation in the survey is voluntary, and everything you say will be private. We will not share your answers with anyone outside this study; and we will not share your answers with WIC staff. Taking the survey will not affect any benefits you may be receiving or the benefits of anyone else in your household. **We will send you a \$30 Visa prepaid card** after you complete the telephone interview. We need your help to make this study a success.

Please call the telephone research center at [1-800-XXX-XXXX] to complete the survey so we can send you the **\$30 Visa prepaid card**.

Thank you for your help! We look forward to speaking with you.

Sincerely,

Sarah Widor
Director, Supplemental Food Programs Division
Food and Nutrition Service

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 2 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.