

Appendix H.1
Former WIC Participant Advance 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 [FORMER PARTICIPANT NAME],

We need your help! You have been chosen for a very important study to help make the WIC program better. The U.S. Department of Agriculture’s Food and Nutrition Service is conducting this study. Your participation will help us learn about your experiences with WIC and why you stopped using WIC, and may affect what WIC foods are available in the future.

How can you help? Please take a short survey about your WIC experiences and reasons for no longer using WIC. It should only take about 20 minutes. **You will receive a \$30 prepaid Visa gift card for completing the survey—even though you no longer use WIC!**

What happens next? Someone from the study team at Mathematica Policy Research will call you in about a week to ask you to take the survey over the phone. Or, you may call the telephone research center at 1-800-XXX-XXXX to schedule a time at your convenience—it is your choice and the call is free. After you complete the survey, **we will send you a \$30 prepaid Visa gift card in the mail.**

Everything that you say will be private. We will not use your name in any reports. We will not share your answers with WIC staff. **Taking the survey will not affect any of your benefits** or the benefits anyone else in your household receives in any way.

We need you! You do not have to take the survey, but it would be very helpful if you did. If you have any questions, please call us at [1-800-XXX-XXXX]. Thank you in advance for your participation in this study.

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 3 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.