

**APPENDIX B1.b**

**STATE AGENCY SURVEY - SCREENSHOTS**

# State Agency Survey

## Q1

What types of documentation does your State agency accept as proof of identity for a WIC applicant (assuming the documentation includes a printed name)?

(CHECK ALL THAT APPLY)

- Letter from government agency (including WIC) w/name form/letter
- Government issued driver's license, State ID
- Work, school, or bus pass ID w/photo & name
- Military ID
- Social Security card
- Voter's registration card
- Foster care placement letter
- Passport or immigration records
- Marriage license
- Birth certificate
- Crib card
- Hospital discharge papers or hospital ID card
- Official immunization record
- Green card
- Self-declaration form for migrants, homeless, and victims of disaster
- Medicaid referrals
- Baptismal record or confirmation record with church seal
- Adoption papers
- Tribal identification card
- Temporary Assistance for Needy Families (TANF) card
- Recent paystub or leave and earnings statement (LES)
- Loan papers from a bank/financial company
- Healthcare ID card
- WIC or eWIC folder
- Other: PLEASE SPECIFY
- Other: PLEASE SPECIFY
- Other: PLEASE SPECIFY
- Other: PLEASE SPECIFY

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## Q2

What types of documentation does your State agency accept to verify the residency of a WIC applicant (assuming the documentation includes a printed address)?

(CHECK ALL THAT APPLY)

- Driver's license
- Current utility/tax bill, rent receipt, mortgage receipt, or lease receipt with name and address on it
- Letter from government agency (including WIC) w/name and address
- State or Tribal-issued license or ID w/name and address
- Postmarked mail from reliable third party with name and address
- Checkbook, bank statement
- Signed statement by applicant that he/she is victim of loss or disaster, or is homeless, a migrant person, or military personnel
- Property tax bill
- SSI statement
- Recent paystub
- Signed letter from shelter/hotel/motel where residing
- Credit card bill
- School records
- Shelter verification letter
- Foster care placement letters
- Voter registration card
- Medicaid card
- Other: PLEASE SPECIFY
- Other: PLEASE SPECIFY
- Other: PLEASE SPECIFY
- Other: PLEASE SPECIFY
- Other: PLEASE SPECIFY

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## Q2a

Check the statement that best describes your State agency's residency requirements for WIC participants:

- WIC participants only need to show that they live somewhere within the State
- WIC participants must reside within the service delivery area of the WIC local agency (overseeing the clinic) where she/he resides
- The decision about whether a WIC participant must reside within the local agency boundary, or can simply reside in the State, is left to local agencies to decide
- WIC participants must be an enrolled member of a recognized Tribal organization
- Other: PLEASE SPECIFY

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### Q3

What additional guidelines, if any, are given by your State agency to local agencies to help them determine the **family economic unit**, above and beyond the national WIC program definition, which defines it as “a group of related or nonrelated individuals who are living together as one economic unit?”

- No additional guidelines are given
- The following guidelines are given: (PROVIDE SUPPORTING POLICY STATEMENTS AS APPROPRIATE)

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### Q4

In your State, when an infant turns 1 year old (or 7 months if not breastfeeding), does his or her current certification remain valid, or does the infant become categorically ineligible and need to be certified again based on criteria used for children?

- The current certification remains valid
- The infant becomes categorically ineligible and needs to be certified again based on criteria used for children
- Neither. There is no State agency policy. Discretion is given to local agencies
- Other: PLEASE SPECIFY

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### Q5

Does your State agency use a data month or calendar month for issuance cycles?

- Calendar month (benefits continue until the end of the month)
- Data or “rolling” month (benefits continue until next 30-day period of eligibility ends)
- Other: PLEASE SPECIFY

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### Q6

What other discretion, if any, does your State agency use or grant to local agencies regarding certification periods?

- No additional discretion is given
- Other discretion is given. PLEASE SPECIFY

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**Q7**

Which of the following actions are individuals who are authorized to represent WIC participants in your State permitted to do?

(SELECT ALL THAT APPLY)

	Pregnant		Postpartum		Breastfeeding		Infant		Child	
	Authorized Rep	Proxy	Authorized Rep	Proxy	Authorized Rep	Proxy	Authorized Rep	Proxy	Authorized Rep	Proxy
Act on behalf of WIC applicant at certification appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtain food instruments (vouchers/EBT cards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend educational sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Redeem food instruments (vouchers/EBT cards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Applicable. State agency does not allow proxies	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Other: PLEASE SPECIFY <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Q8**

Does your State agency require local agencies to use online/electronic WIC applications or are paper applications acceptable as well?

(CHECK ALL THAT APPLY)

- Online/electronic
- Paper
- Do not require WIC application: PLEASE EXPLAIN

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### Q8a

Among the local agencies in your State, how many use each of the following options:

Online/electronic	<input type="text"/>
Paper	<input type="text"/>
Both online/electronic and paper	<input type="text"/>

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### Q8b

Under what circumstances are paper applications used?

(CHECK ALL THAT APPLY)

- Nutrition assessment
- During emergency or disaster situations
- Other: PLEASE SPECIFY

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### Q9

Does your State agency provide local agencies with additional guidance on what is included in an acceptable WIC application?

- Yes
- No

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### Q10

State agencies can set an income standard between 100% and 185% of the federal poverty guidelines to determine eligibility for WIC. What is the income standard in your State for determining WIC eligibility?

% of the federal poverty guidelines

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### Q11

In determining household income, does the State agency exclude any of the following military housing allowances?

(CHECK ALL THAT APPLY)

- Basic Allowance for Housing (BAH) for off-base housing and privatization housing in the U.S.
- Family Separation Housing (FSH) provided to military personnel for overseas housing
- Overseas Housing Allowance (OHA) provided to military personnel living overseas
- Overseas Continental U.S. (OCONUS) cost of living allowance (COLA) provided to active duty uniformed service members in Hawaii, Alaska, and Guam
- Not sure

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### Q11a

When adjunctive/automatic eligibility is NOT established, what **sources of income** does your State agency require local agencies to count when determining the income eligibility of an applicant's household?

(CHECK ALL THAT APPLY)

- Wages, salary, fees
- Tips and bonuses
- Self-employment
- Unemployment compensation
- Medical assistance (any, i.e., Medicaid)
- Supplemental Security Income – Fed Government
- Dividends or interest from savings
- Income from trusts
- Commissions
- Net royalties
- Social Security
- Private pension
- Disability pension
- Workers compensation
- Income from estates
- Alimony
- Energy assistance
- Rental assistance
- Net rental income
- Welfare
- Other: PLEASE SPECIFY

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### Q11b

In determining the income of an applicant where unemployment is **not** an issue, does the State agency instruct local agencies to use annual income, to use current income, or is it left up to the judgment of the local agencies?

(CHECK ONE)

- Annual income used (income received by the household during the last year)
- Current income used (income received by the household during the month [30 days] prior to date of application)
- Left to local agencies to decide
- Other: PLEASE SPECIFY

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### Q11c

What types of proof are acceptable in your State to verify the **sources of income** for WIC applicants?

(CHECK ALL THAT APPLY)

- Most recent tax return (self-employed only)
- Paycheck or pay stubs
- Signed statement by employer
- Statement of benefits by public agency
- Statement of benefits for child support and alimony
- Leave and Earnings Statement (LES) for military pay
- Unemployment letter or notice letter signed by official State/local agency attesting to client's low income
- Written statement from reliable third party
- Statement from bank or other financial institution savings (e.g., direct deposit)
- Other: PLEASE SPECIFY

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## Q12a

Which programs establish adjunctive or other automatic income eligibility for a WIC applicant in your State?

(CHECK ALL THAT APPLY)

- Children's Health Insurance Program (CHIP)
- Supplemental Security Income (SSI)
- Free and Reduced-Meal School Lunch/Breakfast Programs (NSLP and SBP)
- Food Distribution Program on Indian Reservations (FDPIR)
- Low Income Home Energy Assistance Program (LIHEAP)
- Other: PLEASE SPECIFY
- Other: PLEASE SPECIFY

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### Q12b

For each item checked in the left column, please indicate what, if any proofs the State agency requires local agencies to collect.

(CHECK ALL THAT APPLY)

	No Specific Requirements are Set	Contact Office Directly	Electronic Lookup	Award Letter	Other: PLEASE SPECIFY
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Children's Health Insurance Program (CHIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Free and Reduced-Meal School Lunch/Breakfast Programs (NSLP and SBP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Food Distribution Program on Indian Reservations (FDPIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Low Income Home Energy Assistance Program (LIHEAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<Value of "f("q75_9_other")">	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<Value of "f("q75_10_other")">	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

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### Q13

Does your State agency allow local agencies to accept incomplete Verification of Certification (VOC) documents (cards or printed summaries)?

- Yes: PLEASE EXPLAIN
- No

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### Q14

Does the State agency require local agencies to follow any of the listed approaches to notify applicants of certification denials?

(CHECK ALL THAT APPLY)

- Written notification
- Verbal notification (by phone or in-person)
- Local agency discretion. PLEASE EXPLAIN

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### Q15

Does State policy require that local agencies keep information on denied applications?

- Yes
- No

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### Q16

What information on denied applicants is required to be retained by the State agency?

(CHECK ALL THAT APPLY)

- Name of applicant
- Address
- Phone number
- WIC applicant category
- Reason for denial
- Date of application
- Date of denial
- Other: PLEASE SPECIFY

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## Q16a

How is the denied applicant information retained?

- No specific retention requirements
- Paper copy only
- Electronic copy only
- Both paper and electronic

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## Q17

Does your State agency review ineligibility determinations to ensure that they were made correctly?

- Yes
- No

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## Q17a

If yes, please briefly describe this process.

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The next set of questions concern the retention of WIC participants by participant category. We understand that State agencies may use different ways to define retention within the participant categories. Therefore, we will first ask you to explain how you determine retention and then ask for some data on retention over the last 5 federal fiscal years (FYs)\*.

\*Please note that FY is from October 1st – September 30th. For example, FY 2013 covers the period from October 1, 2012 to September 30, 2013.

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### Q18

Does your State agency determine retention for WIC participants?

- Yes
- No

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### Q18a

How does your State agency define retention of WIC participants? Please describe any differences in definitions for infants, children, pregnant women, postpartum women, and breastfeeding women.

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### Q18b

How often do you calculate retention?

(CHECK ALL THAT APPLY)

- Weekly
- Monthly
- Quarterly
- Annually
- Other: PLEASE SPECIFY

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### Q18c

Can your State agency provide retention information by local agency for all the local agencies in your jurisdiction?

- Yes
- No

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**Q18d**

Now we would like get information to enable us to determine your retention rates. Please complete the following table, which includes information for the past 5 federal FYs. Please enter a number for Total Certified, and either a number or percent for Total Retained

NOTE: IF YOU HAVE A STANDARDIZED REPORT(S) WITH THIS INFORMATION YOU MAY UPLOAD THAT INFORMATION HERE: [\[LINK\]](#).

	FY 2013 (Oct 2012-Sept 2013)			FY 2014 (Oct 2013-Sept 2014)			FY 2015 (Oct 2014-Sept 2015)			FY 2016 (Oct 2015-Sept 2016)			FY 2017 (Oct 2016-Sept 2017)		
	Total Certified	Total Retained	Number or Percent	Total Certified	Total Retained	Number or Percent	Total Certified	Total Retained	Number or Percent	Total Certified	Total Retained	Number or Percent	Total Certified	Total Retained	Number or Percent
Infants	<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	Select ▼
Children	<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	Select ▼
Pregnant Women	<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	Select ▼
Postpartum Women	<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	Select ▼
Breastfeeding Women	<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	Select ▼

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The next set of questions concern how many local agencies (or offices), clinics, and sites operate in your State. We understand that States use different terms for these organizations. By **local agency** or local office, we mean offices that maintain administrative data on clients and communicate participation information directly with you. By **clinic or site**, we mean the offices that are sponsored by State or local agencies and provide services to clients. Some of the sites may be temporary (satellite) sites.

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**Q19**

In FY 2016–2017, how many local agencies in your State did **not** provide services at the location of the local agency?

LOCAL AGENCIES

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**Q20**

In FY 2016–2017, how many local agencies in your State did provide services at the location of the local agency?

LOCAL AGENCIES

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### Q21

In FY 2016–2017, how many WIC clinics or sites, including satellite and temporary sites, operated in your State?

Please do not include the <Value of "f('q52')['1']"> clinics/sites accounted for in Q20.

LOCAL CLINICS/SITES

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### Q22a

Does your State have rebate contracts for infant cereal?

- Yes
- No

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### Q22b

Does your State have rebate contracts for jarred infant foods?

- Yes
- No

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### Q22c

Does your State have rebate contracts for other foods?

- Yes: PLEASE SPECIFY:
- No

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### Q23a

What was the total rebate savings in FY 2016–2017 for infant cereal?

\$

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### Q23b

What was the total rebate savings in FY 2016–2017 for jarred infant foods?

\$

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### Q23C

What was the total rebate savings in FY 2016–2017 for other foods?

\$

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### Q24

Does your recordkeeping system (or database) retain electronic records that would permit review and confirmation of participant disqualifications?

- Yes
- No
- Not sure

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### Q25

Does your recordkeeping system (or database) retain records that would permit review and confirmation of denied applicants?

- Yes, we maintain primarily electronic records that permit review and confirmation
- Yes, we maintain electronic and paper records that permit review and confirmation
- Yes, we maintain primarily paper records that permit review and confirmation
- No
- Not sure

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### Q26

Can you match records from other programs' systems (such as TANF or Medicaid) through your WIC database in order to facilitate certification or other recordkeeping functions?

- Yes: PLEASE SPECIFY
- No
- Not sure

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### Q27

With regard to your database of WIC participants, what hardware system do you use to store participant data? (You may need to ask your database manager in order to answer Q27 and Q27A).

(CHECK ALL THAT APPLY)

- Mainframe server
- Unix system
- Midrange computer
- PC server
- Web-based
- Not sure
- Other: PLEASE SPECIFY

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## Q27a

What database software systems are used?

(CHECK ALL THAT APPLY)

- Access (MDB)
- Excel (XLS)
- Oracle
- Sybase
- DB2
- Microsoft SQL Server
- CMIS
- WIC SIS
- Adabas
- Informix
- Not sure
- Other: PLEASE SPECIFY

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