

APPENDIX B2.b

LOCAL AGENCY SURVEY - SCREENSHOTS

Local Agency Survey

Q1

What types of documentation does your local agency accept as proofs of identity for a WIC applicant either electronically and/or physically?

CHECK ALL THAT APPLY

- Letter from government agency (including WIC) w/name form/letter
- Driver's license, State ID
- Work, school, or bus pass ID w/photo & name
- Military ID
- Social Security card
- Voter's registration card
- Foster placement letter
- Passport or immigration records
- Marriage license
- Birth certificate
- Crib card, hospital discharge papers, or hospital ID bracelet
- Immunization record
- Employment paystubs
- Medicaid card
- Other: PLEASE SPECIFY
- Other: PLEASE SPECIFY
- Other: PLEASE SPECIFY
- Other: PLEASE SPECIFY
- Don't know

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Q2

What types of documentation does your local agency accept to verify the residency of a WIC applicant either electronically and/or physically?

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
- Shelter documentation
- Vehicle registration
- Recent paystub
- Property tax bill
- Hospital/clinic receipt or record
- Income tax return/W2 form
- Social Security statement
- Medicaid document
- TANF document
- Other: PLEASE SPECIFY
- Other: PLEASE SPECIFY
- Other: PLEASE SPECIFY
- Other: PLEASE SPECIFY
- Other: PLEASE SPECIFY
- Don't know

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Q3

Which of the following documents satisfy the income documentation requirements of your local agency? Among those documents, rank the top three most-often provided documents:
(*1 is most often provided, *2 is the second most often provided and *3 is the third most often provided)

	Satisfies Document Requirement (CHECK ALL THAT APPLY)	Three Most Frequently Provided Documents (RANK 1, 2, or 3)
a. 1st Paystub/earnings statement	<input type="checkbox"/>	<input type="text"/>
b. W-2 form	<input type="checkbox"/>	<input type="text"/>
c. IRS tax return	<input type="checkbox"/>	<input type="text"/>
d. Business records	<input type="checkbox"/>	<input type="text"/>
e. Unemployment compensation (letter, check stub, copy of check)	<input type="checkbox"/>	<input type="text"/>
f. Workers compensation (award statement, check stub, copy of check, statement from insurance company)	<input type="checkbox"/>	<input type="text"/>
g. Social Security benefits (award letter, statement of benefits, check stub, copy of check)	<input type="checkbox"/>	<input type="text"/>
h. State SSI or State disability insurance (notice of benefits, check stub, copy of check)	<input type="checkbox"/>	<input type="text"/>
i. Public assistance or TANF (notice of benefits, check stub, copy of check)	<input type="checkbox"/>	<input type="text"/>
j. Energy assistance (notice of benefits, check stub, copy of check)	<input type="checkbox"/>	<input type="text"/>
k. Alimony or child support (copy of check, agreement, divorce/separation decrees, court order)	<input type="checkbox"/>	<input type="text"/>
l. Any government or private pension, annuity, or survivor's benefits (notice of benefits, check stub or copy of check)	<input type="checkbox"/>	<input type="text"/>
m. Estate or trust earnings statement	<input type="checkbox"/>	<input type="text"/>
n. Interest or dividends statement	<input type="checkbox"/>	<input type="text"/>
o. Savings account earnings statement	<input type="checkbox"/>	<input type="text"/>
p. Veteran's payments (notice of benefits, check stub, copy of check)	<input type="checkbox"/>	<input type="text"/>
q. Military pay (leave and earnings statement, check stub, copy of check)	<input type="checkbox"/>	<input type="text"/>
r. Letter from employer	<input type="checkbox"/>	<input type="text"/>
s. Foster care placement letter	<input type="checkbox"/>	<input type="text"/>
t. Scholarship/financial aid letter	<input type="checkbox"/>	<input type="text"/>
u. SNAP letter showing current eligibility	<input type="checkbox"/>	<input type="text"/>
v. Other documents <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
w. Other documents <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
x. Other documents <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
y. Other documents <input type="text"/>	<input type="checkbox"/>	<input type="text"/>

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Q4

Which of the following satisfy the program participation documentation requirements for automatic or adjunctive eligibility of your local agency? Among those documents, rank the top three most-often method used.

1 is most often provided, *2* is the second most often provided and *3* is the third most often provided

	Satisfies Documentation Requirement (CHECK ALL THAT APPLY)	Three Most Frequently Method Used (RANK 1, 2, or 3)
a. Valid program or member ID card	<input type="checkbox"/>	<input type="text"/>
b. Award letter or notice of benefits	<input type="checkbox"/>	<input type="text"/>
c. Electronic access	<input type="checkbox"/>	<input type="text"/>
d. Other: PLEASE SPECIFY: <input type="text"/>	<input type="checkbox"/>	<input type="text"/>

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Q5

In your estimation, at what ages are infants being certified to receive 'fully' (rather than 'partially') breastfeeding food packages? An estimate or best guess is okay if the information is not readily available.

(Provide the Percentage of Infant Certifications in the past 12 months)

1-3 months	<input type="text"/>
4-6 months	<input type="text"/>
7-9 months	<input type="text"/>
10-12 months	<input type="text"/>
Total	0

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Q6

Does your local agency keep information on denied applicants?

- Yes
- No: PLEASE EXPLAIN
- Don't know

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Q7a

What information on denied applicants do you retain?

CHECK ALL THAT APPLY

- Name of applicant
- Address
- Phone number
- WIC applicant category
- Reason for denial
- Date of application
- Date of denial

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Q7b

How is the [selected choices from Q7a] information retained?

- Paper copy only
- Electronic copy only
- Both paper and electronic

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Q7c

Where the [selected choices from Q7a] information is retained, it is readily accessible to the...

CHECK ALL THAT APPLY

- WIC State Agency
- Your Local Agency
- Sites/Clinics

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Q8

Of applicants new to your WIC agency, what percentage in the past 12 months was denied certification?
(SELECT ONE)

- ≤1%
- 2 – 4%
- 5 – 7%
- 8 – 10%
- >10%
- Don't know

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Q8a

How confident are you in the range entered here?

- Very confident
- Somewhat confident
- Not very confident (i.e., a lot of guesswork involved)
- Don't know

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Q9

Of current WIC participants seeking certification (or recertification) at your WIC agency, what percentage in the past 12 months was denied certification?

- ≤1%
- 2 – 4%
- 5 – 7%
- 8 – 10%
- >10%
- Don't know

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Q9a

How confident are you in the range entered here?

- Very confident
- Somewhat confident
- Not very confident (i.e., a lot of guesswork involved)
- Don't know

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Q10

Please specify the percentage of denials reported above that are attributable to the following eligibility problems. It is possible the percentages may sum to more than 100%, as applicants may be denied for more than one reason.

	Percentage Distribution for New Applicants	Percentage Distribution for Certification
a. Lack of documentation provided for identity	<input type="text"/>	<input type="text"/>
b. Income ineligibility (over income limit)	<input type="text"/>	<input type="text"/>
c. Lack of documentation provided for residency	<input type="text"/>	<input type="text"/>
d. Categorical ineligibility (i.e., not pregnant, child over 5 years, etc.)	<input type="text"/>	<input type="text"/>
e. Other: PLEASE SPECIFY <input type="text"/>	<input type="text"/>	<input type="text"/>

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Q10a

How confident are you in the responses that were entered here?

- Very confident
- Somewhat confident
- Not very confident (i.e., a lot of guesswork involved)
- Don't know

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Q11

Does your agency provide an official letter of denial to applicants who are determined ineligible for WIC?

- Yes
- No
- Other: PLEASE SPECIFY
- Don't know

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Q12

Can an applicant be screened and determined ineligible by telephone?

- Yes
- No
- Don't know

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Q13

What is the percentage of denials through screening phone calls versus formal, in-person applications in the past 12 months?

Screening phone calls
Formal in-person applications

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Q14

Does your agency offer or provide certification at alternative sites (e.g., satellite, mobile, or off-site clinics at a hospital, school, etc.)?

- Yes
- Yes, only during disaster/emergency situations
- No
- Don't know

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Q14a

Which of the following WIC categories does your agency offer certification at alternative sites?

(CHECK ALL THAT APPLY)

- Pregnant woman
- Postpartum woman
- Breastfeeding woman
- Infant
- Child
- None
- Don't know

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Q15

Under what circumstances is certification provided at an alternative site such as a satellite clinic, mobile clinic, or off-site clinics at hospitals, schools and other locations? What is your agency's policy toward providing certifications at an alternative site?

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Q16

Does your staff receive cross-training on ALL of the certification-related tasks shown below?

- Assess categorical eligibility criteria
- Assess residential eligibility criteria
- Assess nutritional risk criteria
- Assess income/adjunctive income eligibility
- Issue benefits (vouchers/EBT cards)

- Yes, we have certification staff who are cross-trained on ALL of those tasks.
- No, our certification staff specializes in one or more of those tasks.
- Don't know

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Q16a

What percentage of your certification staff is cross-trained on ALL of those tasks?

%

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Q17

Among all full-time staff in your jurisdiction who conduct certification, what is their average monthly caseload?

participants

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Q18

Is your local agency...

- part of the State agency
- a local government entity administering the WIC program
- a tribal entity/organization administering the WIC program
- a non-profit organization that has been contracted to run the WIC program
- not a local agency, but rather a clinic under a local agency
- Other: PLEASE SPECIFY
- Don't know

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Q19

Which description most closely fits the structure in which your local agency is located?

- Health department or medical clinic
- Social services office or agency
- Full service hospital
- School
- Head Start
- Community center
- Mobile clinic (van)
- Migrant health center and/or camp
- Indian Health Service facility
- Religious center
- Standalone WIC clinic
- Nonprofit
- Other: PLEASE SPECIFY
- Don't know

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Q20

Of the spaces available at WIC clinics in your jurisdiction, how adequate would you rate the following spaces for optimally delivering WIC services to your participants at this time? Please rate each type of room.

	Completely Adequate	Mostly Adequate	Somewhat Adequate	Not at All Adequate	N/A
Large waiting rooms/reception areas (greater than 15x15 feet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small waiting rooms/reception areas (15x15 feet or smaller)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rooms, offices, or cubicles where clients are seen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Separate breastfeeding rooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large training/conference/multipurpose rooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small training/conference/multipurpose rooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administrative offices (no clients seen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administrative cubicles (no clients seen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laboratory (height/weight taking areas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: PLEASE SPECIFY <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q20a

Please explain why you selected [RESPONSE FROM Q20: "SOMEWHAT ADEQUATE" OR "NOT AT ALL ADEQUATE"] for the following rooms: [TYPE OF ROOM ASSOCIATED WITH "SOMEWHAT ADEQUATE" OR "NOT AT ALL ADEQUATE" RESPONSE]:

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Q21

How would you rate the physical security of your local agency's location (for example, protection from natural disasters such as fire, earthquake; burglary or vandalism of the site; unauthorized visitors; etc.)?

- Very safe (no incidents)
- Safe (occasional minor incidents)
- Unsafe (occasional major incidents or frequent minor incidents)
- Very unsafe (frequent major incidents)
- Don't know

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Q21a

Please explain why you selected [RESPONSE FROM Q21: "UNSAFE" OR "VERY UNSAFE"]:

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Q22

Please enter the number of WIC sites that operate under the authority of this local agency, by type.

- | | |
|----------------------|---|
| <input type="text"/> | Clinics (defined as a permanent location assigned to the WIC program; include main clinic) |
| <input type="text"/> | Satellites (defined as a location such as a school, church or town hall that is only temporarily assigned the WIC program. WIC staff must carry their own files and equipment to the site each visit) |
| <input type="text"/> | Mobile Units (a vehicle assigned to the WIC program that may make multiple stops to conduct certifications) |

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Q23

To what extent are the following services provided by your local agency at the various sites you specified in the previous question?

	Local Agency does this	Clinics	Satellites	Mobile Units
Conduct certifications	<input type="checkbox"/>	Please select your answer ▾	Please select your answer ▾	Please select your answer ▾
Perform blood testing	<input type="checkbox"/>	Please select your answer ▾	Please select your answer ▾	Please select your answer ▾
Take anthropometric measurements for height, weight, and body mass index (BMI)	<input type="checkbox"/>	Please select your answer ▾	Please select your answer ▾	Please select your answer ▾
Conduct nutrition counseling	<input type="checkbox"/>	Please select your answer ▾	Please select your answer ▾	Please select your answer ▾
Offer other educational seminars (e.g., on breastfeeding)	<input type="checkbox"/>	Please select your answer ▾	Please select your answer ▾	Please select your answer ▾
Provide food instruments (vouchers/EBT cards)	<input type="checkbox"/>	Please select your answer ▾	Please select your answer ▾	Please select your answer ▾
Provide referrals to other services	<input type="checkbox"/>	Please select your answer ▾	Please select your answer ▾	Please select your answer ▾
Access WIC participant records electronically	<input type="checkbox"/>	Please select your answer ▾	Please select your answer ▾	Please select your answer ▾

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Q24

Across all of the clinics under your local agency, on average, how many days per week, is the clinic open to clients/applicants?

DAYS

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Q25

Across all of the clinics under your local agency, on average, how many hours per week, is the clinic open to clients/applicants? (You may divide the total number of hours that all clinics are open by the number of clinics.)

HOURS

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Q26

Across all of the clinics under your local agency, provide the opening and closing hours (hours open to the public) for a typical clinic (your most common clinic) in a typical week of operations in the table below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Closing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Q26a

Do your clinics typically close to the public for lunch or other reasons during clinic hours?

- Yes
- No
- Don't know

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Q27

Across all of the clinics under your local agency, please provide the following information for each position listed below.
 (Please give number)

	Number of full-time staff (working more than 32 hours/wk)	Number of part-time staff (working less than 32 hours/wk)	Of the total combined full and part-time staff, how many have worked at one of your clinics 12 months or less?	Of all of the employees who have held this position in the past 12 months, how many have left your agency (are not working at any of your clinics)?	Across all of the clinics under your local agency, how many of these positions are currently vacant?
a. WIC Director or Clinic Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Office Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Administrative Support Staff (e.g., clerks)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Certification Specialist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Registered Dietitian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Degreed/Licensed Nutritionist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Trained Nutrition Paraprofessional	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Registered Nurse/Physician Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. Physician	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
j. Social Worker/ Psychologist/ Therapist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
k. Other Professional (e.g., breastfeeding peer counselors, IBCLC)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
l. Other: PLEASE SPECIFY <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
=	0	0	0	0	0

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Q27a

From your answers above, we estimate that your full-time equivalent (FTE) number of employees is approximately [Calculated FTE]. (Note: we counted every two part-time as one FTE.) Do you agree with this estimate?

- Yes
- No
- Don't know

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Q27b

What is your estimate of FTE number of employees across all clinics in your jurisdiction?

FTE

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Q28

Across all clinics under your local agency, what percentage of all staff are bilingual or multilingual?

% of staff

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Q29

What languages, other than English, are spoken by staff at one or more of the clinics under your local agency to assist in providing WIC services?

(CHECK ALL THAT APPLY)

- NONE
- Arabic
- Cambodian
- Cantonese/Mandarin
- Farsi
- French/Creole
- Fulani
- Hindi
- Hmong
- Khmer
- Korean
- Laotian
- Portuguese
- Punjabi
- Russian
- Somali
- Spanish
- Swahili
- Tamil
- Tagalog
- Urdu
- Vietnamese
- Other: SPECIFY
- Don't know

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Q30

What difficulties does your local agency face in retaining, recruiting, and hiring staff?

(CHECK ALL THAT APPLY)

- Salaries not competitive
- Salaries not commensurate with level of job duties
- Benefits not competitive
- Minimal training and job growth offered
- Workload too great
- Location of local agency unsafe
- Location of local agency hard to get to
- Physical space occupied by local agency crowded
- Low employee morale throughout agency
- Lack of support for WIC program from State
- Limited career path or opportunities for promotion
- Required skillset lacking in prospective employees
- Other: PLEASE SPECIFY
- None of the above
- Don't know

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Q31

Currently, approximately how many clients are served by all of the clinics under your local agency combined per month?

CLIENTS/MONTH

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Q32

Does the typical clinic under your local agency have on-site the necessary technology, equipment, supplies, etc., to do the following tasks?

- | | Yes | No | Don't know |
|--|-----------------------|-----------------------|-----------------------|
| a. Enter/access client certification information via a computer? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Perform hematological tests? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Take anthropometric measurements for weight and height, and to calculate BMI (body mass)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Q33

Does your local agency determine retention for WIC participants?

- Yes
- No, determined by State agency
- No, not determined at all
- Not sure

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Q33a

How does your Local 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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Q33b

How often do you calculate retention?

(CHECK ALL THAT APPLY)

- Weekly
- Monthly
- Quarterly
- Annually
- Other: PLEASE SPECIFY
- Don't know

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Q33c_1

For FY 2013, please enter a number for Total Certified on the first column, a number or percent for Total Retained on the second column and select whether the Total Retained is a number or percent.

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

	Total Certified	Total Retained	Number or Percent for Total Retained
Infants	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>
Children	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>
Pregnant Women	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>
Postpartum Women	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>
Breastfeeding Women	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>

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Q33c_2

For FY 2014, please enter a number for Total Certified on the first column, a number or percent for Total Retained on the second column and select whether the Total Retained is a number or percent.

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

	Total Certified	Total Retained	Number or Percent for Total Retained
Infants	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>
Children	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>
Pregnant Women	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>
Postpartum Women	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>
Breastfeeding Women	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>

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Q33c_3

For FY 2015, please enter a number for Total Certified on the first column, a number or percent for Total Retained on the second column and select whether the Total Retained is a number or percent.

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

	Total Certified	Total Retained	Number or Percent for Total Retained
Infants	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>
Children	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>
Pregnant Women	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>
Postpartum Women	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>
Breastfeeding Women	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>

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Q33c_4

For FY 2016, please enter a number for Total Certified on the first column, a number or percent for Total Retained on the second column and select whether the Total Retained is a number or percent.

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

	Total Certified	Total Retained	Number or Percent for Total Retained
Infants	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>
Children	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>
Pregnant Women	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>
Postpartum Women	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>
Breastfeeding Women	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>

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Q33c_5

For FY 2017, please enter a number for Total Certified on the first column, a number or percent for Total Retained on the second column and select whether the Total Retained is a number or percent.

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

	Total Certified	Total Retained	Number or Percent for Total Retained
Infants	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>
Children	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>
Pregnant Women	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>
Postpartum Women	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>
Breastfeeding Women	<input type="text"/>	<input type="text"/>	<input type="text" value="Please select your answer"/>

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Q34

Does your local agency attempt to contact pregnant women who miss their first appointment (to apply for participation in the program) in order to reschedule the appointment?

- Yes
- No
- Don't know

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Q35

Does your local agency, or any of the clinics under your local agency, do any of the following to increase WIC participant retention rates?

(CHECK ALL THAT APPLY)

- Advertise via traditional delivery channels (including on television, movie theaters, internet, print publication materials, radio, gas stations, etc.)
- Post social media advertisements (Facebook, Pinterest, Twitter, Instagram, etc.)
- Send first birthday card to WIC caregivers on child's first birthday
- Text message appointment reminders
- Provide transportation to and from sites
- Provide childcare onsite
- Encourage current participants to invite eligible family and friends to enroll and remain active
- Encourage healthcare professionals (doctors, nurses, midwives, etc.) to inform eligible women to enroll and remain active
- Other: PLEASE SPECIFY
- Don't know

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