

APPENDIX B3.b

CERTIFICATION SURVEY VERSION B (INFANT/CHILD) - ENGLISH

The NSW-III Certification Survey has two versions. **This is Version B of the NSW-III Certification Survey.** Version B is used when the participant is an infant or child. The survey respondent for Version B is the adult applicant who sought WIC certification for the infant or child. Version A (included separately) is used when the sampled participant is a pregnant, breastfeeding or postpartum, non-breastfeeding woman.

Instructions for Reviewers

The Certification Survey will be administered by trained Field Interviewers (FIs). After FNS approves the final draft, the research team will begin implementing the survey in a Computer Assisted Personal Interview (CAPI) format programmed for use on study laptops. This paper version approximates the layout of the CAPI questionnaire and includes notes indicating how the CAPI system will automatically route the interviewer to the appropriate questions or data entry forms, or performs specified calculations (these notes appear in the paper version in **RED, CAPITALIZED** text but will not appear on-screen in the CAPI version). In addition, the CAPI version will be programmed to pre-populate certain data about each participant sampled for the Certification Survey; these data elements appear in Table 2 on the next page.

The NSW-III version of the Certification Survey is adapted from the version used in NSW-II. This is motivated by an effort to minimize differences in data collection to allow meaningful comparison of the estimates of improper payment errors between the two studies. The survey is organized into the following modules:

Table 1: Certification Survey Modules	
Name	Purpose
1. Identity	Document proof of identity
2. Residency	Document proof of residency
3. Category	For Infant or Child participants, confirm participant category
4. Income	Determine the size of the participant's family economic unit (SURVEY_EU_SIZE); Collect documentation of income sources
5. End survey	Thank participant and conclude survey

FIs will administer the five numbered modules in order. Text that FIs read aloud (questions, response options where indicated) appear in regular text, while on-screen instructions to FIs appear in **CAPITALIZED TEXT**.

Table 2. Data Pre-Populated into the Computer-Assisted Personal Interview (CAPI) system for each Participant in the Sample

Variable	Description																								
PARTICIPANT LAST NAME	WIC participant's last name																								
PARTICIPANT FIRST NAME	WIC participant's first name																								
DOB	Date of birth of infant or child participant																								
CAREGIVER	Name of Certification Survey applicant if PARTICIPANT is infant or child																								
STREET	Street name and number (from WIC agency)																								
CITY	City (from WIC agency)																								
STATE	Participant listed in this State's WIC participant data																								
ZIP	Zip code (from WIC agency)																								
STATE_ID	State WIC Agency identifier																								
LOCAL_ID	Local WIC Agency identifier																								
CLINIC_ID	Local clinic identifier																								
ITO	Yes/No, Participant receives WIC from via ITO																								
CERT_CAT	Participant's category (as assigned by WIC) P=pregnant; B=breastfeeding; N=not breastfeeding postpartum; INF=infant; C=child																								
CERT_DATE	Start date of most recent certification period																								
MONTH OF CERT_DATE	Name of the month of most recent certification date (CAPI will calculate from CERT_DATE)																								
CERT_EXPIRES	End date of certification period																								
CERT_PERIOD	Number of days of most recent certification period (1 to 365) (CAPI will calculate using CERT_EXPIRES and CERT_DATE) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>30 days</td> <td>1 month</td> <td>150 days</td> <td>5 months</td> <td>270 days</td> <td>9 months</td> </tr> <tr> <td>60 days</td> <td>2 months</td> <td>180 days</td> <td>6 months</td> <td>300 days</td> <td>10 months</td> </tr> <tr> <td>90 days</td> <td>3 months</td> <td>210 days</td> <td>7 months</td> <td>330 days</td> <td>11 months</td> </tr> <tr> <td>120 days</td> <td>4 months</td> <td>240 days</td> <td>8 months</td> <td>360+ days</td> <td>12 months</td> </tr> </table>	30 days	1 month	150 days	5 months	270 days	9 months	60 days	2 months	180 days	6 months	300 days	10 months	90 days	3 months	210 days	7 months	330 days	11 months	120 days	4 months	240 days	8 months	360+ days	12 months
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ADJUNCT_ELIG	Yes/No, Participant was certified as adjunctively (or automatically) income eligible by WIC																								
ADJUNCT_PROGRAM	Name of program that made participant adjunctively (or automatically) income eligible																								
MIGRANT	Yes/No, Participant is a migrant worker																								

Certification Survey for WIC participants (Version B: Infant or Child)

Version B: Infant or Child WIC Participant

INTRO: Hi. Thanks for agreeing to do this survey. We will keep your answers private to the extent allowed by law. None of the information you share with me will cause your WIC benefits to change. The purpose of the survey is to help get a better idea of who participates in the program and their family's circumstances. After we finish, I will give you a \$25 Visa debit card to thank you for your participation. Before we start, we need to review this form together. It tells you about your rights as a study participant. It tells you how we will protect your privacy and how we will use your answers.

READ INFORMED CONSENT STATEMENT AND GET SIGNED CONSENT BEFORE PROCEEDING.

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 42 minutes (0.70 hours) 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-xxxx*). Do not return the completed form to this address.

IDENTITY

1. The first thing we need is some identification for [NAME of INFANT/CHILD WIC PARTICIPANT]. [IF PARTICIPANT HAS TROUBLE WITH THIS REQUEST, READ OFF SOME OF THE ACCEPTABLE TYPES OF ID FROM LIST.]

Identification proofs [CHECK AT LEAST ONE]	INFANT or CHILD ID shown during survey	CAREGIVER ID (if no ID for infant/child) shown during survey
Birth certificate w/infant/child's name	<input type="checkbox"/>	<input type="checkbox"/>
Hospital or immunization record, hospital ID bracelet w/infant/child's name	<input type="checkbox"/>	<input type="checkbox"/>
U.S. or foreign passport w/photo and infant/child's name	<input type="checkbox"/>	<input type="checkbox"/>
Social Security or Green card for infant/child (or other Immigration document with name)	<input type="checkbox"/>	<input type="checkbox"/>
Letter from government agency (including WIC) w/ infant/child's name	<input type="checkbox"/>	<input type="checkbox"/>
WIC ID Card or WIC document with infant/child name (EBT cards are NOT valid proof of identity)	<input type="checkbox"/>	<input type="checkbox"/>
PARENT/GUARDIAN ONLY: Work, school, military, or bus pass ID w/photo & name		<input type="checkbox"/>
PARENT/GUARDIAN ONLY: Driver's license w/photo & name		<input type="checkbox"/>
State- or tribal- issued license of ID w/photo & name	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (SPECIFY):	<input type="checkbox"/>	<input type="checkbox"/>
FI Notes	<input type="checkbox"/> <i>FI: TYPE ANY CLARIFICATIONS OR EXPLANATORY NOTES HERE</i>	

1A. DOES NAME ON ID MATCH SAMPLE INFORMATION?

- YES MARK ID SHOWN DURING SURVEY
- NO “The name on this ID doesn’t match my records. Can you show me another form of ID that has your child’s name?”

- NO VALID IDENTIFICATION “Ok, do you have any ID for yourself?”
 - YES MARK TYPE OF CAREGIVER ID IN TABLE AND GO TO 1B.
 - NO GO TO 1B.

1B. “Was your ID, or records having to do with your child’s recently stolen, did you recently lose your ID or your child’s records? Have you and your child recently been homeless, or experienced a fire, flood, hurricane, tornado, or similar event?”

- STOLEN/LOST GO TO 1C
- HOMELESS GO TO 1C
- DISASTER VICTIM GO TO 1C
- {Other, State-specific reason that providing ID is unreasonable burden} GO TO 1C
- NONE OF THE ABOVE GO TO 1C

1C. “At your recent WIC certification appointment on or before CERT_DATE, did you show any identification for [NAME OF INFANT/CHILD WIC PARTICIPANT] then?” (IF YES: Do you recall what type of ID you showed?) CHECK BOTH WHETHER ID FOR CHILD AND FOR SELF SHOWN

- | | |
|--|--|
| <input type="checkbox"/> SHOWED ID FOR CHILD AND RECALLS TYPE | MARK ID SHOWN AT WIC AND GO TO NEXT MODULE |
| <input type="checkbox"/> SHOWED ID FOR SELF AND RECALLS TYPE | MARK ID SHOWN AT WIC AND GO TO NEXT MODULE |
| <input type="checkbox"/> SHOWED ID FOR CHILD BUT NO RECALL OF TYPE | GO TO NEXT MODULE |
| <input type="checkbox"/> SHOWED ID FOR SELF BUT NO RECALL OF TYPE | GO TO NEXT MODULE |
| <input type="checkbox"/> DID NOT SHOW ID FOR EITHER | GO TO NEXT MODULE |
| <input type="checkbox"/> DO NOT RECALL | GO TO NEXT MODULE |

Note to reviewers: IF NO ID, LOCAL AGENCIES MAY ISSUE A TEMPORARY CERTIFICATION OF 30 DAYS OR LESS.

Identification proof shown at WIC agency	INFANT OR CHILD ID Shown at WIC agency?	CAREGIVER ID Shown at WIC agency? (self-reported)
Birth certificate w/infant/child's name	<input type="checkbox"/>	<input type="checkbox"/>
Hospital or immunization record, hospital ID bracelet w/infant/child's name	<input type="checkbox"/>	<input type="checkbox"/>
U.S. or foreign passport w/photo and infant/child's name	<input type="checkbox"/>	<input type="checkbox"/>
Social Security or Green card for infant/child (or other Immigration document with name)	<input type="checkbox"/>	<input type="checkbox"/>
Letter from government agency (including WIC) w/ infant/child's name	<input type="checkbox"/>	<input type="checkbox"/>
WIC ID Card or WIC document with infant/child name (EBT cards are NOT valid proof of identity)	<input type="checkbox"/>	<input type="checkbox"/>
PARENT/GUARDIAN ONLY: Work, school, military, or bus pass ID w/photo & name		<input type="checkbox"/>
PARENT/GUARDIAN ONLY: Driver's license w/photo & name		<input type="checkbox"/>
State- or tribal- issued license of ID w/photo & name	<input type="checkbox"/>	<input type="checkbox"/>
Other [SPECIFY]	<input type="checkbox"/>	<input type="checkbox"/>

RESIDENCY: GEOGRAPHIC STATE

IF PARTICIPANT OR CAREGIVER LIVES IN REMOTE INDIAN VILLAGE OR PUEBLO THEN CAPI WILL SKIP TO “ALTERNATE PROOF OF RESIDENCY.” ELSE CONTINUE WITH RESIDENCY: GEOGRAPHIC STATE PROCEDURE.

IF IDENTIFICATION SHOWN AS PROOF OF IDENTITY HAS ADDRESS AND IS AN ACCEPTED PROOF OF RESIDENCY, MARK OFF THE TYPE OF RESIDENCY PROOF IN TABLE BELOW AND SKIP TO INCOME ELIGIBILITY MODULE. OTHERWISE GO TO QUESTION 2.

INTRO:

“Next, I need some kind of proof that you live here. Do you have a utility bill, lease, or letter with your name and address?” MAIL MUST HAVE RESIDENTIAL ADDRESS AND DATE OR POSTMARK WITHIN 3 MONTHS OF CERT_DATE. P.O. BOX DOES NOT = PROOF OF RESIDENCY. RURAL ROUTE BOX NUMBER IS ACCEPTABLE RESIDENTIAL ADDRESS.

2. IS PROOF OF RESIDENCY CURRENT (NON-EXPIRED OR DATED/POSTMARKED WITHIN 3 MONTHS OF CERT_DATE)?

- YES GO TO 2A
- NOT CURRENT: “Do you have anything more recent? This document is too old.”
- NO CURRENT PROOF OF RESIDENCY IF MIGRANT=YES OR UNKNOWN, GO TO 2C(i);
IF MIGRANT=NO, GO TO 2C(ii)

2A. DO NAME (OF EITHER INFANT OR CAREGIVER) AND ADDRESS MATCH SAMPLE INFORMATION?

- YES MARK PROOF SHOWN DURING SURVEY AND GO TO NEXT MODULE
- NAME IS DIFFERENT BUT ADDRESS MATCHES GO TO 2D
- ADDRESS IS DIFFERENT BUT NAME MATCHES GO TO 2E
- NAME AND ADDRESS ARE BOTH DIFFERENT GO TO 2E

Residency proofs [CHECK AT LEAST ONE] Recent means within 3 months of [MONTH_OF_CERT_DATE]	Shown during survey
Recent utility bill (cableTV, electric/gas, water, sewer, garbage pickup) w/participant name & address	<input type="checkbox"/>
Recent rent/mortgage receipt or lease w/participant & address	<input type="checkbox"/>
Recent mail (letter and/or postmarked envelope) received w/participant & address	<input type="checkbox"/>
Current voter's registration card w/participant's name & address	<input type="checkbox"/>
[IF STATE ALLOWS] Current driver's license, State or Tribal ID w/participant's name and address	<input type="checkbox"/>
[OTHER STATE ALLOWED RESIDENCY PROOF]	<input type="checkbox"/>
Other: SPECIFY:	<input type="checkbox"/>
FI Notes	<input type="checkbox"/> <i>FI: TYPE ANY CLARIFICATIONS OR EXPLANATORY NOTES HERE</i>

2C(i). (MIGRANT = YES OR UNKNOWN): “Do you, or does anyone in your household, work on farms and move from place to place as the season changes?” IF NECESSARY: “WIC agencies have special rules for families that include a migrant farmworker who moves around the country depending on where there is work based on the growing season.”

- YES (MIGRANT FARMWORKER) GO TO 2F
- NO GO TO 2C(ii)

2C(ii). (MIGRANT=NO): “Did you recently lose documents with your address or were they stolen? Have you and your child recently been homeless, or recently experienced a fire, flood, hurricane, tornado, or similar event?”

- STOLEN/LOST GO TO 2F
- HOMELESS GO TO 2F
- DISASTER VICTIM GO TO 2F
- {Other, State-specific reason that providing proof is unreasonable burden} GO TO 2F
- NONE OF THE ABOVE GO TO 2F

2D. (ADDRESS MATCHES BUT NAME DIFFERS FROM INFANT OR CAREGIVER): “This has an address, but neither your name or your child’s name. Do you have something with your name and address (or your child’s name and address)?” READ LIST IN 2A FOR EXAMPLES OF OTHER TYPES OF DOCUMENTS FOR RESIDENCY PROOF.

- YES MARK PROOF SHOWN DURING SURVEY AND GO TO NEXT MODULE
- ADDRESS IS DIFFERENT BUT NAME MATCHES GO TO 2E
- NAME AND ADDRESS ARE BOTH DIFFERENT GO TO 2E
- NO CURRENT PROOF OF RESIDENCY IF MIGRANT = YES OR UNKNOWN, GO TO 2C(i); IF MIGRANT = NO, GO TO 2C(ii)

RESIDENCY: ALTERNATE PROCEDURE (ITO/REMOTE INDIAN VILLAGE/PUEBLO)

ALTERNATE PROCEDURE APPLIES ONLY IF PARTICIPANT LIVES ON TRIBAL LAND OR IN REMOTE INDIAN VILLAGE OR PUEBLO “ALTERNATE PROOF OF RESIDENCY PROCEDURE” APPLIES. ALTERNATIVE RESIDENCY PROCEDURE: GET VILLAGE NAME AND MAILING ADDRESS.

IF SAMPLE INFORMATION SHOWS A RESIDENTIAL STREET ADDRESS (NOT A PO BOX), GO TO ALT 2A.
 IF SAMPLE INFORMATION SHOWS A PO BOX AND DO NOT SHOW VILLAGE, GO TO ALT 2B.
 IF SAMPLE INFORMATION DOES NOT SHOW A PO BOX AND SHOW A VILLAGE, GO TO ALT 2B.
 IF SAMPLE INFORMATION SHOWS A PO BOX AND A VILLAGE, GO TO ALT 2D.

ALT 2A. “Do you have a document with you or your child’s name and you and your child’s home address?”
 YES ENTER PROOF BELOW
 NO STREET ADDRESS, TRIBAL LAND OR REMOTE VILLAGE/PUEBLO GO TO ALT 2B
 NO GO TO ALT 2D

Residency proof [CHECK AT LEAST ONE] Recent means within 3 months of [MONTH_OF_CERT_DATE]	Shown during survey
Recent utility bill (cableTV, electric/gas, water, sewer, garbage pickup) w/participant name & address	<input type="checkbox"/>
Recent rent/mortgage receipt or lease w/participant & address	<input type="checkbox"/>
Recent mail (letter and/or postmarked envelope) received w/participant & address	<input type="checkbox"/>
Current voter's registration card w/participant's name & address	<input type="checkbox"/>
[IF STATE ALLOWS] Current driver's license, State or Tribal ID w/participant's name and address	<input type="checkbox"/>
[OTHER STATE ALLOWED RESIDENCY PROOF]	<input type="checkbox"/>
Other: SPECIFY:	<input type="checkbox"/>

FI Notes FI: TYPE ANY CLARIFICATIONS OR EXPLANATORY NOTES HERE

ALT 2B. “What is the name of the town, village or pueblo where you live?”

Village from WIC records	Matches Sample Info?	
Village	<input type="radio"/> Yes	<input type="radio"/> No

REFUSES

IF VILLAGE NAME GIVEN DOES NOT MATCH SAMPLE INFORMATION, GO TO ALT 2C(i).
IF VILLAGE NAME MATCHES SAMPLE INFORMATION, GO TO ALT 2D.
IF VILLAGE IN SAMPLE INFORMATION IS MISSING, GO TO ALT 2D.

ALT 2C(i). “My records say that you were living in [VILLAGE].

Is there another name for the place you live?”

- YES (RECORD NAME:) GO TO ALT 2D
- NO GO TO ALT 2C(ii)

ALT 2C(ii).

“Did you recently move? Just as a reminder, WIC won’t know any personal information you share with me, including whether or not where you live has changed.”

- YES (RECENTLY MOVED) GO TO ALT 2D
- NO (DID NOT RECENTLY MOVE) GO TO ALT 2D

ALT 2D. MAILING ADDRESS: “What is your current mailing address?”

Mailing address from SAMPLE INFORMATION					
P.O. Box or Street Address	<i>P.O. Box NN</i>	State	<i>MN</i>	ZIP	<i>ZZZZZ</i>
City	<i>Anywhere</i>				
IF MAILING ADDRESS DIFFERENT FROM SAMPLE INFORMATION					
Gave mailing address	<input type="radio"/> Yes <input type="radio"/> No				
City		State		ZIP	

IF MAILING ADDRESS MATCHES SAMPLE INFORMATION, GO TO NEXT MODULE.

IF NO MAILING ADDRESS IN SAMPLE INFORMATION OR RELUCTANT TO GIVE MAILING ADDRESS, GO TO NEXT MODULE.

IF MAILING ADDRESS GIVEN DOESN'T MATCH SAMPLE INFORMATION, GO TO ALT 2E.

ALT 2E. (CHANGE OF MAILING ADDRESS) “Did you recently change your mailing address? Remember, WIC won’t know any personal information you share with me, including any change in your mailing address.”

- YES GO TO NEXT MODULE
- NO GO TO NEXT MODULE

FI Notes

FI: TYPE ANY CLARIFICATIONS OR EXPLANATORY NOTES HERE

PARTICIPANT CATEGORY

“Next, I’d like to confirm your child’s date of birth. When was [PARTICIPANT] born?”

ENTER DOB: mm/dd/yyyy. READ THE ENTIRE BIRTH DATE BACK TO APPLICANT TO CONFIRM ENTRY.

CAPI WILL CALCULATE THE INFANT OR CHILD’S AGE AS OF CERT_DATE TO DETERMINE WHETHER THE PARTICIPANT CATEGORY IS CORRECT OR ERRONEOUS.

IF THE PARTICIPANT’S CATEGORY = INFANT, THEN THE INFANT CATEGORY IS CORRECT IF A OR B IS TRUE.

- A. THE INFANT MUST BE \leq 12 MONTHS ON CERT_DATE, OR
- B. THE INFANT’S CERT_DATE FALLS ON OR BETWEEN THE BIRTHDATE + 1 YEAR AND THE LAST DAY OF THE MONTH IN WHICH THE INFANT REACHES 1 YEAR OF AGE +. EXAMPLE:

John Doe was born on April 2, 2016. John Doe has never received WIC before. The most recent certification date was April 10, 2017 and he was certified as an infant, even though he was 12 months, 8 days old. The last day of the month equal to John Doe’s DOB + 1 year is April 30, 2017. CAPI would determine that the participant category was correct. (Although unusual for a WIC agency to certify John Doe as an infant for the remainder of the month, it is technically possible and consistent with WIC regulations.)

IF THE PARTICIPANT’S CATEGORY = CHILD, THEN THE CHILD CATEGORY IS CORRECT IF A OR B OR C IS TRUE:

- A. THE CHILD MUST BE \leq 60 MONTHS AND $>$ 12 ON CERT_DATE, OR
- B. THE CHILD’S CERT_DATE FALLS ON OR BETWEEN THE BIRTHDATE + 60 MONTHS AND THE LAST DAY OF THE MONTH IN WHICH THE CHILD REACHES 60 MONTHS OF AGE, OR
- C. **(NOTE THAT WIC REGULATIONS (246.7(g)(3)) ALLOW LOCAL AGENCIES TO SHORTEN OR EXTEND A CURRENT CERTIFICATION PERIOD FOR AN INFANT OR CHILD UP TO 30 DAYS IF THERE IS DIFFICULTY SCHEDULING A CERTIFICATION APPOINTMENT):** THE CHILD IS $<$ 12 MONTHS AND THE CERT_DATE FALLS ON OR BETWEEN THE LAST DAY OF THE MONTH IN WHICH THE INFANT TURNS 11 MONTHS OF AGE AND THE BIRTHDATE + 1 YEAR. EXAMPLE:

Jane Doe was born on 12-25-16 and is certified as an infant through 12-31-2017. However, Jane’s mother is having difficulty scheduling a certification appointment for Jane. Her local WIC agency suggests that she come to a certification appointment for Jane on 12-02-17. On that date, the agency certifies Jane as a CHILD even though Jane is 11 months, 7 days old. The agency has discretion to shorten the infant certification period by up to 30 days (i.e., to December 1, 2017) and extend the child certification by this same amount. Jane is less than 12 months of age on her certification date but the certification date is between the last day of the month in which she turns 11 months (November 30) and her first birthday. CAPI would determine that the participant category is correct – no error.

INCOME ELIGIBILITY

HOUSEHOLD ENUMERATION

“Next, I’m going to ask you to tell me the names of all the people who were living or staying with [NAME OF SAMPLED INFANT/CHILD PARTICIPANT] in [MONTH OF CERT_DATE] and whether they are related or not. I’ll type the names so that I can follow up with some questions. Be sure to include yourself, but please list only people who were living with [SAMPLED INFANT/CHILD] in [MONTH OF CERT_DATE]. Let’s start with [NAME OF INFANT/CHILD] and then with you.”

BEGIN WITH WIC PARTICIPANT (INFANT OR CHILD). RECORD EACH NAME IN THE LIST BELOW. ENTER FIRST NAMES ONLY

Q1. PROBE FOR ADDITIONAL PERSONS: Who was living or staying with [NAME OF INFANT/CHILD] in [MONTH OF CERT_DATE]? / Anyone else?

Q2. Is [NAME] male or female?

Q3. How old is [NAME]?

Q4. What is [NAME]’s relationship to [NAME OF INFANT/CHILD]?

IF RELATIONSHIP IN Q4 = 20 (FOSTER PARENT), ASK Q4(FOSTER)

ASK Q4(FOSTER): “Just to confirm, is [NAME OF SAMPLED INFANT/CHILD PARTICIPANT] your/[NAME]’s foster child?”

- YES CAPI WILL ENUMERATE SAMPLED FOSTER INFANT/CHILD AS FAMILY ECONOMIC UNIT OF 1. GO TO “ADJUNCTIVE OR AUTOMATIC ELIGIBILITY” SECTION
- NO REPEAT Q4 TO DETERMINE RELATIONSHIP, THEN CONTINUE WITH HOUSEHOLD ENUMERATION

Q1	Q2	Q3	Q4	Relationship Codes
NAME	GENDER 1=male 2=female	AGE in years	RELATIONSHIP	
R1. SAMPLED INFANT/CHILD			21	
R2. PARENT/RESPONDENT				6=parent
R3.				7=step-parent
R4.				8=legal guardian
R5.				9=brother/sister
R6.				10=grandparent
R7.				11=uncle/aunt
R8.				12=cousin
				13=nephew/niece
				14=parent in-law
				15=brother-in-law/sister-in-law
				16=other relative
				17=non-relative
				18=child in temporary care
				19=foster child
				20=foster parent
				21=infant/child WIC participant
ANYONE ELSE? ▲	FI MAY CLICK FOR ADDITIONAL ROWS AT ANY TIME DURING THE INTERVIEW. CAPI will add additional rows one at a time, up to 20 persons.			

IF ANY Q4= 19 [HOUSEHOLD INCLUDES A FOSTER CHILD WHO SHOULD BE EXCLUDED FROM SAMPLED ECONOMIC UNIT], DISPLAY Q4FOSTER(ii): “When you applied for WIC, did you tell WIC that [NAME OF HOUSEHOLD MEMBER where Q4=19] is a foster child? YES NO

FAMILY MEMBERS TEMPORARILY AWAY

“Other than people already listed, is there anyone who typically lives here but who was temporarily away in [MONTH OF CERT_DATE]? (IF NECESSARY, PROBE: For example, this could be a military service member on active deployment, someone who is in the hospital, in jail or serving time in prison, a child away at school, or a child who lives part-time with each parent. Is there anyone who typically lives here but who was temporarily away?)”

- Yes GO TO Q1A (LIST MEMBERS TEMPORARILY AWAY)
- No **IF STATE EXCLUDES CHILDREN IN TEMPORARY CARE FROM ECONOMIC UNIT:**
 - GO TO CHILDREN IN TEMPORARY CARE OF PARTICIPANT’S FAMILY**IF STATE INCLUDES CHILDREN IN TEMPORARY CARE FROM ECONOMIC UNIT:**
 - GO TO SHARED OR SEPARATE FINANCES

FAMILY MEMBERS TEMPORARILY AWAY=YES

Q1A. LIST NAME OF EACH PERSON TEMPORARILY AWAY
 Q2A. "Is [NAME] male or female?"
 Q3A. "How old is [NAME]?"
 Q4A. "What is [NAME]'s relationship to [NAME OF INFANT/CHILD]?"
 Q4B. "Can you tell me the main reason this person was temporarily away?" DO NOT READ LIST. PROBE FROM LIST IF NECESSARY.
 ENTER REASON IN COLUMN Q4B:

- 1=MILITARY MEMBER ON ACTIVE DEPLOYMENT
- 2=IN THE HOSPITAL/REHAB OR TREATMENT CENTER/HALFWAY HOUSE
- 3=LIVING AWAY AT SCHOOL (BOARDING SCHOOL, COLLEGE)
- 4=CHILD LIVES PART-TIME IN HOUSEHOLD **GO TO Q4C**
- 5=OTHER, SPECIFY (DO NOT LIST ANY PERSON WHO WAS IN JAIL/PRISON IN [MONTH OF CERT_DATE])

IF Q4B=4, CAPI WILL DISPLAY APPROPRIATE 4C QUESTION:

Q4C. **IF Q4B=4:** "Where does [NAME] live most of the time: READ LIST AND ENTER CODE IN COLUMN Q4C
 1= More than half of the time here in this household
 2= More than half of the time in another household
 3=About equal time here and in another household

Members temporarily away							
Q1A	Q2A	Q3A	Q4A	Relationship Codes		Q4B	Q4C
NAME	GENDER	AGE	RELATIONSHIP TO INFANT/CHILD	1=spouse 2=partner 3=child 4=step-child 5=adopted child 6=parent 7=step-parent 8=legal guardian 9=brother/sister 10=grandparent	11=uncle/aunt 12=cousin 13=nephew/niece 14=parent in-law 15=brother-in-law/sister-in-law 16=other relative 17=non-relative 18=child in temporary care 19=foster child 20=foster parent	REASON TEMPORARILY AWAY	if Q4B=4: WHERE CHILD LIVES MOST
R2.							
R3.							
R4.							
R5.							

IF STATE AGENCY INCLUDES CHILDREN IN TEMPORARY CARE IN FAMILY ECONOMIC UNIT, CAPI WILL SKIP THIS MODULE
 IF STATE AGENCY EXCLUDES CHILDREN IN TEMPORARY CARE FROM FAMILY ECONOMIC UNIT, CAPI WILL DISPLAY THIS MODULE

CHILDREN IN TEMPORARY CARE OF THE WIC PARTICIPANT’S FAMILY

“Sometimes, families will take in other children whose parents are temporarily away. Were you or your family providing temporary care to any of the children you’ve listed?” [IF NECESSARY: “I am not referring to your foster child(ren).”] ”

CAPI-FILLED LIST OF CHILDREN ≤14 YEARS OLD NAME	IN TEMPORARY CARE?	IF IN TEMPORARY CARE = YES: “Was your family caring temporarily for this child because his/her parents are away on active military deployment?”	“Do you receive any payments from this child’s parents while the child is in your care? If so, how much?”		
NAME OF 1st CHILD	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes, parents of child on active military deployment <input type="checkbox"/> No, other reason for temporary care	<input type="checkbox"/> Yes → <input type="checkbox"/> No	\$ _____	per month per week
NAME OF 2nd CHILD	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes, parents of child on active military deployment <input type="checkbox"/> No, other reason for temporary care	<input type="checkbox"/> Yes → <input type="checkbox"/> No	\$ _____	per month per week
NAME OF 3rd CHILD	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes, parents of child on active military deployment <input type="checkbox"/> No, other reason for temporary care	<input type="checkbox"/> Yes → <input type="checkbox"/> No	\$ _____	per month per week
...					

IF COLUMN 2=YES, IN TEMPORARY CARE, CAPI WILL SET Q4 = 18 FOR THAT CHILD AND EXCLUDE THAT CHILD FROM FAMILY UNIT

SHARED OR SEPARATE FINANCES

CAPI WILL AUTOMATICALLY DISPLAY NAME, GENDER, AGE AND (IF APPLICABLE) REASON TEMPORARILY AWAY OF EACH PERSON. INTERVIEWER WILL READ THE AGE-APPROPRIATE QUESTION AND SELECT RESPONSE IN COLUMN Q6:

“Next, I’m going to ask whether you shared income and expenses with each person who was living with [NAME OF SAMPLED CHILD] in [MONTH OF CERT_DATE].”

IF AGE ≥ 15 YEARS: “Do you consider [NAME] to be part of your family group – that is, in [MONTH OF CERT_DATE], you were sharing income and expenses as if you were a family – OR do you feel that you each kept your income and expenses and food separate?”

- Yes, shared: SELECT “SHARE LIKE FAMILY” FOR NAME
- No, kept separate: SELECT “SEPARATE” FOR NAME

IF AGE < 15 YEARS: “Do you consider [NAME] to be part of your family group – that is, in [MONTH OF CERT_DATE], you were responsible for taking care of them as if you were all in the same family?”

- Yes, responsible for taking care of: SELECT “SHARE LIKE FAMILY” FOR NAME
- No, not responsible for taking care of: SELECT “SEPARATE” FOR NAME

IF NECESSARY FOR MEMBERS TEMPORARILY AWAY, PROBE:

- NAME IS ≥ 15 YEARS: “When [NAME] is here, do you and [NAME] share income and expenses?”
- NAME IS < 15 YEARS: “When [NAME] is here, do you help take care of [NAME] as if you were all in the same family?”

PREFILLED BY CAPI					INTERVIEWER SELECTS
	Q1	Q2	Q3	Q4B	Q6
	NAME	GENDER	AGE	REASON TEMPORARILY AWAY	Family or Separate? ¹
R#.	name	(1 or 2)	(age)	NA	<input type="radio"/> 1=share like family <input type="radio"/> 2=separate
R#.	name	(1 or 2)	(age)	NA	<input type="radio"/> 1=share like family <input type="radio"/> 2=separate
R#.	name	(1 or 2)	(age)	NA	<input type="radio"/> 1=share like family <input type="radio"/> 2=separate
R#.	name	(1 or 2)	(age)	(1-6 code)	<input type="radio"/> 1=share like family <input type="radio"/> 2=separate
R#.	name	(1 or 2)	(age)	(1-6 code)	<input type="radio"/> 1=share like family <input type="radio"/> 2=separate

PREGNANT FAMILY MEMBERS

P1. “Were you, or was anyone in your household, pregnant at your recent certification appointment at the WIC office?”

- Yes GO TO P2

¹ Although WIC policy guidance indicates that agencies should determine whether or not separate family economic units have “adequate income” to “sustain the economic unit” and that the “actual living and support costs for the economic unit in that environment must be considered,” the guidance does not indicate how agencies should determine these “actual living and support costs” or what threshold relative to these costs would suffice as “adequate.” Because these judgments are inherently subjective, the NSWP-III cannot independently confirm or disconfirm an independent judgment made by staff at a local WIC agency. If a Participant indicates that a resident of the household maintains separate finances, the NSWP-III will treat those persons as economic unit(s) separate from the participant’s economic unit.

No GO TO Q7 [ADJUNCTIVE ELIGIBILITY]

P2. “Who was pregnant on CERT_DATE?”	
<SELECT NAME FROM Q1 LIST DROPDOWN MENU>	IF PREGNANT MEMBER SHARES FINANCES (Q6=1), GO TO P2A. IF PREGNANTMEMBER HAS SEPARATE FINANCES (Q6=2), GO TO P2D

P2A. “Were you/Was [NAME] expecting a single infant, twins or multiples?” (DO NOT READ OPTIONS)

- SINGLETON IF SHARED FINANCES, CAPI WILL ADD 1 TO FAMILY ECONOMIC UNIT. GO TO P2B
- TWINS IF SHARED FINANCES, CAPI WILL ADD 2 TO FAMILY ECONOMIC UNIT. GO TO P2B
- MULTIPLES [ENTER NUMBER FROM 3 OR HIGHER] IF SHARED FINANCES, CAPI WILL ADD [N] TO FAMILY ECONOMIC UNIT. GO TO P2B

P2B. “Since that appointment have you/has [NAME] given birth?” (DO NOT READ OPTIONS)

- YES GO TO P2C
- NO [STILL PREGNANT OR PREGNANCY ENDED] GO TO P2D

P2C. “Have you already listed the infant/infants that you/that [NAME] gave birth to as part of your household above?” **[CONFIRM THAT THE SAME NUMBER OF INFANTS FROM PREGNANCY (P2A) ARE ALREADY LISTED IN HOUSEHOLD ENUMERATION CHART]**
(DO NOT READ OPTIONS)

BE AWARE THAT A “NO” RESPONSE COULD MEAN THAT THE BABY IS DECEASED/WAS STILLBORN, OR DOES NOT LIVE WITH THE PARTICIPANT (ADOPTED OR REMOVED FROM THE HOME BY THE STATE)

- YES, WITH [N] BABIES CAPI WILL SUBTRACT [N] FROM FAMILY ECONOMIC UNIT
- NO, I/NAME WAS PREGNANT AT THE TIME [LIST INFANT AS A HOUSEHOLD MEMBER]
- NO, INFANT DECEASED, REMOVED FROM HOME – DO NOT LIST THE INFANT ANYWHERE CAPI WILL SUBTRACT [N] FROM FAMILY ECONOMIC UNIT

GO TO P2D

P2D. Was anyone else pregnant on CERT_DATE? REPEAT P2-P2D AS NEEDED UNTIL P2D=NO.

- YES GO TO P2
- NO GO TO Q7 [ADJUNCTIVE ELIGIBILITY]

ADJUNCTIVE OR AUTOMATIC INCOME ELIGIBILITY

IF ADJUNCT_PROGRAM IS KNOWN AND ADJUNCT_ELIG=YES GO TO Q7a
IF ADJUNCT_PROGRAM IS MISSING, AND ADJUNCT_ELIG=YES GO TO Q7b
IF ADJUNCT_ELIG=NO, GO TO Q7c

Q7a. IF ADJUNCT_ELIG=YES AND ADJUNCT_PROGRAM IS KNOWN: “My records show that you qualified for WIC because you, or a member of your family, participates in the [ADJUNCT_PROGRAM]. Can you show me a document to demonstrate participation in that program, such as a dated certification card, award letter or notice of benefits?”

- YES ENTER DOCUMENT INFORMATION BELOW IN TABLE
- NO GO TO INCOME SOURCES [Note for reviewers: Research team will ask State Agency to look up PARTICIPANT’s enrollment at time of CERT_DATE in a program conferring ADJUNCTIVE ELIGIBILITY]

Documentation: Participation in Program Conferring Adjunctive/Automatic Income Eligibility	
Adjunctive program	<input type="checkbox"/> SNAP (Food stamps) <input type="checkbox"/> TANF (welfare; transitional assistance) <input type="checkbox"/> Medicaid <input type="checkbox"/> Other program, SPECIFY:
Type of document shown:	<input type="checkbox"/> NO DOCUMENTATION (self-report) <input type="checkbox"/> Program document with dates of eligibility <input type="checkbox"/> Award letter <input type="checkbox"/> EBT transaction receipt no more than 30 days < CERT_DATE <input type="checkbox"/> EBT activity statement with deposit no more than 30 days < CERT_DATE <input type="checkbox"/> Other:
Name of program participant	<select name from CAPI-generated list of family EU members>
Start date of eligibility or enrollment	<input type="checkbox"/> No start date/date unclear PROBE: Do you have anything that shows the dates of your participation?
Date eligibility or enrollment expires	<input type="checkbox"/> No expiration date/date unclear PROBE: Do you have anything that shows the dates of your participation?
Name of agency	<input type="checkbox"/> Agency name not evident PROBE: Do you have anything that shows the agency name?

AFTER Q7a, CAPI WILL GO TO INCOME SOURCES EVEN IF ADJUNCTIVELY/AUTOMATICALLY INCOME ELIGIBLE: [Note for reviewers: NSWP-III research objectives call for estimate of WIC participants’ income, regardless of adjunctive income eligibility status]

Q7b. [IF ADJUNCT_PROGRAM IS MISSING, AND ADJUNCT_ELIG=YES] “My records show that you qualified for WIC because you, or a member of your family, participates in a qualifying program such as SNAP, also known as Food Stamps, Temporary Assistance to Needy Families (TANF), sometimes called ‘welfare’ or ‘public assistance’ or a Medicaid program for adults, pregnant women, or children. Were you or anyone in your family receiving SNAP, TANF [PRONOUNCED TAN-if], or Medicaid?”

YES

Can you show me a document to demonstrate participation in that program, such as an award letter, notice of benefits, or other document that shows the dates when the [ADJUNCT PROGRAM] participant was eligible?”

YES: ENTER DOCUMENT INFORMATION IN TABLE ABOVE
NO: GO TO INCOME SOURCES

WIC LOOKED UP MY NAME IN PROGRAM ENROLLMENT LIST, WEBSITE, OR BY CALLING RELEVANT AGENCY

“Ok, do you have an award letter, notice of benefits, or other document that shows the dates when the [ADJUNCT PROGRAM] participant was eligible?”

YES: ENTER DOCUMENT INFORMATION IN TABLE ABOVE
NO: GO TO INCOME SOURCES

NO

GO TO INCOME SOURCES

AFTER Q7b, GO TO INCOME SOURCES

Q7c. [IF ADJUNCT_ELIG=NO]: “Were you, or someone in your family, participating in a benefits program such as Medicaid, SNAP, TANF or [NAME OF STATE PROGRAM(S)] on [CERT_DATE]?”

YES

PROBE: “Can you show me a document to demonstrate participation in that program, such as an award letter, notice of benefits, or other document that shows the dates when the [ADJUNCT_PROGRAM] participant was eligible?”

YES: ENTER DOCUMENT INFORMATION IN TABLE ABOVE
NO: GO TO INCOME SOURCES

WIC LOOKED UP MY NAME IN PROGRAM ENROLLMENT LIST, WEBSITE, OR BY CALLING RELEVANT AGENCY

PROBE: “Ok, do you have an award letter, notice of benefits, or other document that shows the dates when the [ADJUNCT_PROGRAM] participant was eligible?”

YES: ENTER DOCUMENT INFORMATION IN TABLE ABOVE
NO: GO TO INCOME SOURCES

NO

GO TO INCOME SOURCES

AFTER Q7c, GO TO INCOME SOURCES

INCOME: ALTERNATE INCOME DETERMINATION PROCEDURE (INDIAN TRIBAL ORGANIZATIONS)

IF ITO=YES AND ALTERNATIVE INCOME PROCEDURE =YES, THE “ALTERNATE INCOME DETERMINATION PROCEDURE” APPLIES. OTHERWISE, CAPI SKIPS ALTERNATE PROCEDURE FOR INCOME DETERMINATION

CAPI PERFORMS A LOOKUP AGAINST TABLE OF INCOME ELIGIBILITY GUIDELINES (IEGs) BASED ON SIZE OF FAMILY ECONOMIC UNIT. CAPI DISPLAYS INCOME THRESHOLD [INCOME_MAX].

ID8 “On [CERT_DATE], was your family’s income at or below \$[INCOME_MAX]?”

- YES GO TO Q8a

- NO GO TO INCOME SOURCES (Q8a)

INCOME SOURCES

“Now I’m going to ask you about the income received by you and other members of your family. We want to assure you that we will protect your privacy. We will not include information that identifies you or your family in study reports. We will combine the income we collect with information from other people in this study from across the U.S. We will not share personal information about you with your local WIC agency, other benefit programs, your landlord, bank, employer, or people in your community. None of your WIC benefits will change as a result of this survey.”

- Q8a. At the time of your most recent certification appointment (on or before [CERT_DATE]), [were you or was anyone in your family] recently unemployed – that is, had been working but stopped?
- Yes GO TO Q8b
 - No GO TO INCOME SOURCES

IF RESPONDENT IS CONFUSED, PROBE: “Had you been working but lost a job or stopped working for some reason?”

Q8b. Who was recently unemployed?	Q8c. About how long had you[had this person] been unemployed as of CERT_DATE? READ LIST:
<select name from CAPI-generated list>	<input type="radio"/> Less than 30 days before CERT_DATE <input type="radio"/> 1 month or longer before CERT_DATE
<select name from CAPI-generated list>	<input type="radio"/> Less than 30 days before CERT_DATE <input type="radio"/> 1 month or longer before CERT_DATE
<select name from CAPI-generated list>	<input type="radio"/> Less than 30 days before CERT_DATE <input type="radio"/> 1 month or longer before CERT_DATE

Note to reviewers: If any family member is unemployed, then wages or salary for that family member earned prior to CERT_DATE would be excluded from the countable income.

GO TO Q9A. CAPI WILL DISPLAY QUESTIONS Q9A-Q9E FOR ALL INCOME SOURCES FOR EACH PERSON IN THE FAMILY UNIT WITH SHARED FINANCES WHO IS AGED 15 OR OLDER (CALLED “ADULT FAMILY MEMBER”).

Now I'll start by asking about your sources of income, and then I'll ask about sources of income for other members of your family. For each type of income, I may ask to see records or documents showing the dates you received that income and the amount you received. It's important that we focus on income you or your family members received in the month before your WIC certification appointment on [CERT_DATE].

NOTE FOR REVIEWERS:

On the pages that follow, different types of “proof of income documents” are listed for each income type. The preferred documents appear in underlined text: these documents are those that best meet guidance provided by WIC policy memoranda (#99-4, #2013-3). If a respondent cannot present one of the “preferred” documents, additional acceptable types of proof appear in light gray (non-underlined) text. Each income type also includes an “other” option, where a Field Interviewer may describe another type of document presented as evidence of the income amount reported, and an option to indicate that no documents were available. For each income type, even if documentation is not available, the FI will ask the respondent to report the amount and frequency of that income.

Q9A. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [you/NAME] have any income from: READ INCOME TYPE IN COLUMN A. CHECK ONLY IF YES.

Q9B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”].

9A Income Type	9B Income Period	9C Proof of Income Document	9D Amount	9E Frequency
<input type="checkbox"/> Wages, salary or fees (EXCLUDING MILITARY PAY) <input type="radio"/> Employer 1 <input type="radio"/> Employer 2 <input type="radio"/> Employer 3	From: mm/dd/yy To: mm/dd/yy	Check one, use addtl rows if nec: <input type="checkbox"/> <u>Paystub/earnings statement</u> <input type="checkbox"/> <u>Employer statement</u> <input type="checkbox"/> 2017 income tax return, W-2, 1099 <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable)	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____
<input type="checkbox"/> Wages, salary or fees (EXCLUDING MILITARY PAY) <input type="radio"/> Employer 1 <input type="radio"/> Employer 2 <input type="radio"/> Employer 3	From: mm/dd/yy To: mm/dd/yy	Check one, use addtl rows if nec: <input type="checkbox"/> <u>Paystub/earnings statement</u> <input type="checkbox"/> <u>Employer statement</u> <input type="checkbox"/> 2017 income tax return, W-2, 1099 <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable)	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____
<input type="checkbox"/> Wages, salary or fees (EXCLUDING MILITARY PAY) <input type="radio"/> Employer 1 <input type="radio"/> Employer 2 <input type="radio"/> Employer 3	From: mm/dd/yy To: mm/dd/yy	Check one, use addtl rows if nec: <input type="checkbox"/> <u>Paystub/earnings statement</u> <input type="checkbox"/> <u>Employer statement</u> <input type="checkbox"/> 2017 income tax return, W-2, 1099 <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable)	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____

A. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [you/NAME] have any income from: READ INCOME TYPE FROM COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”].

9A Income Type	9B Income Period	9C Proof of Income Document	9D Amount	9E Frequency
<input type="checkbox"/> Tips, bonuses, or commissions (POSSIBLE LUMP SUM) <input type="radio"/> Employer 1 <input type="radio"/> Employer 2 <input type="radio"/> Employer 3	From: mm/dd/yy To: mm/dd/yy	<input type="checkbox"/> <u>Paystub/earnings statement</u> <input type="checkbox"/> <u>Employer statement</u> <input type="checkbox"/> <u>Business records (for commissions)</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable)	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____
<input type="checkbox"/> Tips, bonuses, or commissions (POSSIBLE LUMP SUM) <input type="radio"/> Employer 1 <input type="radio"/> Employer 2 <input type="radio"/> Employer 3	From: mm/dd/yy To: mm/dd/yy	<input type="checkbox"/> <u>Paystub/earnings statement</u> <input type="checkbox"/> <u>Employer statement</u> <input type="checkbox"/> <u>Business records (for commissions)</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable)	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____
<input type="checkbox"/> Income from self-employment (farm or non-farm) (NET INCOME)	From: mm/dd/yy To: mm/dd/yy	<input type="checkbox"/> <u>2017 income tax return, W-2, 1099</u> <input type="checkbox"/> <u>Business records</u> <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	NET \$ _____	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____
<input type="checkbox"/> Rental income (NET INCOME)	From: mm/dd/yy To: mm/dd/yy	<input type="checkbox"/> <u>Rental agreement, lease, other business records</u> <input type="checkbox"/> <u>Rent check</u> <input type="checkbox"/> <u>2017 income tax return, W-2, 1099</u> <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	NET \$ _____	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____
<input type="checkbox"/> Royalties (PROMPT FOR ITOs: per capita payments) (NET INCOME) (POSSIBLE LUMP SUM) (POSSIBLE EXCLUSION)	From: mm/dd/yy To: mm/dd/yy	<input type="checkbox"/> <u>Paystub/earnings statement</u> <input type="checkbox"/> <u>Deposit on bank statement</u> <input type="checkbox"/> <u>2017 income tax return, W-2, 1099</u> <input type="checkbox"/> <u>Business records</u> <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	NET \$ _____	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____

A. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [you/NAME] have any income from: READ INCOME TYPE FROM COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR "anything else that would show the amount of this income?" DO NOT READ "NONE"].

9A Income Type	9B Income Period	9C Proof of Income Document	9D Amount	9E Frequency
<input type="checkbox"/> Unemployment compensation	From: mm/dd/yy To: mm/dd/yy	<input type="checkbox"/> <u>Benefit letter/letter of determination</u> <input type="checkbox"/> <u>Check or check stub</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable)	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____
IF PARTICIPANT/FAMILY MEMBER INDICATES NO INCOME FROM UNEMPLOYMENT COMPENSATION BUT WAS UNEMPLOYED (Q8A), ASK: UE1. "Did you/NAME apply for unemployment benefits?" <input type="radio"/> Yes GO TO UE2 <input type="radio"/> No CONTINUE TO NEXT INCOME SOURCE UE2. "Was your/NAME's application denied or approved?" DO NOT READ LIST <input type="radio"/> Denied/turned down CONTINUE TO NEXT INCOME SOURCE <input type="radio"/> Approved GO TO UE3 <input type="radio"/> Have not heard back/never heard back CONTINUE TO NEXT INCOME SOURCE UE3. "Okay, you were/NAME was approved to get unemployment, but you have not/NAME has not received any income from unemployment compensation. Can you show me a copy of the approval letter?" <input type="radio"/> Yes RECORD DATE OF LETTER AND AMOUNT OF BENEFITS AWARDED <input type="radio"/> No CONTINUE TO NEXT INCOME SOURCE				
<input type="checkbox"/> Workers compensation	From: mm/dd/yy To: mm/dd/yy	<input type="checkbox"/> <u>Benefit letter/letter of determination</u> <input type="checkbox"/> <u>Check or check stub</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable)	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____
<input type="checkbox"/> Social security benefits	From: mm/dd/yy To: mm/dd/yy	<input type="checkbox"/> <u>Award letter from SSA</u> <input type="checkbox"/> <u>Statement of benefits</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable)	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____

A. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [you/NAME] have any income from: READ INCOME TYPE FROM COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”]

9A Income Type	9B Income Period	9C Proof of Income Document	9D Amount	9E Frequency
<input type="checkbox"/> Federal SSI (Supplemental security income)	From: mm/dd/yy To: mm/dd/yy	<input type="checkbox"/> <u>Notice of benefits</u> <input type="checkbox"/> <u>Check or check stub</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable)	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____
<input type="checkbox"/> State SSI or State disability insurance	From: mm/dd/yy To: mm/dd/yy	<input type="checkbox"/> <u>Notice of benefits</u> <input type="checkbox"/> <u>Check or check stub</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable)	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____
<input type="checkbox"/> Public assistance or TANF	From: mm/dd/yy To: mm/dd/yy	<input type="checkbox"/> <u>Notice of benefits</u> <input type="checkbox"/> <u>Check or check stub</u> <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable)	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____

A. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [you/NAME] have any income from: READ INCOME TYPE FROM COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”]

9A Income Type	9B Income Period	9C Proof of Income Document	9D Amount	9E Frequency
<input type="checkbox"/> Alimony or child support (1 st source)	From: mm/dd/yy To: mm/dd/yy	<input type="checkbox"/> Check or check stub <input type="checkbox"/> Support agreement <input type="checkbox"/> Divorce/separation decree <input type="checkbox"/> Court order <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable)	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____
<input type="checkbox"/> Alimony or child support (2 nd source)	From: mm/dd/yy To: mm/dd/yy	<input type="checkbox"/> Check or check stub <input type="checkbox"/> Support agreement <input type="checkbox"/> Divorce/separation decree <input type="checkbox"/> Court order <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable)	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____
<input type="checkbox"/> Any government or private pension, annuity or survivor's benefits	From: mm/dd/yy To: mm/dd/yy	<input type="checkbox"/> Notice of benefits <input type="checkbox"/> Check or check stub <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable)	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____
<input type="checkbox"/> Disbursement from an estate or trust	From: mm/dd/yy To: mm/dd/yy	<input type="checkbox"/> Earnings statement <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable)	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____

A. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [you/NAME] have any income from: READ INCOME TYPE FROM COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”]

9A Income Type	9B Income Period	9C Proof of Income Document	9D Amount	9E Frequency
<input type="checkbox"/> Interest or dividends	From: mm/dd/yy To: mm/dd/yy	<input type="checkbox"/> <u>Earnings or dividend statement</u> <input type="checkbox"/> <u>Deposit on bank statement</u> <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable)	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____
<input type="checkbox"/> Withdrawals from a savings or investment account	From: mm/dd/yy To: mm/dd/yy	<input type="checkbox"/> <u>Withdrawal receipt/slip</u> <input type="checkbox"/> <u>Earnings statement</u> <input type="checkbox"/> <u>Withdrawal on bank statement</u> <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable)	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____

A. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [you/NAME] have any income from: READ INCOME TYPE FROM COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”]

9A Income Type	9B Income Period	9C Proof of Income Document	9D Amount	9E Frequency
<input type="checkbox"/> Veteran's payments	From: mm/dd/yy To: mm/dd/yy	<input type="checkbox"/> Notice of benefits <input type="checkbox"/> Check or check stub <input type="checkbox"/> Deposit on bank statement <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable)	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____
<input type="checkbox"/> Military pay	From: mm/dd/yy To: mm/dd/yy	<input type="checkbox"/> <u>Leave and Earnings Statement (SHOW MILITARY PAY MODULE)</u> <input type="checkbox"/> <u>Deposit on bank statement</u> <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable)	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____
<input type="checkbox"/> Regular contributions from someone not in household	From: mm/dd/yy To: mm/dd/yy	<input type="checkbox"/> <u>Letter from payer, dated & signed</u> <input type="checkbox"/> <u>Deposit on bank statement</u> <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable)	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____
<input type="checkbox"/> Other income sources (SEE INCOME PROBE QUESTIONS)	From: mm/dd/yy To: mm/dd/yy	<input type="checkbox"/> <u>Earnings statement</u> <input type="checkbox"/> <u>Benefit/award letter</u> <input type="checkbox"/> <u>Letter from payer, dated & signed</u> <input type="checkbox"/> <u>Deposit on bank statement</u> <input type="checkbox"/> 2017 IRS tax return, W2, 1099 <input type="checkbox"/> Other [textbox] <input type="checkbox"/> NONE (self-reported)	Gross \$ _____ <input type="checkbox"/> Net pay (check if gross pay unavailable)	<input type="radio"/> Per week <input type="radio"/> Per 2 weeks <input type="radio"/> Twice/month <input type="radio"/> Per month <input type="radio"/> Per quarter <input type="radio"/> Per year <input type="radio"/> Year To Date <input type="radio"/> Once/lump sum <input type="radio"/> Other: ____

MILITARY PAY MODULE²

USING THE SERVICE MEMBER'S MILITARY **LEAVE AND EARNINGS STATEMENT**, ENTER THE INFORMATION BELOW. SOME PAY CODES WILL PROMPT YOU TO ASK CLARIFYING QUESTIONS THAT WILL AUTOMATICALLY DISPLAY. ANSWERING THE QUESTIONS WILL DETERMINE THE INCOME TREATMENT CODE IN THE RIGHTMOST COLUMN.

Last Name	First Name	MI	Pay Date	Branch	Period Covered
ENTITLEMENTS					
A	Type	Amount	Income treatment codes		
B	ENTER PAY CODE	\$.			
C	ENTER PAY CODE	\$.	EXCLUDE: BAH		
D	ENTER PAY CODE	\$.	EXCLUDE: OCONUS COLA		
E	ENTER PAY CODE	\$.			
F	ENTER PAY CODE	\$.	ANNUALIZE		
G	ENTER PAY CODE	\$.			
H	ENTER PAY CODE	\$.			
I	ENTER PAY CODE	\$.	EXCLUDE: COMBAT PAY		
J	ENTER PAY CODE	\$.			
K	ENTER PAY CODE	\$.			
L	ENTER PAY CODE	\$.			
M	ENTER PAY CODE	\$.			
N	ENTER PAY CODE	\$.			
O	ENTER PAY CODE	\$.			
	REMARKS: ENTER any PAY CODES listed in REMARKS	\$.			
	TOTAL	\$.	Countable income after exclusions and annualizations =		

² See Table 3 for specific military pay codes and proposed exclusions. WIC regulations allow States to choose whether or not to exclude the military Basic Allowance for Housing (BAH) and Cost-of-living allowance for service members stationed outside the contiguous United States (OCONUS COLA) (See 246.7(2)(d)(iv)(A). WIC regulations require States to exclude from income payments to service members from the Family Supplemental Subsistence Act (FSSA) and combat pay. In the context of military pay, WIC Policy Memorandum 2013-3 indicated that “in-kind benefits, such as military on-base housing or other subsidized housing, medical and dental benefits are services that do not meet the definition of ‘income’ and may not be considered in income eligibility determinations.”

POSSIBLE LUMP SUM PAYMENT:

“Does [NAME] receive this pay, [PAYCODE], once a year, monthly, or with some other frequency?”

- Once per year
- Quarterly
- Monthly
- OTHER: SPECIFY FREQUENCY OR PAY INTERVAL

IF FREQUENCY IS ONCE/YEAR OR QUARTERLY, THEN THE AMOUNT WILL BE ANNUALIZED. OTHERWISE ALL AMOUNTS ARE ASSUMED MONTHLY

POSSIBLE COMBAT PAY:

SELECT YES OR NO FOR EACH QUESTION

	YES	NO
Did [NAME] receive this pay in addition to the base pay?	<input type="radio"/>	<input type="radio"/>
Was this pay the result of deployment to a designated combat zone?	<input type="radio"/>	<input type="radio"/>
Did [NAME] only receive this pay while deployed to the combat zone?	<input type="radio"/>	<input type="radio"/>

IF YES TO ALL THREE QUESTIONS, THE PAY WAS COMBAT PAY (AND WILL BE EXCLUDED FROM TOTAL INCOME)
IF NO, TO ANY QUESTION, THE PAY WAS NOT COMBAT PAY AND WILL BE INCLUDED AS INCOME.

Table 3. Military Pay Codes

Code	Type of Pay	Counts as Income unless noted otherwise
AB	Accession bonus	Ask Lump Sum
ACIP	Aviation Career Incentive Pay	
ACP	Aviation Continuation Pay	
AIP	Assignment Incentive Pay	Ask Combat Pay
ASP	Additional Special Pay	
BAH	Basic Allowance for Housing	if State excludes, Exclude
BAS	Basic Allowance for Subsistence	
BAQ	Basic Allowance for Quarters	if State excludes, Exclude
Base Pay	Base Pay	
BCP	Board Certified Pay Special Pay	
CCA	Civilian Clothing Allowance	Ask Lump Sum
BRA	Basic Replacement Allowance	Ask Lump Sum
Continuation Pay	Continuation Pay	
CCCA	Continuing Civilian Clothing Allowance	Ask Lump Sum
CCRA	Cash Clothing Replacement Allowance	Ask Lump Sum
CEFIP	Career Enlisted Flyer Incentive Pay	
CIP	Combat-related Injury & Rehabilitation	Ask Combat Pay
CMA	Clothing Maintenance Allowance or Clothing Allowance	
CONUS COLA	Continental U.S. Cost of Living Allowance	Exclude, in-kind benefit
Combat Duty or Combat Zone Pay	Combat Duty or Combat Zone Pay	EXCLUDE
CRA	Clothing Replacement Allowance	Ask Lump Sum
CSP	Career Sea Pay	
CSP-P	Career Sea Pay – Premium	
CSRB	Critical Skills Retention Bonus	Ask Lump Sum
CVI	Conditional Voluntary Indefinite Status	
DLA	Dislocation Allowance	Exclude, in-kind benefit
Dive Pay	Dive Pay	Ask Combat Pay
DSCT Meal	Discount Meal	Exclude, in-kind benefit
FDP	Foreign Duty Pay	Ask Combat Pay
FLPP	Foreign Language Proficiency Pay	Ask Combat Pay
Flight or Fly Pay	Flight or Fly Pay	Ask Combat Pay
FSA	Family Separation Allowance	Ask Combat Pay
FSH	Family Separation Housing	Exclude, in-kind benefit
FSSA	Family Subsistence Supplemental Allowance	EXCLUDE
HALO	High Altitude/Low Altitude	Ask Combat Pay
HDIP	Hazardous Duty Incentive Pay	Ask Combat Pay
HDP – Involuntary Extension	Hardship Duty Pay – Involuntary Extension	Ask Combat Pay
HDP – L	Hardship Duty Pay - Location	Ask Combat Pay
HDP – M	Hardship Duty Pay – Mission	Ask Combat Pay
HFP/IDP	Hostile Fire/Imminent Danger Pay	Ask Combat Pay
HFP-L	Hostile Fire Pay - Location	Ask Combat Pay
HZD	Hazardous Duty Pay	Ask Combat Pay
ICCA	Initial Civilian Clothing Allowance	Ask Lump Sum
IDP	Imminent Danger Pay	Ask Combat Pay
	Note: Can also mean Independent Duty Corpsman	
ISP	Incentive Special Pay	
Jump Pay	Jump Pay	Ask Combat Pay
LQA	Living Quarters Allowance	Exclude, in-kind benefit
Maternity Clothing Allowance	Maternity Clothing Allowance	Ask Lump Sum
MIHA – Miscellaneous	Moving Housing Allowance - Miscellaneous	Exclude, in-kind benefit
MIHA – Rent	Moving Housing Allowance – Rent	Exclude, in-kind benefit
MIHA – Security	Moving Housing Allowance - Security	Exclude, in-kind benefit
MRB	Multiyear Retention Bonus	
MSP	Multiyear Special Pay	
NIB	Nuclear Career Annual Incentive Bonus	

Code	Type of Pay	Counts as Income unless noted otherwise
NPAB	Nuclear Power Accession Bonus	Ask Lump Sum
Nuclear – Continuation Pay	Nuclear – Continuation Pay	
OEP	Overseas Extension Pay	
OHA	Overseas Housing Allowance	Exclude, in-kind benefit
OCONUS COLA	Overseas Continental United States Cost of Living Allowance	if State excludes, Exclude
OTEIP	Army Overseas Tour Extension Incentive Pay	
OVERSEAS COLA	Overseas Cost of Living Allowance	Exclude, in-kind benefit
Overseas Extension Pay	Overseas Extension Pay	
PCCA	Partial Civilian Clothing Allowance	Ask Lump Sum
RBMA	Reserve Basic Maintenance Allowance	
SBP	Military Survivor Benefits Plan	
SAVE PAY	Save pay Note: This can represent many types of pay. Ask questions to determine what the pay is for to see if it counts. Often refers to difference in pay due to accepting a new appointment between new and old pay rates. Likely to be a lump sum.	Caution: ask if lump sum
SDAP	Special Duty Assignment Pay	Ask Combat Pay
SDIP	Submarine Duty Incentive Pay	Ask Combat Pay
Sea Pay	Sea Pay	Ask Combat Pay
SEA	Subsistence Expense Allowance	
SEB	Selective Enlistment Bonus	Ask Lump Sum
SepRats	Separation Rations	
SMA	Standard or Separate Maintenance Allowance	
Special Duty Pay	Special Duty Pay	Ask Combat Pay
Specialty Pay	Specialty Pay	Ask Combat Pay
SPO	Split Payment Option Note: This option allows the person to take an amount from the base pay and put it into the ship ATM for personal use while on board. Base WIC income eligibility on the gross amount before the split allocation. Don't count the amount sent to the ship account twice.	Caution
SR	Separation Rations	
SRA	Standard Replacement Allowance	Ask Lump Sum
SRB	Selective Reenlistment Bonus	Ask Lump Sum
Standard Initial Clothing Allowance	Standard Initial Clothing Allowance	Ask Lump Sum
Submarine Pay	Submarine Pay	
SUPP CMA	Enlisted Supplemental Clothing Allowance	Ask Lump Sum
TDYCCA	Temporary Duty Civilian Clothing Allowance	Ask Lump Sum
TLE CONUS	Temporary Lodging Expense in US	Exclude, in-kind benefit
TLA	Temporary Living Allowance	Exclude, in-kind benefit
TLA OCONUS	Temporary Lodging Allowance Outside US	Exclude, in-kind benefit
TQSA	Temporary Quarters Subsistence Allowance	
VI	Voluntary Indefinite Status	
VBSS Duty	Maritime Visit, Board, Search & Seizure Duty	
VSP	Variable Special Pay	

ZERO INCOME REPORTED

IF PARTICIPANT DID NOT QUALIFY AS ADJUNCTIVELY/AUTOMATICALLY INCOME ELIGIBILITY FOR WIC AND PARTICIPANT'S TOTAL INCOME = \$0 AND NO ADULT ≥ 15 YEARS WAS REPORTED TO HAVE SEPARATE FINANCES (Q6=2), CAPI WILL DISPLAY INTRO AND SKIP TO Z2;

PARTICIPANT DID NOT QUALIFY AS ADJUNCTIVELY/AUTOMATICALLY INCOME ELIGIBILITY FOR WIC AND PARTICIPANT'S TOTAL INCOME = \$0 AND IF ANY ADULT AGE ≥ 15 YEARS WAS REPORTED TO HAVE SEPARATE FINANCES (Q6=2), CAPI WILL DISPLAY INTRO AND START WITH Z1

INTRO: "If I understand your answers correctly, it looks like you had zero income on [CERT_DATE].

Z1. You said that [NAME] and [NAME] were not part of your family group. Was/Were [LIST NAMES WHERE Q6=SEPARATE FINANCES], or was anyone that you haven't named helping you to pay for living expenses such as rent/mortgage, heat, or food on [CERT_DATE]?

- Yes GO TO Z1a
- No GO TO Z2

Z1a. "In that case, I need to ask you about [NAME]'s income. Thinking back to the 30 days before [CERT_DATE], that is, between [CERT_DATE-30] and [CERT_DATE-1], did [NAME] have any income from [REPEAT Q9a for NAME FOR EACH TYPE OF INCOME SOURCE]. CAPI WILL PROMPT INTERVIEWER TO CHANGE THE RESPONSE TO Q6 FOR [NAME(S)] TO Q6=1 SO THAT THIS INDIVIDUAL IS COUNTED AS PART OF PARTICIPANT'S FAMILY]

AFTER Z1a GO TO END OF SURVEY

Z2. “I’d like to better understand how you were paying for living expenses in [MONTH, YEAR OF CERT_DATE]. Can you tell me if any of the following were true: CHECK ALL THAT APPLY AND ENTER AMOUNT AND DATE IN INCOME SOURCES DOCUMENT FOR RESPONDENT ONLY

<input type="radio"/> I had applied for public assistance but did not receive payment until after [MONTH, YEAR OF CERT_DATE] (IF NECESSARY: such as Temporary Assistance to Needy Families (sometimes called welfare) or Food Stamps).	REQUEST AWARD LETTER AND ENTER AMOUNT AND DATE IN Q9, PUBLIC ASSISTANCE
<input type="radio"/> I had applied for workers compensation but did not receive payment until after [MONTH, YEAR OF CERT_DATE]	REQUEST AWARD LETTER AND ENTER AMOUNT AND DATE IN Q9, WORKER’S COMPENSATION
<input type="radio"/> I received some emergency cash from a friend, church, or social services agency or food from a food bank	ENTER AMOUNT IN Q9, OTHER CASH
<input type="radio"/> I skipped one or more rent, mortgage or utility payments	
<input type="radio"/> I did some work such as child care, housework, or another service in exchange for reduced rent or food	IN-KIND BENEFITS NOT INCOME
<input type="radio"/> OTHER: “Can you describe how you paid for living expenses then?” TYPE IN RESPONSE: _____	IF ANY INCOME SOURCES RETURN TO Q9
<input type="radio"/> NONE OF THE ABOVE	

AFTER Z2 GO TO END OF SURVEY

INCOME PROBE QUESTIONS (POSSIBLE EXCLUSIONS OR LUMP SUMS)

AT ANY TIME WHILE ASKING PARTICIPANT ABOUT INCOME SOURCES (Q9), THE INTERVIEWER MAY BRING UP A LIST OF THE FOLLOWING POTENTIAL LUMP SUM OR INCOME EXCLUSION QUESTIONS:

If participant is a member of an American Indian Tribe and:	ASK/DO
Reports income from the government or Tribe	<p>“Did you receive this income as part of a settlement or agreement between the U.S. government and an American Indian tribe or Nation?” EXCLUDE ANY SUCH INCOME³</p> <p>“Is this income a ‘per cap’ or per capita payment from a business operated by members of an American Indian tribe or Nation to which you belong?” ENTER NET AMOUNT UNDER ROYALTIES. ASK “POSSIBLE LUMP SUM” TO DETERMINE IF ANNUALIZATION IS NEEDED</p>

If participant or income document refers to:	ASK/DO
Section 8, housing voucher, rental assistance	“Is this a voucher to help you afford housing or rent?” ANY AMOUNT SHOWN ON A HOUSING CHOICE VOUCHER IS NOT COUNTED AS INCOME. DO NOT ENTER AS AN INCOME SOURCE. ⁴
Child care or day care voucher, child care or day care assistance	EXCLUDE ANY REPORTED PUBLIC ASSISTANCE OR SUBSIDY FOR DAY CARE OR CHILD CARE COSTS ⁵
Food Stamps, Free or Reduced Price Lunch or Breakfast for child in public school, WIC food instruments provided to other WIC participants in family	EXCLUDE ANY REPORTED PUBLIC ASSISTANCE WITH MEALS OR FOOD, INCLUDING ANY REPORT OF FREE MEALS A CHILD RECEIVES AT SCHOOL, FOOD INSTRUMENTS RECEIVED BY ANY FAMILY MEMBER FROM SNAP, FDPIR, OR WIC. ⁶
Job assistance, employment training, Employment Services Program, Job Corps, Youth Build, job training, American Job Center, Workforce Investment, Employment Training, Career Pathway	“Was this income to reimburse you for transportation, child care costs or other expenses so that you could take part in job training, get a GED or take classes that will prepare you for employment?” EXCLUDE REIMBURSEMENTS FOR THESE EXPENSES ⁷
Volunteer, AmeriCorps, VISTA	“Was this income you received as a volunteer for AmeriCorps, AmeriCorps VISTA or AmeriCorps National Civilian Community Corps (NCCC)?” ⁸
Bonus/commissions	ASK “POSSIBLE LUMP SUM” TO DETERMINE IF ANNUALIZATION IS NEEDED
Royalties	ASK “POSSIBLE LUMP SUM” TO DETERMINE IF ANNUALIZATION IS NEEDED
Any mention of emergency assistance due to a hurricane, tornado, storm, earthquake, volcano, landslide, mudslide, snowstorm, flood, forest fire	<p>“Did you receive [this] assistance because of a major disaster such as a hurricane, tornado, storm or similar natural event that was declared a federal disaster?” FEMA maintains a list of federal disasters each year: https://www.fema.gov/disasters/grid/year/2015. EXCLUDE ANY ASSISTANCE DUE TO FEDERAL DISASTER FROM INCOME SOURCES⁹</p>
Any mention of loss of property due to	“Did this income come from FEMA or the National Flood Insurance Program after

³ WIC regulations include income exclusions for multiple types of payments to members of American Indian Tribes from various treaties, agreements or settlements with the U.S. government (see 246.7(2)(d)(iv)(D)(4, 6, 7, 9, 10, 21, 24-32)).

⁴ WIC regulations include income exclusions for multiple forms of housing assistance to low income individuals (see 246.7(2)(d)(iv)(D)(1, 22-23)

⁵ WIC regulations include income exclusions for payments, or the value of, child care under the Social Security Act or the Child Care and Development Block Grant programs (see 246.7(2)(d)(iv)(D)(17-19)

⁶ WIC regulations include income exclusions for the value of food assistance from the National School Lunch Program, the Child Nutrition Act or the Food and Nutrition Act (see 246.7(2)(d)(iv)(D)(8).

⁷ WIC regulations include income exclusions for payments under the Job Training Partnership Act, replaced by the Workforce Investment Act (WIA) and Workforce Investment and Opportunity Act (WIOA). See 246.7(2)(d)(iv)(D)(5).

⁸ WIC regulations exclude payments to domestic volunteers (VISTA is now part of AmeriCorps). See 246.7(2)(d)(iv)(D)(2)

If participant or income document refers to:	ASK/DO
flood/hurricane	filing a claim for flood damage to your home? EXCLUDE ANY INCOME DUE TO APPROVED FLOOD DAMAGE CLAIM ¹⁰
Veteran's or VA payment, VA disability	"Did you/NAME receive payment because you were exposed to Agent Orange while serving in Vietnam or Korea?" EXCLUDE ANY AMOUNT DUE TO EXPOSURE TO AGENT ORANGE. INCLUDE ALL OTHER VETERAN'S PAYMENTS ¹¹
Loan, Student loan	"Is this income part of a loan that you must repay?" EXCLUDE ANY LOAN AMOUNT FROM INCOME SOURCES unless the loan is an amount to which the participant has constant access (e.g., regular contributions from someone not in the household) ¹²

⁹ WIC regulations exclude income from assistance received under the Disaster Relief and Emergency Assistance Amendments of 1989, now the Robert T. Stafford Disaster Relief and Emergency Assistance Act. See 246.7(2)(d)(iv)(D)(13)

¹⁰ WIC regulations exclude income from assistance to property owners under the National Flood Insurance Program (246.7(2)(d)(iv)(D)(34).

¹¹ WIC regulations exclude income to certain veterans from the Agent Orange Compensation Exclusion Act ((246.7(2)(d)(iv)(D)(15))

¹² WIC regulations exclude loans (246.7(2)(d)(iv)(C)).

END OF CERTIFICATION SURVEY

IF PARTICIPANT IS ALSO IN THE SAMPLE FOR THE PROGRAM EXPERIENCES SURVEY:

“Ok, that’s the end of the first part. Here is the first \$25 Visa debit card. Next, I’d like to ask about your experiences with the WIC program and your satisfaction with various WIC benefits and services. This next part will take about [ESTIMATED BURDEN OF PROGRAM EXPERIENCE SURVEY] minutes. Afterwards, I’ll give you another \$25 card. [GO TO PROGRAM EXPERIENCES SURVEY]

IF PARTICIPANT IS NOT IN THE SAMPLE FOR THE PROGRAM EXPERIENCES SURVEY:

“Ok, this completes our survey. It was great talking with you, and thank you so much for helping us out. Here is a \$25 Visa debit card in appreciation for your time.

Field Interviewer confirmation at end of survey:

I met with participant at the following address on the date below: MAKE ANY CORRECTIONS IN THE ROW BELOW								INITIALS
State:	MN	City:	Anytown	ZIP	12345	Street	100 MAIN STREET	
						Date	mm/dd/yy	

- Location was a residential address
- Location was a non-residential address (e.g., library, business, community center). PROVIDE NAME OF LOCATION:

Privacy Act Statement

Authority: Code of Federal Regulations. §215.11 requires State and local WIC agency directors to cooperate in the conduct of studies and evaluations.

Purpose: Information is collected primarily for use by the Food and Nutrition Service in the administration and evaluation of Special Supplemental Program for Women, Infants and Children.

Routine Use: FNS published a system of record notice (SORN) titled FNS-8 USDA/FNS Studies and Reports in the Federal Register on April 25, 1991, volume 56, pages 19078-19080, that discusses the terms of protections that will be provided to respondents.

Disclosure: Your participation in this survey is voluntary.