**APPENDIX B8**

**STATE AGENCY ADMINISTRATIVE DATA REQUEST EMAIL**

XX/XX/XXXX

To: [STATE WIC DIRECTORS from ALL STATES]
From: [RESEARCH TEAM]
Subject: “Third National Survey of WIC Participants Study” Administrative Data Request

Dear [FIRST NAME] [LAST NAME]:

2M Research Services and its partner, Abt Associates, are working with Capital Consulting Corporation, a company that conducts research studies in health and human services, to conduct surveys for the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS), as part of a study called, “Third National Survey of WIC Participants (NSWP-III).”

FNS has commissioned this study to identify information on certification-related policies and obtain a description of caseload and operations from each of the State agencies. This study will allow FNS to fulfill the requirements of the Improper Payment Elimination and Recovery Improvement Act (IPERIA). As such, we request your cooperation in the study.

Your State agency has been selected to participate in this important study and as such, we are requesting that you provide the requested administrative data for WIC participants from your State. The list of variables requested are included in Attachment A, *State administrative data elements needed for each WIC participant,* and Attachment B, *Food Package Issuance and Redemption Data*. Please submit the data via the secure server by clicking on this this [LINK]. You will be asked for your *PIN number,* which is provided below.

PIN: [NUMBER]

Under the Healthy, Hunger-Free Kids Act of 2010, agencies are required to cooperate. Your participation also is important to the success of this study, so we hope you’ll submit the data as soon as possible. The deadline is [DUE DATE TO SUBMIT DATA].Know that the information you provide will be kept private to the extent allowed by law.

We thank you in advance for your important contribution to this research. For assistance with this request, you may call our toll-free help line or email our help desk. The toll-free help desk phone number is 1-866-465-7738, and the email address for the help desk is [SUPPORT EMAIL/WEB FORM]. Please contact us if you have any questions or concerns about this study.

Sincerely,

[RESEARCH TEAM CONTACT INFORMATION]

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| 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 60 minutes (1 hour) 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 |

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| Attachment A: State administrative data elements needed for each WIC participant |
| Variable | **Description** |
| PARTICIPANT | Name of WIC participant (Last, First, Middle) |
| APPLICANT | Name of parent, guardian if PARTICIPANT is infant or child (Last, First, Middle) |
| DOB | Date of birth (needed for infant or child participant) |
| PART\_ID | Unique ID number for participant |
| HH\_ID | Unique household ID number for participant’s family economic unit  |
| STREET | Participant’s home address: Number and street name |
| APT | Participant’s home address: Apartment or unit number |
| CITY | Participant’s home address: City |
| STATE | Participant’s home address: State |
| ZIP | Participant’s home address: 5-digit zip code |
| PHONE01 | Participant’s primary 10-digit telephone number with area code  |
| PH01\_TYPE | Type of phone for primary telephone number (e.g., 1=cell, 2=home, 3=work, 4=unknown) |
| PHONE02 | Participant’s secondary 10-digit telephone number with area code  |
| PH02\_TYPE | Type of phone for secondary telephone number (e.g., 1=cell, 2=home, 3=work, 4=unknown) |
| LANGUAGE | Participant’s preferred language |
| HISPANIC | Yes/No, participant is Hispanic/Latino |
| CERT\_CAT | Participant’s category (for example, P=pregnant; B=breastfeeding; N=not breastfeeding postpartum; INF=infant; C=child) |
| CERT\_DATE | Start date of most recent certification period  |
| CERT\_EXP | Date most recent certification period ends |
| LAST\_REDEEM | Date participant (or household) most recently redeemed WIC food instruments or EBT benefits |
| PRIOR | Yes/No, participant previously certified for WIC in State |
| ADJUNCTIVE | Yes/No, participant was certified as adjunctively or automatically income eligible by WIC |
| ADJC\_PRG | Name of program that made participant adjunctively or automatically income eligible |
| ADJC\_EXP | Date WIC participant’s active enrollment in program that conferred adjunctive or automatic income eligibility expires |
| MIGRANT | Yes/No, participant is part of a family economic unit that includes a migrant worker |
| HH\_SIZE | Household (family economic unit) size: the number of persons in WIC participant’s family economic unit used to determine income eligibility |
| PREG\_NUM | For a pregnant WIC participant, the number of expected live births: for example, if SINGLETON, PREG\_NUM=1; if TWINS, PREG\_NUM=2; etc.  |
| TOT\_INCOME | The total household income (i.e., of the family economic unit) as determined on certification date |
| INELIG\_DATE | (for Denied Applicants only:) Date a formal applicant was found to be ineligible for WIC  |
| INELIG\_REASON | (for Denied Applicants only:) If this information is available, the reason a denied applicant was determined to be ineligible: for example, no proof of identity, no proof of residency, not eligible for any WIC category, income ineligible  |

**Attachment B: Food Package Issuance and Redemption Data**

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| Participant ID |
| Participant certification category |
| Participant food package code for each food prescription |
| Quantity of benefits issued (by food category) for each prescription |
| Quantity of benefits redeemed (by food category) for each prescription or household |
| Total dollar value of benefits redeemed for each prescription or household |
| Data allowing us to link a household with its individual participants, their prescriptions, and their redemptions |

\* Note: Preparation of this information will depend on whether State Agencies issue paper food instruments or have implemented Electronic Benefit Transfer (EBT) systems.