**APPENDIX C16.a**

**DENIED WIC APPLICANT SURVEY RECRUITMENT IN-PERSON SCRIPT - ENGLISH**

**Instructions to reviewers: If unable to reach sampled Denied WIC Applicant by telephone,** Field Interviewers (FIs) will attempt to contact the individual **in-person** at their home address. FIs will be trained to rely minimally on this script so that they can focus on establishing face-to-face rapport with the potential respondent.

In the text below, ALL CAPS signifies a potential response, skip patterns skip patterns or instructions to the FI. Unless noted otherwise, FIs do not read aloud text that appears in ALL CAPS.

Screening

**[FIELD INTERVIEWER TRAINED TO FOLLOW SC1-SC5 SEQUENCE WITHOUT RELYING ON PAPER SCRIPT:]**

SC1. Hello, my name is **[INTERVIEWER]** and I work with Capital Consulting Corporation, a company that conducts research in health and human services. I’m here about a study we’re conducting with families in your area for the United States Department of Agriculture. The study is about a program designed to improve families’ access to healthy food and nutrition. May I please speak to **[RESPONDENT]**?

 1 SPEAKING TO RESPONDENT

 2 NOT A GOOD TIME [**SCHEDULE CALLBACK**]

 3 RESPONDENT UNAVAILABLE [**GO TO SC5**]

 4 NO SUCH PERSON [**GO TO SC4a**]

 5 NOT SPEAKING TO RESPONDENT, BUT QUESTION ABOUT PURPOSE OF CALL **[GO TO SC1a]**

 6 NO LONGER AT THIS ADDRESS [**UPDATE ADDRESS OR PHONE NUMBER**]

 8 (VOL) DON’T KNOW [**THANK AND END. DISPO AS SOFT REFUSAL**]

 9 (VOL) REFUSED [**THANK AND END. DISPO AS HARD REFUSAL**]

**UPDATE ADDRESS/PHONE:** [FILL IN BELOW]

|  |  |  |
| --- | --- | --- |
| Street:  | Apt/Unit No. |  |
| City | State: | Confirm Phone: | *xxx-xxx-xxxx* |
| ZIP |  | Alternate Phone |  |

SC1a. For privacy reasons, we are not allowed to discuss this with anyone other than **[RESPONDENT]**.”

SC4a**.**  It is important that I speak directly to **[RESPONDENT]**. Do you know how I can reach her? We thought this was her address.

 1 YES **[RECORD NEW PHONE/ADDRESS,]**

 2 NO **[S/O WRONG ADDRESS]**

 8 DON’T KNOW **[S/O WRONG ADDRESS]**

 9 REFUSED **[S/O WRONG ADDRESS]**

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 10 minutes (0.17 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.

SC5**.**  It is important that I speak directly to **[RESPONDENT]**. Do you know when she will be home?

 1 YES **[SCHEDULE CALLBACK]**

 2 NO **[GO TO T1. DISPO AS CALLBACK]**

 8 DON’T KNOW **[GO TO T1. DISPO AS CALLBACK]**

 9 REFUSED **[GO TO T1. DISPO AS CALLBACK]**

SC6. **[TO ALL:]** I’m required to ask, are you at least 18 years old?

1. YES ………………………………**[GO TO A1]**
2. NO …………………………………...**[GO TO SC7]**

8 DON’T KNOW………………………**[GO TO SC7]**

9 REFUSED……………………………**[GO TO SC7]**

SC7. [IF < 18 YEARS]: Thank you, we’re looking for people who are at least 18 years old to participate in a survey. I appreciate your time, but you’re not eligible. Thank you for taking the time to speak with me. Goodbye.

T1. Thank you for your time. I will try again at another time.  **[DISPO AS CALLBACK]**

**Introduction to Purpose of Visit**

A1. Thank you. The Food and Nutrition Service at the USDA has asked Capital Consulting to conduct a research study about the Special Supplemental Nutrition Assistance Program for Women, Infants and Children or WIC food program. You have been selected for this study because you recently applied for WIC and apparently, you did not qualify at that time. We are conducting a study with people who were turned down for WIC to see if the agency is following the proper procedures. The purpose of the study is to help FNS learn how they might improve the WIC program and the WIC application process.

I’d like to reassure you about a few things:

* Participation is voluntary.
* The research team will protect your privacy. We won’t tell your local WIC agency who participates or not in the study. We will combine the answers you provide with answers from other households across the country and study reports will not include your name, address, or other personal information about you or your family.
* Taking part in the study will not change the decision the WIC agency made about your application. However, if the answers you provide suggest that the local agency may have made a mistake, or if your circumstances have changed, you are always free to re-apply for WIC benefits at your local agency.

For this study, I would like to schedule an in-person interview to ask you about the procedures WIC used during the application process. The interview will take approximately 40 minutes, and would take place in your home at a time that is most convenient for you.

A1a. First, I’d like to confirm a couple of things. Are you currently receiving WIC?

1. YES **[GO TO INELIGIBLE]**
2. NO **[GO TO A1b]**

A1b. Next, I’d like to confirm that you applied for WIC, either for yourself or an infant or child, and you were told that you did not qualify. Is that correct?

1. YES **[GO TO A2]**
2. NO **[GO TO WRAP UP 3]**

A2. I’d like to schedule a time to come do the interview with you. But first, do you have any questions about the study?

1. YES **[ANSWER QUESTIONS]**
2. NO **[GO TO A3]**

A3. Great! Let’s find a convenient time to schedule the interview. For convenience, we are scheduling most of the interviews at people’s homes. Is it all right for me to interview you at your home?

1. YES ………………………………………………**[GO TO A4]**
2. NO ………………………………………………[**ASK FOR THEM TO PROVIDE ALTERNATE LOCATION]**
3. THEY ASK WHY…………………………………. **[EXPLAIN: To reduce the burden on your time, we come to you. Most people find it easier.]**
4. REFUSAL **THANK-DISPO AS HARD REFUSAL WRAP-UP 2**]

A4. Ideally, I’d like to find a time this week or next when you’ll be able to talk freely. If this is a good time for you, I’m available now; I also have weekday or weekend appointments in the morning, afternoon, or evening this week or next week. When would be best for you? [SHOW HANDHELD CALENDAR]

1. NOW IS A GOOD TIME [**OBTAIN CONSENT, ASK IF THERE IS A LOCATION WHERE YOU CAN SIT TOGETHER, PROCEED TO CAPI]**
2. NO GOOD TIMES THIS WEEK OR NEXT WEEK………………………………………………**[GO TO A5a]**
3. RESPONDENT PROVIDES PREFERENCES ………………………………………………….**[FI TALKS WITH PARTICIPANT TO FIND TIMES BEST FOR PARTICIPANT/APPLICANT AND PROCEEDS TO A5]**

A5. How does **[DATE/TIME]** work for you?/Ok, so we’ll schedule it for **[DATE/TIME]**?

1. WORKS WELL [**GO TO A6]**
2. NOT GOOD TIME **[REPEAT]**

A5a. How would a later date work? We can schedule the interview in the next 3-4 weeks instead if that would be easier for you.

1. YES…………………………………………………….[**GO TO A5]**
2. NO INTEREST IN INTERVIEW……………………..[**THANK-DISPO AS HARD REFUSAL WRAP-UP 2**]
3. DON’T KNOW YET .[**SUGGEST CALL BACK**]

A6. Can I confirm that this is where I should meet you for the in-person interview?

1. CONFIRMED…………………………………….... **[ASK ABOUT: parking restrictions in the area …GO TO A7**]
2. NO…………………………………………………..**[ASK ABOUT: correct address for interview, parking restrictions in the area, any reason it may difficult to find the preferred address…GO TO A7]**

A7.Great! In one part of the interview, you will be asked to show certain documents. It’s very important that you gather these documents before the interview. You may have shown similar documents when you applied for WIC. The interviewer will ask to see:

* Some form of identification [**IF INFANT/CHILD:** for you and your child] such as a current driver’s license, birth certificate, [**IF INFANT/CHILD**: or hospital crib card or wrist band];
* Something with your current address such as a current utility bill, rent receipt, or piece of mail that you recently received;
* Documents showing income you and other members of your family were receiving in the **[MONTH OF APP\_DATE]** when you applied for WIC. This includes
	+ Paystubs for you or other family members
	+ If someone in your family is in the military, a “Leave and Earnings Statement” from **[MONTH OF APP\_DATE]**
	+ If you receive alimony or child support, divorce or court papers showing the award amount;
	+ If someone in your family receives Social Security, disability benefits or SSI [Supplemental Security Income], a check stub or an award letter showing the amount;
	+ If anyone was receiving unemployment in **[MONTH OF APP\_DATE]** , a check stub or award letter.
	+ If anyone in your family owns a business or is self-employed, we would like to see an income tax return or W-2 form.
* In case you don’t have one of these documents, **please have copies of bank statements** from **[MONTH OF APP\_DATE]** for anyone in your family with a checking or savings account.

Finally, if anyone in your family was receiving SNAP (food stamps), **[STATE NAME OF MEDICAID PROGRAM(S)]**, or TANF (welfare) in **[MONTH OF APP\_DATE]** when you applied for WIC, we would like to see a “Notice of Eligibility” or letter “About Your Benefits” showing the dates when they were eligible. **[IF RESPONDENT MENTIONS A PROGRAM CARD OR EBT CARD:** Often those kinds of cards do not show your participation dates. If that is all you can find, please also try to have a recent bank statement or a recent EBT receipt.]

Let me say again that:

* Taking part in the interview will not change the decision the WIC agency made about your application. However, you are always free to re-apply for WIC benefits at your local agency.
* We will protect your privacy. No personal information that could identify you or your family will appear in any study report.

Do you have any questions about the interview?

1 YES **[LISTEN TO: respondents questions/concerns. ADDRESS: any issues respondent brings up with FAQ]**

2 NO  **[RECORD APPOINTMENT DATE AND TIME. GO TO A8]**

A8. I’m looking forward to seeing you on **[APPOINTMENT DATE]**. I’d like to call or text you a day or two before the interview to remind you that I’ll be coming. Would you prefer a phone call or a text message?

* + - 1. PHONE……………………………………………..**[THANK AND CONFIRM PHONE NUMBER]**
			2. TEXT MESSAGES………………………………...[**THANK, CONFIRM PHONE NUMBER, AND TELL THEM: “Great – I’m required to tell you that standard messaging fees may apply according to your cell phone plan.”]**

**INELIGIBLE**

Thank you, we are looking for people who do not currently receive WIC. I appreciate your time, but you’re not eligible. Thank you for taking the time to speak with me. Goodbye.

**Wrap-up 1**

Again, thank you so much. We really appreciate your participation in this study.

**Wrap-up 2**

I understand that you are not willing to participate in this study and schedule an in-home interview. Thanks so much for taking the time to speak with me today.

**Wrap-up 3**

I apologize, it looks like there may be a mistake in my records. Thank you for your time. Goodbye.

S**PECIAL CIRCUMSTANCES**

**[If any adverse events come up during VISIT, FIs will be trained to skip to this text immediately.]**

**EMERGENCY**

I am sorry to catch you at a bad time. I’ll try again later. Thank you. **[DEPART PREMISES. INTERVIEWER: FILL OUT ADVERSE EVENT FORM.]**