

**APPENDIX C25**

**STATE AGENCY ADMINISTRATIVE DATA REQUEST REMINDER 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  
Reminder

Dear **[FIRST NAME] [LAST NAME]**:

2M Research Services and its partner, Abt Associates, are working with Capital Consulting Corporation, a company that does research studies in health and human services, to conduct a survey 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 on Attachment A, *State administrative data elements needed for each WIC participant*.

On **[STATEDATE\_HC\_SENT]**, we emailed you the initial request for the administrative data. **This is a reminder that we need this data to be submitted via the secure sever by [STATEDATE\_TO\_COMPLETE]**. Please submit the data via a secure server by clicking on this **[LINK]**. You will be asked for your *PIN number*, which is provided below.

PIN: **[NUMBER]**

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 the data request, you may call our toll-free help line and 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 1 minute (0.02 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.

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**Attachment A: State administrative data elements needed for each WIC participant**

<b>Variable</b>	<b>Description</b>
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