

**INSTRUCTIONS**

Use this form to record information about each of your WIC clinics.

The information needed includes:

Clinic name

ZIP code for clinic location

Average monthly caseload

Most common language (other than English) spoken at home by the clinic's WIC participants

Percentage of participants who speak the language identified as most common (your best guess is fine)

Percentage of participants at each clinic with a high risk code

Percentage of participants at each clinic with only one documented risk

Number of days per week the clinic is open

Weekdays when new enrollment and certification appointments are scheduled

If you have this information available in some other format, you may choose to submit those documents to us instead of completing the Excel file. Once you complete the form with the information (or gather your own documents with this information), you may return it to us, or simply plan to provide the information during a phone call.

You may submit the Excel file with clinic information (or your own documents providing this information) and program documents using any of the methods below:

Upload to site	[FTP address]
Email	<a href="mailto:WICNATS@westat.com">WICNATS@westat.com</a>
Fax	1-301-294-2092
Regular mail	[study mail address]

If you have any questions about this form or the study, please contact the Westat study team at:

Email	<a href="mailto:WICNATS@westat.com">WICNATS@westat.com</a>
Telephone	1-855-598-2492

This information is being collected to assist the Food and Nutrition Service in obtaining a comprehensive and detailed description of the WIC nutrition risk assessment process and the ways in which participant benefits are tailored to address the assessment results. This is a voluntary collection and FNS will use the information to improve the delivery and tailoring of WIC services and increase satisfaction of both staff and participants. This collection does request personally identifiable information under the Privacy Act of 1974. 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 1.00 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

Appendix C4. Clinic Site Information Form

OMB Control No: 0584-XXX  
Expiration Date: XX/XX/XXXX

Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

PLEASE ENTER THE FOLLOWING INFORMATION ABOUT EACH CLINIC SITE IN YOUR LOCAL AGENCY.

Clinic name	ZIP code for clinic location	Average monthly caseload	Most common language (other than English) spoken at home by the clinic's WIC participants	Percent of participants who speak the language identified as most common (from previous column)	Percentage of participants at this clinic with a high risk code	Percentage of participants at this clinic with only one documented risk	Number of days per week the clinic is open	Weekdays when new certification appointments are scheduled
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