

Appendix F3. Site Visit Email to LA and Schedule

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



Dear WIC Local Agency Director,

Thank you for completing the Local Agency Survey for the U.S. Department of Agriculture study, the WIC Nutrition Assessment and Tailoring Study (NATS). We greatly appreciate your participation and valuable input. We have selected your LA to be one of the 30 LAs included in the next phase of the study. Your LA, along with the others selected to be part of this study, are crucial to ensuring the success of the study.

In this phase of the study, we will obtain information about the WIC clinics within your LA and the program documents and tools you use to guide the certification process. The information we are requesting will allow us to select one WIC clinic for the final phase of the study, the site visit.

We request your assistance with these next steps:

1. To help us learn about the WIC clinics operated by your LA, we have attached an Excel file for you to record information about each of your WIC clinics. The information needed includes:
 - Average monthly caseload
 - ZIP code for clinic location
 - Most common language spoken at home by the clinic's WIC participants and the percentage of participants that speak that language
 - Percentage of participants at each WIC clinic with a high risk code
 - Percentage of participants at each WIC 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 (see step 3).

2. Please send us any program documents, questionnaires enrollees/participants are asked to complete, and protocols or tools used at this site for certifications, high risk determination, nutrition assessment and

benefit tailoring, so that we may review them prior to the site visit with the selected WIC clinic.

3. At your earliest convenience, please call our study team at 1-855-598-2492 or email us at WICNATS@westat.com to let us know of times when you are available to discuss the study, information about your WIC clinics, and answer any questions you may have. If you prefer to simply send us the WIC Clinic Information and your program documents and tools, a telephone call is not required, but we would be happy to talk with you about the study and answer questions.

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	WICNATS@westat.com
Fax	1-301-294-2092
Regular mail	[study mail address]

Thank you for your support of this important FNS study.

Sincerely,

Westat Study Team

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 2 minutes (0.03 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 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.