

**Appendix K: WIC State Agency Waiver FFCRA Reporting Data Online
Form - Screenshots**



WIC State Agency Waiver FFCRA Reporting Data Online Form

OMB Control No: 0584-XXXX
Expiration Date: XX/XX/20XX

This information is being collected to assist the Food and Nutrition Service in response to requirements in the Families First Coronavirus Response Act. This is a voluntary collection and FNS will use the information to respond to Congressional requirements identified in the Act. This collection does not request any 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 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.

Introduction

Under the Families First Coronavirus Response Act of 2020 (FFCRA, P.L. 116-127), as amended by the Continuing Appropriations Act, 2021 and Other Extensions Act (P.L. 116-159), USDA has the authority to grant certain programmatic waivers to WIC State agencies in response to the COVID-19 pandemic. FFCRA requires State agencies to submit a report no later than 1 year after the date the waiver is approved. The report must include a summary of the use of each waiver by the State agency and a description of whether each waiver resulted in improved services for women, infants, and children. The USDA Food and Nutrition Service (FNS) will use the following survey to standardize the reporting process and fulfill the State agency FFCRA reporting requirements.

Each State agency is provided with a tailored survey that only includes questions about the waivers for which that State agency received approval from FNS. To fulfill your FFCRA reporting requirements please complete all parts of the following survey and hit "SUBMIT" when you are finished.

If you have any technical challenges with accessing or completing this web survey, please contact [CONTACT NAME AND EMAIL].

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Extended Certification Periods

Extended Certification Periods

This waiver allows extending the certification period up to 90 days for a Child receiving Food Package IV category only. This DOES NOT include for the pregnant and infant categories or children receiving Food Package III. This waiver is only applicable to regulations at 7 CFR 246.7(g)(3).

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Extended Certification Periods

* Required

Use of the Extended Certification Periods Waiver

The following questions will ask about your State agency's use of the extended certification periods waiver.

1. Did your State agency use this waiver? *

Yes

No

2. If no, select the reason(s) that best explain why the State agency did not use this waiver (select all that apply): *

Could not operationalize due to MIS issues

Could not operationalize due to technological challenges (other than MIS issues)

Could not operationalize due to other State/Tribal-level authorizations needed

Could not operationalize due to contracts with external parties

Did not receive waiver in time to address issue

Time to operationalize would have taken too long

Other

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Use of the Extended Certification Periods Waiver

The following questions will ask about your State agency's use of the extended certification periods waiver.

1. Did your State agency use this waiver? *

- Yes
- No

2. On what date did your State agency start using this waiver (i.e., when did the State agency first use the flexibilities granted under this waiver)?

Note: this date may be later than the date that the waiver was approved by FNS.

Please input date in format of M/d/yyyy 

3. Is your State agency still using this waiver? *

- Yes
- No

4. On what date did your State agency stop using this waiver?

Please input date in format of M/d/yyyy 

5. Why did your State agency stop using this waiver? *

- Waiver expired
- Waiver no longer needed
- Other

6. During the time period that this waiver was active, approximately what proportion of WIC clinic sites in your State agency used this waiver?

No data analysis is necessary to answer this question—please just provide your best estimate.

- Few
- Slightly less than half
- Half
- Slightly more than half
- Most
- All

7. During the time period that this waiver was active, approximately what proportion of the State agency's WIC participants were covered by the clinic sites that used this waiver?

No data analysis is necessary to answer this question—please just provide your best estimate.

- Few
- Slightly less than half
- Half
- Slightly more than half
- Most
- All

8. In addition to the FNS approval granted by this waiver, were you required to obtain State/Tribal-level authorization of any type (e.g., emergency authority) in order to start using this waiver? *

- Yes
- No

9. Please briefly explain the additional State/Tribal-level authorization that you obtained to start using this waiver:

Enter your answer

10. After approval was granted by FNS, how challenging was it to use this waiver? *

1 - Not at all challenging	2 - Slightly challenging	3 - Moderately challenging	4 - Very challenging	5 - Extremely challenging
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. What were the most significant challenges to using this waiver? *


Select all that apply

- Communicating the changes to WIC local agencies and/or clinics
- Communicating the changes to WIC participants
- Insufficient financial resources
- Insufficient staffing
- Not enough guidance from FNS
- Short timeline to implement changes
- Technical challenges related to MIS capability
- Training WIC local agency and/or clinic staff on new procedures
- Obtaining additional State/Tribal-level authorization
- No challenges
- Other

12. In a few sentences, please summarize the use of this waiver by your State agency: *

Including for how many days the certification period was extended for participants

Enter your answer

 Extended Certification Periods

* Required

Impact of the Extended Certification Periods Waiver on WIC Services

The next series of questions will ask you to describe the impact of the extended certification periods waiver on WIC services.

13. How important do you believe your State agency's use of this waiver was to ensuring that WIC participants received quality services and/or WIC benefits during the pandemic? *

1 - Not at all important	2 - Slightly important	3 - Moderately important	4 - Very important	5 - Extremely important
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask about your opinion of whether using this waiver affected certain program outcomes. We understand that this is your general perception of the impact of the waiver on these outcomes and that these answers do not reflect a quantitative assessment.

14. In your opinion, did this waiver affect benefit pickup rates in your State agency? *

- Yes, this waiver improved benefit pickup rates
- Yes, this waiver helped to maintain normal benefit pickup rates during the pandemic
- No, this waiver did not affect benefit pickup rates
- Don't know

15. In your opinion, did this waiver affect benefit redemption rates in your State agency? *

- Yes, this waiver improved benefit redemption rates
- Yes, this waiver helped to maintain normal benefit redemption rates during the pandemic
- No, this waiver did not affect benefit redemption rates
- Don't know

16. In your opinion, did this waiver affect nutrition education participation rates in your State agency? *

- Yes, this waiver improved nutrition education participation rates
- Yes, this waiver helped to maintain normal nutrition education participation rates during the pandemic
- No, this waiver did not affect nutrition education participation rates
- Don't know

17. In your opinion, did this waiver affect participant retention rates in your State agency? *

- Yes, this waiver improved participant retention rates
- Yes, this waiver helped to maintain normal participant retention rates during the pandemic
- No, this waiver did not affect participant retention rates
- Don't know

18. Did using this waiver improve WIC services for women, infants, and children in your State agency in any of the following ways? *

Select one option per row.

	Yes	No	Don't Know
Kept WIC participants and staff safe by promoting social distancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made WIC more accessible when being physically present was difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved access to food for WIC participants during pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased WIC participant concerns about feeding themselves or their infants and young children during the pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowed WIC clinic to serve more WIC participants in less time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowed WIC clinic to serve more WIC participants with fewer staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made WIC more convenient for WIC participants' schedules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


19. In a few sentences, please explain how your State agency's use of this waiver improved services for women, infants, and children:

20. Please explain why you believe this waiver did NOT improve services for women, infants, and children:

21. Are there any promising practices that you would like to share about your State agency's use of this waiver? If so, please explain below:

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Food Package Substitutions

Food Package Substitutions

Waiver of the select minimum requirements and specifications and/or the maximum monthly allowances as outlined at 7 CFR 246.10(e)(9)-(12).

These questions ask about ALL of the food package waivers that were approved for your State agency.

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Food Package Substitutions

* Required

Use of the Food Package Substitution Waivers

The following questions will ask about how your State agency used ALL of the food package waivers it obtained.

1. Did your State agency use all of the food package substitution waivers it obtained? *

- Yes, we used all of the food package waivers we received
- No, we used SOME BUT NOT ALL of the food package waivers we received
- No, we did not use ANY of the food package waivers

2. Select the reason(s) that best explain why you did not use all of the waivers received: *

Select all that apply

- Could not operationalize due to MIS issues
- Could not operationalize due to technological challenges (other than MIS issues)
- Could not operationalize due to other State/Tribal-level authorizations needed
- Could not operationalize due to contracts with external parties
- Did not receive waiver in time to address issue
- Time to operationalize would have taken too long
- Vendor stock/food supply issues resolved
- Other

Use of the Food Package Substitution Waivers

The following questions will ask about how your State agency used ALL of the food package waivers it obtained.

1. Did your State agency use all of the food package substitution waivers it obtained? *

- Yes, we used all of the food package waivers we received
- No, we used SOME BUT NOT ALL of the food package waivers we received
- No, we did not use ANY of the food package waivers

2. Select the reason(s) that best explain why you did not use ANY of the waivers received: *

Select all that apply

- Could not operationalize due to MIS issues
- Could not operationalize due to technological challenges (other than MIS issues)
- Could not operationalize due to other State/Tribal-level authorizations needed
- Could not operationalize due to contracts with external parties
- Did not receive waiver in time to address issue
- Time to operationalize would have taken too long
- Vendor stock/food supply issues resolved
- Other

Use of the Food Package Substitution Waivers

The following questions will ask about how your State agency used ALL of the food package waivers it obtained.

1. Did your State agency use all of the food package substitution waivers it obtained? *

- Yes, we used all of the food package waivers we received
- No, we used SOME BUT NOT ALL of the food package waivers we received
- No, we did not use ANY of the food package waivers

2. The following list includes the food package waiver types that your State agency received. Please indicate whether your State agency used each waiver (i.e., selecting "Yes" for the waivers your State agency used and "No" for waivers that were not used). *

Please do not include any administrative adjustments (e.g., authorizing additional brands; different physical forms, such as shredded or string cheese; or new, but allowable package sizes). We will ask you to provide information on administrative adjustments in the next section.

	Yes	No
BREAKFAST CEREAL: Package sizes: variety of sizes up to 36 oz.	<input type="radio"/>	<input type="radio"/>
CHEESE: Substitute up to 2 pounds (rate of 1 lb. cheese per 3 qts. milk); or Package size: 6, 10, 12, or 24 oz. (waiver not required for 8 oz. packages)	<input type="radio"/>	<input type="radio"/>

EGGS: Package size: 18 count; Substitute hardboiled for fresh; or Substitute peanut butter or legumes	<input type="radio"/>	<input type="radio"/>
CANNED FISH: Package size: 2.5, 2.6 oz.	<input type="radio"/>	<input type="radio"/>
INFANT FOODS: Substitute canned and/or frozen fruits and vegetables	<input type="radio"/>	<input type="radio"/>
JUICE: Package sizes that, alone or in combination, are less than the maximum monthly allowance	<input type="radio"/>	<input type="radio"/>
LEGUMES: Substitute baked beans or canned legumes with tomatoes	<input type="radio"/>	<input type="radio"/>
MILK: Any fat content; or Package sizes that, alone or in combination, are less than the maximum monthly allowance	<input type="radio"/>	<input type="radio"/>
TOFU: Package sizes that, alone or in combination, are less than the maximum monthly allowance	<input type="radio"/>	<input type="radio"/>
WHOLE GRAINS: Package size: 14.9, 15, 20, 24, or 25.9 oz.	<input type="radio"/>	<input type="radio"/>
YOGURT: Any fat content; Substitute up to 2 quarts (rate of 1 qt. yogurt per 3 qts. milk); or Package sizes that, alone or in combination, are less than the maximum monthly allowance	<input type="radio"/>	<input type="radio"/>

3. On what date did your State agency start using [FILL WITH FOOD PKG WAIVER #1] (i.e., when did the State agency first use the flexibilities granted under this waiver)?

Note: this date may be later than the date that the waiver was approved.

Please input date in format of M/d/yyyy



4. Is your State agency still using [FILL WITH FOOD PKG WAIVER #1]?

Yes

No

5. On what date did your State agency stop using [FILL WITH FOOD PKG WAIVER #1]?

Please input date in format of M/d/yyyy



6. In addition to the FNS approval granted by this waiver, were you required to obtain State/Tribal-level authorization of any type (e.g., emergency authority) in order to start using any of these food package waivers?

Yes

No

7. Please briefly explain the additional State/Tribal-level authorization that you obtained to start using these waivers:

Enter your answer

8. After approval was granted by FNS, how challenging was it to use these waivers? *

1 - Not at all challenging	2 - Slightly challenging	3 - Moderately challenging	4 - Very challenging	5 - Extremely challenging
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. What were the most significant challenges to operationalizing/using this waiver? *

Select all that apply

- Communicating the changes to WIC local agencies and/or clinics
- Communicating the changes to WIC participants
- Communicating the changes to WIC vendors
- Insufficient financial resources
- Insufficient staffing
- Not enough guidance from FNS
- Short timeline to implement changes
- Technical challenges related to MIS capability
- Training WIC local agency and/or clinic staff on new procedures
- Obtaining additional State/Tribal-level authorization
- Technical challenges incorporating into approved product list (APL)
- Technical challenges issuing these items on the EBT card/food instrument
- Vendor compliance with waiver
- No challenges
- Other

10. In a few sentences, please summarize the use of these food package waivers by your State agency: *

 Food Package Substitutions

* Required

Administrative Flexibilities Exercised in COVID-19 Response

In addition to using FNS authorized waivers to grant flexibilities in food package substitutions, some State agencies exercised administrative adjustments or flexibilities to their approved foods list that were allowed under current Federal rules and do not require a waiver (e.g., authorizing additional brands; different physical forms, such as shredded or string cheese; or new, but allowable package sizes). The next few questions will ask about whether your State agency exercised any of these flexibilities.

11. As a part of the COVID-19 response, did your State agency allow any administrative flexibilities to the approved foods list in addition to the flexibilities granted under your food package waivers (e.g., expanded allowable brands, packaging types, allowable forms, etc.)? *

"Administrative flexibilities" refers to changes made that are allowed under current Federal rules and do not require a waiver.

Yes

No

12. Did you allow flexibilities related to State-imposed least expensive brand policies? *

These are changes already allowed under current Federal rules and do not require a waiver. Please indicate in the table below.

	Yes	No
Breakfast Cereal	<input type="radio"/>	<input type="radio"/>
Cheese	<input type="radio"/>	<input type="radio"/>
Eggs	<input type="radio"/>	<input type="radio"/>
Canned Fish	<input type="radio"/>	<input type="radio"/>
Infant Foods	<input type="radio"/>	<input type="radio"/>
Juice	<input type="radio"/>	<input type="radio"/>
Legumes	<input type="radio"/>	<input type="radio"/>
Milk	<input type="radio"/>	<input type="radio"/>
Tofu	<input type="radio"/>	<input type="radio"/>
Whole Grains	<input type="radio"/>	<input type="radio"/>
Yogurt	<input type="radio"/>	<input type="radio"/>

13. Did you allow flexibilities related to State-imposed store brand only policies? *

These are changes already allowed under current Federal rules and do not require a waiver. Please indicate in the table below.

	Yes	No
Breakfast Cereal	<input checked="" type="radio"/>	<input type="radio"/>
Cheese	<input type="radio"/>	<input checked="" type="radio"/>
Eggs	<input checked="" type="radio"/>	<input type="radio"/>
Canned Fish	<input type="radio"/>	<input checked="" type="radio"/>
Infant Foods	<input type="radio"/>	<input checked="" type="radio"/>
Juice	<input type="radio"/>	<input checked="" type="radio"/>
Legumes	<input type="radio"/>	<input checked="" type="radio"/>
Milk	<input type="radio"/>	<input checked="" type="radio"/>
Tofu	<input type="radio"/>	<input checked="" type="radio"/>
Whole Grains	<input type="radio"/>	<input checked="" type="radio"/>
Yogurt	<input type="radio"/>	<input checked="" type="radio"/>

14. Did you allow flexibilities related to any other State-imposed brand-related policies? *

These are changes already allowed under current Federal rules and do not require a waiver. Please indicate in the table below.

	Yes	No
Breakfast Cereal	<input checked="" type="radio"/>	<input type="radio"/>
Cheese	<input checked="" type="radio"/>	<input type="radio"/>
Eggs	<input checked="" type="radio"/>	<input type="radio"/>
Canned Fish	<input type="radio"/>	<input checked="" type="radio"/>
Infant Foods	<input type="radio"/>	<input checked="" type="radio"/>
Legumes	<input type="radio"/>	<input checked="" type="radio"/>
Milk	<input checked="" type="radio"/>	<input type="radio"/>
Tofu	<input type="radio"/>	<input checked="" type="radio"/>
Whole Grains	<input type="radio"/>	<input checked="" type="radio"/>
Yogurt	<input type="radio"/>	<input checked="" type="radio"/>

15. You indicated that your State agency allowed flexibilities to other State-imposed brand-related policies. Please briefly describe those flexibilities below:

Enter your answer

16. Did you allow flexibilities related to State-imposed container size restriction policies (e.g., no quarts of cow's milk allowed, no single serving-sized containers of processed fruits and vegetables, etc.)? *

These are changes already allowed under current Federal rules and do not require a waiver. Please indicate in the table below.

	Yes	No
Breakfast Cereal	<input checked="" type="radio"/>	<input type="radio"/>
Cheese	<input type="radio"/>	<input checked="" type="radio"/>
Eggs	<input type="radio"/>	<input checked="" type="radio"/>
Canned Fish	<input type="radio"/>	<input checked="" type="radio"/>
Infant Foods	<input type="radio"/>	<input checked="" type="radio"/>
Juice	<input type="radio"/>	<input checked="" type="radio"/>
Legumes	<input type="radio"/>	<input checked="" type="radio"/>
Milk	<input checked="" type="radio"/>	<input type="radio"/>
Tofu	<input type="radio"/>	<input checked="" type="radio"/>
Whole Grains	<input type="radio"/>	<input checked="" type="radio"/>
Yogurt	<input type="radio"/>	<input checked="" type="radio"/>

17. You indicated that your State agency allowed flexibilities to State-imposed container size restriction policies. Please briefly describe those flexibilities below:

Enter your answer

18. Did you allow flexibilities related to State-imposed form or type restriction policies (e.g., no evaporated or UHT milk, no shredded or sliced cheese, no organic infant fruits and vegetables, etc.)? *

These are changes already allowed under current Federal rules and do not require a waiver. Please indicate in the table below.

	Yes	No
Breakfast Cereal	<input type="radio"/>	<input checked="" type="radio"/>
Cheese	<input checked="" type="radio"/>	<input type="radio"/>
Eggs	<input type="radio"/>	<input checked="" type="radio"/>
Canned Fish	<input type="radio"/>	<input checked="" type="radio"/>
Infant Foods	<input type="radio"/>	<input checked="" type="radio"/>
Juice	<input type="radio"/>	<input checked="" type="radio"/>
Legumes	<input type="radio"/>	<input checked="" type="radio"/>
Milk	<input type="radio"/>	<input checked="" type="radio"/>
Tofu	<input type="radio"/>	<input checked="" type="radio"/>
Whole Grains	<input type="radio"/>	<input checked="" type="radio"/>
Yogurt	<input type="radio"/>	<input checked="" type="radio"/>

19. You indicated that your State agency allowed flexibilities to State-imposed form or type restriction policies. Please briefly describe those flexibilities below: *

Enter your answer

20. Did you allow new food substitution options that you did not allow prior to COVID-19, also known as food alternative restriction policies (e.g., tofu as a partial substitute for milk, oats or whole wheat pasta as substitutes for whole grains, canned legumes as a substitute for dry legumes, etc.)? *

These are changes already allowed under current Federal rules and do not require a waiver. Please indicate in the table below.

	Yes	No
Breakfast Cereal	<input type="radio"/>	<input checked="" type="radio"/>
Cheese	<input type="radio"/>	<input checked="" type="radio"/>
Eggs	<input type="radio"/>	<input checked="" type="radio"/>
Canned Fish	<input type="radio"/>	<input checked="" type="radio"/>
Infant Foods	<input type="radio"/>	<input checked="" type="radio"/>
Juice	<input type="radio"/>	<input checked="" type="radio"/>
Legumes	<input type="radio"/>	<input checked="" type="radio"/>
Milk	<input type="radio"/>	<input checked="" type="radio"/>
Tofu	<input type="radio"/>	<input checked="" type="radio"/>
Whole Grains	<input checked="" type="radio"/>	<input type="radio"/>
Yogurt	<input type="radio"/>	<input checked="" type="radio"/>

21. You indicated that your State agency allowed flexibilities to State-imposed food alternative restriction policies. Please briefly describe those flexibilities below:

Enter your answer

 Food Package Substitutions

* Required

Impact of the Food Package Waivers on WIC Services

The next series of questions will ask you to describe the impact of the food package waivers on WIC services.

22. How important do you believe your State agency's use of the food package waivers was to ensuring that WIC participants received quality services and/or WIC benefits during the pandemic? *

This question refers only to the flexibilities added under the waivers issued by FNS, and not the administrative flexibilities that did not require waivers.

1 - Not at all important 2 - Slightly important 3 - Moderately important 4 - Very important 5 - Extremely important

1 2 3 4 5

The following questions ask about your opinion of whether using these food package waivers affected certain program outcomes. We understand that this is your general perception of the impact of the waivers on these outcomes and that these answers do not reflect a quantitative assessment.

23. In your opinion, did these food package waivers affect benefit pickup rates in your State agency? *

- Yes, these waivers improved benefit pickup rates
- Yes, these waivers helped to maintain normal benefit pickup rates during the pandemic
- No, these waivers did not affect benefit pickup rates
- Don't know

24. In your opinion, did these food package waivers affect benefit redemption rates in your State agency? *

- Yes, these waivers improved benefit redemption rates
- Yes, these waivers helped to maintain normal benefit redemption rates during the pandemic
- No, these waivers did not affect benefit redemption rates
- Don't know

25. In your opinion, did these food package waivers affect nutrition education participation rates in your State agency? *

- Yes, these waivers improved nutrition education participation rates
- Yes, these waivers helped to maintain normal nutrition education participation rates during the pandemic
- No, these waivers did not affect nutrition education participation rates
- Don't know

26. In your opinion, did these food package waivers affect participant retention rates in your State agency? *

- Yes, these waivers improved participant retention rates
- Yes, these waivers helped to maintain normal participant retention rates during the pandemic
- No, these waivers did not affect participant retention rates
- Don't know

27. Did using these food package waivers improve WIC services for women, infants, and children in your State agency in any of the following ways? *

	Yes	No	Don't Know
Improved access to food for WIC participants during pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased WIC participant concerns about feeding themselves or their infants and young children during the pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved shopping experience for WIC participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. In a few sentences, please explain how your State agency's use of these food package waivers improved services for women, infants, and children:


Enter your answer

29. Please explain why you believe use of these food package waivers did NOT improve services for women, infants, and children:

Enter your answer

30. Are there any promising practices that you would like to share about you State agency's use of these food package waivers? If so, please explain below:

Enter your answer




Four Month Benefit Issuance (offline EBT systems)

Four Month Benefit Issuance (offline EBT systems)

This waiver allows State agencies with offline EBT systems to issue up to four months of WIC benefits on electronic benefit transfer (EBT) cards at one time. This waiver is only applicable to regulations at 7 CFR 246.12(r)(5).

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Four Month Benefit Issuance (offline EBT systems)

* Required

Use of the Four Month Benefit Issuance Waiver

The following questions will ask about your State agency's use of the four month benefit issuance waiver.

1. Did your State agency use this waiver? *

Yes


No

2. If no, select the reason(s) that best explain why the State agency did not use this waiver (select all that apply): *

- Could not operationalize due to MIS issues
- Could not operationalize due to technological challenges (other than MIS issues)
- Could not operationalize due to other State/Tribal-level authorizations needed
- Could not operationalize due to contracts with external parties
- Did not receive waiver in time to address issue
- Time to operationalize would have taken too long
- Other

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 Four Month Benefit Issuance (offline EBT systems)

* Required


Use of the Four Month Benefit Issuance Waiver

The following questions will ask about your State agency's use of the four month benefit issuance waiver.

1. Did your State agency use this waiver? *

Yes
 No


2. On what date did your State agency start using this waiver (i.e., when did the State agency first use the flexibilities granted under this waiver)?
Note: this date may be later than the date that the waiver was approved by FNS.

Please input date in format of M/d/yyyy 

3. Is your State agency still using this waiver? *

Yes
 No

4. On what date did your State agency stop using this waiver?

Please input date in format of M/d/yyyy 

5. Why did your State agency stop using this waiver? *

Waiver expired
 Waiver no longer needed
 Other

6. During the time period that this waiver was active, approximately what proportion of WIC clinic sites in your State agency used this waiver?

No data analysis is necessary to answer this question—please just provide your best estimate.

- Few
- Slightly less than half
- Half
- Slightly more than half
- Most
- All

7. During the time period that this waiver was active, approximately what proportion of the State agency's WIC participants were covered by the clinic sites that used this waiver?

No data analysis is necessary to answer this question—please just provide your best estimate.

- Few
- Slightly less than half
- Half
- Slightly more than half
- Most
- All

8. In addition to the FNS approval granted by this waiver, were you required to obtain State/Tribal-level authorization of any type (e.g., emergency authority) in order to start using this waiver? *

- Yes
- No

9. Please briefly explain the additional State/Tribal-level authorization that you obtained to start using this waiver:

Enter your answer

10. After approval was granted by FNS, how challenging was it to use this waiver? *

1 - Not at all challenging 2 - Slightly challenging 3 - Moderately challenging 4 - Very challenging 5 - Extremely challenging

11. What were the most significant challenges to using this waiver? *


Select all that apply

- Communicating the changes to WIC local agencies and/or clinics
- Communicating the changes to WIC participants
- Communicating the changes to WIC vendors
- Insufficient financial resources
- Insufficient staffing
- Not enough guidance from FNS
- Short timeline to implement changes
- Technical challenges related to MIS capability
- Training WIC local agency and/or clinic staff on new procedures
- Obtaining additional State/Tribal-level authorization
- Technical challenges with EBT processor or cards
- Card stocking issues
- Food benefit changes were needed after issuance
- No challenges
- Other

12. In a few sentences, please summarize the use of this waiver by your State agency: *

Including the amount of time that benefits were extended

Enter your answer

 Four Month Benefit Issuance (offline EBT systems)

* Required

Impact of the Four Month Benefit Issuance Waiver on WIC Services

The next series of questions will ask you to describe the impact of the four month benefit issuance waiver on WIC services.

13. How important do you believe your State agency's use of this waiver was to ensuring that WIC participants received quality services and/or WIC benefits during the pandemic? *

1 - Not at all important	2 - Slightly important	3 - Moderately important	4 - Very important	5 - Extremely important
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask about your opinion of whether using this waiver affected certain program outcomes. We understand that this is your general perception of the impact of the waiver on these outcomes and that these answers do not reflect a quantitative assessment.

14. In your opinion, did this waiver affect benefit pickup rates in your State agency? *

- Yes, this waiver improved benefit pickup rates
- Yes, this waiver helped to maintain normal benefit pickup rates during the pandemic
- No, this waiver did not affect benefit pickup rates
- Don't know

15. In your opinion, did this waiver affect benefit redemption rates in your State agency? *

- Yes, this waiver improved benefit redemption rates
- Yes, this waiver helped to maintain normal benefit redemption rates during the pandemic
- No, this waiver did not affect benefit redemption rates
- Don't know

16. In your opinion, did this waiver affect nutrition education participation rates in your State agency? *

- Yes, this waiver improved nutrition education participation rates
- Yes, this waiver helped to maintain normal nutrition education participation rates during the pandemic
- No, this waiver did not affect nutrition education participation rates
- Don't know

17. In your opinion, did this waiver affect participant retention rates in your State agency? *

- Yes, this waiver improved participant retention rates
- Yes, this waiver helped to maintain normal participant retention rates during the pandemic
- No, this waiver did not affect participant retention rates
- Don't know

18. Did using this waiver improve WIC services for women, infants, and children in your State agency in any of the following ways? *

Select one option per row.

	Yes	No	Don't Know
Kept WIC participants and staff safe by promoting social distancing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made WIC more accessible when being physically present was difficult	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Improved access to food for WIC participants during pandemic	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Decreased WIC participant concerns about feeding themselves or their infants and young children during the pandemic	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Allowed WIC clinic to serve more WIC participants in less time	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowed WIC clinic to serve more WIC participants with fewer staff	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Made WIC more convenient for WIC participants' schedules	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

19. In a few sentences, please explain how your State agency's use of this waiver improved services for women, infants, and children:

Enter your answer

20. Please explain why you believe this waiver did NOT improve services for women, infants, and children:

Enter your answer

21. Are there any promising practices that you would like to share about your State agency's use of this waiver? If so, please explain below:

Enter your answer

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Local Agency Monitoring

Local Agency Monitoring

Waiver of the requirement to conduct onsite monitoring reviews of local agencies. State agencies must still conduct monitoring reviews of each local agency at least biennially in accordance with section 17(f)(20) of the Child Nutrition Act, as amended (42 U.S.C. 1786(f)(20)), but this waiver allows State agencies to conduct local agency monitoring reviews virtually (e.g., via desk audit or other means) instead of onsite. This waiver is only applicable to regulations at 7 CFR 246.19(b)(3).

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Local Agency Monitoring

* Required

Use of the Local Agency Monitoring Waiver

The following questions will ask about your State agency's use of the local agency monitoring waiver.

1. Did your State agency use this waiver? *

Yes

No

2. If no, select the reason(s) that best explain why the State agency did not use this waiver (select all that apply): *

Could not operationalize due to MIS issues

Could not operationalize due to technological challenges (other than MIS issues)

Could not operationalize due to other State/Tribal-level authorizations needed

Could not operationalize due to contracts with external parties


Did not receive waiver in time to address issue

Time to operationalize would have taken too long

Other

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 Local Agency Monitoring

* Required


Use of the Local Agency Monitoring Waiver

The following questions will ask about your State agency's use of the local agency monitoring waiver.

1. Did your State agency use this waiver? *

Yes
 No


2. On what date did your State agency start using this waiver (i.e., when did the State agency first use the flexibilities granted under this waiver)?
Note: this date may be later than the date that the waiver was approved by FNS.

Please input date in format of M/d/yyyy 

3. Is your State agency still using this waiver? *

Yes
 No

4. On what date did your State agency stop using this waiver?

Please input date in format of M/d/yyyy 

5. Why did your State agency stop using this waiver? *

Waiver expired
 Waiver no longer needed
 Other

6. How many of your local agencies/clinics received remote monitoring under this waiver?

The value must be a number

7. In addition to the FNS approval granted by this waiver, were you required to obtain State/Tribal-level authorization of any type (e.g., emergency authority) in order to start using this waiver? *

Yes

No

8. Please briefly explain the additional State/Tribal-level authorization that you obtained to start using this waiver:

Enter your answer

9. After approval was granted by FNS, how challenging was it to use this waiver? *

1 - Not at all challenging	2 - Slightly challenging	3 - Moderately challenging	4 - Very challenging	5 - Extremely challenging
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. What were the most significant challenges to using this waiver? *

Select all that apply

- Communicating the changes to WIC local agencies and/or clinics
- Insufficient financial resources
- Insufficient staffing
- Not enough guidance from FNS
- Short timeline to implement changes
- Training WIC local agency and/or clinic staff on new procedures
- Obtaining additional State/Tribal-level authorization
- Technical challenges with remote monitoring (e.g., poor call quality)
- Conducting high quality reviews
- No challenges
-

11. In a few sentences, please summarize the use of this waiver by your State agency: *

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 Local Agency Monitoring

* Required

Impact of the Local Agency Monitoring Waiver on WIC Services

The next series of questions will ask you to describe the impact of the local agency monitoring waiver on WIC services.

12. How important do you believe your State agency's use of this waiver was to ensuring that WIC participants received quality services and/or WIC benefits during the pandemic? *

	1 - Not at all important	2 - Slightly important	3 - Moderately important	4 - Very important	5 - Extremely important
	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Did using this waiver improve WIC services for women, infants, and children in your State agency in any of the following ways? *

Select one option per row.

	Yes	No	Don't Know
Kept WIC participants and staff safe by promoting social distancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Freed up State agency staff time to focus on COVID-19 response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Freed up local agency and/or clinic staff time to focus on COVID-19 response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowed the State agency to continue conducting quality oversight during the pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

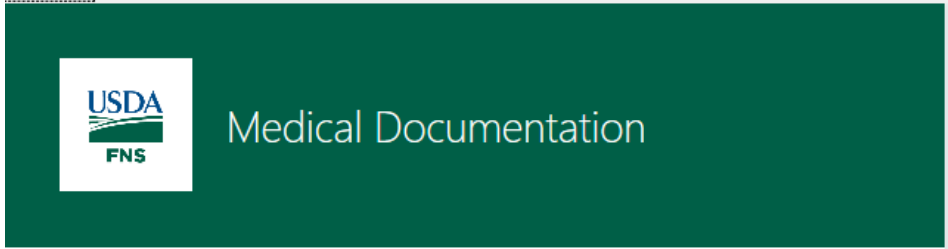
14. In a few sentences, please explain how your State agency's use of this waiver improved services for women, infants, and children:

15. Please explain why you believe use of this waiver did NOT improve services for women, infants, and children:

16. Are there any promising practices that you would like to share about your State agency's use of this waiver? If so, please explain below:

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Medical Documentation

This waiver allows extending existing benefits by no more than 2 months for participants with documented qualifying conditions as defined at 7 CFR 246.10(e)(3)(i). This waiver is applicable to the regulation at 7 CFR 246.10(d)(1).

Next



* Required

Use of the Medical Documentation Waiver

The following questions will ask about your State agency's use of the medical documentation waiver.

1. Did your State agency use this waiver? *


- Yes
- No

2. If no, select the reason(s) that best explain why the State agency did not use this waiver (select all that apply): *

- Could not operationalize due to MIS issues
- Could not operationalize due to technological challenges (other than MIS issues)
- Could not operationalize due to other State/Tribal-level authorizations needed
- Could not operationalize due to contracts with external parties
- Did not receive waiver in time to address issue
- Time to operationalize would have taken too long
- Other

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 Medical Documentation

*** Required**

Use of the Medical Documentation Waiver

The following questions will ask about your State agency's use of the medical documentation waiver.


1. Did your State agency use this waiver? *

Yes

No

2. On what date did your State agency start using this waiver (i.e., when did the State agency first use the flexibilities granted under this waiver)?

Note: this date may be later than the date that the waiver was approved by FNS.


Please input date in format of M/d/yyyy 

3. Is your State agency still using this waiver? *

Yes

No

4. On what date did your State agency stop using this waiver?

Please input date in format of M/d/yyyy 

5. Why did your State agency stop using this waiver? *

Waiver expired

Waiver no longer needed

Other

6. During the time period that this waiver was active, approximately what proportion of WIC clinic sites in your State agency used this waiver?

No data analysis is necessary to answer this question—please just provide your best estimate.

- Few
- Slightly less than half
- Half
- Slightly more than half
- Most
- All

7. During the time period that this waiver was active, approximately what proportion of the State agency's WIC participants were covered by the clinic sites that used this waiver?

No data analysis is necessary to answer this question—please just provide your best estimate.

- Few
- Slightly less than half
- Half
- Slightly more than half
- Most
- All

8. In addition to the FNS approval granted by this waiver, were you required to obtain State/Tribal-level authorization of any type (e.g., emergency authority) in order to start using this waiver? *

- Yes
- No

9. Please briefly explain the additional State/Tribal-level authorization that you obtained to start using this waiver:

Enter your answer

10. After approval was granted by FNS, how challenging was it to use this waiver? *

1 - Not at all challenging	2 - Slightly challenging	3 - Moderately challenging	4 - Very challenging	5 - Extremely challenging
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. What were the most significant challenges to using this waiver? *

Select all that apply

- Communicating the changes to WIC local agencies and/or clinics
- Communicating the changes to WIC participants
- Communicating the changes to healthcare providers
- Insufficient financial resources
- Insufficient staffing
- Not enough guidance from FNS
- Short timeline to implement changes
- Technical challenges related to MIS capability
- Training WIC local agency and/or clinic staff on new procedures
- Obtaining additional State/Tribal-level authorization
- No challenges
- Other

12. In a few sentences, please summarize the use of this waiver by your State agency: *

Enter your answer

13. Although this waiver extended EXISTING benefits for participants with documented qualifying conditions, it did not waive the requirement to obtain medical documentation for the issuance of NEW requests. While operating under this waiver authority (i.e., while this waiver was active), how did the State agency receive complete medical documentation forms for NEW requests? *

Select all that apply

- An original written document
- Electronically
- Facsimile/Fax, until written confirmation is received within the required timeframe (i.e., 2 months)
- Telephone, until written confirmation is received within the required timeframe (i.e., 2 months)
- Other

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 Medical Documentation

* Required

Impact of the Medical Documentation Waiver on WIC Services

The next series of questions will ask you to describe the impact of the medical documentation waiver on WIC services.

14. How important do you believe your State agency's use of this waiver was to ensuring that WIC participants received quality services and/or WIC benefits during the pandemic? *

- 1 - Not at all important
- 2 - Slightly important
- 3 - Moderately important
- 4 - Very important
- 5 - Extremely important

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The following questions ask about your opinion of whether using this waiver affected certain program outcomes. We understand that this is your general perception of the impact of the waiver on these outcomes and that these answers do not reflect a quantitative assessment.

15. In your opinion, did this waiver affect benefit pickup rates in your State agency? *

- Yes, this waiver improved benefit pickup rates
- Yes, this waiver helped to maintain normal benefit pickup rates during the pandemic
- No, this waiver did not affect benefit pickup rates
- Don't know

16. In your opinion, did this waiver affect benefit redemption rates in your State agency? *

- Yes, this waiver improved benefit redemption rates
- Yes, this waiver helped to maintain normal benefit redemption rates during the pandemic
- No, this waiver did not affect benefit redemption rates
- Don't know

17. In your opinion, did this waiver affect nutrition education participation rates in your State agency? *

- Yes, this waiver improved nutrition education participation rates
- Yes, this waiver helped to maintain normal nutrition education participation rates during the pandemic
- No, this waiver did not affect nutrition education participation rates
- Don't know

18. In your opinion, did this waiver affect participant retention rates in your State agency? *

- Yes, this waiver improved participant retention rates
- Yes, this waiver helped to maintain normal participant retention rates during the pandemic
- No, this waiver did not affect participant retention rates
- Don't know

19. Did using this waiver improve WIC services for women, infants, and children in your State agency in any of the following ways? *

Select one option per row.

	Yes	No	Don't Know
Kept WIC participants and staff safe by promoting social distancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made WIC more accessible when being physically present was difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved access to food for WIC participants during pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased WIC participant concerns about feeding themselves or their infants and young children during the pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved shopping experience for WIC participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowed WIC clinic to serve more WIC participants in less time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowed WIC clinic to serve more WIC participants with fewer staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made WIC more convenient for WIC participants' schedules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowed participants extra time to obtain documentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Reduced the number of participants that received a food package change due to issues obtaining documentation within the normal timeframe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. In a few sentences, please explain how your State agency's use of this waiver improved services for women, infants, and children:

Enter your answer


21. Please explain why you believe this waiver did NOT improve services for women, infants, and children:

Enter your answer

22. Are there any promising practices that you would like to share about your State agency's use of this waiver? If so, please explain below:

Enter your answer

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Physical Presence

Physical Presence

Waiver of the physical presence requirements set forth in 42 U.S.C. 1786(d)(3)(C)(i). The approval to waive the physical presence requirement includes the ability to defer anthropometric and bloodwork requirements necessary to determine nutritional risk for the period the physical presence waiver is in effect per section 2203(a)(1)(B) of H.R. 6201.

Next



Physical Presence

* Required

Use of the Physical Presence Waiver

The following questions will ask about your State agency's use of the physical presence waiver.

1. Did your State agency use this waiver? *


Yes

No

2. If no, select the reason(s) that best explain why the State agency did not use this waiver (select all that apply): *

- Could not operationalize due to MIS issues
- Could not operationalize due to technological challenges (other than MIS issues)
- Could not operationalize due to other State/Tribal-level authorizations needed
- Could not operationalize due to contracts with external parties
- Did not receive waiver in time to address issue
- Time to operationalize would have taken too long
- Other

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 Physical Presence

* Required


Use of the Physical Presence Waiver

The following questions will ask about your State agency's use of the physical presence waiver.

1. Did your State agency use this waiver? *

Yes
 No


2. On what date did your State agency start using this waiver (i.e., when did the State agency first use the flexibilities granted under this waiver)?
Note: this date may be later than the date that the waiver was approved by FNS.

Please input date in format of M/d/yyyy 

3. Is your State agency still using this waiver? *

Yes
 No

4. On what date did your State agency stop using this waiver?

Please input date in format of M/d/yyyy 

5. Why did your State agency stop using this waiver? *

Waiver expired
 Waiver no longer needed
 Other

6. During the time period that this waiver was active, approximately what proportion of WIC clinic sites in your State agency used this waiver?

No data analysis is necessary to answer this question—please just provide your best estimate.

- Few
- Slightly less than half
- Half
- Slightly more than half
- Most
- All

7. During the time period that this waiver was active, approximately what proportion of the State agency's WIC participants were covered by the clinic sites that used this waiver?

No data analysis is necessary to answer this question—please just provide your best estimate.

- Few
- Slightly less than half
- Half
- Slightly more than half
- Most
- All

8. In addition to the FNS approval granted by this waiver, were you required to obtain State/Tribal-level authorization of any type (e.g., emergency authority) in order to start using this waiver? *

- Yes
- No

9. Please briefly explain the additional State/Tribal-level authorization that you obtained to start using this waiver:

Enter your answer

10. After approval was granted by FNS, how challenging was it to use this waiver? *

1 - Not at all challenging 2 - Slightly challenging 3 - Moderately challenging 4 - Very challenging 5 - Extremely challenging


11. What were the most significant challenges to using this waiver? *

Select all that apply

- Communicating the changes to WIC local agencies and/or clinics
- Communicating the changes to WIC participants
- Insufficient financial resources
- Insufficient staffing
- Not enough guidance from FNS
- Short timeline to implement changes
- Technical challenges related to MIS capability
- Training WIC local agency and/or clinic staff on new procedures
- Obtaining additional State/Tribal-level authorization
- Insufficient resources for WIC staff (e.g., staff did not have equipment needed to conduct appointment remotely)
- Insufficient resources for WIC participants (e.g., participant could not access phone or video call technology)
- Monitoring staff in remote environment
- Technical challenges with method of communication (e.g., poor video call quality)
- No challenges
- Other

12. In a few sentences, please summarize the use of this waiver by your State agency: *

Enter your answer

 Physical Presence

* Required

Impact of the Physical Presence Waiver on WIC Services

The next series of questions will ask you to describe the impact of the physical presence waiver on WIC services.

13. How important do you believe your State agency's use of this waiver was to ensuring that WIC participants received quality services and/or WIC benefits during the pandemic? *

1 - Not at all important	2 - Slightly important	3 - Moderately important	4 - Very important	5 - Extremely important
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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The following questions ask about your opinion of whether using this waiver affected certain program outcomes. We understand that this is your general perception of the impact of the waiver on these outcomes and that these answers do not reflect a quantitative assessment.

14. In your opinion, did this waiver affect benefit pickup rates in your State agency? *

- Yes, this waiver improved benefit pickup rates
- Yes, this waiver helped to maintain normal benefit pickup rates during the pandemic
- No, this waiver did not affect benefit pickup rates
- Don't know

15. In your opinion, did this waiver affect benefit redemption rates in your State agency? *

- Yes, this waiver improved benefit redemption rates
- Yes, this waiver helped to maintain normal benefit redemption rates during the pandemic
- No, this waiver did not affect benefit redemption rates
- Don't know

16. In your opinion, did this waiver affect nutrition education participation rates in your State agency? *

- Yes, this waiver improved nutrition education participation rates
- Yes, this waiver helped to maintain normal nutrition education participation rates during the pandemic
- No, this waiver did not affect nutrition education participation rates
- Don't know

17. In your opinion, did this waiver affect participant retention rates in your State agency? *

- Yes, this waiver improved participant retention rates
- Yes, this waiver helped to maintain normal participant retention rates during the pandemic
- No, this waiver did not affect participant retention rates
- Don't know

18. Did using this waiver improve WIC services for women, infants, and children in your State agency in any of the following ways? *

Select one option per row.

	Yes	No	Don't Know
Kept WIC participants and staff safe by promoting social distancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made WIC more accessible when being physically present was difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved access to food for WIC participants during pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased WIC participant concerns about feeding themselves or their infants and young children during the pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowed WIC clinic to serve more WIC participants in less time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowed WIC clinic to serve more WIC participants with fewer staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made WIC more convenient for WIC participants' schedules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. In a few sentences, please explain how your State agency's use of this waiver improved services for women, infants, and children:

20. Please explain why you believe use of this waiver did NOT improve services for women, infants, and children:

21. Are there any promising practices that you would like to share about your State agency's use of this waiver? If so, please explain below:

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Remote Benefit Issuance

This waiver allows remote issuance of benefits to any participant (or parent/caretaker or proxy). Under such circumstances, the second nutrition education contact is not required prior to issuance of benefits and in-person pick-up is not required upon completion of virtual nutrition education. This waiver is only applicable to regulations at 7 CFR 246.12(r)(4).

Next



* Required

Use of the Remote Benefit Issuance Waiver

The following questions will ask about your State agency's use of the remote benefit issuance waiver.

1. Did your State agency use this waiver? *

Yes

No

2. If no, select the reason(s) that best explain why the State agency did not use this waiver (select all that apply): *

Could not operationalize due to MIS issues

Could not operationalize due to technological challenges (other than MIS issues)

Could not operationalize due to other State/Tribal-level authorizations needed

Could not operationalize due to contracts with external parties


Did not receive waiver in time to address issue

Time to operationalize would have taken too long

Other

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 Remote Benefit Issuance

*** Required**


Use of the Remote Benefit Issuance Waiver

The following questions will ask about your State agency's use of the remote benefit issuance waiver.

1. Did your State agency use this waiver? *

Yes
 No


2. On what date did your State agency start using this waiver (i.e., when did the State agency first use the flexibilities granted under this waiver)?
Note: this date may be later than the date that the waiver was approved by FNS.

Please input date in format of M/d/yyyy 

3. Is your State agency still using this waiver? *

Yes
 No

4. On what date did your State agency stop using this waiver?

Please input date in format of M/d/yyyy 

5. Why did your State agency stop using this waiver? *

Waiver expired
 Waiver no longer needed
 Other

6. During the time period that this waiver was active, approximately what proportion of WIC clinic sites in your State agency used this waiver?

No data analysis is necessary to answer this question—please just provide your best estimate.

- Few
- Slightly less than half
- Half
- Slightly more than half
- Most
- All

7. During the time period that this waiver was active, approximately what proportion of the State agency's WIC participants were covered by the clinic sites that used this waiver?

No data analysis is necessary to answer this question—please just provide your best estimate.

- Few
- Slightly less than half
- Half
- Slightly more than half
- Most
- All

8. In addition to the FNS approval granted by this waiver, were you required to obtain State/Tribal-level authorization of any type (e.g., emergency authority) in order to start using this waiver? *

- Yes
- No

9. Please briefly explain the additional State/Tribal-level authorization that you obtained to start using this waiver:

Enter your answer

10. After approval was granted by FNS, how challenging was it to use this waiver? *

1 - Not at all challenging	2 - Slightly challenging	3 - Moderately challenging	4 - Very challenging	5 - Extremely challenging
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. What were the most significant challenges to using this waiver? *

Select all that apply

- Communicating the changes to WIC local agencies and/or clinics
- Communicating the changes to WIC participants
- Insufficient financial resources
- Insufficient staffing
- Not enough guidance from FNS
- Short timeline to implement changes
- Technical challenges related to MIS capability
- Training WIC local agency and/or clinic staff on new procedures
- Obtaining additional State/Tribal-level authorization
- Challenges with mailing a PIN
- Challenges with use of a drop box
- Special security and/or separation of duties procedures
- Technical challenges with EBT processor
- Issues related offline EBT systems
- Participant mailing addresses were unreliable (i.e., mailed benefits were returned to sender)
- Ensuring that participants continued to participate in nutrition education
- Making changes after benefits were issued remotely (i.e., changes that were not communicated in advance)
- No challenges
- Other

12. In a few sentences, please summarize the use of this waiver by your State agency: *

Enter your answer

13. How did WIC participants receive their newly issued WIC food instruments (e.g., EBT cards, paper checks, paper vouchers) under this waiver? *

Select all that apply

- Food instruments were mailed to participants
- Food instruments were picked up outside of the WIC clinic (e.g., curbside or drive-thru)
- Food instruments were picked up inside of the WIC clinic
- Other

14. Did the State agency operate an EBT system during the period the waiver was in use (i.e., did any clinics issue EBT benefits or any vendors accept EBT transactions)? *

- Yes
- No

15. Prior to receiving approval for the remote issuance waiver, did your State agency issue benefits remotely (i.e., load benefits onto an EBT card without the card being physically present at the clinic)? *

- Yes
- No; although the State agency operates an online EBT system, benefits were not issued remotely
- No; State agency operates an offline EBT system and cannot issue benefits remotely

16. Prior to receiving approval for the remote issuance waiver, in which of the following situations did your State agency issue benefits remotely? *

Select all that apply

- After unscheduled nutrition education was completed (e.g., through an online system)
- After scheduled virtual, secondary nutrition education was completed (e.g., an appointment with a CPA conducted via video call)
- Automatically between certification appointments, if the participant was not scheduled for nutrition education
- Upon participant request between certification appointments
- Other

17. How did WIC participants who already had an EBT card receive their EBT benefits under this waiver? *

Select all that apply

- Benefits were loaded to the EBT card remotely
- Benefits were loaded at the clinic while the participant waited outside
- Benefits were loaded at the clinic while the participant waited inside
- Other

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Remote Benefit Issuance

* Required

Impact of the Remote Benefit Issuance Waiver on WIC Services

The next series of questions will ask you to describe the impact of the remote benefit issuance waiver on WIC services.

18. How important do you believe your State agency's use of this waiver was to ensuring that WIC participants received quality services and/or WIC benefits during the pandemic? *

1 - Not at all important 2 - Slightly important 3 - Moderately important 4 - Very important 5 - Extremely important

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The following questions ask about your opinion of whether using this waiver affected certain program outcomes. We understand that this is your general perception of the impact of the waiver on these outcomes and that these answers do not reflect a quantitative assessment.

19. In your opinion, did this waiver affect benefit pickup rates in your State agency? *

- Yes, this waiver improved benefit pickup rates
- Yes, this waiver helped to maintain normal benefit pickup rates during the pandemic
- No, this waiver did not affect benefit pickup rates
- Don't know

20. In your opinion, did this waiver affect benefit redemption rates in your State agency? *

- Yes, this waiver improved benefit redemption rates
- Yes, this waiver helped to maintain normal benefit redemption rates during the pandemic
- No, this waiver did not affect benefit redemption rates
- Don't know

21. In your opinion, did this waiver affect nutrition education participation rates in your State agency? *

- Yes, this waiver improved nutrition education participation rates
- Yes, this waiver helped to maintain normal nutrition education participation rates during the pandemic
- No, this waiver did not affect nutrition education participation rates
- Don't know

22. In your opinion, did this waiver affect participant retention rates in your State agency? *

- Yes, this waiver improved participant retention rates
- Yes, this waiver helped to maintain normal participant retention rates during the pandemic
- No, this waiver did not affect participant retention rates
- Don't know

23. Did using this waiver improve WIC services for women, infants, and children in your State agency in any of the following ways? *

Select one option per row.

	Yes	No	Don't Know
Kept WIC participants and staff safe by promoting social distancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made WIC more accessible when being physically present was difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved access to food for WIC participants during pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased WIC participant concerns about feeding themselves or their infants and young children during the pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved shopping experience for WIC participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowed WIC clinic to serve more WIC participants in less time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowed WIC clinic to serve more WIC participants with fewer staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made WIC more convenient for WIC participants' schedules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. In a few sentences, please explain how your State agency's use of this waiver improved services for women, infants, and children:

25. Please explain why you believe use of this waiver did NOT improve services for women, infants, and children:

26. Are there any promising practices that you would like to share about your State agency's use of this waiver? If so, please explain below:

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Separation of Duties

Separation of Duties

Waiver of the requirement that prohibits a single employee from determining eligibility for all certification criteria and issuing food instruments, cash-value vouchers or supplemental food for the same participant. This waiver is only applicable to regulations at 246.4(a)(27)(iii).

Next



Separation of Duties

* Required

Use of the Separation of Duties Waiver

The following questions will ask about your State agency's use of the separation of duties waiver.

1. Did your State agency use this waiver? *

Yes

No

2. If no, select the reason(s) that best explain why the State agency did not use this waiver (select all that apply): *

Could not operationalize due to MIS issues

Could not operationalize due to technological challenges (other than MIS issues)

Could not operationalize due to other State/Tribal-level authorizations needed

Could not operationalize due to contracts with external parties

Did not receive waiver in time to address issue

Time to operationalize would have taken too long

Other

Back

Submit



Separation of Duties

* Required

Use of the Separation of Duties Waiver

The following questions will ask about your State agency's use of the separation of duties waiver.

1. Did your State agency use this waiver? *

Yes

No

2. On what date did your State agency start using this waiver (i.e., when did the State agency first use the flexibilities granted under this waiver)?

Note: this date may be later than the date that the waiver was approved by FNS.

Please input date in format of M/d/yyyy



3. Is your State agency still using this waiver? *

Yes

No

4. On what date did your State agency stop using this waiver?

Please input date in format of M/d/yyyy



5. Why did your State agency stop using this waiver? *

Waiver expired

Waiver no longer needed

Other

6. During the time period that this waiver was active, approximately what proportion of WIC clinic sites in your State agency used this waiver?

No data analysis is necessary to answer this question—please just provide your best estimate.

- Few
- Slightly less than half
- Half
- Slightly more than half
- Most
- All

7. During the time period that this waiver was active, approximately what proportion of the State agency's WIC participants were covered by the clinic sites that used this waiver?

No data analysis is necessary to answer this question—please just provide your best estimate.

- Few
- Slightly less than half
- Half
- Slightly more than half
- Most
- All

8. In addition to the FNS approval granted by this waiver, were you required to obtain State/Tribal-level authorization of any type (e.g., emergency authority) in order to start using this waiver? *

- Yes
- No

9. Please briefly explain the additional State/Tribal-level authorization that you obtained to start using this waiver:

Enter your answer

10. After approval was granted by FNS, how challenging was it to use this waiver? *

1 - Not at all challenging	2 - Slightly challenging	3 - Moderately challenging	4 - Very challenging	5 - Extremely challenging
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. What were the most significant challenges to using this waiver? *


Select all that apply

- Communicating the changes to WIC local agencies and/or clinics
- Communicating the changes to WIC participants
- Insufficient financial resources
- Insufficient staffing
- Not enough guidance from FNS
- Short timeline to implement changes
- Technical challenges related to MIS capability
- Training WIC local agency and/or clinic staff on new procedures
- Obtaining additional State/Tribal-level authorization
- No challenges
- Other

12. In a few sentences, please summarize the use of this waiver by your State agency: *

Enter your answer

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----------------------	----------------------

 Separation of Duties

* Required

Impact of the Separation of Duties Waiver on WIC Services

The next series of questions will ask you to describe the impact of the separation of duties waiver on WIC services.

13. How important do you believe your State agency's use of this waiver was to ensuring that WIC participants received quality services and/or WIC benefits during the pandemic? *

1 - Not at all important	2 - Slightly important	3 - Moderately important	4 - Very important	5 - Extremely important
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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The following questions ask about your opinion of whether using this waiver affected certain program outcomes. We understand that this is your general perception of the impact of the waiver on these outcomes and that these answers do not reflect a quantitative assessment.

14. In your opinion, did this waiver affect benefit pickup rates in your State agency? *

- Yes, this waiver improved benefit pickup rates
- Yes, this waiver helped to maintain normal benefit pickup rates during the pandemic
- No, this waiver did not affect benefit pickup rates
- Don't know

15. In your opinion, did this waiver affect benefit redemption rates in your State agency? *

- Yes, this waiver improved benefit redemption rates
- Yes, this waiver helped to maintain normal benefit redemption rates during the pandemic
- No, this waiver did not affect benefit redemption rates
- Don't know

16. In your opinion, did this waiver affect nutrition education participation rates in your State agency? *

- Yes, this waiver improved nutrition education participation rates
- Yes, this waiver helped to maintain normal nutrition education participation rates during the pandemic
- No, this waiver did not affect nutrition education participation rates
- Don't know

17. In your opinion, did this waiver affect participant retention rates in your State agency? *

- Yes, this waiver improved participant retention rates
- Yes, this waiver helped to maintain normal participant retention rates during the pandemic
- No, this waiver did not affect participant retention rates
- Don't know

18. Did using this waiver improve WIC services for women, infants, and children in your State agency in any of the following ways? *
Select one option per row.

	Yes	No	Don't Know
Kept WIC participants and staff safe by promoting social distancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made WIC more accessible when being physically present was difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved access to food for WIC participants during pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased WIC participant concerns about feeding themselves or their infants and young children during the pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowed WIC clinic to serve more WIC participants in less time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowed WIC clinic to serve more WIC participants with fewer staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made WIC more convenient for WIC participants' schedules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


19. In a few sentences, please explain how your State agency's use of this waiver improved services for women, infants, and children:

20. Please explain why you believe use of this waiver did NOT improve services for women, infants, and children:

21. Are there any promising practices that you would like to share about your State agency's use of this waiver? If so, please explain below:

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Transactions without Presence of Cashier

Transactions without Presence of Cashier

Waiver of the federal requirement outlined in 7 CFR 246.12(h)(3)(vi), that WIC transactions (including the signing of a paper food instrument or cash-value voucher, or the entering of a Personal Identification Number (PIN) in EBT systems) must occur in the presence of a cashier.

Next



Transactions without Presence of Cashier

* Required

Use of the Transactions without Presence of Cashier Waiver

The following questions will ask about your State agency's use of the transactions without presence of cashier waiver.

1. Did your State agency use this waiver? *

Yes

No

2. If no, select the reason(s) that best explain why the State agency did not use this waiver (select all that apply): *

- Could not operationalize due to MIS issues
- Could not operationalize due to technological challenges (other than MIS issues)
- Could not operationalize due to other State/Tribal-level authorizations needed
- Could not operationalize due to contracts with external parties
- Did not receive waiver in time to address issue
- Time to operationalize would have taken too long
- Vendors not willing or not able to change their policies/procedures
- Other

Back

Submit

 Transactions without Presence of Cashier

* Required

Use of the Transactions without Presence of Cashier Waiver

The following questions will ask about your State agency's use of the transactions without presence of cashier waiver.

1. Did your State agency use this waiver? *

Yes

No

2. On what date did your State agency start using this waiver (i.e., when did the State agency first use the flexibilities granted under this waiver)?

Note: this date may be later than the date that the waiver was approved by FNS.

Please input date in format of M/d/yyyy



3. Is your State agency still using this waiver? *

Yes

No

4. On what date did your State agency stop using this waiver?

Please input date in format of M/d/yyyy



5. Why did your State agency stop using this waiver? *

Waiver expired

Waiver no longer needed

Other

6. During the time period that this waiver was active, approximately what proportion of WIC vendors in your State agency used the flexibilities provided by this waiver?

No data analysis is necessary to answer this question—please just provide your best estimate.

- None
- Few
- Slightly less than half
- Half
- Slightly more than half
- Most
- All
- Don't know

7. In addition to the FNS approval granted by this waiver, were you required to obtain State/Tribal-level authorization of any type (e.g., emergency authority) in order to start using this waiver? *

- Yes
- No

8. Please briefly explain the additional State/Tribal-level authorization that you obtained to start using this waiver:

Enter your answer

9. After approval was granted by FNS, how challenging was it to use this waiver? *

- | | | | | |
|-------------------------------|-----------------------------|-------------------------------|-------------------------|------------------------------|
| 1 - Not at all
challenging | 2 - Slightly
challenging | 3 - Moderately
challenging | 4 - Very
challenging | 5 - Extremely
challenging |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

10. What were the most significant challenges to using this waiver? *

Select all that apply

- Communicating the changes to WIC local agencies and/or clinics
- Communicating the changes to WIC participants
- Communicating the changes to WIC vendors
- Insufficient financial resources
- Insufficient staffing
- Not enough guidance from FNS
- Short timeline to implement changes
- Obtaining additional State/Tribal-level authorization
- Technical challenges with EBT
- Lack of authorized vendors with technology to adopt this change
- Lack of willingness of authorized vendors to change their policies/procedures
- Technical solutions needed for online transactions
- Technical standards and/or operating rules needed for online transactions
- Technical solutions needed for mobile POS transactions
- Technical standards and/or operating rules needed for mobile POS transactions
- WIC vendors did not offer online ordering with in-store payment
- WIC vendors did not set up their online stores to support WIC ordering
- No challenges
- Other

11. In a few sentences, please summarize the use of this waiver by your State agency: *

Enter your answer

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Transactions without Presence of Cashier

* Required

Impact of the Transactions without Presence of Cashier Waiver on WIC Services

The next series of questions will ask you to describe the impact of the transactions without presence of cashier waiver on WIC services.

12. How important do you believe your State agency's use of this waiver was to ensuring that WIC participants received quality services and/or WIC benefits during the pandemic? *

1 - Not at all important

2 - Slightly important

3 - Moderately important

4 - Very important

5 - Extremely important

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The following questions ask about your opinion of whether using this waiver affected certain program outcomes. We understand that this is your general perception of the impact of the waiver on these outcomes and that these answers do not reflect a quantitative assessment.

13. In your opinion, did this waiver affect benefit pickup rates in your State agency? *

- Yes, this waiver improved benefit pickup rates
- Yes, this waiver helped to maintain normal benefit pickup rates during the pandemic
- No, this waiver did not affect benefit pickup rates
- Don't know

14. In your opinion, did this waiver affect benefit redemption rates in your State agency? *

- Yes, this waiver improved benefit redemption rates
- Yes, this waiver helped to maintain normal benefit redemption rates during the pandemic
- No, this waiver did not affect benefit redemption rates
- Don't know

15. In your opinion, did this waiver affect nutrition education participation rates in your State agency? *

- Yes, this waiver improved nutrition education participation rates
- Yes, this waiver helped to maintain normal nutrition education participation rates during the pandemic
- No, this waiver did not affect nutrition education participation rates
- Don't know

16. In your opinion, did this waiver affect participant retention rates in your State agency? *

- Yes, this waiver improved participant retention rates
- Yes, this waiver helped to maintain normal participant retention rates during the pandemic
- No, this waiver did not affect participant retention rates
- Don't know

17. Did using this waiver improve WIC services for women, infants, and children in your State agency in any of the following ways? *

Select one option per row.

	Yes	No	Don't Know
Kept WIC participants and staff safe by promoting social distancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made WIC more accessible when being physically present was difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved access to food for WIC participants during pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased WIC participant concerns about feeding themselves or their infants and young children during the pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved shopping experience for WIC participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made WIC more convenient for WIC participants' schedules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enabled WIC participants to purchase food online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. In a few sentences, please explain how your State agency's use of this waiver improved services for women, infants, and children:

19. Please explain why you believe use of this waiver did NOT improve services for women, infants, and children:

20. Are there any promising practices that you would like to share about your State agency's use of this waiver? If so, please explain below:

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Two Month Benefit Issuance (non-retail systems)

Two Month Benefit Issuance (non-retail systems)

Waiver of the federal requirement that the State agency must not issue more than a one month supply of supplemental foods through its home delivery and/or direct distribution system at any one time to any participant, parent/caretaker, or proxy. This waiver is only applicable to regulations at 7 CFR 246.12(r)(5).

Next



Two Month Benefit Issuance (non-retail systems)

* Required

Use of the Two Month Benefit Issuance Waiver

The following questions will ask about your State agency's use of the two month benefit issuance waiver.

1. Did your State agency use this waiver? *


- Yes
- No

2. If no, select the reason(s) that best explain why the State agency did not use this waiver (select all that apply): *

- Could not operationalize due to MIS issues
- Could not operationalize due to technological challenges (other than MIS issues)
- Could not operationalize due to other State/Tribal-level authorizations needed
- Could not operationalize due to contracts with external parties
- Did not receive waiver in time to address issue
- Time to operationalize would have taken too long
- Other

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 Two Month Benefit Issuance (non-retail systems)

* Required

Use of the Two Month Benefit Issuance Waiver

The following questions will ask about your State agency's use of the two month benefit issuance waiver.

1. Did your State agency use this waiver? *

Yes

No

2. On what date did your State agency start using this waiver (i.e., when did the State agency first use the flexibilities granted under this waiver)?

Note: this date may be later than the date that the waiver was approved by FNS.

Please input date in format of M/d/yyyy



3. Is your State agency still using this waiver? *

Yes

No

4. On what date did your State agency stop using this waiver?

Please input date in format of M/d/yyyy



5. Why did your State agency stop using this waiver? *

Waiver expired

Waiver no longer needed

Other

6. During the time period that this waiver was active, approximately what proportion of WIC clinic sites in your State agency used this waiver?

No data analysis is necessary to answer this question—please just provide your best estimate.

- Few
- Slightly less than half
- Half
- Slightly more than half
- Most
- All

7. During the time period that this waiver was active, approximately what proportion of the State agency's WIC participants were covered by the clinic sites that used this waiver?

No data analysis is necessary to answer this question—please just provide your best estimate.

- Few
- Slightly less than half
- Half
- Slightly more than half
- Most
- All

8. In addition to the FNS approval granted by this waiver, were you required to obtain State/Tribal-level authorization of any type (e.g., emergency authority) in order to start using this waiver? *

- Yes
- No

9. Please briefly explain the additional State/Tribal-level authorization that you obtained to start using this waiver:

Enter your answer

10. After approval was granted by FNS, how challenging was it to use this waiver? *


1 - Not at all challenging	2 - Slightly challenging	3 - Moderately challenging	4 - Very challenging	5 - Extremely challenging
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. What were the most significant challenges to using this waiver? *
Select all that apply

- Communicating the changes to WIC local agencies and/or clinics
- Communicating the changes to WIC participants
- Insufficient financial resources
- Insufficient staffing
- Not enough guidance from FNS
- Short timeline to implement changes
- Technical challenges related to MIS capability
- Training WIC local agency and/or clinic staff on new procedures
- Obtaining additional State/Tribal-level authorization
- Modifying direct distribution and/or home delivery contracts
- Obtaining the necessary food item quantities
- Obtaining the necessary food items in shelf stable form
- No challenges
- Other

12. In a few sentences, please summarize the use of this waiver by your State agency: *

Enter your answer

 Two Month Benefit Issuance (non-retail systems)

* Required

Impact of the Two Month Benefit Issuance Waiver on WIC Services

The next series of questions will ask you to describe the impact of the two month benefit issuance waiver on WIC services.

13. How important do you believe your State agency's use of this waiver was to ensuring that WIC participants received quality services and/or WIC benefits during the pandemic? *

1 - Not at all important	2 - Slightly important	3 - Moderately important	4 - Very important	5 - Extremely important
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask about your opinion of whether using this waiver affected certain program outcomes. We understand that this is your general perception of the impact of the waiver on these outcomes and that these answers do not reflect a quantitative assessment.

14. In your opinion, did this waiver affect benefit pickup rates in your State agency? *

- Yes, this waiver improved benefit pickup rates
- Yes, this waiver helped to maintain normal benefit pickup rates during the pandemic
- No, this waiver did not affect benefit pickup rates
- Don't know

15. In your opinion, did this waiver affect benefit redemption rates in your State agency? *

- Yes, this waiver improved benefit redemption rates
- Yes, this waiver helped to maintain normal benefit redemption rates during the pandemic
- No, this waiver did not affect benefit redemption rates
- Don't know

16. In your opinion, did this waiver affect nutrition education participation rates in your State agency? *

- Yes, this waiver improved nutrition education participation rates
- Yes, this waiver helped to maintain normal nutrition education participation rates during the pandemic
- No, this waiver did not affect nutrition education participation rates
- Don't know

17. In your opinion, did this waiver affect participant retention rates in your State agency? *

- Yes, this waiver improved participant retention rates
- Yes, this waiver helped to maintain normal participant retention rates during the pandemic
- No, this waiver did not affect participant retention rates
- Don't know

18. Did using this waiver improve WIC services for women, infants, and children in your State agency in any of the following ways? *

Select one option per row.

	Yes	No	Don't Know
Kept WIC participants and staff safe by promoting social distancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made WIC more accessible when being physically present was difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved access to food for WIC participants during pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased WIC participant concerns about feeding themselves or their infants and young children during the pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowed WIC clinic to serve more WIC participants in less time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allowed WIC clinic to serve more WIC participants with fewer staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made WIC more convenient for WIC participants' schedules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. In a few sentences, please explain how your State agency's use of this waiver improved services for women, infants, and children:

20. Please explain why you believe use of this waiver did NOT improve services for women, infants, and children:

21. Are there any promising practices that you would like to share about your State agency's use of this waiver? If so, please explain below:

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Vendor Agreement

Waiver of the federal requirement that vendor agreements must not exceed 3 years. This waiver is only applicable to regulations at 7 CFR 246.12(h)(1)(i). Extensions of an expiring 3 year agreement must not exceed 1 year and must meet all other federal requirements related to WIC vendor agreements, as well as any applicable State requirements.

Next



* Required

Use of the Vendor Agreement Waiver

The following questions will ask about your State agency's use of the vendor agreement waiver.

1. Did your State agency use this waiver? *

Yes

No

2. If no, select the reason(s) that best explain why the State agency did not use this waiver (select all that apply): *

Could not operationalize due to MIS issues

Could not operationalize due to technological challenges (other than MIS issues)

Could not operationalize due to other State/Tribal-level authorizations needed

Could not operationalize due to contracts with external parties

Did not receive waiver in time to address issue

Time to operationalize would have taken too long

Other

Back

Submit



Vendor Agreement

* Required

Use of the Vendor Agreement Waiver

The following questions will ask about your State agency's use of the vendor agreement waiver.

1. Did your State agency use this waiver? *

Yes

No

2. On what date did your State agency start using this waiver (i.e., when did the State agency first use the flexibilities granted under this waiver)?

Note: this date may be later than the date that the waiver was approved by FNS.

Please input date in format of M/d/yyyy



3. Is your State agency still using this waiver? *

Yes

No

4. On what date did your State agency stop using this waiver?

Please input date in format of M/d/yyyy



5. Why did your State agency stop using this waiver? *

Waiver expired

Waiver no longer needed

Other

6. Approximately what proportion of vendor agreements in your State agency were extended under this waiver?

No data analysis is necessary to answer this question—please just provide your best estimate.

- None
- Few
- Slightly less than half
- Half
- Slightly more than half
- Most
- All

7. In addition to the FNS approval granted by this waiver, were you required to obtain State/Tribal-level authorization of any type (e.g., emergency authority) in order to start using this waiver? *

- Yes
- No

8. Please briefly explain the additional State/Tribal-level authorization that you obtained to start using this waiver:

Enter your answer

9. After approval was granted by FNS, how challenging was it to use this waiver? *

- | | | | | |
|-------------------------------|-----------------------------|-------------------------------|-------------------------|------------------------------|
| 1 - Not at all
challenging | 2 - Slightly
challenging | 3 - Moderately
challenging | 4 - Very
challenging | 5 - Extremely
challenging |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

10. What were the most significant challenges to using this waiver? *

Select all that apply

- Communicating the changes to WIC vendors
- Insufficient financial resources
- Insufficient staffing
- Not enough guidance from FNS
- Short timeline to implement changes
- Obtaining additional State/Tribal-level authorization
- Ensuring participant access to supplemental foods
- Ensuring that vendors complied with program rules
- Paperwork and/or clearances required to extend vendor agreements
- No challenges
- Other

11. In a few sentences, please summarize the use of this waiver by your State agency: *

Enter your answer

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Vendor Agreement

* Required

Impact of the Vendor Agreement Waiver on WIC Services

The next series of questions will ask you to describe the impact of the vendor agreement waiver on WIC services.

12. How important do you believe your State agency's use of this waiver was to ensuring that WIC participants received quality services and/or WIC benefits during the pandemic? *

1 - Not at all important

2 - Slightly important

3 - Moderately important

4 - Very important

5 - Extremely important

13. Did using this waiver improve WIC services for women, infants, and children in your State agency in any of the following ways? *

Select one option per row.

	Yes	No	Don't Know
Kept WIC participants and staff safe by promoting social distancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved access to food for WIC participants during pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved shopping experience for WIC participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped retain or add WIC-authorized vendors for participant access to supplemental foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Freed up State agency staff time to focus on COVID-19 response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced burden on vendors as they worked to respond to COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. In a few sentences, please explain how your State agency's use of this waiver improved services for women, infants, and children:

15. Please explain why you believe use of this waiver did NOT improve services for women, infants, and children:

16. Are there any promising practices that you would like to share about your State agency's use of this waiver? If so, please explain below:

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Vendor Compliance Investigations

Vendor Compliance Investigations

Waiver of the federal requirement that the State agency must conduct compliance investigations of a minimum of five percent of the number of vendors authorized by the State agency as of October 1 of each fiscal year, as outlined in 7 CFR 246.12(i)(4)(i).

Next



Vendor Compliance Investigations

* Required

Use of the Vendor Compliance Investigations Waiver

The following questions will ask about your State agency's use of the vendor compliance investigations waiver.

1. Did your State agency use this waiver? *

Yes

No

2. If no, select the reason(s) that best explain why the State agency did not use this waiver (select all that apply): *

- Could not operationalize due to MIS issues
- Could not operationalize due to technological challenges (other than MIS issues)
- Could not operationalize due to other State/Tribal-level authorizations needed
- Could not operationalize due to contracts with external parties
- Did not receive waiver in time to address issue
- Time to operationalize would have taken too long
- Other

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Vendor Compliance Investigations

* Required

Use of the Vendor Compliance Investigations Waiver

The following questions will ask about your State agency's use of the vendor compliance investigations waiver.

1. Did your State agency use this waiver? *

Yes

No

2. In addition to the FNS approval granted by this waiver, were you required to obtain State/Tribal-level authorization of any type (e.g., emergency authority) in order to start using this waiver? *

Yes

No

3. Please briefly explain the additional State/Tribal-level authorization that you obtained to start using this waiver:

Enter your answer

4. After approval was granted by FNS, how challenging was it to use this waiver? *

1 - Not at all challenging	2 - Slightly challenging	3 - Moderately challenging	4 - Very challenging	5 - Extremely challenging
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. What were the most significant challenges to using this waiver? *

Select all that apply

- Communicating the changes to WIC vendors
- Insufficient financial resources
- Insufficient staffing
- Not enough guidance from FNS
- Short timeline to implement changes
- Obtaining additional State/Tribal-level authorization
- Ensuring participant access to supplemental foods
- Ensuring that vendors complied with program rules
- Determining how to handle investigations that had already been initiated
- Determining how to report TIP data (e.g., on prematurely closed investigations)
- Modifying contracts and/or other agreements with entities that provide investigative services
- No challenges
- Other

6. In a few sentences, please summarize the use of this waiver by your State agency: *

Enter your answer

 Vendor Compliance Investigations

* Required

Impact of the Vendor Compliance Investigations Waiver on WIC Services

The next series of questions will ask you to describe the impact of the vendor compliance investigations waiver on WIC services.

7. How important do you believe your State agency's use of this waiver was to ensuring that WIC participants received quality services and/or WIC benefits during the pandemic? *

1 - Not at all important 2 - Slightly important 3 - Moderately important 4 - Very important 5 - Extremely important

8. Did using this waiver improve WIC services for women, infants, and children in your State agency in any of the following ways? *

Select one option per row.

	Yes	No	Don't Know
Kept WIC participants, staff, and vendors safe by promoting social distancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved access to food for WIC participants during pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved shopping experience for WIC participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped retain or add WIC-authorized vendors for participant access to supplemental foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Freed up State agency staff time to focus on COVID-19 response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced burden on vendors as they worked to respond to COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. In a few sentences, please explain how your State agency's use of this waiver improved services for women, infants, and children:

10. Please explain why you believe use of this waiver did NOT improve services for women, infants, and children:

11. Are there any promising practices that you would like to share about your State agency's use of this waiver? If so, please explain below:

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Vendor Minimum Stocking Requirements

Vendor Minimum Stocking Requirements

Waiver of minimum stocking requirements for the purpose of vendor assessment and monitoring during the authorization period as outlined at 7 CFR 246.12(g)(3)(i).

Next



Vendor Minimum Stocking Requirements

* Required

Use of the Vendor Minimum Stocking Requirements Waiver

The following questions will ask about your State agency's use of the vendor minimum stocking requirements waiver.

1. Did your State agency use this waiver? *

- Yes
- No

2. If no, select the reason(s) that best explain why the State agency did not use this waiver (select all that apply): *

- Could not operationalize due to MIS issues
- Could not operationalize due to technological challenges (other than MIS issues)
- Could not operationalize due to other State/Tribal-level authorizations needed
- Could not operationalize due to contracts with external parties
- Did not receive waiver in time to address issue
- Time to operationalize would have taken too long
- Vendor stock/food supply issues resolved
- Other

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Vendor Minimum Stocking Requirements

* Required

Use of the Vendor Minimum Stocking Requirements Waiver

The following questions will ask about your State agency's use of the vendor minimum stocking requirements waiver.

1. Did your State agency use this waiver? *

- Yes
 No

2. On what date did your State agency start using this waiver (i.e., when did the State agency first use the flexibilities granted under this waiver)?

Note: this date may be later than the date that the waiver was approved by FNS.

Please input date in format of M/d/yyyy



3. Is your State agency still using this waiver? *

- Yes
 No

4. On what date did your State agency stop using this waiver?

Please input date in format of M/d/yyyy



5. Why did your State agency stop using this waiver? *

- Waiver expired
 Waiver no longer needed

Other

6. In addition to the FNS approval granted by this waiver, were you required to obtain State/Tribal-level authorization of any type (e.g., emergency authority) in order to start using this waiver? *

Yes

No

7. Please briefly explain the additional State/Tribal-level authorization that you obtained to start using this waiver:

Enter your answer

8. After approval was granted by FNS, how challenging was it to use this waiver? *

1 - Not at all
challenging

2 - Slightly
challenging

3 - Moderately
challenging

4 - Very
challenging

5 - Extremely
challenging



9. What were the most significant challenges to using this waiver? *


Select all that apply

- Communicating the changes to WIC vendors
- Insufficient financial resources
- Insufficient staffing
- Not enough guidance from FNS
- Short timeline to implement changes
- Obtaining additional State/Tribal-level authorization
- Ensuring participant access to supplemental foods
- Ensuring that vendors complied with program rules
- No challenges
- Other

10. In a few sentences, please summarize the use of this waiver by your State agency: *

Enter your answer

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 Vendor Minimum Stocking Requirements

* Required

Impact of the Vendor Minimum Stocking Requirements Waiver on WIC Services

The next series of questions will ask you to describe the impact of the vendor minimum stocking requirements waiver on WIC services.

11. How important do you believe your State agency's use of this waiver was to ensuring that WIC participants received quality services and/or WIC benefits during the pandemic? *

1 - Not at all important	2 - Slightly important	3 - Moderately important	4 - Very important	5 - Extremely important
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Did using this waiver improve WIC services for women, infants, and children in your State agency in any of the following ways? *

Select one option per row.

	Yes	No	Don't Know
Kept WIC participants and staff safe by promoting social distancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved access to food for WIC participants during pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved shopping experience for WIC participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped retain or add WIC-authorized vendors for participant access to supplemental foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Freed up State agency staff time to focus on COVID-19 response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced burden on vendors as they worked to respond to COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. In a few sentences, please explain how your State agency's use of this waiver improved services for women, infants, and children:

Enter your answer

14. Please explain why you believe use of this waiver did NOT improve services for women, infants, and children:

Enter your answer

15. Are there any promising practices that you would like to share about your State agency's use of this waiver? If so, please explain below:

Enter your answer

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Vendor Preauthorization Visits

Waiver of the federal requirement that the State agency must conduct an onsite visit prior to or at the time of a vendor's initial authorization This waiver is only applicable to regulations at 7 CFR 246.12(g)(5).

Next

 Vendor Preauthorization Visits

* Required

Use of the Vendor Preauthorization Visits Waiver

The following questions will ask about your State agency's use of the vendor preauthorization visits waiver.

1. Did your State agency use this waiver? *


Yes

No

2. If no, select the reason(s) that best explain why the State agency did not use this waiver (select all that apply): *

- Could not operationalize due to MIS issues
- Could not operationalize due to technological challenges (other than MIS issues)
- Could not operationalize due to other State/Tribal-level authorizations needed
- Could not operationalize due to contracts with external parties
- Did not receive waiver in time to address issue
- Time to operationalize would have taken too long
- Other

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 Vendor Preauthorization Visits

*** Required**


Use of the Vendor Preauthorization Visits Waiver

The following questions will ask about your State agency's use of the vendor preauthorization visits waiver.

1. Did your State agency use this waiver? *

Yes
 No


2. On what date did your State agency start using this waiver (i.e., when did the State agency first use the flexibilities granted under this waiver)?
Note: this date may be later than the date that the waiver was approved by FNS.

Please input date in format of M/d/yyyy

3. Is your State agency still using this waiver? *

Yes
 No

4. On what date did your State agency stop using this waiver?

Please input date in format of M/d/yyyy

5. Why did your State agency stop using this waiver? *

Waiver expired
 Waiver no longer needed
 Other

6. How many vendors were authorized without an onsite preauthorization visit under this waiver?

7. Did your State agency use some other method to conduct preauthorizations for vendors that were authorized without an onsite preauthorization visit (e.g., virtual visit, telephone call, etc.)?

- Yes
- No

8. Please briefly explain which other methods your State agency used to conduct preauthorizations for vendors that were authorized without an onsite preauthorization visit under this waiver:

9. In addition to the FNS approval granted by this waiver, were you required to obtain State/Tribal-level authorization of any type (e.g., emergency authority) in order to start using this waiver? *

- Yes
- No

10. Please briefly explain the additional State/Tribal-level authorization that you obtained to start using this waiver:

11. After approval was granted by FNS, how challenging was it to use this waiver? *

1 - Not at all challenging	2 - Slightly challenging	3 - Moderately challenging	4 - Very challenging	5 - Extremely challenging
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. What were the most significant challenges to using this waiver? *

Select all that apply

- Communicating the changes to WIC vendors
- Insufficient financial resources
- Insufficient staffing
- Not enough guidance from FNS
- Short timeline to implement changes
- Obtaining additional State/Tribal-level authorization
- Ensuring participant access to supplemental foods
- Ensuring that vendors complied with program rules
- Verifying vendor application information without the onsite visit
- Training new vendors outside of the onsite visit
- No challenges
- Other

13. In a few sentences, please summarize the use of this waiver by your State agency: *

Enter your answer

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Vendor Preauthorization Visits

* Required

Impact of the Vendor Preauthorization Visits Waiver on WIC Services

The next series of questions will ask you to describe the impact of the vendor preauthorization visits waiver on WIC services.

14. How important do you believe your State agency's use of this waiver was to ensuring that WIC participants received quality services and/or WIC benefits during the pandemic? *

1 - Not at all important	2 - Slightly important	3 - Moderately important	4 - Very important	5 - Extremely important
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Did using this waiver improve WIC services for women, infants, and children in your State agency in any of the following ways? *

Select one option per row.

	Yes	No	Don't Know
Kept WIC participants, staff, and vendors safe by promoting social distancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved access to food for WIC participants during pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved shopping experience for WIC participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped retain or add WIC-authorized vendors for participant access to supplemental foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Freed up State agency staff time to focus on COVID-19 response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced burden on vendors as they worked to respond to COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. In a few sentences, please explain how your State agency's use of this waiver improved services for women, infants, and children:

Enter your answer

17. Please explain why you believe use of this waiver did NOT improve services for women, infants, and children:

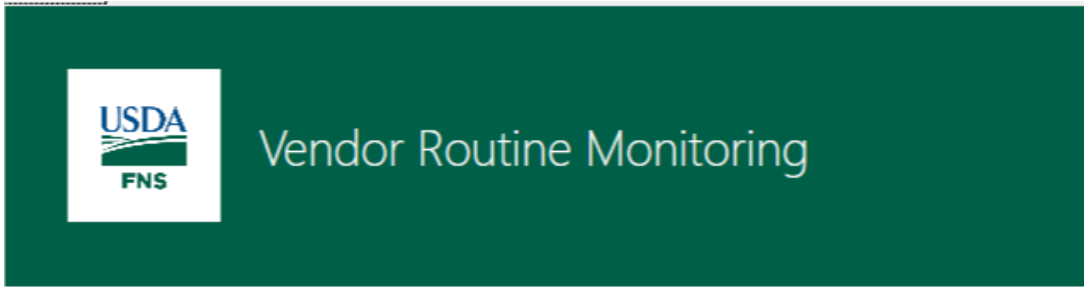
Enter your answer

18. Are there any promising practices that you would like to share about your State agency's use of this waiver? If so, please explain below:

Enter your answer

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Vendor Routine Monitoring

Waiver of the federal requirement that the State agency must conduct routine monitoring visits on a minimum of five percent of the number of vendors authorized by the State agency as of October 1 of each fiscal year, as outlined in 7 CFR 246.12(j)(2).

Next



* Required

Use of the Vendor Routine Monitoring Waiver

The following questions will ask about your State agency's use of the vendor routine monitoring waiver.

1. Did your State agency use this waiver? *


- Yes
- No

2. If no, select the reason(s) that best explain why the State agency did not use this waiver (select all that apply): *

- Could not operationalize due to MIS issues
- Could not operationalize due to technological challenges (other than MIS issues)
- Could not operationalize due to other State/Tribal-level authorizations needed
- Could not operationalize due to contracts with external parties
- Did not receive waiver in time to address issue
- Time to operationalize would have taken too long
- Other

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 Vendor Routine Monitoring

* Required

Use of the Vendor Routine Monitoring Waiver

The following questions will ask about your State agency's use of the vendor routine monitoring waiver.

1. Did your State agency use this waiver? *

Yes

No

2. In addition to the FNS approval granted by this waiver, were you required to obtain State/Tribal-level authorization of any type (e.g., emergency authority) in order to start using this waiver? *

Yes

No

3. Please briefly explain the additional State/Tribal-level authorization that you obtained to start using this waiver:

Enter your answer

4. After approval was granted by FNS, how challenging was it to use this waiver? *

1 - Not at all challenging	2 - Slightly challenging	3 - Moderately challenging	4 - Very challenging	5 - Extremely challenging
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. What were the most significant challenges to using this waiver? *

Select all that apply

- Communicating the changes to WIC vendors
- Insufficient financial resources
- Insufficient staffing
- Not enough guidance from FNS
- Short timeline to implement changes
- Obtaining additional State/Tribal-level authorization
- Ensuring participant access to supplemental foods
- Ensuring that vendors complied with program rules
- No challenges
- Other

6. In a few sentences, please summarize the use of this waiver by your State agency: *

Vendor Routine Monitoring

* Required

Impact of the Vendor Routine Monitoring Waiver on WIC Services

The next series of questions will ask you to describe the impact of the vendor routine monitoring waiver on WIC services.

7. How important do you believe your State agency's use of this waiver was to ensuring that WIC participants received quality services and/or WIC benefits during the pandemic? *

1 - Not at all important	2 - Slightly important	3 - Moderately important	4 - Very important	5 - Extremely important
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Did using this waiver improve WIC services for women, infants, and children in your State agency in any of the following ways? *

Select one option per row.

	Yes	No	Don't Know
Kept WIC participants, staff, and vendors safe by promoting social distancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved access to food for WIC participants during pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved shopping experience for WIC participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped retain or add WIC-authorized vendors for participant access to supplemental foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Freed up State agency staff time to focus on COVID-19 response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced burden on vendors as they worked to respond to COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. In a few sentences, please explain how your State agency's use of this waiver improved services for women, infants, and children:

10. Please explain why you believe use of this waiver did NOT improve services for women, infants, and children:

11. Are there any promising practices that you would like to share about your State agency's use of this waiver? If so, please explain below:

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Optional: State Agency Administered Surveys

Optional: State Agency Administered Surveys

Thank you for participating in this survey thus far. Before you submit your completed survey, we just have a couple more questions we would like to ask you about any surveys that your State agency may have administered to your WIC participants. The following questions are optional, but regardless of whether you respond to these final questions you must still select the submit button at the bottom of the page to submit your full survey and fulfill your reporting requirements.

1. Some State agencies administered surveys of their WIC participants to ask about their experiences with WIC during the COVID-19 pandemic (e.g., remote services, shopping experience, etc.). Did your State agency administer any surveys of your WIC participants about their experiences with WIC during the pandemic?

Yes

No

Submit

1. Some State agencies administered surveys of their WIC participants to ask about their experiences with WIC during the COVID-19 pandemic (e.g., remote services, shopping experience, etc.). Did your State agency administer any surveys of your WIC participants about their experiences with WIC during the pandemic?

Yes

No

2. Please briefly describe the surveys that your State agency administered to WIC participants during the COVID-19 pandemic:

Example: In May 2020, we conducted a statewide survey to ask participants about their experiences with remote WIC appointments and issues related to finding WIC-approved products while shopping. We have data from 200 respondents and a short summary report.

Enter your answer

3. FNS would like to collect and review the data and findings of any COVID-19 related participant surveys that State agencies administered and are willing to share. We hope that we can use this information to better understand the WIC experience during the pandemic and how we might be able to better support WIC clinic sites and participants in the future.

You indicated above that you conducted participant surveys on these topics. Could you please send a copy of the survey(s), the data collected, and any reporting materials you have to us? If you are able to share any of these, please send them by email to: XXXXX@usda.gov.

Any data you send should not include any personally identifiable information of staff or participants.

Please indicate below whether you will be able to send us this information so that we can follow up accordingly.

Yes. I am willing to share at least some of our survey findings.

No. I do not wish to share our survey findings.

Submit