



**Appendix A1 - Year 9 Study Consent Form - English**

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**Feeding My Baby - A National WIC Study  
Year 9 Study Extension Consent Form**

**Background**

OMB Approval No. 0584-0580 Approval Expires: XX/XX/20XX
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## **Will I Receive Incentives For Participating In This Study?**

As a token of our appreciation, we will provide you with a **\$70** gift card for the 9 year-old interview (or \$80 if using your own cell phone). We will provide you with an **\$80** gift card at age 9 for taking your child to a WIC office or your child's doctor to be measured and returning the measurement card to us. We will provide you with a **\$10** check each time for completing our request for contact information.

## **What Are My Rights As a Participant In the Study?**

Participation in this study is completely voluntary. Giving consent means that you have read the information and that you agree to take part in this study. If you do not want to answer a question during the interview, you may choose not to do so. If you decide to take part in the study and then change your mind, you can stop at any time. Again, there is no penalty to stop participating in the study or in parts of the study, and any WIC services or other benefits you receive will not be affected.

## **Who Should I Call if I Have Questions?**

If you have questions about the study, a member of our study team can help you. For those questions, please contact Terry Aranda at 888-987-4926.

If you have a problem that the study team member couldn't help you resolve, please call Janice Machado at 1-800-937-8281, x2801.

If you have questions about your rights and welfare as a research participant, please call the Westat Human Subjects Protections office at 1-888-920-7631. Please leave a message with your full name, the name of the research study that you are calling about (the Feeding My Baby Study), and a phone number beginning with the area code. Someone will return your call as soon as possible.

**By signing below, I am saying that I have read the information presented here, and I agree to take part in the extension of the Feeding My Baby Study.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

The Food and Nutrition Service (FNS) is collecting this information to investigate the dietary practices and the health and nutritional status of the WIC ITFPS-2 children during the ninth year of life. This is a voluntary collection and FNS will use the information to inform WIC service delivery. The collection does request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. 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 0584-0580. The time required to complete this information collection is estimated to average 0.0835 hours (5 minutes) 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 (0584-0580). Do not return the completed form to this address.