

## **Appendix E.1**

### **Instruction Sheet for Submitting Former WIC Participants Certification Data File**

## Instruction Sheet for Submitting Former WIC Participants Certification Data File

### What is the timeline for each data submission?

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Data should be submitted once in October 2017.

### What should be in the file?

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The file should contain data for former WIC participants with an active certification as of May 31, 2017, who were due to recertify between June 1, 2017, and August 30, 2017, but had not recertified. The reference period for the WIC data file should be the first day of the month of the latest active month of WIC certification.

For example, if a participant's certification period ended June 15, 2017, and the participant did not recertify, provide certification data as of June 1, 2017.

### What is the preferred file format?

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The preferred file format is text (.txt), although other formats are acceptable. Please discuss alternate formats with Insight. Each file should have one record per WIC participant, and each record should include all variables in the list in table A.

### What variables should be included?

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Table A provides a list of the variables USDA-FNS is requesting for this study. These variables include the minimum data set (MDS) variables from the WIC Participant and Program Characteristics (WIC PC), but for the reference period specified above, as well as 10 contact information variables (e.g., name, telephone number) and a household ID variable linking participants living in the same household. Please provide the variables in the column positions as listed in table A (e.g., State agency ID should be in columns 1–7 of the .txt file). These variables should be provided for each WIC participant in the data file.

*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 60 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.*

## Study of WIC Food Package Costs and Cost Containment

### Appendix E.1 Instruction Sheet for Submitting Former WIC Participants Certification Data File

#### How should missing versus nonparticipating data be submitted?

Missing values should be indicated by a BLANK space. Please do NOT fill unknown values with zeros. Zero should ONLY indicate an actual zero value, such as zero dollar income. For example, if the WIC participant does not have a fifth nutritional risk code, the columns for the fifth nutritional risk code should be left BLANK, not filled with zeros.

#### How will Insight ensure privacy of State data?

The data will be maintained on a secure server and available only to key project personnel for cleaning and tabulation. No personal identifiers will be disclosed in reports.

#### How should the file be submitted?

To protect the data, please submit the file using Insight's FTP system, a secure file transfer site that encrypts both commands and data, preventing passwords and sensitive information from being accessed during transmission. Instructions for using this system will be sent separately.

#### Questions or concerns?

If you have any questions about the MDS variables from the WIC Participant C (items 1 through 20o in table A), you may consult the *Guidance to State Agencies Providing Participant Data* document. If you have any other questions or concerns, contact Carole Trippe at [ctrippe@insightpolicyresearch.com](mailto:ctrippe@insightpolicyresearch.com) or 703-504-9498.

**Table A. Requested Variable List**

Data Item Number	Description of Data Item	Beginning Column	Ending Column	Field Width by Bytes (No Binary Data)
<b>WIC PC Study MDS Variables</b>				
1.	State Agency ID	1	7	7
2a.	Local Agency ID	8	10	3
2b.	Service Site ID	11	13	3
3.	Case ID <sup>1</sup>	14	24	11
4.	Date of Birth (MMDDYYYY)	25	32	8
5.	Race/Ethnicity (Left Justified)	33	38	6
6a.	Certification Category	39	39	1
6b.	Expected Date of Delivery (MMDDYYYY)	40	47	8
6c.	Weeks' Gestation	48	49	2
7.	Date of Certification (MMDDYYYY)	50	57	8

<sup>1</sup> WIC PC instructions request that State agencies create a new case ID for that data submission. For this study request, however, we recommend that State agencies use their system IDs so that multiple data files can be linked using IDs. Please do not create a new case ID.

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<b>Data Item Number</b>	<b>Description of Data Item</b>	<b>Beginning Column</b>	<b>Ending Column</b>	<b>Field Width by Bytes (No Binary Data)</b>
8.	Sex	58	58	1
9.	Risk Priority Code	59	59	1
10a.	Participation in TANF	60	60	1
10b.	Participation in SNAP	61	61	1
10c.	Participation in Medicaid	62	62	1
11.	Migrant Status	63	63	1
12.	Number in Family/Economic Unit	64	65	2
13a.	Family/Economic Unit Income	66	70	5
13b.	Income Period	71	71	1
13c.	Income Ranges	72	73	2
14a.	Nutritional Risk 1 <b>(Left Justified)</b>	74	79	6
14b.	Nutritional Risk 2 <b>(Left Justified)</b>	80	85	6
14c.	Nutritional Risk 3 <b>(Left Justified)</b>	86	91	6
14d.	Nutritional Risk 4 <b>(Left Justified)</b>	92	97	6
14e.	Nutritional Risk 5 <b>(Left Justified)</b>	98	103	6
14f.	Nutritional Risk 6 <b>(Left Justified)</b>	104	109	6
14g.	Nutritional Risk 7 <b>(Left Justified)</b>	110	115	6
14h.	Nutritional Risk 8 <b>(Left Justified)</b>	116	121	6
14i.	Nutritional Risk 9 <b>(Left Justified)</b>	122	127	6
14j.	Nutritional Risk 10 <b>(Left Justified)</b>	128	133	6
15a.	Hemoglobin	134	136	3
15b.	Hematocrit	137	139	3
15c.	Date of Blood Test (MMDDYYYY)	140	147	8
16a(i).	Participant's Weight in Pounds	148	150	3
16a(ii).	Nearest Quarter Pound of Participant's Weight	151	151	1
16b.	Participant's Weight in Grams	152	157	6
17a(i).	Participant's Height in Inches	158	159	2
17a(ii).	Nearest Eighth of an Inch of Participant's Height	160	160	1
17b.	Participant's Height in Centimeters	161	164	4
18.	Date of Height and Weight Measure (MMDDYYYY)	165	172	8
19a.	Currently Breastfed	173	173	1
19b.	Ever Breastfed	174	174	1
19c.	Length of Time Breastfed	175	176	2
19d.	Date Breastfeeding Data Collected (MMDDYYYY)	177	184	8
20a.	Food Code 1 <b>(Left Justified)</b>	185	194	10
20b.	Food Code 2 <b>(Left Justified)</b>	195	204	10
20c.	Food Code 3 <b>(Left Justified)</b>	205	214	10
20d.	Food Code 4 <b>(Left Justified)</b>	215	224	10

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<b>Data Item Number</b>	<b>Description of Data Item</b>	<b>Beginning Column</b>	<b>Ending Column</b>	<b>Field Width by Bytes (No Binary Data)</b>
20e.	Food Code 5 (Left Justified)	225	234	10
20f.	Food Code 6 (Left Justified)	235	244	10
20g.	Food Code 7 (Left Justified)	245	254	10
20h.	Food Code 8 (Left Justified)	255	264	10
20i.	Food Code 9 (Left Justified)	265	274	10
20j.	Food Code 10 (Left Justified)	275	284	10
20k.	Food Code 11 (Left Justified)	285	294	10
20l.	Food Code 12 (Left Justified)	295	304	10
20m.	Food Code 13 (Left Justified)	305	314	10
20n.	Food Code 14 (Left Justified)	315	324	10
20o.	Food Package Type	325	326	2
<b>WIC Participant and Household Identification Variables</b>				
21.	Household ID	327	338	11
22.	Head of Household Last Name (Left Justified)	339	354	16
23.	Head of Household First Name (Left Justified)	355	370	16
24a.	Street Address 1 (Left Justified)	371	386	16
24b.	Street Address 2 (Left Justified)	387	402	16
24c.	City (Left Justified)	403	418	16
24d.	State Abbreviation (Left Justified)	419	420	2
24e.	ZIP Code (Left Justified)	421	425	5
25a.	Head of Household Primary Telephone Number (XXXXXXXXXX)	426	435	10
25b.	Head of Household Secondary Telephone Number (XXXXXXXXXX)	436	445	10
26.	Head of Household Email (Left Justified)	446	477	32
27.	Date of the End of the Last Certification Period	478	485	8