

**APPENDIX B4.b**

**DENIED APPLICANT SURVEY VERSION B (INFANT/CHILD) - ENGLISH**

## Instructions for Reviewers

The Denied Applicant Survey will be administered by trained Field Interviewers (FIs). After FNS approves the final draft, the research team will begin implementing the survey in a Computer Assisted Personal Interview (CAPI) format programmed for use on study laptops. This paper version approximates the layout of the CAPI questionnaire and includes notes indicating how the CAPI system will automatically route the FI to the appropriate questions or data entry forms, or performs specified calculations (these notes appear in the paper version in **RED, CAPITALIZED** text but will not appear in the CAPI version). In addition, the CAPI version will be programmed to pre-populate certain data about each applicant sampled for the Denied Applicant Survey; these data elements appear in Table 2 on the next page.

The NSW-III version of the Denied Applicant Survey is similar in many aspects to the Certification Survey: it includes items needed to make an independent assessment of an applicant's eligibility under four criteria: proof of identity; proof of residency; categorical eligibility; and income eligibility. However, the Denied Applicant Survey differs substantially from the version used in NSW-II. The version fielded in NSW-II was a brief telephone survey that relied heavily on self-report, and no documentation. For example, respondents were asked whether they knew the reason WIC had denied their application and, if so, whether they agreed with WIC's determination of their ineligibility.

The survey is organized into the following modules:

| <b>Name</b>   | <b>Purpose</b>   |
|---------------|--|
| 1. Identity   | Document proof of identity   |
| 2. Residency  | Document proof of residency  |
| 3. Category   | For Infant or Child applicants, establish participant category   |
| 4. Income     | Determine the size of the applicant's family economic unit;<br>Collect documentation of income sources |
| 5. End survey | Thank respondent and conclude survey   |

FIs will administer the five numbered modules in order.

Text that FIs read aloud (questions, response options where indicated) appear in regular text, while on-screen instructions to FIs appear in **CAPITALIZED TEXT**.

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**Table 2. Data Pre-Populated into the Computer-Assisted Personal Interview (CAPI) system for each Applicant in the Sample**

| <b>Variable</b>      | <b>Description</b>   |
|----------------------|--|
| APPLICANT LAST NAME  | WIC applicant's last name  |
| APPLICANT FIRST NAME | WIC applicant's first name   |
| CAREGIVER LAST NAME  | Last name of adult (parent or legal guardian) if APPLICANT is infant or child                            |
| CAREGIVER FIRST NAME | First name of adult (parent or legal guardian) if APPLICANT is infant or child                           |
| STREET               | street name and number (from WIC agency)   |
| CITY                 | city (from WIC agency)   |
| STATE                | state (from WIC agency)  |
| ZIP                  | zipcode (from WIC agency)  |
| STATE_ID             | State WIC Agency identifier  |
| LOCAL_ID             | Local WIC Agency identifier  |
| CLINIC_ID            | Local clinic identifier  |
| ITO                  | Yes/No, denied applicant is from an ITO or an LWA run by an Indian organization or Indian Health Service |
| APP_DATE             | Date of most recent application (mm/dd/yyyy)   |
| MONTH OF APP_DATE    | The name of the month of most recent application date (CAPI will calculate from APP_DATE)                |
| ADJUNCT_ELIG         | IF AVAILABLE FOR DENIED APPLICANT: yes/no, applicant was adjunctively income eligible for WIC            |
| ADJUNCT_PROGRAM      | IF AVAILABLE FOR DENIED APPLICANT: name of program that made ADJUNCT ELIG=yes                            |
| MIGRANT              | Yes/No, applicant is a migrant worker  |

**INTRO:** Hi. Thanks for agreeing to do this survey. As you know, we are conducting this survey among people who were turned down for WIC benefits so that we can see if the agency is following correct procedures. We will keep your responses private to the extent allowed by law. Because the interview is private, it cannot change the decision made by WIC. However, if you think that the local WIC agency may have made a mistake, or if your circumstances have changed since you last applied, you may want to apply for WIC benefits for your infant or child again. After we finish, I will give you a \$25 Visa debit card to thank you for your participation.

Before we start, we need to review this form together. It tells you about your rights as a study participant. It tells you how we will protect your privacy and how we will use your answers.

**READ INFORMED CONSENT STATEMENT AND GET SIGNED CONSENT BEFORE PROCEEDING.**

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 39 minutes (0.65 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 Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

## IDENTITY

Just to be sure we are both on the same page, I am going to be asking questions about the day you applied for WIC on [APP\_DATE], on behalf of your infant or child.

1. “The first question about is identification. Thinking back to [APP\_DATE] when you applied for WIC, did you show something with your name or photograph, some other type of identification for your child or for yourself?”

- YES, FOR CHILD GO TO 1A
- YES, FOR ME GO TO 1A
- BOTH GO TO 1A
- NO GO TO 1B
- DON’T RECALL GO TO 1B

1A. “What forms of identification did you show when you applied for WIC on [APP\_DATE]?” [IF APPLICANT HAS TROUBLE WITH THIS REQUEST, READ OFF SOME OF THE ACCEPTABLE TYPES OF ID FROM LIST.]

- REMEMBERS TYPE/S SHOWN MARK TYPE/S IN “ID SHOWN AT WIC” COLUMN/S BELOW AND GO TO 1E
- DON’T RECALL GO TO 1E

| Identification proofs shown at WIC agency   | INFANT or CHILD ID shown at WIC | CAREGIVER ID shown at WIC |
|---|---------------------------------|---------------------------|
| Birth certificate w/infant/child's name   | <input type="checkbox"/>        | <input type="checkbox"/>  |
| Hospital or immunization record, hospital ID bracelet w/infant/child's name               | <input type="checkbox"/>        | <input type="checkbox"/>  |
| U.S. or foreign passport w/photo and infant/child's name                                  | <input type="checkbox"/>        | <input type="checkbox"/>  |
| Social Security or Green card for infant/child (or other Immigration document with name)  | <input type="checkbox"/>        | <input type="checkbox"/>  |
| Letter from government agency (including WIC) w/ infant/child's name                      | <input type="checkbox"/>        | <input type="checkbox"/>  |
| WIC ID Card or WIC document with infant/child name or caregiver name                      | <input type="checkbox"/>        | <input type="checkbox"/>  |
| PARENT/GUARDIAN ONLY: School, military, bus pass ID (or work ID for adult) w/photo & name | <input type="checkbox"/>        | <input type="checkbox"/>  |
| PARENT/GUARDIAN ONLY: Driver's license w/photo & name                                     |                                 | <input type="checkbox"/>  |
| State- or tribal-issued license or ID w/photo & name                                      | <input type="checkbox"/>        | <input type="checkbox"/>  |
| OTHER: SPECIFY  | <input type="checkbox"/>        | <input type="checkbox"/>  |

**FI Notes**

1B “Was there any reason you were unable to show ID when you applied for WIC on APP\_DATE?”  
DO NOT READ LIST. MULTIPLE RESPONSES OK

- FORGOT TO BRING IT
- DIDN'T KNOW WHAT ID TO BRING
- THOUGHT I NEEDED DRIVER'S LICENSE, DIDN'T HAVE ONE
- DIDN'T HAVE ANY (**PROBE:** “Why didn't you have any ID then?”)
  - ID WAS STOLEN
  - HOMELESS .....
  - LOST MY WALLET/PURSE/ID .....
  - LOST ID IN A FIRE, FLOOD, OTHER DISASTER
  - WAS EVICTED AND LOST MY ID, OTHER PROPERTY
  - LEFT PARENTS'/PARTNER'S HOME /NO ACCESS TO ID.....
- OTHER (**SPECIFY:** .....).....
- DON'T RECALL/DON'T KNOW
- NONE OF THE ABOVE

1C. “Do you, or does anyone in your household, work on farms and move from place to place as the season changes?” IF NECESSARY: “WIC agencies have special rules for families that include a migrant farmworker who moves around the country depending on where there is work based on the growing season.”

- YES (MIGRANT FARMWORKER)
- NO

1D. “Did you go back to the WIC clinic sometime after [APP\_DATE] with identification?”

- YES      GO TO 1E
- NO      GO TO NEXT MODULE

1E. "Can you show me the same form/s of identification that you showed WIC, or some other type of ID/s?"

- YES GO TO 1F
- NO GO TO NEXT MODULE

1F. DOES NAME ON ID (FOR INFANT/CHILD AND/OR PARENT/GUARDIAN) MATCH SAMPLE INFORMATION?

- YES MARK TYPE IN "ID SHOWN DURING SURVEY" AND GO TO NEXT MODULE
- NO "The name on this ID doesn't match my records. Can you show me another form of ID that has your name?"
- PARENT MARRIED, DIVORCED OR OTHER LEGAL NAME CHANGE SINCE APP\_DATE
- NO VALID IDENTIFICATION GO TO NEXT MODULE

| Identification proofs  | INFANT or CHILD ID shown during survey | CAREGIVER ID shown during survey |
|--|--|----------------------------------|
| Birth certificate w/infant/child's name  | <input type="checkbox"/>               | <input type="checkbox"/>         |
| Hospital or immunization record, hospital ID bracelet w/infant/child's name                    | <input type="checkbox"/>               | <input type="checkbox"/>         |
| U.S. or foreign passport w/photo and infant/child's name                                       | <input type="checkbox"/>               | <input type="checkbox"/>         |
| Social Security or Green card for infant/child (or other Immigration document with name)       | <input type="checkbox"/>               | <input type="checkbox"/>         |
| Letter from government agency w/ infant/child's name   | <input type="checkbox"/>               | <input type="checkbox"/>         |
| WIC ID Card or WIC document with infant/child name (EBT cards are NOT valid proof of identity) | <input type="checkbox"/>               | <input type="checkbox"/>         |
| PARENT/GUARDIAN ONLY: School, military, bus pass ID (or work ID for adult) w/photo & name      | <input type="checkbox"/>               | <input type="checkbox"/>         |
| PARENT/GUARDIAN ONLY: Driver's license w/photo & name  |  | <input type="checkbox"/>         |
| State- or tribal-issued license or ID w/photo & name   | <input type="checkbox"/>               | <input type="checkbox"/>         |
| OTHER: SPECIFY   | <input type="checkbox"/>               | <input type="checkbox"/>         |
| <b>FI Notes</b>  |  |                                  |

## RESIDENCY: GEOGRAPHIC STATE

IF APPLICANT OR CAREGIVER LIVES IN INDIAN VILLAGE OR PUEBLO, CAPI WILL SKIP TO “ALTERNATE PROOF OF RESIDENCY.” ELSE CAPI WILL CONTINUE WITH RESIDENCY: GEOGRAPHIC STATE PROCEDURE.

IF IDENTIFICATION SHOWN AS PROOF OF IDENTITY HAS ADDRESS AND IS AN ACCEPTED PROOF OF RESIDENCY, MARK OFF THE TYPE OF RESIDENCY PROOF IN TABLE BELOW AND SKIP TO INCOME ELIGIBILITY MODULE. OTHERWISE GO TO QUESTION 2.

2. “Thinking back to [APP\_DATE], when you applied for WIC, did you to show something with your name and address or with your child’s name and home address to prove where you live?”

- YES GO TO 2A
- NO GO TO 2B
- DON’T RECALL GO TO 2B

2A. “What did you show that had your home address?”

- REMEMBERS PROOF SHOWN MARK IN “SHOWN AT WIC” COLUMN BELOW AND GO TO 2E
- DON’T RECALL GO TO 2E

| Residency proofs   | Shown at WIC appointment<br>(self-reported) |
|--|---|
| Utility bill (cable TV, electric/gas, water, sewer, garbage pickup) w/applicant name & address | <input type="checkbox"/>                    |
| Rent/mortgage receipt or lease w/applicant name & address                                      | <input type="checkbox"/>                    |
| Mail (letter and/or postmarked envelope) received w/applicant name & address                   | <input type="checkbox"/>                    |
| Voter’s registration card w/applicant name & address   | <input type="checkbox"/>                    |
| [IF STATE ALLOWS] Driver’s license, State or Tribal ID w/applicant name and address            | <input type="checkbox"/>                    |
| [OTHER STATE ALLOWED RESIDENCY PROOF]  |   |
| Other: SPECIFY:  | <input type="checkbox"/>                    |

**FI Notes**

*FI: TYPE ANY CLARIFICATIONS OR EXPLANATORY NOTES HERE*

2B. “Was there any reason you were unable to show proof of where **you and your child** lived when you applied for WIC on [APP\_DATE]?”  
DO NOT READ LIST. MULTIPLE RESPONSES OK

- FORGOT TO BRING IT
- DIDN'T KNOW WHAT TO BRING
- THOUGHT I NEEDED DRIVER'S LICENSE, DIDN'T HAVE ONE
- DIDN'T HAVE ANY (**PROBE:** “Why didn't you have any proof of your address then?”)
  - WAS STOLEN.....
  - HOMELESS.....
  - LOST MY WALLET/PURSE/ID.....
  - LOST IN A FIRE, FLOOD, OTHER DISASTER
  - WAS EVICTED AND LOST MY BELONGINGS
  - LEFT PARENTS'/PARTNER'S HOME/NO ACCESS TO PROOF....
- OTHER (**SPECIFY:** \_\_\_\_\_).
- DON'T RECALL/DON'T KNOW
- NONE OF THE ABOVE

**2C. IF ITEM 1C WAS ADMINISTERED GO TO 2D. OTHERWISE ASK:**

“Do you, or does anyone in your household, work on farms and move from place to place as the season changes?” IF NECESSARY: “WIC agencies have special rules for families include a migrant farmworker who moves around the country depending on where there is work based on the growing season.”

- YES (MIGRANT FARMWORKER)      GO TO 2D
- NO      GO TO 2D

2D. “Did you go back to the WIC clinic sometime after [APP\_DATE] with something proving where you and your child lived?”

- YES      GO TO 2E
- NO      GO TO NEXT MODULE

2E. “Can you show me that same document or something else with your name and home address now?” [IF NECESSARY: such as a utility bill, lease, or letter with your name and address?”] [IF RESPONDENT HAS TROUBLE WITH THIS REQUEST, READ SOME OF THE ACCEPTABLE TYPES OF RESIDENCY PROOF FROM LIST. MAIL MUST HAVE RESIDENTIAL ADDRESS. P.O. BOX DOES NOT = PROOF OF RESIDENCY. RURAL ROUTE BOX NUMBER IS ACCEPTABLE RESIDENTIAL ADDRESS.

- YES                      GO TO 2F
- NO                            GO TO NEXT MODULE

2F. DO NAME AND ADDRESS MATCH SAMPLE INFORMATION?

- YES                      MARK PROOF SHOWN DURING SURVEY AND GO TO NEXT MODULE
- NAME IS DIFFERENT BUT ADDRESS MATCHES                      GO TO 2G
- NAME MATCHES BUT ADDRESS IS DIFFERENT                      GO TO 2H
- NAME AND ADDRESS ARE BOTH DIFFERENT                      GO TO 2H

| Residency proofs [CHECK AT LEAST ONE]  | Shown during survey      |
|--|--------------------------|
| Utility bill (cable TV, electric/gas, water, sewer, garbage pickup) w/applicant name & address | <input type="checkbox"/> |
| Rent/mortgage receipt or lease w/applicant & address   | <input type="checkbox"/> |
| Mail (letter and/or postmarked envelope) received w/applicant & address                        | <input type="checkbox"/> |
| Voter’s registration card w/applicant’s name & address   | <input type="checkbox"/> |
| [IF STATE ALLOWS] Current driver’s license, State or Tribal ID w/applicant’s name and address  | <input type="checkbox"/> |
| [OTHER STATE ALLOWED RESIDENCY PROOF]  | <input type="checkbox"/> |
| Other: SPECIFY:  | <input type="checkbox"/> |

**FI Notes**                       FI: TYPE ANY CLARIFICATIONS OR EXPLANATORY NOTES HERE



**RESIDENCY: ALTERNATE PROCEDURE (ITO/REMOTE INDIAN VILLAGE/PUEBLO)**

ALTERNATE PROCEDURE APPLIES ONLY IF APPLICANT LIVES ON TRIBAL LAND OR IN REMOTE INDIAN VILLAGE OR PUEBLO. ELSE USE RESIDENCY: GEOGRAPHIC STATES.

ALTERNATIVE RESIDENCY PROCEDURE: GET VILLAGE NAME AND MAILING ADDRESS.

IF SAMPLE INFORMATION SHOWS A RESIDENTIAL STREET ADDRESS (NOT A PO BOX), GO TO ALT 2A.  
 IF SAMPLE INFORMATION SHOWS A PO BOX AND DOES NOT SHOW VILLAGE, GO TO ALT 2B.  
 IF SAMPLE INFORMATION DOES NOT SHOW A PO BOX AND SHOWS A VILLAGE, GO TO ALT 2B.  
 IF SAMPLE INFORMATION SHOWS A PO BOX AND SHOWS A VILLAGE, GO TO ALT 2D.

**ALT 2A.** “When you applied for WIC in [MONTH\_OF\_APP\_DATE], did you show a document with you and your child’s home address?”

- YES ENTER PROOF BELOW
- NO STREET ADDRESS, TRIBAL LAND OR REMOTE VILLAGE/PUEBLO GO TO ALT 2B
- NO GO TO ALT 2D

| Residency proof [CHECK AT LEAST ONE]   | Shown during survey      |
|--|--------------------------|
| Utility bill (cable TV, electric/gas, water, sewer, garbage pickup) w/applicant name & address | <input type="checkbox"/> |
| Rent/mortgage receipt or lease w/applicant & address   | <input type="checkbox"/> |
| Mail (letter and/or postmarked envelope) received w/applicant & address                        | <input type="checkbox"/> |
| Voter’s registration card w/applicant’s name & address   | <input type="checkbox"/> |
| [IF STATE ALLOWS] Driver’s license, State or Tribal ID w/applicant’s name and address          | <input type="checkbox"/> |
| [OTHER STATE ALLOWED RESIDENCY PROOF]  | <input type="checkbox"/> |
| Other: SPECIFY:  | <input type="checkbox"/> |

**FI Notes**  FI: TYPE ANY CLARIFICATIONS OR EXPLANATORY NOTES HERE

**ALT 2B.** “What is the name of the town, village or pueblo where you live?”

| Village from Sample Information: [VILLAGE] | Matches Sample Info?      |                          |
|--|---------------------------|--------------------------|
| Village                                    | <input type="radio"/> Yes | <input type="radio"/> No |

REFUSES

IF VILLAGE NAME GIVEN DOES NOT MATCH SAMPLE INFORMATION, GO TO ALT 2C.  
 IF VILLAGE NAME MATCHES SAMPLE INFORMATION, GO TO ALT 2D.  
 IF VILLAGE IN SAMPLE INFORMATION is missing, GO TO ALT 2D  
 IF APPLICANT RELUCTANT TO GIVE VILLAGE NAME, GO TO ALT 2D.

**ALT 2C(i).** “My records say that you were living in [VILLAGE]. Is there another name for the place you lived at the time of your application appointment?”

- YES (RECORD NAME: \_\_\_\_\_) GO TO ALT 2D
- NO GO TO ALT 2C(ii)

**ALT 2C(ii).** Did you recently move?”

- YES (RECENTLY MOVED) GO TO ALT 2D
- NO (DID NOT RECENTLY MOVE) GO TO ALT 2D

**ALT 2D. MAILING ADDRESS:** “What is your current mailing address?”

| Mailing address from SAMPLE INFORMATION              |  |       |    |     |       |
|--|--|-------|----|-----|-------|
| P.O. Box or Street Address                           | P.O. Box NN  | State | MN | ZIP | ZZZZZ |
| City   | Anywhere   |       |    |     |       |
| IF MAILING ADDRESS DIFFERENT FROM SAMPLE INFORMATION |  |       |    |     |       |
| Gave mailing address                                 | <input type="radio"/> Yes <input type="radio"/> No |       |    |     |       |
| City   |  | State |    | ZIP |       |

IF MAILING ADDRESS MATCHES SAMPLE INFORMATION, GO TO NEXT MODULE. IF NO MAILING ADDRESS IN SAMPLE INFORMATION OR RELUCTANT TO GIVE MAILING ADDRESS, GO TO NEXT MODULE.  
 IF MAILING ADDRESS GIVEN DOESN'T MATCH SAMPLE INFORMATION, GO TO ALT 2E.

**ALT 2E. (CHANGE OF MAILING ADDRESS)** “Did you recently change your mailing address?”

- YES GO TO NEXT MODULE
- NO GO TO NEXT MODULE

**FI Notes**

*FI: TYPE ANY CLARIFICATIONS OR EXPLANATORY NOTES HERE*

## PARTICIPANT CATEGORY

3. “Next, I’d like to confirm your child’s date of birth. When was [NAME OF INFANT/CHILD APPLICANT] born?”

ENTER DOB: mm/dd/yyyy. READ THE ENTIRE BIRTH DATE BACK TO APPLICANT TO CONFIRM ENTRY.

CAPI WILL CALCULATE THE APPLICANT’S AGE AS OF APP\_DATE TO DETERMINE WHETHER THE APPLICANT QUALIFIED AS AN INFANT OR CHILD

THE APPLICANT COULD HAVE QUALIFIED AS INFANT IF A OR B WAS TRUE ON APP\_DATE:

- A. THE APPLICANT WAS  $\leq$  12 MONTHS ON APP\_DATE, OR
- B. THE APPLICANT’S APP\_DATE FELL ON OR BETWEEN THE BIRTHDATE + 1 YEAR AND THE LAST DAY OF THE MONTH IN WHICH THE APPLICANT REACHED 1 YEAR OF AGE. EXAMPLE:

John Doe was born on April 2, 2016. John Doe has never received WIC before. The most recent application date was April 10, 2017 and he could have been certified as an infant, even though he was 12 months, 8 days old. The last day of the month equal to John Doe’s DOB + 1 year is April 30, 2017. CAPI would determine that the participant category was correct. (Although unusual for a WIC agency to certify John Doe as an infant for the remainder of the month, it is technically possible and consistent with WIC regulations.)

THE APPLICANT COULD HAVE QUALIFIED AS A CHILD IF A OR B OR C WAS TRUE ON APP\_DATE:

- A. THE APPLICANT WAS  $\leq$  60 MONTHS AND  $>$  12 MONTHS ON APP\_DATE, OR
- B. THE APPLICANT’S APP\_DATE FELL ON OR BETWEEN THE BIRTHDATE + 60 MONTHS AND THE LAST DAY OF THE MONTH IN WHICH THE APPLICANT REACHED 60 MONTHS OF AGE, OR
- C. **(NOTE THAT WIC REGULATIONS (246.7(g)(3)) ALLOW LOCAL AGENCIES TO SHORTEN OR EXTEND A CURRENT CERTIFICATION PERIOD FOR AN INFANT OR CHILD UP TO 30 DAYS IF THERE IS DIFFICULTY SCHEDULING A CERTIFICATION APPOINTMENT):** THE APPLICANT WAS  $<$  12 MONTHS AND THE APP\_DATE FELL ON OR BETWEEN THE LAST DAY OF THE MONTH IN WHICH THE APPLICANT TURNED 11 MONTHS OF AGE AND THE BIRTHDATE + 1 YEAR. EXAMPLE:

Jane Doe was born on 12-25-16 and Jane’s mother was having difficulty scheduling an appointment to apply for WIC for Jane. Her local WIC agency suggests that she come to an appointment for Jane on 12-02-17. On that date, the agency could have determined that Jane was eligible as a CHILD even though Jane was only 11 months, 7 days old. The agency has discretion to shorten an infant certification period by up to 30 days (i.e., to December 1, 2017) or extend the child certification by this same amount. Jane was less than 12 months of age on her application date but the application date was between the last day of the month in which she turned 11 months (November 30) and her first birthday.

## INCOME ELIGIBILITY

### HOUSEHOLD ENUMERATION

Q1 “Next, I’m going to ask questions to understand your family situation, that is, your family size and income. Please tell me the names of all the people who were living or staying with [NAME OF INFANT/CHILD] in [MONTH OF APP\_DATE] and whether they are related or not. I’ll record the names so that I can follow up with some questions. Be sure to include yourself, but please list only people who were living with [NAME OF INFANT/CHILD] in [MONTH OF APP\_DATE].”

BEGIN WITH INFANT/CHILD APPLICANT. RECORD EACH NAME IN THE LIST BELOW. ENTER FIRST NAME ONLY

- Q1. Who was living or staying with [INFANT/CHILD] in [MONTH OF APP\_DATE]? PROBE FOR ADDITIONAL PERSONS: Anyone else?  
 Q2. Is [NAME] male or female?  
 Q3. How old is [NAME]?  
 Q4. What is [NAME]’s relationship to [NAME OF INFANT/CHILD]?

#### IF RELATIONSHIP IN Q4 = 20 (FOSTER PARENT), ASK Q4(FOSTER)

- ASK Q4(FOSTER): “Just to confirm, is [NAME OF SAMPLED INFANT/CHILD APPLICANT] your/[NAME]’s foster child?”  
 YES CAPI WILL ENUMERATE SAMPLED FOSTER INFANT/CHILD AS FAMILY ECONOMIC UNIT OF 1. GO TO “ADJUNCTIVE OR AUTOMATIC ELIGIBILITY” SECTION  
 NO REPEAT Q4 TO DETERMINE RELATIONSHIP, THEN CONTINUE WITH HOUSEHOLD ENUMERATION

| Q1                       | Q2  | Q3              | Q4                                 | Relationship Codes              |
|--------------------------|---|-----------------|------------------------------------|---------------------------------|
| NAME                     | GENDER<br>1=male<br>2=female  | AGE<br>in years | RELATIONSHIP<br>TO<br>INFANT/CHILD |                                 |
| R1. SAMPLED INFANT/CHILD |   |                 | 21                                 |                                 |
| R2.                      |   |                 |                                    | 6=parent                        |
| R3.                      |   |                 |                                    | 7=step-parent                   |
| R4.                      |   |                 |                                    | 8=legal guardian                |
| R5.                      |   |                 |                                    | 9=brother/sister                |
| R6.                      |   |                 |                                    | 10=grandparent                  |
| R7.                      |   |                 |                                    | 11=uncle/aunt                   |
| R8.                      |   |                 |                                    | 12=cousin                       |
|                          |   |                 |                                    | 13=nephew/niece                 |
|                          |   |                 |                                    | 14=parent in-law                |
|                          |   |                 |                                    | 15=brother-in-law/sister-in-law |
|                          |   |                 |                                    | 16=other relative               |
|                          |   |                 |                                    | 17=non-relative                 |
|                          |   |                 |                                    | 18=child in temporary care      |
|                          |   |                 |                                    | 19=foster child                 |
|                          |   |                 |                                    | 20=foster parent                |
|                          |   |                 |                                    | 21=infant/child WIC applicant   |
| ANYONE ELSE? ▲           | FI MAY CLICK FOR ADDITIONAL ROWS AT ANY TIME DURING THE INTERVIEW. CAPI will add additional rows one at a time, up to 20 persons. |                 |                                    |                                 |

IF ANY Q4= 19 [HOUSEHOLD INCLUDES A FOSTER CHILD WHO SHOULD BE EXCLUDED FROM SAMPLED ECONOMIC UNIT], DISPLAY Q4FOSTER(ii): “When you applied for WIC, did you tell WIC that [NAME OF HOUSEHOLD MEMBER where Q4=19] is/are foster child/ren? ○ YES ○NO

**FAMILY MEMBERS TEMPORARILY AWAY**

“Other than people already listed, is there anyone who typically lived with **you and your child**, but who was temporarily away in [MONTH OF APP\_DATE]?” (IF NECESSARY, PROBE: “For example, this could be a military service member on active deployment, someone who was in the hospital, a child who was away at school, a child who lived part-time with each parent. Is there anyone who typically lived here but who was temporarily away?”

- Yes GO TO Q1A (MEMBERS TEMPORARILY AWAY)
- No **IF STATE EXCLUDES CHILDREN IN TEMPORARY CARE FROM ECONOMIC UNIT:**
  - GO TO CHILDREN IN TEMPORARY CARE OF APPLICANT’S FAMILY**IF STATE INCLUDES CHILDREN IN TEMPORARY CARE FROM ECONOMIC UNIT:**
  - GO TO SHARED OR SEPARATE FINANCES

**FAMILY MEMBERS TEMPORARILY AWAY=YES**

- Q1A. [CONT'D] LIST NAME OF EACH PERSON TEMPORARILY AWAY
- Q2A. Is [NAME] male or female?
- Q3A. How old is [NAME]?
- Q4A. What is [NAME]'s relationship to [NAME OF INFANT/CHILD]?
- Q4B. "Can you tell me the main reason this person was temporarily away in [MONTH OF APP\_DATE]?" DO NOT READ LIST. PROBE FROM LIST IF NECESSARY. ENTER REASON IN COLUMN Q4B.

- 1=MILITARY MEMBER ON ACTIVE DEPLOYMENT
- 2=IN THE HOSPITAL/REHAB OR TREATMENT CENTER/HALFWAY HOUSE
- 3=LIVING AWAY AT SCHOOL (BOARDING SCHOOL, COLLEGE)
- 4=CHILD LIVES PART-TIME IN HOUSEHOLD **GO TO Q4C**

5=OTHER, SPECIFY [DO NOT LIST ANY PERSON WHO WAS IN JAIL/PRISON IN MONTH OF APP\_DATE]

IF Q4B=4, CAPI WILL DISPLAY APPROPRIATE 4C QUESTION:

- Q4C. IF Q4B=4: "Where does [NAME] live most of the time: READ LIST
- 1= More than half of the time here in this household
- 2= More than half of the time in another household
- 3=About equal time here and in another household

| Members temporarily away |               |            |                     |  |                                      |   |
|--------------------------|---------------|------------|---------------------|--|--------------------------------------|---|
| Q1A                      | Q2A           | Q3A        | Q4A                 | Relationship Codes   | Q4B                                  | Q4C   |
| <b>NAME</b>              | <b>GENDER</b> | <b>AGE</b> | <b>RELATIONSHIP</b> | 11=uncle/aunt<br>12=cousin<br>13=nephew/niece<br>6=parent<br>7=step-parent<br>8=legal guardian<br>9=brother/sister<br>10=grandparent<br>14=parent in-law<br>15=brother-in-law/sister-in-law<br>16=other relative<br>17=non-relative<br>18=child in temporary care<br>19=foster child<br>20=foster parent | <b>REASON TEMPORARILY AWAY (1-5)</b> | <b>If Q4B=4: WHERE CHILD LIVES MOST: enter 1, 2, or 3</b> |
| R9.                      |               |            |                     |  |                                      |   |
| R10.                     |               |            |                     |  |                                      |   |
| R11.                     |               |            |                     |  |                                      |   |
| R12.                     |               |            |                     |  |                                      |   |

IF STATE AGENCY INCLUDES CHILDREN IN TEMPORARY CARE IN FAMILY ECONOMIC UNIT, CAPI WILL SKIP THIS MODULE  
 IF STATE AGENCY EXCLUDES CHILDREN IN TEMPORARY CARE FROM FAMILY ECONOMIC UNIT, CAPI WILL DISPLAY THIS  
 MODULE

**CHILDREN IN TEMPORARY CARE OF THE DENIED APPLICANT’S FAMILY**

“Sometimes, families will take in other children whose parents are temporarily away. Thinking back to [MONTH OF APP\_DATE], were you or your family providing temporary care to any of the children you’ve listed [IF NECESSARY: “I am not referring to your foster child(ren)”]?”

| CAPI-FILLED LIST OF CHILDREN ≤14 YEARS OLD | IN TEMPORARY CARE?   | IF IN TEMPORARY CARE = YES:<br>“Was your family caring temporarily for this child because his/her parents were away on active military deployment?” | “Did you receive any payments from this child’s parents while the child was in your care?” If so, how much? |          |                       |
|--|--|---|---|----------|-----------------------|
| NAME OF 1st CHILD                          | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes, parents of child on active military deployment<br><input type="checkbox"/> No, other reason for temporary care        | <input type="checkbox"/> Yes →<br><input type="checkbox"/> No   | \$ _____ | per month<br>per week |
| NAME OF 2nd CHILD                          | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes, parents of child on active military deployment<br><input type="checkbox"/> No, other reason for temporary care        | <input type="checkbox"/> Yes →<br><input type="checkbox"/> No   | \$ _____ | per month<br>per week |
| NAME OF 3rd CHILD                          | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes, parents of child on active military deployment<br><input type="checkbox"/> No, other reason for temporary care        | <input type="checkbox"/> Yes →<br><input type="checkbox"/> No   | \$ _____ | per month<br>per week |

IF COLUMN 2=YES, IN TEMPORARY CARE, CAPI WILL SET Q4 = 18 FOR THAT CHILD AND EXCLUDE THAT CHILD FROM FAMILY ECONOMIC UNIT

**SHARED OR SEPARATE FINANCES**

CAPI WILL AUTOMATICALLY DISPLAY NAME, GENDER, AGE AND (IF APPLICABLE) REASON TEMPORARILY AWAY OF EACH PERSON. INTERVIEWER WILL READ THE AGE-APPROPRIATE QUESTION AND SELECT RESPONSE IN COLUMN Q6:

“Next, I’m going to ask whether you shared income and expenses with each person who was living with [NAME OF INFANT/CHILD] in [MONTH OF APP\_DATE].”

IF AGE OF HOUSEHOLD MEMBER ≥ 15 YEARS: “Do you consider [NAME] to be part of your family group – that is, in [MONTH\_OF\_APP\_DATE], you were sharing income and expenses as if you were a family – OR do you feel that you each kept your income and expenses and food separately?”

- Yes, shared: SELECT “SHARE LIKE FAMILY” FOR NAME
- No, kept separate: SELECT “SEPARATE” FOR NAME
- Don’t recall SELECT “SHARE LIKE FAMILY” FOR NAME

IF AGE OF HOUSEHOLD MEMBER < 15 YEARS: “Do you consider [NAME] to be part of your family group – that is, in [MONTH OF APP\_DATE], you were responsible for taking care of them as if you were all in the same family?”

- Yes, responsible for taking care of: SELECT “SHARE LIKE FAMILY” FOR NAME
- No, not responsible for taking care of: SELECT “SEPARATE” FOR NAME
- Don’t recall SELECT “SHARE LIKE FAMILY” FOR NAME

FOR MEMBERS TEMPORARILY AWAY, PROBE IF NECESSARY:

- NAME IS AGE ≥ 15 YEARS: “When [NAME] is here, do you and [NAME] share income and expenses?”
- NAME IS AGE < 15 YEARS: “When [NAME] is here, do you help take care of [NAME] as if you were all in the same family?”

| PREFILLED |      |          |       |                         | INTERVIEWER SELECTS  |
|-----------|------|----------|-------|-------------------------|--|
|           | Q1   | Q2       | Q3    | Q4B                     | Q6   |
|           | NAME | GENDER   | AGE   | REASON TEMPORARILY AWAY | Family or Separate? <sup>1</sup>   |
| R#.       | name | (1 or 2) | (age) | NA                      | <input type="radio"/> 1=share like family <input type="radio"/> 2=separate |
| R#.       | name | (1 or 2) | (age) | NA                      | <input type="radio"/> 1=share like family <input type="radio"/> 2=separate |
| R#.       | name | (1 or 2) | (age) | NA                      | <input type="radio"/> 1=share like family <input type="radio"/> 2=separate |
| R#.       | name | (1 or 2) | (age) | (1-5 code)              | <input type="radio"/> 1=share like family <input type="radio"/> 2=separate |
| R#.       | name | (1 or 2) | (age) | (1-5 code)              | <input type="radio"/> 1=share like family <input type="radio"/> 2=separate |

<sup>1</sup> Although WIC policy guidance indicates that agencies should determine whether or not separate family economic units have “adequate income” to “sustain the economic unit” and that the “actual living and support costs for the economic unit in that environment must be considered,” the guidance does not indicate how agencies should determine these “actual living and support costs” or what threshold relative to these costs would suffice as “adequate.” Because these judgments are inherently subjective, the NSWP-III cannot independently confirm or disconfirm an independent judgment made by staff at a local WIC agency. If a Participant indicates that a resident of the household maintains separate finances, the NSWP-III will treat those persons as economic unit(s) separate from the participant’s economic unit.

**PREGNANT FAMILY MEMBERS**

**P1.** “Were you or another person in [**NAME OF INFANT/CHILD** APPLICANT]’s family pregnant when you applied for WIC on APP\_DATE?”

- Yes GO TO P2
- No GO TO Q7 ADJUNCTIVE ELIGIBILITY

|  |   |
|--|---|
| <b>P2.</b> “Who was pregnant on APP_DATE?” |   |
| <SELECT NAME FROM Q1 LIST DROPDOWN MENU>   | IF PREGNANT MEMBER SHARES FINANCES (Q6=1), GO TO P2A.<br>IF PREGNANT MEMBER HAS SEPARATE FINANCES (Q6=2), GO TO P2D |

**P2A.** “Were you/Was [NAME] expecting a single infant, twins or multiples?” (DO NOT READ OPTIONS)

- SINGLETON IF SHARED FINANCES CAPI WILL ADD 1 TO FAMILY ECONOMIC UNIT
- TWINS IF SHARED FINANCES CAPI WILL ADD 2 TO FAMILY ECONOMIC UNIT
- MULTIPLES [ENTER NUMBER FROM 3 OR HIGHER] IF SHARED FINANCES CAPI WILL ADD [N] TO FAMILY ECONOMIC UNIT

**P2B.** “Since that appointment have you/has [NAME] given birth?” (DO NOT READ OPTIONS)

- YES GO TO P2C
- NO [STILL PREGNANT OR PREGNANCY ENDED] GO TO P2D

**P2C.** “Have you already listed the infant/infants that you/that [NAME] gave birth to as part of your household above?” [**CONFIRM THAT THE SAME NUMBER OF INFANTS FROM ITEM P2A ARE ALREADY LISTED IN HOUSEHOLD ENUMERATION CHART**] (DO NOT READ OPTIONS)

BE AWARE THAT A “NO” RESPONSE COULD MEAN THAT THE BABY IS DECEASED/WAS STILLBORN, OR DOES NOT LIVE WITH THE APPLICANT (ADOPTED OR REMOVED FROM THE HOME BY THE STATE)

- YES, WITH [N] BABIES LISTED CAPI WILL SUBTRACT [N] FROM FAMILY ECONOMIC UNIT
- NO: INFANT DECEASED, REMOVED FROM HOME, WAS NOT LIVING IN HOUSEHOLD ON APP\_DATE – DO NOT LIST THE INFANT ANYWHERE

**P2D.** “Was anyone else pregnant on APP\_DATE?”( IF NECESSARY: THESE QUESTIONS HELP DETERMINE THE CORRECT NUMBER OF PEOPLE IN YOUR HOUSEHOLD WHEN YOU APPLIED FOR WIC)

- YES IF YES, REVERSE TO P2 AND REPEAT P2-P2D AS NEEDED
- NO GO TO Q7 ADJUNCTIVE ELIGIBILITY

**ADJUNCTIVE OR AUTOMATIC ELIGIBILITY**

**Q7.** “When you applied for WIC on [APP\_DATE], were you, **your child, or another member of your family,** participating in a benefits program such as Medicaid [OR STATE-SPECIFIC NAME OF MEDICAID PROGRAM(S)], SNAP, TANF or [NAME OF STATE PROGRAM(S)]?”

- |   |   |
|---|---|
| <input type="radio"/> YES   | “Can you show me a document to demonstrate participation in that program, such as an award letter, notice of benefits, or other document that shows the dates when the [ADJUNCT_PROGRAM] participant was eligible?” |
| <input type="radio"/> WIC LOOKED UP <b>MY/MY CHILD’S</b> NAME IN PROGRAM ENROLLMENT LIST, WEBSITE OR BY CALLING RELEVANT AGENCY | “Ok, do you have an award letter, notice of benefits, or other document that shows the dates when the [ADJUNCT_PROGRAM] participant was eligible?”  |
| <input type="radio"/> NO  | GO TO INCOME SOURCES  |
| <input type="radio"/> DON’T RECALL  | GO TO INCOME SOURCES  |

IF RESPONDENT HAS DOCUMENTATION, ENTER INFORMATION IN TABLE BELOW

| Documentation: Participation in Program Conferring Adjunctive/Automatic Income Eligibility |  |
|--|--|
| Adjunctive program   | <input type="checkbox"/> SNAP (Food stamps)<br><input type="checkbox"/> TANF (welfare; transitional assistance)<br><input type="checkbox"/> Medicaid<br><input type="checkbox"/> Other program, SPECIFY:   |
| Type of document shown:  | <input type="checkbox"/> NO DOCUMENTATION (self-report)<br><input type="checkbox"/> Program document with dates of eligibility<br><input type="checkbox"/> Award letter<br><input type="checkbox"/> EBT transaction receipt no more than 30 days < APP_DATE<br><input type="checkbox"/> EBT activity statement with deposit no more than 30 days < APP_DATE<br><input type="checkbox"/> Other: |
| Name of program participant  | <select name from CAPI-generated list of family EU members>  |
| Start date of eligibility or enrollment  | <input type="checkbox"/> No start date/date unclear<br>PROBE: Do you have anything that shows the dates of your participation?   |
| Date eligibility or enrollment expires   | <input type="checkbox"/> No expiration date/date unclear<br>PROBE: Do you have anything that shows the dates of your participation?  |
| Name of agency   | <input type="checkbox"/> Agency name not evident<br>PROBE: Do you have anything that shows the agency name?  |

**IF FIRST DATE OF ELIGIBILITY ON DOCUMENT IS MORE RECENT THAN APP\_DATE, GO TO “PROOF TOO NEW.”**  
**IF LAST DATE OF ELIGIBILITY OCCURRED BEFORE APP\_DATE, GO TO “PROOF EXPIRED.”**

IF NO PROOF, OR INFORMATION FROM DOCUMENT ENTERED, GO TO “OTHER BENEFITS PROGRAM.”

**PROOF TOO NEW**

“It looks like this document was issued after you applied for WIC on [APP\_DATE]. Do you have anything else from this program with an active date before APP\_DATE?”

- YES ENTER INFORMATION FROM CORRECTLY DATED PROOF OF PARTICIPATION IN ADJUNCT PROGRAM (CAPI WILL PRESENT A NEW TABLE FOR ENTERING INFORMATION FROM THE NEXT DOCUMENT SHOWN)
- NO GO TO OTHER BENEFITS PROGRAM

**PROOF EXPIRED**

“It looks like this document expired before you applied for WIC on [APP\_DATE]. Do you have anything else from this program that shows that you **were/your child was** an active participant on [APP\_DATE]?”

- YES ENTER INFORMATION FROM CORRECTLY DATED PROOF OF PARTICIPATION IN ADJUNCT PROGRAM (CAPI WILL PRESENT A NEW TABLE FOR ENTERING INFORMATION FROM THE NEXT DOCUMENT SHOWN)
- NO GO TO OTHER BENEFITS PROGRAM

**OTHER BENEFITS PROGRAM**

“Was anyone in your family enrolled in any other benefits programs when you applied for WIC on [APP\_DATE]?” [IF NECESSARY, PROMPT “such as Medicaid, SNAP, TANF or [NAME OF STATE PROGRAM(S)]”]

- YES CAPI WILL REPEAT RESPONSE OPTIONS AND PROMPTS SHOWN ABOVE UNDER Q7 FOR FI TO ENTER INFORMATION ABOUT PARTICIPATION IN ANY OTHER PROGRAM THAT MAY CONFER ADJUNCTIVE INCOME ELIGIBILITY
- NO “OK, thank you. Let’s move on to income sources.” GO TO INCOME SOURCES

CAPI WILL GO TO INCOME SOURCES EVEN IF ADJUNCTIVELY/AUTOMATICALLY INCOME ELIGIBLE: [Note for reviewers: Regardless of adjunctive income eligibility status, for denied applicants we will also collect income]

**INCOME: ALTERNATE INCOME DETERMINATION PROCEDURE (INDIAN TRIBAL ORGANIZATIONS)**

IF ITO=YES AND ALTERNATIVE INCOME PROCEDURE=YES, THE “ALTERNATE INCOME DETERMINATION PROCEDURE” APPLIES. OTHERWISE, CAPI SKIPS ALTERNATE PROCEDURE FOR INCOME DETERMINATION

CAPI PERFORMS A LOOKUP AGAINST TABLE OF INCOME ELIGIBILITY GUIDELINES (IEGs) BASED ON SIZE OF FAMILY ECONOMIC UNIT. CAPI DISPLAYS INCOME THRESHOLD [INCOME\_MAX].

**ID8** “On [APP\_DATE], was your family’s income at or below \$[INCOME\_MAX]?”

- YES                    GO TO ID8A
- NO                        GO TO INCOME SOURCES (Q8a)

**INCOME SOURCES**

“Now I’m going to ask you about the income you and other members of your family were receiving when you applied on [APP\_DATE] for your child to receive WIC. We want to assure you that we will protect your privacy. We will not include information that identifies you or your family in study reports. We will combine the income we collect with information from other people in this study from across the U.S. We won’t share personal information about you or your family with your local WIC agency, other benefit programs, your landlord, bank, employer, or people in your community.”

- Q8a. When you applied for WIC on [APP\_DATE], were you or was anyone in your family unemployed – that is, had been working but stopped?
- Yes GO TO Q8b
  - No GO TO INCOME SOURCES

IF RESPONDENT IS CONFUSED, PROBE: “Had you (or someone in your family) been working but lost a job or stopped working for some reason?”

|  |  |
|--|--|
| Q8b. Who was unemployed then?          | Q8c. About how long had you [had this person] been unemployed as of APP_DATE?<br>READ LIST:                        |
| <select name from CAPI-generated list> | <input type="radio"/> Less than 30 days before APP_DATE<br><input type="radio"/> 1 month or longer before APP_DATE |
| <select name from CAPI-generated list> | <input type="radio"/> Less than 30 days before APP_DATE<br><input type="radio"/> 1 month or longer before APP_DATE |
| <select name from CAPI-generated list> | <input type="radio"/> Less than 30 days before APP_DATE<br><input type="radio"/> 1 month or longer before APP_DATE |

“Now I’ll start by asking about your sources of income, and then I’ll ask about sources of income for other members of your family. For each type of income, I may ask to see records or documents showing the dates you received that income and the amount you received. It’s important that we focus on income you or your family members were receiving at the time you applied for WIC in [MONTH\_OF\_APP\_DATE].”

**GO TO Q9A. CAPI WILL DISPLAY QUESTIONS Q9A-Q9E FOR ALL INCOME SOURCES FOR EACH PERSON IN THE FAMILY UNIT WITH SHARED FINANCES WHO IS AGED 15 OR OLDER (CALLED “ADULT FAMILY MEMBER”**

NOTE FOR REVIEWERS:

On the pages that follow, different types of “proof of income documents” are listed for each income type. The preferred documents appear in underlined text: these documents are those that best meet guidance provided by WIC policy memoranda (#99-4, #2013-3). If a respondent cannot present one of the “preferred” documents, additional acceptable types of proof appear in light gray (non-underlined) text. Each income type also includes an “other” option, where a Field Interviewer may describe another type of document presented as evidence of the income amount reported, and an option to indicate that no documents were available. For each income type, even if documentation is not available, the FI will ask the respondent to report the amount and frequency of that income.

Q9A. Thinking back to the 30 days before [APP\_DATE], did [you/NAME] have any income from: READ INCOME TYPE IN COLUMN A. CHECK ONLY IF YES.

Q9B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN 9C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”].

| 9A<br>Income Type   | 9B<br>Income Period            | 9C<br>Proof of Income Document  | 9D<br>Amount  | 9E<br>Frequency  |
|---|--------------------------------|---|---|--|
| <input type="checkbox"/> Wages, salary or fees (EXCLUDING MILITARY PAY)<br><input type="radio"/> Employer 1<br><input type="radio"/> Employer 2<br><input type="radio"/> Employer 3 | From: mm/dd/yy<br>To: mm/dd/yy | <b>Check one, use addtl rows if nec:</b><br><input type="checkbox"/> <u>Paystub/earnings statement</u><br><input type="checkbox"/> <u>Employer statement</u><br><input type="checkbox"/> 2017 income tax return, W-2, 1099<br><input type="checkbox"/> Deposit on bank statement<br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported) | Gross \$<br><br><input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |
| <input type="checkbox"/> Wages, salary or fees (EXCLUDING MILITARY PAY)<br><input type="radio"/> Employer 1<br><input type="radio"/> Employer 2<br><input type="radio"/> Employer 3 | From: mm/dd/yy<br>To: mm/dd/yy | <b>Check one, use addtl rows if nec:</b><br><input type="checkbox"/> <u>Paystub/earnings statement</u><br><input type="checkbox"/> <u>Employer statement</u><br><input type="checkbox"/> 2017 income tax return, W-2, 1099<br><input type="checkbox"/> Deposit on bank statement<br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported) | Gross \$<br><br><input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |
| <input type="checkbox"/> Wages, salary or fees (EXCLUDING MILITARY PAY)<br><input type="radio"/> Employer 1<br><input type="radio"/> Employer 2<br><input type="radio"/> Employer 3 | From: mm/dd/yy<br>To: mm/dd/yy | <b>Check one, use addtl rows if nec:</b><br><input type="checkbox"/> <u>Paystub/earnings statement</u><br><input type="checkbox"/> <u>Employer statement</u><br><input type="checkbox"/> 2017 income tax return, W-2, 1099<br><input type="checkbox"/> Deposit on bank statement<br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported) | Gross \$<br><br><input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |

A. Thinking back to the 30 days before [APP\_DATE], did [you/NAME] have any income from: READ INCOME TYPE FROM COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”].

| 9A<br>Income Type   | 9B<br>Income Period            | 9C<br>Proof of Income Document  | 9D<br>Amount  | 9E<br>Frequency  |
|---|--------------------------------|---|---|--|
| <input type="checkbox"/> Tips, bonuses, or commissions (POSSIBLE LUMP SUM)  | From: mm/dd/yy<br>To: mm/dd/yy | <input type="checkbox"/> <u>Paystub/earnings statement</u><br><input type="checkbox"/> <u>Employer statement</u><br><input type="checkbox"/> <u>Business records (for commissions)</u><br><input type="checkbox"/> Deposit on bank statement<br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported)     | Gross \$<br><br><input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |
| <input type="checkbox"/> Tips, bonuses, or commissions (POSSIBLE LUMP SUM)  | From: mm/dd/yy<br>To: mm/dd/yy | <input type="checkbox"/> <u>Paystub/earnings statement</u><br><input type="checkbox"/> <u>Employer statement</u><br><input type="checkbox"/> <u>Business records (for commissions)</u><br><input type="checkbox"/> Deposit on bank statement<br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported)     | Gross \$<br><br><input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |
| <input type="checkbox"/> Income from self-employment (farm or non-farm) (NET INCOME)  | From: mm/dd/yy<br>To: mm/dd/yy | <input type="checkbox"/> 2017 income tax return, W-2, 1099<br><input type="checkbox"/> Business records<br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported)  | NET \$  | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |
| <input type="checkbox"/> Rental income (NET INCOME)   | From: mm/dd/yy<br>To: mm/dd/yy | <input type="checkbox"/> <u>Rental agreement, lease, other business records</u><br><input type="checkbox"/> <u>Rent check</u><br><input type="checkbox"/> <u>2017 income tax return, W-2, 1099</u><br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported)   | NET \$  | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |
| <input type="checkbox"/> Royalties (PROMPT FOR ITOs: per capita payments) (NET INCOME) (POSSIBLE LUMP SUM) (POSSIBLE EXCLUSION) | From: mm/dd/yy<br>To: mm/dd/yy | <input type="checkbox"/> <u>Paystub/earnings statement</u><br><input type="checkbox"/> <u>Deposit on bank statement</u><br><input type="checkbox"/> <u>2017 income tax return, W-2, 1099</u><br><input type="checkbox"/> <u>Business records</u><br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported) | NET \$  | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |

A. Thinking back to the 30 days before [APP\_DATE], did [you/NAME] have any income from: READ INCOME TYPE FROM COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”].

| 9A<br>Income Type  | 9B<br>Income Period            | 9C<br>Proof of Income Document   | 9D<br>Amount  | 9E<br>Frequency  |
|--|--------------------------------|--|---|--|
| <input type="checkbox"/> Unemployment compensation   | From: mm/dd/yy<br>To: mm/dd/yy | <input type="checkbox"/> <u>Benefit letter/letter of determination</u><br><input type="checkbox"/> <u>Check or check stub</u><br><input type="checkbox"/> Deposit on bank statement<br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported) | Gross \$<br><br><input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |
| <b>IF APPLICANT/FAMILY MEMBER INDICATES NO INCOME FROM UNEMPLOYMENT COMPENSATION BUT WAS UNEMPLOYED (Q8A), ASK:</b><br>UE1. "Did you/[NAME] apply for unemployment benefits?"<br><input type="radio"/> Yes GO TO UE2<br><input type="radio"/> No CONTINUE TO NEXT INCOME SOURCE<br><br>UE2. "Was your/[NAME'S] application denied or approved?" DO NOT READ LIST<br><input type="radio"/> Denied/turned down CONTINUE TO NEXT INCOME SOURCE<br><input type="radio"/> Approved GO TO UE3<br><input type="radio"/> Have not heard back/never heard back CONTINUE TO NEXT INCOME SOURCE<br><br>UE3. "Okay, you were/[NAME] was approved to get unemployment, but you have not/[NAME] has not received any income from unemployment compensation. Can you show me a copy of the approval letter?"<br><input type="radio"/> Yes RECORD DATE OF LETTER AND AMOUNT OF BENEFITS AWARDED<br><input type="radio"/> No CONTINUE TO NEXT INCOME SOURCE |                                |  |   |  |
| <input type="checkbox"/> Workers compensation  | From: mm/dd/yy<br>To: mm/dd/yy | <input type="checkbox"/> <u>Benefit letter/letter of determination</u><br><input type="checkbox"/> <u>Check or check stub</u><br><input type="checkbox"/> Deposit on bank statement<br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported) | Gross \$<br><br><input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |
| <input type="checkbox"/> Social security benefits  | From: mm/dd/yy<br>To: mm/dd/yy | <input type="checkbox"/> <u>Award letter from SSA</u><br><input type="checkbox"/> <u>Statement of benefits</u><br><input type="checkbox"/> Deposit on bank statement<br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported)                | Gross \$<br><br><input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |

A. Thinking back to the 30 days before [APP\_DATE], did [you/NAME] have any income from: READ INCOME TYPE FROM COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”].

| 9A<br>Income Type   | 9B<br>Income Period            | 9C<br>Proof of Income Document   | 9D<br>Amount  | 9E<br>Frequency  |
|---|--------------------------------|--|---|--|
| <input type="checkbox"/> Federal SSI (Supplemental security income) | From: mm/dd/yy<br>To: mm/dd/yy | <input type="checkbox"/> <u>Notice of benefits</u><br><input type="checkbox"/> <u>Check or check stub</u><br><input type="checkbox"/> Deposit on bank statement<br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported) | Gross \$<br><br><input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |
| <input type="checkbox"/> State SSI or State disability insurance    | From: mm/dd/yy<br>To: mm/dd/yy | <input type="checkbox"/> <u>Notice of benefits</u><br><input type="checkbox"/> <u>Check or check stub</u><br><input type="checkbox"/> Deposit on bank statement<br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported) | Gross \$<br><br><input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |
| <input type="checkbox"/> Public assistance or TANF                  | From: mm/dd/yy<br>To: mm/dd/yy | <input type="checkbox"/> <u>Notice of benefits</u><br><input type="checkbox"/> <u>Check or check stub</u><br><input type="checkbox"/> Deposit on bank statement<br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported) | Gross \$<br><br><input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |

A. Thinking back to the 30 days before [APP\_DATE], did [you/NAME] have any income from: READ INCOME TYPE FROM COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”].

| 9A<br>Income Type  | 9B<br>Income Period            | 9C<br>Proof of Income Document  | 9D<br>Amount  | 9E<br>Frequency  |
|--|--------------------------------|---|---|--|
| <input type="checkbox"/> Alimony or child support (1 <sup>st</sup> source)                 | From: mm/dd/yy<br>To: mm/dd/yy | <input type="checkbox"/> <u>Check or check stub</u><br><input type="checkbox"/> <u>Support agreement</u><br><input type="checkbox"/> <u>Divorce/separation decree</u><br><input type="checkbox"/> <u>Court order</u><br><input type="checkbox"/> Deposit on bank statement<br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported) | Gross \$<br><br><input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |
| <input type="checkbox"/> Alimony or child support (2 <sup>nd</sup> source)                 | From: mm/dd/yy<br>To: mm/dd/yy | <input type="checkbox"/> <u>Check or check stub</u><br><input type="checkbox"/> <u>Support agreement</u><br><input type="checkbox"/> <u>Divorce/separation decree</u><br><input type="checkbox"/> <u>Court order</u><br><input type="checkbox"/> Deposit on bank statement<br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported) | Gross \$<br><br><input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |
| <input type="checkbox"/> Any government or private pension, annuity or survivor's benefits | From: mm/dd/yy<br>To: mm/dd/yy | <input type="checkbox"/> <u>Notice of benefits</u><br><input type="checkbox"/> <u>Check or check stub</u><br><input type="checkbox"/> Deposit on bank statement<br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported)  | Gross \$<br><br><input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |
| <input type="checkbox"/> Disbursement (payment) from an estate or trust                    | From: mm/dd/yy<br>To: mm/dd/yy | <input type="checkbox"/> <u>Earnings statement</u><br><input type="checkbox"/> Deposit on bank statement<br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported)   | Gross \$<br><br><input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |

A. Thinking back to the 30 days before [APP\_DATE], did [you/NAME] have any income from: READ INCOME TYPE FROM COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”].

| 9A<br>Income Type   | 9B<br>Income Period            | 9C<br>Proof of Income Document   | 9D<br>Amount  | 9E<br>Frequency  |
|---|--------------------------------|--|---|--|
| <input type="checkbox"/> Interest or dividends                            | From: mm/dd/yy<br>To: mm/dd/yy | <input type="checkbox"/> <u>Earnings or dividend statement</u><br><input type="checkbox"/> <u>Deposit on bank statement</u><br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported)   | Gross \$<br><br><input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |
| <input type="checkbox"/> Withdrawals from a savings or investment account | From: mm/dd/yy<br>To: mm/dd/yy | <input type="checkbox"/> <u>Withdrawal receipt/slip</u><br><input type="checkbox"/> <u>Earnings statement</u><br><input type="checkbox"/> <u>Withdrawal on bank statement</u><br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported) | Gross \$<br><br><input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |

A. Thinking back to the 30 days before [APP\_DATE], did [you/NAME] have any income from: READ INCOME TYPE FROM COLUMN A. CHECK ONLY IF YES.

B. Can you show me some evidence of that income such as [READ FIRST ITEM IN COLUMN C. IF FIRST PROOF UNAVAILABLE, READ NEXT ITEM, OR “anything else that would show the amount of this income?” DO NOT READ “NONE”].

| 9A<br>Income Type  | 9B<br>Income Period            | 9C<br>Proof of Income Document  | 9D<br>Amount  | 9E<br>Frequency  |
|--|--------------------------------|---|---|--|
| <input type="checkbox"/> Veteran's payments                                  | From: mm/dd/yy<br>To: mm/dd/yy | <input type="checkbox"/> Notice of benefits<br><input type="checkbox"/> Check or check stub<br><input type="checkbox"/> Deposit on bank statement<br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported)  | Gross \$<br><br><input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |
| <input type="checkbox"/> Military pay  | From: mm/dd/yy<br>To: mm/dd/yy | <input type="checkbox"/> Leave and Earnings Statement (GO TO MILITARY PAY MODULE)<br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported)  | Gross \$<br><br><input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |
| <input type="checkbox"/> Regular contributions from someone not in household | From: mm/dd/yy<br>To: mm/dd/yy | <input type="checkbox"/> Letter from payer, dated & signed<br><input type="checkbox"/> Deposit on bank statement<br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported)   | Gross \$<br><br><input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |
| <input type="checkbox"/> Other income sources (SEE INCOME PROBE QUESTIONS)   | From: mm/dd/yy<br>To: mm/dd/yy | <input type="checkbox"/> Earnings statement<br><input type="checkbox"/> Benefit/award letter<br><input type="checkbox"/> Letter from payer, dated & signed<br><input type="checkbox"/> Deposit on bank statement<br><input type="checkbox"/> 2017 IRS tax return, W2, 1099<br><input type="checkbox"/> Other [textbox]<br><input type="checkbox"/> NONE (self-reported) | Gross \$<br><br><input type="checkbox"/> Net pay (check if gross pay unavailable) | <input type="radio"/> Per week<br><input type="radio"/> Per 2 weeks<br><input type="radio"/> Twice/month<br><input type="radio"/> Per month<br><br><input type="radio"/> Per quarter<br><input type="radio"/> Per year<br><input type="radio"/> Year To Date<br><input type="radio"/> Once/lump sum<br><input type="radio"/> Other: ____ |

## MILITARY PAY MODULE<sup>2</sup>

USING THE SERVICE MEMBER'S MILITARY **LEAVE AND EARNINGS STATEMENT**, ENTER THE INFORMATION BELOW. SOME PAY CODES WILL PROMPT YOU TO ASK CLARIFYING QUESTIONS THAT WILL AUTOMATICALLY DISPLAY. ANSWERING THE QUESTIONS WILL DETERMINE THE INCOME TREATMENT CODE IN THE RIGHTMOST COLUMN.

| Last Name           | First Name   | MI            | Pay Date   | Branch | Period Covered |
|---------------------|--|---------------|--|--------|----------------|
|                     |  |               |  |        |                |
| <b>ENTITLEMENTS</b> |  |               |  |        |                |
| <b>A</b>            | <b>Type</b>  | <b>Amount</b> | <b>Income treatment codes</b>                                    |        |                |
| <b>B</b>            | ENTER PAY CODE   | \$ .          |  |        |                |
| <b>C</b>            | ENTER PAY CODE   | \$ .          | EXCLUDE: BAH   |        |                |
| <b>D</b>            | ENTER PAY CODE   | \$ .          | EXCLUDE: OCONUS COLA   |        |                |
| <b>E</b>            | ENTER PAY CODE   | \$ .          |  |        |                |
| <b>F</b>            | ENTER PAY CODE   | \$ .          | ANNUALIZE  |        |                |
| <b>G</b>            | ENTER PAY CODE   | \$ .          |  |        |                |
| <b>H</b>            | ENTER PAY CODE   | \$ .          |  |        |                |
| <b>I</b>            | ENTER PAY CODE   | \$ .          | EXCLUDE: COMBAT PAY  |        |                |
| <b>J</b>            | ENTER PAY CODE   | \$ .          |  |        |                |
| <b>K</b>            | ENTER PAY CODE   | \$ .          |  |        |                |
| <b>L</b>            | ENTER PAY CODE   | \$ .          |  |        |                |
| <b>M</b>            | ENTER PAY CODE   | \$ .          |  |        |                |
| <b>N</b>            | ENTER PAY CODE   | \$ .          |  |        |                |
| <b>O</b>            | ENTER PAY CODE   | \$ .          |  |        |                |
|                     | <b>REMARKS:</b><br>ENTER any PAY CODES listed in REMARKS | \$ .          |  |        |                |
|                     | <b>TOTAL</b>   | \$ .          | <b>Countable income after exclusions and annualizations</b><br>= |        |                |

### **POSSIBLE LUMP SUM PAYMENT:**

<sup>2</sup> See Table 3 for specific military pay codes and proposed exclusions. WIC regulations allow States to choose whether or not to exclude the military Basic Allowance for Housing (BAH) and Cost-of-living allowance for service members stationed outside the contiguous United States (OCONUS COLA) (See 246.7(2)(d)(iv)(A). WIC regulations require States to exclude from income payments to service members from the Family Supplemental Subsistence Act (FSSA) and combat pay. In the context of military pay, WIC Policy Memorandum 2013-3 indicated that "in-kind benefits, such as military on-base housing or other subsidized housing, medical and dental benefits are services that do not meet the definition of 'income' and may not be considered in income eligibility determinations."

“Did [NAME] receive this pay, [PAYCODE], once a year, monthly, or with some other frequency?”

- Once per year
- Quarterly
- Monthly
- OTHER: SPECIFY FREQUENCY OR PAY INTERVAL

IF FREQUENCY IS ONCE/YEAR OR QUARTERLY, THEN THE AMOUNT WILL BE ANNUALIZED. OTHERWISE ALL AMOUNTS ARE ASSUMED MONTHLY

**POSSIBLE COMBAT PAY:**

SELECT YES OR NO FOR EACH QUESTION

|   | YES                   | NO                    |
|---|-----------------------|-----------------------|
| Did [NAME] receive this pay in addition to the base pay?            | <input type="radio"/> | <input type="radio"/> |
| Was this pay the result of deployment to a designated combat zone?  | <input type="radio"/> | <input type="radio"/> |
| Did [NAME] only receive this pay while deployed to the combat zone? | <input type="radio"/> | <input type="radio"/> |

IF YES TO ALL THREE QUESTIONS, THE PAY WAS COMBAT PAY (AND WILL BE EXCLUDED FROM TOTAL INCOME)  
IF NO, TO ANY QUESTION, THE PAY WAS NOT COMBAT PAY AND WILL BE INCLUDED AS INCOME.

**Table 3. Military Pay Codes**

| Code                           | Type of Pay  | Counts as Income unless noted otherwise |
|--------------------------------|--|---|
| AB                             | Accession bonus                                      | Ask Lump Sum                            |
| ACIP                           | Aviation Career Incentive Pay                        |   |
| ACP                            | Aviation Continuation Pay                            |   |
| AIP                            | Assignment Incentive Pay                             | Ask Combat Pay                          |
| ASP                            | Additional Special Pay                               |   |
| BAH                            | Basic Allowance for Housing                          | if State excludes                       |
| BAS                            | Basic Allowance for Subsistence                      |   |
| BAQ                            | Basic Allowance for Quarters                         | if State excludes                       |
| Base Pay                       | Base Pay   |   |
| BCP                            | Board Certified Pay Special Pay                      |   |
| CCA                            | Civilian Clothing Allowance                          | Ask Lump Sum                            |
| BRA                            | Basic Replacement Allowance                          | Ask Lump Sum                            |
| Continuation Pay               | Continuation Pay                                     |   |
| CCCA                           | Continuing Civilian Clothing Allowance               | Ask Lump Sum                            |
| CCRA                           | Cash Clothing Replacement Allowance                  | Ask Lump Sum                            |
| CEFIP                          | Career Enlisted Flyer Incentive Pay                  |   |
| CIP                            | Combat-related Injury & Rehabilitation               | Ask Combat Pay                          |
| CMA                            | Clothing Maintenance Allowance or Clothing Allowance |   |
| CONUS COLA                     | Continental U.S. Cost of Living Allowance            | Exclude, in-kind benefit                |
| Combat Duty or Combat Zone Pay | Combat Duty or Combat Zone Pay                       | EXCLUDE                                 |
| CRA                            | Clothing Replacement Allowance                       | Ask Lump Sum                            |
| CSP                            | Career Sea Pay                                       |   |
| CSP-P                          | Career Sea Pay – Premium                             |   |
| CSRB                           | Critical Skills Retention Bonus                      | Ask Lump Sum                            |
| CVI                            | Conditional Voluntary Indefinite Status              |   |
| DLA                            | Dislocation Allowance                                | Exclude, in-kind benefit                |
| Dive Pay                       | Dive Pay   | Ask Combat Pay                          |
| DSCT Meal                      | Discount Meal  | Exclude, in-kind benefit                |
| FDP                            | Foreign Duty Pay                                     | Ask Combat Pay                          |
| FLPP                           | Foreign Language Proficiency Pay                     | Ask Combat Pay                          |
| Flight or Fly Pay              | Flight or Fly Pay                                    | Ask Combat Pay                          |
| FSA                            | Family Separation Allowance                          | Ask Combat Pay                          |
| FSH                            | Family Separation Housing                            | Exclude, in-kind benefit                |
| FSSA                           | Family Subsistence Supplemental Allowance            | EXCLUDE                                 |
| HALO                           | High Altitude/Low Altitude                           | Ask Combat Pay                          |
| HDIP                           | Hazardous Duty Incentive Pay                         | Ask Combat Pay                          |
| HDP – Involuntary Extension    | Hardship Duty Pay – Involuntary Extension            | Ask Combat Pay                          |
| HDP – L                        | Hardship Duty Pay - Location                         | Ask Combat Pay                          |
| HDP – M                        | Hardship Duty Pay – Mission                          | Ask Combat Pay                          |
| HFP/IDP                        | Hostile Fire/Imminent Danger Pay                     | Ask Combat Pay                          |
| HFP-L                          | Hostile Fire Pay - Location                          | Ask Combat Pay                          |
| HZD                            | Hazardous Duty Pay                                   | Ask Combat Pay                          |
| ICCA                           | Initial Civilian Clothing Allowance                  | Ask Lump Sum                            |
| IDP                            | Imminent Danger Pay                                  | Ask Combat Pay                          |
|                                | Note: Can also mean Independent Duty Corpsman        |   |
| ISP                            | Incentive Special Pay                                |   |
| Jump Pay                       | Jump Pay   | Ask Combat Pay                          |
| LQA                            | Living Quarters Allowance                            | Exclude, in-kind benefit                |
| Maternity Clothing Allowance   | Maternity Clothing Allowance                         | Ask Lump Sum                            |
| MIHA – Miscellaneous           | Moving Housing Allowance - Miscellaneous             | Exclude, in-kind benefit                |
| MIHA – Rent                    | Moving Housing Allowance – Rent                      | Exclude, in-kind benefit                |
| MIHA – Security                | Moving Housing Allowance - Security                  | Exclude, in-kind benefit                |
| MRB                            | Multiyear Retention Bonus                            |   |
| MSP                            | Multiyear Special Pay                                |   |
| NIB                            | Nuclear Career Annual Incentive Bonus                |   |
| NPAB                           | Nuclear Power Accession Bonus                        | Ask Lump Sum                            |
| Nuclear – Continuation Pay     | Nuclear – Continuation Pay                           |   |

| Code                                | Type of Pay   | Counts as Income unless noted otherwise |
|-------------------------------------|---|---|
| OEP                                 | Overseas Extension Pay  |   |
| OHA                                 | Overseas Housing Allowance  | Exclude, in-kind benefit                |
| OCONUS COLA                         | Overseas Continental United States Cost of Living Allowance   | if State excludes                       |
| OTEIP                               | Army Overseas Tour Extension Incentive Pay  |   |
| OVERSEAS COLA                       | Overseas Cost of Living Allowance   | Exclude, in-kind benefit                |
| Overseas Extension Pay              | Overseas Extension Pay  |   |
| PCCA                                | Partial Civilian Clothing Allowance   | Ask Lump Sum                            |
| RBMA                                | Reserve Basic Maintenance Allowance   |   |
| SBP                                 | Military Survivor Benefits Plan   |   |
| SAVE PAY                            | Save pay<br>Note: This can represent many types of pay. Ask questions to determine what the pay is for to see if it counts. Often refers to difference in pay due to accepting a new appointment between new and old pay rates. Likely to be a lump sum.  | Caution: ask if lump sum                |
| SDAP                                | Special Duty Assignment Pay   | Ask Combat Pay                          |
| SDIP                                | Submarine Duty Incentive Pay  | Ask Combat Pay                          |
| Sea Pay                             | Sea Pay   | Ask Combat Pay                          |
| SEA                                 | Subsistence Expense Allowance   |   |
| SEB                                 | Selective Enlistment Bonus  | Ask Lump Sum                            |
| SepRats                             | Separation Rations  |   |
| SMA                                 | Standard or Separate Maintenance Allowance  |   |
| Special Duty Pay                    | Special Duty Pay  | Ask Combat Pay                          |
| Specialty Pay                       | Specialty Pay   | Ask Combat Pay                          |
| SPO                                 | Split Payment Option<br>Note: This option allows the person to take an amount from the base pay and put it into the ship ATM for personal use while on board. Base WIC income eligibility on the gross amount before the split allocation. Don't count the amount sent to the ship account twice. | Caution                                 |
| SR                                  | Separation Rations  |   |
| SRA                                 | Standard Replacement Allowance  | Ask Lump Sum                            |
| SRB                                 | Selective Reenlistment Bonus  | Ask Lump Sum                            |
| Standard Initial Clothing Allowance | Standard Initial Clothing Allowance   | Ask Lump Sum                            |
| Submarine Pay                       | Submarine Pay   |   |
| SUPP CMA                            | Enlisted Supplemental Clothing Allowance  | Ask Lump Sum                            |
| TDYCCA                              | Temporary Duty Civilian Clothing Allowance  | Ask Lump Sum                            |
| TLE CONUS                           | Temporary Lodging Expense in US   | Exclude, in-kind benefit                |
| TLA                                 | Temporary Living Allowance  | Exclude, in-kind benefit                |
| TLA OCONUS                          | Temporary Lodging Allowance Outside US  | Exclude, in-kind benefit                |
| TQSA                                | Temporary Quarters Subsistence Allowance  |   |
| VI                                  | Voluntary Indefinite Status   |   |
| VBSS Duty                           | Maritime Visit, Board, Search & Seizure Duty  |   |
| VSP                                 | Variable Special Pay  |   |

**ZERO INCOME REPORTED [TOTAL INCOME=\$0]**

IF APPLICANT DID NOT CLAIM PARTICIPATION IN MEDICAID, SNAP AND/OR TANF; AND IF APPLICANT'S TOTAL FAMILY INCOME = \$0; AND IF NO ADULT AGED  $\geq 15$  WAS REPORTED TO HAVE SEPARATE FINANCES, CAPI WILL DISPLAY INTRO AND Z2.

IF APPLICANT DID NOT CLAIM PARTICIPATION IN MEDICAID, SNAP AND/OR TANF; AND IF APPLICANT'S TOTAL FAMILY INCOME = \$0; AND IF ANY ADULT AGED  $\geq 15$  WAS REPORTED TO HAVE SEPARATE FINANCES, CAPI WILL DISPLAY INTRO AND START WITH Z1.

INTRO: "If I understand your answers correctly, it looks like you had zero income on [APP\_DATE]."

Z1. You said that [NAME] and [NAME] were not part of your family group. Was/Were [LIST NAMES WHERE Q6=SEPARATE FINANCES], or was anyone that you haven't named helping you to pay for living expenses such as rent/mortgage, heat, or food on [APP\_DATE]?

- Yes GO TO Z1a
- No GO TO Z2

Z1a. "In that case, I need to ask you about [NAME]'s income. Thinking back to the 30 days before [APP\_DATE], did [NAME] have any income from [LIST EACH TYPE OF INCOME SOURCE FROM Q9A]? CAPI WILL PROMPT INTERVIEWER TO CHANGE THE RESPONSE TO Q6 FOR [NAME(S)] TO Q6=1 SO THAT THIS INDIVIDUAL IS COUNTED AS PART OF APPLICANT'S FAMILY.

**AFTER Z1a GO TO END OF SURVEY**

Z2. “I’d like to better understand how you were paying for living expenses in [MONTH, YEAR OF APP\_DATE]. Can you tell me if any of the following were true: CHECK ALL THAT APPLY.

|   |   |
|---|---|
| <input type="checkbox"/> I had applied for public assistance but did not receive payment until after [MONTH, YEAR OF APP_DATE] (IF NECESSARY: such as Temporary Assistance to Needy Families, sometimes called welfare, or SNAP/Food Stamps). | REQUEST AWARD LETTER AND ENTER AMOUNT AND DATE IN Q9, PUBLIC ASSISTANCE     |
| <input type="checkbox"/> I had applied for workers compensation but did not received payment until after [MONTH, YEAR OF APP_DATE]  | REQUEST AWARD LETTER AND ENTER AMOUNT AND DATE IN Q9, WORKER’S COMPENSATION |
| <input type="checkbox"/> I received some emergency cash from a friend, church, or social services agency or food from a food bank   | ENTER AMOUNT IN Q9, OTHER CASH  |
| <input type="checkbox"/> I skipped one or more rent, mortgage or utility payments   |   |
| <input type="checkbox"/> I did some work such as child care, housework, or another service in exchange for reduced rent or food   | IN-KIND BENEFITS NOT INCOME   |
| <input type="checkbox"/> OTHER: “Can you describe how you paid for living expenses then?” TYPE IN RESPONSE: _____   | IF ANY INCOME SOURCES RETURN TO Q9  |
| <input type="checkbox"/> NONE OF THE ABOVE  |   |

**AFTER Z2 GO TO END OF SURVEY**

## INCOME PROBE QUESTIONS (POSSIBLE EXCLUSIONS OR LUMP SUMS)

**AT ANY TIME WHILE ASKING APPLICANT ABOUT INCOME SOURCES (Q9), THE INTERVIEWER MAY BRING UP A LIST OF THE FOLLOWING POTENTIAL LUMP SUM OR INCOME EXCLUSION QUESTIONS:**

| If applicant is a member of an American Indian Tribe and: | ASK/DO  |
|---|---|
| Reports income from the government or Tribe               | <p>"Did you receive this income as part of a settlement or agreement between the U.S. government and an American Indian tribe or Nation?" EXCLUDE ANY SUCH INCOME<sup>3</sup></p> <p>"Is this income a 'per cap' or per capita payment from a business operated by an American Indian tribe or Nation to which you belong?" ENTER NET AMOUNT UNDER ROYALTIES. ASK "POSSIBLE LUMP SUM" TO DETERMINE IF ANNUALIZATION IS NEEDED</p> |

| If applicant or income document refers to:   | ASK/DO   |
|--|--|
| Section 8, housing voucher, rental assistance  | "Is this a voucher to help you afford housing or rent?" ANY AMOUNT SHOWN ON A HOUSING CHOICE VOUCHER IS NOT COUNTED AS INCOME. DO NOT ENTER AS AN INCOME SOURCE. <sup>4</sup>  |
| Child care or day care voucher, child care or day care assistance  | EXCLUDE ANY REPORTED PUBLIC ASSISTANCE OR SUBSIDY FOR DAY CARE OR CHILD CARE COSTS <sup>5</sup>  |
| Food Stamps, Free or Reduced Price Lunch or Breakfast for child in public school, WIC food instruments provided to other WIC participants in family                                    | EXCLUDE ANY REPORTED PUBLIC ASSISTANCE WITH MEALS OR FOOD, INCLUDING ANY REPORT OF FREE MEALS A CHILD RECEIVES AT SCHOOL, FOOD INSTRUMENTS RECEIVED BY ANY FAMILY MEMBER FROM SNAP, FDPIR, OR WIC. <sup>6</sup>  |
| Job assistance, employment training, Employment Services Program, Job Corps, Youth Build, job training, American Job Center, Workforce Investment, Employment Training, Career Pathway | "Was this income to reimburse you for transportation, child care costs or other expenses so that you could take part in job training, get a GED or take classes that will prepare you for employment?" EXCLUDE REIMBURSEMENTS FOR THESE EXPENSES <sup>7</sup>  |
| Volunteer, AmeriCorps, VISTA   | "Was this income you received as a volunteer for AmeriCorps, AmeriCorps VISTA or AmeriCorps National Civilian Community Corps (NCCC)?" <sup>8</sup>  |
| Bonus/commissions  | ASK "POSSIBLE LUMP SUM" TO DETERMINE IF ANNUALIZATION IS NEEDED  |
| Royalties  | ASK "POSSIBLE LUMP SUM" TO DETERMINE IF ANNUALIZATION IS NEEDED  |
| Any mention of emergency assistance due to a hurricane, tornado, storm, earthquake, volcano, landslide, mudslide, snowstorm, flood, forest fire  | "Did you receive [this] assistance because of a major disaster such as a hurricane, tornado, storm or similar natural event that was declared a federal disaster?" FEMA maintains a list of federal disasters each year: <a href="https://www.fema.gov/disasters/grid/year/2015">https://www.fema.gov/disasters/grid/year/2015</a> . EXCLUDE ANY ASSISTANCE DUE TO FEDERAL DISASTER FROM INCOME SOURCES <sup>9</sup> |
| Any mention of loss of property due to flood/hurricane   | "Did this income come from FEMA or the National Flood Insurance Program after filing a claim for flood damage to your home? EXCLUDE ANY INCOME DUE TO  |

<sup>3</sup> WIC regulations include income exclusions for multiple types of payments to members of American Indian Tribes from various treaties, agreements or settlements with the U.S. government (see 246.7(2)(d)(iv)(D)(4, 6, 7, 9, 10, 21, 24-32)).

<sup>4</sup> WIC regulations include income exclusions for multiple forms of housing assistance to low income individuals (see 246.7(2)(d)(iv)(D)(1, 22-23)

<sup>5</sup> WIC regulations include income exclusions for payments, or the value of, child care under the Social Security Act or the Child Care and Development Block Grant programs (see 246.7(2)(d)(iv)(D)(17-19)

<sup>6</sup> WIC regulations include income exclusions for the value of food assistance from the National School Lunch Program, the Child Nutrition Act or the Food and Nutrition Act (see 246.7(2)(d)(iv)(D)(8).

<sup>7</sup> WIC regulations include income exclusions for payments under the Job Training Partnership Act, replaced by the Workforce Investment Act (WIA) and Workforce Investment and Opportunity Act (WIOA). See 246.7(2)(d)(iv)(D)(5).

<sup>8</sup> WIC regulations exclude payments to domestic volunteers (VISTA is now part of AmeriCorps). See 246.7(2)(d)(iv)(D)(2)

| If applicant or income document refers to: | ASK/DO   |
|--|--|
|  | APPROVED FLOOD DAMAGE CLAIM <sup>10</sup>  |
| Veteran's or VA payment, VA disability     | "Did you/NAME receive payment because you were exposed to Agent Orange while serving in Vietnam or Korea?" EXCLUDE ANY AMOUNT DUE TO EXPOSURE TO AGENT ORANGE. INCLUDE ALL OTHER VETERAN'S PAYMENTS <sup>11</sup>                                      |
| Loan, Student loan                         | "Is this income part of a loan that you must repay?" EXCLUDE ANY LOAN AMOUNT FROM INCOME SOURCES unless the loan is an amount to which the applicant has constant access (e.g., regular contributions from someone not in the household) <sup>12</sup> |

<sup>9</sup> WIC regulations exclude income from assistance received under the Disaster Relief and Emergency Assistance Amendments of 1989, now the Robert T. Stafford Disaster Relief and Emergency Assistance Act. See 246.7(2)(d)(iv)(D)(13)

<sup>10</sup> WIC regulations exclude income from assistance to property owners under the National Flood Insurance Program (246.7(2)(d)(iv)(D)(34).

<sup>11</sup> WIC regulations exclude income to certain veterans from the Agent Orange Compensation Exclusion Act ((246.7(2)(d)(iv)(D)(15))

<sup>12</sup> WIC regulations exclude loans (246.7(2)(d)(iv)(C)).

## END OF SURVEY

“Ok, this completes our survey. It was great talking with you, and thank you so much for helping us out. Here is a \$25 Visa debit card in appreciation for your time.”

**Field Interviewer confirmation at end of survey:**

| I met with study respondent at the following address on the date below: MAKE ANY CORRECTIONS IN THE ROW BELOW |    |       |         |     |       |        | INITIALS        |  |
|---|----|-------|---------|-----|-------|--------|-----------------|--|
| State:  | MN | City: | Anytown | ZIP | 12345 | Street | 100 MAIN STREET |  |
|   |    |       |         |     |       |        |                 |  |
|   |    |       |         |     |       | Date   | mm/dd/yy        |  |

- Location was a residential address
- Location was a non-residential address (e.g., library, business, community center). PROVIDE NAME OF LOCATION:

Privacy Act Statement

**Authority:** Code of Federal Regulations. §215.11 requires State and local WIC agency directors to cooperate in the conduct of studies and evaluations.

**Purpose:** Information is collected primarily for use by the Food and Nutrition Service in the administration and evaluation of Special Supplemental Program for Women, Infants and Children.

**Routine Use:** FNS published a system of record notice (SORN) titled FNS-8 USDA/FNS Studies and Reports in the Federal Register on April 25, 1991, volume 56, pages 19078-19080, that discusses the terms of protections that will be provided to respondents.

**Disclosure:** Your participation in this survey is voluntary.