

Dear Mother:

You have the opportunity to receive a cash gift every month for the next 3 years and 4 months (40 months total). The money is not provided as payment for your participation in any research. You will continue to receive the monthly gift even if you decide not to participate in the research study.

The 4MyBaby gift is coming from charitable foundations that want to help support families with new babies. We are helping to distribute the payments through a debit card.

Things you should know about the 4MyBaby debit card:

- The monthly gift will be loaded automatically once a month on a debit card that we will give to you.
- The debit card can be used to make purchases at stores or online or you can withdraw cash with it.
- There is no fee for using the debit card if you use it anywhere that accepts MasterCard. You can also get cash back using the debit card with any purchases that accept MasterCard.
- The debit card can be used to withdraw cash at any ATM for a fee of \$2 to \$5 per transaction, depending on the bank.
- We will also replace your card if it is lost or stolen.
- The monthly gift on the debit card will continue for the full 3 years and 4 months unless you ask us to stop providing the gift to you before then. During the 3-year, 4-month period, the research team will be in touch with you about obtaining and activating a new card when this one expires.

Things you should know about the 4MyBaby gift:

- **Because this money is being given to you as a gift, it is NOT considered taxable income and should NOT be reported on your income tax returns.**
- Eligibility for Medicaid, Head Start and Early Head Start is based on the IRS's definition of modified adjusted gross income, which excludes gifts. For this reason, the gift should not count towards your own or your child's eligibility for Medicaid, Head Start or Early Head Start.
- We have made specific arrangements with government officials so that the gift is NOT counted as income for when you apply or re-apply to the following federal or state programs:
 - Nebraska Family Assistance Program (also known as Temporary Assistance to Needy Families or TANF)
 - Nebraska Supplemental Nutrition Assistance Program (SNAP, also known as food stamps)
 - Child care assistance (CCDBG)
 - Public housing units operated by the Omaha Public Housing Authority
 - Help with energy bills (LIHEAP, or Low Income Home Energy Assistance Program)
- This gift WILL be counted as income if you apply or re-apply for:
 - Supplemental Security Income (SSI) – the federal program designed to help the disabled
 - Section 8 Housing Assistance
 - Free or reduced-price school lunch or similar school food programs if the entire school does not receive Free and Reduced Price lunch through Community Eligibility, and instead the program is provided based on each student's family income (it will not count toward free and reduced lunch or other school food programs if your children attend Druid Hill, Franklin, Kennedy, King, or Lothrop).

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- Woman, Infants, and Children (WIC) Food and Nutrition Service.
- *If you move out of the state of Nebraska, the money may be counted in determining your eligibility for all of the programs listed.*

We will share your full name, address, and date of birth with the Nebraska Department of Health and Human Services to ensure this gift is not counted as income for when you apply or re-apply to the federal or state programs listed.

If we determine that receipt of this gift is somehow harmful for many of the children or families in our study, then we will inform you of these findings, stop the research study, and give you the choice of whether or not to continue receiving the monthly gift.

The research team will help you with any problems or questions about how to report this income when applying or re-applying for these programs. The research team can also assist you with any problems you have using the 4MyBaby debit card. You can call or text Lauren Meyer, Project Director at Teachers College Columbia University, at [\(608\) 291-7359](tel:6082917359) or via email at 4mybabycard@gmail.com. Please visit our website for up to date information: 4mybabycard.com

Please keep this copy for your records.

If you understand the information about the gift card provided in this letter, please sign below.

Print Name: _____
Signature: _____ **Date:** _____

Information to share with Nebraska Department of Health and Human Services:

First Name: _____ **Last Name:** _____
Street Address: _____
City: _____ **Zip Code:** _____
Date of Birth: _____

You will receive text messages and/ or emails from the debit card company (Greenphire Inc.) and the research team regarding updates about the gift and the research. What works best for you:

- Email
- Text message

_____ (initial) I do not want to receive texts from the debit card company. Please do not give them my cell phone number.

_____ (initial) I do not want to receive emails from the debit card company. Please do not give them my email address.