WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM

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CERTIFICATION AND MANAGEMENT

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CERTIFICATION AND MANAGEMENT
GENERAL POLICIES

1. The WIC Program is the Special Supplemental Nutrition Program for Women, Infants, and Children. WIC provides specific nutritious foods and nutrition education to eligible persons. Refer to eligibility requirements below and the Administrative Reference (AR), VOLUME I, SECTION IX: SERVICE DESCRIPTIONS AND GUIDELINES, SERVICE DESCRIPTION: WIC Program.

2. All persons applying or reapplying for WIC must have their eligibility determined and meet eligibility criteria to receive WIC. Only criteria specified by the State WIC office shall be used for eligibility. Refer to WIC Eligibility Requirements in this section.

3. Certification is the process where an applicant is evaluated by established criteria and procedures to determine and document eligibility for the WIC Program. A subsequent certification to continue on WIC is referred to as a recertification.

4. Applicants for WIC services shall be determined eligible or ineligible within specific timeframes. These timeframes are the required processing standards. Refer to "WIC PROCESSING STANDARDS AND SCHEDULING" in this section, and the AR, VOLUME I, SECTION VIII: LHD OPERATIONS, "APPOINTMENT AND SCHEDULING REQUIREMENTS FOR PERSONAL HEALTH SERVICES."

5. WIC services and screenings must be provided at no cost to the applicant/participant. Refer to the AR, VOLUME I, SECTION VIII: LHD OPERATIONS, "AVAILABILITY OF SERVICES."

6. Agency staff shall avoid any situation that is or appears to be a conflict of interest. Refer to "Conflict of Interest" in this section and the AR, VOLUME I, SECTION IV: PERSONNEL, "EMPLOYEE CONFLICT OF INTEREST AND ETHICS ISSUES."

7. Eligibility or ineligibility must be clearly documented in the applicant/participant medical record. All applicable forms must be completed to support eligibility or ineligibility. Refer to "INELIGIBILITY AND DISCONTINUATION OF BENEFITS" in this section; the AR, VOLUME II, PATIENT AND COMMUNITY HEALTH SERVICES REPORTING AND BILLING PROCEDURES; AR VOLUME I, SECTION X: MEDICAL RECORDS MANAGEMENT, "Medical Record Guidelines" and the PUBLIC HEALTH PRACTICE REFERENCE (PHPR), WIC Section and Documentation/Medical Record Section.

8. All required services and data must be entered in the PATIENT SERVICES REPORTING SYSTEM (PSRS). Labels for WIC actions (certification, change, issuance, terminations, etc.) produced from data entry must be placed in the medical record. If the label is not printed, is not legible, or does not contain all information, a hand entry must be made for the required information on the service record. Refer to FORMS AND SUPPORTING INFORMATION, "RACE CARD", FOOD DELIVERY/DATA section and the AR, VOLUME II, PATIENT AND COMMUNITY HEALTH SERVICES REPORTING AND BILLING PROCEDURES, "PATIENT REGISTRATION," "PATIENT ENCOUNTER FORM" and "PATIENT SERVICES SUPPLEMENTAL REPORTING FORM."

9. A person must not be enrolled or participating in more than one (1) WIC agency/site or in WIC and the Commodity Supplemental Food Program (CSFP) at the same time. To prevent dual enrollment or participation between WIC sites, the computer system performs a statewide search of participant information for matches. For areas that have a CSFP, a computer report of potential dual participants is produced for those agencies. Refer to FOOD DELIVERY/DATA section.

10. The opportunity to register to vote shall be provided at WIC application, certification, and transfer for women eighteen (18) years old and older. Refer to "VOTER REGISTRATION" in this section and to the AR, VOLUME I, SECTION IX: "SERVICE DESCRIPTIONS AND GUIDELINES."

11. All applicants and participants have certain rights and responsibilities in the WIC Program and must be informed of these. Refer to "RIGHTS AND RESPONSIBILITIES" in this section.

12. Applicants/participants or their caretakers shall be provided information on other health related programs and assistance programs and referred when appropriate. Refer to "RIGHTS AND RESPONSIBILITIES" and "OUTREACH AND COORDINATION" in this section and the AR, VOLUME I, SECTION I: GENERAL INFORMATION, "OUTREACH SERVICES."

13. All eligible persons are assigned a priority based upon status and nutritional risk(s). Refer to "STATUS AND PRIORITY" in this section.

14. An eligible person who moves from one WIC site to another site during a valid certification period can transfer eligibility to continue the certification period and receive food instruments at the new agency/site. Refer to "TRANSFER/VOC" in this section.

15. An eligible person may continue on WIC until the end of his/her certification period as long as he/she is still eligible and complies with Program rules and regulations. If a reason for ineligibility or discontinuation of benefits occurs, appropriate action must be taken. Refer to "INELIGIBILITY AND DISCONTINUATION OF BENEFITS" and "PARTICIPANT ABUSE" in this section.

16. WIC services may be provided in the hospital or the patient's home when the need exists. Refer to "HOSPITAL CERTIFICATION REQUIREMENTS" and "HOME CERTIFICATION REQUIREMENTS" in this section.

17. WIC funding is based on participation. Refer to "ENROLLMENT AND PARTICIPATION" and "CASELOAD MANAGEMENT" in this section.

18. Eligible persons that cannot be served due to lack of funds must be placed on a waiting list. The State WIC Office is responsible for determining the funding situation and directing local agencies to maintain a waiting list. Refer to "WAITING LIST" in this section.

19. Information on the WIC Program must be provided to specific agencies and organizations. Refer to "OUTREACH AND COORDINATION" in this section.

20. In conjunction with quality assurance reviews, local agency staff must review WIC operations in all sites. This internal review shall be done a minimum of every two (2) years, and must cover local management, certification, nutrition education, participant services, civil rights, food delivery and food instrument accountability, and financial management. A form or forms must be used to document review content and findings. The agency may develop review forms for this purpose or may request State WIC Office forms. Identified deficiencies must be corrected promptly by the local agency. Documentation of the internal reviews must be maintained for five (5) years. Refer to the AR, VOLUME I, SECTION VII: PLANNING AND EVALUATION for additional information.

21. Each local agency must designate a WIC Coordinator, a Nutrition Education Coordinator, and a Breastfeeding Promotion Coordinator to ensure specific requirements of the Program are met. Duties are in "FORMS AND SUPPORTING INFORMATION" in this section.

22. All rules for confidentiality and protection of patient information shall be followed for WIC information. Refer to the AR, Volume I, Section IV: Personnel, “Health Insurance Portability and Accountability Act of 1996 (HIPAA)”; Section VIII: LHD Operations, “Privacy and Security of Protected Health, Confidential and Sensitive Information Guidelines”; and Section X: Medical Records Management, “Medical Records Guidelines.”

23. Restrictions apply to the use of the dollar value of WIC benefits provided to a participant. Any requests or any information concerning the value of WIC benefits shall have the following restrictions:

    a. The value of WIC benefits shall not be considered to be income or resources for any purpose under any Federal or State laws including, but not limited to, laws relating to taxation, welfare, and public assistance programs.

    b. Benefits from state and local sources for food programs shall not be reduced as a result of WIC benefits.

    c. Sponsors of qualified aliens (sponsors have signed an affidavit of support) are not required to reimburse the state or federal government for WIC Program benefits provided to sponsored aliens.

CONFLICT OF INTEREST

1. Employees shall avoid any situation that is or appears to be a conflict of interest.

2. Employees should not provide services to any person that may present a possibility of or an appearance of favoritism or preferential treatment.

3. There must be separation of duties for WIC eligibility and issuance. This means that one employee must not determine income and risk eligibility and issue food instruments for the same participant; there should be at least two (2) staff doing the certification. It is acceptable for one employee to determine income eligibility and issue food instruments, and another employee to determine nutritional risk.

4. To prevent a conflict of interest, an employee shall not:

    a. Certify oneself;
    b. Certify a relative, household member, or close friend;
    c. Determine eligibility for all certification requirements (income and risk) and issue food instruments for the same participant.

5. When circumstances prevent following the above restrictions, such as no other staff is available or one health professional is doing off-site certification, the certification may be done. However, records for the certification and issuance must be reviewed and signed by the supervisor.

6. Procedures must be in place to provide WIC services to employees, and relatives and household members of employees without a conflict.

WIC PROCESSING STANDARDS AND SCHEDULING

A. General Policies

1. Specific timeframes shall be met to determine a WIC applicant's eligibility or ineligibility, provide notice of eligibility or ineligibility, and if eligible, to issue food instruments. Refer to Timeframe For Initial Certification below, "INELIGIBILITY AND DISCONTINUATION OF BENEFITS" in this section, and the AR, VOLUME I, SECTION VIII: LHD OPERATIONS, "APPOINTMENT AND SCHEDULING REQUIREMENTS FOR PERSONAL HEALTH SERVICES."

2. The timeframe begins the date the individual visits the clinic to request WIC services. This date is the date of initial contact, and shall be documented for all initial certifications. This date is documented by completing the Initial Contact Date on the WIC Maintenance Screen. Refer to FOOD DELIVERY/DATA section, "WIC MAINTENANCE (MTCE) SCREEN."

3. The name, address, and telephone number shall be recorded for all WIC applicants. This is done through the appointment system. If the appointment system is not used, a manual record keeping system must be maintained to document the required information.

4. Scheduling should take into consideration applicant/participant/caretaker needs, minimizing time away from work for working individuals, and distances for travel for individuals who reside in rural areas. Accommodations can be made through extended hours, lunch hour appointments, use of proxies, three (3) months issuance, mailing food instruments, etc. Refer to "USE OF PROXIES" in this section, FOOD DELIVERY/DATA section, and the AR, VOLUME I, SECTION VIII: LHD OPERATIONS, "DAYS AND HOURS OF OPERATION."

5. Appointments should be scheduled for WIC services, i.e., certification, food instrument issuance and nutrition education counseling. If appointments are not routinely scheduled, they shall be scheduled for employed applicants/participants/caretakers to minimize time absent from work. Participants should leave clinic with an appointment for the next service. Patients that "walk-in" without an appointment should be seen if possible. Refer to the PUBLIC HEALTH PRACTICE REFERENCE (PHPR), Follow-up/Internal Tracking Section.

6. WIC services should be provided in coordination with public health and/or other health services. However, participation in other services must not be required in order to receive WIC benefits, nor can WIC benefits be withheld pending other services.

7. Scheduling and services may be coordinated for all household members by creating and maintaining a Household Record in the system to link the members. Refer to Food Delivery/Data, Screens, Household Record.

8. Documentation of all appointments and contacts must be in the patient's medical record. Refer to the PHPR, Follow-Up/Internal Tracking.

9. A request by the applicant/caretaker/participant for an appointment outside the timeframe must be documented in the medical record, i.e., appointment scheduled per patient request.

B. Timeframe For Initial Certification

1. Applicants shall be processed in the following timeframe:

   a. Pregnant women, infants, and migrants shall be a maximum of ten (10) calendar days from the date of initial contact.

   b. All other applicants should be a maximum of ten (10) calendar days, but shall not exceed twenty (20) calendar days from the date of initial contact.

C. Recertification Scheduling

1. Recertification shall be scheduled prior to the end of the certification period to prevent interruption in or loss of benefits.

2. In cases where there is difficulty in scheduling for breastfeeding women, infants and children, the recertification may be performed no more than 30 days prior to or 30 days after the certification period expiration date. This 30-day grace period cannot be used routinely. Food instruments must be provided when the 30-day grace is used. When certification is done prior to the expiration of the certification period and the person is ineligible, the remaining WIC benefits for the current eligibility period shall be provided.

3. The certification period for a pregnant woman is for the duration of her pregnancy up to six (6) weeks postpartum. Recertification as postpartum for women participating during pregnancy must be scheduled as appropriate.

4. Each participant/caretaker must be informed that the certification period is expiring a minimum of 15 days before the expiration. Verbal notice at the last food instrument pick-up appointment before the recertification due date is appropriate.

D. Scheduling for Food Instruments

1. Food instruments shall be issued to the participant when informing the participant or caretaker of eligibility and certification. Extenuating circumstances may exist that preclude the immediate issuance of food instruments. For example, the exclusively breastfed infant that receives no food from WIC. Information should be in the medical record to support why food instruments were not issued at the time of certification.

2. For initial certification, the food instrument(s) shall be redeemable immediately and shall be valid for the current month or the remaining portion of the month if coordinating household members. Issue dates for household members shall be coordinated. Refer to FOOD DELIVERY/DATA section.

3. Food instrument pick-up appointments must be scheduled to prevent the participant from being without valid food instruments.

4. A maximum of three (3) months of food instruments may be issued at one time. Three (3) months issuance is encouraged to maximize benefits to the person, to maximize participation, and to reduce patient time in clinic.

5. WIC food instruments cannot be withheld to require the receipt of other services.

E. Missed Appointments/No Shows

1. Follow-up should be made for all missed appointments/no-shows to encourage continued services and participation. Patients requesting “no home contact” or a privacy restriction should be excluded from follow-up. Refer to “DROPOUT/NONPARTICIPATION” and “CASELOAD MANAGEMENT” in this section and the PHPR, Follow-Up/Internal Tracking Section.

2. In follow-up contacts, an appointment should be offered. Any additional appointments should be provided upon request by the participant/caretaker.

3. Initial WIC Certification Appointments

a. Staff shall attempt to contact each pregnant woman who missed her initial WIC certification appointment in order to reschedule the appointment. Pregnant women that specify “no home contact” or a privacy restriction are excluded from this requirement.

b. Missed initial certification appointments should be rescheduled as soon as possible but within thirty (30) days.

4. Recertification Appointments

   Missed recertification appointments should be rescheduled as soon as possible, but within the 30 day grace period to prevent loss of benefits.

5. Food Instrument Pick-Up Appointments

   a. A participant that missed their food instrument pick-up appointment but comes to clinic the same day shall be provided a minimum of one (1) month of food instruments and scheduled for the next appropriate appointment.

   b. A participant that calls to reschedule an appointment or a missed appointment for food instruments should be re-scheduled within one (1) week.

6. Reports are available for follow-up. Refer to “CASELOAD MANAGEMENT”.

WIC ELIGIBILITY REQUIREMENTS

A. General Policies

1. Information to determine eligibility should be provided by the applicant or the parent/caretaker of infant and child applicants. WIC services may be provided if a caretaker has no legal guardianship, such as a grandparent raising a grandchild. The relationship of the caretaker to the applicant/participant and the living arrangements or circumstances should be documented in the patient's medical record. If available, any notes from a parent, etc., may be copied for the medical record as supporting documentation.

2. A proxy may be used by a woman participant or by a parent/caretaker of an infant or child participant. A proxy may bring an infant or child to a WIC appointment. The proxy must provide all necessary information to determine eligibility. Refer to "USE OF PROXIES" in this section.

3. The applicant must be present for the certification unless being physically present is a barrier to participation. An exception to being physically present may be allowed on an individual basis if one of the situations applies as defined below in "WIC Physical Presences Requirements at Certification."

4. Proof of identity for the applicant must be presented for certification, and proof of identity for the person picking up food instruments must be presented at food instrument issuance.

5. To be eligible, the applicant must meet the qualifications for status/category, residence, income and nutritional risk at each certification and recertification. Proof of residence and income eligibility must be provided.

6. The type of proof presented must be documented in the medical record. A code system is established for specific types of proof as the documentation method. The appropriate code must be documented in the medical record.

7. Eligibility is for a specific period, and is referred to as the certification period. Refer to "CERTIFICATION PERIODS" in this section. Also refer to the Public Health Practice Reference (PHPR), WIC Section.

8. Applicants for WIC do not have to be U.S. citizens nor have legal alien status to be eligible. Refer to the AR VOLUME I, SECTION VIII: LHD OPERATIONS, AVAILABILITY OF SERVICES.

9. Persons who are homeless or living in a homeless facility and persons living in certain institutions may receive WIC if eligibility requirements are met. Refer below and to "HOMELESS PERSONS AND PERSONS LIVING IN INSTITUTIONS" in this section.

10. The WIC Program does not consider as eligible to apply for certification residents of orphanages, state, federal or local jails/prisons, or state residential hospitals.

11. Persons determined ineligible at certification must be provided written notice of ineligibility. Refer below and to "INELIGIBILITY AND DISCONTINUATION OF BENEFITS" in this section.

12. A "WIC Clinic Reference" is available for use as a reminder of requirements for certification procedures and food instrument issuance. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

B. WIC Status/Category Qualifications

1. To meet status eligibility, an applicant must be one of the following:

Woman
- Pregnant - with one or more embryos or fetuses in utero.
- Breastfeeding - up to one (1) year after the end of a pregnancy* who is feeding breast milk to an infant on the average of at least once a day.
- Postpartum - up to six (6) months after the end of a pregnancy* and not breastfeeding an infant.

  * The end of a pregnancy is the date the pregnancy terminates, e.g., date of delivery, abortion, miscarriage, etc.

Infant
- Birth up to the first birthday.

Child
- Age one (1) up to the fifth (5) birthday.

2. Applicants who do not meet any of the definitions above are not eligible for the WIC Program. Applicants who do not meet status qualifications at certification must be provided written notice. Refer to "INELIGIBILITY AND DISCONTINUATION OF BENEFITS" in this section.

3. A participant who no longer meets a definition above becomes categorically ineligible for the Program. Refer to "INELIGIBILITY AND DISCONTINUATION OF BENEFITS" in this section.

4. A woman participant who stops breastfeeding prior to six (6) months from the end of pregnancy may qualify as a postpartum woman and continue participation in the Program until 6 months postpartum. Her status and priority, and nutritional risk if appropriate, must be changed to reflect postpartum. Refer to "STATUS AND PRIORITY" in this section and the PHPR, WIC Section, Eligibility Certification Schedule.

5. Proof of status is not required. However, if status is not apparent or is questionable, proof may be requested.

C. WIC Physical Presence Requirements at Certification

1. Physical presence means actually seeing the applicant at his/her certification.

2. Applicants for WIC services must be physically present at each certification and recertification unless an exception applies. Refer to exceptions below.

3. Scheduling should take into consideration individual needs. Refer to "WIC PROCESSING STANDARDS AND SCHEDULING" in this section.

4. Documentation must be made of whether the applicant was physically present at certification and, if not, the reason an exception was allowed. Documentation must be done by completing the area on the PEF and entering this data in the appropriate field(s) on the WIC Maintenance Screen. The certification label from the action will include this data for placement in the person's medical record on the CH-3A. Refer to PATIENT AND COMMUNITY HEALTH SERVICES REPORTING AND BILLING PROCEDURES, Patient Encounter Form (PEF) and FOOD DELIVERY/DATA section, "WIC MAINTENANCE (MTCE) SCREEN."

5. An exception may be allowed on an individual basis and the certification performed without the applicant being physically present if the physical presence requirement presents an unreasonable barrier to participation. The reason for the exception must be indicated on the PEF and the code for that reason entered on the WIC Maintenance Screen.

a. An exception may be allowed for:

- Disability - Code 1
  An applicant or parent/caretaker of an applicant with a physical or mental disability that creates a current barrier to coming to the clinic. Disabilities include:
  - Impaired functions such as caring for oneself, walking, seeing, hearing, speaking, breathing, learning, and working;
  - A medical condition that necessitates the use of medical equipment that is not easily transportable;
  - A medical condition that requires confinement to bed rest;
  - A serious illness or medical condition that may be worsened by coming to the clinic;
  - A contagious illness that may be transmitted to others by coming to the clinic.

- Receiving Ongoing Health Care - Code 2
  An infant or child who was present at his/her initial certification and is receiving documented ongoing healthcare.

- Working Parents or Caretakers - Code 3
  An infant or child who was present at his/her initial certification and at a recertification within the past year and whose parent(s)/caretaker(s) work status presents a barrier to bringing the infant or child to the clinic.

- Newborn Infant - Code 4
  An infant under eight (8) weeks of age who cannot be present at certification due to an appropriate reason. Although physical presence is not required under 8 weeks of age, the health professional should determine that the infant is receiving health care from an appropriate provider. The health professional should use professional discretion in whether to request the infant be brought to clinic during the certification period.

b. An applicant exempt from physical presence at certification must still meet all other WIC Program requirements for eligibility. The parent/caretaker must provide all information required to determine eligibility including proof of residence, identity, and income eligibility.

c. An exception to the physical presence requirement is applicable only for the certification period for which it was provided for short-term situations or conditions. At recertification, physical presence must be reassessed. A long-term or permanent condition may require an extended exception to the physical presence requirement.

D. WIC Residence Qualifications

1. Applicants must reside within the geographic boundaries of the state of Kentucky.

2. Residence is the location or street address where an applicant routinely lives or spends the night. Situations determining residence:

   a. Migrants are considered residents of the agency/site service area in which they apply for WIC benefits.

   b. Homeless persons are considered residents of the facility where they reside or of the area where they seek benefits.

   c. Military personnel's temporary duty station is their residence for WIC purposes.

3. Persons who do not meet the residence qualifications at a certification are ineligible for the Program and must be provided written notice. Refer to "INELIGIBILITY AND DISCONTINUATION OF BENEFITS" in this section.

4. Persons should apply for WIC in the county where they reside. If circumstances justify participation in another county, such as receiving health care or working in another county, receiving WIC in that county is appropriate.

5. Length of residency is not a factor for eligibility.

6. Current proof of residency must be provided at initial certification and at the time of transfer into a new agency/site. Proof of residency must not constitute a barrier to participation. For a child, proof of residency is for the person with whom the child resides.

7. A post office box is not acceptable as proof of residence. The exception to using a post office box is when it is on the eligibility documentation for Medicaid, KTAP, or Food Stamps since residence has already been verified in these cases. In other situations when a post office box is the only proof, residence may be established using an area map or by recording directions to the residence.

8. A VOC is not proof of residence. If proof cannot be provided, refer to "Applicant Unable to Provide Proof of Residency at WIC Certification."

9. Staff recognition (knowledge of where the person lives) is not acceptable proof of residence at initial certification. Staff recognition at recertification is allowed once initial proof of residency has been presented and documented, and there has been no change.

10. Examples of acceptable proof of residence* are:

    - Verification of current Medicaid eligibility (KY Health-Net, MDID, Voice Response, or DCBS)
    - Food Stamps "General Notice of Action" letter
    - School ID
    - School record
    - Driver's License
    - Voter Registration card
    - Current utility bill (telephone, water, gas, cable, etc.)
    - Property Tax receipt
    - Current rent/mortgage receipt
    - Bank statement with address
    - Any photo ID with address
    - Pay stub with address
    - Recent correspondence
    - Statement from person applicant lives with and proof of their address

    For recertification only, acceptable proof of residence (proof must have been provided before use of the following) is:

    Staff recognition (knowledge of where the person lives)

    * For a child, proof of residence is for the person with whom the child resides.

    NOTE: A reference card with acceptable types of proof is available. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

11. The type of proof presented must be documented in the person's medical record. Complete the residency proof field on the Patient Registration screen with the appropriate code for the proof seen. The system prints the code on the Registration Label for placement on the CH-5 for the person's medical record. If the system is unavailable, the type of proof must be

documented on the CH-5B. Refer to PATIENT AND COMMUNITY HEALTH SERVICES REPORTING AND BILLING PROCEDURES, "PATIENT REGISTRATION."

12. Applicant Failing To Bring Proof of Residency at WIC Certification

    For an applicant who has proof of residency but fails to bring it to the initial WIC certification, inform the applicant of the requirement for proof of residency and make a new certification appointment within the timeframe for appointment scheduling. Refer to "WIC PROCESSING STANDARDS AND SCHEDULING" in this section. If proof was presented and documented at a previous certification and there has been no change, staff recognition is allowed.

    NOTE: A reminder of proof requirements for applicants/participants is available. A poster, WIC Proof Requirements, is also available. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

13. Applicant Unable To Provide Proof of Residency at WIC Certification

    a. An applicant who has no current proof of residency, such as a victim of theft, loss, or disaster, a homeless individual, a migrant, or a person with a valid VOC, must provide a signed statement attesting to his/her residency.

    b. The statement must include the applicant's address, why written proof cannot be provided (i.e., theft, homeless), the date, and the applicant's signature.

    c. The statement must be filed in the patient's medical record.

    d. The statement applies to the entire certification period for which it was provided. At recertification, if the person still has no proof of residency, another statement must be obtained for this certification period.

    e. The code for statement of no proof must be entered in the residency proof field.

       NOTE: An optional form, Statement of No Proof, is available for this purpose. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

E. WIC Identification Requirements

1. All applicants must provide proof of identity at the initial certification and when transferring into a new agency/site. A VOC is not proof of identity. Proof of identity must not constitute a barrier to participation.

2. Proof of identity of the person picking up food instruments must be presented at food instrument issuance. For child or infant participants, this means checking the identity of the parent, caretaker, or proxy picking up food instruments. For women participants using proxies, this means checking the identification of the proxies. Refer to WIC FOOD DELIVERY/DATA section, "FOOD INSTRUMENT ISSUANCE".

3. Staff recognition (knowledge of who the person is) is not acceptable proof of identity at initial WIC certification. Staff recognition at food instrument issuance and recertification is allowed once proof has been presented and documented. The patient medical record or the Participant Folder will also serve as proof of identity for the participant at food instrument issuance and at recertification. The Participant Folder will serve as proof of identity at food instrument issuance for the parent/caretaker who presented proof at certification and whose name is recorded on the folder. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

4. Examples of acceptable proof of identity* are:
   - Immunization record
   - Birth certificate
   - Verification of current Medicaid eligibility (KY Health-Net, MDID, Voice Response, or DCBS)
   - Food Stamps "General Notice of Action" letter
   - Hospital record (birth card, crib card, hospital band, discharge papers)
   - School ID
   - Baptismal certificate
   - Any photo identification
   - Drivers license**
   - Employee ID
   - Health benefits card
   - Pay stub with name
   - Current voter registration card
   - Recent correspondence
   - Social Security card
   - Current passport/ immigration records
   - Military ID
   - Marriage license

   For recertification and food instrument issuance only, acceptable proof of identity (proof must have been provided before use of the following) is:

   - Staff recognition (knowledge of who the person is),
   - Participant Folder,
   - Medical Record.

   * The name of the person whose identity is being established must be on the proof presented.

   ** Drivers license is acceptable proof of identity only for the person whose name is on it. It is not acceptable as identity of an infant or child.

   NOTE: A reference card with acceptable types of proof is available. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

5. The type of proof presented for identity at certification and at issuance must be documented in the person's medical record. To document proof of identity at certification, complete the identity proof field on the Patient Registration screen with the appropriate code for the proof seen. The system prints the code on the Registration Label for placement on the CH-5 for the medical record. If the system is unavailable, the type of proof must be documented on the CH-5B. Refer to PATIENT AND COMMUNITY HEALTH SERVICES REPORTING AND BILLING PROCEDURES, "PATIENT REGISTRATION." To document proof of identity at issuance, complete the "ID for FI PU" (identity for food instrument pick-up) field on the WIC Maintenance screen with the appropriate code for the proof seen. The system prints the code on the food instrument stub, which is filed in the person's medical record. For handwritten and preprinted food instruments, the proof code must be written on the stub. Refer to WIC FOOD DELIVERY/DATA Section.

6. Applicant Failing To Bring Proof Of Identity At WIC Certification
   For an applicant who has proof of identity but fails to bring it to the initial WIC certification, inform the applicant of the requirement for proof of identity and make a new certification appointment within the timeframe for appointment scheduling. Refer to "WIC PROCESSING STANDARDS AND SCHEDULING" in this section. If proof was presented and documented at a previous certification, staff recognition is allowed.

   NOTE: A reminder of proof requirements for applicants/participants is available. A poster, WIC Proof Requirements, is also available. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

7. Applicant Unable To Provide Proof Of Identity At WIC Certification

   a. An applicant who has no proof of identity, such as a non-citizen, victim of theft, loss or disaster, a homeless individual, a migrant, or a person with a valid VOC, must provide a signed statement attesting to his/her identity.

   b. The statement must include name, why written proof cannot be provided (i.e., theft, homeless), the date, and the person's signature.

   c. The statement must be filed in the patient's medical record.

   d. The statement applies to the entire certification period for which it was provided. At recertification, if the person still has no proof of identity, another statement must be obtained for this certification period.

   e. The code for statement of no proof must be entered in the identity proof field.

      NOTE: An optional form, Statement of No Proof, is available for this purpose. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

F. WIC Income Requirements

Refer to PATIENT AND COMMUNITY HEALTH SERVICES REPORTING AND BILLING PROCEDURES for "PATIENT REGISTRATION" and APPENDICES for "HOUSEHOLD SIZE AND HOUSEHOLD INCOME" and "WIC INCOME ELIGIBILITY REQUIREMENTS."

G. WIC Nutritional Risk Requirements

Refer to the PUBLIC HEALTH PRACTICE REFERENCE, WIC Section.

USE OF PROXIES

1. Proxy means any person designated by a woman participant or by a parent or caretaker* of an infant or child participant to obtain WIC services on behalf of the participant. Parents or caretakers* applying on behalf of infant and child participants are not proxies.

2. An authorized proxy may bring an infant or child in for certification. Proxies may be allowed in other situations when extenuating circumstances apply and are documented.

3. A proxy must provide all required information and present all required proof for the applicant's residency, identity and income eligibility.

4. The proxy must sign all applicable forms for certification. In signing forms, this gives consent for services necessary to determine WIC eligibility at certification.

5. Names of proxies may be recorded on the Participant Folder to authorize continued use. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

6. For proxies not indicated on the Participant Folder, authorization should be obtained in writing from the participant/caretaker and retained in the medical record. However, verbal authorization can be accepted provided documentation is made in the medical record.

7. A proxy may pick up food instruments on behalf of the participant. Refer to FOOD DELIVERY/DATA section, "ISSUANCE TO PROXIES."

8. Consideration shall be given for providing nutrition education and referrals for the continued use of a proxy.

* WIC services may be provided if a caretaker has no legal guardianship, such as a grandparent raising a grandchild. The relationship of the caretaker to the applicant/ participant and the living arrangements or circumstances should be documented in the patient's medical record. If available, any notes from parent(s), etc., may be copied for the medical record as supporting documentation.

HOMELESS PERSONS AND PERSONS LIVING IN INSTITUTIONS

A. General Policies

1. Persons who are homeless, or who reside in a homeless facility, and persons living in an institution may apply for WIC certification. These persons shall be treated equally with all other applying and/or eligible persons.

2. All eligibility requirements must be met. Refer to "WIC ELIGIBILITY REQUIREMENTS" in this section.

3. A homeless person is a woman, infant, or child who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is: a public or privately operated shelter (including a welfare hotel, congregate shelter, or a shelter for domestic violence victims) designated as temporary living and/or sleeping accommodation; a temporary accommodation of not more than 365 days in the residence of another person; a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.

4. Homeless facilities and institutions must meet certain conditions for their resident WIC participants. Refer to "Homeless Facility And Institution Requirements For Participation Of Their Residents" below.

5. Institutions whose residents may apply for WIC certification are group homes for foster children, Job Corps, facilities for victims of abuse, facilities for pregnant women, etc. These facilities must meet the same requirements as those of homeless facilities and institutions. Refer to requirements below.

6. The WIC Program does not consider as eligible to apply for certification residents of orphanages, state, federal, or local jails/prisons, or state residential hospitals.

7. All people in a homeless shelter, institution or group home cannot be considered members of one household for income eligibility.

8. Factors such as lack of cooking facilities or storage space shall have no bearing on the eligibility determination process.

B. Facility/Institution Description

1. A homeless facility means the following types of facilities which provide meal service: a supervised publicly or privately operated shelter (including a welfare hotel or congregate shelter) designed to provide temporary living accommodations; a facility that provides a temporary residence for individuals intended to be institutionalized or a public or private place not designed for, or normally used as, a regular sleeping accommodation for human beings.

2. An institution is any residential accommodation that provides meal service, except for private residences and homeless facilities.

C. Homeless Facility And Institution Requirements For Participation Of Their Residents

1. A homeless facility or institution that provides meal service shall meet the following requirements in order for residents to participate in WIC:

   - No financial or in-kind benefit shall be accrued from a person's participation in the WIC Program, such as reducing expenditures for food service because residents are receiving WIC foods.

   - Foods provided by the WIC Program cannot be contained or used in a communal food service, but shall be available exclusively to the WIC participant for whom they were issued.

   - No constraints shall be placed on the ability of the participant to use the supplemental foods and receive nutrition education available under the Program.

2. To ensure compliance with the above, the agency/site:

   - Shall contact the facility or institution to attempt to establish, to the extent practicable, that the conditions are met for resident WIC participants.

   - Shall contact the facility or institution periodically to ensure continued compliance with the conditions.

   - Shall request that the facility or institution notify the agency/site if the facility ceases to meet any of these requirements.

   - Shall consider each facility or institution on an individual basis and maintain all documentation for each facility.

   - May request a written statement from the facility or institution that attests to compliance with the above requirements and agreement to inform the agency/site if the facility ceases to meet any of the requirements.

3. If a facility or institution meets the requirements, eligible persons shall be certified for full certification periods if caseload slots are available. If caseload slots are not available, the applicant shall be placed on a waiting list. Refer to "WAITING LIST" in this section.

4. If a facility's or institution's compliance with the requirements has not yet been established, eligible persons shall be certified for one full certification period. During this period, the agency/site shall determine to the extent practicable if the facility is interested and able to meet the requirements.

   a. If the requirements are met, subsequent certifications shall be provided.

   b. If the requirements are not met, the agency/site should, during the participant's certification period, advise the participant of the need for alternative arrangements before subsequent certifications are due. If the participant chooses not to move to another facility that meets the requirements or if alternative arrangements are not possible by the time of the next certification, the participant may be recertified if eligible, but no further WIC food benefits may be issued to the participant. The only exception is infant formula, which may be issued, if applicable, during subsequent certifications. Persons in facilities found to be non-compliant may continue to receive nutrition education and referral services even if they choose not to relocate.

5. Should a participant move into a facility or institution in the service area, the participant shall, unless disqualification situations apply (Refer to "INELIGIBILITY AND DISCONTINUATION OF BENEFITS"), be allowed to complete the certification period regardless of whether the facility meets the requirements. The participant should be advised of the need for alternative arrangements before subsequent certifications.

D. Referral/Outreach

1. The agency/site should maintain a complete and up-to-date list of facilities and institutions in the area that comply with the requirements so referrals to these can be made.

2. The agency/site should include in its outreach efforts the availability of the WIC Program to homeless and institutional individuals and provide information on participant eligibility requirements and the location to apply for WIC. Facility requirements should be provided to organizations and agencies serving these individuals. Refer to "OUTREACH AND COORDINATION" in this section.

CERTIFICATION PERIODS

A. General Policies

1. Eligibility is for a specific period of time and is referred to as the certification period.

2. The certification period is determined by category/status and in specific situations age.

3. The certification period begins from the certification date.

4. Based on the above information entered in the system, the system determines the certification period and the next action due and the date due. Refer to Action Due below.

5. A person certified as eligible may continue on WIC until the end of the certification period as long as he is still eligible and complies with Program rules and regulations. If a reason for ineligibility or discontinuation of benefits occurs, appropriate action must be taken at that time regardless of the expiration of the certification period. Refer to Ineligibility And Discontinuation of Benefits in this section.

6. Recertification shall be scheduled prior to the end of the certification period to prevent interruption in benefits. Refer to WIC Processing Standards and Scheduling in this section.

7. Each participant/caretaker must be informed that the certification period will expire a minimum of 15 days before the expiration. Verbal notice at the last food instrument pick-up before the recertification due date is appropriate.

8. When there is difficulty in appointment scheduling for breastfeeding women, infants, and children, the certification period may be shortened or extended by thirty (30) days. The 30-day grace period cannot be used routinely. Food instruments must be provided when the 30-day grace is used. If an assessment of eligibility is done prior to the end of the certification period and the patient is determined ineligible, the food instrument issuance and food package due for this certification period shall be given. It is not equitable to prematurely terminate benefits of participants who are given early appointments.

9. A person who is terminated during a certification period and later seeks WIC services shall be reinstated if there is still eligibility left, i.e., the certification period has not expired. All existing participant data in the system must still be applicable for a reinstatement to be used.

B. Certification Periods

1. Women:

   a. Pregnant women are certified for the duration of their pregnancy up to six (6) weeks postpartum. Six weeks postpartum is computed from the EDC (expected date of confinement for delivery) entered in the system for pregnant women. At 6 weeks postpartum, women must be recertified as either postpartum or breastfeeding to continue on WIC.

   b. Postpartum women are certified until six (6) months postpartum. Six months postpartum is computed from the actual date of delivery entered in the system. At 6 months postpartum, women not breastfeeding are no longer categorically eligible to continue on WIC.

   c. Breastfeeding women are certified until the infant's first birthday as long as they continue to breastfeed. Twelve months is computed from the actual date of delivery entered in the system. If the woman stops breastfeeding before six (6) months postpartum, she may continue on WIC as a postpartum woman if she meets postpartum risk criteria. If she is

more than six (6) months postpartum and stops breastfeeding, she is no longer categorically eligible and must be terminated.

2. Infants:

   a. Infants less than six (6) months of age are certified until twelve (12) months of age. Twelve months of age is computed from the date of birth entered in the system. Infants must be recertified at 12 months as children to continue on WIC.

   b. Infants six (6) months of age and over are certified for a six (6) month period. Six months is computed from the certification date. At 6 months, recertification must be done to continue on WIC.

   c. Infants enrolled and participating at twelve (12) months of age must be changed from infant status to child status. This is done through an Infant/Child Transfer (ICT). Refer to Status And Priority in this section.

3. Children:

   a. Children are certified for six (6) month periods. Six months is computed from the certification date.

   b. Children may be recertified at intervals of six (6) months up to the fifth birthday. The certification period ends on the fifth birthday, but the child is eligible to receive food instruments with a first day to use prior to the birth date. The fifth birthday is computed from the date of birth entered in the system.

C. Action Due

1. The system computes the next action due and the due date based on status/category, age and date of measures or date of certification, whichever is the earlier date.

2. The action due and the due date are printed on the certification label. The action due is designated by an alpha character for that action. Refer to Food Delivery/Data section, On-Line Produced Labels.

3. Action due is:

   a. “R “ for recertification. Recertification is the action due when the participant is still categorically eligible for another certification period.

   b. “T” for termination. Termination is the action due when the patient is no longer categorically eligible for another certification period.

4. System reports are provided to manage actions due. These are the Actions Due and the Automatic Terminations reports. Refer to Food Delivery/Data section, Systems Reports.

5. Situations occur that affect the action due and due date prior to the due date. When changes occur, actions must be performed as needed.

VOTER REGISTRATION

A. General Policies

1. Voter registration is mandated for the WIC Program by Public Law 103-31, the National Voter Registration Act.

2. Voter registration services shall be provided at WIC application, certification, and transfer to women eighteen (18) years old or older. The option to update current voter registration shall be provided if the person wishes to do so. WIC services provided off-site (home, hospital, etc.) must include voter registration.

3. Voter registration or the option to update current registration shall be provided to other persons eighteen (18) years old or older that request to apply to register to vote.

4. WIC applicants 18 years old and older that decline the opportunity to register to vote must decline in writing in order to acknowledge that the opportunity to register to vote was provided.

5. The "VOTER REGISTRATION RIGHTS AND PREFERENCE FORM (WIC-53)" shall be provided to the person to complete each time voter registration is offered. This form provides the person her rights concerning registering to vote and documents the opportunity to register or decline. Any person who declines to register, including the applicant who has already registered to vote, must complete the WIC-53.

6. The completed WIC-53 shall be filed in a voter registration file by calendar year and retained for two (2) calendar years. A copy of the WIC-53 shall be given to the individual. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

7. When specific information is in the computer system, voter registration is tracked on a calendar year and, when indicated, the system produces a voter registration application form for the individual to complete.

8. State Board of Elections voter registration application forms (SBE01) must be available. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

9. Staff shall provide assistance to complete a voter registration application form unless the person refuses it. The same degree of assistance shall be provided as is provided with other forms.

10. Completed voter registration forms shall be accepted to send to the election official. The person cannot be required to mail the form.

11. Completed forms shall be sent a minimum of weekly, except prior to an election when forms shall be sent within five (5) days of the cut-off date for registration (typically 28 days prior to the election). Forms may be mailed to the county clerk if the clerk accepts them without regard to the applicant's residence. If not, completed voter registration forms must be sent to the State Board of Elections, 140 Walnut Street, Frankfort, Kentucky 40601.

12. Voter registration applications and completed WIC-53s shall be kept confidential and used for no purpose other than voter registration.

13. Staff shall not determine if an individual is eligible to complete a voter registration application form. The State Board of Elections is the responsible agency to approve or deny a voter registration application and notify the person.

14. Restrictions and prohibitions apply to staff. Failure to follow these restrictions could result in a fine, imprisonment not to exceed five (5) years, or both. The restrictions are:

    a. Staff providing voter registration services shall not:
       (1) Seek to influence an applicant's political preference or party designation.
       (2) Display any such political preference or party allegiance.
       (3) Make any statement to an applicant or take any action to discourage the applicant from registering to vote.
       (4) Make any statement to an applicant or take any action to lead the applicant to believe that a decision to register or not to register has any bearing on the availability of WIC services.

    b. If an individual applies to register to vote, the specific agency where the form was completed must not be publicly disclosed.

    c. Information relating to voter registration may not be used for any purpose other than voter registration.

B. Procedures for Voter Registration

1. If the person's date of birth and reason for visit code of WIC certification is in the system, a status line message returns if voter registration is required within the calendar year. If the VOC field is "Y" (yes) and age is 18 or over, a status line message returns. Refer to PATIENT AND COMMUNITY HEALTH SERVICES REPORTING AND BILLING PROCEDURES, "REASON FOR VISIT CODES."

   If this information is not in the system or the system is not available, voter registration must be offered at application, certification, and transfer.

2. Provide the "VOTER REGISTRATION RIGHTS AND PREFERENCE FORM" (WIC-53) to the person to read and complete. Refer to "FORMS AND SUPPORTING INFORMATION" in this section. If the person refuses to read the form, designate preference, or sign the form, staff should record the person's name, and note the refusal and date on the WIC-53. Two (2) staff should sign and date the form.

3. On the Patient Registration screen, complete the "Apply to Vote" field with the person's preference as indicated on the WIC-53 – Y for yes or N for no. If the person refused to complete the WIC-53, put "N" in the field.
   (1) If Apply to Vote is N, the process is complete. See number 5 below.
   (2) If Apply to Vote is Y, put Y for yes in the "Print Form" field to print the system voter registration application form. The system form is printed with the person's name, social security number, date of birth, county of residence, mailing address, sex, phone number and date. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.
   (3) Give the system form to the person to complete party affiliation, residence address if different from mailing address, read and sign.

   If the system is unavailable and the person wishes to complete a voter registration application, provide the State Board of Elections form, the SBE01. When data entry is done, complete the Patient Registration screen and enter Y (yes) or N (no) from the WIC-53 in the Apply to Vote field. Enter N (no) for printing the form.

4. The person must be provided the opportunity to complete the voter registration application form in private. Inform the person of the items to be completed.

5. Provide a copy of the WIC-53 to the person. File a copy in the Voter Registration file.

6. Accept the completed voter registration form to send to the election official.

7. Send all voter registration application forms a minimum of once a week to the State Board of Elections. Forms may be sent to the county clerk if the clerk accepts applications without regard to the applicant's residence. Confidentiality must be ensured. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

RIGHTS AND RESPONSIBILITIES

A. General Policies

1. Applicants and participants have certain rights and responsibilities in the WIC Program.

2. All applicants and participants, or their parent/caretaker, must be informed of the rights and responsibilities during a certification.

3. Documentation of informing applicants/participants of the rights and responsibilities must be maintained in the person's medical record.

4. Any person determined ineligible, denied WIC services, disqualified or suspended from WIC, or asked to repay the cash value of improperly redeemed WIC food instruments must be provided a hearing to appeal the decision if desired and must be provided the WIC Program Fair Hearing Procedures. The WIC Program Fair Hearing Procedures are included on the "WIC PROGRAM NOTICE OF INELIGIBILITY (WIC-54)". Refer to "INELIGIBILITY AND DISCONTINUATION OF BENEFITS" in this section.

5. Procedures for hearings are in the AR VOLUME I, Section IX: SERVICE DESCRIPTIONS AND GUIDELINES, "WIC PROGRAM APPLICANT/PARTICIPANT FAIR HEARING PROCEDURES." The WIC Program Fair Hearing Procedures are also part of Administrative Regulation 902 KAR 4:040.

6. WIC Fair Hearing Procedures must be displayed in the clinic and/or waiting area. A Fair Hearing Procedures Poster is available from the State WIC Office. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

7. Each agency must have a current list of WIC contracted vendors and provide the list to eligible participants to inform them where food instruments can be redeemed.

8. WIC Program services and operations shall comply with the Civil Rights Act of 1964. Refer to AR, Volume I, Section VIII: LHD Operations, Civil Rights Act of 1964.

9. The WIC Participation by Race/Status report should be reviewed to ensure appropriate racial representation. Refer to Food Delivery, Reports.

B. Notification and Documentation Requirements

1. All applicants, participants, or their parent/caretaker, must read or have read to them, the WIC Rights and Responsibilities section on the Registration/Authorization/Certifications and Consents form (CH-5) and sign and date this section of the completed form at each certification and recertification. If the computer system is not available, the Rights and Responsibilities section on the CH-5B must be read, signed and dated. Refer to PATIENT AND COMMUNITY HEALTH SERVICES REPORTING AND BILLING PROCEDURES, Form CH-5 and Form CH-5B.

2. All persons determined eligible, or their parent/caretaker, must be provided the Participant Folder (DPH-111) and the folder explained to them. The Participant Folder includes the rights and responsibilities and how to use food instruments. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

3. At the initial certification, all persons determined eligible, or their parent/caretaker, must be provided the Kentucky WIC Approved Food List and a current list of approved vendors where food instruments can be cashed. Refer to FOOD DELIVERY/DATA section, "FORMS AND FOOD INSTRUMENTS".

4. The rights and responsibilities are available as an information sheet for use when the Participant Folder is not appropriate. Refer to “FORMS AND SUPPORTING INFORMATION” in this section.

5. All persons determined ineligible, denied or discontinued WIC, or imposed a claim must be provided a completed "NOTICE OF INELIGIBILITY” (WIC-54). The copy of the WIC-54 must be filed in the person’s medical record. Refer to "INELIGIBILITY AND DISCONTINUATION OF BENEFITS” and "FORMS AND SUPPORTING INFORMATION” in this section.

6. The WIC Program Fair Hearing Procedures are available as an information sheet for use when the WIC-54 is not appropriate. Refer to "FORMS AND SUPPORTING INFORMATION” in this section.

7. A “WIC Clinic Reference” is available to use as a reminder of requirements for certification and food instrument issuance. Refer to "FORMS AND SUPPORTING INFORMATION” in this section.

8. The “And Justice For All” poster shall be prominently displayed in a clinic location visible to all applicants and participants. The poster is available from the State WIC Office. Refer to "FORMS AND SUPPORTING INFORMATION” in this section and the AR, Volume I, Section VIII: LHD Operations, Civil Rights Acts of 1964.

STATUS AND PRIORITY

A. Status

1. Status and category are used interchangeably.

2. Status must be determined for each person applying and reapplying for WIC. Refer to WIC ELIGIBILITY REQUIREMENTS, "WIC STATUS/CATEGORY QUALIFICATIONS" in this section.

3. Status may change during a certification period when a recertification is not required. Situations when status changes are:

   a. A breastfeeding woman stops breastfeeding and is less than six (6) months post delivery. Her status becomes postpartum. A "C" action must be done to change status. Her food package must be changed to a postpartum package along with any changes in risk if appropriate. If the risk(s) identified for the breastfeeding woman does not apply to the postpartum status, a postpartum risk must be identified for the woman to continue on WIC. If a postpartum risk cannot be identified, the woman must be terminated from WIC. Refer to "Ineligibility and Discontinuation of Benefits" in this section.

   b. A postpartum woman is in the system with postpartum status but is actually breastfeeding. Her status should be breastfeeding. A "C" action must be done to change her status to breastfeeding. Her food package should be changed to an appropriate breastfeeding package.

   c. An infant at twelve (12) months of age. The system provides an automatic change from infant to child status, referred to as an Infant/Child Transfer (ICT). Refer to Infant/Child Transfer below.

B. Priority

1. Priority is a ranking system of I through VI. The highest priority is I and the lowest is VI.

2. Priority is based on status and nutritional risk. Each priority includes the status listed below; priority for specific risks is included on the WIC Certification forms. Refer to the PHPR, WIC Section.

   a. Priority I is pregnant women, breastfeeding women, and infants with high-risk conditions.

   b. Priority II is infants of mothers who were WIC participants during this pregnancy and infants whose mothers did not participate but who were eligible due to risk during this pregnancy.

   c. Priority III A is children with high-risk conditions.

   d. Priority III B is postpartum women with high-risk conditions.

   e. Priority IV is pregnant women, breastfeeding women, and infants with low risk conditions.

   f. Priority V A is children up to age 2 with low risk conditions.

   g. Priority V B is children ages 2 to 5 with low risk conditions.

   h. Priority VI is postpartum women with low risk conditions.

3. The computer system assigns the highest priority for the risk(s) entered. The person's risk code with the highest priority must be entered to ensure the highest priority assignment. Refer to the WIC Certification forms, PHPR, WIC Section.

4. The assigned priority is included on the certification label and screens.

5. Priority may change during a certification period. Situations when priority changes are:

   a. A change in risk. If a new risk is identified that is a higher priority than the current priority, a "C" action should be done to add the new risk. The system will automatically assign the new priority. Refer to FOOD DELIVERY/DATA section, "WIC MAINTENANCE (MTCE) SCREEN."

   b. A change in status.
      (1) An action done to change status, such as breastfeeding to postpartum, will result in the system automatically assigning priority based on risk and the new status. If the risk(s) identified for the participant does not apply to the new status, a risk must be identified for the new status.
      (2) An infant at 12 months of age whose status changes to child also changes priority to an applicable child priority. For specific situations, the system does an automatic Infant/Child Transfer (ICT). Refer to Infant/Child Transfer below.

6. Priority is used to ensure WIC services are provided to persons in greatest nutritional need if the State WIC Office determines funding is inadequate to serve all eligible people. Refer to "CASELOAD MANAGEMENT" in this section.

C. Infant/Child Transfer (ICT)

1. An infant at 12 months of age (1 year) becomes a child. Infant information in the system must be updated to child status, along with a child priority and a child food package.

2. This change for status, priority, and food package is referred to as an Infant/Child Transfer (ICT). This process allows printing of a child food package without a recertification to change status.

3. An Infant/Child Transfer (ICT) is initiated when the clinic transmits an action (A (Add), P (Print), etc.) that indicates issuance of food instruments with a first day to use after the infant is 1 year old.

4. The ICT process is programmed for the following:

   a. Status – infant status is automatically changed to child status.

   b. Risk – a continuation of the infant risk to a child risk is automatic. If the infant risk code does not apply to a child, the system assigns "9999" as the ICT risk for continuing the certification period until the recertification is due.

   c. Priority – a change of the infant priority to child priority is automatic based upon the risk.

   d. Food Package – certain infant food packages are automatically changed to a child food package. Infant food packages for standard formula contract brand, non-contract standard formula, and standard low-iron formula are changed. Other infant packages are not changed and must have a child food package or a Food Package III prescribed. Refer to the PHPR, WIC Section, WIC Policies for Prescribing Food Packages and Requirements for Issuing Formula for the formula categories.

e. WIC ICT Screen – to automatically return the “WIC ICT Screen” for completion of the ICT process. Refer to Screens in Food Delivery/Data.

5. When an action is transmitted that requests food instruments with a first day to use after the first birthday, any food instruments with an infant food package will print if due and the first day to use is before the birth date.

6. A label for this action and an issuance label will print for placement in the medical record.

7. The “WIC ICT Screen” automatically returns to review or assign a food package and transmit the screen. Refer to Screens in Food Delivery/Data.

8. After the “WIC ICT Screen” is completed and transmitted, food instruments with the indicated child food package will print.

9. Food instruments will not print with a first day to use past the recertification due date plus 30 days.

10. The system will make the transmitted changes and do the automatic changes to status, risk, and priority.

11. A label showing “ICT” will print for placement in the medical record. If the infant risk does not apply to a child, this label will show the NRCC as “9999”. The next action due will be on this label and must be done as indicated. When the next action is done, the 9999 in the NRCC field on the WIC MTCE Screen must be changed. If not, an error message will return that the NRCC is inappropriate.

12. An issuance label for the child food package will print for placement in the medical record.

13. Once the infant status is changed to child, the system will not print replacement food instruments with the infant food package. Replacement food instruments for an infant food package must be handwritten and posted to the system.

14. For infants due recertification at 12 months of age, this recertification can be done when 11 months of age. If an “R” action is done before 12 months of age, the recertification will be processed. Any food instruments with an infant food package will print if due and the first day to use is before the birth date. Status and food package is then changed and food instruments with the child food package print.

ENROLLMENT AND PARTICIPATION

A. Enrollment

1. Eligible persons are enrolled through an Add (A) action. Refer To FOOD DELIVERY/DATA section, "WIC MAINTENANCE (MTCE) SCREEN."

2. Breastfed infants that are eligible and receive no formula from WIC must be certified and enrolled as soon as possible with an issue date of 9s. These infants are referred to as exclusively breastfed infants.

3. Enrollment is the total of the number of all pregnant, breastfeeding, and postpartum women, infants, and children determined eligible for WIC and added/enrolled to the WIC Program.

4. The system produces a monthly report of enrollment by status and priority. The system report is the number of persons enrolled at the time the report is produced. It reflects all add and termination actions as of the date and time of the report. Refer to FOOD DELIVERY/DATA section, "SYSTEM REPORTS."

5. Enrollment should be reviewed monthly as part of caseload management. Refer to "CASELOAD MANAGEMENT" in this section.

B. Participation

1. All eligible persons are assigned an issue month and date. This date determines the first day to use on food instruments. This date remains the same through the person's continuous participation in WIC unless extenuating circumstances exist to change this date.

2. Exclusively breastfed infants must have an issue date of 9s to count as participants. Issue date of 9s allows the exclusively breastfed infant to count as a participant without the issuance of food instruments. Their issue date remains as 9s until food instruments are issued.

3. A participant is:

   a. A woman, infant or child who receives at least one (1) food instrument during a calendar month.

   b. An exclusively breastfed infant enrolled with an issue date of 9s who does not receive food instruments during a month.

4. Participation is determined by:

   a. Issued food instruments and the first day to use.
      (1) The computer system captures all automated issuance by the first day to use on the food instruments and assigns the food instruments and the participant to the appropriate month.
      (2) Issued handwritten and preprinted food instruments posted to the system. All issued handwritten and preprinted food instruments must be posted to record the food instruments as issued and for the person to count as a participant. The first day to use that is posted determines the month the food instruments and the participant are assigned to. Food instruments must be posted as soon as possible (not exceed one [1] week).
      (3) The system sorts all issued food instruments and counts each person who received food instruments dated in the month as one (1) participant.

   b. Infants with an issue date of 9s (exclusively breastfed infants) for the month. The system counts each infant with issue dates of 9s as a participant.

5. Participation is the total of the number of pregnant, postpartum and breastfeeding women, infants and children who receive food instruments for the month and the number of exclusively breastfed infants who have 9s as an issue date for the month.

6. WIC funding is based on participation.

7. Continuous participation and obtaining food instruments for all months of the certification period should be encouraged. Refer to "CASELOAD MANAGEMENT" in this section.

8. A maximum of three (3) months of food instruments may be issued at one time. Three months issuance is encouraged to maximize benefits to the person, to maximize participation, and to reduce patient time in clinic.

9. Follow-up for missed appointments should be made to encourage continued participation. Two reports are produced for this purpose: the 7 Day Late Food Instrument Pick-Up List and the 30 Day Late Food Instrument Pick-Up List. Refer to "DROPOUT/ NONPARTICIPATION" in this section and FOOD DELIVERY/DATA section, "SYSTEM REPORTS."

10. Persons picking up food instruments late keep their assigned issue date and food instruments are issued for the remainder of the issuance month. The number of food instruments and the food quantity may be reduced for late pick-up based on the number of days remaining in the issuance. The system automatically calculates the number of days remaining in the issuance and prints the appropriate number of food instruments. Refer to FOOD DELIVERY/DATA, Partial and Reduced Issuance.

11. Voided food instruments affect issuance and participation information. Voided food instruments must be entered in the system and submitted to the State WIC Office. Refer to FOOD DELIVERY/DATA section.

12. The system produces a monthly report of participation by status and priority. The system report is the number of participants for the calendar month, from the first day to the last day of the month. Refer to FOOD DELIVERY/DATA section, "SYSTEM REPORTS."

13. Participation reports are produced in provisional, revised and final numbers, beginning the month following the report month. Each report reflects data in the system at the time the report is produced. After a final participation report is produced, no additional data entered in the system affects the participation count for that month.

14. Participation should be reviewed monthly as part of caseload management. A participation rate can be determined by comparing enrollment to participation for a month, but is not precise due to the differences in the time periods of the two reports.

DROPOUT/NONPARTICIPATION

A. General Policies

1. A participant that fails to pick-up food instruments for two (2) consecutive months [sixty (60) days from the "Last Day To Use" on the last food instruments] is considered a dropout and is automatically terminated by the system. Refer to FOOD DELIVERY/DATA section, "AUTOMATIC TERMINATIONS."

2. The dropout policy is provided to the participant at certification in the Participant Folder. The signature for WIC Rights and Responsibilities on the CH-5 or CH-5B documents the patient was provided this policy. Refer to "RIGHTS AND RESPONSIBILITIES" in this section.

3. Follow-up should be made for missed appointments/no-shows to encourage continued participation. Refer to "Follow-Up" below and "ENROLLMENT AND PARTICIPATION" and "CASELOAD MANAGEMENT" in this section.

4. Persons that receive at least one food instrument for a month are counted as participants. Persons picking up food instruments late keep their assigned issue date and are issued food instruments for the remainder of the issuance month. The number of food instruments and the food quantity may be reduced for late pick-up based on the number of days remaining in the issuance. The system automatically calculates the number of days remaining in the issuance and prints the appropriate number of food instruments. Refer to FOOD DELIVERY/DATA, Partial and Reduced Issuance.

B. Follow-Up

1. All no-shows should be contacted at least once prior to termination unless no home contact or a privacy restriction has been requested.

2. A 7-Day Late Food Instrument Pick-Up List and a 30-Day Late Food Instrument Pick-Up List is provided for follow-up. Refer to FOOD DELIVERY/DATA section, "SYSTEM REPORTS." If contact is made from the 7-Day Late report, it is possible for the person to come to clinic to not lose one whole month of food instruments and to count as a participant for that month. Refer to the late pick-up schedule above.

3. Follow-up may be any of the following: telephone call, letter, postcard, or contact through other agency services. A reminder postcard (WIC-51) is available for this purpose. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

4. An effort to contact the following participants with the specified risk(s) is required unless no home contact or a privacy restriction has been requested. Effort to contact these participants must be made no later than the receipt of the 7-Day Late Food Instrument Pick-Up List.
   - Pregnant Women
     - Age 17 or less
     - Whose last pregnancy resulted in a low birth weight or premature infant
     - Whose last pregnancy resulted in a fetal or neonatal death
     - With a nutrition/metabolic condition
   - Infants
     - With low birth weight or prematurity
     - With a nutrition/metabolic condition
     - Who receive special formula
   - Children
     - With low birth weight (up to age 2)
     - With a nutrition/metabolic condition
     - Who receive special formula

5. Documentation of follow-up efforts must be made in the medical record.

6. If the person is unable to come to clinic, other options may be considered. Refer to "ISSUANCE TO PROXIES" and "MAILING FOOD INSTRUMENTS' in the FOOD DELIVERY/DATA section.

C. Termination

1. After two (2) months of nonparticipation, the person is automatically terminated by the system. Also refer to FOOD DELIVERY/DATA section, "AUTOMATIC TERMINATIONS."

2. A "T" label is produced for placement in the medical record. "Non-part." (non-participation) is printed on the label to document the reason for termination.

3. If the person seeks WIC services after termination and the certification period has not expired, he/she shall be reinstated. Complete an "X" action for reinstatement. Refer to "CERTIFICATION PERIODS" in this section and FOOD DELIVERY/DATA section, "SCREENS."

TRANSFER/VOC

A. General Policies

1. A participant that moves out of the area served by the site can transfer his eligibility to the new site to receive WIC benefits for the remainder of his certification period.

2. The transfer from one site to another is done through a Verification of Certification (VOC). The transferring site issues a VOC so the receiving site can enroll the participant without screening for income or risk and issue food instruments.

3. Participants may transfer in-state, out-of-state, or overseas using the VOC. Persons may also transfer from other states or from overseas with that program's equivalent of a VOC.

4. A VOC (WIC-17) is to be issued at certification to any person identified as a migrant.

5. A VOC must be issued to any participant with remaining eligibility in the certification period that needs to transfer. The VOC should be produced by the system unless the system is unavailable or slow, in which case the WIC-17 is used. Refer to "FORMS AND SUPPORTING INFORMATION."

6. To be valid, the VOC must contain, at a minimum, the name of the participant and the beginning and ending dates of the certification period, and there must be eligibility remaining. If the VOC is determined to be invalid, the transferring site may be contacted for necessary information. If information cannot be obtained, the person must be screened as a new applicant in the receiving site.

7. If the certification period has ended, the person must be screened to continue on WIC for another certification period. A person transferring within Kentucky who did not receive food instruments that were due with a valid date prior to the ending of the certification period should be added as a transfer and issued the remaining food instruments to continue benefits for that certification period. This provides the food instruments that would have been received if the person had remained in the previous site.

8. If a migrant's certification period has expired on his/her VOC, the VOC may still serve as income documentation if the VOC shows that an income determination was done within the past twelve (12) months.

9. A person with a valid VOC from another state or from overseas cannot be denied participation because the person does not meet Kentucky nutritional risk criteria.

10. A valid VOC must be accepted for eligibility and benefits provided until the ending date of the certification period. An in-state transfer must keep the existing issue date at the new site unless coordination with other household members applies, and must be provided food instruments for the remainder of the certification period.

11. Support staff can perform all procedures and actions for a Transfer/VOC without the participant seeing a health professional. Contact with a health professional is required only if a food package change is needed, a formula prescription must be assessed or an out-of-state food package does not convert to a Kentucky package. Nutrition education can be offered at a return appointment if appropriate.

12. A participant with a VOC must meet residence requirements and show proof of identity and residence. A VOC represents proof of income and nutritional risk only. Proof of identity is also required for the person receiving food instruments on behalf of the transferring participant. Refer to "WIC ELIGIBILITY REQUIREMENTS" in this section.

13. Transferring WIC participants that are age 18 or over must be offered voter registration.

14. Benefits must be issued until the end of the certification expiration date on the VOC or to the end of the food instrument cycle. If Kentucky certification policy allows for a longer certification period, the person must receive benefits according to Kentucky policy.

15. If the VOC is valid and caseload slots are available, the site must immediately add the participant. If caseload slots are not available, the person shall be placed on the waiting list ahead of all waiting list individuals. Refer to "WAITING LIST" in this section.

16. When providing a VOC, issuance of future food instruments should be done when appropriate to prevent a lapse in benefits and to reduce visits to the clinic.

17. An in-state Transfer/VOC participant with valid food instruments from the transferring site should retain those food instruments for use as long as they are still appropriate. It is unacceptable to void valid food instruments issued by the transferring site and reissue the same food package at the receiving site.

18. If a participant has a VOC from another state, it must be determined if issuance of food instruments is appropriate. If the participant is to receive formula that requires a prescription, refer to the PHPR, WIC Section, WIC Policies For Prescribing Food Packages.

B. Types of VOC

1. System VOC
   This VOC is generated by the system and should be used when the system is available. The VOC is provided in one of two formats depending on printing capabilities at the site.

   a. Profile - Information printed on a sheet of paper. This format should be used when a printer with blank paper is available since it provides more data.

   b. Label - Information printed on a label. This label is to be placed on the WIC-17 form and the other required data completed by staff. This format should be used when only a label printer is available.

2. VOC form (WIC-17)
   This form should be completed if issuing a VOC at certification for migrants, with the VOC label, if the system is unavailable, or if the system is slow. An inventory of WIC-17s must be maintained to record serial numbers received and serial numbers issued.

   Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

C. Issuing A VOC

1. The participant to transfer must be within a current certification period and must have eligibility remaining.

2. Issue food instruments as appropriate, up to a maximum of three (3) months.

3. The system VOC shall be issued if possible. Procedures are:

   a. Request the system VOC with command CDS 1286 or WCIX 30 Patient ID#. Refer to FOOD DELIVERY/DATA section, "SCREENS".

   b. Request the appropriate format (profile or label). If a label is requested, the WIC-17 must be used. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

c. Give the participant the VOC and, if applicable, food instruments. Instruct the participant to give the VOC to the new site.

d. When a system VOC is issued, the system does an automatic termination. A termination label is printed for placement in the participant's medical record. VOC is printed on the label to document the reason for the termination. Refer to "FORMS AND SUPPORTING INFORMATION" in this section for a sample label.

4. If a system VOC cannot be provided, a WIC-17 (VOC) must be completed.

   a. Complete appropriate section of the WIC-17. Refer to "FORMS AND SUPPORTING INFORMATION" in this section for instructions.

   b. Give the participant the VOC and, if applicable, food instruments. Instruct the participant to give the VOC to the new site.

   c. Complete a "T" action in the system to terminate the person. If the WIC-17 is issued at the time of certification to a migrant, the "T" action is not completed until the site learns the participant has left the area. The reason for termination must be documented along with the "T" label in the medical record.

   d. The WIC-17 contains a serial number. The inventory must be updated to record serial number issued and participant name.

      NOTE: Any VOC can be done and mailed to the participant or the receiving site with appropriate authorization.

5. When a VOC is issued for participants transferring overseas, the following information must be provided:

   a. There is no guarantee that the WIC Overseas Program will be operational at the overseas site where they will be transferred.

   b. Only certain individuals are eligible for the WIC Overseas Program.

   c. Issuance of a VOC does not guarantee continued eligibility and participation in the WIC Overseas Program. Eligibility for the overseas program will be determined at the overseas WIC services site.

D. Enrolling A Participant With A VOC

1. Determine if the VOC is valid. A valid VOC contains a minimum of the participant's name and the beginning and ending dates of the certification period, and has eligibility remaining.

2. Residence requirements must be met. Request proof of residence and identity. If proof cannot be provided, refer to WIC ELIGIBILITY REQUIREMENTS, "Applicant Unable To Provide Proof Of Residency At WIC Certification" and/or "Applicant Unable To Provide Proof Of Identity At WIC Certification."

3. If the VOC is valid, document VOC in the medical record entry.

4. If the VOC is not valid, contact the transferring site for needed information. Document information obtained in the medical record and add as a VOC. If information cannot be obtained, the person must be screened for eligibility as a new applicant. Refer to "WIC ELIGIBILITY REQUIREMENTS" on the preceding pages.

5. If the VOC is an in-state participant and the certification period has ended, determine the last month for which food instruments were received.

   a. The person who did not receive food instruments that were due prior to the ending of the certification period is due those food instruments. Add this person and issue appropriate food instruments to provide the benefits that would have been received if the person had not transferred.

      EXAMPLE: The person is in the new site on September 5. The VOC shows the last food instruments received were July 20 - August 19. The person was due food instruments for August 20 - September 19 and the certification period ended August 29. Add this person as a transfer and issue food instruments for August 20 - September 19. This provides the benefits that would have been received if the person had not transferred. The person must be screened and recertified to continue another certification period and receive additional food instruments.

   b. The person transferring who has received all food instruments due and whose certification period has ended must be screened as a new applicant to be added and receive food instruments.

6. Complete the Patient Registration screen. The "VOC" field must be completed with "Y" (yes). Proof code fields for residence and identity must be completed. If the participant is age 18 or over, voter registration must be offered. Refer to PATIENT AND COMMUNITY HEALTH SERVICES REPORTING AND BILLING PROCEDURES, "PATIENT REGISTRATION."

7. Complete an "A" action on the WIC Maintenance screen. 9010 must be a nutritional risk code. Required fields must be completed with nines if data is unknown. Refer to FOOD DELIVERY/DATA section, "WIC MAINTENANCE (MTCE) SCREEN." Transfers are to be added with the certification date from the transferring site. Recertification is then due and calculated by the system as appropriate for status and age.

8. Check the VOC for valid dates of the last food instruments issued. Issue food instruments if appropriate.

   a. For in-state transfers, the person's existing issue date must be used at the new site unless coordination with other household members applies. The issue date is the "1st FP Issue M/D" on the VOC. Refer to FOOD DELIVERY/DATA Section. Valid food instruments from the transferring site should be kept by the participant and used as long as they are still appropriate. It is not acceptable to void valid food instruments issued at the transferring site to reissue the same food package at the new site.

   b. For out-of-state transfers, issue food instruments if appropriate. If food instruments from another state are given to your site, mail them to the State WIC Office.

9. File the VOC in the medical record.

E. Enrolling A Transfer Participant Without A VOC

1. For an in-state participant:

   a. Residence requirements must be met. Request proof of residence and identity. If proof cannot be provided, refer to WIC ELIGIBILITY REQUIREMENTS, "Applicant Unable To Provide Proof Of Residency At WIC Certification" and/or "Applicant Unable To Provide Proof Of Identity At WIC Certification."

   b. Obtain needed information.
      (1) Request the system VOC with the CDS 1286 command for name look-up or the WCIX 30 Patient ID# command for ID look-up and the appropriate VOC format (profile or label). Access will be provided if the participant's certification and/or issuance is still valid.
      (2) If the system is not available, contact the previous site. Inform them the person is seeking WIC at your site and request needed information: date of the certification, recertification or next action due date, first full package issue month/date, food package code, prescription expiration date if applicable, and valid dates of the last food instruments issued. Document obtained information in the medical record.

   c. If the certification period has ended, determine the last month for which food instruments were received.
      (1) The person who did not receive food instruments that were due prior to the ending of the certification period is due those food instruments. Add this person and issue appropriate food instruments to provide the benefits that would have been received if the person had not transferred.
      EXAMPLE: The person is in the new site on September 5. The VOC shows the last food instruments received were July 20 - August 19. The person was due food instruments for August 20 - September 19 and the certification period ended August 29. Add this person as a transfer and issue food instruments for August 20 - September 19. This provides the benefits that would have been received if the person had not transferred. The person must be screened and recertified to continue another certification period and receive additional food instruments.
      (2) The person transferring who has received all food instruments due and whose certification period has ended must be screened as a new applicant to be added and receive food instruments.

   d. Complete the Patient Registration screen. The "VOC" field must be completed with "Y" (yes). Proof code fields for residence and identity must be completed. If the participant is age 18 or over, voter registration must be offered. Refer to PATIENT AND COMMUNITY HEALTH SERVICES REPORTING AND BILLING PROCEDURES, "PATIENT REGISTRATION."

   e. Complete an "A" action on the WIC Maintenance Screen. 9010 must be a nutritional risk code. Required fields must be completed with nines if data is unknown. Refer to FOOD DELIVERY/DATA section, "WIC MAINTENANCE (MTCE) SCREEN." Transfers are to be added with the certification date from the transferring site. Recertification is then due and calculated by the system as appropriate for status and age.

   f. Check the valid dates of the last food instruments issued. Issue food instruments if appropriate. The person's existing issue date must be used at the new site unless coordination with other household members applies. The issue date is the assigned "1st FP Issue Month/Date." Refer to FOOD DELIVERY/DATA Section. Valid food instruments from the transferring site should be kept by the participant and used as long as they are still appropriate. It is unacceptable to void valid food instruments issued at the transferring site and reissue the same food package at the new site.

g. If the system VOC was obtained, file the VOC in the person's medical record or place the VOC label on the CH-3A. If the previous site was contacted for information, documentation should be made that this was done and the information obtained for the transfer.

h. Contact the previous site to inform them of the transfer to your site.
   (1) The system provides a reminder label for this when the VOC is printed. Refer to "FORMS AND SUPPORTING INFORMATION" in this section. Once the contact is made, this label can be discarded.
   (2) A list of agency/sites can be obtained from the system with the following commands:

PSI3 30	Provides address, phone number, and WIC contact terminal number for every WIC agency.
PSI3 30 (HID)	Provides the above information for the specific agency entered.
PSI3 30 (HID/LOC)	Provides the above information for the specific site entered.

2. For an out-of-state-participant:

a. Residence requirements must be met. Request proof of residence and identity. If proof cannot be provided, refer to WIC ELIGIBILITY REQUIREMENTS, "Applicant Unable To Provide Proof Of Residency At WIC Certification" and/or "Applicant Unable To Provide Proof Of Identity At WIC Certification."

b. Contact the previous site for the needed information. Inform them the person is seeking WIC at your site. Document information obtained and add as a transfer. If information cannot be obtained or the certification period has expired, screen the person as a new applicant. Refer to "WIC ELIGIBILITY REQUIREMENTS" in this section.

c. Complete the Patient Registration screen. The "VOC" field must be completed with "Y" (yes). Proof code fields for residence and identity must be completed. If the participant is age 18 or over, voter registration must be offered. Refer to PATIENT AND COMMUNITY HEALTH SERVICES REPORTING AND BILLING PROCEDURES, "PATIENT REGISTRATION."

d. Complete an "A" action on the WIC Maintenance screen. 9010 must be a nutritional risk code. Required fields must be completed with nines if data is unknown. Refer to FOOD DELIVERY/DATA section, "WIC MAINTENANCE (MTCE) SCREEN.".

e. Issue food instruments if appropriate. If food instruments from another state are given to your site, mail them to the State WIC Office.

f. Document all information in the person's medical record. Notation should be made that the previous site was contacted for information to support the transfer.

CASELOAD MANAGEMENT

1. Caseload management involves identifying the target population and any special populations, informing and enrolling the target populations, and encouraging consistent and continued participation of enrolled individuals.

2. Outreach shall be done to provide information about the WIC Program. Refer to "OUTREACH AND COORDINATION" in this section.

3. All eligible persons are assigned a status and a priority for caseload management and reporting purposes. Refer to "STATUS AND PRIORITY" in this section.

4. All priority I through VI persons shall receive WIC services unless the State WIC Office directs otherwise.

5. Breastfed infants that are eligible and receive no formula from WIC must be certified and added/enrolled with an issue date of 9s. These infants are referred to as exclusively breastfed infants. Refer to "ENROLLMENT AND PARTICIPATION" in this section.

6. The monthly enrollment report and participation report should be reviewed to assess increases or decreases in numbers, i.e., total number, number in a specific status or priority, etc.

7. Participation is the basis of WIC funding.

8. Enrolled women, infants and children who receive food instruments, and enrolled exclusively breastfed infants with issue date of 9s are participants. Issue date of 9s allows the exclusively breastfed infant to count as a participant without the issuance of food instruments. Refer to "ENROLLMENT AND PARTICIPATION" in this section.

9. All enrolled persons should be encouraged to obtain food instruments for all months of their certification period. Options to encourage continued participation are:

    a. Extended hours and lunch hour appointments. Refer to the AR, Vol. I, Section VIII: LHD Operations, Days and Hours of Operation.

    b. Using proxies. Refer to Use of Proxies in this section and Food Delivery/Data, Issuance to Proxies.

    c. Three (3) month issuance of food instruments. Refer to Food Delivery/Data, Food Instrument Issuance.

    d. Mailing food instruments. Refer to Food Delivery/Data, Mailing Food Instruments.

    e. Scheduling appointments, taking into consideration needs of the applicant/participant/caretaker, particularly minimizing time away from work for working individuals and distances for travel for individuals who reside in rural areas.

10. Scheduling and services may be coordinated for all household members by creating and maintaining a Household Record in the system to link the members. Refer to Food Delivery/Data, Screens, Household Record.

11. A maximum of three (3) months of food instruments may be issued at one time. Three months issuance maximizes benefits to the person, maximizes participation and reduces patient time in clinic.

12. Appointments should be scheduled for all WIC services. Participants that "walk-in" without an appointment should be seen if possible. Refer to "WIC PROCESSING STANDARDS AND SCHEDULING" in this section.

13. An enrolled person who fails to pick-up food instruments for two (2) consecutive months from the last date to use on the last food instruments received is considered a dropout and is terminated from WIC. Refer to "DROPOUT/NONPARTICIPATION" in this section.

14. A reminder for an upcoming appointment should be made to improve the show rate for appointments. Participants should be given their scheduled appointment in writing at the time the appointment is schedule. Appointments may be written on the Participant Folder. If an auto dialer is available, it should be used to remind participants/caretakers of scheduled appointments when home contact and permission is authorized. Refer to Food Delivery/Data, Auto Dialer Download.

15. Patients requesting "no home contact" or a privacy restriction should be excluded from contacts/follow-up.

16. Follow-up for missed appointments should be made to encourage continued participation. Reports available for this purpose are:

    a. The 7 Day Late Food Instrument Pick-Up List and the 30 Day Late Food Instrument Pick-Up List. Refer to Dropout/Nonparticipation in this section and Food Delivery/Data, System Reports.

    b. The PSRS daily missed appointment list (Report 865). Mailing labels are also provided for this report (Report 864). To get these reports, request them by contacting the Local Health Help Desk. Refer to Patient and Community Health Services Reporting and Billing Procedures, Missed Appointment List and Labels.

17. Follow up may be a mailed card, letter or a telephone call. A reminder postcard is available for this purpose. Refer to Forms and Supporting Information in this section.

18. Documentation of all appointments and contacts made or attempted must be in the patient's medical record. Refer to the PHPR, Follow-Up/Internal Tracking Section.

19. No-show rates should be monitored. Participant surveys may be beneficial to determine why appointments are not kept. Refer to the AR, Vol. I, Section VII: Planning/Evaluation for a sample survey.

20. An active caseload should be maintained by having a high number of enrolled persons obtaining food instruments and by completing actions timely. A participation rate (percent of enrollment that is participating) of 95 percent or higher should be maintained. The Actions Due report should be worked timely.

21. If the State WIC Office determines funds are inadequate to serve all eligible persons, WIC services are provided to persons in greatest nutritional need based on priority.

    a. Persons shall be served by priority with the highest priority served first. Priority I persons must be served first, priority II persons must be served next, etc.

    b. Persons that are new enrollees/adds and persons recertified must be served by priority with the highest priority served first. A priority I new enrollee must be served before a priority III participant is recertified to continue.

22. If the State WIC Office determines that funds are not adequate to serve all eligible persons, all sites will be required to implement and maintain a priority waiting list. Eligible persons that cannot be

served must be placed on the waiting list as directed by the State WIC Office. Refer to "WAITING LIST" in this section.

23. Reports are produced for use in caseload management. Refer to FOOD DELIVERY/DATA section, "SYSTEM REPORTS."

    a. Enrollment

    b. Participation

    c. 7 Day Late Food Instrument Pickup List

    d. 30 Day Late Food Instrument Pickup List

    e. Actions Due

    f. Automatic Terminations

    g. WIC Participants With Issue Date 99

    h. Medicaid Recipients Not On WIC

    i. Waiting List (when applicable)

OUTREACH AND COORDINATION

A. General Policies

1. Outreach shall be done for all categories of eligible persons on an annual basis. Emphasis shall be placed on reaching and enrolling:

   a. Pregnant women in the early months of pregnancy;

   b. Priority I infants;

   c. Migrant workers and their family members;

   d. Homeless individuals;

   e. Infants and children in foster care, protective services, or child welfare agencies.

2. WIC services should be provided in coordination with public health and/or other health services. However, participation in other services must not be required in order to receive WIC, nor can WIC benefits be withheld pending other services.

3. Services may be coordinated for household members by creating a Household Record in the system to link the members. Refer to Food Delivery/Data, Screens, Household Record.

4. If an auto dialer is available at the site, it should be used to remind applicants/participants of scheduled appointments.

5. Staff shall attempt to contact each pregnant woman who missed her initial appointment for WIC certification to reschedule the appointment. Individuals specifying "no home contact" or a privacy restriction are excluded from this requirement. Refer to "WIC PROCESSING STANDARDS AND SCHEDULING" in this section.

6. Applicants/participants or their caretakers shall be provided information on other health related programs and assistance programs and referred when appropriate. Refer to "RIGHTS AND RESPONSIBILITIES" in this section and the AR, VOLUME I, SECTION I: GENERAL INFORMATION, "OUTREACH SERVICES."

7. Written information about the Medicaid Program shall be provided and the individual referred if appropriate. To meet this requirement, information on Medicaid is included on the "PARTICIPANT FOLDER (DPH-111)" given to eligible persons and on the "WIC PROGRAM NOTICE OF INELIGIBILITY (WIC-54)" given to those determined ineligible.

8. Pregnant women should be screened for Medicaid Presumptive Eligibility if provided by the site, or referred to the appropriate agency for this determination.

9. Immunization records shall be requested for infants and children applying for WIC and the records assessed for immunization status. Referrals shall be made as appropriate. Refer to the AR, VOL. I, SECTION IX: SERVICE DESCRIPTIONS/GUIDELINES, "IMMUNIZATION LINKAGE INTERVENTIONS WHICH MUST BE IN PLACE TO ENSURE CHILDREN ARE PROPERLY IMMUNIZED."

10. The PSRS provides a reminder system to coordinate services for WIC, immunizations, and Well Child. A message will display at appointment scheduling and at registration to alert staff of services that may be due. Refer to Patient and Community Health Services Reporting and Billing Procedures, Immunization History and Reminder System.

11. Information on other sources for food assistance in the area should be provided when applicable.

12. A list of local resources for drug and other harmful substance abuse counseling and treatment shall be maintained and made available for distribution.

13. At least annually, the local agency shall publicly announce the availability of WIC services, including the eligibility criteria and the location of the agency/site. If homeless facilities are in the service area, information should be included on the requirements for their residents to participate in WIC. (Refer to "HOMELESS PERSONS AND PERSONS LIVING IN INSTITUTIONS" in this section). Public service announcements should be used when possible.

14. Information about WIC, including the eligibility criteria and the location of the agency/site shall be provided to other health agencies and to agencies and organizations that deal with persons possibly eligible for WIC. Referrals to WIC from these agencies should be encouraged.

15. WIC services must be made available to meet the need. Options available to meet varying needs are:

    a. Extended hours and lunch hour appointments. Refer to the AR VOLUME I, SECTION VIII: LHD OPERATIONS, "DAYS AND HOURS OF OPERATION."

    b. Scheduling appointments, particularly for employed individuals and individuals who reside in rural areas. Refer to "WIC PROCESSING STANDARDS AND SCHEDULING" in this section.

    c. Using proxies. Refer to "USE OF PROXIES" in this section and FOOD DELIVERY/DATA section, "ISSUANCE TO PROXIES."

    d. Three (3) months issuance of WIC food instruments. Refer to FOOD DELIVERY/DATA section.

    e. Mailing food instruments. Refer to FOOD DELIVERY/DATA section.

    f. Opening a new service site. Refer to "OPENING A NEW SITE FOR WIC SERVICES" in this section.

    g. Certification in the hospital or the individual's home. Refer to "HOSPITAL CERTIFICATION REQUIREMENTS" and "HOME CERTIFICATION REQUIREMENTS" in this section.

16. All outreach materials and advertisements must include the required non-discrimination statement. This statement is included in the AR Volume I, Section VIII: LHD Operations, Civil Rights Act of 1964.

17. Outreach efforts must be documented. Refer to "Documentation" below.

B. Agencies/Organizations To Outreach

1. At a minimum, information on WIC must be provided annually to the following agencies/organizations in the service area:

    a. Health and medical organizations, including private doctor offices

    b. Hospitals and clinics, including rural health clinics

    c. Welfare and unemployment offices

d. Social service agencies, including foster care, protective services, and child welfare

e. Migrant worker organizations

f. Organizations/agencies serving homeless individuals

g. Religious and community organizations

2. Information on WIC should be provided to other agencies/organizations in the area, such as:

a. Child care centers

b. Head Start

c. Factories

d. Military bases

e. Schools, colleges, and universities

f. Other agencies identified in the AR VOLUME I, SECTION I: GENERAL INFORMATION, "OUTREACH SERVICES."

C. Information for Outreach and Coordination

1. Several items are available to use in outreach. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

a. WIC Helps - pamphlet

b. WIC Is Growing Healthy Families - pamphlet

c. Health Care Providers And Kentucky WIC - pamphlet

d. Kentucky WIC Program Physician Referral Form

e. Tell Your Friends About WIC - coupon

f. Stretch Your Food Budget - poster

g. Pregnant? New Baby? - poster

h. Sample Outreach announcement

2. An agency/site may develop materials for outreach. Locally developed materials for WIC must include the required non-discrimination statement. Refer to the AR VOLUME I, SECTION VIII: LHD OPERATIONS, "CIVIL RIGHTS ACT OF 1964." If the material is too small to permit the full non-discrimination statement to be included, the material must at a minimum include the statement, in print size no smaller than the text, that "This institution is an equal opportunity provider."

3. Several system reports are available to use in outreach. Individuals on these reports are possibly eligible for WIC.

a. Medicaid Recipients Not On WIC. Refer to FOOD DELIVERY/DATA section, "SYSTEM REPORTS."

b. PEFs Positive Pregnancy Log, Report Number 439. Refer to PATIENT AND COMMUNITY HEALTH SERVICES REPORTING AND BILLING PROCEDURES, Appendices, "CDP PEF SYSTEM REPORTS."

c. PEFs Children Under 6 With Blood Lead 15 – 19, Report Number 2528. Refer to PATIENT AND COMMUNITY HEALTH SERVICES REPORTING AND BILLING PROCEDURES, Appendices, "CDP PEF SYSTEM REPORTS."

d. PEFs Children Under 6 With Blood Lead >19, Report Number 2529. Refer to PATIENT AND COMMUNITY HEALTH SERVICES REPORTING AND BILLING PROCEDURES, Appendices, "CDP PEF SYSTEM REPORTS."

4. Items may be purchased for outreach and/or promotion of the WIC Program. Items specifically for WIC are allowable expenses to the agency's allocated WIC budget. The following guidance should be considered for WIC Program purchases:

   a. Program incentive items refers to a class of goods, usually of nominal value, that are given to applicants, participants, potential participants, or persons closely associated with the WIC Program (such as staff) for purposes of outreach, nutrition education, or breastfeeding promotion. Other terms that may be used to describe these items include memorabilia, souvenirs, or promotional items.

   b. Program incentive items for outreach should:
      (1) Contain a WIC specific designation or message for the target population.
      (2) Normally be seen in public.
      (3) Contain the nondiscrimination statement if a publication or other printed material that includes program information.
      (4) Have value as outreach devices.
      (5) Include WIC contact information such as the agency name, address and/or telephone number.
      (6) Constitute (or show promise of) an innovative or proven way of encouraging WIC participation.

   c. Supporting documentation must be maintained for WIC purchases. Documentation must include the item purchased, quantity, where purchased, date, and cost.

D. Documentation

1. An agency and/or site must establish an outreach file and maintain up-to-date documentation.

2. All outreach must be documented. Documentation should include copies of correspondence, information provided to agencies/organizations, participation in health fairs/exhibits, presentations, etc.

INELIGIBILITY AND DISCONTINUATION OF BENEFITS

A. General Policies

1. Persons determined ineligible for WIC or who will no longer receive WIC benefits must be provided written notice of the reason and the right to a hearing in most situations (see applicable situations below).

2. The WIC Program "NOTICE OF INELIGIBILITY (WIC-54)" shall be used for the written notice.

3. Documentation of the reason for ineligibility or discontinuation of benefits, along with all supporting information and forms, and the copy of the completed WIC-54, shall be in the person's medical record. Additional actions, as specified below, shall also be completed and documented in the medical record.

B. Reasons for Ineligibility and Discontinuation of Benefits

For information and instructions on the WIC-54, see "FORMS AND SUPPORTING INFORMATION" in this section. For all system actions, refer to FOOD DELIVERY/DATA section.

1. Status/Category-does not meet the definition of infant, child, pregnant, breastfeeding or postpartum woman.

   a. New Applicant At Certification – Complete and provide WIC-54.

   b. Current Enrollee
      (1) At Recertification – Complete and provide WIC-54. Complete a "T" action in the system.
      (2) During a Certification Period – When a child reaches age five (5), a postpartum woman reaches six (6) months postpartum, a breastfeeding woman discontinues breastfeeding and does not qualify as a postpartum woman, or a breastfeeding woman's infant reaches age one (1), he/she is no longer eligible for the WIC Program.
         (a) Provide at least a fifteen (15) day notice that the certification is about to expire.
         (b) Provide food instruments for the month the participant becomes categorically ineligible if the food instruments begin before the date he/she becomes ineligible.
         (c) For breastfeeding women that discontinue breastfeeding after six (6) months postpartum, complete a "T" action.
         (d) All others becoming status/categorically ineligible will be terminated automatically in the system. A "T" label will be printed for the participant's medical record.

2. Residence – not a Kentucky resident.

   a. New Applicant At Certification – Complete and provide WIC-54.

   b. Current Enrollee
      (1) At Recertification – Complete and provide WIC-54. Complete a "T" action.
      (2) During a Certification Period – If a participant informs you he/she is moving, provide a VOC to transfer eligibility. Refer to "TRANSFER/VOC" in this section. Complete a "T" action if applicable.

3. Income - does not meet income criteria.

   a. New Applicant At Certification – Complete and provide WIC-54.

   b. Current Enrollee

(1) At Recertification – Complete and provide WIC-54. Complete a "T" action.
(2) During A Certification Period – If new information for income eligibility becomes available during a certification period through screening for other services, screening of other household members, income verification or patient/caretaker reporting information, eligibility to continue on WIC must be evaluated if more than 90 days remains in the certification period. Procedures are:
   (a) Adjunct eligibility no longer applies – Screen for income eligibility. If income exceeds eligibility levels, complete and provide WIC-54 at least fifteen (15) days in advance of termination. Complete a "T" action. Applies to all affected household members. Refer to PATIENT AND COMMUNITY HEALTH SERVICES REPORTING AND BILLING PROCEDURES, APPENDICES, WIC INCOME ELIGIBILITY REQUIREMENTS, "New Income Information."
   (b) Income exceeds eligibility levels – Review for adjunct eligibility. If no adjunct eligibility, complete and provide WIC-54 at least fifteen (15) days in advance of termination. Complete a "T" action. Applies to all affected household members. Refer to PATIENT AND COMMUNITY HEALTH SERVICES REPORTING AND BILLING PROCEDURES, APPENDICES, WIC INCOME ELIGIBILITY REQUIREMENTS, "New Income Information."
   (c) Other Household Member(s) – Other household members on WIC whose eligibility is no longer supported by income information must be terminated also. An entry to the CH-3A must explain the reason for termination. Complete and provide WIC-54 at least fifteen (15) days in advance of termination. Complete a "T" action.

4. Risk - does not meet nutritional risk criteria.

   a. New Applicant At Certification – Complete and provide WIC-54. Complete an "A" action for ineligibility in the system.

   b. Current Enrollee At Recertification – Complete and provide WIC-54. Complete a "T" action in the system.

5. Participant Abuse - commits abuse of the Program. Refer to "PARTICIPANT ABUSE" in this section. Complete and provide WIC-54 at least fifteen (15) days in advance of the action. Complete a "T" action if indicated for the specific abuse.

6. Nonparticipation/Drop-out - does not receive food instruments for two (2) consecutive months (sixty [60] days from the "Last Day To Use" on the last food instruments issued). No written notification is required prior to termination since this policy is provided to the participant at certification in the "PARTICIPANT FOLDER (DPH-111)."

   a. After two (2) months of nonparticipation, the person will be automatically terminated by the system. A "T" label will be produced for placement in the medical record. "Non-Part." (nonparticipation) is printed on this label to document the reason for termination.

   b. If the person seeks WIC services after termination and eligibility remains in this certification period, he/she shall be reinstated. Complete an "X" action for a reinstatement.

7. Proof not presented following a hospital certification or proof presented does not support eligibility.

   a. Complete and provide WIC-54. A fifteen (15) day advance notice is not required.

   b. Complete a "T" action. Place the label on the CH-3 in the medical record and document the reason for termination.

   c. If the person is terminated for not bringing proof within the thirty (30) day limit and later brings proof that supports eligibility, he/she should be reinstated if the certification period has not expired. Complete an "X" action for a reinstatement. Refer to "Certification Periods" in this section and FOOD DELIVERY/DATA section, "SCREENS."

PARTICIPANT ABUSE

The Assistance Program Fraud Law applies to the WIC Program. KRS 194A.505 outlines prohibited activities that apply to participants, in addition to others. Penalties in KRS 194A.990 may be imposed against persons determined to have violated KRS 194A.505 by committing fraud against an assistance program. Penalties range from a Class A misdemeanor to a Class D felony.

A. General Policies

1. Participants, or the parent, caretaker or authorized proxy must be informed of rights and responsibilities in the Program, how to properly use food instruments, and authorized stores where food instruments may be cashed. The PARTICIPANT FOLDER (DHS-111), along with a current list of local authorized stores, must be provided at the time of certification.

2. Program abuse may be committed by the participant, the participant's parent, caretaker or authorized proxy. Any suspension, disqualification or termination for abuse is imposed on the participant.

3. If abuse is suspected or a complaint of abuse is made against a participant, parent, caretaker or authorized proxy, or abuse is determined, the agency/site shall:
   - Obtain as much information as possible concerning the abuse. If a complaint is made, attempt to obtain the complaint in writing. An optional form is available for a participant complaint made by a vendor. Refer to VENDOR MANAGEMENT section.
   - Determine and/or document if the abuse actually occurred. Copies of redeemed food instruments may be obtained from the WIC Food Instrument Image Lookup to support some abuses. Refer to Screens in Food Delivery/Data.
   - Discuss the abuse with the participant, parent or caretaker.
   - Document the discussion, the date of the discussion, and all other pertinent information in the participant's medical record.
   - Provide any required written notice(s) to the participant, parent, caretaker or authorized proxy. Place a copy of the notice(s) in the participant's medical record.

4. Participants determined to have committed abuse of the Program including, but not limited to, the abuses outlined in this section cannot be suspended for more than three (3) months.

5. If a second offense of abuse is suspected or has occurred, all action for the first offense must be completed and documented before any action is taken on the second offense.

6. The State WIC Office may refer participants who repeatedly abuse the WIC Program to the Office of the Inspector General for prosecution under applicable statutes.

7. Administrative Regulation 902 KAR 4:040 outlines the applicable sanctions for WIC abuse as well as the fair hearing procedure for persons who are terminated, suspended or disqualified from the Program. Additionally, refer to AR VOLUME I, SECTION IX: SERVICE DESCRIPTIONS, "WIC PROGRAM APPLICANT/PARTICIPANT FAIR HEARING PROCEDURES."

B. Types of Actions For Abuse

1. Written Warning
   A written warning is a letter provided to the participant, parent, caretaker or authorized proxy that states the type of abuse, i.e., selling WIC foods, and the action that will be taken for any future abuse.

2. Suspension
   A suspension is the loss of food instruments for the specified period. When a suspension is imposed, the participant shall not be issued food instruments for the period of the suspension. A participant receiving a suspension is not terminated from the Program. A participant

receiving a suspension shall be notified in writing fifteen (15) days in advance of the reason for the suspension, the period of the suspension, and the right to a fair hearing. This notice must be provided by use of the WIC-54, NOTICE OF INELIGIBILITY. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

3. Disqualification
   A disqualification is removal from WIC Program participation. When a disqualification is imposed, the person shall be terminated from the program. The person shall be notified in writing fifteen (15) days in advance of the reason for the disqualification, the period of the disqualification and the right to a fair hearing. This notice must be provided by use of the WIC-54, NOTICE OF INELIGIBILITY. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

4. Termination
   A termination is removal from the WIC Program without fifteen (15) days advance notice, as in the case of termination for dual participation. The person is notified in writing of the reason for the termination, and the right to a fair hearing. This notice must be provided by use of the WIC-54, NOTICE OF INELIGIBILITY. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

5. Claim
   A claim is the request for reimbursement of the dollar amount of over issued or improperly received WIC foods. This is determined by the value of the redeemed food instruments. The agency/site is responsible for the collection of a claim. For an abuse that results in a claim:
   - Contact the State WIC Office to determine the amount of the claim and if collecting the claim is cost effective. Copies of the applicable food instruments should be obtained.
   - If a claim is to be made, provide written notice to the participant, parent, caretaker or authorized proxy of:
     - The reason for the claim and the action against the participant. The WIC-54 shall serve as the notice of action and fair hearing rights.
     - The dollar amount to be repaid for the over issued or improperly received foods. A check or money order payable to the Kentucky State Treasurer must pay the amount.
     - The date the claim is to be paid.
   - The check or money order received from the participant, parent, caretaker or authorized proxy must be forwarded to the State WIC Office.
   - If the claim is not paid, the participant will be denied application to the Program for the number of months of food instruments which were used to calculate the claim amount, not to exceed three (3) months.

C. Types of Abuse And Action To Be Taken

1. Suspected Abuse: A written warning shall be given for the following suspected abuse for which a complaint is received concerning a participant or the participant's parent, caretaker or authorized proxy:

   a. Purchasing unauthorized foods;

   b. Redeeming food instruments at an unauthorized store;

   c. Attempting to sell or exchange supplemental food or a WIC food instrument or food instruments with another individual, group or a vendor; or

   d. Returning supplemental foods to a vendor for cash.

2. Proven or Documented Abuse: The following specified action shall be taken for a proven or documented abuse by a participant or the participant's parent, caretaker or authorized proxy:

a. Redeeming food instruments before the "first day to use" or after the "last day to use." Copies of redeemed food instruments must support this.

First offense: Written warning
Second offense: Monthly pick-up of food instruments
Third offense: One month suspension
Reinstatement of two or three month issuance is at professional discretion.

b. Redeeming food instruments which have been previously reported to the WIC agency/site as being lost or stolen and which were replaced with other food instruments. Copies of redeemed food instruments must support this.

First offense: Written warning
Second offense: Claim for the amount of improperly redeemed food instruments

c. Purchasing unauthorized foods.

First offense: Written warning
Second offense: One (1) month suspension

d. Redeeming food instruments at an unauthorized store. Copies of redeemed food instruments should support this.

First offense: Written warning
Second offense: One (1) month suspension

e. Threatening physical abuse or verbal abuse of clinic staff or store staff.

First offense: Written warning. If possible, another person in the clinic may serve the participant.
Second offense: One month suspension

f. Physical abuse of clinic staff or store staff.

First offense: Three (3) month suspension
Second offense: Three (3) month suspension

g. Exchanging and/or selling WIC food or food instruments with other individuals, groups or stores.

First offense: Three (3) month suspension
Second offense: Three (3) month suspension

h. Exchanging food instruments or supplemental foods for credit, nonfood items or supplemental food in excess of those listed on the food instrument.

First offense: Three (3) month suspension
Second offense: Three (3) month suspension

i. Dual participation in more than one (1) WIC Program or participation in both the WIC Program and Commodity Supplemental Food Program (CSFP) at the same time. Possible dual participation information is provided on-line and/or in a report. The other agency/site must be contacted immediately if dual participation is suspected. Actual participation in two (2) WIC sites should be supported by copies of redeemed food instruments, if possible.

First offense:	Written warning and termination from one (1) Program immediately. The continuing WIC agency shall be chosen based upon the participant's residence and/or services.
Second offense:	One (1) year disqualification and termination from one (1) Program immediately and claim for the food instruments redeemed.

j. Knowingly and deliberately giving false or misleading information, or misrepresenting, concealing or withholding facts to obtain WIC foods. Must have verification to impose a claim.

First offense:	Claim for improperly redeemed food instruments. Disqualifies the participant for three (3) months.
Second offense:	Claim for improperly redeemed food instruments. Disqualifies the participant for one (1) year.

3. Disqualification for one year

a. A participant is disqualified for one (1) year when the following is assessed:

1) A claim of $100 or more; or

2) A claim for dual participation; or

3) A second or subsequent claim of any amount.

b. The disqualification may not be imposed if, within thirty (30) days of receipt of the claim letter requiring repayment:

1) Full restitution is made; or

2) A repayment schedule is agreed on; or

3) When a participant is under eighteen (18) a proxy is designated and approved.

c. A participant may reapply for the WIC Program before the end of the disqualification period if:

1) Full restitution is made; or

2) A repayment schedule is agreed on; or

3) When a participant is under eighteen (18) a proxy is designated and approved.

4. All other forms of abuse or suspected abuse should be referred to the State WIC Office for guidance on appropriate action.

HOSPITAL CERTIFICATION REQUIREMENTS

1. WIC services may be provided in the hospital when the need exists and when appropriate. Certification in the hospital should expedite services and target new participants. All WIC requirements in the PUBLIC HEALTH PRACTICE REFERENCE (PHPR) and the ADMINISTRATIVE REFERENCE (AR) must be followed.

2. Hospital certification should target newborn infants of mothers on WIC and new mothers that were not WIC participants during their pregnancy. Recertification of a postpartum woman on WIC during pregnancy is not appropriate when she has WIC eligibility remaining from her certification as a pregnant woman until six (6) weeks postpartum. Her recertification must be scheduled as appropriate.

3. If one staff member is determining eligibility and issuing food instruments at a hospital certification, records for the certification and issuance must be reviewed and signed by the supervisor. Refer to Conflict of Interest in this section.

4. Patients in the hospital may live outside the agency service area. If patients outside the service area are certified, one (1) month of food instruments should be issued and the patient transferred to the agency where they reside. If patients outside the service area are not certified, they should be provided information about WIC and referred to the agency in their county of residence.

5. Security of information and food instruments must be ensured. Handwritten food instruments can be used alone for issuance or in conjunction with preprinted food instruments. Food instruments may be assigned from a site's inventory or a separate site may be established if appropriate.

6. All eligibility requirements must be met. If proof of residence, identity, adjunct eligibility or income is not available, a thirty (30) day certification pending presentation of proof is allowed. If all proof is presented, the certification is treated the same as any other certification. Refer to "WIC ELIGIBILITY REQUIREMENTS" in this section.

7. All appropriate forms must be completed and filed in the person's medical record.

8. Physical presence must be documented. Since the health professional is at the hospital, the applicant should be seen and physical presence answered "yes." Refer to "WIC ELIGIBILITY REQUIREMENTS" in this section.

9. Registration and income information must be gathered and documented on the Patient Registration and Income Determination form (CH-5B). Refer to PATIENT AND COMMUNITY HEALTH SERVICES REPORTING AND BILLING PROCEDURES, CH5-B/Patient Registration and Income Determination.

10. Identification of the person being certified must be requested. If proof of identity is presented, the appropriate proof code should be documented on the CH5-B. The hospital record, birth card, crib card, or identification bracelet is acceptable. If no documentation of identity is seen, the hospital certification code of 24 is used for the identity proof code on the CH5-B. If the situation exists that proof of identity for the woman being certified cannot be provided, procedures for "Applicant Unable to Provide Proof of Identity at WIC Certification" in WIC ELIGIBILITY REQUIREMENTS should be followed.

11. Residence must be documented on the CH5-B and residence requirements must be met. Proof of residence should be obtained if possible, i.e., if the patient/caretaker has proof with her or if staff has access to the hospital record. In this situation, the appropriate proof code should be recorded on the CH5-B. If no documentation of residence can be presented, the patient must self-declare the address. The hospital certification code of 24 is used for the residence proof code on the CH5-B. If the situation exists that proof of residence cannot be provided, procedures for "Applicant Unable to Provide Proof of Residency at WIC Certification" in WIC ELIGIBILITY REQUIREMENTS section should be followed.

12. Income eligibility must be determined and documented on the CH5-B. Determine if the person qualifies due to adjunct eligibility. If Medicaid eligible, this may be documented in the hospital record. If so, document the appropriate code on the CH5-B. If the patient states she is Medicaid eligible, verify this at the clinic through KY Health-Net, MDID, Voice Response, or DCBS. If adjunct eligibility does not apply, household income information must be gathered and compared to the income guidelines for eligibility. If proof of income is presented, document the proof code(s) on the CH5-B. If proof is not presented, the patient/caretaker must self-declare household income. The hospital certification code 24 is used as the proof code. If the situation exists that proof of household income cannot be provided, procedures for "Applicant Unable to Provide Proof of Income" should be followed. Refer to PATIENT AND COMMUNITY HEALTH SERVICES REPORTING AND BILLING PROCEDURES, APPENDICES," WIC Income Eligibility Requirements."

13. Nutritional risk must be determined and documented. "Guidelines For WIC Certification" in the PHPR, WIC Section, must be followed. If the health professional has access to the hospital record, information may be obtained from it. All required medical and nutritional information must be documented in the medical record.

14. A hospital certification done without the required proof for residence, identity, and/or income is for thirty (30) days. Proof must be presented in this 30-day period to continue the certification. The patient/caretaker must be informed that the certification is for 30 days and that proof must be presented in the 30-day period to continue the certification. If all proof was presented, the certification is treated the same as any other certification.

15. Issue handwritten or preprinted food instruments. Coordinate issue dates with household members if applicable. If all required proof was seen, issue food instruments for the appropriate number of months. If the certification is pending any proof, a maximum of one month of food instruments can be issued. The person receiving the food instruments must present proof of identity if proof has not previously been presented that allows for use of staff recognition. The type of proof must be documented on the food instrument stub(s). Food instrument issuance must be documented in the medical record. A report of enrolled pregnant women with their EDC is available for use to coordinate issue dates of the mother and her infant. Refer to FOOD DELIVERY/DATA section for issuance policies and procedures and "SYSTEM REPORTS."

16. Initial certification at the hospital for women age 18 and over must include voter registration. Refer to "Voter Registration" in this section.

17. Procedures must be established and in place for data entry. Data entry and posting of issuance must be done as soon as possible, but must not exceed one (1) week. WIC services are reported the same as in clinic, but with the appropriate service date and place of service.

18. It is the responsibility of the site to track hospital certifications done without proof and ensure proof is presented prior to issuing food instruments past the 30 days.

19. When proof is presented that supports eligibility, the medical record must be updated to document the type of proof presented. This may be done by handwriting the proof codes along with the date and staff initials on the CH-5B or by updating the Patient Registration screen and producing new labels. These labels should be placed on a new CH-5 with a note explaining the update.

20. If proof is not presented within the thirty (30) day period or proof does not support eligibility, the participant shall be determined ineligible and terminated from WIC with no further food instruments. Refer to "INELIGIBILITY AND DISCONTINUATION OF BENEFITS" in this section.

21. If the person was terminated for not bringing proof within the thirty (30) day period and later brings proof that supports eligibility, he/she should be reinstated if eligibility remains in the certification period. Refer to FOOD DELIVERY/DATA section.

HOME CERTIFICATION REQUIREMENTS

1. WIC services may be provided as a part of a home visit when the need exists and when appropriate. All WIC requirements in the PUBLIC HEALTH PRACTICE REFERENCE (PHPR) and the ADMINISTRATIVE REFERENCE (AR) must be followed. Refer to the PUBLIC HEALTH PRACTICE REFERENCE, WIC Section, WIC Procedures For Home Visiting and the Home Visiting Section.

2. Recertification of a postpartum woman on WIC during pregnancy is not appropriate when she has WIC eligibility remaining from her certification as a pregnant woman until six (6) weeks postpartum. Her recertification must be scheduled as appropriate.

3. If one staff member is determining eligibility and issuing food instruments at a home certification, records for the certification and issuance must be reviewed and signed by the supervisor. Refer to Conflict of Interest in this section.

4. Security of information and food instruments must be ensured. Handwritten food instruments can be used alone or in conjunction with preprinted food instruments. Food instruments may be assigned from a site's inventory or a separate site may be established if appropriate.

5. All eligibility requirements must be met. There is no certification pending proof of residence, identity, or adjunct eligibility or household income allowed for home certification. Refer to "WIC ELIGIBILITY REQUIREMENTS" in this section.

6. All appropriate forms must be completed and filed in the person's medical record.

7. Physical presence must be documented. Since the health professional is in the home, the applicant should be seen and physical presence answered 'yes.' Refer to "WIC ELIGIBILITY REQUIREMENTS" in this section.

8. Registration and income information must be gathered and documented on the Patient Registration and Income Determination form (CH-5B). Refer to PATIENT AND COMMUNITY HEALTH SERVICES REPORTING AND BILLING PROCEDURES, Form CH-5B/Patient Registration and Income Determination.

9. Proof of identity, residence, and adjunct eligibility or household income must be seen. If the situation exists that proof cannot be provided, procedures should be followed for Applicant Unable To Provide Proof for that proof requirement. The type of proof must be documented on the CH-5B. If the patient states she is Medicaid eligible, verify Medicaid at the clinic through KY Health-Net, MDID, Voice Response, or DCBS.

10. Nutritional risk must be determined and documented. Guidelines For WIC Certification in the PHPR, WIC Section, must be followed. All required medical and nutritional information must be documented in the medical record.

11. Issue handwritten or preprinted food instruments for the appropriate number of months. Coordinate issue dates with household members if applicable. The person receiving the food instruments must present proof of identity if proof has not previously been presented that allows for use of staff recognition. The type of proof must be documented on the food instrument stub(s). Issuance must be documented in the medical record. Refer to FOOD DELIVERY/DATA section for issuance policies and procedures.

12. Initial certification in the home for women age 18 and over must include voter registration. Refer to "VOTER REGISTRATION" in this section.

13. Procedures must be established and in place for data entry. Data entry and posting of issuance must be done as soon as possible, but must not exceed one (1) week. WIC services are reported the same as in clinic, but with the appropriate service date and place of service.

WAITING LIST

1. A waiting list is implemented only when directed by the State WIC Office. The State WIC Office will direct a waiting list be initiated and maintained when it is determined that funding is inadequate to serve all eligible persons seeking WIC.

2. A waiting list is a list of prioritized, eligible persons waiting to be added/enrolled to the WIC Program.

3. Priority and risk may be determined by pre-assessing the person through a WIC screening or from the person's medical record.

4. Persons are placed on the waiting list by completing a "W" action. Refer to FOOD DELIVERY/DATA section, "WIC MAINTENANCE (MTCE) SCREEN."

5. Migrants and participants transferring with a valid "VERIFICATION OF CERTIFICATION" (VOC) shall be placed on the waiting list ahead of all other persons. If the certification period has expired, the person shall be screened and if eligible, placed on the waiting list in the appropriate priority. Refer to "TRANSFER/VOC" in this section.

6. Persons placed on the waiting list must be notified in writing within twenty (20) days of their initial visit that they are on a waiting list. The notice must include:

   a. Reason placed on the waiting list.

   b. Right to a fair hearing.

   c. Priority is based on nutritional risk and status.

   d. Availability of other services at the agency/site and services from other agencies, such as food banks, Food Stamps, etc.

7. The system produces a monthly waiting list report from "W" actions. Refer to FOOD DELIVERY/DATA section, "SYSTEM REPORTS."

8. When caseload openings occur, persons must be added from the waiting list by priority order.

   a. Migrants and participants that transferred with a VOC shall be served ahead of all other waiting persons.

   b. Highest priorities shall be served first, i.e., all priority I persons shall be served before any priority II person, all priority II persons shall be served before any priority III person, etc.

   c. Equal priorities within a priority shall be added to the Program by date placed on the waiting list (action date), i.e., a priority I placed on the waiting list on March 5 is added to the Program before a priority I placed on the waiting list on April 22.

   d. Persons that are new enrollees/adds and persons recertified must be served by priority with the highest priority served first. A priority I new enrollee must be served before a priority III participant is recertified.

9. Persons are added to the Program from the waiting list by completing an "A" action. Refer to FOOD DELIVERY/DATA section, "WIC MAINTENANCE (MTCE) SCREEN."

10. The waiting list must be updated as needed.

    a. If the eligibility period has expired, eligibility must be again determined to remain on the waiting list.

    b. Persons who do not wish to remain on the waiting list should be removed from the list. Documentation must be made in the medical record.

OPENING A NEW SITE FOR WIC SERVICES

When an existing site(s) cannot meet the needs of the population, a new site may be needed. Some factors to consider for a new site are: number of persons to be served, services to be provided, staffing, and cost.

A. General Policies

1. A site may perform certification, issuance, counseling, or a combination of these services.

2. A site must operate under all policies and procedures in the PUBLIC HEALTH PRACTICE REFERENCE (PHPR) and the ADMINISTRATIVE REFERENCE (AR).

3. If the new site is to operate in a non-health department site/facility, a separate patient medical record must be maintained for WIC services. This record must comply with the PHPR and the AR, and must remain the property of the local agency.

4. A service delivery site can operate in one of the following configurations:
   - Automated on-line site with its own site number
   - Automated on-line site operated under an existing site's number
   - Non-automated site with its own site number
   - Non-automated site operated under an existing site's number

5. To determine the most feasible operation, consideration should be given to:
   - The services to be provided at the site
   - Number of patients to be served
   - Number of days of operation per week
   - Cost of method of operation

6. The State WIC Office will give final approval for the operation of an automated on-line site based on the above considerations.

B. Procedures to Open a New WIC Site

1. Notify the State WIC Office a minimum of thirty (30) days prior to the desired opening of the site. A "PROPOSED WIC SITE APPLICATION" should be completed and sent to the State WIC Office to ensure all needed information is provided. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

2. If the site is approved as an automated on-line site, an "address" must be established in the system. The Division of Local Health Department Operations must be contacted, and the State WIC Office notified of the new address.

3. All appropriate forms, supplies, etc. must be available for the site's operation.

4. If food instrument issuance is done at the site, appropriate types of food instruments must be available. A supply of each must be requested from the State WIC Office. Refer to FOOD DELIVERY/DATA section.

   a. Food instruments needed for automated issuance:

      - Automated
      - Handwritten
      - Preprinted (optional)

   b. Food instruments needed if not automated and a separate site number is used:

      - Handwritten
      - Preprinted (optional)

c. Food instruments needed if not automated and the existing site's number is used:

- Handwritten
- Preprinted (optional)

An existing site's inventory can be divided for use at the new site. Procedures must be in place for logging food instruments for the new site's use.

NOTE: With State WIC Office approval, automated food instruments can be printed at another site and transported to the new site.

5. Security and accountability of food instruments must be maintained. All policies and procedures apply. If food instruments and stamps are transported, they must be kept separate and secure during transportation.

6. Procedures must be in place for data entry, if applicable. Data entry and posting of handwritten and preprinted food instruments must be done as soon as possible, but must not exceed one (1) week.

CLOSING A WIC SERVICES SITE

When a site is no longer justified due to the number of participants seen and/or the number of services provided, the site may be closed or WIC services discontinued.

1. Notify the State WIC Office at least thirty (30) days in advance of the closing.

2. Adequate time must be provided to notify participants of the site closing and provide for their transfer to another site without interruption of services.

3. Issue food instruments to participants up to a maximum of three (3) months.

4. Transfer all participants to another site. Sites should be reviewed with the participant/caretaker to determine the most appropriate site for the patient's needs.

5. A VOC must be issued for the transfer to another site. This process will also result in the automatic termination of the participant from the closing site. Refer to "TRANSFER VOC" in this section.

6. All food instruments (automated, handwritten, and preprinted) in inventory at the closing site must be accounted for as issued or voided. All food instrument stub copies and food instrument screens must be reviewed to ensure all issued food instruments have been posted. Remaining food instruments must be voided and submitted to the State WIC Office through routine procedures (refer to FOOD DELIVERY/DATA section, "VOIDING FOOD INSTRUMENTS). These voided food instruments should be submitted to the State WIC Office within one (1) week after closing the site.

   If the site used food instruments inventoried to another site, return the food instruments to that site and that site's inventory. All used food instruments must be accounted for.

7. The agency stamp and void stamp must be transferred to another site or returned to the State WIC Office.

8. All original WIC medical record documentation and information (income, certification, counseling, issuance, etc.) must be maintained by the local agency. If this site operated in a non-health department facility, all WIC medical records (active and non-active) must be returned to the local agency.

9. All reports and information (food instrument stub copies, 495 report, 520 report, etc.) for this site must be transferred to one central location.

10. Any participants remaining in the closing site must be terminated. Numbers will continue on the Enrollment report until this is completed.

11. Certain reports will continue to be produced until all data is cleared or no longer pertinent. Reports must be reviewed to facilitate the closing process.

FORMS

and

SUPPORTING INFORMATION

Forms and information in this section are available through screen CDS 880 or requests to the State WIC Office by mail or phone.

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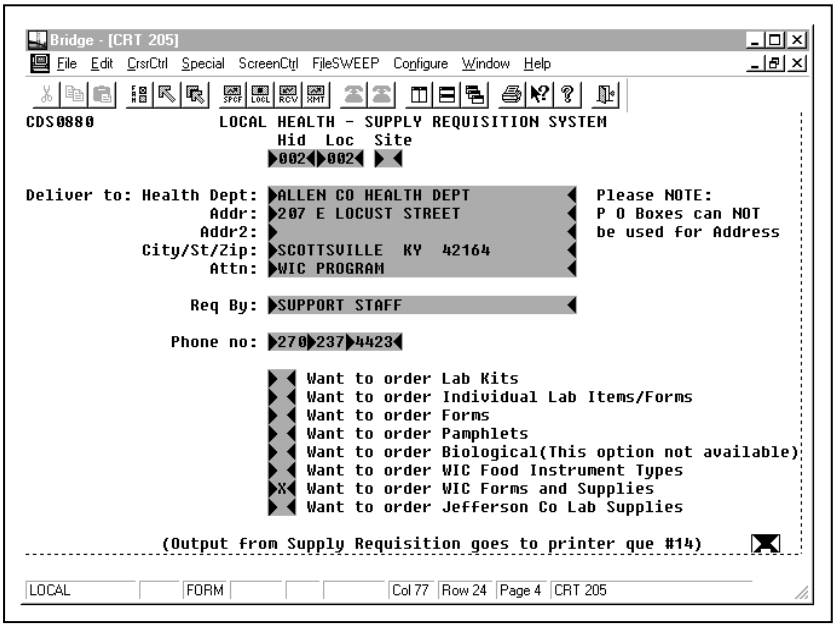
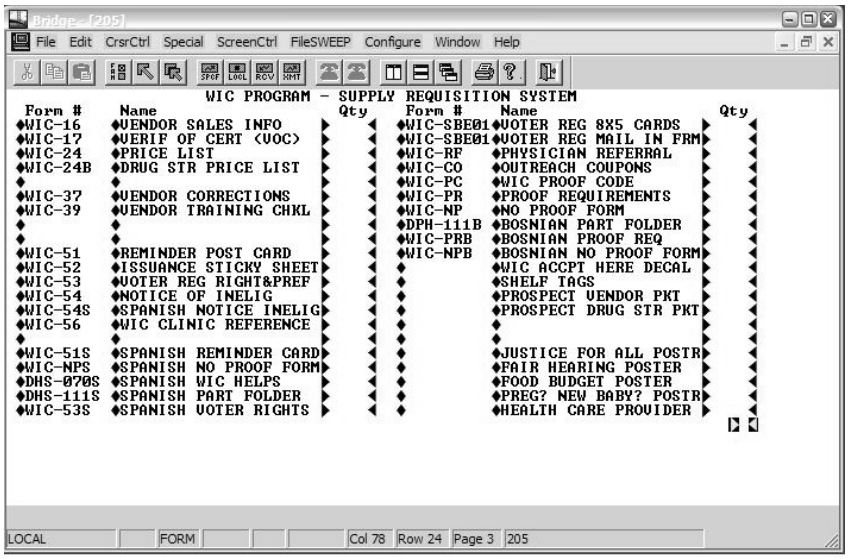
INSTRUCTIONS FOR ORDERING WIC FORMS AND SUPPLIES

- Complete screen CDS 880 with your site's HID/LOC, address, name of person ordering, and phone number.

- Place an X next to "Want to order WIC Forms and Supplies" and transmit as shown below:



- The next step is to select the item(s) you need and enter the quantity desired in the column to the right of each item. Then place cursor at end of the screen and transmit. You should receive acknowledgement of the requisition from the help desk.



- If the WIC items you need do not appear on this screen, several WIC items are located at the pamphlet library. These include:

WIC Certification Form – Women	WIC-75A	WIC Is Changing Infant Formula
WIC Certification Form – Infants	WIC-75B	Making WIC Work For You
WIC Certification Form – Children	WIC-75C	How WIC Helps – Eating for You and Your Baby
WIC Helps Pamphlet	DPH-070	WIC Cookbook
WIC Participant Folder	DPH-111	WIC Approved Foods List
WIC Is Growing Healthy Families Pamphlet – African American		WIC for a Healthier Family PAM-ACH-11
WIC is Growing Healthy Families Pamphlet – Caucasian		After You Deliver

This list may be subject to change. Check with the WIC Office if you have any questions.

PAMPHLET ORDERS WILL NO LONGER BE PROCESSED VIA BRIDGE. THEY MAY BE SUBMITTED VIA FAX OR EMAIL DIRECTLY TO GERALD SEBREE AT FRANKFORT HABILITATION, INC. NO PHONE ORDERS WILL BE ACCEPTED.

FAX: (502) 227-7191
EMAIL: FHI_GS@DCR.NET

PROOF OF RESIDENCE, IDENTITY, AND INCOME CARD (WIC-PC)

Purpose	A reference for clinic staff of acceptable types of proof for residence, identity, and income including the system codes for data entry, and when proof is required.
When To Use	WIC certification, recertification, food instrument issuance, and data entry. Use is optional.
Disposition	Used by clinic staff. Front of the card contains the code to be entered on the screen(s) for the type of proof and acceptable proof for residence, identity, and income. Back of card contains the situations when proof is required and description of adjunct eligibility.
Ordering	Ordered on CDS 880 – Want to Order WIC Forms and Supplies. Cards are not packaged in any certain quantity.

WIC Proof of Residence, Identity, and Income

Screen Code	Type of Proof	Residence	Identity	Income
1	Current Medicaid[1] eligibility (KY Health-Net, MDID, Voice Response, DCBS) / Presumptive Eligibility ID/Medicaid BCCTP ID	Yes[4]	Yes[4]	Yes[3]
2	Food Stamp Letter DCBS Verification	Yes	Yes	Yes
3	Drivers License	Yes	Yes for adult	
4	Immunization Record		Yes	
5	Birth Certificate		Yes	
6	School ID or Record	Yes	Yes	
7	Hospital Record/Birth Card	Yes with address	Yes	
8	Voter Registration Card	Yes	Yes	
9	Current Mail/Bill	Yes	Yes	
10	Photo ID	Yes with address	Yes	
11	Social Security Card		Yes	
12	Property Tax Bill/Receipt	Yes	Yes with name	
13	Current Rent/Mortgage Lease/Receipt	Yes	Yes with name	
14	Statement of No Proof[2]	Yes	Yes	Yes
15	Staff Recognition[2]	Yes for recert. and FIs[3]	Yes for recert. and FIs[3]	
16	Current Pay Check/Stub	Yes with address	Yes with name	Yes if gross income
17	Tax Return/W-2 Form	Yes with address	Yes with name	Yes
18	Unemployment Letter	Yes with address	Yes with name	Yes
19	Social Security Earnings	Yes with address	Yes with name	Yes
20	Leave and Earnings (Military)	Yes with address	Yes with name	Yes
21	Participant Folder[2]		Yes for recert. and FIs[3]	
22	Medical Record[2]		Yes for recert. and FIs[3]	
23	Adjunct Eligibility based on Household Member	Yes with pt. address		Yes[3]
24	Hospital Certification	Proof required in 30 days	Proof required in 30 days	Proof required in 30 days
50	Other – Must document type of proof in patient chart	Yes with address	Yes with name	Yes if amount and time frame specified

1 Persons eligible for KTAP receive Medicaid. Any other proof for KTAP, use "other" code.
2 Statement is good for the certification period.
3 Acceptable proof must have been presented and documented before use.
4 Proof of residence and identity must be seen for Presumptive Eligibility and BCCTP.

WIC-PC 2007

WIC Program
Proof of Residence, Identity, and Income

Proof Required At:	Residence	Identity	Income
Initial certification	Must have one type of proof	Must have one type of proof	Must have proof/ verification for adjunct eligibility [5] or household income
Accepting a Transfer/VOC	Must have one type of proof	Must have one type of proof	Not required
Recertification	Staff recognition [2] or one type of proof	Staff recognition [2] or one type of proof	Must have proof/ verification for adjunct eligibility [5] or household income
FI Issuance	Not required	Person picking up FIs must have one type of proof or Staff recognition [2] Participant Folder [3] Medical Record [2]	Not required

3 Acceptable proof must have been presented and documented before use.

5 Who is adjunct eligible?
- The applicant who receives Medicaid, KTAP, or Food Stamps.
- The infant who is a newborn eligible under mom's Medicaid eligibility.
- The applicant who lives with a pregnant woman or an infant that receives Medicaid.
- The applicant who lives with anyone that receives KTAP.
- A pregnant woman presumptively eligible for Medicaid.
- The applicant who lives with a pregnant woman who is presumptively eligible for Medicaid.
- A woman eligible for Medicaid BCCTP.
- The applicant who lives with a pregnant woman who receives Medicaid BCCTP.

PROOF REQUIREMENTS REMINDER (WIC-PR)

Purpose	To remind and/or inform persons of WIC requirements for proof.
When To Use	As needed. Use is optional.
Disposition	Is given to applicants, participants, and others for information.
Language	English on front with Spanish (WIC-PRS) or Bosnian (WIC-PRB) on the back
Ordering	Ordered on CDS 880 – Want to Order WIC Forms and Supplies. Forms are wrapped 200 per package.

WIC Wants You!

But before you or your children can be screened for WIC we need to see proof of:

your Identity...
***bring one of these for yourself and the person being screened:**

- ✓ Driver's License
- ✓ Work or School ID
- ✓ Hospital Birth Record
- ✓ Birth Certificate
- ✓ Social Security Card
- ✓ Voter Registration Card
- ✓ Immunization Record

your Household Income...
***bring for all sources of income for all household members:**

- ✓ Food Stamp Letter
- ✓ Current pay stub
- ✓ W-2 forms
- ✓ Signed statement from employer
- ✓ Income tax forms for most recent year
- ✓ Unemployment letter/notice
- ✓ Check stub/award letter from Social Security
- ✓ Recent Leave and Earnings Statement (LES) for military
- ✓ Foster child placement/award letter
- ✓ Tax forms or accounting records for self-employed
- ✓ Copies of alimony or child support checks
- ✓ Statement from person(s) that provide you money/resources.

your Residence...
***bring one of these:**

- ✓ Current bill for electric, gas, telephone, or cable
- ✓ Current lease or receipt
- ✓ Driver's license

Remember:

- ✓ If you or anyone that lives with you receives Medicaid, tell clinic staff Medicaid eligibility may meet the proof requirements for WIC.
- ✓ Proof of household income must be provided if you have KCHIP III.
- ✓ Proof of identity and residence must be provided when you have Medicaid presumptive eligibility or BCCTP.

*** If you do not have proof and cannot get proof, please let us know.**

WIC GROWING HEALTHY FAMILIES

Kentucky WIC Program
WIC-PR 7/2005

This institution is an equal opportunity provider.

STATEMENT OF NO PROOF (WIC-NP)

Purpose	For an applicant to provide a written statement of their residence, identity, and/or income and the reason proof cannot be provided.
When To Use	When the applicant/participant does not have and/or cannot provide proof/documentation of residence, identity, and/or income. Completed form is good for the certification period. At recertification, if there still is no proof, another statement must be obtained. Use is optional.
Instructions	1. Attach a patient label or write the patient's name and ID number in the space provided. 2. Ask the applicant to read the policy and warning (or read to the applicant if they are unable to read). 3. Check the item(s) for which the applicant is unable to provide proof. (One, two, or three items may be checked.) 4. Applicant (or staff if applicant is unable to write) writes a detailed statement explaining why he/she is unable to provide proof. 5. Applicant signs and dates on the line provided.
Disposition	File completed form in person's medical record.
Retention	Per medical record requirements.
Language	English (WIC-NP), Spanish (WIC-NPS), and Bosnian (WIC-NPB) versions are available.
Ordering	Ordered on CDS 880 – Want to Order WIC Forms and Supplies. Forms are packaged 100 per bundle.

WIC GROWING HEALTHY FAMILIES

Affix label or complete:

Patient name:_____

ID Number:_____

Kentucky WIC Program
Statement of No Proof

The WIC Program requires each applicant to show proof of residence (address), identification, and household income to be eligible for the WIC Program. Please read the following statement before completing this form.

I understand that by completing, signing, and dating this form, I am certifying that the information I am providing below is correct.
I understand that giving false information to WIC is sufficient grounds for termination from the WIC Program and may result in paying the state agency, in cash, the value of the foods improperly received.

Completion of this form is for (check and complete all that apply):

- ☐ Address – applicant lives at:_____
- ☐ Identification – applicant's full name is:_____
- ☐ Income – applicant's total household income is:_____

Reason for No Proof of the above:

_____

_____

_____

_____

_____

Applicant:_____ (Signature) _____ (Date)

WIC-NP
2/2000

PARTICIPANT FOLDER (DPH-111)

Purpose	To inform the participant of their rights and responsibilities, how to use WIC food instruments and other important information, and to keep unused food instruments secure. Provides participant identification at issuance and recertification. Also provides identification of parent/caretaker at issuance. Serves as authorization for proxies.
When To Use	At initial certification and when changes or replacement is needed.
Instructions	1. Record name(s) of person(s) receiving WIC in the household. 2. Record name(s) of person(s) authorized to pick-up food instruments for the above person(s). 3. Record the issue date of food instruments to assist with coordination of household members. 4. Enter appointment dates when scheduled. 5. Complete agency/site address and telephone number.
Disposition	Give to participant/caretaker.
Retention	None. Is not retained by agency/site.
Language	English (DPH-111), Spanish (DPH-111S), and Bosnian (DPH-111B) versions are available.
Ordering	Ordered from Pamphlet Library. Folders are packaged 50 per bundle.

WIC GROWING HEALTHY FAMILIES

Welcome to the Kentucky WIC Program!

This folder contains your WIC food instruments. It also has important information on your rights and responsibilities, other services available to you and how to use your food instruments.

If you have any questions about WIC, please ask the staff.

Please bring this folder with you to all WIC appointments.

For clinic use only
Household members receiving WIC:
Persons authorized to pick up WIC food instruments:

VOTER REGISTRATION RIGHTS AND PREFERENCE FORM (WIC-53)

Purpose	To provide the person their rights concerning registering to vote and to document that the opportunity to register to vote was provided.
When To Use	Every time voter registration is offered
Instructions	1. Complete person's name or affix label with name. 2. Give the form to the person to read. 3. The person indicates yes or no to register to vote. 4. The person signs and dates the form. If the person refuses to read the form, designate her preference, or to sign the form, staff should record the person's name, note the refusal and date on the form. Two (2) staff persons should sign and date the form.
Disposition	Provide the copy of the completed form to the person. File the original in a Voter Registration file by calendar year.
Retention	Two (2) calendar years.
Language	English (WIC-53), Spanish (WIC-53S) and Bosnian (WIC-53B) versions are available.
Ordering	Ordered on CDS 880 – Want to Order WIC Forms and Supplies. Forms are packaged 100 per bundle.

Kentucky WIC Program

Voter Registration Rights and Preference

Affix label or complete:

_____
(Applicant or Recipient Name)

_____
(Social Security Number)

RIGHTS

- **APPLYING TO REGISTER OR DECLINING TO REGISTER TO VOTE WILL NOT AFFECT THE AMOUNT OF ASSISTANCE THAT YOU MAY RECEIVE OR ARE PROVIDED BY THIS AGENCY.**
- If you register to vote or decline to register to vote, this decision and any information regarding the office to which the application was submitted remains confidential and is used only for voter registration purposes.
- If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may complete the application form in private.
- If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register, or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint by calling 1-800-246-1399.

PREFERENCE

If you are not registered to vote where you live now, would you like to apply to register to vote here today? If you do not check any box, you will be considered to have decided not to register to vote at this time.

☐ **Yes**. I have read, or have had read to me, and understand my rights concerning registering to vote. I understand I will receive a copy of this completed form.

The voter registration application you completed will go to your local county clerk, who will assign you a voting precinct. A confirmation notice with your precinct and voting location will be mailed to you by the county clerk. If you do not receive this notice within three weeks, please call your county clerk.

☐ **No**. I have read, or have had read to me, and understand my rights concerning registering to vote. I understand that my decision to decline will be kept confidential and used only for voter registration purposes. I understand I will receive a copy of this completed form.

Signed: _____ Date: _____
(Applicant or Recipient)

WIC-53
Rev. 10/99

STATE BOARD OF ELECTIONS VOTER REGISTRATION APPLICATION (SBE01)

Purpose	For a person to apply to register to vote.
When To Use	When the system generated form is not appropriate or available. Do not copy the form below to use for voter registration. Photocopies are not allowed by SBE.
Instructions	1. The applicant completes the form. 2. Provide assistance in completion if requested.
Disposition	1. The person may take the form for completion and forwarding to the election official or the completed form may be left at the site for transmittal. 2. Completed voter registration forms left at the site must be transmitted weekly to the State Board of Elections, 140 Walnut Street, Frankfort, Kentucky 40601. Forms may be sent to the county clerk if accepted regardless of applicant's residence.
Retention	None. Is not retained by agency/site.
Version	A flat card version and a fold-and-mail version are available.
Ordering	Ordered on CDS 880 – Want to Order WIC Forms and Supplies. Forms are packaged 200 per bundle.

SBE 01 (01/03) **You MUST answer questions A & B before completing this form.** **3545093**

A. Are you a citizen of the United States of America? ☐ YES ☐ NO

B. Will you be 18 years of age on or before election day? ☐ YES ☐ NO

If you checked "no" in response to either of these questions, do not complete this form.

Check one:

☐ New Registration ☐ Address Change

☐ Party Change ☐ Name Change

FOR CLERK USE ONLY

PRECINCT CODE	PRECINCT NAME	TOWN	OTHER CODE

Social Security Number	Date of Birth (M-D-Y)	County (where you live)	Work Phone	Home Phone

☐ Female ☐ Male

Last Name | First Name | Middle Name | Suffix (circle one) Jr. Sr. II III IV

Address where you live (do not give PO address): | Apt. # | City | Zip Code

Address where you get your mail (if different from above): | Apt. # | City | Zip Code

Party Registration—check one box

☐ Democratic Party

☐ Republican Party

☐ Other _____ (write name above)

If you select "Other" as your party affiliation, you are eligible to vote for only nonpartisan offices in any primary election. You may vote for any candidate in all general or special elections. Only persons timely registered shall have the right to vote.

NOTE: You may change your political party affiliation at any time on or before December 31st to remain eligible to vote in the following primary election.

WARNING: If you sign this statement even though you know it is untrue, you can be convicted and fined up to $500 and/or jailed up to 12 months.

Voter Declaration—read and sign below

I swear or affirm that:

- I am a U.S. citizen
- I live in Kentucky at the address listed above
- I will be at least 18 years of age on or before the next general election
- I am not a convicted felon, or if I have been convicted of a felony, my civil rights must have been restored by executive pardon
- I have not been judged "mentally incompetent" in a court of law
- I do not claim the right to vote anywhere outside Kentucky

X Signature | Date

TWO WITNESSES REQUIRED IF "MARK" IS USED

Witnessed By: | Witnessed By:

VOTER REGISTRATION APPLICATION
(SYSTEM GENERATED FORM)

Purpose	For a person to apply to register to vote.
When To Use	When the person chooses to register to vote and the system form is desired.
System Procedure to Obtain	On the Patient Registration Screen, indicate Y (yes) in the “Print Form” field.
Instructions	1. The form is compiled and printed by the system. Demographic information (Social Security Number, date of birth, county, name, mailing address, sex, and phone number) entered in the system through the patient registration process is printed on the form. 2. The form is given to the person to read and complete her residence if different from the mailing address, her party designation, and sign the form. 3. Provide assistance in completion if requested.
Disposition	1. The person may take the form for completion and forwarding to the election official or the completed form may be left at the site for transmittal. 2. Completed voter registration forms left at the site must be transmitted weekly to the State Board of Elections, 140 Walnut Street, Frankfort, Kentucky 40601 . Forms may be sent to the county clerk if accepted regardless of applicant’s residence.
Retention	None. Is not retained by agency/site.

```
                        VOTER REGISTRATION APPLICATION                    3545093

SSN:                DOB:              COUNTY: WIC TESTING

NAME:                                                      ___________________________
RES:                                                       |       |           |     |
                                                           |       |           |     |
                                                           -------------------------
MAIL:                                                      PRECINCT CODE/NAME OTHER

SEX:                PHONE:

PARTY REGISTRATION - CHECK ONE
____DEMOCRATIC    ____REPUBLICAN    ____NO PREFERENCE       _OTHER

WARNING: If you sign this statement even though you know it is untrue, you can
         be convicted and fined up to $500 and/or jailed up to 12 months.

VOTER DECLARATION -- READ AND SIGN BELOW
  I SWEAR OR AFFIRM THAT:
  - I AM A U.S. CITIZEN
  - I LIVE IN KENTUCKY AT THE ADDRESS LISTED ABOVE
  - I WILL BE AT LEAST 18 YEARS OF AGE ON OR BEFORE THE GENERAL ELECTION
  - I AM NOT A CONVICTED FELON OR IF I HAVE BEEN CONVICTED OF A FELONY MY CIVIL
    RIGHTS HAVE BEEN RESTORED BY EXECUTIVE PARDON
  - I HAVE NOT BEEN JUDGED 'MENTALLY INCOMPETENT' IN A COURT OF LAW
  - I DO NOT CLAIM THE RIGHT TO VOTE ANYWHERE OUTSIDE OF KENTUCKY


_____                                    _____
SIGNATURE                                DATE
```

PARTICIPANT RIGHTS AND RESPONSIBILITIES INFO SHEET

Purpose	To inform participants of their rights and responsibilities in the WIC Program.
When To Use	When the Participant Folder (DPH-111) is not appropriate and as needed. Copy as needed.

2/2002

Information Sheet

PARTICIPANT RIGHTS AND RESPONSIBILITIES

The WIC Program provides you healthy foods and nutrition education. As a Program participant you have some rights and responsibilities. These are:

- Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, gender, or disability.
- You may appeal any decision made by the Local Agency regarding your eligibility for the Program. For information on an appeal, ask for the Fair Hearing Procedures.
- Health services/referrals and nutrition education are available to you. You are encouraged to participate in these services.
- It is illegal for a person to be receiving food instruments from more than one WIC Program and/or CSFP at the same time.
- Keep your appointments. If you miss picking up your food instruments two months in a row, you will be removed from the Program.
- If you pick up your food instruments late, you may not be given all the food instruments.
- If you misrepresent, conceal, or withhold facts in order to get WIC, you may be asked to repay the value of the food received and be removed from WIC.
- Physically or verbally threatening or abusing the clinic or store staff could result in you not receiving food instruments.
- Review “Using Your WIC Food Instruments”. Misuse may result in removal from WIC or being asked to repay the value of the food received.

FAIR HEARING PROCEDURES INFO SHEET

Purpose	To inform participants of their fair hearing rights and the procedures for a fair hearing.
When To Use	When the Notice of Ineligibility (WIC-54) is not appropriate and as needed. Copy as needed.

Information Sheet

WIC Program Fair Hearing Procedures

If you have been denied WIC or had your WIC services discontinued or if you are being asked to pay for benefits received, you have a right to a hearing.

For a Hearing:

- Contact the local agency within sixty (60) days of the date you were denied WIC services or told to repay benefits and request a hearing.
- A hearing will be scheduled within three (3) weeks of when your request was received.
- You will be notified in writing at least ten (10) days before the hearing of the date, time, and place.
- You may be helped or represented by an attorney or other persons such as a friend or relative.
- Before the hearing you or your representatives may look at the documents and records to be presented.

Hearing Procedures:

- You or a representative must come to the hearing.
- During the hearing you or your representative may:
  - Bring witnesses to testify for you.
  - Look at the records presented by the local agency.
  - Tell your story and submit supporting information or evidence.
  - Question or deny information or evidence presented and question other person's testimony.

While Waiting for the Hearing Decision:

- If you have been receiving WIC, benefits will continue if you request a hearing within fifteen (15) days of the notice to stop services. Benefits can be received only until your certification expires.
- If you have been asked to pay for benefits received, collection efforts will stop.
- WIC benefits will not continue if:
  - Your certification has expired or expires.
  - You were not categorically eligible (pregnant, breastfeeding, or postpartum woman or child below age 5.)
  - You were denied WIC at a new eligibility determination.

Hearing Decisions

- You will be told in writing of the decision on your case within forty-five (45) days from the date the local agency received your request for a hearing.
- You or your representative can copy or review all hearing records.
- If the decision is for you, WIC services will begin immediately or will continue.
- If the decision is against you, WIC services will stop or the local agency may begin collection efforts for payment of benefits.
- If the decision was for the local agency, you can appeal to the State Agency within fifteen (15) days of the mailing date of the decision.
- The decision of the local hearing is binding on both parties unless overturned by the State.

Rev. 10/99

FAIR HEARING PROCEDURES POSTER

Purpose	To inform persons of the procedures for WIC Program Fair Hearings.
When To Use	May be used to meet the requirement to display the Fair Hearing procedures.
Language	English on front with Spanish on back.
Ordering	Ordered on CDS 880 – Want to Order WIC Forms and Supplies. Posters are ordered in any quantity as needed.

WIC Program Fair Hearing Procedures

If you have been denied WIC or had your WIC services discontinued or if you are being asked to pay for benefits received, you have a right to a hearing.

For a Hearing:

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- A hearing will be scheduled within three (3) weeks of when your request was received.
- You will be notified in writing at least ten (10) days before the hearing of the date, time, and place.
- You may be helped or represented by an attorney or other persons such as a friend or relative.
- Before the hearing you or your representatives may look at the documents and records to be presented.

Hearing Procedures:

- You or a representative must come to the hearing.
- During the hearing you or your representative may:
  - Bring witnesses to testify for you.
  - Look at the records presented by the local agency.
  - Tell your story and submit supporting information or evidence.
  - Question or deny information or evidence presented and question other person's testimony.

While Waiting for the Hearing Decision:

- If you have been receiving WIC, benefits will continue if you request a hearing within fifteen (15) days of the notice to stop services. Benefits can be received only until your certification expires.
- If you have been asked to pay for benefits received, collection efforts will stop.
- WIC benefits will not continue if:
  - Your certification has expired or expires.
  - You were not categorically eligible (pregnant, breastfeeding, or postpartum woman or child below age 5.)
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- You or your representative can copy or review all hearing records.
- If the decision is for you, WIC services will begin immediately or will continue.
- If the decision is against you, WIC services will stop or the local agency may begin collection efforts for payment of benefits.
- If the decision was for the local agency, you can appeal to the State Agency within fifteen (15) days of the mailing date of the decision.
- The decision of the local hearing is binding on both parties unless overturned by the State.

Rev. 10/99

KENTUCKY WIC PROGRAM VERIFICATION OF CERTIFICATION (VOC) PROFILE (VOC PROFILE TO TRANSFER A PARTICIPANT)

Purpose	To transfer a currently eligible participant/enrollee to another agency/site.
When To Use	When a transfer of eligibility is requested or indicated. This format is the profile which should be used when a printer with blank paper is available at the on-line site.
System Procedure to Obtain	1. Request the system VOC with the CDS 1286 command for name look-up or the WCIX 30 patient ID# command for ID number look-up. 2. Indicate the profile format.
Instructions	1. The profile is compiled and printed by the system. 2. Issuing staff must sign the profile. 3. Give the participant/caretaker the VOC and instruct to give the VOC to the new agency/site. Description of Data Elements Data is most current information as entered in the system for this certification. Patient ID: Assigned identification number for the patient. HID/LOC: Agency and site number at which the person is enrolled. Status: Status of the participant, i.e., infant, child, etc. Patient Name: Participant's name. Birth Weight: Weight at birth. Is completed only for children under age 2 and infants. Birth Date: Date of birth. Date of Measures: Date height and weight measures were performed. Height: Height measurement in feet and/or inches. Weight: Weight measurement in pounds and/or ounces. Date of Measures: Date hemoglobin or hematocrit was performed. Date may be 9's if data was not required or is unknown. Hemoglobin: Hemoglobin measurement. May be 9's or blank if not required or unknown. Hematocrit: Hematocrit measurement. May be 9's or blank if not required or unknown. Food Package: Assigned food package code. Certification Date: Date of most recent certification. Next Recertification Date: Date recertification is due. Date of Last Inc Assessment: Date household income was last assessed in clinic. Expected Delivery Date: Date of expected delivery. Completed for pregnant women. Actual Delivery Date: Date of delivery. Completed for breastfeeding and postpartum women. 1st FP Issue M/D: Abbreviation for First Full Package Issue Month/Day. The assigned date and adjusted month for the next issuance due, i.e., date is 5/28 when last food instruments issued were for 4/28 through 5/27 (last issuance plus one month). Prescription Expiration Date: Date the prescription for the assigned food package expires. Is completed if applicable for the food package and date is still valid. Special Formula Name: Name of special formula. Is completed only if applicable. NRCC Codes: Nutritional risk criteria codes and names for which the person qualifies. Maximum of three (3) listed. Last Iss Pkg Dt: Abbreviation for Last Issued Package Date. Beginning and ending dates of the last food instruments issued to the participant. Serial Number: Serial number assigned by the system for accountability purposes. Printed Name and Line: Name of person signed on to the system and line for signature of the person issuing the VOC. Agency: Printed name, address, phone number and CRT number of agency/site issuing the VOC.
Disposition	Provide to the participant to give to the new agency/site. This VOC can be done and mailed to the participant or the receiving agency/site with appropriate authorization. Receiving agency/site must file in the person's medical record.
Retention	Not retained by issuing agency/site. Receiving agency/site retains per medical records requirements.

K E N T U C K Y W I C P R O G R A M
VERIFICATION OF CERTIFICATION (VOC)

Patient ID: F-L121798 Hid/Loc: 034034A Status: Child

Patient Name	: [redacted]		
Birth Weight	:	Birth Date	: 12/17/1998
Date of Measures	: 06/06/2002	Date of Measures	: 06/06/2002
Height	: 0 Ft 40	Hemoglobin	:
Weight	: 040 Lbs	Hematocrit	: 38%

Food Package: C

Certification Date	: 06/06/2002
Next Recertification Date	: 12/06/2002
Date of Last Inc Assessment	: 06/06/2002
Expected Delivery Date	:
Actual Delivery Date	:
1st FP Issue M/D/Year	: 09/10/2002
Prescription Expiration Date	:
Special Formula Name	:

NRCC Codes : 2060 - AT RISK FOR OVERWEIGHT
7010 - DIETARY CONCERNS

Last Iss Pkg Dt: 08/10/2002 TO 09/09/2002

Serial Number 90605

MARVIN L BARLOW

LEXINGTON-FAYETTE CO. H. DEPT.
650 NEWTOWN PIKE
LEXINGTON 40508
859-252-2371
1280

Remember to take proof of residence and identity to your new WIC clinic.

VOC LABEL
(VOC LABEL TO TRANSFER A PARTICIPANT)

Purpose	To transfer a currently eligible participant/enrollee to another agency/site.
When To Use	When a transfer of eligibility is requested or indicated. This format is the label which should be used when only a label printer is available at the on-line site.
System Procedure to Obtain	1. Request the system VOC with the CDS 1286 command or the WCIX 30 patient ID# command. 2. Indicate the label format.
Instructions	1. The label is compiled and printed by the system. 2. Place the printed label in the indicated space on the WIC-17. 3. Complete remaining data on the WIC-17. See WIC-17 for further instructions. 4. Give the participant/caretaker the VOC and instruct to give the VOC to the new agency/site. Description of Data Elements Data is most current information as entered in the system for this certification. Patient ID: Assigned identification number for the patient. VOC: Indicates type of label. Name: Participant's name. 1st FP Iss M/D: Abbreviation for First Full Package Issue Month/Day. The assigned date and adjusted month for the next issuance due, i.e., date would be 5/28 when last food instruments issued were for 4/28 through 5/27 (last issuance plus one month). Cert Dt/Exp Dt: Abbreviation for certification date and expiration date. Date of most recent certification and ending date of that certification. Food Pkg: Assigned food package code. NRCC Codes: Nutritional risk criteria codes for which the person qualifies. Maximum of three (3) codes listed. RX EX DT: Abbreviation for prescription expiration date. Date the prescription for the assigned food package expires. Is completed if applicable for the food package and date is still valid. Serial Number: Serial number assigned by the system for accountability purposes. Last Inc Assess Dt: Abbreviation for Last Income Assessment Date. Date household income was last assessed in clinic. Last Issued Pkg Dt: Beginning and ending dates of the last food instruments issued to the participant.
Disposition	Provide the WIC-17 to the participant to give to the new agency/site. This VOC can be done and mailed to the participant or the receiving agency/site with appropriate authorization. Receiving agency/site must file WIC-17 containing this label in the person's medical record.
Retention	Not retained by issuing agency/site. Receiving agency/site retains per medical records requirements.

```
Patient ID: [redacted]                                VOC
Name: [redacted]                    1st FP Iss M/D:  09/10/2002
Cert Dt/Exp Dt: 06/06/2002 12/06/2002     Food Pkg: C
NRCC Codes: 2060 7010            RX EX DT:
Prior Agency: 034034A-LEXINGTON-FAYETTE CO. H. DEPT.
Serial Number:    90602  Last Inc Assess Dt: 06/06/2002
Last Issued Pkg Dt: 08/10/2002 TO 09/09/2002
```

KENTUCKY WIC PROGRAM VERIFICATION OF CERTIFICATION (VOC) (WIC-17)

Purpose	To transfer a currently eligible participant/enrollee to another agency/site.
When To Use	When a transfer of eligibility is requested or indicated. Should be issued at certification to migrants, and for other transfers at on-line sites that have a label printer only or if the system is down or slow or if the site is not on-line.
Instructions	1. Complete appropriate part of the form: Part 1 – Must be completed with use of the system VOC label. 1. Place system generated VOC label in indicated section. See VOC Label (to transfer). 2. Indicate the status of the participant by checking the appropriate box. 3. Complete transferring agency/site name and address. 4. Complete staff name of person doing the transfer. 5. Complete signature of person doing the transfer. 6. Enter date that form was completed. Part 2 – Must be completed when the system VOC label is not used. 1. Enter patient's name. 2. Enter patient's ID number. 3. Enter date person was certified for this eligibility period. 4. Enter participant's date of birth. 5. Enter date participant must be recertified. 6. Enter current food package code. 7. Enter date of most recent income assessment. 8. Enter nutritional risk(s) for which person qualifies. Use name(s) rather than code(s) if transfer is out-of-state. 9. Indicate status of the participant. 10. Enter date of last food instrument issued to the participant. 11. Enter full package issue month/date for the next issuance due. 12. Complete transferring agency name and address or apply label with information. 13. Print name of person doing the transfer. 14. Complete signature of person doing the transfer. 15. Enter date form was completed. Part 3 – Option for completion to provide additional data for receiving site. 1. Enter race of participant. 2. Enter sex of participant. 3. Enter height/length and weight and date measures were taken. 4. Enter hemoglobin/hematocrit and date measures were taken. 5. If participant is a woman, complete either expected delivery date or actual delivery date. 6. Enter date of last nutrition education counseling visit. 7. Enter type of formula if participant is on formula. 8. Enter date prescription expires if applicable. 9. Indicate other services patient is receiving. 2. Give the VOC to the participant/caretaker and instruct to give the VOC to the new agency/site.
Disposition	Provide to the participant to give to the new agency/site. This VOC can be completed and mailed to the participant or the receiving agency/site with proper authorization. The WIC-17 contains serial numbers. An inventory must be maintained to record serial numbers received and serial numbers issued. (A suggested inventory format is provided following the form. Copy as needed.) Receiving agency/site must file the WIC-17 in the person's medical record.
Retention	Not retained by issuing agency/site. Receiving agency/site retains per medical records requirements.
Ordering	Order on CDS 880 per the instructions at the beginning of this section. Form number WIC-17.

Kentucky WIC Program Verification of Certification (VOC)

WIC GROWING HEALTHY FAMILIES

Part 1 — Use with VOC Label

Affix VOC Label Here
or complete part 2 below

Status:
- ☐ Pregnant
- ☐ Breastfeeding
- ☐ Postpartum
- ☐ Infant
- ☐ Child

Affix label or complete

Transferring Agency: _____

Address: _____

Staff Name:

Signature: Date: / /

Part 2 — Complete Only if VOC Label is Not Used

Patient Name:

Patient ID Number: | Certification Date: / /

Birth Date: / / | Next Recertification Date: / /

Food Package: | Date of Last Income Assessment: / /

Type of formula (Infants/Food Package III): | Prescription expires: / /

Nutritional Risks: | Status: ☐ Pregnant ☐ Breastfeeding ☐ Postpartum ☐ Infant ☐ Child

Date of Last FI: / / | First full package issue month/date: / /

Affix label or complete

Transferring Agency: _____

Address: _____

Staff Name:

Signature: Date: / /

Part 3 — Optional Data

Race:	Sex:	
Height/Length:	Weight:	Date taken: / /
Hemoglobin:	Hematocrit:	Date taken: / /
For a woman – Expected Delivery Date: / /		Actual Delivery Date: / /

Date of last nutrition education: / /

Other services received: ☐ Well Child ☐ Immunizations ☐ Family Planning ☐ Prenatal ☐ Other:

Serial No.

Remember to take proof of residence and identity to your new WIC clinic.

WIC-17
Rev. 1/2001

Agency_____
Site_____

VOC (WIC-17) INVENTORY

VOCs Received		
Date	Beginning Serial Number	Ending Serial Number

VOC Forms Issued			
Date	Serial Number	Participant	Staff Person

VOC TERMINATION LABEL

Purpose	To document that a participant has been terminated for transfer to another site.
When To Use	When a system transfer/VOC is done in the transferring site.
System Procedure to Obtain	Automatically produced by the system when a system VOC is processed.
Instructions	System compiles and prints all data.
Disposition	Place on CH-3 in participant's medical record to document the termination.
Retention	Per medical record requirements.

```
VOC                                ACT/D: T-09/13/2002
[redacted]
ID   : F-L121798-3
ST   : C                          CERT DT:  06/06/2002
RISK : 2060 7010        PR:3A
FP   : C     FFPD:09/10/2002
```

KENTUCKY WIC PROGRAM
VERIFICATION OF CERTIFICATION (VOC) PROFILE
(VOC PROFILE TO RECEIVE A PARTICIPANT WITHOUT A VOC)

Purpose	To receive and enroll a currently eligible in-state participant without a VOC from another agency/site.
When To Use	When a participant presents at your agency for enrollment without a VOC.
System Procedure to Obtain	1. Request the system VOC with the CDS 1286 command for name look-up or the WCIX 30 patient ID# command for ID number look-up. 2. Indicate the profile format.
Instructions	Profile is compiled and printed by the system. Description of Data Elements Data is most current information as entered in the system for this certification. Patient ID: Assigned identification number for the patient. HID/LOC: Agency and site number at which the person is enrolled. Status: Status of the participant, i.e., infant, child, etc. Patient Name: Participant's name Birth Weight: Weight at birth. Is completed only for children under age 2 and infants. Birth Date: Date of birth. Date of Measures: Date height and weight measures were performed. Height: Height measurement in feet and/or inches. Weight: Weight measurement in pounds and/or ounces. Date of Measures: Date hemoglobin or hematocrit was performed. Date may be 9's if data was not required or is unknown. Hemoglobin: Hemoglobin measurement. May be 9's or blank if not required or unknown. Hematocrit: Hematocrit measurement. May be 9's or blank if not required or unknown. Food Package: Assigned food package code. Certification Date: Date of most recent certification. Next Recertification Date: Date recertification is due. Date of Last Inc Assessment: Date household income was last assessed in clinic. Expected Delivery Date: Date of expected delivery. Completed for pregnant women. Actual Delivery Date: Date of delivery. Completed for breastfeeding and postpartum women. 1st FP Issue M/D: Abbreviation for First Full Package Issue Month/Day. The assigned date and adjusted month for the next issuance due, i.e., date 5/28 when last food instruments issued were for 4/28 through 5/27 (last issuance plus one month). Prescription Expiration Date: Date the prescription for the assigned food package expires. Is completed if applicable for the food package and date is still valid. Special Formula Name: Name of special formula. Is completed only if applicable. NRCC Codes: Nutritional risk criteria codes and names for which the person qualifies. Maximum of three (3) listed. Last Iss Pkg Dt: Abbreviation for Last Issued Package Date. Beginning and ending dates of the last food instruments issued to the participant. This information may be verified with the issuing agency/site if needed. Serial Number: Serial number assigned by the system for accountability purposes. Agency: Printed name, address, phone number and CRT number of the agency/site where the person is currently enrolled. Reminder: A reminder to contact the previous agency/site to inform them of the transfer so they can terminate the participant.
Disposition	File in the participant's medical record. Notify the previous agency/site of the transfer.
Retention	Per medical records requirements.

K E N T U C K Y W I C P R O G R A M
VERIFICATION OF CERTIFICATION (VOC)

Patient ID: F-L121798 Hid/Loc: 034034A Status: Child

Patient Name	: [redacted]		
Birth Weight	:	Birth Date	: 12/17/1998
Date of Measures	: 06/06/2002	Date of Measures	: 06/06/2002
Height	: 0 Ft 40	Hemoglobin	:
Weight	: 040 Lbs	Hematocrit	: 38%

Food Package: C

Certification Date	: 06/06/2002
Next Recertification Date	: 12/06/2002
Date of Last Inc Assessment	: 06/06/2002
Expected Delivery Date	:
Actual Delivery Date	:
1st FP Issue M/D/Year	: 09/10/2002
Prescription Expiration Date	:
Special Formula Name	:

NRCC Codes : 2060 - AT RISK FOR OVERWEIGHT
7010 - DIETARY CONCERNS
Last Iss Pkg Dt: 08/10/2002 TO 09/09/2002

Serial Number 90603

LEXINGTON-FAYETTE CO. H. DEPT.
650 NEWTOWN PIKE
LEXINGTON 40508
859-252-2371
1280

REMINDER: Previous agency should be informed of this transfer

VOC LABEL (VOC LABEL TO RECEIVE A PARTICIPANT WITHOUT A VOC)

Purpose	To receive and enroll a currently eligible in-state participant without a VOC from another agency/site.
When To Use	When a participant presents at your agency for enrollment without a VOC.
System Procedure to Obtain	1. Request the system VOC with the CDS 1286 command for name look-up or the WCIX 30 patient ID# command for ID number look-up. 2. Indicate the label format.
Instructions	The label is compiled and printed by the system. Description of Data Elements Data is most current information as entered in the system for this certification. Patient ID: Assigned identification number for the patient. VOC: Indicates type of label. Name: Participant's name. 1st FP Iss M/D: Abbreviation for First Full Package Issue Month/Day. The assigned date and adjusted month for the next issuance due, i.e., date would be 5/28 when last food instruments issued were for 4/28 through 5/27 (last issuance plus one month). Cert Dt/Exp Dt: Abbreviation for certification date and expiration date. Date of most recent certification and ending date of that certification. Food Pkg: Assigned food package code. NRCC Codes: Nutritional risk criteria codes for which the person qualifies. Maximum of three (3) codes listed. RX EX DT: Abbreviation for prescription expiration date. Date the prescription for the assigned food package expires. Is completed if applicable for the food package and date is still valid. Prior Agency: Agency and site number where the participant was enrolled. Serial Number: Serial number assigned by the system for accountability purposes. Last Inc Assess Dt: Abbreviation for Last Income Assessment Date. Date household income was last assessed in clinic. Last Issued Pkg Dt: Beginning and ending dates of the last food instruments issued to the participant. This information may be verified with the issuing agency if needed.
Disposition	File in the participant's medical record in chronological order on the CH-3. Notify the previous agency/site of the transfer.
Retention	Per medical records requirements.

```
Patient ID:   F-L121798                          VOC
Name:[redacted]                 1st FP Iss M/D:  09/10/2002
Cert Dt/Exp Dt: 06/06/2002 12/06/2002     Food Pkg: C
NRCC Codes: 2060 7010          RX EX DT:
Prior Agency: 034034A-LEXINGTON-FAYETTE CO. H. DEPT.
Serial Number:    90602  Last Inc Assess Dt: 06/06/2002
Last Issued Pkg Dt: 08/10/2002 TO 09/09/2002
```

REMINDER LABEL FOR TRANSFER/VOC

Purpose	To remind the site enrolling the participant without a VOC to notify the previous agency/site of the participant's transfer.
When To Use	When a system transfer/VOC is requested.
System Procedure to Obtain	Automatically produced by the system when a system VOC is requested.
Instructions	None. The label is a reminder which contains the name of the previous agency/site, the phone number and a terminal number to contact.
Disposition	Use as a reminder only to contact the previous agency/site.
Retention	None required for label. Documentation of the contact to the previous agency should be made in the participant's medical record.

```
REMINDER:     Previous Agency should be informed
              of this transfer
Agency:       LEXINGTON-FAYETTE CO. H. DEPT.
              650 NEWTOWN PIKE
              LEXINGTON 40508
              859-252-2371
Contact CRT:  1280
```

WIC PROGRAM NOTICE OF INELIGIBILITY (WIC-54)

Purpose	To provide required written notice for ineligibility or discontinuation of benefits, and the fair hearing rights.
When To Use	When an applicant or participant is determined ineligible or WIC benefits are discontinued.
Instructions	1. Enter today's date in box. 2. Enter applicant or participant name on the line. 3. Indicate appropriate reason(s) for action. If disqualified, complete reason and number of months the disqualification is effective. 4. Enter date notice is effective. Provide fifteen (15) day notice when required. 5. Indicate any other services offered. 6. Complete your agency address and phone number.
Disposition	1. Provide the original to the participant. 2. File the copy in the participant's medical record.
Retention	Per medical records requirements.
Language	English (WIC-54) and Spanish (WIC-54S) versions are available.
Ordering	Ordered on CDS 880 – Want to Order WIC Forms and Supplies. Forms are packaged 100 per bundle.

WIC-54
Rev. 05/2000

Today's Date

WIC Program Notice of Ineligibility

We are sorry that _____ is not currently eligible to receive WIC services. This is due to:

- ☐ Being above income guidelines
- ☐ Not having a nutritional risk
- ☐ Not pregnant
- ☐ Not providing required proof for eligibility
- ☐ More than six (6) months postpartum and not breastfeeding
- ☐ More than one (1) year postpartum
- ☐ Over 5 years of age
- ☐ Not a Kentucky resident
- ☐ Being disqualified for _____. Your period of disqualification is for _____ months.

The effective date of this notice is:_____.

If you did not qualify due to income or risk, please reapply if your income, household size or health/nutrition changes. Proof of household income must be provided.

As an applicant/participant in the WIC Program, you are ensured of the following:

1. Standards for eligibility and participation are the same for everyone, regardless of race, color, national origin, sex, age, or disability.
2. You may appeal any decision made by the Local Agency regarding your eligibility for the Program. The Fair Hearing Procedures are on the back of this notice.
3. The Local Agency will make health services and nutrition education available to you. You are encouraged to participate in these services. Services may include check-ups for children, shots, prenatal care, counseling for diet and family planning.

You also need to know that it is illegal for a person to be receiving food instruments from more than one WIC Program and/or CSFP at the same time.

There are other services available to you in the community. The following are based on meeting specific requirements. If interested, apply at your local Community Based Services office.

- **Food Stamp Program**
  Provides food stamps which can be used like cash to purchase foods.
- **Medicaid**
  Helps pay certain medical expenses of pregnant women or families with dependent children.
- **KTAP (Kentucky Transitional Assistance Program, formerly AFDC)**
  Provides money payments to families which meet certain requirements.
- **Child Support Enforcement Program**
  Helps locate absent parents to obtain financial and medical support for their children. Contact your local county attorney or area Child Support Enforcement office. Or call 1-800-248-1163.

Additional information on these services is available. Please ask any staff for more information.

- This agency can provide information and assistance about the dangers of the use of drugs and other harmful substances (alcohol, tobacco, prescription drugs and over-the-counter medications). If you or someone you know has questions or would like information, please ask or call.
- Other Services:_____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Local Agency Address and Phone Number

THIS IS TO REMIND YOU THAT…. REMINDER POSTCARD (WIC-51)

Purpose	To remind a participant of a missed food instrument pick-up appointment and to contact the clinic.
When To Use	When a food instrument pick-up appointment is missed. May be used for contact prior to termination for dropout. Do not use if the client has requested no home contact or privacy/confidentiality restrictions.
Instructions	Printed side of card: 1. Check the box applicable to this missed appointment. 2. Record your clinic phone number. Blank side of card: 1. Record name and address of the participant on the card. 2. Record return address for the clinic. This information may be written on the card or labels may be used.
Disposition	Mail to the participant. Documentation that the postcard was mailed must be made in the person's medical record.
Retention	Is not retained.
Language	English (WIC-51) and Spanish (WIC-51S) versions are available.
Ordering	Ordered on CDS 880 – Want to Order WIC Forms and Supplies. Forms are packaged 100 per bundle.

PROPOSED WIC SITE APPLICATION

Purpose	To apply for approval to establish a new WIC site.
When To Use	When a new site is desired.
Instructions	1. Complete all fields of the form. See "Opening A New Site For WIC Services" in this section for guidance. 2. Be specific and give as much detail of your plan for a new site as possible. 3. Enter "NA" (not applicable) if a particular field does not apply to your proposed site. 4. Attach additional information if necessary.
Disposition	Send to the State WIC Office.
Retention	Retain a copy for local files.
Ordering	Request from State Agency as needed.

Proposed WIC Site Application

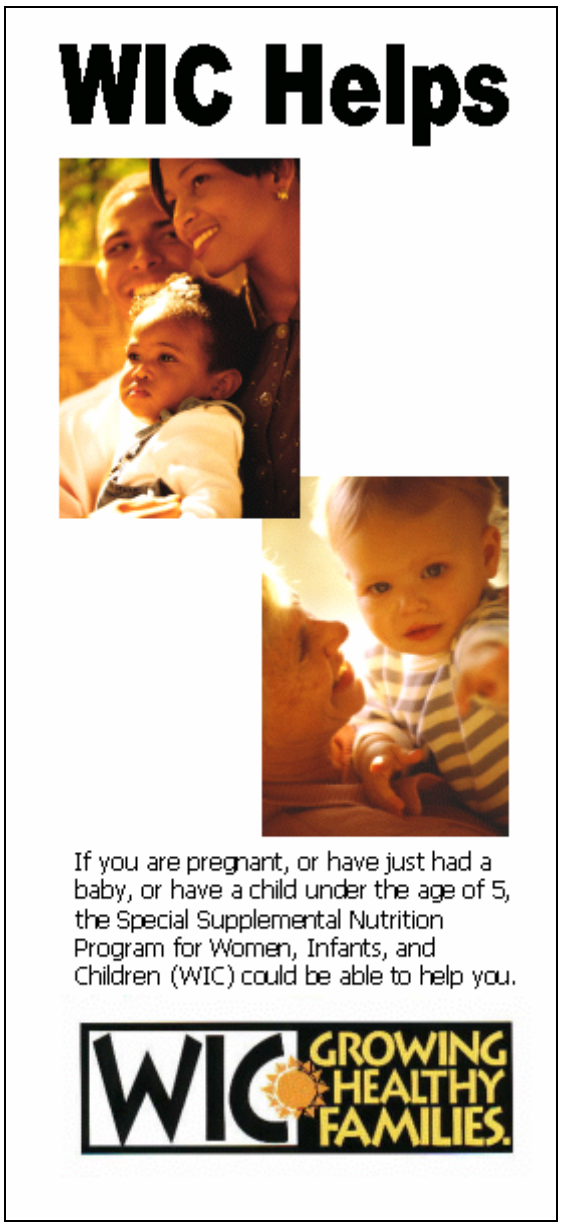
2/2002

All questions must be answered. If not applicable, record "NA." All policies contained in the Patient Services Manual and Administrative Manual must be adhered to at all WIC sites.

Agency:	
Purpose/Goal:	
Benefits of New Site:	
Location (address and county) If non-health department facility, specify name and type of facility:	
Site Name:	Anticipated Opening Date:
Target Population:	County(ies) of residence for target population:
Potential number to be served:	Population is: ☐ New persons ☐ Transfers from other sites
Days and hours of operation:	
Staffing (specify discipline and function):	
WIC services to be provided: ☐ Certification ☐ Issuance ☐ Nutrition Education Counseling	
Other health department services to be provided:	
Certification Procedures How will the following data be performed/obtained: Bloodwork: Height/weight: Health Risk Assessment:	

WIC HELPS (DPH-070)

Purpose	General informational pamphlet on the WIC Program. Provides toll-free telephone number.
When To Use	To provide general WIC program information to the public and for outreach to potential applicants.
Language	English (DPH-070) and Spanish (DPH-070S) versions are available.
Ordering	Ordered from Pamphlet Library. Form number DPH-070.

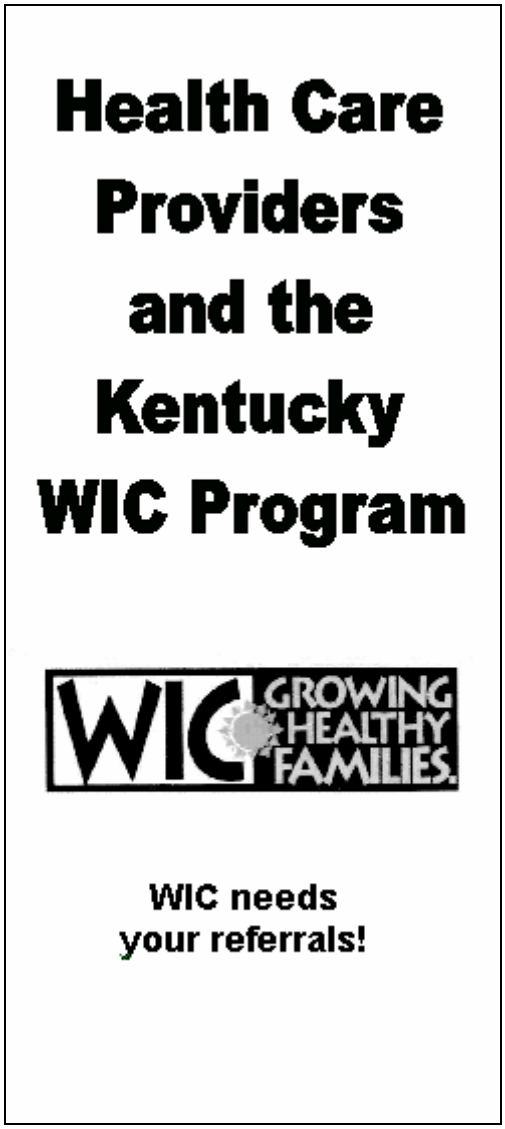


WIC IS GROWING HEALTHY FAMILIES PAMPHLET

Purpose	General informational pamphlet on the WIC Program. Provides toll-free telephone number.
When To Use	To provide general WIC information to the public and for outreach to potential applicants.
Versions	African-American and caucasian versions are available.
Ordering	Ordered from Pamphlet Library. Forms are packaged 100 per bundle.

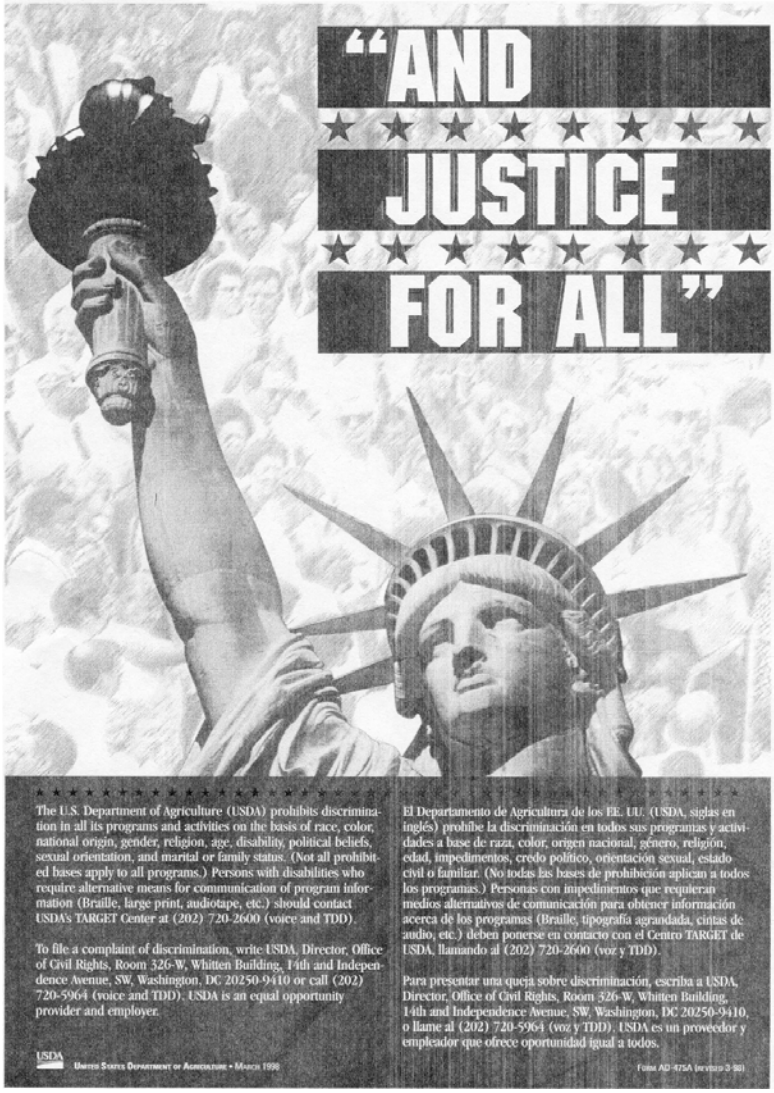
HEALTH CARE PROVIDERS AND KENTUCKY WIC PAMPHLET

Purpose	To introduce the WIC Program to health care providers. Provides them with general information and a form to order pamphlets to distribute to their clients.
When To Use	For outreach to doctor's offices, clinics, health fairs.
Ordering	Ordered on CDS 880 – Want to Order WIC Forms and Supplies. Forms are packaged 100 per bundle.



"AND JUSTICE FOR ALL" POSTER

Purpose	Provide applicants and participants the nondiscrimination policy of the United States Department of Agriculture.
When To Use	Required to be posted at all times in WIC agencies/sites.
Disposition	Should be posted in a conspicuous place for all WIC applicants/participants.
Language	English and Spanish on same poster.
Ordering	Ordered on CDS 880 – Want to Order WIC Forms and Supplies. Posters are unbundled.



KENTUCKY WIC PROGRAM PHYSICIAN REFERRAL (WIC-RF)

Purpose	For physicians to use to refer patients to the WIC Program and to provide limited health information.
When To Use	For outreach to doctors, clinics, etc., to encourage referrals to WIC.
Ordering	Ordered on CDS 880 – Want to Order WIC Forms and Supplies. In quantities of 100 per pad.

Kentucky WIC Program Physician Referral Form

Patient's Name_____ DOB_____

EDC/DOD(if applicable)_____

Wt._____/_____ (Date Taken) Lt./Ht._____/_____ (Date Taken) HCT or HGB _____/_____ (Date Taken)

Nutrition related medical conditions: _____

_____

Breastfeeding: ☐ Exclusively ☐ Partially ☐ No

Contract Formula: ☐ Milk-based ☐ Soy-based

MEDICAL Dx REQUIRED FOR ANY FORMULA OTHER THAN CONTRACT FORMULAS

Other formula – specify: _____ Length of Time: _____

Dx _____

WIC Rx

_____
Original Signature of Referring Physician or Health Care Provider

_____
Print Name of Referring Physician or Health Care Provider

_____
Telephone Number

TELL YOUR FRIENDS ABOUT WIC… COUPONS (WIC-CO)

Purpose	To inform persons of the WIC Program.
When To Use	For outreach. Provide to participants to share with friends.
Disposition	Give to participants for them to tell friends, family, etc. about the WIC Program. Participant can detach a coupon to give to the person to remind them to call about WIC.
Ordering	Ordered on CDS 880 – Want to Order WIC Forms and Supplies. In bundles of 100.

STRETCH YOUR FOOD BUDGET POSTER

Purpose	General informational poster on the WIC Program.
When To Use	To provide basic WIC Program information to the public and for outreach to potential applicants.
Ordering	Ordered on CDS 880 – Want to Order WIC Forms and Supplies. Order quantity as needed.

PREGNANT? NEW BABY? POSTER

Purpose	General informational poster on the WIC Program.
When To Use	To provide basic WIC Program information to the public and for outreach to potential applicants.
Ordering	Ordered on CDS 880 – Want to Order WIC Forms and Supplies. Order quantity as needed.

WIC CLINIC REFERENCE (WIC-56)

Purpose	A reference for clinic staff of procedures for eligibility determination, food instrument issuance, and required documentation.
When To Use	As needed.
Disposition	Used by clinic staff.
Description	Front of card contains information for certification of eligible person and food instrument issuance. Back of card contains information when persons are determined ineligible for income or risk.
Ordering	Ordered on CDS 880 – Want to Order WIC Forms and Supplies. Order quantity as needed.

WIC CLINIC REFERENCE

CERTIFICATION OF ELIGIBLE PERSONS

1. Proof - residency, identity and either adjunct eligibility or household income seen and codes entered on the Registration Screen(s).
2. WIC-53 - completed and signed by patient if age 18 or over.
3. Registration Labels - printed and placed on CH-5. Must have proof codes.
4. CH-5 - completed, signed and dated by the participant, including WIC Rights and Responsibilities.
5. PEF – includes risk, food package, and physical presence.
6. Food Instruments - issued (see below).
7. Labels – Certification and Issuance printed and placed on CH-3.
8. Give/review Participant Folder, how to use FIs, Food List, and vendor list.
9. Appointment - schedule and document return appointment.

FOOD INSTRUMENT ISSUANCE

1. Proof of Identity - seen and documented for person picking up FIs.
2. Issue Dates – coordinate dates for household members if applies.
3. FI - number in system matches number on FI in printer.
4. FI Stub - signed by recipient and initialed by issuer. ID proof code on stub. Stub placed on WIC-52 in medical record.
5. Issuance Label – placed on CH-3.
6. Appointment - schedule and document return appointment.

ICT LABEL

Purpose	To document that an infant status was changed to a child status along with the priority and food package.
When To Use	When a system ICT is done.
System Procedure to Obtain	The label is automatically produced by the system when an ICT is done.
Instructions	System compiles and prints all data.
Disposition	Place on CH-3 in participant's medical record for documentation.
Retention	Per medical record requirements.

ICT ACT/D: C-01/19/2005
BARLOW MARVINA T DIC: 01/19/2005
ID: 999999939-5
ST: C CERT D: 01/19/2005
RISK: 7010 PR: 5A
FP: C FFPD: 04/19/2005 DUE/D: R-07/19/2005

SAMPLE OUTREACH ANNOUNCEMENT

Purpose	General information about the WIC Program.
When To Use	To provide basic WIC Program information to the public and for outreach to potential applicants.
Instructions	Complete blank spaces with agency and/or program specific information. Provide completed release to media source. Always include contact information, i.e., the health department and phone number, and include the nondiscrimination statement for the WIC Program.
Description	A copy of any news releases should be maintained and placed in the agency/site outreach file.

Sample 1

WIC (the Special Supplemental Nutrition Program for Women, Infants and Children) is a national program that helps low-income families meet nutritional needs. WIC provides supplemental foods, health care referrals and nutrition education at no cost to low-income pregnant women and new mothers, infants and children up to 5 years of age who are found to be at nutritional risk. More information about the program is available by contacting the _____ Health Department at _____.

WIC foods include iron-fortified infant formula and infant cereal, iron-fortified "adult cereal", vitamin C-rich fruit juice, eggs, milk, cheese and peanut butter or dried beans and peas. These food items are high in one or more of the following nutrients: protein, calcium, iron, and vitamins A and C. Special infant formulas may be provided when prescribed by a physician for a specified medical reason.

Who is eligible for WIC? Pregnant, breastfeeding and postpartum women, infants and children up to age 5 are eligible for WIC. They must meet income guidelines, a state residency requirement, and be individually determined to be at risk by a health professional. To be eligible on the basis of income, an applicant's family income must fall below 185 percent of the U.S. Poverty Income Guidelines (for example: $_____ per year for one person, $_____ per year for two, $_____ per year for three, etc.). People who receive Medicaid or Food Stamps automatically meet the WIC income requirements.

The WIC Program does not discriminate on the basis of race, color, national origin, age, sex or disability.

Sample 2

Kentuckians who qualify for the Women, Infants and Children (WIC) Program do not have to be unemployed or on welfare to receive benefits. A household of four with a monthly income of $____ may qualify.

WIC is a supplemental nutrition program for women who are pregnant, postpartum and breastfeeding, and infants and children up to five years of age.

WIC clients receive nutritious foods free of charge. Infants receive infant formula and, at the appropriate age, infant cereal and juice. Women and children receive food such as milk, cereal, juice, peanut butter, cheese, raw carrots, tuna fish, and eggs. Nutrition information and referrals for other health services are also provided. Proper nutrition along with appropriate health services helps maintain health and promotes normal growth and development.

To qualify, persons must be at nutritional risk and in a household that is at or below 185 percent of the federal poverty level. Persons that receive Medicaid or Food Stamps may also qualify.

To find out if you or your children qualify for WIC, call the _____ Health Department at _____.

The WIC Program does not discriminate on the basis of race, color, national origin, age, sex or disability.

Sample 2 – Alternate Wording

WIC provides supplemental foods, health care referrals and nutrition education at no cost to low-income pregnant women and new mothers, infants and children up to 5 years of age who are found to be at nutritional risk.

WIC foods include iron-fortified infant formula and cereal, iron fortified adult cereal, vitamin C-rich fruit juice, eggs, milk, cheese and peanut butter or dried beans or peas. WIC foods provide important nutrients of protein, calcium, iron and vitamins A and C.

Pregnant, breastfeeding and postpartum women, infants and children up to age 5 are eligible for WIC. They must meet income guidelines and be individually determined to be at nutritional risk by a health professional. To be eligible on the basis of income, the applicant's household income must be at or below 185 percent of the federal poverty guidelines, for example, $_____ per year for a household of ___. People who receive Medicaid or Food Stamps automatically meet the WIC income requirements.

The WIC Program does not discriminate on the basis of race, color, national origin, age, sex or disability.

KENTUCKY DEPARTMENT FOR PUBLIC HEALTH
RACE CARD

Purpose	For clinic staff to use for assistance in gathering race and ethnicity. The card may be handed to the applicant at registration for her/him to review and select race and ethnicity.
When To Use	As needed at registration of a new patient. Use is optional.
Disposition	Used by clinic staff. May be given to applicants for review and selection of race and ethnicity.
Language	English on front with Spanish on the back.
Ordering	Order from the State WIC Office.

Kentucky Department for Public Health

Everyone requesting services must identify their ethnic category and all races that apply. This information is requested to determine compliance with Federal laws. Your answers will not affect your receiving services and your privacy will be protected. Please tell registration staff the information below.

Select all races from the list below that apply to you if you are the patient or to the patient:

White
This means a person having origins in any of the original peoples of Europe, the Middle East, or North America.

Black or African American, Haitian or Negro
This means a person having origins in any of the black racial groups of Africa.

American Indian or Alaskan Native
This means a person from in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian
This means a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander
This means a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Are you Hispanic, Latino or of Spanish origin?

This means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

If you do not provide this information, registration staff shall determine this through visual observation.

9/06

Departamento Para La Salud Pública de Kentucky

Toda persona solicitando servicios necesita identificar su categoría étnica y todas las razas que aplican. Esta información es requerida para determinar conformidad con las leyes Federales. Sus respuestas no afectaran el recibir servicios y su privacidad será protegida. Por favor comunique al personal de registro la siguiente información.

Seleccione todas las razas de la lista siguiente que aplican a usted, si es el paciente o al paciente:

Blanco (White)
Esto indica una persona con orígenes de cualquiera de los pueblos originales de Europa, el Medio Oriente, o Norte América.

Negro o Africo Americano, Haitiano (Black or African American, Haitian or Negro)
Esto indica una persona con orígenes de cualquiera de los grupos raciales negros de África.

Indio Americano o Nativo de Alaska (American Indian or Alaskan Native)
Esto indica una persona de cualquiera de los pueblos originales de Norte y Sur América (incluyendo América Central), y que mantiene una afiliación tribal o lazos a la comunidad.

Asiático (Asian)
Esto indica una persona con orígenes de cualquiera de los pueblos originales del Extremo Oriente, Asia Sudeste, o el subcontinente de India, incluyendo, por ejemplo, Camboya, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia, y Vietnam.

Nativo de Hawai o Otra Isla del Pacifico (Native Hawaiian or Other Pacific Islander)
Esto indica una persona con orígenes de cualquiera de los pueblos originales de Hawai, Guam, Samoa, o otra Isla del Pacifico.

¿Eres Hispano, Latino o de origen Español?
Esto indica una persona de origen Cubano, Mexicano, Puertorriqueño, Sur o Centro Americano, o otra cultura o origen Española, a pesar de la raza.

Si usted no provee esta información, el personal de registro hará una determinación basada en observación visual.

9/06

DUTIES OF WIC COORDINATOR

1. In conjunction with agency administrator, ensures adequate and appropriate staffing to serve the WIC caseload.

2. Ensures all appropriate staff is informed of WIC policies and procedures and that they are adhered to. Ensures any local procedures are in compliance with State policies and procedures.

3. In conjunction with the agency administrator and/or authorized representative, develops and monitors the WIC budget, monitors expenditures and appropriateness of coding of time, function, and travel.

4. Responsible for caseload management. Ensures that appointments are made in a timely manner and that processing standards are met. Ensures outreach is conducted at least annually in each local site's community. Disseminates program information as required. Ensures documentation is maintained.

5. Provides in-service education and training as necessary.

6. Ensures that agency's sites have an adequate supply of current forms and food instruments for program operations. Responsible for compliance with all security requirements for food instrument accountability, storage, and monthly inventory.

7. Develops procedures for and/or conducts reviews of agency's sites for quality assurance and compliance.

8. Responsible for vendor management as outlined in the Administrative Reference.

9. In conjunction with Nutrition Education Coordinator, develops procedures to provide appropriate and required nutrition education to WIC clients and ensures that twenty percent (20%) of administrative funds are appropriately expended during each fiscal year for nutrition education activities.

10. In conjunction with Breastfeeding Promotion Coordinator, ensures that the agency's allotment of funds for breastfeeding promotion is appropriately expended during each fiscal year.

11. Reviews management and monitoring reports and ensures appropriate action is taken when necessary. Shares management and monitoring findings with agency staff as appropriate or necessary. Ensures correction of identified deficiencies in a timely manner.

12. Ensures voter registration services are provided and documented in agency's sites as outlined in the Administrative Reference.

DUTIES OF WIC NUTRITION EDUCATION COORDINATOR

The Nutrition Education Coordinator shall be a nutritionist or a nurse. This person must be involved in or overseeing WIC services in clinic.

RESPONSIBILITIES:

1. In conjunction with the WIC Coordinator, ensures that Program requirements pertaining to the nutrition education component are fulfilled, e.g., provision of nutrition education contacts at required frequencies and required content is provided to participants.

2. Develops and evaluates the annual nutrition education plan. Shares the plan and evaluation with appropriate staff.

3. In conjunction with the WIC Coordinator, ensures that twenty percent (20%) of administrative funds are appropriately expended during each fiscal year for nutrition education activities.

4. Reviews and analyzes health status related materials transmitted to the agency by the State Agency. This includes nutrition surveillance materials and other related source documents. Shares the materials with appropriate staff.

5. Provides in-service training on nutrition related topics to appropriate staff within the agency.

6. Coordinates procedures and issuance of all other formulas besides contract brand standard formula in accordance with procedures developed by the State WIC Office.

7. Disseminates nutrition education materials to appropriate staff.

DUTIES OF WIC BREASTFEEDING PROMOTION COORDINATOR

The Breastfeeding Promotion Coordinator shall be a nutritionist or nurse unless approval is received from the State WIC Office to utilize a different classification for this function. This person must be involved in or overseeing WIC services in clinic.

RESPONSIBILITIES:

1. Provides and/or coordinates training for local agency staff. Training should address technical and promotional aspects of breastfeeding.

2. Develops and implements clinical standards to ensure adequate breastfeeding promotion and support. (Guidelines for standards can be requested from the State WIC Office.)

3. In conjunction with the WIC Coordinator, ensures that the agency's allotment of funds for breastfeeding promotion is appropriately expended during each fiscal year.

4. Disseminates breastfeeding promotion materials to appropriate staff.

5. Evaluates effectiveness of breastfeeding promotion efforts annually. Develops and implements a plan to increase the incidence and duration of breastfeeding based on annual evaluation.

FOOD DELIVERY / DATA

FOOD DELIVERY / DATA SECTION INDEX

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GENERAL POLICIES

1. Procedures shall be in effect to prevent any conflict of interest. Employees must not print or issue food instruments for family/household members. See the Administrative Reference (AR), VOLUME I, SECTION II: PERSONNEL, "EMPLOYEE CONFLICT OF INTEREST AND ETHICS ISSUES." and Administrative Reference (AR), Volume II, "WIC CERTIFICATION AND MANAGEMENT" section.

2. Participants who move out of the geographic area served by the agency/site are eligible to continue their certification period and receive food instruments at their new agency/site. See "WIC CERTIFICATION AND MANAGEMENT SECTION", "TRANSFER/VOC".

3. Each site must have an appropriate supply of food instruments to serve the caseload. Security and accountability for all food instruments and stamps shall be ensured. See "INVENTORY AND SECURITY REQUIREMENTS" in this section.

4. Agencies/sites shall schedule issuance to serve their caseload in a timely manner. Appointments to pick up food instruments must be scheduled so there is no lapse in benefits and should be coordinated with other services when possible. Appointments must comply with the ADMINISTRATIVE REFERENCE, VOLUME I, SECTION VIII: LHD OPERATIONS, "APPOINTMENT AND SCHEDULING REQUIREMENTS FOR PERSONAL HEALTH SERVICES." Refer to Certification and Management Section, "WIC PROCESSING STANDARDS AND SCHEDULING" and "CASELOAD MANAGEMENT."

5. Participants shall receive WIC foods free of charge.

6. A food package must be prescribed for each participant by a health professional, and must be appropriate for the person's status, age and nutritional need. See PUBLIC HEALTH PRACTICE REFERENCE, WIC, WIC Policies for Prescribing Food Packages.

7. Only foods approved by the State WIC Office shall be issued. Approved foods are organized into food packages. See PUBLIC HEALTH PRACTICE REFERENCE, WIC, Food Package by Status.

8. Food instruments shall be issued only for persons determined eligible and certified for the Program.

9. All persons must receive food instruments at the time of certification, except the exclusively breastfed baby. For new persons added to WIC, benefits shall not be retroactive.

10. Eligible persons may receive a food package for each month of eligibility in their certification period provided all Program rules are met. A maximum of three (3) months may be issued at one time.

11. Participants/caretakers or their proxy shall personally pick up food instruments unless situations exist that justify mailing food instruments. See "ISSUANCE TO PROXIES" and "MAILING FOOD INSTRUMENTS" in this section.

12. Issuance must be clearly documented in the participant's medical record at the time of issuance. Documentation must be reviewed prior to subsequent issuance. Refer to "FOOD INSTRUMENT ISSUANCE" in this section.

13. Participants/caretakers must be provided instructions on the proper use of food instruments, that food instruments can be cashed only at authorized stores, and provided the approved Food List and a list of current authorized stores. Participants cannot be encouraged to shop at any specific store.

14. When a participant becomes status ineligible, the participant is eligible to receive all food instruments with a "first day to use" prior to the date of ineligibility.

15. Persons that receive at least one food instrument for a month (based on the reported first day to use on the food instrument) are counted as participants for the month and are the number of people served. See "SYSTEM REPORTS." Priority Participation Report in this section.

16. Participants that fail to pick up food instruments for two (2) consecutive months are considered dropouts and are terminated from the Program. See "WIC CERTIFICATION AND MANAGEMENT," "INELIGIBILITY AND DISCONTINUATION OF BENEFITS" and "DROPOUT/NONPARTICIPATION."

17. Participants shall not be denied WIC foods or food instruments for failure to attend or participate in nutrition education and/or other health services offered by the agency.

18. Food instruments that are replaced shall replicate the issue month and issue day of the original food instruments. See "REPLACING FOOD INSTRUMENTS" and "LOST, STOLEN AND DESTROYED FOOD INSTRUMENTS" in this section.

SECURITY

A. Web-Based Programs/Applications

1. Web-based programs/applications are secure and are only accessible by authorized persons.

2. In order to receive access to the programs/applications, a person must be authorized by the WIC Coordinator/Local Health Director, the WIC Program and CDP, Inc. See the procedures and form in System Reports Section.

3. Web-based programs/applications include:

   a. Automated Growth Chart

   b. Automated Nutrition Risks

   c. Breastfeeding Peer Counselor

   d. Revalidation

   e. WIC Food Instrument Image Lookup

B. E-Reports

1. WIC Program reports are available in an electronic format. These reports are accessible only by authorized personnel.

2. In order to receive access to the programs/applications, a person must be authorized by the WIC Coordinator/Local Health Director, the WIC Program and CDP, Inc. See the procedures and form CDP – REPORT SERVER – WIC AUTHORIZATION REQUEST in System Reports Section.

C. Users will be deleted from web-based programs and applications after 60 days of non-use.

DUAL ENROLLMENT/PARTICIPATION

A person must not be enrolled/participating in more than one (1) WIC site at the same time nor in WIC and CSFP at the same time. In order to prevent dual enrollment/participation, the system performs a statewide search based on certain data to see if the person is enrolled and/or receiving food instruments in another agency/site. When data entered at a site is the same as information in another site, this is a "match." Each match must be reviewed to determine if it is the same person; there may be "false matches, " i.e., same pseudo numbers, ID number entered wrong.

1. The system performs the check for dual enrollment/participation between WIC Sites:

   a. At the time a certification appointment is made;

   b. At the time a certification is indicated as an anticipated service; and

   c. At the time the automated food instrument(s) are requested.

2. The "DUAL PARTICIPATION IN WIC" screen can be accessed directly by entering the command:

   WCIH 30 (Patient ID Number)
   Or
   WCIL 30 (Birth Date)(Sex)(Last Name)(First Name)

3. The system searches first on patient ID number and if no match, it continues to search for last name, first name, sex and date of birth.

   a. If there is a match on patient ID number, a screen will be received titled "Dual Participation in WIC." If this is not sufficient information to determine if the person is dual enrolled/participating, place an "X" in the bracket next to the person's name and a screen with more information, "Possible Dual Participant," will be displayed.

   b. If there is a match on last name, first name, sex and date of birth, the screen "Dual Participation in WIC" will be received. Since there may be matches for name, date of birth and sex, determine if the name on the screen is actually the person in the clinic. If this is not sufficient information, place an "X" in the bracket next to the person's name and a screen with more information, "Possible Dual Participant," will be displayed.

4. If there is a match, determine if the match is the same person.

   a. If not, continue certification, enrollment, and/or food instrument issuance.

   b. If the match is the same person:

      (1) Determine where the person(s) should be enrolled/participating. See WIC Section, WIC ELIGIBILITY REQUIREMENTS, "WIC Residence Qualifications."

      (2) If enrolling in your site:
         (a) Request a system VOC to add the person. See WIC CERTIFICATION AND MANAGEMENT, "TRANSFER/VOC".
         (b) Contact the prior site, inform the site of the person's transfer and request termination from the prior site. The name, address, main WIC terminal and telephone number of a site may be obtained by using the command PSI3 30.

5. If actual Dual Participation between WIC Sites has been determined, see WIC CERTIFICATION AND MANAGEMENT, "PARTICIPANT ABUSE" for appropriate procedures.

6. The system performs the check for dual enrollment/participation between WIC Sites and the Commodity Supplemental Food Program (CSFP) when a participant's data is received from CSFP.

   a. A report, "Possible Dual Participation Between the WIC Program and CSFP" is produced which lists potential dual participants between WIC and CSFP. See reports in this section.

   b. The report is to be reviewed. Possible dual participants are to be investigated and if dual participation is determined, see WIC CERTIFICATION AND MANAGEMENT, "PARTICIPANT ABUSE" for appropriate procedures.

INVENTORY AND SECURITY REQUIREMENTS

A. General Policies

1. Security and accountability for all food instruments, agency stamps, void stamps, revalidation stamps and returned formula shall be ensured.

2. Every food instrument has a unique serial number and is tracked in the system from the time it is assigned to a specific agency/site. All food instruments must be reported as issued or voided. Each issued food instrument number is assigned to a specific participant and must be the number given to that participant.

3. Agency stamps, void stamps and revalidation stamps are provided by the State WIC Office. These are the authorized stamps and are the only stamps to be used for WIC food instruments.

4. Issued food instruments that are unused and returned to the site should be voided and sent to the State WIC Office. Refer to Voiding Food instruments in this section.

5. The WFIL Screen should be reviewed to ensure inventory of food instruments is kept current. All food instruments with a "Date Issued" older than 24 months with outstanding food instruments in the "Number Unused" column should be voided and sent to the State WIC Office. Order food instruments to replace these prior to voiding them. Refer to Voiding Food instruments in this section.

6. The number printed on the food instrument by the system at the time of issuance must match the preprinted serial number. If these food instrument numbers do not match, void the food instruments and reissue. All food instrument numbers affected by either the preprinted serial number or the system assigned number must be voided.

B. Stamps

1. Each agency must have a revalidation stamp. Each site must have an agency stamp and a void stamp. Stamps are available from the State WIC Office.

2. WIC food instruments, agency and revalidation stamps must be kept in a locked area to ensure that access is limited to authorized personnel.

   a. Revalidation stamps and food instruments are to be locked in separate places.

   b. Agency stamps must be stored separately from food instruments.

C. Food Instruments

1. Receipt of food instruments from the State WIC Office must be verified immediately. See "ORDERING AND RECEIPT OF FOOD INSTRUMENTS" in this section.

2. A physical inventory must be done of all automated, handwritten and/or preprinted food instruments monthly:

   a. A person other than the person(s) that issue food instruments must do the inventory.

   b. Utilize the WFIL Screen to review current inventory of food instruments. See "WFIL Screen" in this section.

   c. Any method which reflects the actual number of food instruments on hand from the last month plus additional food instruments received during the current month minus all food instruments issued during the current month is acceptable. Account for all food instruments

during this inventory by verifying that food instruments on hand match the WFIL screen (FI Inventory).

d. Food instruments that are not accounted for may be looked up by entering a "D" in the first column on the WFIL Screen to obtain a list of outstanding food instrument numbers. Food instruments may also be looked up through the WIC Food Instrument Image Lookup. Refer to Screens in this section.

e. The actual number on hand for each type of food instrument, the name and signature of the person that did the physical count and date of verification must be maintained. All food instruments must be accounted for during this inventory. Documentation of inventory must be retained for one (1) year. A suggested inventory format is provided in "FORMS AND FOOD INSTRUMENTS" in this section. Copy as needed.

f. Discrepancies must be reported to the State WIC Office as soon as possible.

3. Issuance shall be performed accurately and all required information must be recorded at the time of issuance. Food instruments should not be printed in advance and held for later issuance.

4. Automated food instruments must be issued in a consecutive manner starting with the lowest number available and proceeding to the highest number. Sites using multiple printers are excluded from this requirement.

5. Handwritten or preprinted food instruments must not be pre-stamped with the agency stamp.

6. Handwritten and preprinted food instrument issuance must be posted as soon as the system is available, but must not exceed one (1) week.

D. Returned Formula

1. Formula that is no longer appropriate for participant use must be returned to the site.

2. Returned formula must be inventoried. Refer to Returned Formula Requirements in this section.

FOOD INSTRUMENTS TYPES AND USE

There are three (3) types of food instruments (FIs) that may be issued to participants (See "FORMS AND FOOD INSTRUMENTS" in this section):

- Automated FIs-FIs printed at the site. Patient name and I.D. #, agency/site, first date to use and last day to use, and the food package is printed on the FIs based on data entered in the on-line system. These FIs are used by on-line automated sites.

- Preprinted FIs-FIs that contain a specific printed food package distributed on FIs attached as one sheet. Other information must be completed by hand at the time of issuance. These FIs are used when the system is down, slow or unavailable, or to change a participant's issue date. There are two (2) types of preprinted FIs, each with a different food package:

    - NSD2 contains 10 cans powdered formula.

    - B contains standard food package B.

- Handwritten FIs-FIs which contain all appropriate approved foods for the participant status. All information including the food package quantities must be completed by hand at the time of issuance. These FIs are used when preprinted FIs are not appropriate, when the system is down, slow or unavailable, and to change a participant's issue date. All sites must have handwritten FIs. There are two (2) handwritten FIs for status:

    - Infant

    - Woman/Child

ORDERING AND RECEIPT OF FOOD INSTRUMENTS

A. Ordering FIs

1. New clinic site: The type(s) of food instruments will be supplied based upon how issuance will be done. Appropriate amounts of these food instruments will be supplied based upon the anticipated number of participants for the first three (3) months. Contact the State WIC Office for assistance in determining amounts.

2. Established clinic site:

   a. Agencies/sites are responsible for maintaining an adequate inventory of food instruments.

3. When necessary, food instruments may be ordered through Screen CDS 880 or by mail if the system is down or unavailable. When ordered by mail, orders must be site specific. The order should be no more than an estimated three (3) month supply.

B. Receipt of FIs:

1. Immediately upon receipt: Compare numbers on the WFIL Screen with serial numbers of food instruments received. See "SCREENS" in this section.

   a. If correct, use the Screen CDS 455 to electronically acknowledge receipt of the food instruments. This must be done before any issuance from that series of food instrument can be posted. See "SCREENS" in this section.

   b. If the serial numbers and food instruments do not agree, contact the WIC Help Desk for further instructions.

2. All food instruments must be stored in a secure, locked area that is separate from the agency stamps.

3. Food instrument security must be ensured. See "INVENTORY AND SECURITY REQUIREMENTS" in this section.

ASSIGNING ISSUE DATES

A. General Policies

1. All eligible persons must be assigned an issue date.

2. If food instruments are to be printed, the assigned issue date is the date desired for the first full food package. The issue date is identified as "First Full Package Issue Month/Day/Year" on system screens and processes.

3. The issue date is typically the date the person is added to WIC unless the person needs to be coordinated with other household members, the person is a transfer from another Kentucky WIC location, or the person is an exclusively breastfed infant.

4. An issue day of 29, 30, or 31 will print for the first issuance and then is automatically changed by the system to an issue date of 28. This change is made since all months have at least 28 days and to accommodate issuance in all months.

5. All household members must be placed on the same issue date so food instruments can be issued for all members at the same time. Refer to Putting Household Members on the Same Issuance. Household members may be tracked by using the Household Record. Refer to Screens in this section.

6. If Issue dates for household members are being coordinated, a partial food package is issued to catch up the household member being added. The system calculates the number of days and prints the appropriate food instruments and food quantity. Refer to Putting Household Members on the Same Issuance and Partial and Reduced Issuance.

7. The issue date remains the same through the person's continuous participation in WIC unless circumstances apply to change the date. For late pick up of food instruments, the system calculates the appropriate issuance. Refer to Partial and Reduced Issuance.

8. To change an issue date, handwritten or preprinted food instruments must be issued with the new issue date. When these food instruments are posted with this issue date, the system changes the existing date to the new date.

B. Assigning Issue Dates

1. Issue Date For A New Person

   a. The issue date for a new person is usually the date the person is added to WIC.

   b. If there are other household members on WIC, issue dates must be the same. See Putting Household Members on the Same Issuance.

2. Issue Date For A Transfer/VOC

   a. The issue date for a transfer from another Kentucky WIC clinic is the existing issue date from the previous agency/site unless coordination with other household members applies. See Putting Household Members on the Same Issuance. Also refer to WIC Certification and Management, Transfer/VOC.

   b. Using the existing issue date for a transfer may result in issuance of a partial food package to catch up issuance for the participant. The system calculates the number of days and prints the appropriate food instruments and food quantity. Refer to Partial and Reduced Issuance.

c. The issue date for a transfer from out-of-state is the date the person is added at your site. If coordination with other household members applies, see Putting Household Members on the Same Issuance. Also refer to WIC Certification and Management, Transfer/VOC.

3. Issue Date for Exclusively Breastfed Infants

   a. An exclusively breastfed infant who is not receiving WIC foods must have an issue date of 9s.

   b. When food instruments are to be issued, the 99 issue date is changed to the date for food instruments to be issued or coordinated with other household members. See Putting Household Members on the Same Issuance.

4. Issue Date for Reinstatement

   a. The issue date for a person being reinstated to WIC is their existing issue date.

   b. Using the existing issue date for a reinstatement may result in issuance of a partial food package to catch up issuance for the participant. The system calculates the number of days and prints the appropriate food instruments and food quantity. Refer to Partial and Reduced Issuance.

C. Changing Issue Dates

1. Issue dates can be changed only by issuing handwritten or preprinted food instruments with the new issue date as the first day to use on the food instruments.

2. Handwritten and preprinted food instruments must be posted with the new first day to use. Refer to Food Instrument Issuance.

3. After posting of the food instruments, the system changes the existing issue date to the new issue date and calculates the next issuance due.

PUTTING HOUSEHOLD MEMBERS ON THE SAME ISSUANCE

When an infant is born, persons join a household or additional household members qualify for benefits, issue dates within a household must be the same. The issue date is the first full package issue month/day/year. Household members may be tracked by using the Household Record. Refer to Screens in this section.

A. Initial Certification (A action):

1. Pull medical record(s) or review WIC MTCE Screen(s) of other household member(s) on Program. See "SCREENS" in this section.

2. Using the WIC MTCE Screen, assign the new participant the same first full package issue month/day/year (1st FP Iss MM/DD/CCYY) as the household member(s) already on the Program.

3. An exclusively breastfed infant who is not receiving food instruments must have a first full issue month/day/year of 99. When food instruments are to be issued, the 99 issue dates are changed to reflect the same dates as other household member(s) already on the Program.

4. Request at least two (2) months of food instruments. The first month is the appropriate quantity for the number of days to the full issuance and the second month is a full package. The appropriate amount of food and food instruments will be calculated in the system to catch up the new participant to the other household member(s) full issuance date.

   a. If issuing automated food instruments, the initial food package for a woman or a child is printed as outlined in Partial and Reduced Issuance.

   b. If handwritten food instruments are issued, issue the number of food instruments for the appropriate food package according to the number of days from the first full package valid date (see Partial and Reduced Issuance). The food distribution for the food package must be replicated. See the PHPR, WIC Section, Food Package Distribution Charts.

   c. The system will issue the entire food package to the breastfed infant receiving supplemental formula and the infant and woman or child receiving only cereal and juice.

   d. If issuing automated food instruments, the appropriate initial food package for an infant and Food Package III participants will be automatically calculated.

B. If members of a household are on different issuances:

1. Pull medical record(s) or review the WIC MTCE Screen(s) of other household member(s) on Program.

2. Determine which issue month and/or date that will cause the least change for all members.

3. Issue handwritten food instruments for the catch up period for the participant(s) whose date is to change. See Partial and Reduced Issuance, and Assigning Issue Dates in this section, and the PHPR, WIC Section, Food Package Distribution Charts.

4. Post the issuance to the WFIM screen. The posting of dates on this issuance will change the participant(s) issue dates on the next automated issuance.

PARTIAL AND REDUCED ISSUANCE

A. General Policies

1. A participant's assigned issue date and the actual date of issuance determines the quantity of food instruments and food that the person receives.

2. The participant's assigned issue date remains the same through continuous participation in WIC unless extenuating circumstances apply. Refer to Assigning Issue Dates in this section.

3. In order to issue an appropriate quantity of food, adjustment is made in the number of food instruments issued. A reduced or partial food package may be issued for the following:

   a. To catch up a household member with another household member on WIC to coordinate issue dates.

   b. Late pick up of food instruments.

4. The system calculates the number of days for the issuance and prints the appropriate food instruments and food quantity.

5. If handwritten or preprinted food instruments are issued, the issuance must replicate the reduced issuance for the number of food instruments and quantity, and must be done as the food distribution appears in the Public Health Practice Reference, WIC Section, Food Package Distribution Charts.

6. An issuance label is generated for automated issuance for placement in the participant's medical record and will indicate if a partial package is issued. For handwritten and preprinted food instruments, a handwritten entry must be made in the medical record.

B. Partial and Reduced Issuance Calculation

1. The quantity of food and the number of food instruments is reduced based on the number of days until issuance of the first or next full package issuance, and the category of participant.

2. The following are the number of days and the number of food instruments to be printed or issued for the category of participant for partial or catch up issuance, and reduced packages for late pick up:

   a. Infants

Number of Days to the First Full Package Issue Month/Day/Year	Prints/Issue
16 days or more	Food Instruments 1, 2 & 3
15 days or less	Food Instruments 1 & 2

b. Women and Children

Number of Days to the First Full Package Issue Month/Day/Year	System will Prints/Issue
16 days or more 15 days through 9 days 8 days or less	Food Instruments 1, 2 & 3 Food Instruments 1 & 2 Food Instrument 1

3. Issuance is not reduced for the breastfed infant receiving supplemental formula and the infant and woman or child receiving only cereal and juice. The complete food package is issued.

FOOD INSTRUMENT ISSUANCE

A. General Policies

1. Food instruments shall be issued only for persons determined eligible and certified for the Program.

2. Proof of identity of the person picking up food instruments must be presented and documented at issuance. Documentation of identity at issuance is done by completing the identity field on the WIC screen with the appropriate code which prints the proof code on the food instrument stub, and filing the stub in the person's medical record. See WIC CERTIFICATION AND MANAGEMENT section, "WIC ELIGIBILITY REQUIREMENTS", and "SCREENS" in this section. For handwritten and preprinted food instruments, the proof code must be written on the stub.

3. All eligible persons must be assigned an issuance date for the first full package of food instruments and all household members must be placed on the same date. This date remains the same through the person's continuous participation in WIC unless extenuating circumstances apply. See "PUTTING HOUSEHOLD MEMBERS ON THE SAME ISSUANCE", and Assigning Issue Dates in this section.

4. Household members may be tracked by using the Household Record. Refer to Screens in this section.

5. To change an issuance date, handwritten or preprinted food instruments must be issued and posted.

6. Eligible persons may receive a food package for each month of eligibility in their certification period provided all Program rules are met. At issuance, a participant may receive a maximum of three (3) full month's packages or a combination of one (1) partial package and up to two (2) full packages at one time. A partial package is issued to coordinate/catch up household members so all members have the same issue date.

7. Food instruments must have a "first day to use" and a "last day to use" and are good for a maximum of a month. For a participant's first month of issuance, less than a month may be issued to coordinate household members. See "PUTTING HOUSEHOLD MEMBERS ON THE SAME ISSUANCE" in this section.

8. If the system is down or slow, participants in clinic shall be provided a minimum of one (1) month preprinted or handwritten food instruments. All handwritten and preprinted issuance must be posted using the WFIM screen by the end of the day or when system access is available.

9. Food instruments must not be printed in advance and held for later issuance.

10. Food instruments shall not be withheld in order to provide other services.

11. Participants coming to clinic late to pick up FIs may receive a reduced food package. See Partial and Reduced Issuance.

12. Issuance must be documented in the person's medical record at the time of issuance and must include the months issued. For automated issuance, the system generates a label for placement in the chart. See "ON-LINE PRODUCED LABELS."

13. Documentation must be reviewed to determine if issuance is appropriate and is not being duplicated before subsequent issuance.

14. Each participant/caretaker/proxy shall sign for receipt of food instruments on the food instrument stub. The stub must be placed in the medical record on the WIC Issuance sheet (WIC-52). See "ISSUANCE TO PROXIES" and "FORMS AND FOOD INSTRUMENTS" in this section.

B. Food Package Issuance Policies

1. Types and quantities of foods are organized into food packages with a code for each package. This code is entered in the system and indicates an entire food package prescription and distribution of foods on an appropriate number of food instruments. See PUBLIC HEALTH PRACTICE REFERENCE (PHPR) WIC, WIC Policies For Prescribing Food Packages.

2. Food packages must be prescribed by a health professional. See the PHPR, WIC Section, WIC Policies for Prescribing Food Packages.

3. The prescribed food package must be appropriate for the age and status of the participant. See the PHPR, WIC Section, Food Package by Status.

4. Infants must receive a standard contract brand formula package unless there is a documented medical reason. See the PHPR, WIC Section, WIC Policies for Prescribing Food Packages.

5. Infant packages are age appropriate. The system automatically adjusts the package for the infant's age based upon date of birth and first full package issue month/date:
   - Up to 4 months of age, formula only is issued;
   - At 4 months of age, one (1) box of infant cereal is issued;
   - At 8 months of age, a second box of infant cereal and infant juice is issued;
   - At 12 months of age, food instruments issued with a first day to use after age 1 must be a child food package. This change is made in a recertification or an Infant/Child Transfer (ICT). Refer to WIC CERTIFICATION AND MANAGEMENT, "STATUS AND PRIORITY" and SCREENS, WIC ICT SCREEN.

6. Breastfed infants may be prescribed a supplemental formula package or an age appropriate cereal/juice package, or receive no WIC foods. If no foods are issued, the first full package issue month/date is "99" and the year is "9999." When food instruments are to be issued, the 99 issue dates are changed to actual dates. A full formula package may be prescribed for a breastfeeding infant but it is not recommended on a routine basis. The mother cannot be receiving an exclusively breastfeeding package (M, N, O) in this instance.

7. An exclusively breastfeeding woman may receive an enhanced food package which contains carrots, tuna, increased amounts of cheese, juice and peanut butter (Food Packages M, N, O, and X2). The enhanced packages are for the breastfeeding woman whose infant does not receive formula from WIC. When infant formula is needed from WIC, the enhanced package must be changed. Refer to PHPR, WIC Section, Policies for Prescribing Food Packages.

C. Automated Food Instrument Issuance

1. The serial number of the first food instrument to be issued will need to be entered in the field at the bottom of the WIC MTCE Screen for the first WIC participant of the day. See "SCREENS" in this section.

2. For an established participant: Check first full package issue month/date/year and food package code for the last issuance.

3. For a new participant:

   a. Determine if other household member(s) are on the Program.

(1) If other household members are on the Program, See "PUTTING HOUSEHOLD MEMBERS ON THE SAME ISSUANCE."
(2) If there are no other household member(s) on the Program, assign the date of issuance for today.

4. For an in-state VOC, the First Full Package Issue Month/Day/Year (1st FP Iss MM/DD/CCYY) must be the date that the previous agency/site gave the participant unless coordination with other household members apply. Use the First Full Package Issue Month/Day/Year (1st FP Iss MM/DD/CCYY) listed on the VOC for completing this field. This will be the only time a First Full Package Issue Month/Day/Year (1st FP Iss MM/DD/CCYY) can be less than the action date on an "A" action and 9010 must be one of the risk codes. For an out-of-state VOC, assign an issue date as appropriate.

5. For all participants:
   a. Indicate the months of issuance(s) by placing an "X" for 1st, 2nd or 3rd month issuance at the bottom of the WIC Patient MTCE Screen. Up to three (3) months from the current date may be issued.
   b. Enter identity proof code for person picking up FIs. See SCREENS, PROOF CODES FOR IDENTITY in this section.
   c. Verify the serial number on the food instrument in the printer is the same as the number on the screen.
   d. Verify the proper number of months and the proper food package was printed. Verify the serial numbers of the food instruments.
   e. Obtain the signature of the person receiving food instruments on the stub with printed issuance information.
   f. Issuer must initial stub.
   g. Attach the stub to the WIC Issuance sheet (WIC-52) in the participant's medical record.

6. An issuance label will be generated to be placed on the participant's CH-3A. If the label does not print, it can be reprinted through the WIC Menu (WCBA) Screen. If this label is not correct, issuance must be hand posted. This entry must have, at a minimum, the first valid date(s) of the food instruments that were issued and the issuer's signature. See "ON-LINE PRODUCED LABELS" in this section.

D. Preprinted and Handwritten Food Instrument Issuance (See "FORMS AND FOOD INSTRUMENTS" in this section.)

1. Remove the required number of food instruments from locked storage.

2. Issue full sets of preprinted food instruments.

3. Complete the preprinted and handwritten food instruments as follows:
   a. Enter participant's name.
   b. Leave participant's I.D. Number field blank or enter "X"s.
   c. Enter Agency No. And Site No.
   d. Using the first full package issue month/date/year on the screen or the label, enter "first day to use" and "last day to use." If a new participant, determine first full package issue date and enter.
   e. Stamp designated area on each food instrument with WIC agency stamp.

4. Enter the foods on each food instrument as the food prescription/distribution appears in the PUBLIC HEALTH PRACTICE REFERENCE, WIC, Food Package Distribution Charts.

5. Complete the stub for the preprinted and handwritten food instruments as follows:
    a. Date of Issuance.
    b. Participant's Name.
    c. Participant's I.D. Number.
    d. "First Day to Use" and "Last Day to Use."
    e. Issuer's Initials.
    f. ID for FI PU proof code.
6. Obtain signature of person that is receiving the food instruments on the stub.
7. Attach the stub to the WIC Issuance sheet (WIC-52) in the participant's medical record.
8. Keep the NCR copy of the stub and use for posting the required information to the WFIM screen.
9. Post issuance on WFIM screen by the end of the day, if the system is up, otherwise at the time the system is operational. See the WFIM screen in this section.
10. Post on the WFIM screen
    a. Action Type (Act)
    b. First Day to Use (1st Vld Dt)
    c. Last Day to Use (Last Vld Dt)
    d. Participant's I.D. Number
    e. Void Date (If Applicable)
11. When issuance is posted to the WFIM screen, fill in the NCR copy of the stub as follows:
    a. Date posted to WFIM screen
    b. Initials of person posting issuance
12. Retain NCR copy of the stub for six (6) months, then destroy.

ISSUANCE TO PROXIES

Proxies are allowed to pick up food instruments with authorization from the participant or parent/caretaker. See WIC CERTIFICATION AND MANAGEMENT, "USE OF PROXIES"

1. Names of persons authorized as proxies may be recorded on the Participant Folder. See WIC CERTIFICATION AND MANAGEMENT Section, "FORMS AND SUPPORTING INFORMATION".

2. For proxies not indicated on the Participant Folder, authorization should be provided in writing by the participant/caretaker and retained in the medical record. However, verbal authorization from the participant can be accepted provided documentation is made in the medical record.

3. Proxies must present proof of identity at issuance of food instruments, and the type of proof must be documented. See "FOOD INSTRUMENT ISSUANCE" in this section.

4. Proxies must sign the stub(s) for receipt of food instruments.

REPLACING FOOD INSTRUMENTS

A. General Policies

1. Food instruments may be replaced for:

   a. A food package or formula change.

   b. Food instruments damaged or destroyed. See "LOST, STOLEN AND DESTROYED FOOD INSTRUMENTS" in this section.

   c. Food instruments lost or stolen. See "LOST, STOLEN AND DESTROYED FOOD INSTRUMENTS" in this section.

   d. Printer problems.

   e. Other situations that affect the participant receiving the issued food, such as a change in a child's custody.

2. Review WIC FOOD INSTRUMENT IMAGE LOOKUP to determine if food instrument has been cashed.

3. Replacement food instruments are issued through the Replacement "Z" screen. This screen is accessed with a "Z" in the action field on the WIC MTCE Screen.

4. Food instruments that are not usable must be returned to the site, if possible. Food instruments may be unusable because the food package or formula is no longer appropriate or they have been damaged.

5. Formula that was purchased with WIC food instruments that is no longer appropriate for the participant must be returned to the site. An inventory of returned formula must be maintained. Refer to Returned Formula Requirements in this section.

6. Replacement food instruments shall replicate the issue month and issue date of the original food instruments.

7. All replacement issuance must be documented in the participant medical record.

B. Replacing Food Instruments for Formula Changes

1. The system will not print replacement food instruments for an infant food package after the infant status has been changed to a child status. Infant food instruments must be replaced with handwritten food instruments in this situation. Refer to Status and Priority, Infant/Child Transfer.

2. Only unused formula is returned:

   a. Document on the CH-3A in the participant's medical record that formula was returned, the quantity returned, and the reason for return.

   b. A health professional must prescribe the food package for a formula change. Refer to WIC Policies for Prescribing Food Packages, Policy Regarding the Return and Re-issuance of Formula for Infants and Food Package III and Formula Package Codes by Company in the WIC Section of the PUBLIC HEALTH PRACTICE REFERENCE.

   c. If the replacement is done the same day as the original issuance, access the WIC MTCE Screen directly using the command: WCIP 30 (HID/LOC)(Patient I.D.) since issuance code WO209 has already been reported for that day. In the action type field, put a "Z"

(replacement issuance). Enter the action date and transmit the screen. This brings up the Replacement "Z" Screen. See "SCREENS" in this section.

d. If the replacement is done on a day other than the original issuance, report an issuance code of WO209 on the Encounter Entry Screen to access the WIC MTCE Screen. The action will be pre-coded with a "P" (Print). Change the action type from "P" to "Z", enter action date and transmit the screen. This will bring up the Replacement "Z" Screen. See "SCREENS" in this section.

e. Complete the Replacement "Z" screen:

(1) Enter an "X" in the Replace column next to the month(s) to be replaced.

(2) Complete the Replacement Package field with the new food package code.

(3) Enter the quantity of formula returned in the Quantity Returned field.

(4) Enter the code for the type of proof of identity for the person picking up the food instruments in the ID For FI PU field. See WIC CERTIFICATION AND MANAGEMENT section, "WIC ELIGIBILITY REQUIREMENTS."

(5) Enter the special formula name, if applicable

(6) Enter the prescription expiration date, if applicable.

(7) Put a "P" in the Print Action field.

(8) Enter the Bank Account number and the first number of the food instrument(s) to be printed if not already precoded in the field(s).

(9) Transmit the screen.

f. The system will automatically calculate the appropriate quantity of formula to be issued and print the appropriate number of food instruments.

3. Unused formula and unused food instruments are returned:

a. Document on the CH-3A in the participant's medical record the quantity of returned formula and unused food instruments, and the reason for return.

b. Void all returned food instruments with the void stamp. Record void 5 by each food instrument number(s) on the stub in the participant's medical record and on the WFIM Screen. See "VOIDING FOOD INSTRUMENTS" and "SCREENS" in this section.

c. A health professional must prescribe the food package for a formula change. Refer to WIC Policies for Prescribing Food Packages, Policy Regarding the Return and Reissuance of Formula for Infants and Food Package III and Formula Package Codes by Company in the WIC Section in the PUBLIC HEALTH PRACTICE REFERENCE.

d. If the replacement is done the same day as the original issuance, access the WIC MTCE Screen directly using the command: WCIP 30 (HID/LOC)(Patient I.D.) since issuance code WO209 has already been reported for that day. In the action type field, put a "Z" (replacement issuance). Enter the action date and transmit the screen to obtain the Replacement "Z" Screen. See "SCREENS" in this section.

e. If the replacement is done on a day other than the original issuance, report an issuance code of WO209 on the Encounter Entry Screen to access the WIC MTCE Screen. The action will be pre-coded with a "P" (Print). Change the action type from "P" to "Z", enter action date and NRCC(s) and transmit the screen to obtain the Replacement "Z" screen. See "SCREENS" in this section.

f. Complete the Replacement "Z" screen:

(1) Enter an "X" in the Replace column next to the month(s) to be replaced.

(2) Complete the Replacement Package field with the new food package code if the package is changed.

(3) Add the quantity of formula returned and the amount of formula on the unused food instrument(s) for the current month. Enter this total amount in the Quantity Returned field.

(4) Enter the amount of cereal and juice, if any, on the unused food instrument(s) for the current month in the Quantity Returned field.

(5) Enter the code for the type of proof of identity for the person picking up the food instrument(s) in the ID For FI PU field. See "WIC ELIGIBILITY REQUIREMENTS."

(6) Enter the special formula name, if applicable.

(7) Enter the prescription expiration date, if applicable.

(8) Put a "P" in the Print Action field.

(9) Enter the Bank Account number and the first number of the food instrument(s) to be printed, if not already precoded in the field(s).

(10) Transmit the screen.

g. The system will automatically calculate the appropriate quantity of formula to be issued and print the appropriate number of food instruments. If the participant is to receive cereal and juice, these items will be printed on the food instrument(s).

C. Replacing Food Instruments For a Woman or Child, including Food Package III (if formula is not returned)

1. Document on the CH-3A in the medical record that food instruments were returned and the reason for replacement.

2. Void all returned food instruments with the void stamp. Record void 5 by each food instrument number(s) on the stub in the participant's medical record and on the WFIM Screen. See "VOIDING FOOD INSTRUMENTS" and "SCREENS" in this section.

3. A health professional must prescribe the food package if a food package is changed. Refer to WIC Policies for prescribing food packages, Policy Regarding the Return and Reissuance of Formula for Infants and Food Package III in the WIC Section of the PUBLIC HEALTH PRACTICE REFERENCE.

4. If the replacement is done the same day as the original issuance, access the WIC MTCE Screen directly using the command: WCIP 30 (HID/LOC)(Patient I.D.) since issuance code WO209 has already been reported for that day. In the action type field, put a "Z" (replacement issuance). Enter the action date and transmit the screen. This brings up the Replacement "Z" screen. See "SCREENS" in this section.

5. If the replacement is done on a day other than the original issuance, report an issuance code of WO209 on the Encounter Entry Screen to access the WIC MTCE Screen. The action will be pre-coded with a "P" (Print). Change the action type from "P" to "Z", enter action date and transmit the screen. This brings up the Replacement "Z" screen. See "SCREENS" in this section.

6. Complete the Replacement "Z" screen:

   a. Enter an "X" in the Replace column next to the month(s) to be replaced.

   b. If the food package has changed, enter the new code for the replacement package in the Replacement Package field.

   c. Enter the code for the type of proof of identity for the person picking up the food instrument(s) in the ID For FI PU field. See WIC CERTIFICATION AND MANAGEMENT section, "WIC ELIGIBILITY REQUIREMENTS."

   d. Enter the special formula name, if applicable.

   e. Enter the prescription expiration date in these fields, if applicable for a Food Package III.

   f. Put a "P" in the Print Action field.

   g. Indicate the appropriate food instrument(s) in the series to be replaced by entering 1, 2, or 3. See PHPR, WIC Section, Food Package Distribution. If formula is returned for replacement, the Quantity Returned field must be completed. Refer to Replacing Food Instruments for a Formula Change.

   h. Enter the Bank Account number and the first number of the food instrument(s) to be printed, if not already precoded in the fields.

   i. Transmit the screen.

7. The system will print the food instrument(s) as indicated.

D. Replacing Food Instruments Lost, Stolen, Damaged or Destroyed

1. Document on the CH-3A in the participant's medical record that food instruments were reported lost, stolen, or destroyed, or damaged food instruments were returned and the reason for replacement. See "LOST, STOLEN AND DESTROYED FOOD INSTRUMENTS" in this section.

2. Void lost, stolen and destroyed food instrument numbers with void code 6. Void damaged food instruments that are returned with void code 5. Stamp with the void stamp. Record void code 5 or 6 as indicated by each food instrument number(s) on the stub in the participant's medical record and on the WFIM Screen. See "VOIDING FOOD INSTRUMENTS" in this section.

3. If the replacement is done the same day as the original issuance, access the WIC MTCE Screen directly using the command: WCIP 30 (HID/LOC)(Patient I.D.) since issuance code WO209 has already been reported for that day. In the action type field, put a "Z" (replacement issuance). Enter the action date and transmit the screen. This brings up the Replacement "Z" screen. See "SCREENS" in this section.

4. If the replacement is done on a day other than the original issuance, report an issuance code of WO209 on the Encounter Entry Screen to access the WIC MTCE Screen. The action will be pre-coded with a "P" (Print). Change the action type from "P" to "Z", enter action date and transmit the screen. This brings up the Replacement "Z" screen. See "SCREENS" in this section.

5. Complete the Replacement "Z" screen:

   a. Enter an "X" in the Replace column next to the month(s) to be replaced.

   b. If infant food instruments, enter the amount of formula, cereal and juice on the unused food instrument(s) in the Quantity Returned field(s).

c. Enter the code for the type of proof of identity for the person picking up the food instrument(s) in the ID For FI PU field. See WIC CERTIFICATION AND MANAGEMENT section, "WIC ELIGIBILITY REQUIREMENTS."

d. Put a "P" in the Print Action field.

e. If woman or child food instrument(s), indicate the appropriate food instrument(s) in the series to be replaced by entering 1, 2, or 3. See PHPR, WIC Section, Food Package Distribution.

f. Enter the Bank Account number and the first number of the food instrument(s) to be printed if not already precoded in the field(s).

g. Transmit the screen.

6. The system will print the food instrument(s) as appropriate for an infant and as selected for a woman or child.

E. Replacing Food Instruments That Did Not Print or Did Not Print Correctly

1. If food instruments printed incorrectly, void each food instrument with the void stamp.

2. Record void 5 by each food instrument(s) number on the stub and on the WFIM screen. Place the stub in the participant's medical record. See "VOIDING FOOD INSTRUMENTS" in this section.

3. Access the WIC MTCE Screen directly using the command: WCIP 30 (HID/LOC)(Patient I.D.) since issuance code WO209 has already been reported. In the action type field, put a "Z" (replacement issuance). Enter the action date and transmit the screen. This brings up the Replacement "Z" screen. See "SCREENS" in this section.

4. Complete the Replacement "Z" screen:

a. Enter an "X" in the Replace column next to the month(s) to be replaced.

b. If infant food instruments, enter the amount of formula, cereal and juice on the incorrect food instrument(s) in the Quantity Returned field(s).

c. Enter the code for the type of proof of identity for the person picking up the food instrument(s) in the ID For FI PU field. See WIC CERTIFICATION AND MANAGEMENT section, "WIC ELIGIBILITY REQUIREMENTS."

d. Put a "P" in the Print Action field.

e. If woman or child food instrument(s), indicate the appropriate food instrument(s) in the series to be replaced by entering 1, 2, or 3. See PHPR, WIC Section, Food Package Distribution.

f. Enter the Bank Account number and the first number of the food instrument(s) to be printed, if not already precoded in the field.

g. Transmit the screen.

5. The system will print the food instrument(s) as indicated.

F. Other situations may occur after food instruments have been issued that will affect the participant receiving the food, such as removal of a child from the home into foster care or when another parent/caretaker other than the one who received the food instruments obtains custody of a child. These situations will be handled on an individual basis with consideration of the specific

circumstances. Contact the State WIC Office or WIC Help Desk on guidance and replacement of food instruments.

RETURNED FORMULA REQUIREMENTS

1. Formula that was purchased with WIC food instruments that is no longer appropriate for the participant must be returned to the site. Formula that the participant has not used may also be returned.

2. An inventory of all returned formula must be maintained by each site.

3. The inventory must include:

    a. Date the formula was received in the site.
    b. Name of the formula.
    c. Can size.
    d. Quantity of formula received.

4. When formula is issued or dispensed, the inventory must include:

    a. Date the formula is dispensed.
    b. Formula dispensed.
    c. Quantity dispensed.
    d. Who formula was issued to or how it was dispensed.
    e. Initials of the staff dispensing the formula.

5. There must be an inventory form to document the required information. A sample inventory form is included in this section in Forms and Food Instruments.

6. All returned formula must be kept secure and should be stored in one location.

7. Use of returned WIC formula is restricted. Formula returned to the clinic can only be provided to WIC participants with extenuating circumstances, given to another WIC agency that needs the formula for a participant, donated to a charitable organization (food bank, etc.), or disposed of due to being past the expiration date. The inventory must document the specific disposition of each can of formula.

8. When formula is returned, the quantity returned and the reason it is returned must be documented in the participant's medical record.

9. When formula in inventory is given to a WIC participant, the quantity and type of formula must be documented in the participant's medical record.

MAILING FOOD INSTRUMENTS

The WIC Program does not advocate routine mailing of food instruments. However, there may be instances when this is desirable and/or necessary.

1. Mailing food instruments on an individual participant basis shall be permitted if:

   a. The participant/caretaker cannot come to clinic due to:
      (1) Disability
      (2) Illness
      (3) Nearness to termination of pregnancy
      (4) Inclement weather conditions
      (5) Distances to travel
      (6) High cost of travel
      (7) Inability to get to the agency during business hours
      (8) Other

   b. It is the health professional's discretion as to how many months of food instruments are mailed (1, 2 or 3 months), but the number of months should take into consideration other service needs and/or appointments.

2. Mailing food instruments on a site/clinic wide basis is permitted if:

   a. The site/clinic's computer system is not operational for an extended period of time; i.e. several hours.

   b. Participants with a current first day to use on the food instrument must receive a minimum of one month of handwritten/preprinted food instruments in clinic.

   c. It is the health professional's discretion as to how many months of food instruments are mailed (1, 2 or 3 months), but the number of months should take into consideration service needs and/or appointments.

3. Documentation requirements:

   a. The reason for mailing the month(s) of issuance and the date the FIs were mailed must be documented in the patient's medical record.

   b. An entry that the food instruments were mailed must be made on the food instrument stub that they were mailed.

   c. Proof of identity should be coded as "other," code 50.

VOIDING FOOD INSTRUMENTS

Voiding is the process to account for a food instrument that is not usable. A food instrument may be unusable for a number of reasons, such as a food package that is no longer appropriate, a food instrument that is lost or stolen, or a food instrument that is damaged. Voiding ensures accountability and reconciliation of the food instrument(s), and provides accurate participation counts.

A. General Policies

1. Any food instrument number that is unusable must be voided.

2. Food instruments must be voided at the time they are determined to be unusable.

3. Any issued food instrument returned unused by the participant must be voided.

4. Each site must have a void stamp. This stamp is available from the State WIC Office.

5. Voiding is done through the following processes:

   a. Stamp the actual food instrument with the void stamp if the food instrument is available.

   b. Enter the appropriate void code by the specific food instrument number on the WFIM screen. See "SCREENS" in this section.

   c. Enter the date the void is done in the "Void Date" column on the WFIM screen. See "SCREENS" in this section.

   d. Record the appropriate void code by the specific food instrument number on the food instrument stub.

6. Voided food instruments must be submitted weekly to the State WIC Office for processing using the Local Agency Batch Control Form. See C below and "FORMS AND FOOD INSTRUMENTS" in this section.

7. Each food instrument number assigned to a site must either be in the site inventory as unused, be issued with a signature on the food instrument stub verifying receipt, or be voided. The WFIM Screen must reflect the current status of each food instrument.

B. Void Codes and Uses

1. Void 5 - Use for food instruments that are unusable for any reason except lost, stolen or destroyed.

   a. Document the situation in the participant's medical record. See "REPLACING FOOD INSTRUMENTS' in this section.

   b. Stamp the actual food instrument with the void stamp if the food instrument is available. Do not stamp on or over the MICR line (line of number at the bottom of the food instrument). See "FORMS AND FOOD INSTRUMENTS" in this section.

   c. Handwrite Void 5 by the specific food instrument number(s) on the food instrument stub.

   d. Enter void code 5 for the specific food instrument number on the WFIM screen in the "CD" (Code) column.

   e. Enter the date the void is done in the "Void Date" column on the WFIM screen.

2. Void 6 – Use for food instruments that are lost, stolen, or destroyed.

   a. Document the situation in the participant's medical record. See "LOST, STOLEN AND DESTROYED FOOD INSTRUMENTS" in this section.

   b. If the food instrument(s) was issued, handwrite Void 6 on the food instrument(s) stub for the specific food instrument number(s).

   c. Enter void code 6 for the specific food instrument number(s) on the WFIM screen in the "CD" (Code) column.

   d. Enter the date the void is done in the "Void Date" column on the WFIM screen.

C. Submitting Voided Food Instruments

1. Ensure all unusable/invalid food instruments have been stamped with the Void stamp.

2. Send all voided food instruments to the State WIC Office once a week with a WIC-31 (Batch Control form). The agency/site should make a copy of the WIC-31 for documentation. See "FORMS AND FOOD INSTRUMENTS" in this section. Do not staple or spindle food instruments.

LOST, STOLEN, DAMAGED OR DESTROYED FOOD INSTRUMENTS

A. Food instruments mailed from the State WIC Office and never received by the agency/site:

1. If ordered food instruments have not been received in a reasonable time, contact the State WIC Office or the WIC Help Desk.

2. The State WIC Office will investigate and advise the agency/site of appropriate action.

B. Food instruments lost, stolen, damaged or destroyed at the agency/site (stolen from agency/site, water/flood damage, fire, etc.):

1. Identify and prepare a list of all food instrument numbers lost, stolen, damaged or destroyed.

2. Contact the State WIC Office or the WIC Help Desk immediately and report the following:

   a. The situation (lost, stolen, damaged, destroyed).

   b. Serial numbers of all affected food instruments.

   c. Total number of affected food instruments.

3. For lost, stolen or destroyed food instruments, enter void code 6 for each food instrument number on the WFIM screen. For damaged food instruments, enter void code 5 for each food instrument number on the WFIM screen. See "SCREENS" in this section. Stamp damaged food instruments with the void stamp. See "VOIDING FOOD INSTRUMENTS" in this section.

4. If food instruments reported lost or stolen are located, immediately contact the State WIC Office or WIC Help Desk. The State WIC Office will advise the agency/site of necessary action.

C. Food instruments lost, stolen, damaged or destroyed after issuance to a participant and prior to redemption:

1. Lost and/or Stolen Food Instruments – Participant/caretaker cannot find food instrument(s) received.

   a. Review WIC FOOD INSTRUMENT IMAGE LOOKUP to determine if food instrument has been cashed.

   b. Determine the first day to use on the lost or stolen food instrument(s).
      (1) Lost or stolen food instruments with a current first day to use can be replaced after a reasonable attempt to verify the food instrument(s) has not been redeemed. Redeemed food instruments can be reviewed in the WIC Food Instrument Image Lookup. See "SCREENS" in this section.
      (2) Lost or stolen food instruments with a first day to use in the future can be replaced following procedures in this section.

   c. Complete the CDS 1285 Screen (Stop Payment Screen). See Screens in this section.

   d. Document report of lost or stolen food instrument(s) on the CH-3A in the participant's medical record.

   e. Void the specific food instrument number(s) by writing a void 6 on the food instrument stub.

f. A void code 6 is automatically entered for each lost or stolen food instrument number on the WFIM screen from the CDS 1285 Screen. See "SCREENS" in this section.

g. Reissue appropriate number of food instruments. See "REPLACING FOOD INSTRUMENTS" in this section.

h. Inform the participant/caretaker of the following:
   (1) If the lost/stolen food instrument(s) is found, it must be returned to the agency/site, and,
   (2) Cashing a food instrument(s) reported lost or stolen that is replaced is considered abuse and could result in suspension or termination from the Program. See WIC CERTIFICATION AND MANAGEMENT section, "PARTICIPANT ABUSE".

2. Destroyed Food Instrument(s) – Participant/caretaker reports food instrument(s) is destroyed and nothing is left that contains the specific food instrument number, i.e., burned in a fire, mutilated, etc.

   a. Review WIC FOOD INSTRUMENT IMAGE LOOKUP to determine if food instrument has been cashed.

   b. Determine the first day to use on the destroyed food instrument(s).
      (1) Destroyed food instruments with a current first day to use can be replaced after a reasonable attempt to verify the food instrument(s) has not been redeemed. Redeemed food instruments can be reviewed in the WIC Food Instrument Image Lookup. See "SCREENS" in this section.
      (2) Destroyed food instruments with a first day to use in the future can be replaced following procedures in this section.

   c. Complete the CDS 1285 Screen. See Screens in this section.

   d. Document on the CH-3A in the participant's medical record the reason the food instrument(s) cannot be used.

   e. Void the specific food instrument number(s) by writing a Void 6 on the food instrument stub.

   f. Enter void code 6 for each destroyed food instrument number on the WFIM screen. See "SCREENS" in this section.

   g. Reissue appropriate number of food instruments. See "REPLACING FOOD INSTRUMENTS" in this section.

   h. Inform the participant/caretaker of the following:
      (1) A stop payment will be placed on the destroyed food instrument(s), and,
      (2) Cashing a food instrument(s) reported destroyed that is replaced is considered abuse and could result in suspension or termination from the Program. See WIC CERTIFICATION AND MANAGEMENT section, "PARTICIPANT ABUSE".

3. Damaged Food Instrument(s) – Participant/caretaker returns a food instrument(s) or a part(s) of a food instrument(s) that is not usable due to its condition (i.e., torn, dirty, crumpled, etc.) and the specific food instrument number is identifiable.

   a. Review WIC FOOD INSTRUMENT IMAGE LOOKUP to determine if food instrument has been cashed.

b. Document on the CH-3A in the participant's medical record the reason the food instrument(s) is not usable.

c. Void the specific food instrument number(s) by writing a Void 5 on the food instrument stub.

d. Any part(s) of the food instrument(s) that is returned should be processed as any other voided food instrument. If the condition of the food instrument permits, stamp with the Void stamp. See "VOIDING FOOD INSTRUMENTS" in this section.

e. Enter Void code 5 for each damaged food instrument number on the WFIM screen. See "SCREENS" in this section.

f. Reissue appropriate number of food instruments. See "REPLACING FOOD INSTRUMENTS" in this section.

AUTOMATIC TERMINATIONS

The System performs automatic terminations in specific situations. Automatic Terminations are processed on a weekly basis.

1. Automatic terminations are performed for:

   a. All patients who are categorically ineligible (women that are six (6) months postpartum, breastfeeding women that are one (1) year from infant's birth and children that are five (5) years old).

   b. All enrollees that have not received food instruments within two (2) months from expiration date (last day to use) of last set of food instruments issued.

2. A termination is done when the Action Due Date is earlier than or the same as the date of weekly automatic terminations is processed.

3. The weekly process produces:

   a. A "T" label for each participant for placement in each medical record; and

   b. A report listing participants that were terminated. See "SYSTEM REPORTS" in this section.

4. Participants whose next action due is termination are allowed to receive all food instruments with a first day to use prior to the termination due date.

5. Other terminations must be done by clinic staff. The reason for termination must be documented in the participant's medical record. Refer to "INELIGIBILITY AND DISCONTINUATION OF BENEFITS" in this section.

EMERGENCY SITUATIONS

Emergency situations occur from time to time due to natural disasters such as ice storms, flooding, etc. Participants will report that they have lost WIC food instruments and/or WIC foods due to the weather situations. The following procedures apply to these situations:

1. Food instruments for an entire month have been destroyed:

   An entire month of unexpired WIC food instruments that have been destroyed can be replaced for all women, infants and children.

   a. Contact the State WIC Office or the WIC Help Desk Procedures to report the food instrument number(s). See "LOST, STOLEN AND DESTROYED FOOD INSTRUMENTS" in this section.

   b. Refer to the procedures in "LOST, STOLEN AND DESTROYED FOOD INSTRUMENTS" in this section for guidance in voiding the food instruments.

   c. Replace all of the food instruments through the Replacement "Z" screen. Refer to "REPLACING FOOD INSTRUMENTS" in this section. When replacing an infant's food package, consider the possible need for issuance of Ready-to-Feed formula in either the 32 oz. or 8 oz. size. The health professional must prescribe the package based upon the individual needs (e.g., contaminated water supply and refrigeration) of the infant. Refer to the PHPR, WIC section, WIC Policies for Prescribing Food Instruments.

2. Food instruments for a partial month have been destroyed:

   a. A partial month of unexpired WIC food instruments that have been destroyed can be replaced for all women, infants and children.

   b. Use professional judgment to determine which food instruments need to be replaced. Contact the State WIC Office or the WIC Help Desk to report the food instrument number(s).

   c. Refer to the procedures in "LOST, STOLEN AND DESTROYED FOOD INSTRUMENTS" in this section for guidance in voiding the food instruments.

   d. Replace all of the food instruments through the Replacement "Z" screen. Refer to "REPLACING FOOD INSTRUMENTS" in this section. When replacing an infant's food package, consider the possible need for issuance of Ready-to-Feed formula in either the 32 oz. or 8 oz. size. The health professional must prescribe the food package based upon the individual needs (e.g., contaminated water supply and refrigeration) of the infant. Refer to the PHPR, WIC Section, WIC Policies for Prescribing Food Instruments.

3. Food instruments have been redeemed and the foods have been destroyed or contaminated.

   a. WIC foods that have been destroyed or damaged due to weather conditions cannot be replaced. The Federal Regulations do not allow for over issuance of the food package.

   b. All women and children in this situation should be directed to the local food distribution centers that are providing food.

c. The following procedures apply for infants:

(1) Review the medical record to determine the appropriate formula to be issued.

(2) Determine if the appropriate ready-to-feed formula is in the agency/site inventory.

(3) Determine the number of cans of formula to be issued based on the number of days until the next first valid date. Infant cereal and infant juice cannot be replaced.

(4) Document the removal of the formula from inventory and document the issuance of the formula in the medical record. Refer to Returned Formula Requirements.

(5) Contact the State WIC Office or the WIC Help Desk for further assistance with ready-to- feed formula if the appropriate formula is not available.

4. Sanitation is a major concern to prevent outbreaks of illness during times of emergencies. Contact the Food Safety Branch for assistance regarding food safety issues.

5. Other situations will occur during times of emergencies, contact the State WIC Office for guidance.

FORMS AND FOOD INSTRUMENTS INDEX

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LOCAL AGENCY BATCH CONTROL FORM

When To Use	Use form when sending voided food instruments to the State WIC Office. Submit voids on a weekly basis.
Instructions	1. Agency Name is the name of the agency or site. 2. Health ID. Agency No. is the agency health I.D. number. 3. Location Clinic No. is the clinic I.D. number 4. Batch Control No. is the batch number beginning with 0001. 5. Number Sent is the number of voided food instruments sent to the State WIC Office. The maximum amount to be submitted with any batch is 100. 6. Date Sent/Initials is the date sent to the State WIC Office and the initials of the person completing the form. 7. Number Received is the number received by the State WIC Office. 8. Date Processed is the date the State WIC Office processed the batch of food instruments. NOTE: Copy WIC-31 form as needed. A revised copy of the WIC-31 can be obtained from the WIC Help Desk.
Disposition	File returned original WIC-31.
Retention	Retain form for six (6) months.

WIC-31
05/03

WIC PROGRAM
LOCAL AGENCY BATCH CONTROL FORM

AGENCY NAME _____

HEALTH ID/AGENCY NO. | LOCATION CLINIC NO. | BATCH CONTROL NO.

NUMBER SENT (Max=100 batch)	DATE SENT/INITIALS	NUMBER RECEIVED	DATE PROCESSED

MAIL TO:

BATCH CONTROL
WIC PROGRAM
DIVISION OF ADULT AND CHILD HEALTH
DEPARTMENT FOR PUBLIC HEALTH
275 EAST MAIN STREET
FRANKFORT, KY 40621-0001

MONTHLY COUNT OF UNUSED FOOD INSTRUMENTS INVENTORY FORM

Purpose	To account for all unused food instruments in inventory.
When To Use	Monthly for physical inventory.
Instructions	1. Print the WFIL screen. 2. Verify the number of food instruments is correct by physically counting all food instruments on hand. 3. All food instruments must be accounted for. Outstanding food instruments may be looked by with the "D" function on the WFIL Screen. 4. Discrepancies must be reported to the State WIC Office. 5. Attach the copy of the WFIL screen to this form for documentation. NOTE: Copy inventory form as needed.
Retention	Maintain documentation of monthly physical inventory for one (1) year.

MONTHLY COUNT OF UNUSED FOOD INSTRUMENTS

Purpose: To account for all unused food instruments in inventory. Copy this form as needed.

Instructions:

- Print the WFIL Screen.
- Verify the number of food instruments in this inventory is correct by physically counting all food instruments on hand.
- All food instruments must be accounted for.
- Discrepancies must be reported to the State WIC Office.
- Attach a copy of the screen to this form for documentation.

Type of Food Instrument	# Per WFIL	# Per Physical Count	# Difference	Action Taken
Automated				
Handwritten – Infant				
Handwritten – Woman/Child				
Preprinted B				
Preprinted Infant				

Comments: _____

_____

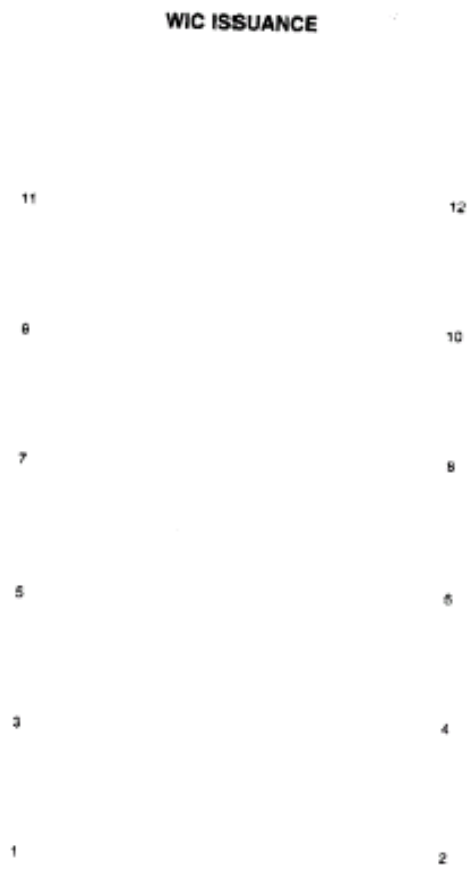
Count done by: _____

This count must be done by someone that does not issue food instruments.

Date of Count: _____

WIC ISSUANCE SHEET (WIC-52)

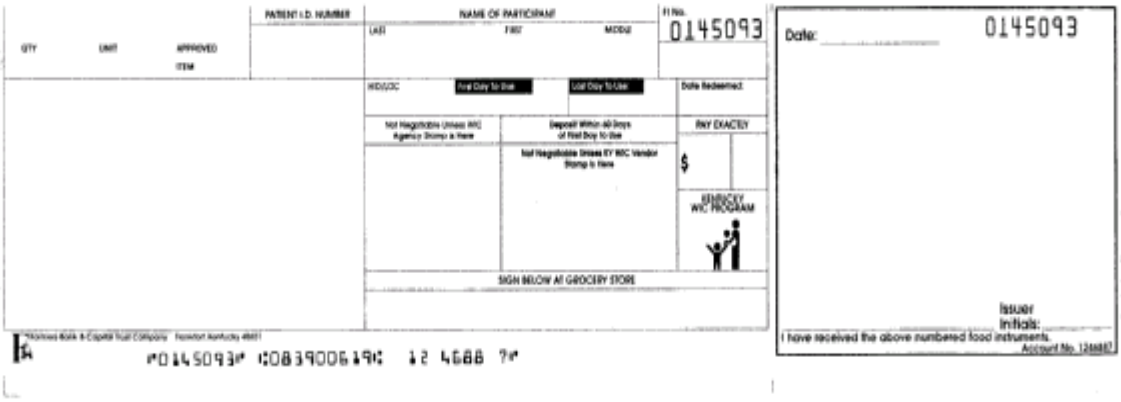
Purpose	Used to retain and organize food instrument stubs in the medical record to document receipt by the participant, caretaker, or proxy.
When To Use	Each time food instruments are issued.
Instructions	Remove the tape strips to expose adhesive and apply food instrument stubs to the sheet. Remove strips in numerical order to fill the sheet.
Disposition	Retained in the medical record.
Retention	Per medical record requirements. See the AR for retention.
Ordering	Order on CDS 880 – Want to Order WIC Forms and Supplies.



FOOD INSTRUMENTS

Purpose	To provide food to eligible participants.
When To Use	Use for issuance to participants.
Instructions	For specific information, refer to Food Instrument Issuance. Each issued food instrument must have the following done by hand or printed by the system: 1. "First day to use" and "Last day to use." 2. Participant name. ID number field is completed with "X"s. 3. Agency and site number. 4. The prescribed food package. 5. Agency Stamp. NOTE: A food instrument printed by the system will have a serial number printed on it. This number must be the same as the preprinted number on the food instrument. Each stub for issued food instruments must have the following done by hand or printed by the system: 1. Date issuance is done. 2. Participant name and ID number. 3. Valid dates (first day to use and last day to use). 4. Serial number(s) issued. 5. Initials of issuing staff. 6. Code for the type of proof of identity presented by the person picking up the food instrument(s). 7. Signature of person receiving food instrument(s).
Disposition	Completed food instruments are given to participant. Completed stub must be filed in the medical record on the WIC-52. Handwritten and preprinted food instrument issuance must be posted to the system. NCR copy is used for posting issuance.
Retention	Original stubs are retained per medical records requirements. NCR copy is retained for six (6) months.
Ordering	Automatic ordering may be done by the system or order through CDS 880 screen – Want to Order Food Instrument Types.

AUTOMATED FOOD INSTRUMENT



PREPRINTED FOOD INSTRUMENT WITH STUB
FOOD PACKAGE B

PKG. B P/BF/B

QTY	UNIT	APPROVED ITEM
1	GAL./LB.	MILK OR CHEESE
1	GAL.	MILK
36	OUNCES	CEREAL
2		12 OZ. OR 46 OZ. JUICE
1	DOZEN	EGGS
1	LB./JAR	DRY BEANS/PEAS OR 18 OZ. PEANUT BUTTER

**********END OF LIST. VOID IF ALTERED**********

PATIENT I.D. NUMBER: XXXXXXX

NAME OF PARTICIPANT: LAST Public FIRST Sue MIDDLE Q

FI No. 0473551

1 OF 3

HID/LOC 5001700 | First Day To Use 11/02/2007 | Last Day To Use 12/01/2007 | Date Redeemed:

Not Negotiable Unless WIC Agency Stamp Is Here | Deposit Within 60 Days of First Day to Use | Not Negotiable Unless KY WIC Vendor Stamp Is Here | PAY EXACTLY $

VOID
SAMPLE
VOID

KENTUCKY WIC PROGRAM

SIGN BELOW AT GROCERY STORE

Farmers Bank & Capital Trust Company Frankfort, Kentucky 40601

⑈0473551⑈ ⑆083900619⑆ 12 4668 2⑈

Date: 11/01/2007 Food Package B

Public, Sue Q. 8765432

Pt. Name Pt. I.D. Number

Valid 11/02/2007 To 12/01/2007

Issuer Initials DH

ID FOR FI PU 3

Sue R. Public

I have received three (3) food instruments starting with the serial number 0473551

Account No. 1246442

PREPRINTED FOOD INSTRUMENT WITH STUB
FOOD PACKAGE NSD2

PKG. NSD2 1

QTY	UNIT	APPROVED ITEM
6	CANS	12 OZ. POWDERED GOOD START * SUPREME DHA & ARA WITH IRON 5000021667

**********END OF LIST. VOID IF ALTERED**********

PATIENT I.D. NUMBER: XXXXXXX

NAME OF PARTICIPANT: LAST Public FIRST Baby MIDDLE A

FI No. 0336101

1 OF 2

HID/LOC 5001700 | First Day To Use 11/02/2007 | Last Day To Use 12/01/2007 | Date Redeemed:

Not Negotiable Unless WIC Agency Stamp Is Here | Deposit Within 60 Days of First Day to Use | Not Negotiable Unless WIC Vendor Stamp Is Here | PAY EXACTLY $

VOID
SAMPLE
VOID

KENTUCKY WIC PROGRAM

SIGN BELOW AT GROCERY STORE

Farmers Bank & Capital Trust Company Frankfort, Kentucky 40601

⑈0336101⑈ ⑆083900619⑆ 12 4671 2⑈

Date Issued: 11/01/2007 Food Package NSD2

Public, Baby A BAP101007

Pt. Name Pt. I.D. Number

Valid 11/02/2007 To 12/01/2007

Issuer Initials DH

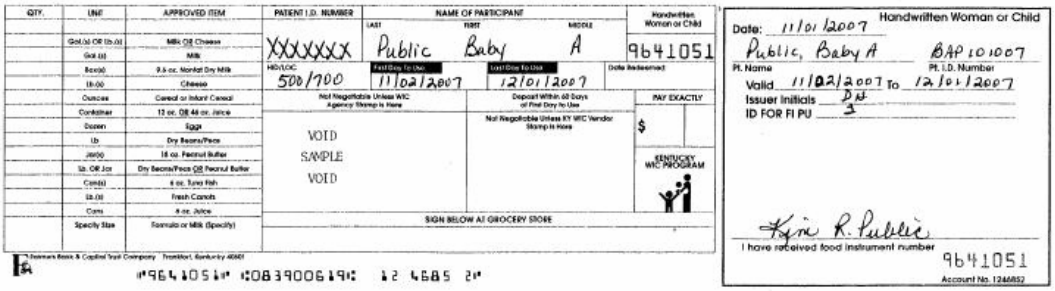
ID FOR FI PU: 3

Kim R Public

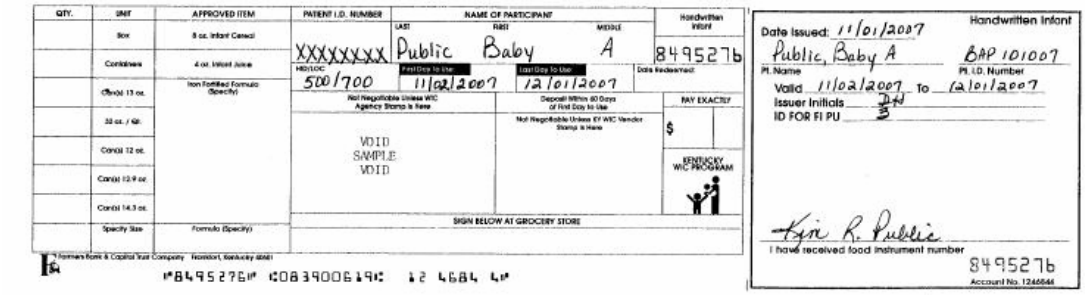
I HAVE RECEIVED TWO (2) FOOD INSTRUMENTS STARTING WITH THE SERIAL NUMBER 0336101

Account No. 1246712

HANDWRITTEN FOOD INSTRUMENT
WOMAN/CHILD WITH STUB



HANDWRITTEN FOOD INSTRUMENT
INFANT WITH STUB



WIC APPROVED FOOD LIST
WIC-40

Purpose	To inform participants of WIC approved foods.
When To Use	At initial certification and issuance, when approved foods change and as needed.
Instructions	Give to participant/caretaker.
Language	English and Spanish versions are available.
Ordering	Order from Pamphlet Library.
Effective Date	Effective October 1st to September 30th each year. Revised annually.

Breastfeeding is best for your baby

Kentucky

WIC

Approved Food List

WIC–40

FORMULA INVENTORY FORM

Purpose	For inventory of all formula returned to the site and issuance or disposal of returned formula.
When To Use	On-going for formula returned and returned formula dispensed.
Instructions	The left half is to document formula returned to the site. 1. Date Received – enter date returned formula is received in the site. 2. Formula Name – enter the name of the returned formula. 3. Can Size – enter the size of the can, typically in ounces, of the returned formula. 4. Type – check the type of formula returned. 5. Amount Received – enter the amount of formula that is returned. 6. Expiration Date – enter the expiration date on the can of formula. The right half is to document formula dispensed. 1. Date Dispensed – enter the date the formula is dispensed. 2. Amount Dispensed – enter the amount of formula dispensed. 3. Patient's Name or Other Disposition – enter the name of the patient formula is issued to, or name of the agency, organization, etc. that the formula was donated to. If formula is disposed of due to the expiration date, enter "disposed". 4. Staff initials – enter initials of staff dispensing the formula. NOTE: Copy inventory form as needed.
Retention	Maintain documentation of formula inventory for one (1) year.

Formula Inventory

Formula Received						Formula Dispensed			
Date Received	Formula Name	Can Size	Type	Amount Received	Expiration Date	Date Dispensed	Amount Dispensed	Patient's Name or Other Disposition	Staff Initials
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						

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WIC MAINTENANCE (MTCE) SCREEN

Completing the Patient Registration and Patient Encounter information on the Patient Services Reporting System (PSRS) will give access to the WIC MTCE Screen. After transmitting the necessary Patient Encounter information on the Encounter Entry Screen for a WIC action a WIC MTCE Screen will be automatically brought up for completion. The WIC MTCE Screen is used to initiate all actions for the WIC Program. See ”PATIENT REGISTRATION” and the ”PATIENT ENCOUNTER FORM (PEF) (CH-45)” in the PATIENT AND COMMUNITY HEALTH SERVICES REPORTING AND BILLING PROCEDURES section in Volume II of the Administrative Reference.

WIC Services are initiated through the WIC Maintenance Screen. Each type of action has an alpha character to identify the action. Actions are:

- A (Add) – to add a person to WIC.
- R (Recertification) – for a subsequent certification (recertification) to continue a person on WIC.
- W (Waiting List) – to place a person on a waiting list when directed by the State WIC Office.
- P (Print) – to print automated food instruments.
- Z (Replacement) – to print replacement food instruments.
- C (Change) – to change any patient information in the system.
- X (Reinstatement) – to put a terminated person that has eligibility remaining in the certification period back on WIC.
- B (Breastfeeding) – to update or change breastfeeding data.
- T (Termination) – to terminate a person.

The WIC MTCE Screen may return with the action field completed based upon data from the Encounter Entry Screen. The action must be reviewed to determine if it is the appropriate action or if the action should be changed before proceeding.

Data is entered on the WIC MTCE Screen from the Patient Encounter form (PEF). All applicable data must be completed in the WIC portion of the PEF for entry on the WIC MTCE Screen.

Data entered is edited in the system for validity and consistency and is compared to any previously reported participant information, if applicable. Entry of any incorrect or inconsistent information will return an error message for correction to be made. Upon correct data entry, the WIC action is accepted and a message of “WIC Action Completed” is returned.

Instructions for WIC MTCE Screen

A. The following is an explanation for each field needed to be completed for an Add (A), Recertification (R) or a Waiting List (W) action on the WIC Maintenance Screen:

    1. CLIENT-client number is always 30. This field is completed when the screen is displayed.
    2. HID/LOC/S - unique county code assigned by Local Health will feed from PSRS system. See Completing the Patient Registration Screen, Patient Registration.
    3. PATIENT ID-social security number or pseudo number generally fed from the PSRS system. See completing the Patient Registration Screen.
    4. BADGE # (Badge Number)-leave blank if local agency does not use.
    5. X-REF # (Cross Reference Number)-leave blank if local agency does not use.
    6. STATUS- field is completed with the following: Infant (I), Child (C), Pregnant (P), Postpartum (PP), Breastfeeding (BF). See the WIC Certification and Management Section, WIC Status/Category Qualifications for definitions of each status.
    7. WIC ACT (WIC ACTION)-complete field with A, R or W.
    8. ACTN DATE (ACTION DATE)- date WIC action is transmitted.
    9. INT CONT DATE (INITIAL CONTACT DATE)- date of first visit to clinic to request WIC. Complete only on an Add (A) action.

10. CERT DATE (CERTIFICATION DATE)- date of the certification. This date may be prior to the Action date.
11. EXPTD DELIV (EXPECTED DELIVERY DATE)- complete for a pregnant woman. This is the date the infant is due.
12. ACTUAL DELIV (ACTUAL DELIVERY DATE)- complete for a postpartum or breastfeeding woman. This is the date the infant is delivered.
13. WT AT BIRTH (WEIGHT AT BIRTH)- complete for an infant certification and when the child is less than two (2) years old. This is the birth weight of the infant in pounds (lbs) and ounces (oz).
14. NUTR RISK CRITR (NUTRITIONAL RISK CRITERIA)- complete for all status and certification actions. Risk(s) are determined by the certifying health professional. See the WIC Section in the PHPR for risks and codes.
15. DT MRS (DATE OF MEASURES)- date of the measurements used for certification. If automated growth chart is completed, data passes to WIC MTCE Screen.
16. FT/INS/FRACT (FEET AND INCHES)- height or length in feet (ft) and inches (in) used for certification, fractions must be in multiples of 1/8. If automated growth chart is completed, measures pass to WIC MTCE Screen.
17. LBS/OZ (POUNDS AND OUNCES)- weight pounds (lbs) and ounces (oz) used for certification. If automated growth chart is completed, measures pass to WIC MTCE Screen.
18. DT MRS (2nd DATE OF MEASURES)- date of measures for hemoglobin and hematocrit only, if the date is different than that used for height and weight. If no date is entered, it defaults to first date of measures.
19. HEMOG (HEMOGLOBIN)-hemoglobin used for certification, cannot be less than 4.9 or greater than 20.0.
20. HEMA% (HEMATOCRIT)-hematocrit used for certification, cannot be less than 10 or greater than 45.0.
21. STD FD PKG (STANDARD FOOD PACKAGE)-package assigned by health professional. See the WIC Section in the PHPR for food packages.
22. 1ST FP ISS MM/DD/CCYY (1ST FOOD PACKAGE ISSUE DATE)-first valid date for first full month of food instruments. This date must be the same as other household members who are receiving WIC benefits. See Putting Household Members on the Same Issuance in this section for guidance in placing family members on the same issuance date.
23. ID FOR FI PU (Pick up)-enter the proof code for identification of the person picking up food instruments. See Screens, Proof Codes For Identity.
24. PHYSICALLY PRESENT-complete Y/N field with Y (Yes) or N (No) for physical presence of the individual being certified. If Y/N is completed with N, must complete Exempt Reason with number 1-4 for reason for an exemption.
25. SPEC FORM NM (SPECIAL FORMULA)-complete only when the food package code does not provide a specific formula name. See the WIC Section in PHPR for food packages.
26. RX EXPIRE DT (PRESCRIPTION EXPIRATION DATE)-complete for all formulas other than contract brand. This is the last day that a prescription for formula is valid.
27. CURR BF (Currently Breastfeeding) – enter Y (Yes) or N (No) for currently breastfeeding. Must be answered until 24 months of age or no longer breastfeeding. If “N”, answer the Ever BF (Breastfed) question.
28. EVER BF (Breastfed) – enter Y (Yes) or N (No) for ever breastfed. If “Y”, the WIC Infant Breastfeeding Screen will return for completion.
29. TV – optional field for completion. Enter number of hours spent watching television from the following:
    0 = 0 and less than 1 hour per day
    1 = 1 hour per day
    2 = 2 hours per day
    3 = 3 hours per day
    4 = 4 hours per day
    5 = 5 or more hours per day
    6 = None
    9 or blank = unknown
30. PRINT -complete with a “P” to request the printing of food instruments.

31. ISSUANCE 1 MO-complete with an “X” to request the first month of issuance.
32. ISSUANCE 2 MO-complete with an “X” to request the second month of issuance for printing.
33. ISSUANCE 3 MO-complete with an “X” to request the third month of issuance for printing.
34. FMNP – complete with a “Y” to request WIC Farmers’ Market food instruments. This function is available only for designated agencies.
35. CHECK PREVIOUS FOOD INSTRUMENT-used to verify the sequence of food instruments. Enter “Y” or “N”.
36. BANK ACCOUNT NUMBER-enter the bank account number at the beginning of the day and it will stay precoded throughout the day.
37. START FI (STARTING FOOD INSTRUMENT)-complete with the first number of the food instrument to be printed. The first food instrument of the day is keyed then it is automatically fed from the food instrument log, however, this number should be verified at each printing.
38. LOCAL USE-local use only.
39. NEXT PATIENT ID #- used to pull up a new participant.
40. TRANSMIT-place cursor in the transmit box at the bottom of the page and transmit.

B. Print (P)-is used to print food instruments. The following is an explanation for each field needed to be completed for a Print (P) action:

1. WIC ACTION-complete field with (P) for Print.
2. ACTION DATE-date Print (P) action is transmitted.
3. ID FOR FI PU (Pick up)-complete with proof code for proof of identification of the person picking up food instruments. See Screens, Proof Codes For Identity.
4. SPECIAL FORMULA-complete only when the food package code does not provide a specific formula name. See the WIC Section in the PHPR for food packages.
5. PRINT -complete with a “P” to request the printing of food instruments.
6. ISSUANCE 1 MO-complete with an “X” to request the first month of issuance.
7. ISSUANCE 2 MO-complete with an “X” to request the second month of issuance for printing.
8. ISSUANCE 3 MO-complete with an “X” to request the third month of issuance for printing.
9. FMNP – complete with a “Y” to request WIC Farmers’ Market food instruments. This function is available only for designated agencies.
10. CHECK PREVIOUS FOOD INSTRUMENT-used to verify the sequence of food instruments. Enter “Y” or “N”.
11. BANK ACCOUNT NUMBER-enter the bank account number at the beginning of the day and it will stay precoded throughout the day.
12. START FI (STARTING FOOD INSTRUMENT)-complete with the first number of the food instrument to be printed. The first food instrument of the day is keyed then it is automatically fed from the food instrument log, however, this number should be verified at each printing.
13. LOCAL USE-local use only.
14. NEXT PATIENT ID #- used to pull up a new participant.
15. TRANSMIT-place cursor in the transmit box at the bottom of the page and transmit.

C. Replacement (Z)-is used to print replacement food instruments. The following is an explanation for each field to be completed on the maintenance screen to get a replacement (Z) screen. For additional guidance see Replacing Food Instruments in this section.

1. WIC ACTION-Complete field with (Z) for Replacement.
2. ACTION DATE-date WIC action is transmitted.
3. TRANSMIT-place cursor in the transmit box at the bottom of the page and transmit.
4. Replacement “Z” screen returns.

On the Replacement Screen do the following:

1. CLIENT – client number is always 30. This field is completed when the screen is displayed.
2. HID/LOC/S – unique county code assigned by Local Health will feed from PSRS system.
3. PATIENT ID – social security number or pseudo number generally feed from PSRS system.

4. BADGE # (Badge Number)-leave blank if local agency does not use.
5. X-REF # (Cross Reference Number)-leave blank if local agency does not use.

6. REPLACE-place an "X" in the Replace column next to the desired month(s) to be replaced.
7. IST ISS DT – is precoded into the system.
8. LAST VALID DT – is precoded into the system.
9. REPLACEMENT PACKAGE-if the Food Package is changing, enter the new standard food package code in the Replacement Pkg. Field (See the WIC Section in the PHPR for food package codes).
10. QUANTITY RETURNED-when replacing formula only (Infants and FPIII) for the current month the following fields must be completed:
    a. Replacement package (the same or changed)
    b. Quantity returned (actual formula or food instrument(s) or a combination of both) for the valid dates within the current month.
    c. The computer will automatically calculate the amount of replacement formula and print the appropriate number of food instruments.
11. FORMULA, CEREAL, JUICE-when replacing formula/cereal/juice (Infants and FPIII) for the current month the following fields must be completed:
    a. Replacement package (if the same or changed).
    b. Quantity returned (actual formula or food instrument(s) with formula/cereal/juice) for valid dates within the current month.
    c. The computer will automatically calculate the amount of replacement formula/cereal, juice and print the appropriate number of food instruments.
12. ID FOR FI PU (Pick up)-Complete with proof code for proof of identity of the person picking up food instruments. See Screens, Proof Codes for Identity.
13. SPEC FORM NM (SPECIAL FORMULA NAME) - complete only when the food package code does not provide a specific formula name. See the WIC Section in PHPR for food packages.
14. RX EXPIRE DT. (PRESCRIPTION EXPIRATION DATE)-enter the prescription expiration date determined by the physician in the field provided for any formula other than contract brand.
15. PRINT -to print food instrument(s) put a "P" in the Print Action field.
16. WOMEN/CHILD REPLACEMENT FI-when replacing Women/Child food packages, enter a 1, 2, or 3 to correspond with the food instruments to be replaced in the current month series (this gives the user the ability to replace only food instruments desired from the current series). This field is used for Women or Children ONLY. This field is NOT to be completed for Infants. For distribution of food instruments, refer to the PHPR, WIC, Food Package Distribution Charts.
17. CHECK PREVIOUS FI-it is precoded.
18. STARTING FOOD INSTRUMENT-complete with the first number of the food instrument to be printed.
19. BANK ACCOUNT #-it is precoded.
20. NEXT PATIENT ID #- used to pull up a new participant.
21. Place cursor in the transmit box at the bottom of the page and transmit.
22. The system will print new food instruments with the new information provided on the Replacement Screen.

D. Change (C)-is used to change any information on the participant and print FIs if needed. The following is an explanation for each field to be completed for a Change (C) action. DO NOT USE THIS ACTION TO REPLACE FOOD INSTRUMENTS.

1. WIC ACTION-complete field with (C). See the A, R, W action for a definition of each field.
2. ACTION DATE-date transaction is transmitted.
3. PRINT -complete with a "P" to request the printing of food instruments use (P) for print.
4. ISSUANCE 1 MO-complete with an "X" to request the first month of issuance.
5. ISSUANCE 2 MO-complete with an "X" to request the second month of issuance for printing.
6. ISSUANCE 3 MO-complete with an "X" to request the third month of issuance for printing.
7. FMNP – complete with a "Y" to request WIC Farmers' Market food instruments. This function is available only for designated agencies.

8. CHECK PREVIOUS FOOD INSTRUMENT-used to verify the sequence of food instruments. Enter “Y” or “N”.
9. BANK ACCOUNT NUMBER-enter the bank account number at the beginning of the day and it will stay precoded throughout the day.
10. STARTING FOOD INSTRUMENT-complete with the first number of the food instrument to be printed. The first food instrument of the day is keyed then it is automatically fed from the food instrument log, however, this number should be verified at each printing.
11. TRANSMIT-place cursor in the transmit box at the bottom of the page and transmit.

E. Reinstatement (X)-is used to re-add a terminated person that has eligibility remaining in the certification period and print FIs if needed. The following is an explanation for each field to be completed for a Reinstatement (X):

1. WIC ACTION-complete field with (X) for a Reinstatement.
2. ACTION DATE-date action is transmitted.
3. PRINT -complete with a “P” to request the printing of food instruments use (P) for print.
4. ISSUANCE 1 MO-complete with an “X” to request the first month of issuance.
5. ISSUANCE 2 MO-complete with an “X” to request the second month of issuance for printing.
6. ISSUANCE 3 MO-complete with an “X” to request the third month of issuance for printing.
7. CHECK PREVIOUS FOOD INSTRUMENT-used to verify the sequence of food instruments. Enter “Y” or “N”.
8. BANK ACCOUNT NUMBER-enter the bank account number at the beginning of the day and it will stay precoded throughout the day.
9. STARTING FOOD INSTRUMENT-complete with the first number of the food instrument to be printed. The first food instrument of the day is keyed then it is automatically fed from the food instrument log, however, this number should be verified at each printing.
10. TRANSMIT-place cursor in the transmit box at the bottom of the page and transmit.

F. Breastfeeding (B) – is used to verify and update that the Breastfeeding questions have been answered. Report breastfeeding data for an infant/child up to 24 months of age.

1. WIC ACTION - complete field with (B) for Breastfeeding.
2. ACTION DATE – date action is transmitted.
3. TRANSMIT-place cursor in the transmit box at the bottom of the page and transmit.

ON THE BREASTFEEDING SCREEN DO THE FOLLOWING:

1. Answer the “Number of Months/Weeks Breastfed?” question or the “Number of Weeks Breastfed?” question for the “Number of Days” question and then go to the bottom of the page and transmit the screen.
2. See WIC Infant Breastfeeding Screen (WCIE Screen) in this section.

G. Termination (T) – is used to terminate a participant from WIC. The following is an explanation for each field to be completed for a T action.

1. WIC ACTION – complete field with a T for termination.
2. ACTION DATE – date action is transmitted.

WIC MAINTENANCE (MTCE) SCREEN

```
WIC Pt Mtce Scr
File Edit Patient Billing Lab Table Follow-up Supplemental Community Navigate Printing Help
                    W I C   P A T I E N T   M T C E   S C R E E N
Name - BARLOW  MARVINA  T       Birth Dt:08052005  Status:
  Func                Client  Hid/Loc/S     Pat Id #  Badge #   X-ref #     Pef #
                        30     500500       999999999
Status:  I  (I)nfant   (C)hild   (P)regnant   (PP)ostpartum   (BF)reastfeeding
Wic Inelig    Actn    Int Cont    Cert     Exptd     Actual   Wt At
Act Reason    Date      Date      Date     Deliv     Deliv    Birth
                / /     / /       / /      / /       / /

-Nutr  Risk  Critr-  Pri      Dt Mrs        Ft/Ins/Fract       Lbs  Oz
                              / /           /  /
                                            /
                          Std     1st  FP Iss        ID for     Physically   Present
Dt Mrs     Hemog   Hema%  Fd Pkg  MM/DD/CCYY         FI PU      Y/N   Exempt  Reason
 / /

Spec Form Nm

RX Expire Dt      / /            Curr Bf    Ever Bf    TV
FI Action   (P)rint    Issuance  1mo   2mo   3mo   FMNP
                       Bank Acct # Start FI#        Local Use       Next Pat Id #
Check Prev FI (Y)es  Y  1246704
              (N)o
Transmit
                                   5/29/20  10:52 A  Page
```

REPLACEMENT Z ACTION SCREEN

Kentucky Patient Scheduling System

File Edit Patient Billing Lab Table Follow-up Supplemental Community Navigate Printing Help

CDS1217 W I C R E P L A C E M E N T Z S C R E E N

Name: BARLOW MARVINA T Birth Date: 01012004 Status: INFANT

Func	Client	Hid/Loc/S	Pat Id #	Badge #	Cross Reference #
	30	500500	999999999 9		

Replace	1st Iss Dt	Last Valid Dt	# FI Printed	Partial	Act	Processed
	03172004	04162004	2	FULL	A	03182004
	04172004	05162004	2	FULL	P	03222004
	05172004	06162004	3	FULL	P	03222004

Replacement Pkg Quantity Returned: Formula Cereal Juice

ID for FI PU

Spec Form Nm

RX Expire Dt 03052005

Print Action? (P)rint/(L)og/(S)tore Woman/Child Replacement FI

Bank Account # Starting FI # Next Patient Id #

Check Previous FI? (Y)es or (N)o: Y 1246704

Transmit

03/24/200 8:13 AM Page 1

WIC Proof of Residence, Identity, and Income

Screen Code	Type of Proof	Residence	Identity	Income
1	Current Medicaid[1] eligibility (KY Health-Net, MDID, Voice Response, DCBS) / Presumptive Eligibility ID/Medicaid BCCTP ID	Yes[4]	Yes[4]	Yes[5]
2	Food Stamp Letter DCBS Verification	Yes	Yes	Yes
3	Drivers License	Yes	Yes for adult	
4	Immunization Record		Yes	
5	Birth Certificate		Yes	
6	School ID or Record	Yes	Yes	
7	Hospital Record/Birth Card	Yes with address	Yes	
8	Voter Registration Card	Yes	Yes	
9	Current Mail/Bill	Yes	Yes	
10	Photo ID	Yes with address	Yes	
11	Social Security Card		Yes	
12	Property Tax Bill/Receipt	Yes	Yes with name	
13	Current Rent/Mortgage Lease/Receipt	Yes	Yes with name	
14	Statement of No Proof [2]	Yes	Yes	Yes
15	Staff Recognition[3]	Yes for recert. and FIs[3]	Yes for recert. and FIs[3]	
16	Current Pay Check/Stub	Yes with address	Yes with name	Yes if gross income
17	Tax Return/W-2 Form	Yes with address	Yes with name	Yes
18	Unemployment Letter	Yes with address	Yes with name	Yes
19	Social Security Earnings	Yes with address	Yes with name	Yes
20	Leave and Earnings (Military)	Yes with address	Yes with name	Yes
21	Participant Folder [3]		Yes for recert. and FIs[3]	
22	Medical Record [3]		Yes for recert. and FIs[3]	
23	Adjunct Eligibility based on Household Member	Yes with pt. address		Yes[5]
24	Hospital Certification	Proof required in 30 days	Proof required in 30 days	Proof required in 30 days
50	Other – Must document type of proof in patient chart	Yes with address	Yes with name	Yes if amount and time frame specified

1 Persons eligible for KTAP receive Medicaid. Any other proof for KTAP, use "other" code.
2 Statement is good for the certification period.
3 Acceptable proof must have been presented and documented before use.
4 Proof of residence and identity must be seen for Presumptive Eligibility and BCCTP.

WIC-PC 2/07

WIC Program
Proof of Residence, Identity, and Income

Proof Required At:	Residence	Identity	Income
Initial certification	Must have one type of proof	Must have one type of proof	Must have proof/ verification for adjunct eligibility [5] or household income
Accepting a Transfer/VOC	Must have one type of proof	Must have one type of proof	Not required
Recertification	Staff recognition [3] or one type of proof	Staff recognition [3] or one type of proof	Must have proof/ verification for adjunct eligibility [5] or household income
FI Issuance	Not required	Person picking up FIs must have one type of proof or Staff recognition [3] Participant Folder [3] Medical Record [3]	Not required

3 Acceptable proof must have been presented and documented before use.

5 Who is adjunct eligible?

- The applicant who receives Medicaid, KTAP, or Food Stamps.
- The infant who is a newborn eligible under mom's Medicaid eligibility.
- The applicant who lives with a pregnant woman or an infant that receives Medicaid.
- The applicant who lives with anyone that receives KTAP.
- A pregnant woman presumptively eligible for Medicaid.
- The applicant who lives with a pregnant woman who is presumptively eligible for Medicaid.
- A woman eligible for Medicaid BCCTP.
- The applicant who lives with a pregnant woman who receives Medicaid BCCTP.

ACKNOWLEDGEMENT OF FOOD INSTRUMENT RECEIPT

This screen is accessed to acknowledge receipt of WIC food instruments sent from the State WIC Office to the local health department.

GUI Access

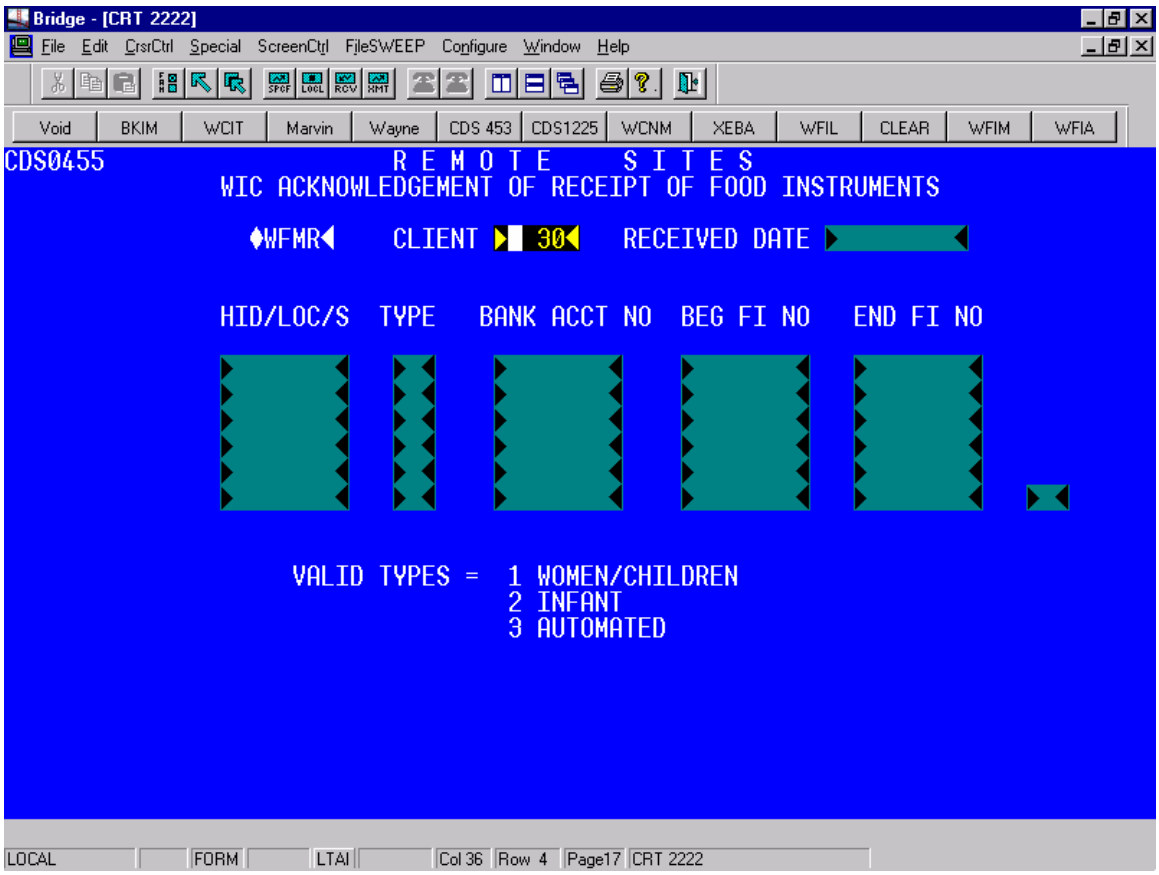
1. Click Patient on the Status Bar at the top of the screen.
2. On the drop-down menu, click WIC.
3. On the second drop-down menu, click Food Instruments (FI).
4. On the third drop-down menu, click FI Receipt (CDS 455).

BRIDGE Access

1. On a blank screen, type CDS 455.
2. <transmit>

INSTRUCTIONS FOR CDS 455

1. Enter client number.
2. Enter received date.
3. Enter HID/LOC/S.
4. Enter type of food instrument. See screen for valid types codes.
5. Enter bank account number.
6. Enter beginning food instrument number.
7. Enter ending food instrument number.
8. Transmit.



WFIL SCREEN
(WIC FOOD INSTRUMENT INVENTORY)

This screen is used to access the food instrument inventory for a particular site. For each series of food instruments the screen indicates the number issued, the number voided, and the number used and unused as has been entered in the system.

GUI Access

1. Click Patient on the Status Bar at the top of the screen.
2. On the drop-down menu, click WIC.
3. On the second drop-down menu, click Food Instruments (FI).
4. On the third drop-down menu, click Log Menu (WFIL).
5. Enter HID/LOC.
6. <enter> The food instrument inventory screen will appear for the site requested.

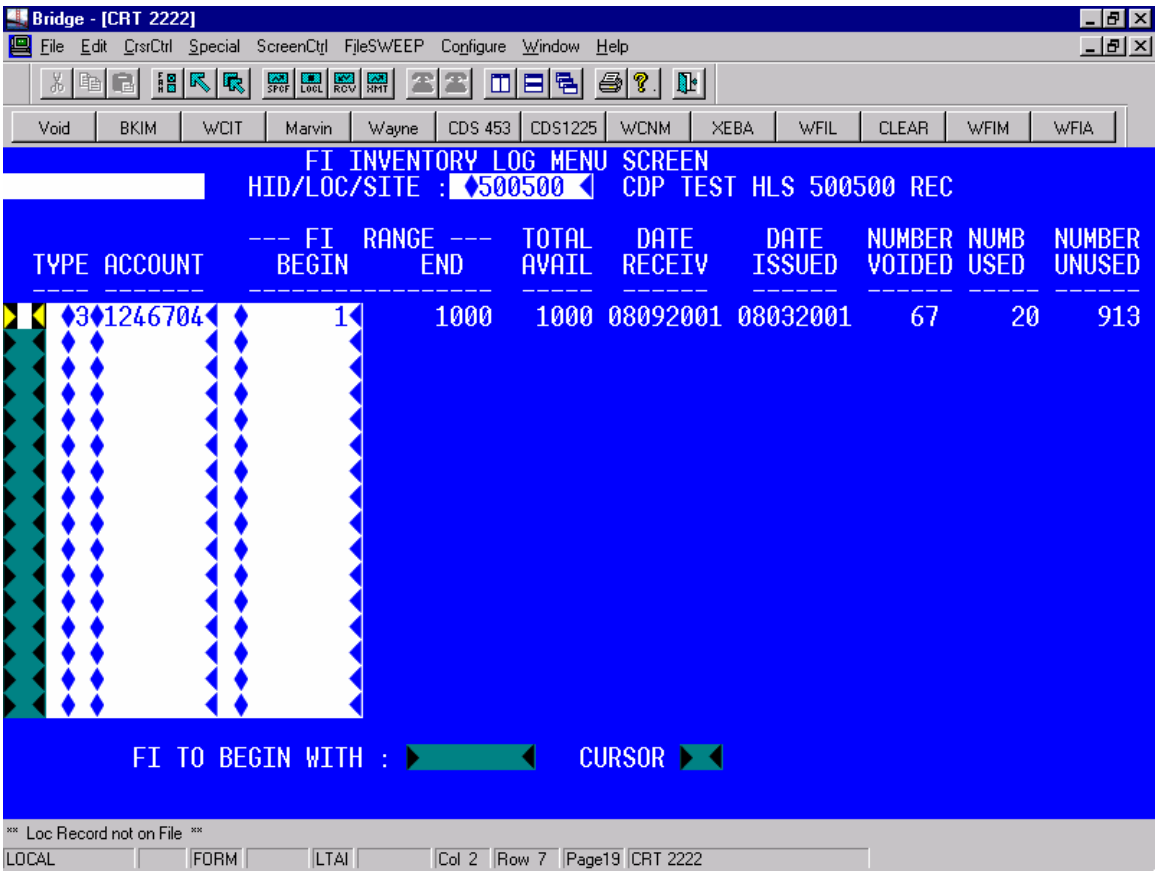
BRIDGE Access

1. On a blank screen, type WFIL 30 (HID/LOC).
2. <transmit> The food instrument inventory screen will appear for the site requested.

INSTRUCTIONS FOR WFIL SCREEN

1. The Inventory Log Posting Screen (WFIM) can be accessed from the WFIL screen by putting any letter in the field adjacent to any series of food instruments listed on the WFIL screen. <transmit>

2. The unused inventory can be reviewed by placing a "D" in the field adjacent to any series of food instruments listed on the WFIL screen. <transmit>



WFIA SCREEN
(FILE INQUIRY OF FI'S)

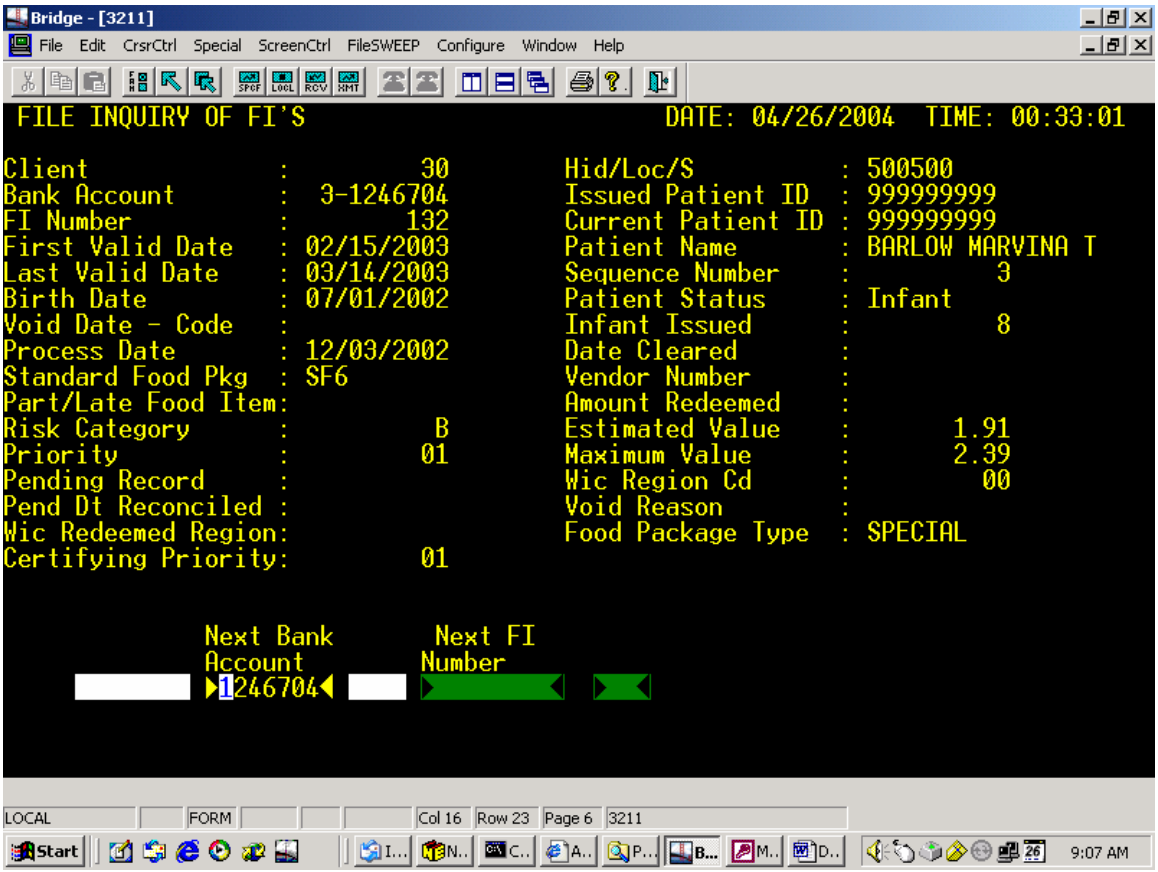
This screen is used to determine if a food instrument has cleared the contracted bank.

GUI Access

1. Click Patient on the Status Bar at the top of the screen.
2. On the drop-down menu, click WIC.
3. On the second drop-down menu, click Food Instruments (FI).
4. On the third drop-down menu, click Serial # View (WFIA).
5. Enter bank account number and food instrument number.
6. <enter> The File Inquiry of FI's will appear for the food instrument requested.

BRIDGE Access

1. On a blank screen, type WFIA (bank account number) (food instrument number).
2. <transmit> The File Inquiry of FI's will appear for the food instrument requested.



STOP PAY SCREEN

This screen is used to place a Stop Pay on lost or stolen food instruments.

GUI Access

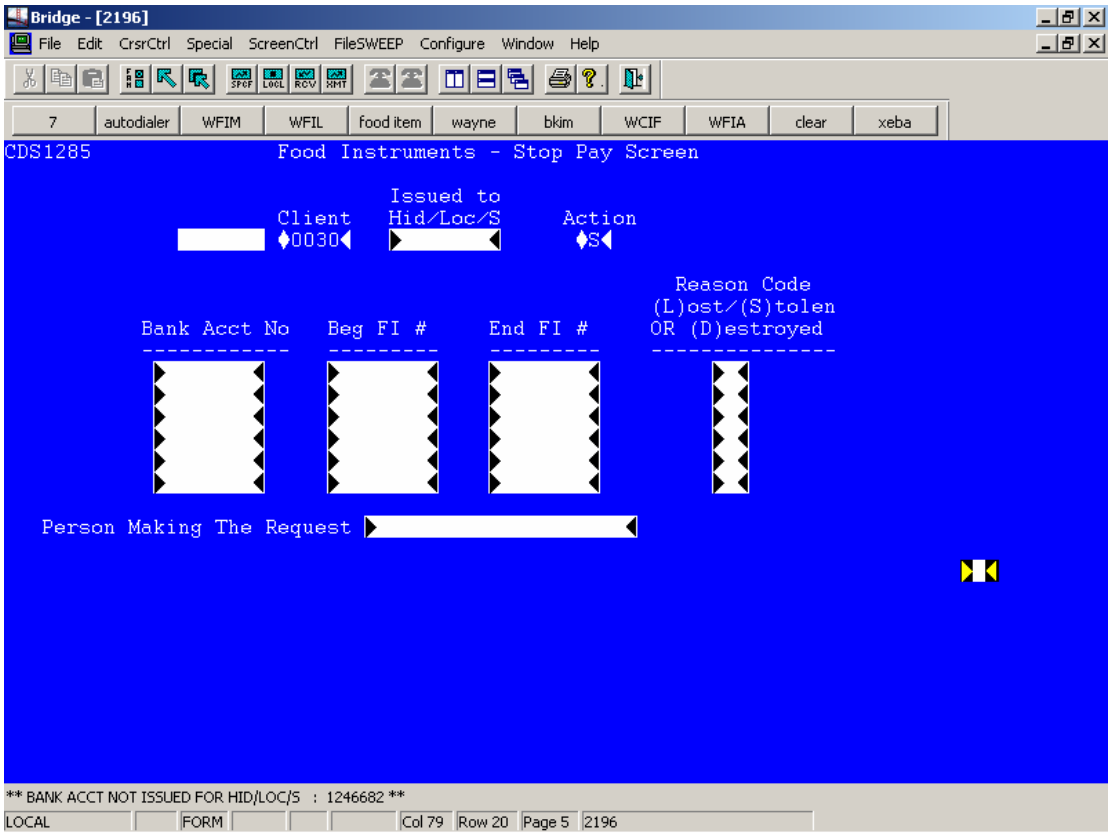
1. Click Patient on the Status Bar at the top of the screen.
2. On the drop-down menu, click WIC.
3. On the second drop-down menu, click Food Instruments (FI).
4. On the third drop-down menu, click Stop Pay (CDS 1285)
5. <Enter>.

BRIDGE Access

1. On a blank screen, type CDS 1285.
2. <Transmit>.

INSTRUCTIONS FOR CDS 1285

1. Enter client number<30>.
2. Enter HID/LOC/S.
3. Enter Bank Account Number.
4. Enter Beginning Food Instrument Number.
5. Enter Ending Food Instrument Number (If only one FI, enter same number).
6. Enter Reason Code (L)ost, (S)tolen or (D)estroyed.
7. Enter your name.
8. <Transmit>.



WFIM SCREEN
(WIC INVENTORY LOG POSTING SCREEN)

This screen is used to post issuance, change or void food instruments for a particular participant.

GUI Access

1. Click Patient on the Status Bar at the top of the screen.
2. On the drop-down menu, click WIC.
3. On the second drop-down menu, click Food Instruments (FI).
4. On the third drop-down menu, click Posting (WFIM)
5. <Enter>.
6. Clinic = HID/LOC.
7. Type Bank Account #.
8. Type FI #.
9. <Enter>.

BRIDGE Access

1. On a blank screen, type WFIM 30 (HID/LOC) (bank account number) (food instrument number).
2. <Transmit>.

INSTRUCTIONS FOR WFIM SCREEN

I. To post issuance of a food instrument for a particular person use the following procedures:

a. Type an “I” in the action field
b. Type the first valid date (first day to use) and the last valid date (last day to use) and Patient ID in the corresponding fields.
c. Type the last name and the first name in the corresponding fields.
d. Move the cursor to the transmit box.
e. <Transmit>.
f. The food instrument will be posted to that specific WIC participant.

NOTE: If food instruments are older than thirty (30) days use * instead of an “I” in the FI action field.

II. To change information for a particular food instrument already posted use the following procedures:

a. Type a “C” in the action field.
b. Correct the necessary information
c. <Transmit>.

III. To void a food instrument, use the following procedures:

a. Enter a “5” or “6” in the action field
b. <Transmit>.

IV. To bring up a new food instrument for the same person, use the following procedures:

a. Tab to the next bank account field.
b. Type bank account number.
c. Type new food instrument number in the next FI # field.
d. <Transmit>.

FI INVENTORY LOG POSTING SCREEN (WFIM SCREEN)

Bridge - [CRT 2222]

File Edit CrsrCtrl Special ScreenCtrl FileSWEEP Configure Window Help

Void | BKIM | WCIT | Marvin | Wayne | CDS 453 | CDS1225 | WCNM | XEBA | WFIL | CLEAR | WFIM | WFIA

F I I N V E N T O R Y L O G P O S T I N G

Client 30 Hid/Loc/Site 500500 Bank Acct # 1246704

FI #	Act	1st Vld Dt	Last Vld Dt	Patient ID	Name	Void Date	CD	Proc/Act Date
8		09122001	10112001	748159263	BARLOW MARVINA T	08172001	5	02152002-5
9		09122001	10112001	748159263	BARLOW MARVINA T	08172001	5	02152002-5
10		09122001	10112001	748159263	BARLOW MARVINA T	08172001	5	02152002-5
11		09122001	10112001	748159263	BARLOW MARVINA T	08172001	5	02152002-5
12		08122001	09112001	748159263	BARLOW MARVINA T	08172001	5	02152002-5
13		08122001	09112001	748159263	BARLOW MARVINA T	08172001	5	02152002-5
14		09122001	10112001	748159263	BARLOW MARVINA T	08172001	5	02152002-5
15		09122001	10112001	748159263	BARLOW MARVINA T	08172001	5	02152002-5
16		09122001	10112001	748159263	BARLOW MARVINA T	08172001	5	02152002-5
17		10122001	11112001	748159263	BARLOW MARVINA T	08172001	5	02152002-5
18		10122001	11112001	748159263	BARLOW MARVINA T	08172001	5	02152002-5
19		10122001	11112001	748159263	BARLOW MARVINA T	08172001	5	02152002-5
20		11122001	12112001	748159263	BARLOW MARVINA T	08172001	5	02152002-5
21		10292001	11282001	748159263	BARLOW MARVINA T	08172001	5	02152002-5
22		12122001	01112002	748159263	BARLOW MARVINA T	08172001	5	02152002-5
23		12122001	01112002	748159263	BARLOW MARVINA T	08172001	5	02152002-5

Next Bank Acct # 1246704 Next FI # 24

Actions : I - Issue : C - Change : 5 - Void 55 : Z - Replace

LOCAL | FORM | LTAI | Col 22 | Row 3 | Page15 | CRT 2222

WCNM SCREEN
(WIC PARTICIPANT NAME LOOK-UP)

This screen is used to look up WIC participant actions by name. Entering one of the letter commands by the participant name will allow access to the screen requested.

GUI Access

1. Click Patient on the Status Bar at the top of the screen.
2. On the drop-down menu, click WIC.
3. On the second drop-down menu, click Name (WCNM).
4. <Enter>.
5. Clinic = HID/LOC.
6. Patient Name = First Initial and Last Name of Patient.
7. <Enter>. A list of WIC participant names will appear.

BRIDGE Access

1. On a blank screen, type WCNM 30 (HID/LOC) (First Name) (Last Name).
2. <Transmit>. A list of WIC participant names will appear.

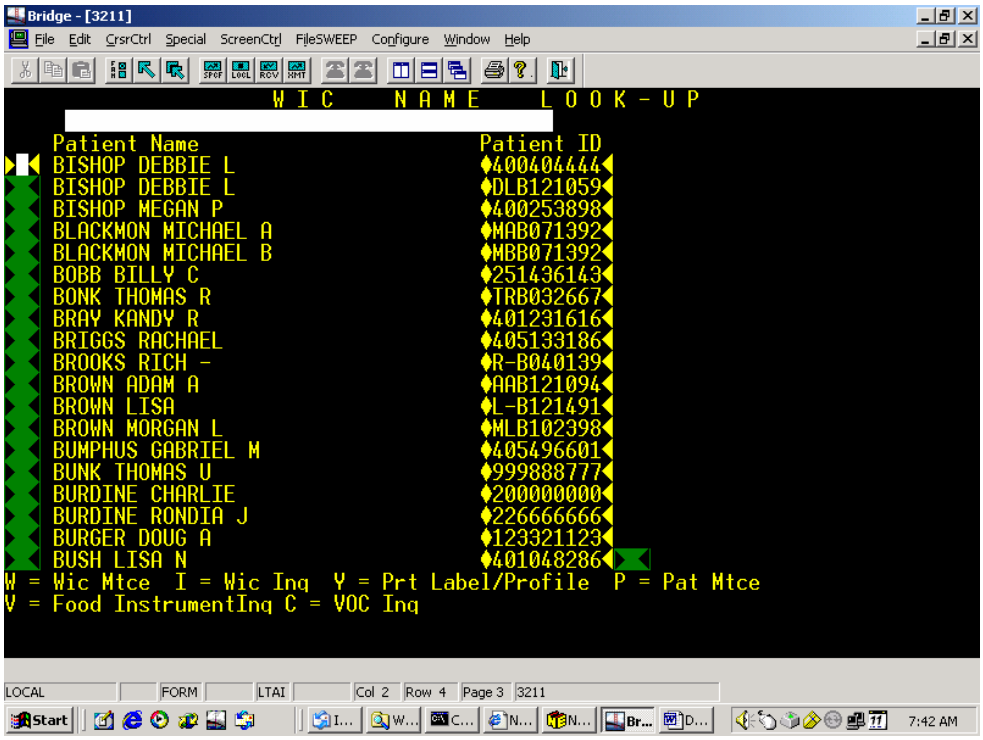
INSTRUCTIONS FOR WCNM SCREEN

1. In the field adjacent to the name being researched enter one of the following letter commands:

   W = WIC MAINTENANCE SCREEN (WIC MTCE)
   I = WIC INQUIRY SCREEN (WIC INQ)
   Y = PRINT LABEL/PROFILE (PAT LABEL/PROFILE)
   P = PATIENT MAINTENANCE (PAT MTCE)
   V = FOOD INSTRUMENT INQUIRY
   C = VOC INQUIRY (VOC INQ)

2. Put cursor in the transmit box at the bottom of the screen and <transmit>.

WIC PARTICIPANT NAME LOOK-UP (WCNM SCREEN)



WIC INFANT BREASTFEEDING SCREEN
(WCIE SCREEN)

Automatically appears whenever a (Y)es is placed on the WIC Patient Maintenance Screen in the Ever BF field until the participant is 24 months old.

INSTRUCTIONS FOR BREASTFEEDING SCREEN

Time Breastfed:

Enter the number of Months/Weeks an infant has been breastfed per the instructions on the screen.

Supplemental feeding:

Enter the age of the infant in weeks at introduction of supplemental feeding.

To correct information for an infant:

a. Type a “B” in the Action Field on the WIC Maintenance Screen.

b. Enter the action date. <transmit> The Breastfeeding Screen will automatically appear.

c. Correct the necessary information.

d. <Transmit>.

DO NOT ERASE THIS SCREEN WITHOUT ANSWERING THE APPROPRIATE QUESTIONS. DOCUMENT CORRECTIONS IN THE MEDICAL RECORD.

WIC INFANT BREASTFEEDING (WCIE SCREEN)

WIC Infant Breastfeeding

File Edit Patient Billing Lab Fayette Co Table Follow-up Supplemental Community Navigate Printing Help

W I C I N F A N T B R E A S T F E E D I N G S C R E E N

Name - BARLOW MARVINA T Birth Dt: 02012004 Status: INFANT

Func	Client	Hid/Loc/S		Pat Id No		Badge #	X-ref No
	30	500500		999999999	9		

Status : I

Action Date: 05092006

Time Breastfed:

Number of Months/Weeks / NOTE: Breastfeeding less than 4 days report as days.

or

Number of Weeks 04-10 DAYS = 1 WEEK 11-17 DAYS = 2 WEEKS

or 18-24 DAYS = 3 WEEK 25-31 DAYS = 4 WEEKS

Number of Days

Supplemental feeding

Age in weeks at introduction

Note: 00-30 Age in weeks at introduction

31 31+ Weeks

77 Not fed anything other than breast milk

99 Unknown or not applicable, child never breastfed

Transmit

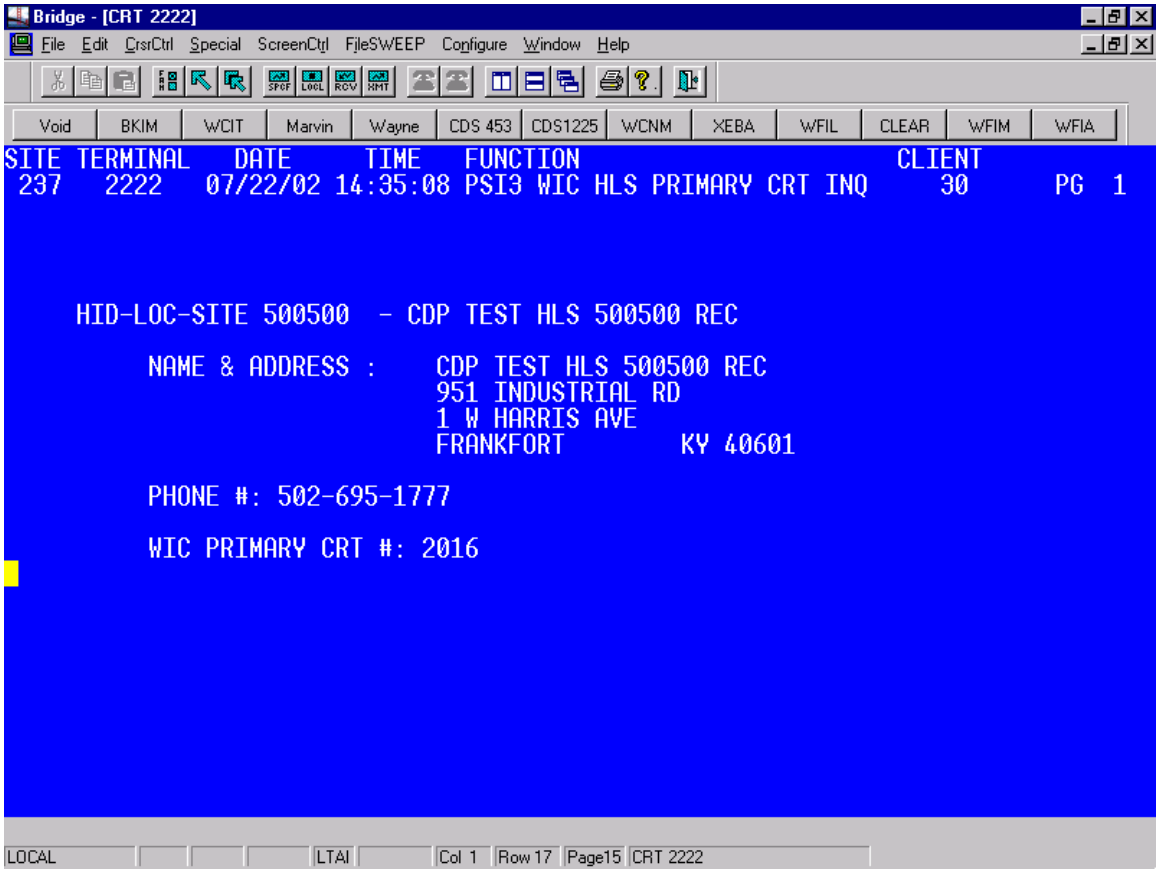
5/9/200 7:37 AM Page

PSI3 SCREEN
(HEALTH DEPARTMENT LOOK-UP SCREEN)

This screen is used to give various listing of health department addresses and terminal numbers.

INSTRUCTIONS FOR PSI3 SCREEN

1. On a blank screen type PSI3 30 <transmit>.
2. This will bring up a list of all health departments in the State of Kentucky.
3. On a blank screen type PSI3 30 (HID) <transmit>.
4. This will bring up a list of all sites within that district.
5. On a blank screen type PSI3 30 (HID/LOC) <transmit>.
6. This will bring up a listing of the specific health department's address and main terminal number.



BKIM SCREEN
BANK PAID MAINTENANCE SCREEN

Use this screen to comment about a food instrument on the 1915 (Unmatched Redemptions) and the 1979 (Unmatched Redemptions – Void 6) reports.
The user is allowed to make comments on the food instrument(s) that appears on Reports 1915 and 1979. The comments will remain on the 1915 report (30 days) from the report.

GUI Access

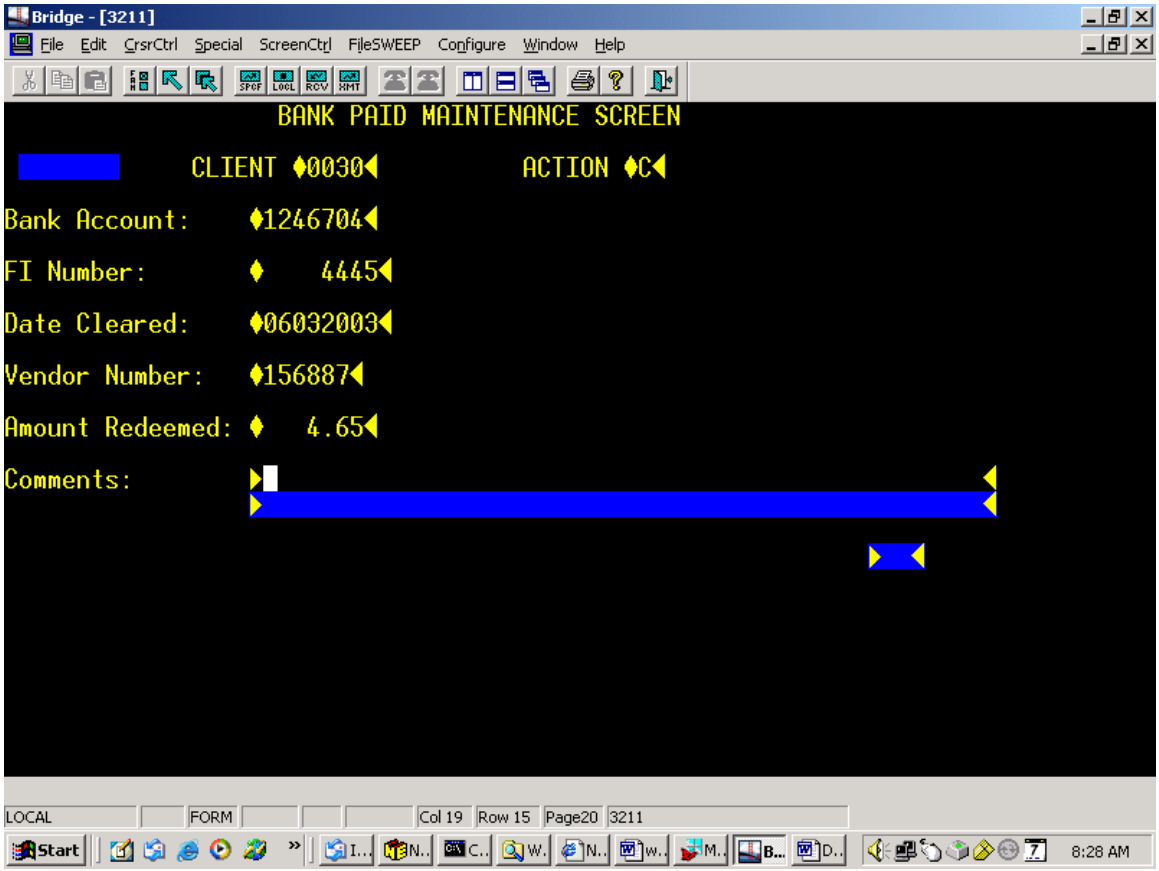
a. Click Patient on the Status Bar at the top of the screen.
b. On the drop-down menu, click WIC.
c. On the second drop-down menu, click Food Instruments (FI).
d. On the third drop-down menu, click Unmatched Comments (BKIM).
e. Type Report Number.
f. Type Bank Account Number and Food Instrument Number.
g. <Enter>.

BRIDGE Access

a. On a blank screen, type BKIM 30 (HID/LOC) (Report Number) (Bank Account #) (Food Instrument #).
b. <Transmit>.

INSTRUCTIONS FOR USING THE BKIM SCREEN

1. The BKIM screen for that food instrument will appear.
2. Type any comments pertaining to this food instrument in the comments section. For example; bank error or misread.
3. Transmit.


Bridge - [3211]
File Edit CrsrCtrl Special ScreenCtrl FileSWEEP Configure Window Help
BANK PAID MAINTENANCE SCREEN
CLIENT ♦0030◄
ACTION ♦C◄
Bank Account: ♦1246704◄
FI Number: ♦ 4445◄
Date Cleared: ♦06032003◄
Vendor Number: ♦156887◄
Amount Redeemed: ♦ 4.65◄
Comments:
LOCAL
FORM
Col 19
Row 15
Page20
3211
Start
8:28 AM

BKIV SCREEN
BANK VOID MAINTENANCE SCREEN

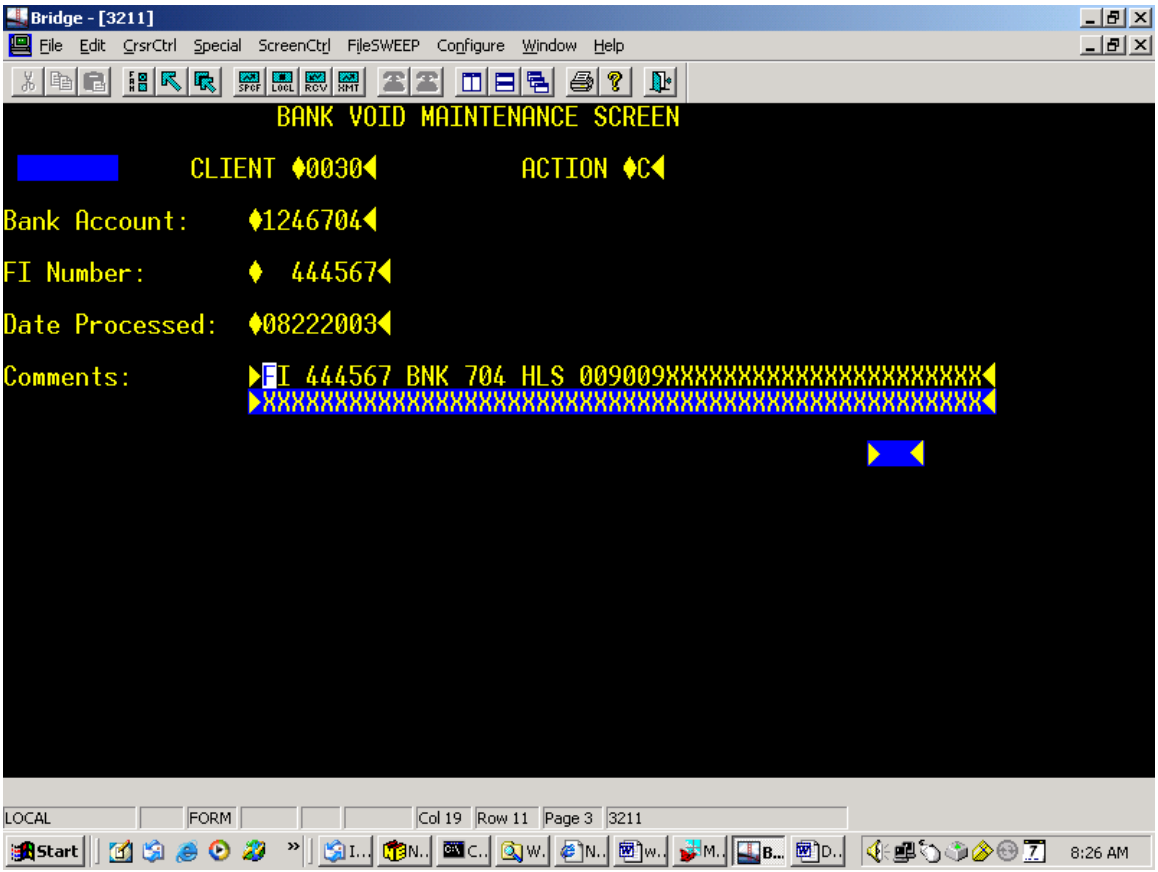
This screen is used to comment about a food instrument on the 1940 (Bank Voids not voided in CDP system) report.

BRIDGE Access

1. On a blank screen, type BKIV 30 (HID/LOC) (Bank Account #) (Food Instrument #).
2. <Transmit>.

INSTRUCTIONS FOR USING THE BKIV SCREEN

1. Type any comments pertaining to this food instrument in the comments section. For example: food instrument numbers are off.
2. <Transmit>.



WCBA SCREEN
(WIC MENU SCREEN)

This screen is used for the following WIC related functions:

a. Reprint patient label/profile;

b. Review last action for patient;

c. Name look up;

d. Reprint issuance label

GUI Access

1. Click Patient on the Status Bar at the top of the screen.
2. On the drop-down menu, click WIC.
3. On the second drop-down menu, click Menu (WCBA).
4. Type HID/LOC.
5. <Enter>.

BRIDGE Access

1. On a blank screen type WCBA 30 (HID/LOC).
2. <Transmit>.

INSTRUCTIONS FOR WCBA SCREEN

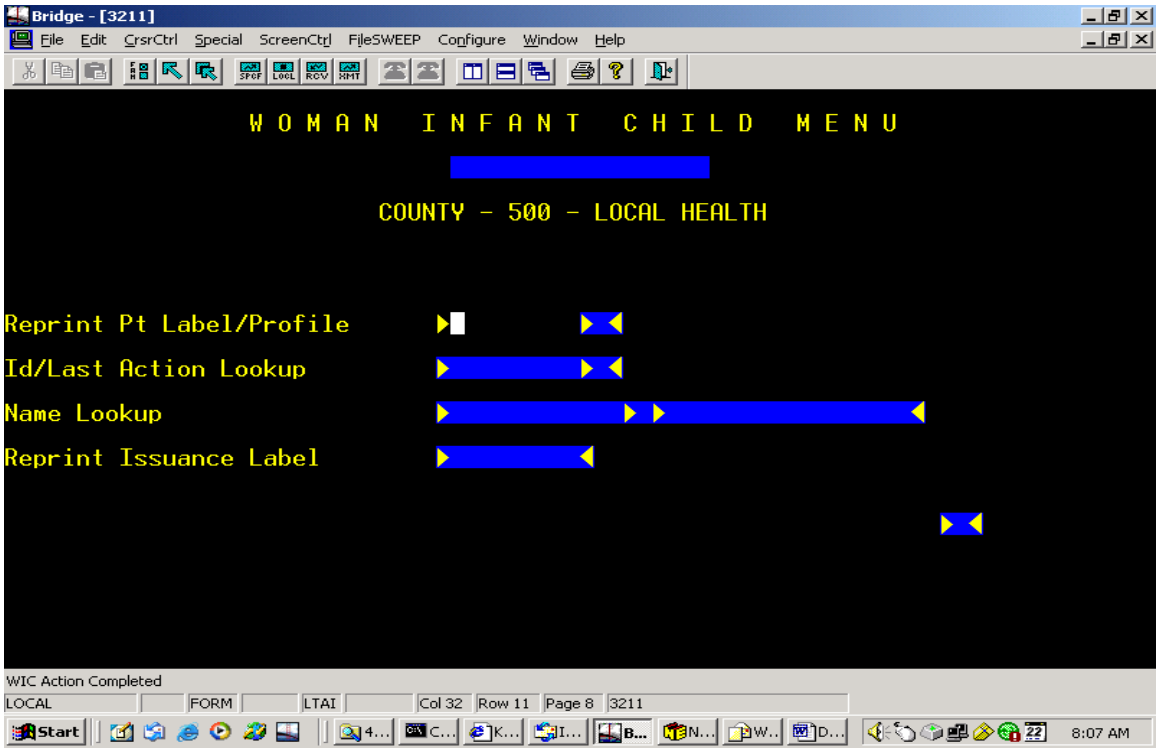
1. To reprint Patient Label or Profile put the patient's identification number in the corresponding field <transmit>.

2. To look up the last WIC action using patient identification number put the patient's number in the corresponding field <transmit>.

3. To obtain the name lookup screen put the patient first and last name in the corresponding field <transmit>.

4. To reprint issuance labels, enter the patient's identification number <transmit>. The WIC Issuance Label Replacement Screen will be returned for completion.

WIC MENU (WCBA) SCREEN



WIC ISSUANCE LABEL REPLACEMENT SCREEN

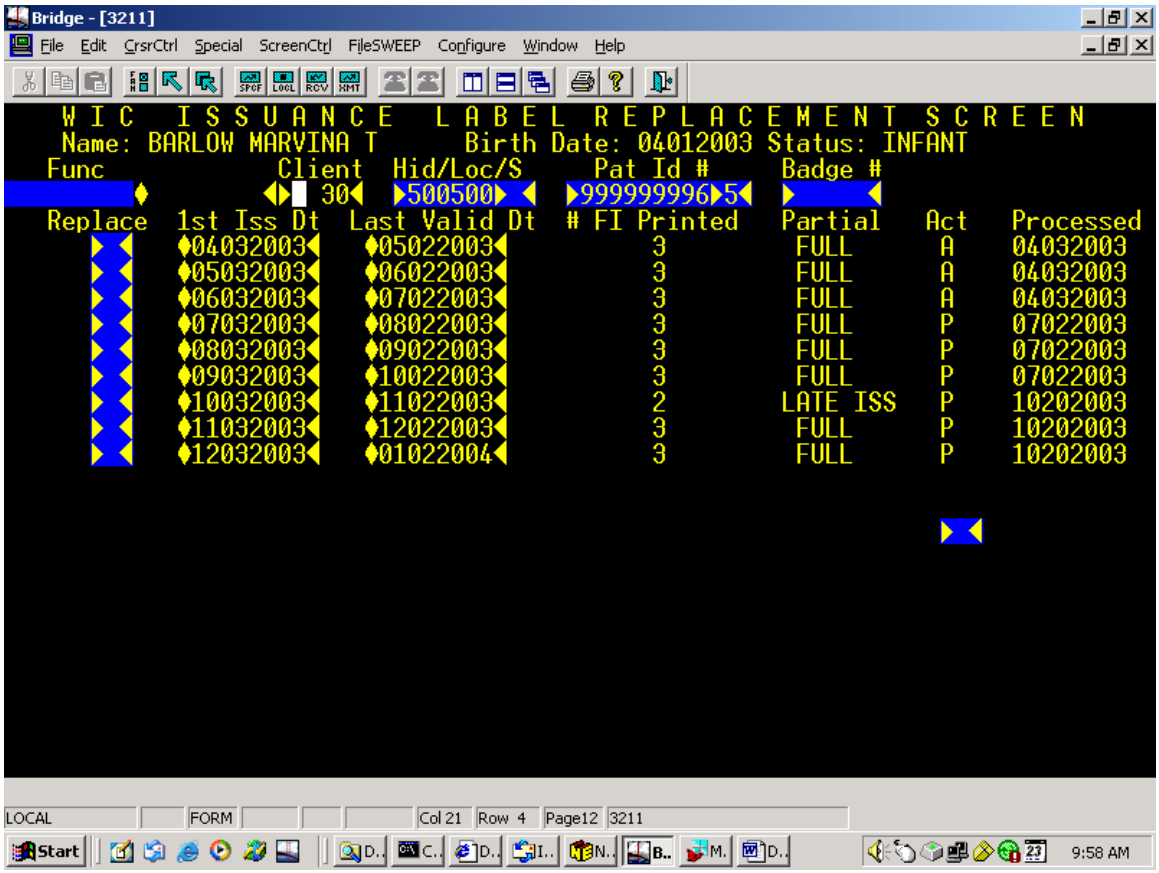
This screen is used to reprint issuance labels.

Accessed through the WCBA screen.

INSTRUCTIONS FOR THE WIC ISSUANCE LABEL REPLACEMENT SCREEN

1. Place one “X” in the replace column next to the issuance series. If there are three months of FI’s issued on 12/19/2003, only one “X” is required. The label will be reprinted in the original form.

NOTE: (Badge # is for Fayette County only)



CDS 1286 SCREEN
(STATEWIDE NAME LOOK UP FOR VOC)

This screen is used to do statewide name look up for Verification of Certification (VOC).

GUI Access

1. Click Patient on the Status Bar at the top of the screen.
2. On the drop-down menu, click WIC.
3. On the second drop-down menu, click VOC Birthdate/Sex/Nm Lookup (CDS 1286).

BRIDGE Access

1. On a blank screen type CDS 1286.
2. <Transmit>.

INSTRUCTIONS FOR CDS 1286 SCREEN

1. The WIC VOC Birthdate/sex/name Lookup screen will appear.

2. Complete the participant's birth date (MM/DD/CCYY).

3. Complete the participant's sex (M/F).

4. Complete participant's name (partial name is acceptable).

5. <Transmit>.

6. The WIC VOC Birth Date Lookup will appear.

7. Choose the participant for VOC with an "X".

8. <Transmit>.

9. The Possible VOC Patients (WCIX) screen will appear. Follow the instructions for the WCIX screen in this section.

WIC VOC Birthdt/Sex/Nm

File Edit Patient Billing Lab Table Follow-up Supplemental Community Navigate Printing Help

CDS1286 WIC VOC Birthdate/Sex/Name Lookup

Client 30

Birthdate

Sex

Patient Name Ln/Fn

Transmit

05/13/2004 8:11 AM Page 1

Start | Bridge - [... | Kentucky... | Inbox - ... | C:\Docu... | 38- WFIL... | WIC VO... | 8:11 AM

WCIX SCREEN
(WIC VOC SCREEN)

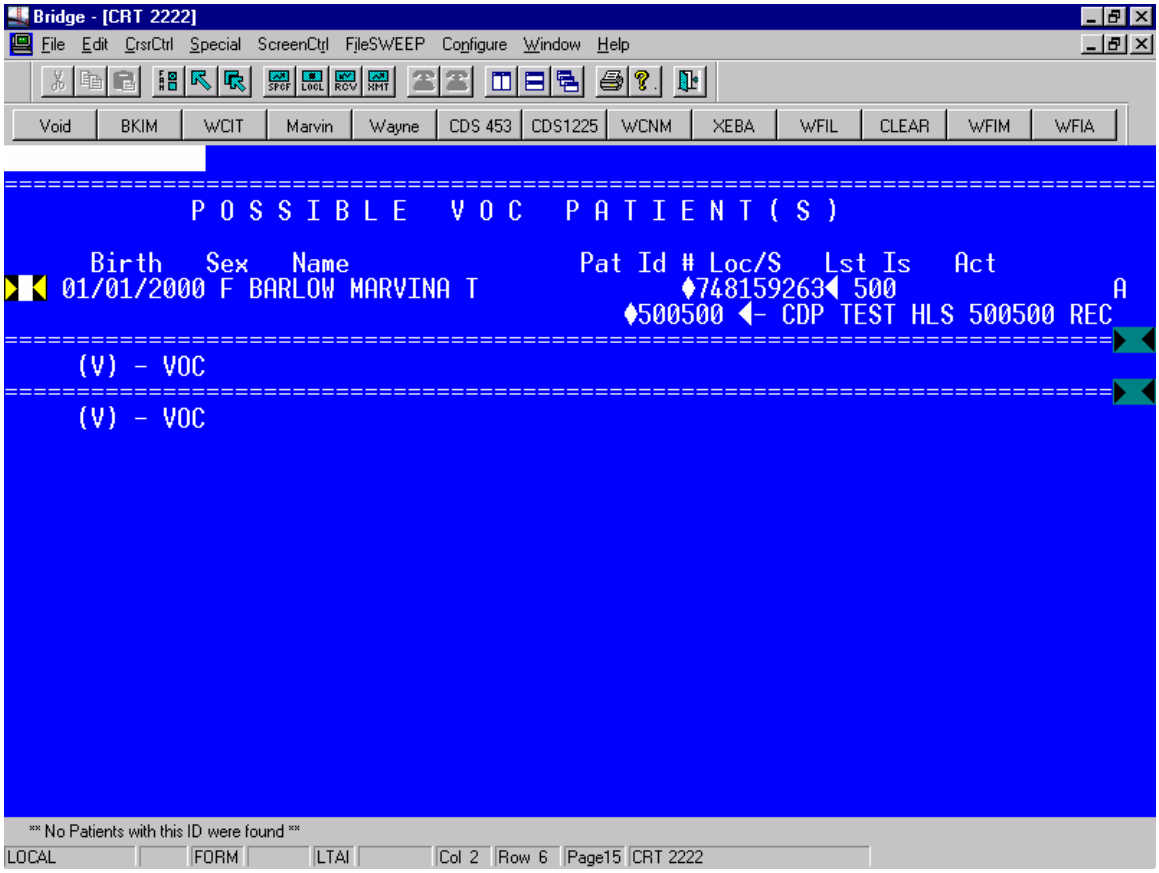
This screen is used to produce a Verification of Certification (VOC).

GUI Access

1. Click Patient on the Status Bar at the top of the screen.
2. On the drop-down menu, click WIC.
3. On the second drop-down menu, click VOC (WCIX).
4. Type Patient Identification Number.
5. <Enter>. A Verification of Certification (VOC) will be produced on a label or a profile.

BRIDGE Access

1. On a blank screen type WCIX 30 (Patient Identification Number).
2. <Transmit>. A Verification of Certification (VOC) will be produced on a label or a profile.



WCIV SCREEN
(WIC FOOD INSTRUMENT INQUIRY SCREEN)

This screen is used to access the last ten issuances of food instruments to an individual participant.

GUI Access

1. Click Patient on the Status Bar at the top of the screen.
2. On the drop-down menu, click WIC.
3. On the second drop-down menu, click Patient FI View.
4. Clinic = HID/LOC.
5. Patient id = Patient Identification Number.
6. <Enter>. The last ten issuances for that participant will appear on the screen. (Hint: If there are more than 6 sets of food instruments, the oldest FI's will be on a second page.)

BRIDGE Access

1. On a blank screen type WCIV 30 (HID/LOC) (Patient Identification Number).
2. <Transmit>. The last ten issuances for that participant will appear on the screen. (Hint: If there are more than 6 sets of food instruments, the oldest FI's will be on a second page.)

```
Bridge - [CRT 2222]
File Edit CrsrCtrl Special ScreenCtrl FileSWEEP Configure Window Help
Void | BKIM | WCIT | Marvin | Wayne | CDS 453 | CDS1225 | WCNM | XEBA | WFIL | CLEAR | WFIM | WFIA

 K E N T U CK Y   W I C   F O O D   I N S T R U M E N T   I N Q U I R Y  Pg:  1
                 ----------------------------------------------------
                    Hid/Loc/Site:  500500  - CDP TEST HLS 500500 REC
     Patient Id: 748159263-7          Patient Name:  MARVINA T BARLOW


 1st Iss    Last Valid -------- FI Info ---------  # of    Full/  WIC    Date
  Date        Date    Type Bank # Food   Instr # FI Prtd Partial Act  Processed

09/11/2002 10/10/2002  3 1246704      94      95    3     FULL    A  07/11/2002
                                      96
08/11/2002 09/10/2002  3 1246704      91      92    3     FULL    A  07/11/2002
                                      93
07/11/2002 08/10/2002  3 1246704      88      89    3     FULL    A  07/11/2002
                                      90
07/06/2002 08/05/2002  3 1246704                    3     FULL    C  05/06/2002
   ***** Voided *****                 63      64      65
07/06/2002 08/05/2002  3 1246704                    3     FULL    C  05/06/2002
   ***** Voided *****                 69      70      71
07/06/2002 08/05/2002  3 1246704                    3     FULL    C  05/06/2002
   ***** Voided *****                 75      76      77

*** No Patients with this ID were found ***
ENQ | LTAI | Col 59 | Row 22 | Page15 | CRT 2222
```

WCIH SCREEN
(DUAL PARTICIPATION SCREEN)

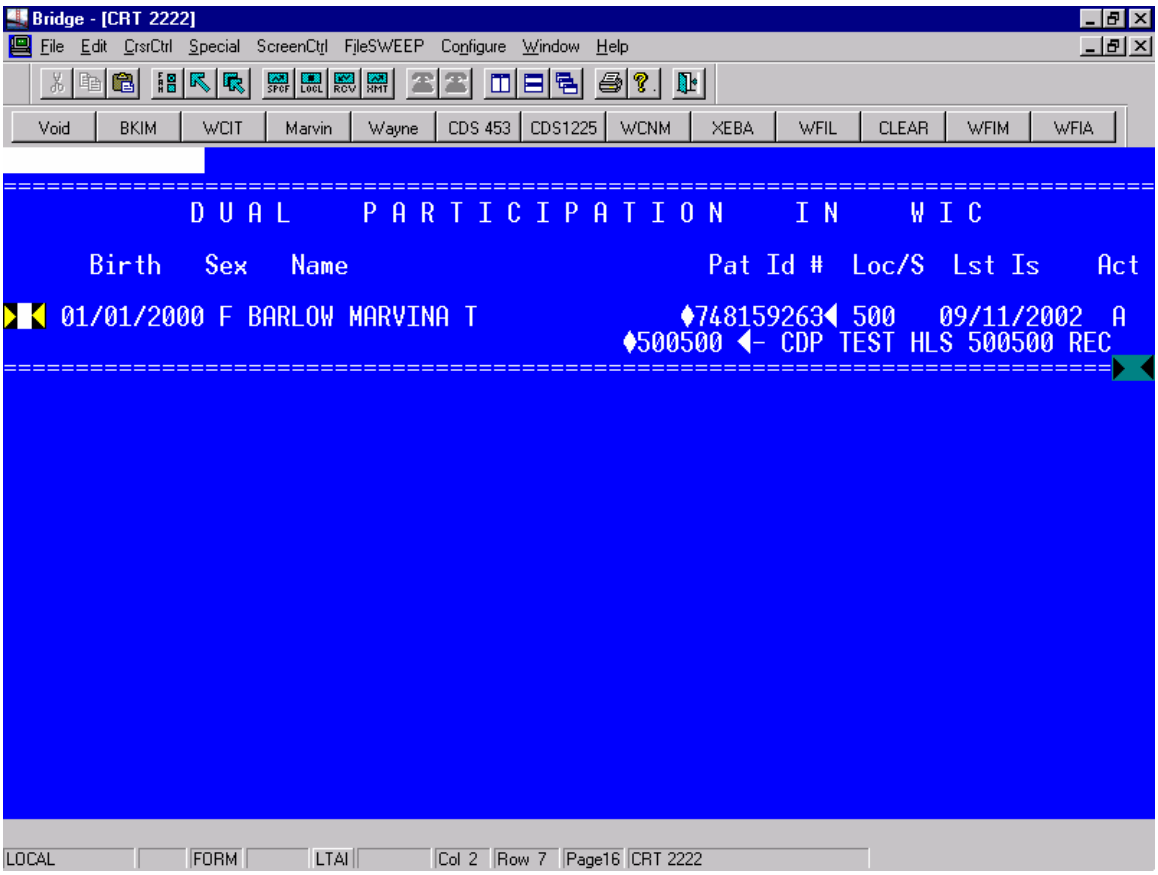
This screen can be used to identify possible dual participation.

GUI Access

1. Click Patient on the Status Bar at the top of the screen.
2. On the drop-down menu, click WIC.
3. On the second drop-down menu, click Dual Participation by ID (WCIH).
4. Patient id = Patient Identification Number.
5. <Enter>. This screen will show possible dual participants with that patient identification number.

BRIDGE Access

1. On a blank screen type WCIV 30 (HID/LOC) (Patient Identification Number).
2. <Transmit>. This screen will show possible dual participants with that patient identification number.



WCIL SCREEN
(POSSIBLE DUAL PARTICIPANT SCREEN)

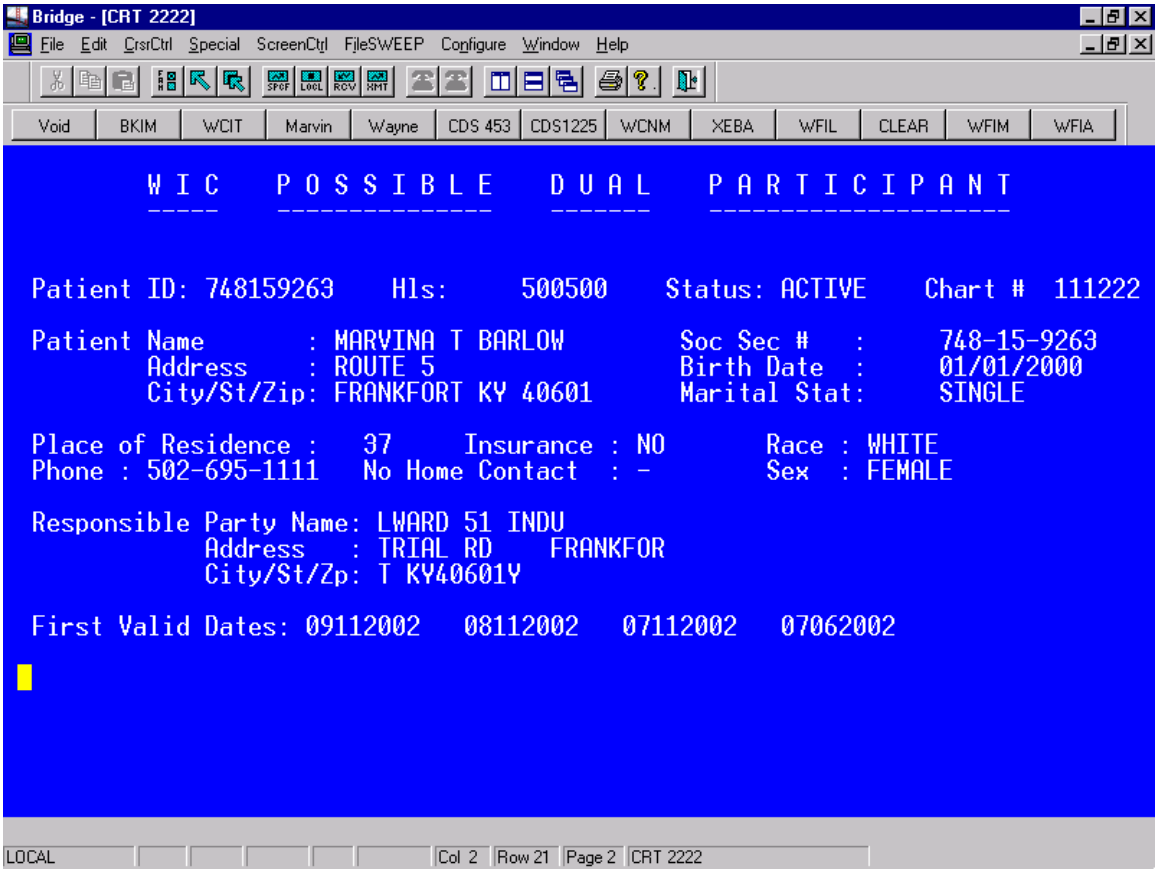
This screen can be used to identify possible dual participation.

GUI Access

1. Click Patient on the Status Bar at the top of the screen.
2. On the drop-down menu, click WIC.
3. On the second drop-down menu, click Birthdate (WCIL).
4. Birthdate = Patient's date of birth.
5. Patient Sex = (M)ale or (F)emale.
6. Patient Name = First and Last Name of Patient.
5. <Enter>. This screen will show possible dual participants throughout the state.

BRIDGE Access

1. On a blank screen type WCIL 30 (Birth Date)(Sex)(Last Name)(First Name).
2. <Transmit>. This screen will show possible dual participants throughout the state.



WIC ICT SCREEN

1. Screen returns automatically when an action is transmitted that requests issuance of food instruments with a first day to use after the infant's first birthday. If food instruments with an infant package are requested in the action, these food instruments print and the WIC ICT Screen is returned.

2. This screen is used to complete a status change from infant to child (infant/child transfer (ICT)) and issue food instruments with a child food package. The ICT changes status, priority and food package.

INSTRUCTIONS FOR WIC ICT SCREEN

1. **Name** – Patient name is automatically completed from the transmitted action when the screen is displayed.

2. **Birth Dt**: Patient birth date is automatically completed from the transmitted action when the screen is displayed.

3. **Client** – Client number is always 30. This field is completed when the screen is displayed.

4. **Hid/Loc/S** – Unique county code automatically fed from system and displayed when the screen is returned.

5. **Pat (Patient) ID** - Is automatically completed from the previous transmitted action when the screen is displayed.

6. **Badge #** - Leave blank if local agency does not use.

7. **PEF #** - PEF document number is automatically completed when the screen is displayed.

8. **Current Food Package** – Is automatically completed with the current assigned infant food package when the screen is displayed.

9. **ICT Food Package** – Infant food packages in the categories of standard formula contract brand, non-contract standard formula, and standard low-iron formula are automatically converted to Food Package D. If the prescribed infant package is in these categories, this field is completed with "D" when the screen is displayed. If the prescribed infant package is not in these categories, this field is blank. Refer to the WIC Section of the PHPR for formula information.

10. **Accept ICT Food Package** – This field is pre-coded with "Y" (Yes) or "N" (No). If the package in the ICT Food Package Field is acceptable, proceed. If the package in the ICT Food Package field is not acceptable, change the "Y" to "N" (No). If there is no conversion ICT package (the "ICT Food Package" is blank), this field is pre-coded with "N".

11. **Other Child Food Package** – Complete field with the food package code when another food package is prescribed or the ICT Food Package is blank.

12. **Special Formula Name** – Completed when the food package code in the Other Child Food Package field does not provide a specific formula name. Refer to the WIC Section of the PHPR for food packages.

13. **RX Expire (Prescription Expiration) Date** – Completed with the prescription expiration date for any food package containing formula after 12 months of age (Food Package III). Refer to the WIC Section of the PHPR for formula requirements.

14. **FI Action (Print)** – This is pre-coded with a “P” to request printing of food instruments.

15. **Bank Acct #** - This field is pre-coded from previous data entry.

16. **Start FI #** - Completed with the first number of the food instrument to be issued. If food instruments have been issued this day, this field will be pre-coded with the starting food instrument number.

17. **First Valid Date** – Displays the first valid date of food instruments requested in the previous action that were not printed pending completion of the ICT. When the ICT screen is transmitted, food instruments will print for these months with the indicated child food package.

18. **Last Valid Date** - Displays the last valid date of food instruments requested in the previous action that were not printed pending completion of the ICT. When the ICT screen is transmitted, food instruments will print for these months with the indicated child food package.

19. **Transmit** – Place cursor in the transmit box at the bottom of the page and transmit.

Processing of this action when “Print” is indicated results in:

- Printing food instruments with the specified child food package for the months indicated.
- The system making the transmitted changes and the automatic changes to:

  Status – infant status is changed to child status.

  Risk – the infant risk is continued to the child. If the infant risk code does not apply to a child, the system assigns “9999” as the ICT risk continuing the certification period until the recertification is due.

  Priority – the infant priority is changed to the appropriate child priority based upon the risk.
- Printing an ICT label and an issuance label for placement in the patient medical record.

Note:

- Food instruments will not print with a first day to use past the recertification due date plus 30 days.
- Once the infant status is changed to child, the system will not print replacement food instruments with the infant food package; replacement for an infant package must be handwritten and posted to the system.

WIC ICT SCREEN

Kentucky Patient Scheduling System

File Edit Patient Billing Lab Table Follow-up Supplemental Community Navigate Printing Help

W I C I C T S C R E E N

Name - BARLOW MARVINA T Birth Dt:01/30/2004

Func	Client	Hid/Loc/S	Pat Id #	Badge #	Ref #
	30	500500	999999939 5		

Current Food Package	ICT Food Package	Accept ICT Food Package	Other Child Food Package
CA16	C	Y	

Special Formula Name

FI Action

RX Expire Dt (P)rnt/(S)tore/(L)og: P

Bank Acct # 1246704

Start FI# 189

	First Valid Date	Last Valid Date
1)	02/19/2005	03/18/2005
2)	03/19/2005	04/18/2005

Transmit

1/19/20 3:06 PM Page

Start 3:06 PM

CDS 1811
WIC REPORT REQUEST

This screen is used to request the specific reports listed on the screen. Reports can be requested as needed.

GUI Access

1. Click Patient on the Status Bar at the top of the screen.
2. On the drop-down menu, click WIC.
3. On the second drop-down menu, click Reports.
4. On the third drop-down menu, click Report Request (CDS 1811).
5. <Enter>.

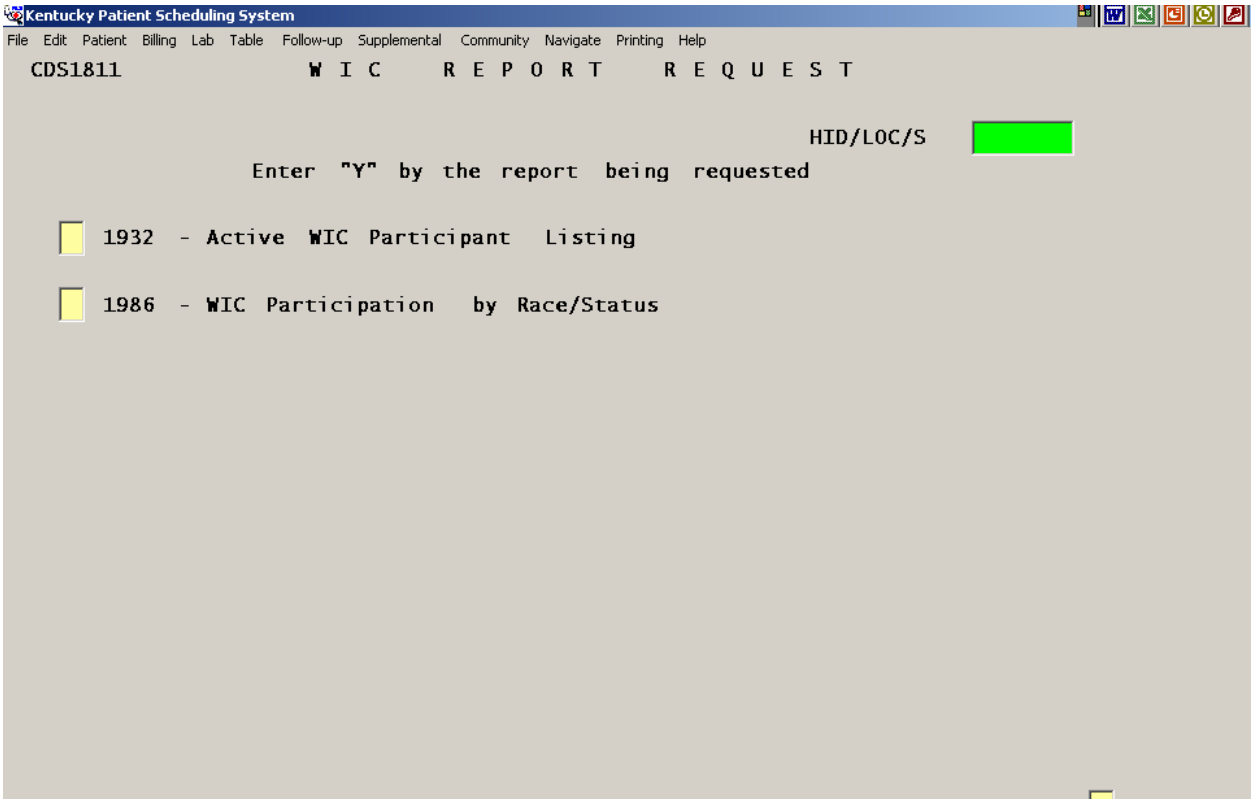
BRIDGE Access

1. On a blank screen type CDS 1811.
2. <Transmit>.

INSTRUCTIONS FOR CDS 1811 SCREEN

Enter "Y" by the report being requested.

The request will be processed and will be available to print usually within an hour after receipt of the request or overnight in e-reports.



WIC FOOD INSTRUMENT IMAGE LOOKUP SYSTEM

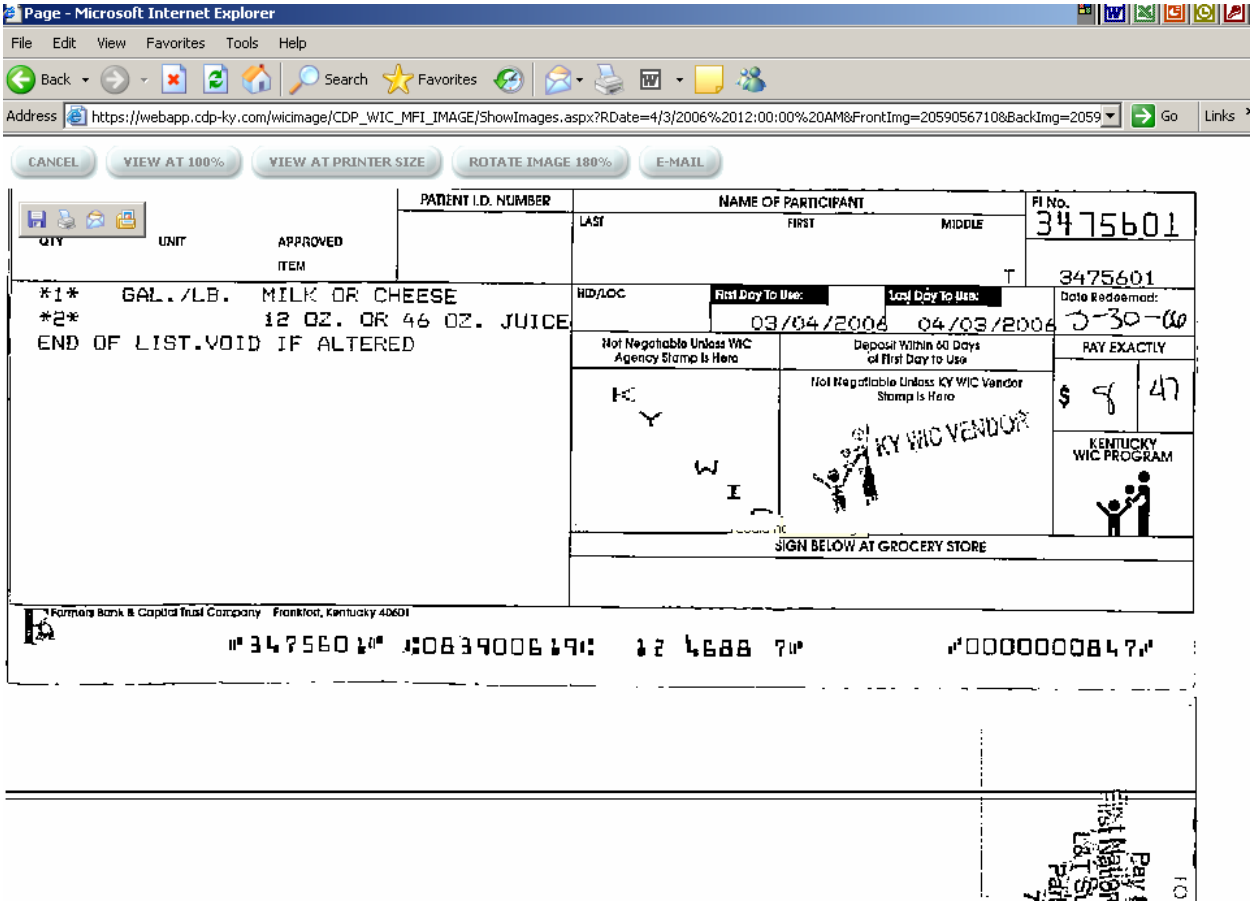
This screen is accessed to view images (front and back) of cashed/redeemed WIC food instruments. Food instruments may be looked up by date, number, amount, HLS (agency and/or site), vendor number or participant identification number.

Accessed on the internet at https://webapp.cdp-ky.com/wicimage. This is a web based application.

INSTRUCTIONS FOR WIC IMAGE LOOKUP

1. Enter user name.
2. Enter password.
3. Click “okay” or press enter key.
4. Enter information to sort, i.e. enter food instrument number in FI box. Information in one field only is required for a search.
5. Click “Go” or press enter key.
6. Click on the magnifying glass to the left of the food instrument to be viewed.
7. When the food instrument image appears, the following options are available:
   a. View food instrument only
   b. Print food instrument
   c. Email food instrument
      i. On the status bar that pops up inside the image, press the envelope icon.
      ii. Select sizing of the image and click OK.
      iii. Type in the email address or retrieve from Global listing.
      iv. Press SEND.
   d. Save to desktop. Use this only if you want to save a copy of the image on your desktop.

WIC FOOD INSTRUMENT IMAGE LOOKUP SYSTEM



HOUSEHOLD RECORD

The Household Record is a component of the PSRS to create and maintain a record to identify all patients that reside at one physical location. The Household Record allows clinic staff to know household members to be able to coordinate appointments and health services.

A Household Record can only be created through the patient registration process. Once a record is created, it can be accessed through the appointment screen and the registration screen.

A. Processes For The Household Record

1. A Household Record is assigned a household number to identify the record.
2. New household numbers are assigned by the system.
3. The system provides inquiry and tracking of assigned household numbers, and names and patient ID numbers entered on a Household Record.
4. Member numbers are used to identify individuals entered on the Household Record. Each name added must be given the appropriate member number from the below list:

    - 1 – Primary member
    - 2 – Spouse/Significant Other
    - 3 – Child
    - 4 – Grandparent
    - 5 – Foster Parent
    - 6 – Foster Child
    - 99 – Other

    To obtain a listing of Member Codes, inquiry is PSHC 30 <All>

5. If "No Home Contact" is indicated on registration, the patient cannot be added to a Household Record.

B. Create A New Household Record

1. Enter an "*" in the Household Record field on the Patient Registration Screen.
2. Enter the patient's member code for who the patient is in the household in the field next to Household #.
3. Enter "Y" in the HH Scr (Household Screen) field at the bottom of the screen and <transmit>.
4. This will create the Household Record and bring up the Household Record Screen. The Household Record Screen will have the assigned household record number and the patient's last name as the HH (Household) Name. The Household Name can be changed if needed. The patient's phone number, address, and zip code will be passed from registration data, along with the financial responsible party name and address if entered on the registration screen. The patient will be listed with member number, ID, name and date of birth.
5. A Local Use field is available. This may be used for notes that clinic staff would need to be aware of or for alerts for specific services.

C. Add Patients To An Existing Household Record From The Registration Screen

1. Determine the household number for the record you want this patient added to. Household numbers can be looked up in the system. Refer to View/Update A Household Record.

2. Enter the household number for the Household Record in the Household # field and the member code for the patient being added and <transmit>.

3. When the screen is transmitted, if the phone number or address does not exactly match what is on the Household Record, a message of “Phone #/Address does not match Household Record” will return. A household Conflict Screen returns to identify the conflicting information.

4. The household Conflict Screen allows the Household Record to be updated with the new address or phone number if desired by entering “Y” or “N” in the appropriate field.

D. Access A Household Record From The Appointment Screen

1. Enter “Y” in the HH (household) field on the appointment screen and <transmit>.

2. The Household Record that has the patient identified on the Appointment Screen will return.

E. Actions For The Household Screen

1. Certain actions may be completed from the Household Record Screen.

2. Enter the desired action code in the Act (Action) column.

3. Actions are:

- N (New)
- D (Delete)
- A (Send Appt Screen)
- R (Send Registration Screen)

- L (Update Local Use)
- P (Update Phone)
- U (Update Patient Address and Financial Responsible Party)
- H (Update Patient Address)
- F (Update Financial Responsible Party)
- M (Update Household Name)

F. View/Update A Household Record

A household record can be viewed, updated, or located through the following:

- Patient ID – use PSHI function – PSHI 30 (HID/LOC) (Pt ID Number). Example PSHI 30 037 200000001
- Patient Name – use PSHN function – PSHI 30 (HID/LOC) (Pt. Name). Example PSHN 30 037 DISNEY
- Household Number – use PSHH function – PSHI 30 (HID/LOC) (HH Number). Example PSHH 30 037 1022
- From Registration and Appointment Screen – put “Y” in the HH scr (Household Screen) field.
- From patient name look-up, put “H” next to the patient name.

Household Screen

Kentucky Patient Scheduling System

File Edit Patient Billing Lab Table Follow-up Supplemental Community Navigate Printing Help

--- Patient Encounter System / Household Screen ---

Household Record # 3 HH Name:BARLOW Phone # 502 695 1111

Addr: 951 INDUSTRIAL ROAD Cty/St/Zip FRANKFORT KY 40601

Financial Responsible Party:

Addr: CSZ

Act	Mem#	Id	Name	Date Birth	Local Use
	1	748159263	MARVINA T BARLOW	01/10/1950	

More? Next Household # ORCLE: 9608

Actions:N=New D=Delete A=send Appt scr R=send Reg scr L=Local Use P=Updt Ph
U=Updt pat addr and FR H=Updt pat addr F=Updt FR M=Updt HH name

Transmit

* Patient Id 748159263 Already on a HH rec * 5/11/2006 10:31 AM Page 1

start Bridge - ... Inbox - ... Net Expr... 2005-12... Rpt-011... 3 term... 10:31 AM

Conflict Screen

Kentucky Patient Scheduling System

File Edit Patient Billing Lab Table Follow-up Supplemental Community Navigate Printing Help

--- Patient Encounter System / Household Conflict Screen ---

Household Record # 3 Name: BARLOW

Current HH Phone #: 502 695 1111
Phone from Regist: 502 695 1111

Cur HH Address: 951 INDUSTRIAL ROAD FRANKFORT KY 40601
Addr from Regist: 123 BROADWAY AVE FRANKFORT KY 40601

Update Household Phone #?

Update Household Address?

Transmit

** Household Record has been updated ** 5/11/2006 10:36 AM Page 1

start Bridge - ... 2 Micro... Net Expr... 2005-12... Rpt-011... 4 term... 10:36 AM

Household Name Look-Up

Kentucky Patient Scheduling System

File Edit Patient Billing Lab Table Follow-up Supplemental Community Navigate Printing Help

H O U S E H O L D L O O K - U P

Household #	Name	Address	City
2	BARLOW	2	FRANKFORT
3	BARLOW	951 INDUSTRIAL ROAD	FRANKFORT

Transmit

5/11/2006 10:44 AM Page 1

start Bridge - ... 2 Micro... Net Expr... 2005-12... Rpt-011... 4 term... 10:44 AM

AUTO DIALER DOWNLOAD

To download phone messages for dialing reminder messages via the auto dialer follow these steps:

1. Go to the Custom Data WIC Bridge on the computer where the auto dialer card is installed.
2. Logon.
3. Type this function “POII 30 <HID/LOC> <8 digit date to be dialed> all {transmit}.
4. Message “New phone file has been created” will appear in the title bar when completed.
5. Click on the Desktop
6. Double click on the Template.bat
7. Phone list is transferred and auto dialer will call those recipients downloaded overnight.
8. A report will be produced which indicates:
    - Date dialed
    - Time Dial
    - Result (Busy, No answer, Operator or Answering Machine)
    - Phone Number
    - Appointment Date
    - First Name
    - Last Name

See Patient Registration, Form CH-5 and CH-5B in the Patient and Community Health Services Reporting and Billing Section concerning No Home Contact and Patient Consent for being contacted by the autodialer.

Teletask Autodialer report
For: All clinics
Printed on: 07/25/2001 11:29 AM

-Date dialed	Time Dial	Result	Phone	Appt date	Full Name
-03/17/2000	07:47:39PM	Busy	9161231234	08/16/2000	FIRST LAST
-03/17/2000	07:43:43PM	No ans	9161231234	08/16/2000	FIRST LAST
-03/17/2000	07:49:47PM	No ans	9161231234	08/16/2000	FIRST LAST
-03/17/2000	07:43:30PM	No ans	9161231234	08/16/2000	FIRST LAST
-03/17/2000	07:51:07PM	Operator	9161231234	08/16/2000	FIRST LAST
-03/17/2000	07:49:35PM	Operator	9161231234	08/16/2000	FIRST LAST
-03/17/2000	07:50:33PM	Ans mach	9161231234	08/16/2000	FIRST LAST
-03/17/2000	07:45:31PM	Ans mach	9161231234	08/16/2000	FIRST LAST

Answered	10	33.33%
Ans machine	9	30.00%
Bad phone	0	0.00%
Busy	1	3.33%
Error	0	0.00%
Fax	0	0.00%
No answer	3	10.00%
No ring	0	0.00%
No tone	0	0.00%
Not yet dial	0	0.00%
Operator	7	23.33%
No Call (duplicate)	0	0.00%
NOT CALLED	0	0.00%
Other	0	0.00%
Total:	30	100.00%

WCIA SCREEN
(PATIENT HISTORY VIEW)

This screen is used to access the history of all WIC patients.

GUI Access

1. Click Patient on the Status Bar at the top of the screen.
2. On the drop-down menu, click WIC.
3. On the second drop-down menu, click Patient History View (WCIA).
4. Type patient identification number and <Enter>.
5. The last action will be displayed. To view other actions, <Transmit>.

BRIDGE Access

1. On a blank screen, type WCIA 30 (HID/LOC) (Patient ID) <Enter>.

```
File  Edit  Patient  Billing  Lab  Table  Follow-up  Supplemental  Community  Navigate  Printing  Help
 Patient  Id                  :                    Action  #              : CURRENT
 Patient  Name     :                               X-ref  #               :
 Wic  Cert/Food  Pkg  Action:  P                   Next  Action  Due      : R
 Action  Date                 : 04/02/2007         Next  Action  Due  Dt  : 09/28/2007
 Wic  Status                  : CHILD              Birth  Date:           : 03/28/2003
 Sex:   MALE                    Race:     WHITE


 Initial  Contact  Date       : 09/28/2006         Weight                 :  65 Lbs   8 Ozs
 Certification   Date         : 03/28/2007         Hemoglobin             : 12.60
 Expected  Delivery  Date     :                    Hematocrit             :
 Actual  Delivery  Date       :                    Services  Performed    : W0209
 Birthweight                  :                                           :
 Physically  Present          : Y                  PEF  Document          :
 Nutritional  Risk  Crit      :  2061   7010       Process  Date          : 04/02/2007
 Priority                     : 3A                 Issue  Date            : 06/28/2007
 Date  Of  Measure            : 03/28/2007         Food  Package          : B
 Height/Length                :       42  1/2  In  Printed  FI's          : Y(TOTAL  -   3)
 Currently  Breastfeeding     :                    Ever  Breastfed?       :
 Date  of  Measure            : 09/28/2006         Formula  Expire  Date:
 TV  Viewing                  : 0  &  <1  hour/day  Supplemental  Feeding:      Weeks

                                                   01     CURSOR

Transmit
                                                  5/14/20  11:28 A  Page
Start  2 Microsoft O...  Kentucky Patien...  Kentucky Pati...  Document1 - Mi...  Voucher Lookup...  untitled - Paint  11:28 AM
```

ON-LINE PRODUCED LABELS

ON-LINE PRODUCED LABELS INDEX

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1. Label as a result of an add (A) action.

```
BARLOW MARVIN              DIC:          07/14/2002
ID: 148159298-6            Phy Pr:  Y
ST: I                      CERT D:  07/14/2002
RISK: 7010          PR:04
FP: CA16  FFPD:10/14/2002    DUE/D: R-04/01/2003
```

2. Label as a result of a recertification (R) action.

```
                           ACT/D: R-07/23/2002
BARLOW MARVIN                    DIC:   07/14/2002
ID   : 148159298-6             Phy Pr:   Y
ST   : C                     CERT D:   07/23/2002
RISK : 7010          PR:5A
FP   : D     FFPD:11/14/2002      DUE/D: R-01/23/2003
```

3. Label as a result of a print (P) action.

```
ISSUANCE BARLOW MARVIN          ACT/D: P-07/14/2002
ID: 148159298-6
BK ACT      FI RANGE  1ST VLD DT     TYPE   FP
1246704     107-109                10/14/2002        FULL  CA7
```

4. Label as a result of a replacement (Z) action.

```
ISSUANCE BARLOW MARVIN          ACT/D: Z-07/14/2002
ID: 148159298-6
BK ACT      FI RANGE       1ST VLD DT            TYPE   FP
1246704     106-106          07/14/2002            REPL  CA7
```

5. Label as a result of a Termination (T) action.

```
                       ACT/D: T-03/17/2004
BARLOW MARVINA T                 DIC:   11/20/2003
ID   : 999999999-9
ST   : I                     CERT D:   11/20/2003
RISK : 7010          PR:04
FP   : CA16  FFPD:11/20/2003
```

6. Label as a result of a Change (C) action.

```
                   ACT/D: C-03/15/2004
BARLOW MARVINA T                 DIC:   11/20/2003
ID   : 999999999-9
ST   : I                     CERT D:   11/20/2003
RISK : 7010          PR:04
FP   : CA16  FFPD:11/20/2003      DUE/D: R-05/20/2004
```

7. Label as a result of Issuing a Breast Pump.

```
BREAST PUMP ISSUED     HID/LOC/S: 500500   PEF# 00041999
PATIENT ID# 748159263    PAT. NAME MARVINA T BARLOW

   DATE   PROVIDER#     PROVIDER NAME
 03302004   C1001       FIRST TEST


BREAST PUMP ISSUED     HID/LOC/S: 500500   PEF# 00041999
PATIENT ID# 748159263    PAT. NAME MARVINA T BARLOW

   DATE   PROVIDER#     PROVIDER NAME
 03302004   C1001       FIRST TEST
```

---

8. Label as a result of coding 31 (WIC Nutrition Education Class) on the Patient Services Supplemental Reporting Form (CH-47)

NAME: MARVINA T BARLOW ID# 748159263

CONTACT DATE: 03/23/2004

A1001 SERV: 31 WIC Nutrition Education Class

9. Label as a result of coding 32 (WIC Breastfeeding Class) on the Patient Services Supplemental Reporting Form (CH-47)

NAME: MARVINA T BARLOW ID# 748159263

CONTACT DATE: 03/23/2004

A1001 SERV: 32 WIC Breastfeeding Class

10. Label as a result of coding 33 (Kiosk Nutrition Education) on the Patient Services Supplemental Reporting Form (CH-47)

NAME: MARVINA T BARLOW ID# 748159263

CONTACT DATE: 03/23/2004

A1001 SERV: 33 Kiosk Nutrition Education

SYSTEM REPORTS

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REPORT TITLE: 7 Day Late Food Instrument Pickup List

REPORT NUMBER: 274

FREQUENCY: Weekly (Every Wednesday Night)

DISTRIBUTION: Automatically Printed Overnight or obtained electronically through E-Reports - Site

DESCRIPTION: A detailed listing of all eligible enrollees that have not picked up food instruments in the last 7 days.

ACTION TO BE TAKEN: This report is to be used to contact non-participants to urge their participation. Mailing labels to use for this report can be printed by the "QUPR <site #><printer>110" command.

EXPLANATION OF REPORT:

1. Participant I.D. is the participant's identification number.
2. Local Use I.D. is used by sites.
3. Participant Name is the participant's name.
4. FV Date of Last FI Issued is the first valid date of the last food instrument that was issued to the participant.
5. Last Action is the last action that was performed on the participant.
6. Date Printed is the date the last food instruments were issued to the participant.

RETENTION/ DISPOSAL PERIOD: If printed, shred or burn after report is worked.

```
WICRPT  RUN DATE:11/04/2002  TIME:12:12:25    7 DAY LATE FOOD INSTRUMENT PICK-UP LIST                    PAGE:    1
REPORT 274  SITE: 100                                  CO HEALTH DEPT

                                                        FV DATE OF
PARTICIPANT       LOCAL          PARTICIPANT            LAST FI   LAST    DATE
    ID            USE ID             NAME               ISSUED   ACTION  PRINTED
-----------       ------         -----------            -------  ------ ----------

                                                        09/26/2002   P    08/13/2002
                                                        09/28/2002   C    07/29/2002
                                                        09/28/2002   C    08/15/2002
                                                        09/28/2002   A    07/30/2002
                                                        09/28/2002   A    07/29/2002
                                                        09/28/2002   A    07/31/2002
                                                        09/28/2002   P    10/01/2002
                                                        09/28/2002   C    09/13/2002
                                                        09/28/2002   P    07/29/2002
```

REPORT TITLE: 30 Day Late Food Instrument Pickup List

REPORT NUMBER: 275

FREQUENCY: Weekly (Every Wednesday Night)

DISTRIBUTION: Automatically Printed Overnight or obtained electronically through E-Reports - Site

DESCRIPTION: A detailed listing of all eligible enrollees that have not picked up food instruments in the last 30 days.

ACTION TO BE TAKEN: This report is to be used to contact non-participants to urge their participation. Mailing labels to use for this report can be printed by the "QUPR <site #><printer>111" command.

EXPLANATION OF REPORT:

1. Participant I.D. is the participant's identification number.
2. Local Use I.D. is used by sites.
3. Participant Name is the participant's name.
4. FV Date of Last FI Issued is the first valid date of the last food instrument that was issued to the participant.
5. Last Action is the last action that was performed on the participant.
6. Date Printed is the date the last food instruments were issued to the participant.

RETENTION/ DISPOSAL PERIOD: If printed, shred or burn after report is worked.

```
WICRPT  RUN DATE:11/04/2002  TIME:12:12:25   30 DAYS LATE FOOD INSTRUMENT PICK-UP LIST                    PAGE:    1
REPORT 275  SITE: 100                                    CO HEALTH DEPT

                                                        FV DATE OF
PARTICIPANT       LOCAL          PARTICIPANT              LAST FI   LAST    DATE
    ID            USE ID             NAME                 ISSUED   ACTION  PRINTED
-----------       ------         -----------             -------  ------ ----------

                                                        09/02/2002   P    07/03/2002
                                                        09/02/2002   P    07/03/2002
                                                        09/01/2002   A    07/01/2002
                                                        09/05/2002   R    07/24/2002
                                                        09/03/2002   A    07/03/2002
                                                        09/03/2002   A    07/03/2002
```

REPORT TITLE:	PEF-WIC Daily Transaction Report
REPORT NUMBER:	495
FREQUENCY:	Daily
DISTRIBUTION:	Automatically Printed Overnight or obtained through E-Reports - Site
DESCRIPTION:	This report gives an audit trail of WIC actions entered the previous day.
ACTION TO BE TAKEN:	Used to show actions entered into the CDP system.
EXPLANATION OF REPORT:	First part is a detailed account of actions processed the previous day by participant. Report contains: 1. Action Date is the date the action is performed. 2. Action Type is the action that was performed. 3. Patient Name is the participant's name. 4. Patient ID is the participant's identification number. 5. DOB is the participant's date of birth. 6. Local Use ID is used by sites. 7. WIC Status is the status of the participant. 8. PEF Invoice is PEF number. Second part is a detailed count by action type of previous days actions.
RETENTION/ DISPOSAL PERIOD:	If report is printed, destroy by shredding or burning after use.

WICRPT RUN 05/20/2002 22:24:48 PEF - WIC PAGE 1

TRANSACTION REPORT

REPORT 495 SITE 9 ACTION REPORTING DATE: 05/20/2002

PROCESS DATE: 05/20/2002

CLINIC - SITE: 037037

FRANKLIN CO HEALTH DEPT FRANKLIN COUNTY HEALTH DEPT

I. DETAIL WIC TRANSACTION REGISTER

ACTION DATE	ACTION TYPE	PATIENT NAME	PATIENT ID	DOB	LOCAL USR ID	WIC STATUS	PEF INVOICE
05/20/2002	A			07/15/1998		C - CHILD	1705289
05/20/2002	A			04/30/2002		I - INFANT	1710956
05/20/2002	A			06/02/1984		W - POSTP	1711013
05/20/2002	A			08/22/2000		C - CHILD	1708808
05/20/2002	A			10/04/1998		C - CHILD	1708905
05/20/2002	C			11/21/2000		C - CHILD	
05/20/2002	C			06/04/1979		W - PREG	
05/20/2002	P			07/31/1982		W - PREG	1706252
05/20/2002	P			08/02/1999		C - CHILD	1705062
05/20/2002	P			01/25/1985		W - PREG	1707881
05/20/2002	P			06/04/1979		W - PREG	1706576
05/20/2002	P			05/16/1979		W - PREG	1711077
05/20/2002	P			11/14/2001		I - INFANT	1709223
05/20/2002	P			01/31/1999		C - CHILD	1707505
05/20/2002	P			10/21/2001		I - INFANT	1708351
05/20/2002	P			07/22/2001		I - INFANT	1708654

REPORT TITLE:	Food Instrument (FI) Audit Register
REPORT NUMBER:	520
FREQUENCY:	Daily
DISTRIBUTION:	Automatically Printed Daily or obtained electronically through E-Reports - Site
DESCRIPTION:	This report includes all food instrument activity for the previous day for local site audit purposes. This report will come in two (2) parts. The first part is a detailed list of every food instrument used. The second part is totals by food instrument type. The grand totals on the first and second parts should be the same.
ACTION TO BE TAKEN:	Use to verify usage of food instruments.
EXPLANATION OF REPORT:	1. Type is the type of food instruments. Type definitions: 1=Women/Children, 2=Infants and 3=Automated. 2. Acct is the account number of the food instruments. 3. FI is the food instrument number. 4. Valid Date is the date the food instrument(s) can be cashed. 5. Pat ID is the participant's identification number. 6. Participant Name is the participant's name. 7. Void Date is the date the food instrument(s) were voided. 8. Void Code is the code used to void food instruments. 9. Action Dt is the date that the action took place.
RETENTION/ DISPOSAL PERIOD:	If report is printed, destroy by shredding or burning after use.

AUDIT REGISTER

REPORT 520 SITE 100 HID/LOC/SITE : CO HEALTH DEPT

AGENCY/CLINIC : -

PROCESS DATE: 11/03/2002

TYPE	ACCT	FI	VALID DATE	PARTICIPANT ID	PARTICIPANT NAME	VOID DATE	VOID CODE	VOID REASON	ACTION DT
3	1246887	5618585	10/15/2002						10/15/2002
3	1246887	5618586	11/15/2002						10/15/2002
3	1246887	5618587	11/15/2002						10/15/2002
3	1246887	5618588	11/15/2002						10/15/2002
3	1246887	5618589	12/15/2002						10/15/2002
3	1246887	5618590	12/15/2002						10/15/2002
3	1246887	5618591	12/15/2002						10/15/2002
3	1246887	5618592	12/06/2002						10/15/2002
3	1246887	5618593	12/06/2002						10/15/2002
3	1246887	5618594	12/06/2002						10/15/2002

TYPE DEFINITIONS: 1 = WOMEN/CHILDREN 2 = INFANTS 3 = AUTOMATED

REPORT TITLE:	Actions Due Listing
REPORT NUMBER:	562
FREQUENCY:	Weekly
DISTRIBUTION:	Automatically printed overnight or obtained electronically through E-Reports - Site
DESCRIPTION:	This report lists participants according to the week their action is due. This report indicates participants with actions due this week and any previous actions that have not been done. This list must be worked on a weekly basis to decrease an inactive enrollment. Actions overdue indicate an inactive caseload which lowers the rate of participation to enrollment. This report is an aid for clinic schedules for recertification.
ACTION TO BE TAKEN:	Investigate overdue actions and R actions without an appointment date. Perform all actions due in a timely manner.
EXPLANATION OF REPORT:	1. Participant Name is the participant's name. 2. WIC ID# is used by some agencies. 3. WIC Status is the status of the participant Woman, Infant or Child. 4. Participant ID is the participant's I.D. number. 5. Next WIC Action Due is the next action to be done. 6. Next WIC Action Due Date is the date the next action is due. 7. Appt Date is the date of the next scheduled appointment. 8. Service is the reason code for the appointment. See the Administrative Reference, Volume II, Reason for Visit Codes in the Patient and Community Health Services Reporting and Billing Procedures.
RETENTION/ DISPOSAL PERIOD:	If report is printed, destroy by shredding or burning after receipt of next report.

WICRPT RUN 05/18/2002 02:46:44 PEF - WIC PAGE 1

WIC ACTION DUE LISTING

REPORT 562 SITE 9 ACTION DUE DATES: 05/13/2002 - 05/25/2002

HID/LOC/S :

CO HEALTH DEPT COUNTY HEALTH DEPT

PATIENT NAME	WIC ID #	WIC STATUS	PATIENT ID	NEXT WIC ACTION DUE	NEXT WIC ACTION DUE DATE	APPT DATE	SERV	SERV	SERV
		C - CHILD		R	05/13/2002	05/21/2002	OM404		
		I - INFANT		R	05/14/2002	05/22/2002	OM404		
		C - CHILD		R	05/14/2002	05/21/2002	OC304		
		C - CHILD		R	05/14/2002	05/21/2002	OC304		
		C - CHILD		R	05/15/2002				
		C - CHILD		R	05/16/2002	05/28/2002	OM404		
		I - INFANT		R	05/17/2002				
		W - POSTP		T	05/17/2002				
		I - INFANT		R	05/18/2002	05/30/2002	OM404	IM300	
		W - POSTP		T	05/19/2002				
		C - CHILD		R	05/19/2002	05/21/2002	OM404		
		W - BFEED		R	05/19/2002				
		I - INFANT		R	05/19/2002				
		C - CHILD		R	05/20/2002	05/21/2002	OM404		
		C - CHILD		R	05/20/2002	05/21/2002	OM404		
		W - BFEED		R	05/20/2002				
		C - CHILD		R	05/20/2002	05/20/2002	OM404		
		C - CHILD		R	05/20/2002	05/20/2002	OM404		
		C - CHILD		R	05/20/2002	05/20/2002	OM404		
		W - POSTP		T	05/20/2002	07/12/2002	OC302		
		W - PREG		R	05/21/2002	05/22/2002	OM404		
		C - CHILD		R	05/21/2002	05/21/2002	OM404		
		W - PREG		R	05/22/2002	05/23/2002	OM404		
		W - PREG		R	05/22/2002	05/23/2002	OM404		
		I - INFANT		R	05/22/2002	05/20/2002	OM404		
		W - PREG		T	05/22/2002				
		W - POSTP		T	05/23/2002	06/07/2002	PM202	OC302	
		C - CHILD		T	05/23/2002				
		W - POSTP		T	05/23/2002	07/26/2002	OC302		
		W - PREG		R	05/24/2002	05/23/2002	OM404		
		I - INFANT		R	05/24/2002	05/24/2002	OM404		
		I - INFANT		R	05/24/2002	05/24/2002	OM404		
		W - PREG		R	05/25/2002	05/23/2002	OM404		
		W - POSTP		T	05/25/2002				

REPORT TITLE:	Automatic Terminations
REPORT NUMBER:	587
FREQUENCY:	Weekly
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports - Site. This report may be called up manually on Friday mornings if desired.
DESCRIPTION:	This report is a listing of all patients whose next action due is a "T" and the action date falls on or before the report date or have not received food instruments have not been received for two (2) months from the last first valid date.
ACTION TO BE TAKEN:	Call up individual patient label using report 587 for labels and put on patients CH-3 in their chart.
EXPLANATION OF REPORT:	1. Pat I.D. is the participant's identification number. 2. Local Use I.D. is used by sites. 3. Participant Name is the participant's name. 4. Birth Date is the birth date of the participant. 5. Reason is the reason the participant was terminated from the program. 6. Status is the status of the participant. 7. Last FI Issuance is the last first valid date of the last food instrument that was issued to the participant.
RETENTION/ DISPOSAL PERIOD:	If printed, destroy by shredding or burning after receipt of next report.

WCTERM AUTOMATIC TERMINATIONS SITE: 100 PAGE: 1
RUN DATE:TIME 11/06/2002 08:38:09 CLIENT - 30 - COMMONWEALTH OF KENTUCKY RPT: 587
HID/LOC/S - CO HEALTH DEPT

PARTICIPANT ID	LOCAL USE ID	PARTICIPANT NAME	BIRTH DATE	REASON	STATUS	LAST FI ISSUANCE
			10/06/1984	CATEGORICALLY INELIGIBLE	W-POS	10/24/2002

TOTAL TERMINATIONS = 1

REPORT TITLE: Number of Weeks Infants Breastfed

REPORT NUMBER: 1596

FREQUENCY: Quarterly usually between the 10th and 20th.

DISTRIBUTION: Automatically Printed Overnight or obtained electronically through E-Reports - WIC Coordinator.

DESCRIPTION: This report provides a summary of the incidence and duration of breastfeeding for the quarter and year to date.

ACTION TO BE TAKEN: Use for management of breastfeeding rates for meeting Healthy People 2010 goals.

EXPLANATION OF REPORT:

1. Total infants is the total number of infants reported in the system.
2. Never asked is the number of infants that did not have data entered into the system for the breastfeeding questions.
3. Never br fed is the number of infants who have not been breastfed.
4. Weeks of Breastfeeding is the number of weeks that have been entered into the system that an infant has been breastfed.
5. Curr Breast fed is the number of infants for the quarter and year-to-date that are still breastfeeding during the reporting period.
6. Ever Breast fed is the number of infants for the quarter and year-to-date that have been breast fed during the reporting period.
7. Total PCT Breast fed is the % of infants for the quarter and year-to-date that have breast fed for the indicated time period.
8. Tot Inf is the total infants for the current breast fed and the ever breast fed lines.
9. PCT BF is the percent of infants currently breast fed and ever breast fed.

RETENTION/ DISPOSAL PERIOD: If report is printed, destroy after receipt of next report.

WIC140 RUN 01/02/2004 07:27:22 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE: 237 DEPARTMENT FOR PUBLIC HEALTH RPT: 1596
WIC
NUMBER OF WEEKS INFANTS BREAST FED
10-01-2003 THRU 12-31-2003

HEALTH ID: 002 ALLEN CO HEALTH DEPT
CLINIC LOC: 002 ALLEN CO HEALTH DEPT

TOTAL INFANTS	NEVER ASKED	NEVER BR FED	WEEKS OF BREAST FEEDING LESS 4	4-8	8-12	13-16	17-20	21-25	26-29	30-33	34-38	39-42	43-46	47-51	TOT INF	PCT B F
57		27														
	CURR BREAST FED		6	7	4	1	3				1	1			23	40.35
	EVER BREAST FED		11	8	4	2	3				1	1			30	52.59
	TOTAL PCT BREAST FED		19.29	14.03	7.01	3.50	5.26	.00	.00	.00	1.75	1.75	.00	.00		

NUMBER OF WEEKS INFANTS BREAST FED
10-01-2002 THRU 12-31-2002

TOTAL INFANTS	NEVER ASKED	NEVER BR FED	WEEKS OF BREAST FEEDING LESS 4	4-8	8-12	13-16	17-20	21-25	26-29	30-33	34-38	39-42	43-46	47-51	TOT INF	PCT B F
183		121														
	CURR BREAST FED		6	7	4	1	3				1	1			23	12.56
	EVER BREAST FED		29	16	7	4	3		1		1	1			62	33.83
	TOTAL PCT BREAST FED		15.84	8.74	3.82	2.18	1.63	.00	.54	.00	.54	.54	.00	.00		

REPORT TITLE:	Patients on Breastfeeding Report
REPORT NUMBER:	1679
FREQUENCY:	Quarterly
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports – Site and WIC Coordinator.
DESCRIPTION:	This report is a detailed listing of all infants and their current breastfeeding status as reported on the 1596 - Number of Weeks Infants Breastfed Report.
ACTION TO BE TAKEN:	Use for quality assurance. Review individual infant's records to ensure the breastfeeding status is properly reported. Use a "B" action to correct appropriate information.

EXPLANATION OF REPORT:

1. Participant Name is the participant's name.
2. Participant I.D. is the participant's identification number.
3. Birth Date is the birth date of the participant.
4. Status is the breastfeeding status of the infant. See explanation of the 1596 report for specific definitions.
5. No. of weeks is the number of weeks an infant was breastfed or has been currently breastfed.
6. Date asked BF question is the date the questions were asked or corrected.
7. Action Code is the action code used when the breastfeeding screen was completed or corrected.
8. Year-to-Date indicates the status which is reflected on the year to date portion of the report.

RETENTION/ DISPOSAL PERIOD:	If printed, destroy by shredding or burning after receipt of next report.

WIC140 RUN 10/04/2003 06:58:59 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE: 100 DEPARTMENT FOR PUBLIC HEALTH RPT: 1679
WIC
PATIENTS ON BREASTFEEDING REPORT
07-01-2003 THRU 09-30-2003

HEALTH ID: CO HEALTH DEPT
CLINIC LOC: CO HEALTH DEPT

PARTICIPANT NAME	PARTICIPANT ID	BIRTH DATE	STATUS	NO OF WEEKS	DATE ASKED BF QUESTION	ACTION CODE	YEAR TO DATE
			NEVER BREASTFED		06/11/2003	A	Y
			NEVER BREASTFED		06/11/2003	A	
			NEVER BREASTFED		08/07/2003	A	
			NEVER BREASTFED		08/07/2003	A	
			NEVER BREASTFED		02/27/2003	A	Y
			NEVER BREASTFED		02/27/2003	A	
			NEVER BREASTFED		03/05/2003	A	Y
			NEVER BREASTFED		03/05/2003	A	
			NEVER BREASTFED		08/12/2003	P	
			NEVER BREASTFED		08/12/2003	P	
			NEVER BREASTFED		08/27/2002	A	Y
			NEVER BREASTFED		08/27/2002	A	
			NEVER BREASTFED		09/23/2003	A	
			NEVER BREASTFED		09/23/2003	A	
			NEVER BREASTFED		07/30/2003	A	
			NEVER BREASTFED		07/30/2003	A	
			NEVER BREASTFED		09/09/2003	A	
			NEVER BREASTFED		09/09/2003	A	
			NEVER BREASTFED		08/21/2003	A	
			NEVER BREASTFED		08/21/2003	A	
			NEVER BREASTFED		10/31/2002	A	Y
			NEVER BREASTFED		10/31/2002	A	
			NEVER BREASTFED		07/15/2003	A	
			NEVER BREASTFED		07/15/2003	A	

REPORT TITLE:	Pregnant Women on WIC With EDC In (Month Year)
REPORT NUMBER:	1807
FREQUENCY:	Monthly
DISTRIBUTION:	By Request Only
DESCRIPTION:	This report lists enrolled pregnant women with an EDC in the specified month. This report is used to coordinate issue dates and cycles for women that have delivered and her newborn infant when hospital certifications are done.
ACTION TO BE TAKEN:	Use as needed for hospital certification.
EXPLANATION OF REPORT:	1. Participant ID number is the participant's ID number. 2. Participant name is the participant's name. 3. EDC is the expected date of confinement (delivery) entered in the system. 4. Issue Date is the participant's assigned issue date. 5. Last issue dates are the beginning and ending dates of food instruments issued to the participant.
RETENTION/ DISPOSAL PERIOD:	If printed, destroy by shredding or burning upon completion of use.

HEALTH ID: DISTRICT HEALTH DEPT
CLINIC LOC: CO HEALTH CENTER

PARTICIPANT ID NUMBER	PARTICIPANT NAME	EDC DATE	ISSUE DATE	LAST ISSUE DATES
		03/06/2004	03/12/2004	
		03/15/2004	04/16/20	
		03/12/2004	03/22/2004	
		03/26/2004	04/20/2004	
		03/30/2004	03/23/2004	
		03/20/2004	03/28/2004	
		03/15/2004	04/03/2004	
		03/05/2004	03/15/2004	
		03/01/2004	03/08/2004	

TOTAL PATIENTS 9

REPORT TITLE:	Enrollment By Status and Priority
REPORT NUMBER:	1902
FREQUENCY:	Monthly usually between the 10th and the 20th
DISTRIBUTION:	Automatically printed overnight or obtained electronically through E-Reports - Site and the WIC Coordinator
DESCRIPTION:	This report indicates the number enrolled by priority and by status as of the report run date.
ACTION TO BE TAKEN:	Use for caseload management, to evaluate enrollment.
EXPLANATION OF REPORT:	1. Frequency is the number enrolled by status and priority. 2. Percent is percent by status and priority of the total enrollment. 3. Row Percent is the percent of the status assigned to each priority. 4. Column Percent is percent that the status represents of the total enrollment assigned to a priority. 5. Total is the number enrolled in each priority and the percent of the total enrollment that the status represents.
RETENTION/ DISPOSAL PERIOD:	If report is printed, destroy after receipt of next report.

WRC030 ROW 07/20/2002 12:22:20 PAGE: 1
SITE: 100 RPT: 1902

KENTUCKY CABINET FOR HEALTH SERVICES
DEPARTMENT FOR PUBLIC HEALTH
WIC
ENROLLMENT BY STATUS AND PRIORITY
JULY 20,2002

HEALTH ID: CO HEALTH DEPT
CLINIC LOC: CO HEALTH DEPT

STATUS / PRIORITY FREQUENCY ROW PCT COL PCT	1	2	3A	3B	4	5A	5B	6	TOTAL
PREGNANT	55	0	0	0	4	0	0	0	59
	93.22	.00	.00	.00	6.78	.00	.00	.00	9.62
	36.67	.00	.00	.00	50.00	.00	.00	.00	
POSTPARTUM	0	0	0	48	0	0	0	3	51
	.00	.00	.00	94.12	.00	.00	.00	5.88	8.32
	.00	.00	.00	100.00	.00	.00	.00	100.00	
BREASTFEEDING	27	0	0	0	0	0	0	0	27
	100.00	.00	.00	.00	.00	.00	.00	.00	4.40
	18.00	.00	.00	.00	.00	.00	.00	.00	
INFANTS	68	64	0	0	4	0	0	0	136
	50.00	47.06	.00	.00	2.94	.00	.00	.00	22.19
	45.33	100.00	.00	.00	50.00	.00	.00	.00	
CHILDREN	0	0	220	0	0	38	82	0	340
	.00	.00	64.71	.00	.00	11.18	24.12	.00	55.46
	.00	.00	100.00	.00	.00	100.00	100.00	.00	
TOTAL	150	64	220	48	8	38	82	3	613
	24.47	10.44	35.89	7.83	1.31	6.20	13.38	.49	100.00

REPORT TITLE: WIC Participants with Issue Date 99

REPORT NUMBER: 1904

FREQUENCY: Monthly usually between the 10th and the 20th

DISTRIBUTION: Automatically printed overnight or obtained electronically through E-Reports - Site and WIC Coordinator

DESCRIPTION: This report identifies all persons enrolled with an issue month/date/year of 99/99/9999 (not receiving FIs). Infants that are exclusively breastfeeding will have issue date of 99/99/9999.

ACTION TO BE TAKEN: Review report for any patients that are enrolled and should be receiving food instruments. The date of birth can be used to determine the breastfed infant's age to assess need or desire for cereal and juice.

EXPLANATION OF REPORT:

1. Participant I.D. is the I.D. Number of the participant.
2. Participant Name is name of participant.
3. WIC Status is the status of the participant.
4. Birth Date is the birth date of the participant.
5. Last Action Date is the last action date submitted and accepted for WIC participant.
6. Last Action Code is the last action submitted and accepted for the WIC participant.

RETENTION/ DISPOSAL PERIOD: If printed, destroy by shredding or burning after receipt of next report.

```
WRC060 RUN 02/12/2005 20:18:40                    KENTUCKY CABINET FOR HEALTH SERVICES
SITE:  237                                            DEPARTMENT FOR PUBLIC HEALTH
                                                                  WIC
                                                 WIC PARTICIPANTS WITH ISSUE DATE 99
                                                          FEBRUARY 12,2005

     HEALTH-ID:  034  LEXINGTON-FAYETTE CO. H.D.
    CLINIC LOC:  034  LEX-FAYETTE

                PARTICIPANT      PARTICIPANT  NAME            WIC         BIRTH            LAST ACTION      LAST ACTION
                    ID                                       STATUS       DATE                DATE            CODE

                                                                                            03/03/2004          A
                                                                                            02/11/2005          C
                                                                                            02/11/2005          A
                                                                                            02/02/2005          A
                                                                                            10/29/2004          C
                                                                                            01/20/2005          A
                                                                                            04/16/2004          A
                                                                                            02/04/2005          A
                                                                                            10/21/2004          A
                                                                                            12/21/2004          A


   TOTAL RECORDS PRINTED =   10
```

REPORT TITLE:	Unmatched Redemptions
REPORT NUMBER:	1915
FREQUENCY:	Monthly usually between the 10th and the 20th.
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports to the Site and WIC Coordinator
DESCRIPTION:	This report shows food instruments that have cleared the contracted bank but cannot be matched to an issuance record.
ACTION TO BE TAKEN:	Upon receipt research each food instrument on the WFIM screen. If the food instrument was validly issued, post the issuance on the WFIM screen. Report any other problems to the State WIC Office. Electronic comments on food instruments on this report should be made on the BKIM Screen. Food instruments can be reviewed in the WIC Food Instrument Image Lookup. See Screens in this section.
EXPLANATION OF REPORT:	1. FI Number is the number of the food instrument. 2. Bank Acct No. is the bank account number for the food instrument. 3. Date Cleared is the date that the food instrument cleared the contracted bank. 4. Amount Paid is the amount for which the food instrument cleared the contracted bank. 5. Void Code is the code that was used to void the food instrument if FI was voided in the system. 6. Reason is the reason the food instrument cannot match to an issuance record. 7. Date Posted is the date posted to the system. 8. Comments are electronic comments on the food instruments. Comments can be entered on the BKIM Screen.
RETENTION/ DISPOSAL PERIOD:	If report is printed, destroy after receipt of next report.

WRC140 RUN 10/14/2002 15:16 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE: 237 DEPARTMENT FOR PUBLIC HEALTH RPT: 1915
WIC
UNMATCHED REDEMPTIONS
JULY , 2002

RECORDS SHOW THAT THE FOOD INSTRUMENTS LISTED ON THIS REPORT HAVE CLEARED THE CONTRACTED BANK BUT CANNOT MATCH TO AN ISSUANCE RECORD. RESEARCH EACH FOOD INSTRUMENT LISTED ON THIS REPORT. IF THE FOOD INSTRUMENT WAS VALIDLY ISSUED, POST THE ISSUANCE ON THE WFIM SCREEN. IF THERE IS ANY OTHER PROBLEM, PLEASE CONTACT CRT 2221 OR 2222 FOR ASSISTANCE. DOCUMENT ON THIS REPORT UNDER COMMENTS THE RESOLUTION OF THE PROBLEM(S). DOCUMENT DATE WORKED AND PERSON AT WIC OFFICE WHO PROVIDED ASSISTANCE.

HEALTH ID: CO HEALTH DEPT
CLINIC LOC: CO HEALTH DEPT

F.I. NUMBER	BANK ACCT NUMBER	DATE CLEARED	AMOUNT PAID	VOID CODE	REASON	DATE POSTED	COMMENTS
4062367	1246887	07/15/2002	$9.85	5	ISSUANCE VOIDED	_____	_____
4849365	1246887	07/24/2002	$20.36		ISSUANCE OPEN	_____	_____
4849374	1246887	07/24/2002	$33.68		ISSUANCE OPEN	_____	_____
4849375	1246887	07/24/2002	$32.64		ISSUANCE OPEN	_____	_____
4849376	1246887	07/24/2002	$16.47		ISSUANCE OPEN	_____	_____
4849383	1246887	07/30/2002	$17.53		ISSUANCE OPEN	_____	_____
4849392	1246887	07/30/2002	$21.67		ISSUANCE OPEN	_____	_____
4849401	1246887	07/24/2002	$19.07		ISSUANCE OPEN	_____	_____
4849410	1246887	07/30/2002	$22.52		ISSUANCE OPEN	_____	_____

REPORT TITLE:	Summary of Unmatched Redemptions
REPORT NUMBER:	1916
FREQUENCY:	Monthly usually between the 10th and the 20th.
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports - WIC Coordinator
DESCRIPTION:	This report summarizes the 1915 report giving total dollar amount of the food instruments.
ACTION TO BE TAKEN:	Records show that the food instruments summarized on this report have cleared the contracted bank but cannot match to an issuance record. Each site must research the food instruments listed on the 1915 report.
EXPLANATION OF REPORT:	1. HID/LOC/SITE is the agency, clinic and site. 2. Agency is the county name. 3. NO FIS is the total number of unmatched food instruments for that site. 4. Redeemed AMT is the total amount for which the food instruments cleared the contracted bank.
RETENTION/ DISPOSAL PERIOD:	If report is printed, destroy after receipt of next report.

WRC140 RUN 10/14/2002 15:16 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE: 130 DEPARTMENT FOR PUBLIC HEALTH RPT: 1916
WIC
SUMMARY OF UNMATCHED REDEMPTIONS
JULY , 2002

RECORDS SHOW THAT THE FOOD INSTRUMENTS SUMMARIZED ON THIS REPORT HAVE CLEARED THE CONTRACTED BANK BUT CANNOT MATCH TO AN ISSUANCE RECORD. EACH SITE SHOULD RESEARCH THE FOOD INSTRUMENTS LISTED ON THE 1915 REPORT. IF THERE IS ANY OTHER PROBLEM, THE SITE SHOULD CONTACT CRT 2221 OR 2222 FOR ASSISTANCE.

HID/LOC/SITE	AGENCY	NO FIS	REDEEMED AMT
		155	$3,632.17
		159	$4,369.33
	CO HEALTH DEPT	314	$8,001.50

REPORT TITLE:	Summary of All Reported Nutritional Risk Criteria Codes
REPORT NUMBER:	1920
FREQUENCY:	Monthly usually between the 10th and 20th.
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports - Site and WIC Coordinator.
DESCRIPTION:	This report provides a monthly summary of all the risk codes that have been reported for the enrolled WIC participants by WIC status.
ACTION TO BE TAKEN:	Used to review risks reported. Can be used as a tool to summarize health risks in the community.
EXPLANATION OF REPORT:	1. Risk Codes are the nutritional risks reported on the Patient Encounter Form (PEF). 2. Frequency is the number of the nutritional risk by status. 3. Row Percent is the percent of the status with the risk code assigned. 4. Column Percent is percent that the risk code represents of the total risk codes assigned to a status. 5. Total is the number of times the risk code is reported and the percent of the total that the risk code represents.
RETENTION/ DISPOSAL PERIOD:	If printed, destroy after receipt of next report.

WRC160 RUN 11/16/2002 20:40:40 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE: 100 DEPARTMENT FOR PUBLIC HEALTH RPT: 1920
WIC
SUMMARY OF ALL REPORTED NUTRITIONAL RISK CRITERIA CODES
NOVEMBER 16, 2002

HEALTH ID: CO HEALTH DEPT
CLINIC LOC: CO HEALTH DEPT

RISK CODE STATUS

FREQUENCY ROW PCT COL PCT	PREGNANT	INFANT	CHILD	POSTPARTUM	BREASTFEEDING	TOTAL FREQUENCY COL PCT
1010 - LOW HCT/HGB	4	1	15	22	6	48
	8.33	2.08	31.25	45.83	12.50	4.03
	2.37	.39	2.61	15.38	12.24	
1020 - ELEVATED BLOOD LEAD	0	0	2	0	0	2
	.00	.00	100.00	.00	.00	.17
	.00	.00	.35	.00	.00	
2040 - PREMATURITY	0	18	0	0	0	18
	.00	100.00	.00	.00	.00	1.51
	.00	7.00	.00	.00	.00	
2050 - LOW BIRTHWEIGHT	0	10	5	0	0	15
	.00	66.67	33.33	.00	.00	1.26
	.00	3.89	.87	.00	.00	
2060 - AT RISK FOR OVERWEIGHT	0	7	40	0	0	47
	.00	14.89	85.11	.00	.00	3.94
	.00	2.72	6.97	.00	.00	
2061 - OVERWEIGHT	25	0	66	28	8	127
	19.69	.00	51.97	22.05	6.30	10.65
	14.79	.00	11.50	19.58	16.33	

REPORT TITLE:	Possible Dual Participation Between the WIC Program and CSFP
REPORT NUMBER:	1922
FREQUENCY:	Monthly usually between the 10th and the 20th.
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports - WIC Coordinators. Report is produced only if there are participant matches.
DESCRIPTION:	This report lists potential dual participants between WIC and CSFP. In creating this report, the system matches on four (4) items out of nine (9). If any of the four (4) match, the person's name will appear as a possible dual participant. The items include: participant's ID number, participant's last name, first name and middle initial, date of birth, sex, race, street address and city/town. The appearance of a person's name on the dual participation report may not mean that they are dual participants.
ACTION TO BE TAKEN:	1. Review all names appearing on this report. 2. Investigate and take appropriate action as outlined in Participant Abuse in the WIC Section of the Administrative Reference. 3. Document action taken.
EXPLANATION OF REPORT:	1. WIC HID/LOC/S is the WIC Program local agency/site identification number where the participant is receiving food instruments. 2. CSFP is the Commodity Supplemental Feeding Program. 3. Participant ID is the participant identification number. 4. Participant Name is the participant's name in the WIC System and the CSFP System. 5. Status is the WIC status of the participant; pregnant, breastfeeding, postpartum, infant and child. 6. Birth Date is the date of birth in both the WIC System and the CSFP System. 7. WIC Certification Date is the date of the most recent certification/recertification for WIC. 8. First Valid Date and CSFP Dist Date are the first valid dates of the most recent WIC issuance and CSFP Dist Date is the most recent distribution of CSFP commodities.
RETENTION/ DISPOSAL PERIOD:	If report is printed, destroy by shredding or burning after receipt of next report.

WRC110 RUN 11/04/2002 10:00:25 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE: 165 DEPARTMENT FOR PUBLIC HEALTH RPT: 1922
WIC
POSSIBLE DUAL PARTICIPATION BETWEEN WIC PROGRAM AND CSFP

WIC HID/LOC/S	CSFP	PARTICIPANT ID	PARTICIPANT NAME	STATUS	BIRTH DATE	WIC CERT DATE	WIC ACTION	FIRST VALID DATE CSFP DIST DATE
				BREASTFEEDING		08/20/2002	R	09/07/2002
	X							09/17/2002
				CHILD		05/21/2002	R	09/07/2002
	X							09/17/2002
				CHILD		09/17/2002	R	09/26/2002
	X							09/05/2002
				CHILD		09/06/2002	R	09/06/2002
	X							09/18/2002
				INFANT		04/02/2002	A	09/24/2002
	X							09/30/2002
				POSTPARTUM		05/24/2002	R	09/24/2002
	X							09/30/2002
				CHILD		06/13/2002	R	09/17/2002
	X							09/26/2002
				CHILD		08/19/2002	A	09/19/2002
	X							09/25/2002
				CHILD		09/05/2002	R	09/18/2002
	X							09/16/2002

REPORT TITLE: Detail Listing of Infants Receiving Non-Contract, Non-Standard, Special Formula and Summary

REPORT NUMBER: 1925

FREQUENCY: Monthly usually between the 10th and the 20th

DISTRIBUTION: Automatically printed overnight or obtained electronically through E-Reports - Site and WIC Coordinator.

DESCRIPTION: This report provides the names of the participants by agency and site who are receiving non-contract, non-standard and special formulas. This report also provides the total number of participants on non-contract, non-standard formula or special formulas and the percentage of participants by agency and site receiving the formulas.

ACTION TO BE TAKEN: Use for monitoring WIC participants receiving non-contract, non-standard and special formulas.

EXPLANATION OF REPORT:

DETAIL LISTING

1. Participant name is the participant's name.
2. Participant I.D. is the participant's identification number.
3. Birth Date is the birth date of the participant.
4. Last Act Date is the date of the last WIC action entered into the system for this participant.
5. Std FPKG Code is the standard food package code of the formula.
6. Rx Expire Date is the date the formula prescription expires.
7. Formula is the formula name(s) of the standard food package.
8. Category is the classification of formula. Refer to the PHPR, WIC Section, Requirements for Issuing Formula.

SUMMARY

1. Total infants are the total number of infants participating at the agency and site.
2. Non-contract, Non-standard and Special with Total and % is the list of the standard package codes and the number and percentage of participants receiving the formula.

RETENTION/ DISPOSAL PERIOD: If printed, destroy by shredding or burning after receipt of next report.

SITE 107 DEPARTMENT FOR PUBLIC HEALTH RPT: 1925

WIC

DETAIL LISTING OF INFANTS RECEIVING

NON-CONTRACT, NON-STANDARD AND SPECIAL FORMULA

SEPTEMBER, 2007

HEALTH ID: CO HEALTH DEPT

CLINIC LOC: CO HEALTH DEPT

PARTICIPANT NAME	PARTICIPANT ID	BIRTH DATE	LAST ACT DATE	STD FPKG CODE	RX EXPIRE DATE	FORMULA	CATEGORY
		11/28/2006	07/27/2007	MAL3	11/28/2007		SPECIAL FORMULA
		04/19/2007	09/21/2007	MAL3	10/09/2007		SPECIAL FORMULA
		06/03/2007	08/02/2007	MAL3	06/03/2008		SPECIAL FORMULA
		10/23/2006	07/19/2007	MAL3	10/24/2007		SPECIAL FORMULA
		04/12/2007	09/17/2007	MAL3	04/12/2008		SPECIAL FORMULA
		10/24/2006	09/11/2007	MAL3	10/24/2007		SPECIAL FORMULA
		12/19/2006	08/06/2007	MAL3	12/19/2007		SPECIAL FORMULA
		04/18/2007	09/28/2007	MAL3	10/18/2007		SPECIAL FORMULA
		09/11/2006	06/29/2007	MEL3		POWDERED ENFAMIL LIPIL WITH IRON	NON-CONTRACT
		12/22/2006	07/24/2007	MEL3	12/22/2007	POWDERED ENFAMIL LIPIL WITH IRON	NON-CONTRACT
		04/08/2007	09/12/2007	MEL3	10/08/2007	POWDERED ENFAMIL LIPIL WITH IRON	NON-CONTRACT
		04/26/2007	09/28/2007	MEL3	03/18/2008	POWDERED ENFAMIL LIPIL WITH IRON	NON-CONTRACT
		04/02/2007	09/10/2007	MEL3	04/02/2008	POWDERED ENFAMIL LIPIL WITH IRON	NON-CONTRACT
		11/01/2006	08/31/2007	MEL3	11/01/2007	POWDERED ENFAMIL LIPIL WITH IRON	NON-CONTRACT
		05/09/2007	09/21/2007	MGL2	11/21/2007		SPECIAL FORMULA
		02/02/2007	08/06/2007	MPL3	02/02/2008	POWDERED ENFAMIL PROSOBEE LIPIL WITH	NON-CONTRACT
		10/05/2006	09/21/2007	RAA4	10/05/2007	POWDERED SIMILAC ALIMENTUM ADVANCE W	NON-STANDARD
		03/19/2007	08/17/2007	RAA4	09/19/2007	POWDERED SIMILAC ALIMENTUM ADVANCE W	NON-STANDARD
		04/10/2007	08/27/2007	RAA4	10/10/2007	POWDERED SIMILAC ALIMENTUM ADVANCE W	NON-STANDARD
		01/24/2007	07/12/2007	RAA4	01/24/2008	POWDERED SIMILAC ALIMENTUM ADVANCE W	NON-STANDARD
		07/11/2007	09/14/2007	RAA4	11/15/2007	POWDERED SIMILAC ALIMENTUM ADVANCE W	NON-STANDARD
		04/13/2007	08/14/2007	RNA2	10/24/2007		SPECIAL FORMULA
		12/11/2006	09/20/2007	RSA1	12/11/2007	CONCENTRATE SIMILAC ADVANCE WITH IRO	NON-CONTRACT
		12/12/2006	10/04/2007	RSA2	11/04/2007	POWDERED SIMILAC ADVANCE WITH IRON	NON-CONTRACT
		04/25/2007	09/13/2007	RSA2	04/28/2008	POWDERED SIMILAC ADVANCE WITH IRON	NON-CONTRACT
		01/01/2007	08/17/2007	RSA2	01/01/2008	POWDERED SIMILAC ADVANCE WITH IRON	NON-CONTRACT
		12/19/2006	08/06/2007	RSA2	12/19/2007	POWDERED SIMILAC ADVANCE WITH IRON	NON-CONTRACT
		04/10/2007	07/24/2007	RSL2	04/10/2008	POWDERED SIMILAC LACTOSE FREE ADVANC	NON-CONTRACT
		05/04/2007	06/18/2007	RSL2		POWDERED SIMILAC LACTOSE FREE ADVANC	NON-CONTRACT

TOTAL 29

REPORT TITLE:	Vendor Volume
REPORT NUMBER:	1928
FREQUENCY:	Monthly usually between the 10th and the 20th
DISTRIBUTION:	Automatically printed overnight or obtained electronically through E-Reports - WIC Coordinator
DESCRIPTION:	This report provides by vendor number the redemption amount by month and year to date. The information is provided by contracted vendor and by vendor outside of the agency redeeming the agency's food instruments.
ACTION TO BE TAKEN:	Report is for informational purposes. Review report for any unusual redemption patterns. Contact the State WIC Office to report any unusual redemption activities.
EXPLANATION OF REPORT:	1. Vendor Number is the authorized vendor number assigned by the State WIC Office. 2. No. FIs Redeemed Month is the number of food instruments issued by the agency and cashed by the identified vendor that have cleared the bank that month. 3. Amt Redeemed Month is the dollar amount of food instruments issued by the agency and cashed by the identified vendor that have cleared the bank that month. 4. No. FIs Redeemed FYTD is the number of food instruments that have cleared the bank year to date. 5. Amt Redeemed FYTD is the dollar amount of food instruments that have cleared the bank year to date.
RETENTION/ DISPOSAL PERIOD:	If report is printed, destroy after receipt of next month's report.

WRC220 RUN 11-06-2002 01:52 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE 237 DEPARTMENT FOR PUBLIC HEALTH RPT: 1928
WIC
VENDOR VOLUME REPORT FYTD: OCTOBER 2001 - SEPTEMBER 2002
SEPTEMBER , 2002

HEALTH ID: CO HEALTH DEPT

VENDOR NUMBER	NO FIS REDEEMED MONTH	AMT REDEEMED MONTH	NO FIS REDEEMED FYTD	AMT REDEEMED FYTD
	256	$4,007.94	3,693	$59,458.51
	660	$11,539.97	8,826	$146,086.16
	204	$1,997.88	2,178	$24,828.23
SUB TOTAL:	1,120	$17,545.79	14,697	$230,372.90
	1	$13.04	1	$13.04
		$0.00	1	$3.54
		$0.00	8	$101.88
		$0.00	1	$17.04
		$0.00	3	$69.16
		$0.00	1	$23.12
		$0.00	1	$4.48
		$0.00	2	$39.11
		$0.00	1	$12.80

REPORT TITLE:	WIC Food Package Tracking Report
REPORT NUMBER:	1929
FREQUENCY:	Monthly usually between the 10th and the 20th.
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports - WIC Coordinator
DESCRIPTION:	The report summarizes the total number of each type of food package issued for the month, the total amount redeemed and the average food package cost.
ACTION TO BE TAKEN:	Use as an informational report of food packages issued to participants. The report does not include handwritten food instruments.
EXPLANATION OF REPORT:	1. Std Food Pkg Code is the food package code or the food item code for issued the packages. The food item numbers such as 7423 relate to partial issuance of a food package. 2. Number of packages issued is the number of food packages issued in the reporting month. 3. Total Amount Redeemed is the amount of money for which the packages cleared the contracted bank. 4. Average Package Cost is the average redemption amount of each package. 5. The report is split by infant, woman/child and Food Package III packages and provides a total of each.
RETENTION/ DISPOSAL PERIOD:	If printed, destroy after receipt of next report.

WRC230 RUN 02-15-2004 07:27 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE 100 DEPARTMENT FOR PUBLIC HEALTH RPT: 1929
WIC
WIC FOOD PACKAGE TRACKING REPORT
BY ISSUANCE MONTH 11/2003 - FINAL
JANUARY , 2004

HEALTH ID: CO HEALTH DEPT
CLINIC LOC: CO HEALTH DEPT

	STD FOOD PKG CODE	NUMBER OF PACKAGES ISSUED	TOTAL AMOUNT REDEEMED	AVERAGE PACKAGE COST
	7422	10	$351.21	$35.12
	7425	1	$52.72	$52.72
	7432	4	$168.69	$42.17
	7435	1	$37.70	$37.70
	7842	3	$133.53	$44.51
	CA1	33	$1,781.97	$53.99
	CA16	53	$3,185.67	$60.10
	CA17	2	$134.48	$67.24
	CA7	15	$1,144.58	$76.30
	MJ7	1	$92.72	$92.72
	ML1	1	$83.79	$83.79
	ML7	4	$284.45	$71.11
	MP18	2	$129.44	$64.72
	NA3	1	$74.10	$74.10
	ND16	2	$179.39	$89.69
	NN1	1	$196.24	$196.24
	RL1	1	$69.39	$69.39
	RS1	2	$109.68	$54.84
	RS5	1	$38.37	$38.37
	SF11	1	$50.76	$50.76
	SF3	1	$148.74	$148.74
	SF6	2	$265.47	$132.73
	ZC3	1	$23.34	$23.34
	ZC5	1	$26.36	$26.36
INFANT	TOTAL	144	$8,762.79	$60.85
	A	22	$483.95	$21.99

REPORT TITLE:	WIC Participation by Priority/Status
REPORT NUMBER:	1930
FREQUENCY:	Monthly usually between the 10th and the 20th
DISTRIBUTION:	Automatically printed overnight or obtained electronically through E-Reports - WIC Coordinator
DESCRIPTION:	This report is the number of patients reported as receiving food instruments. Participation is reported by priority and status. If WIC priority and/or status is not known, the participant is put in an "unknown" category. The report is produced in three (3) phases: provisional, revised and final.
ACTION TO BE TAKEN:	Use for caseload management of active participation.
EXPLANATION OF REPORT:	The provisional report is produced the month following the report month. The revised report is produced two (2) months following the report month. The final report is produced three (3) months following the report month. Each report indicates activities reported during that month for the report month. 1. Priority as assigned based upon the NRCC and status. 2. Pregnant, Breastfeeding or Postpartum Women, Infants and Children or Unknown is the status of the participant. Reading the report down the columns indicates the number of each priority by status. 3. Total is the total number of participants by priority or by status.
RETENTION/ DISPOSAL PERIOD:	If report is printed, destroy after receipt of next report.

WIC020 RUN 03/13/2004 15:25 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 191
SITE: 237 DEPARTMENT FOR PUBLIC HEALTH RPT: 1930
WIC
WIC PARTICIPATION BY PRIORITY/STATUS
12-01-2003 THRU 12-31-2003 (FINAL)

HEALTH ID: STATE TOTALS

PRIORITY	PREGNANT WOMEN	BREASTFEEDING WOMEN	POSTPARTUM WOMEN	INFANTS	CHILDREN	UNKNOWN	TOTAL
PRIORITY 01	12,145	2,296	0	13,531	0	0	27,972
PRIORITY 02	0	0	0	14,331	0	0	14,331
PRIORITY 3A	0	0	0	0	28,666	0	28,666
PRIORITY 3B	0	0	8,232	0	0	0	8,232
PRIORITY 04	1,737	395	0	1,117	0	0	3,249
PRIORITY 5A	0	0	0	0	11,546	0	11,546
PRIORITY 5B	0	0	0	0	16,355	0	16,355
PRIORITY 06	0	0	1,509	0	0	0	1,509
UNKNOWN	0	0	0	0	0	0	0
TOTAL	13,882	2,691	9,741	28,979	56,567	0	111,860

WIC020 RUN 03/13/2004 15:25 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 282
SITE: 237 DEPARTMENT FOR PUBLIC HEALTH RPT: 1930
WIC
WIC PARTICIPATION BY PRIORITY/STATUS
01-01-2004 THRU 01-31-2004 (REVISED)

HEALTH ID: STATE TOTALS

PRIORITY	PREGNANT WOMEN	BREASTFEEDING WOMEN	POSTPARTUM WOMEN	INFANTS	CHILDREN	UNKNOWN	TOTAL
PRIORITY 01	12,527	2,358	0	13,710	0	0	28,595
PRIORITY 02	0	0	0	14,559	0	0	14,559
PRIORITY 3A	0	0	0	0	29,034	0	29,034
PRIORITY 3B	0	0	8,426	0	0	0	8,426
PRIORITY 04	1,797	385	0	1,128	0	0	3,310
PRIORITY 5A	0	0	0	0	11,683	0	11,683
PRIORITY 5B	0	0	0	0	16,469	0	16,469
PRIORITY 06	0	0	1,508	0	0	0	1,508
UNKNOWN	0	0	0	0	0	0	0
TOTAL	14,324	2,743	9,934	29,397	57,186	0	113,584

REPORT TITLE: Listing of WIC Participants

REPORT NUMBER: 1932

FREQUENCY: Upon Request – order through CDS1811.

DISTRIBUTION: Automatically printed overnight or obtained electronically through E-Reports - WIC Coordinator

DESCRIPTION: A listing of participants enrolled in the agency.

ACTION TO BE TAKEN: Use as a reference.

EXPLANATION OF REPORT:

1. Participant I.D. is the I.D. Number of the participant.
2. Participant Name is name of participant.
3. Address is participant's address.
4. Phone No. indicates the participant's phone number.
5. Birth Dt is the birth date of the participant.
6. Status is the status of the participant.

RETENTION/ DISPOSAL PERIOD: If printed, destroy by shredding or burning upon completion of use.

DATE 07/11/2002 TIME 12:11 WIC PARTICPIPANTS PAGE 1
WIC140 RPT 1932 HLS - COUNTY HEALTH DEPT

PATIENT ID	PATIENT NAME	ADDRESS	PHONE NO	BIRTH DT	STATUS
		FRANKFORT KY 40601		11/25/1972	BREAST FEEDING
		FRANKFORT KY 40601		04/30/2002	INFANT
		FRANKFORT KY 40601		06/22/1972	POST PARTUM
		FRANKFORT KY 40601		11/25/2000	CHILD
		FRANKFORT KY 40601		07/03/1999	CHILD
		LAWRENCEBURG KY 40342		07/01/1999	CHILD
		FRANKFORT KY 40601		05/20/1982	PREGNANT
		FRANKFORT KY 40601		05/13/2000	CHILD
		FRANKFORT KY 40601		04/26/1975	PREGNANT
		FRANKFORT KY 40601		06/03/1999	CHILD
		FRANKFORT KY 40601		02/23/2001	CHILD
		FRANKFORT KY 40601		02/23/2001	CHILD
		FRANKFORT KY 40601		07/14/2000	CHILD
		FRANKFORT KY 40601		09/21/2000	CHILD
		FRANKFORT KY 40601		02/26/1981	PREGNANT
		FRANKFORT KY 40601		06/10/1960	PREGNANT
		FRANKFORT KY 40601		01/15/2001	CHILD
		FRANKFORT KY 40601		11/19/2001	INFANT

REPORT TITLE:	Bank Voids Not Voided on CDP System
REPORT NUMBER:	1940
FREQUENCY:	Monthly usually between the 10th and the 20th.
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports – Site and WIC Coordinator
DESCRIPTION:	This report provides a listing of food instrument numbers that have been sent to the bank as void but not posted as void on the WFIM screen.
ACTION TO BE TAKEN:	Upon receipt research each food instrument on the WFIM screen. If the food instrument should be voided, void the food instrument on the WFIM screen. Report any problems to the State WIC Office. Electronic comments on food instruments on this report should be made on the BKIV Screen. See Screens in this section.
EXPLANATION OF REPORT:	1. FI Number is the number of the food instrument. 2. Bank Acct No. is the bank account number of the food instrument. 3. First Valid Date is the date a participant could use the food instrument. (first day to use) 4. Bank Void Date is the date the food instrument was processed by the bank. 5. Findings column is used to record the findings after research has been completed. Findings can be entered on the BKIV Screen to print on next month's report.
RETENTION/ DISPOSAL PERIOD:	If report is printed, destroy after receipt of next report.

WIC

BANK VOIDS NOT VOIDED IN CDP SYSTEM
JUNE,2002

The following is a list of food instruments, which have been sent to the bank as voided. However, the food instruments have not been posted to the system as voided. In order to ensure proper reconciliation of food instruments as required by federal regulation, please review and if the food instruments should be voided, void the food instruments on the WFIM screen.

FI NUMBER	BANK ACCT NO	FIRST VALID DATE	BANK VOID DATE	FINDINGS
2462439	1246887	02/26/2002	02/01/2002	
2462440	1246887	03/26/2002	02/01/2002	
2462441	1246887	03/26/2002	02/01/2002	
2462442	1246887	03/26/2002	02/01/2002	
2462477	1246887	02/04/2002	02/01/2002	
2462478	1246887	02/04/2002	02/01/2002	
2462479	1246887	02/04/2002	02/01/2002	
2462480	1246887	03/04/2002	02/01/2002	
2462481	1246887	03/04/2002	02/01/2002	
2462482	1246887	03/04/2002	02/01/2002	
2462483	1246887	04/04/2002	02/01/2002	
2462484	1246887	04/04/2002	02/01/2002	
2462485	1246887	04/04/2002	02/01/2002	
2462642	1246887	02/25/2002	02/15/2002	
2462643	1246887	02/25/2002	02/15/2002	
2462644	1246887	02/25/2002	02/15/2002	
2462645	1246887	03/25/2002	02/15/2002	
2462646	1246887	03/25/2002	02/15/2002	
2462647	1246887	03/25/2002	02/15/2002	
2469060	1246887	02/13/2002	02/15/2002	
2469061	1246887	02/13/2002	02/15/2002	
2469062	1246887	02/13/2002	02/15/2002	

REPORT TITLE:	List of WIC Reports Created
REPORT NUMBER:	1956
FREQUENCY:	Weekly
DISTRIBUTION:	Automatically Printed or obtained electronically through E-Reports - Site and the WIC Coordinator
DESCRIPTION:	This report is a listing of all WIC reports that should be received for the previous week.
ACTION TO BE TAKEN:	Verify that all reports on the list have been received. Contact CRT 2221 or 2222, if reports have not been received.
EXPLANATION OF REPORT:	1. Report No. is the identification number of the report. 2. Report Description is the title of the report.
RETENTION/ DISPOSAL PERIOD:	Retain until verification of receipt of all reports.

```
WRC420 RUN 11/10/2002 06:46:35                KENTUCKY CABINET FOR HEALTH SERVICES                          PAGE:    1
SITE:  100                                        DEPARTMENT FOR PUBLIC HEALTH                              RPT: 1956
                                                              WIC
                                                   LIST OF WIC REPORTS CREATED

                                                   11/04/2002 THRU 11/10/2002

      HEALTH-ID:              CO HEALTH DEPT
     CLINIC LOC:                  CO HEALTH DEPT

Report No                     Report Description

   110        7 Day Late Instrument Pickup Labels
   274        7 Day Late Food Instrument Pickup List
   562        Next Action Due Listing
   585        Termination Labels
   587        Automatic Termination Listing
  1596        Breast Feeding Report
  1902        Enrollment by Status and Priority
  1904        Patients with Issue Dates 9999
  1920        Risk Codes By Status
  1925        Summary of infants Non-Contract, Special
  1929        Food Package Tracking
  1930        Participation Priority by Status
  1940        Bank Invalids Not Voided On CDP
  1947        Updated Agency Listing
  1955        Food Instrument Tracking


   TOTAL REPORTS CREATED =   15
```

REPORT TITLE:	Medicaid Summary Medicaid Recipients Not on WIC
REPORT NUMBER:	1962
FREQUENCY:	Monthly
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports - Site
DESCRIPTION:	Persons enrolled in the WIC Program are matched to the appropriate categories of Medicaid recipients. Persons that do not appear to be in the WIC System are listed on this report.
ACTION TO BE TAKEN:	Use this report to outreach to the appropriate Medicaid recipients that are not enrolled in the WIC Program. Mailing labels to use for this report can be printed by the "QUPR<site #><printer #>1962ALL" command.
EXPLANATION OF REPORT:	1. Participant Name is the name of the participant. 2. Participant I.D. is the participant's identification number. 3. DOB is the participant's date of birth. 4. Address is the current address of the participant. 5. PRV WIC Action/Agy is the previous WIC action completed on the participant.
RETENTION/ DISPOSAL PERIOD:	If printed, destroy by shredding or burning upon completion of use.

WRC420 RUN 08/26/2002 08:44 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 4
SITE: 237 DEPARTMENT FOR PUBLIC HEALTH RPT: 1962
WIC

MEDICAID MATCH SUMMARY
JULY 2002

MEDICAID RECORDS WITH NO MATCH

RESIDENCE

PARTICIPANT NAME	PARTICIPANT ID	DOB	ADDRESS	PRV WIC ACTION/AGY
				T 06/20/2001
				T 10/13/1999 114

TOTAL FOR COUNTY : 3

REPORT TITLE:	Waiting List by Priority
REPORT NUMBER:	1975
FREQUENCY:	Monthly usually between the 10th and the 20th – only when directed by the State WIC Office.
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports - Site and WIC Coordinator
DESCRIPTION:	This report identifies all persons placed on the waiting list by the agency. The report is in priority and date placed on waiting list order.
ACTION TO BE TAKEN:	Use report to contact participants when benefits become available.
EXPLANATION OF REPORT:	1. Participant ID is the ID Number of the participant. 2. Participant Name is the name of the participant. 3. Address is the participant's address. 4. Phone # is the telephone number of the participant. 5. Status is the status of the participant. 6. Priority is assigned based upon NRCC and status 7. Date Added to Waiting List is the action date the participant was placed on the Waiting List. 8. Date of Measures is the last date measures were entered for the WIC participant.
RETENTION/ DISPOSAL PERIOD:	If printed, destroy by shredding or burning after receipt of next report.

WRC490 RUN 05/23/2003 09:45:30 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE: 237 DEPARTMENT FOR PUBLIC HEALTH RPT: 1975
WIC
WAITING LIST BY PRIORITY

HEALTH ID: CO HEALTH DEPT
CLINIC LOC: CO HEALTH DEPT

PARTICIPANT ID	PARTICIPANT NAME	ADDRESS	PHONE #	STATUS	PRIORITY	DATE ADDED TO WAIT LIST	DATE OF MEASURES
				PREGNANT	01	12/19/2002	12/19/2002
				PREGNANT	01	01/08/2003	01/08/2003
				INFANT	01	02/12/2003	08/14/2002
				PREGNANT	01	02/25/2003	02/25/2003
				PREGNANT	01	02/28/2003	02/28/2003
				INFANT	01	03/04/2003	03/04/2003
				PREGNANT	01	03/14/2003	03/14/2003
				INFANT	01	03/17/2003	03/17/2003
				INFANT	01	03/18/2003	03/18/2003
				PREGNANT	01	03/19/2003	03/19/2003
				PREGNANT	01	03/19/2003	03/19/2003
				INFANT	01	03/26/2003	03/26/2003
				PREGNANT	01	03/26/2003	03/26/2003
				INFANT	01	04/10/2003	04/10/2003
				INFANT	01	04/16/2003	04/16/2003
				INFANT	01	04/16/2003	04/16/2003
				PREGNANT	01	04/21/2003	04/21/2003
				PREGNANT	01	04/21/2003	04/21/2003
				PREGNANT	01	04/22/2003	04/22/2003
				PREGNANT	01	04/22/2003	04/22/2003
				PREGNANT	01	04/25/2003	04/25/2003
				PREGNANT	01	04/25/2003	04/25/2003
				INFANT	01	04/28/2003	04/28/2003
				INFANT	01	04/29/2003	04/29/2003
				PREGNANT	01	04/30/2003	04/30/2003
				INFANT	01	05/06/2003	05/06/2003
				PREGNANT	01	05/09/2003	05/09/2003
				PREGNANT	01	05/09/2003	05/09/2003

REPORT TITLE:	Waiting List by Priority/Summary
REPORT NUMBER:	1976
FREQUENCY:	Monthly usually between the 10th and the 20th – only when directed by the State WIC Office.
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports - Site and the WIC Coordinator.
DESCRIPTION:	This report indicates the number on the Waiting List by priority and by status as of the report run date.
ACTION TO BE TAKEN:	Use for management of the Waiting List.
EXPLANATION OF REPORT:	1. Frequency is the number on the Waiting List by status and priority. 2. Percent is percent by status and priority of the total waiting list. 3. Row Percent is the percent of the status assigned to each priority. 4. Column Percent is percent that the status represents of the total waiting list assigned to a priority. 5. Total is the number on the waiting list in each priority and the percent of the total waiting list that the status represents.
RETENTION/ DISPOSAL PERIOD:	If report is printed, destroy after receipt of next report.

WRC490 RUN 05/23/2003 09:45:30 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE: 100 DEPARTMENT FOR PUBLIC HEALTH RPT: 1976
WIC
WAITING LIST BY PRIORITY (SUMMARY)

HEALTH ID: CO HEALTH DEPT
CLINIC LOC: CO HEALTH DEPT

STATUS PRIORITY

FREQUENCY
ROW PCT
COL PCT

	1	2	3A	3B	4	5A	5B	6		TOTAL
PREGNANT	32	0	0	0	3	0	0	0		35
	91.43	.00	.00	.00	8.57	.00	.00	.00		31.25
	71.11	.00	.00	.00	21.43	.00	.00	.00		
POSTPARTUM	0	0	0	0	11	0	0	0		11
	.00	.00	.00	.00	100.00	.00	.00	.00		9.82
	.00	.00	.00	.00	78.57	.00	.00	.00		
BREASTFEEDING	0	0	0	0	0	0	0	0		0
	.00	.00	.00	.00	.00	.00	.00	.00		.00
	.00	.00	.00	.00	.00	.00	.00	.00		
INFANTS	13	11	0	0	0	0	0	0		24
	54.17	45.83	.00	.00	.00	.00	.00	.00		21.43
	28.89	100.00	.00	.00	.00	.00	.00	.00		
CHILDREN	0	0	26	0	0	0	11	5		42
	.00	.00	61.90	.00	.00	.00	26.19	11.90		37.50
	.00	.00	100.00	.00	.00	.00	100.00	100.00		
TOTAL	45	11	26	0	14	0	11	5		112
	40.18	9.82	23.21	.00	12.50	.00	9.82	4.46		100.00

REPORT TITLE:	Unmatched Redemptions-Void 6
REPORT NUMBER:	1979
FREQUENCY:	Monthly usually between the 10th and the 20th.
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports - Site and WIC Coordinator
DESCRIPTION:	This report shows food instruments that have cleared the contracted bank but has been voided in the system.
ACTION TO BE TAKEN:	Review food instruments to see if the actual check listed has cleared the bank. The food instruments can be viewed on the WIC Food Instrument Lookup. For abuse, follow Participant Abuse in WIC Certification and Management section. Electronic comments should be made on the BKIM Screen. See Screens in this section.

EXPLANATION OF REPORT:

1. FI Number is the number of the food instrument.
2. Bank Acct No. is the bank account number for the food instrument.
3. Date Cleared is the date that the food instrument cleared the contracted bank.
4. Amount Paid is the amount for which the food instrument cleared the contracted bank.
5. Void Date is the date that the food instrument was voided in the CDP system, if the FI was voided in the system.
6. First Valid Date is the first day of use of a food instrument.
7. Date Posted is the date food instrument was entered into the CDP system.
8. Comments of the findings of the food instruments. Enter these comments on the BKIM screen.
9. Date Worked is the date that this report was worked.
10. Person Talked To is the State WIC Office Personnel that you talked with to obtain copies of food instruments.

RETENTION/ DISPOSAL PERIOD:	If report is printed, destroy after receipt of next report.

WRC820 RUN 02/15/2004 09:13 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE: 237 DEPARTMENT FOR PUBLIC HEALTH RPT: 1979
WIC
UNMATCHED REDEMPTIONS - VOID 6
JANUARY , 2004

HEALTH ID: CO HEALTH DEPT
CLINIC LOC:

F.I. NUMBER	BANK ACCT NUMBER	DATE CLEARED	AMOUNT PAID	VOID DATE	DATE POSTED	COMMENTS
3024243	1246704	01/26/2004	$26.90	01/20/2004	_____	_____
3026801	1246704	01/21/2004	$18.83	01/27/2004	_____	_____
3026802	1246704	01/21/2004	$9.57	01/27/2004	_____	_____

DATE WORKED _____

PERSON TALKED TO _____

REPORT TITLE: WIC Participation by Race/Status

REPORT NUMBER: 1986

FREQUENCY: Upon request. Request report through Screen CDS 1811. See Screens in this section.

DISTRIBUTION: When requested, automatically printed overnight or obtained electronically through E-reports – Site and WIC Coordinator

DESCRIPTION: The number of patients reported as receiving food instruments by race, ethnicity and status

ACTION TO BE TAKEN: Use for caseload management, assessing clients served and outreach.

EXPLANATION OF REPORT:

1. Month (calendar month) is the month specified under the report title.
2. Race is the first race entered in registration data. Race categories are defined as:
   - White – persons having origins in any of the original peoples of Europe, Middle East or North Africa.
   - Black or African American – persons having origins in any of the black racial groups of Africa.
   - American Indian or Alaska Native – persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
   - Asian – persons having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
   - Native Hawaiian or Other Pacific Islander – persons having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
3. Next is the race that is Hispanic or Latino ethnicity. Hispanic or Latino is defined as: a person of Cuban, Mexican, Puerto Rico, South or Central America or other Spanish culture or origin, regardless of race.
4. Women, Infants and Children is the status of the participant. Unknown is used if status or race is unknown.
5. Total is the total number of participants by race, ethnicity and status.

RETENTION/ DISPOSAL PERIOD: None. Retain as needed by agency/site.

WIC020 RUN 03/29/2006 15:26 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE: 100 DEPARTMENT FOR PUBLIC HEALTH RPT: 1986
WIC
WIC PARTICIPATION BY RACE/STATUS
12-01-2005 THRU 12-31-2005 (FINAL)

HEALTH ID: CO HEALTH DEPT
CLINIC LOC: CO HEALTH DEPT

RACE	WOMEN	INFANTS	CHILDREN	UNKNOWN	TOTAL
WHITE	136	139	325	0	600
WHITE - HISPANIC OR LATINO	0	0	0	0	0
BLACK OR AFRICAN AMERICAN	2	5	7	0	14
BLACK OR AFRICAN AMERICAN - HISPANIC OR LATINO	0	0	0	0	0
AMERICAN INDIAN OR ALASKA NATIVE	0	0	0	0	0
AMERICAN INDIAN OR ALASKA NATIVE - HISPANIC OR LATINO	0	1	0	0	1
ASIAN	0	1	4	0	5
ASIAN- HISPANIC OR LATINO	0	0	0	0	0
NATIVE HAWAIIAN OR OTHER PACIFIC ISLAND	0	0	0	0	0
NATIVE HAWAIIAN OR OTHER PACIFIC ISLAND HISPANC OR LATINO	0	0	0	0	0
UNKNOWN	0	0	0	0	0
TOTAL	138	146	336	0	620

REPORT TITLE:	Vendor Listing
REPORT NUMBER:	1989
FREQUENCY:	Monthly usually between the 10th and the 20th
DISTRIBUTION:	Automatically printed overnight or obtained electronically through E-Reports – Site and Coordinator
DESCRIPTION:	This report provides a listing of authorized WIC Vendors by Agency
ACTION TO BE TAKEN:	This report is to be used to provide the WIC Participant with a contracted Vendor Listing for that Agency
EXPLANATION OF REPORT:	1. Number – Vendor number authorized by the State Agency. 2. Name – Name of the authorized WIC Vendor. 3. Address – Mailing address of the authorized WIC Vendor. 4. City – Mailing address of the authorized WIC Vendor. 5. State – Mailing address of the authorized WIC Vendor. 6. Zip – Mailing address of the authorized WIC Vendor.
RETENTION/ DISPOSAL PERIOD:	Informational only. Does not have to be retained.

```
WRC850 RUN 11/13/2004 12:41:07                    KENTUCKY CABINET FOR HEALTH SERVICES
SITE:  237                                            DEPARTMENT FOR PUBLIC HEALTH
                                                                  WIC
                                                            VENDOR LISTING
                                                            OCTOBER 2004

 HEALTH ID:                      CO HEALTH DEPT
 CLINIC LOC:                     CO HEALTH DEPT

NUMBER                NAME                        ADDRESS                CITY        STATE    ZIP

                                            PO BOX                                    KY
                                            PO BOX                                    KY
                                                 HWY                                  KY
                                                 HWY                                  KY
                                            PO BOX                                    KY
                                            PO BOX                                    KY
                                                 HWY                                  KY
                                                  HWY                                 KY
                                                                                      KY
                                                                                      KY
                                                                                      KY
                                                                                      KY
                                               HWY                                    KY
                                            PO BOX                                    KY
                                                 HWY                                  KY
```

INSTRUCTIONS FOR E-REPORTS

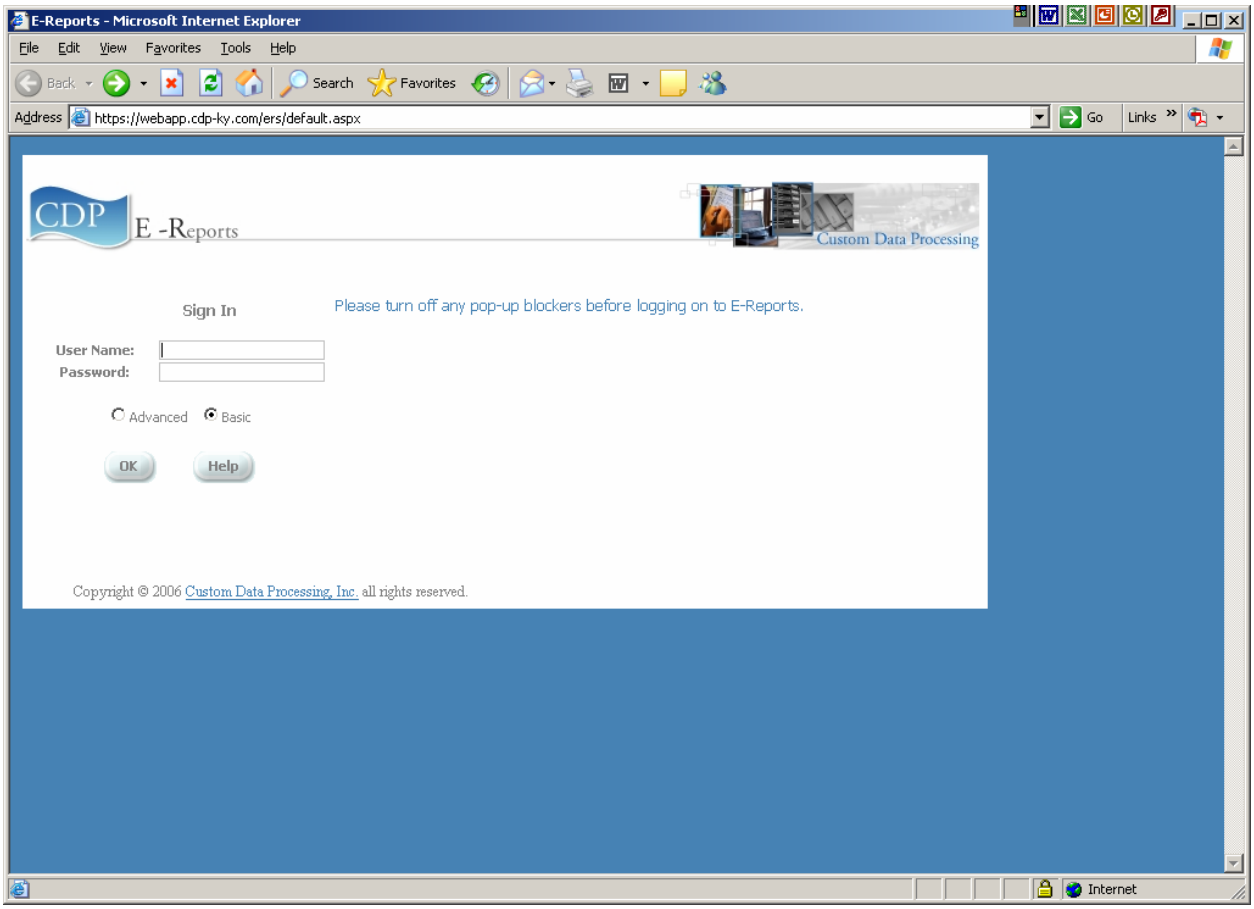
E-Reports allow local health departments to access their reports in an electronic format.

1. To sign into the reports system:

   a. Enter user name as KY # and unique password assigned by CDP, Inc.

   b. Click BASIC button.

   c. Click OK button.



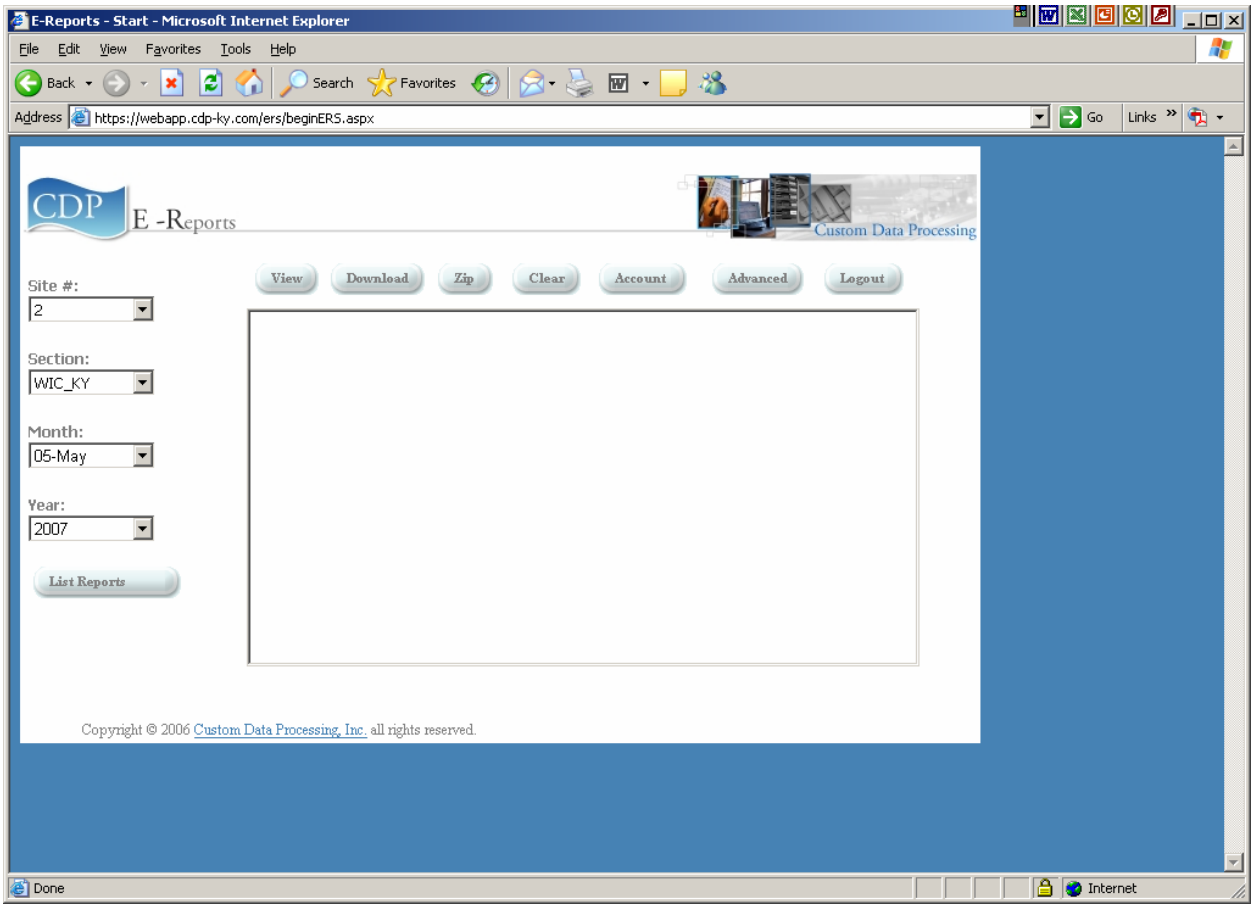
2. On the CDP E-Reports Screen:

   a. In SITE field, click on the down arrow and locate site number.

   b. Verify month and year.

   c. Click LIST REPORTS.

   d. On displayed reports, choose the desired report and click DOWNLOAD.



WEB-BASED SYSTEMS/APPLICATIONS/E-REPORTS

Web-based programs/applications/E-reports are secure and are only accessible by authorized persons. To access the Web-based programs/applications/E-reports, a user must:

1. Be employed by a local health department.

2. Be assigned a KY number.

3. In order to access Web-based programs/applications/reports, user will in some instances:

    a. Need to have VPN Contivity Client.

    b. Complete the CDP – Report Server – WIC User Authorization request form for local agency staff requesting access to e-reports for the WIC Program. See CDP – Report Server – WIC User Authorization Request form in SYSTEM REPORTS.

        i. If access is granted the form will be forwarded to CDP.

        ii. The user will then be contacted by CDP via e-mail with an attached excel document with active links to certain WIC folders.
        (ex. \\172.25.2.178\cdp_reports\site_000\wic_ky)

    c. If the user isn't on the CHSDPHLHD domain, CDP will create a username and password.

4. For further help, contact the WIC Help Desk.

CDP – Report Server – WIC User Authorization Request

I HEREBY AUTHORIZE THAT: _____ WITH USER ID: _____
(Name of Employee) (KY Number)

And _____
(PC log in account name)

Employee Telephone Number : (_____) _____Email Address : _____

☐BE GRANTED ACCESS TO THE WIC ELECTRONIC REPORTS FOR THE INDICATED SITE(s):

District/HID: _____

WIC Site #'s/Site Name: _____ _____ _____ _____ _____

Note : **Employee will only be granted access to the sites listed above**.

Computer Site #'s: (required) _____ _____ _____ _____ _____

_____ _____ _____ _____ _____

☐BE GRANTED ACCESS TO THE FOLLOWING WEB-BASED SYSTEMS/APPLICATIONS. (Indicate sites if different from above.)

- ☐ Automated Growth Chart
- ☐ WIC Food Instrument Image Lookup
- ☐ Automated Nutritional Risk
- ☐ Breastfeeding Peer Counselor
- ☐ Revalidation

I understand that the proper disposition of the information retrieved, viewed or entered lies with the authorized person and the Local Health Department.

Authorized Printed Name (@HD) _____

Authorized Signature (@HD): _____ Date: ____/____/_____

Authorized Signature (@WIC) _____ Date: ____/____/_____

*Please fax completed forms to **Fran Hawkins** @ fax 502-564-8389*

For CDP/State Agency Use Only

Received: ____/____/_____ Completed: ____/____/_____

User Name Assigned: _____ By: _____

DEFINITIONS

Action Code - Letter assigned to action that indicates type of action being submitted.
Example: A(Add), C(Change), R(Recertification), X(Reinstatement), Z(Replacement) and T(Termination)

Action Date - Date the action was completed.

Action Due Date -The date the next action is due to be completed on an enrollee. See Due Date also.

Action Type - An alpha designation indicating what type of action was submitted.

Add -To enroll an eligible person on WIC that is not currently enrolled. Also to enter data for persons determined ineligible.

Agency -The name and/or number of the agency that is providing WIC services.

Bank Acct - The number of the bank account that a particular food instrument.

Bank No -The bank account number of the food instrument.

Batch Number - Number assigned to a data submission for tracking purposes.

Brand Name - Name of formula product.

Breastfeeding Woman - A woman that is feeding an infant breastmilk either completely or partially.

Cert Date -The date an enrollee was certified as WIC eligible.

Certifying Priority -The priority that the enrollee was assigned by the computer upon their certification.

Change -To modify existing records on a WIC enrollee.

Children - WIC enrollee that is equal to or greater than twelve (12) months old but is less than five (5) years old.

Cleared -The date a food instrument cleared the WIC contracting bank.

Clinic - The name and/or number of the site within an agency that is providing WIC services.

Clinic LOC - The number assigned to identify a specific WIC site.

Contents of Field In Error - Heading of column that indicates which field caused an action to fail.

Due Date - The date the next action is scheduled to be completed on an enrollee (See Action Due Date also).

Error Message - Heading of column that indicates why an action failed.

FI Number -The serial number of a specific food instrument.

Food Package Code -The combination of letter and numbers that indicate the food package that was prescribed to a WIC participant by a health professional.

Frequency - A numeric indicator of the actual number of occurrences of an event.

Health ID -The number assigned to identify a WIC agency.

ID -The identification number of a WIC enrollee.

Infant - A WIC enrollee that is less than twelve (12) months old.

Issue Date -The date the food instruments for an enrollee has been or is given to the participant or first valid date.

Issue Month/Date/Year -The assigned date food instruments to begin.

Issued -The date a food instrument was given to participant or first valid date.

Last Action - An alpha indicator that shows the type of action completed on an enrollee at their last visit.

Participant ID - Unique identifier of a WIC enrollee. (See Patient ID also)

Patient ID - Unique identifier of a WIC enrollee. (See Participant Number also.)

Percent - A numeric indicator of the percent of the total times a particular event occurs.

PEF Invoice -The serial number of the Patient Encounter Form that was used to input data.

Postpartum Woman - A woman whose pregnancy was terminated less than 6 months from current date.

Pregnant Woman - A woman that has not delivered her fetus.

Recertification -To re-enroll a person on WIC that is currently active at the moment.

Reinstatement -To re-enroll a person that is not currently active on WIC but has eligibility remaining from a previous certification.

Replacement - Food instruments that were issued to a participant in place of previously issued food instruments.

Reprint -To print food instruments again due to previously printed food instruments being unusable.

STND Food Pack - The combination of letter and numbers that indicate the food package that was prescribed to a WIC participant by a health professional.

Termination -To remove a person from enrollment in WIC services.

Valid Date -The first “first day to use” and last “last day to use “dates for which a food instrument is good.

Vendor -The name and/or number of the contracted store that redeemed a WIC food instrument.

Void Code -The code used to indicate the particular reason a food instrument was voided.

Void Date -The date a food instrument was voided.

Void 5 -The void code number used to indicate that a food instrument was voided due to any reason other than stolen or destroyed.

Void 6 -The void code number used to indicate that a food instrument was voided due to being stolen or destroyed.

Waiting List - To enroll a person on WIC but not provide food due to budget constraints.

WIC Status - An indicator of a WIC enrollee being either a woman, infant or child.

WIC Status - Numeric indicator that indicates person as a woman (1), infant (2) or child (3).

XREF# -The identification number field for the mother, guardian or caregiver of an enrolled infant or child.

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VENDOR MANAGEMENT

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VENDOR APPLICATION PROCESS

Before any food instruments can be accepted, each vendor applicant must complete the forms contained in the Application Packet. The WIC Information Manual for Vendor Applicants and the WIC Information Manual for Prospective Drug Stores provide detailed instructions for the completion of each of the forms. The applying vendor must receive an on-site visit by the agency. This on-site visit is performed only if the applying owner has taken possession of the store, or in the case of a transfer of ownership after the transfer has been completed.

A. For applying grocery/drug stores, the agency will:

1. Provide the applicant with the appropriate vendor application packet upon request. The packet is available from the State WIC Office and contains the necessary forms. Inform the vendor applicant that food instruments cannot be accepted until receipt of the authorized vendor stamp and training has been received on the procedures for handling food instruments.

2. Submit the appropriate application, price list and three (3) copies of the Vendor Agreements to the State WIC Office within thirty (30) calendar days of the receipt of a properly completed application.

3. If the vendor applicant does not meet the criteria to be a WIC vendor after two (2) site visits, notify the applicant, in writing, stating the reason for the denial of the application, the right to appeal and cite the appeal procedure which is in Administrative Regulation 902 KAR 4:040. The applicant cannot reapply for the Program for sixty (60) days from the date of denial.
    - A copy of the denial letter and the application must be placed in the agency file and copied to the State WIC Office.
    - Do not sign an Agreement with an unqualified vendor applicant.
    - After three (3) reviews, the applicant may not apply for one hundred twenty (120) days from the date of denial. Each subsequent denial results in an additional sixty (60) days before an applicant may reapply.

4. If the vendor applicant is eligible based upon the agency review, have the applying owner, corporate representative or lessee (if applicable) sign three (3) original Agreements (WIC-13 or WIC-13b). Review the Agreement and the consequences of Program abuse with the vendor applicant. Inform the applicant not to accept any WIC food instruments until vendor stamp has been received. If any transactions are made, a monetary claim will be imposed.

5. Copies of the completed forms will be retained in the vendor's file for the length of time the vendor is on the Program.

6. Deliver the authorized WIC vendor stamp, the vendor's copy of the Agreement and an Approved Vendor Packet within fourteen (14) calendar days of receipt of the stamp from the State WIC Office. Training of the vendor in WIC Program policies and procedures must be performed by this time. See the Initial Vendor Training Outline for specifics regarding training. Use the appropriate Vendor Training Checklist (WIC-39) or (WIC-39b) for documentation. Send a copy of the completed checklist to the State WIC Office.

B. For applying grocery stores the agency will:

1. Provide the applicant with the Vendor Application Packet which contains:

   a. The Vendor Application (WIC-14)

   b. The Approved Items Price List (WIC-24)

   c. Three (3) copies of the Vendor Agreement (WIC-13)

   d. The Vendor Sales Information Form (WIC-16)

   e. The WIC Information Manual for Vendor Applicants

2. Perform an on-site visit to the store upon receipt of a properly completed application.

3. Use the Local Agency Use Only section of the Vendor Application (WIC-14) to:

   a. Determine if the store stocks the minimum inventory by circling "yes" if the store meets both the "inventory specifications" and the "total quantity required in stock." Circle "no" if the store does not meet inventory. The stock must be on the shelves or in the stockroom. Expired foods are not to be counted for meeting inventory.

   b. Indicate if the prices of the food items in the store are clearly marked either on the shelf, display case or on the food item by circling "yes" or "no." Pricing must be displayed in order to comply with the terms of the Vendor Agreement (WIC-13).

   c. Verify that the prices on the Approved Items Price List (WIC-24), submitted by the store, match the shelf, item or display case price of the WIC approved foods. Complete another price list if corrections are necessary. Sign the WIC-24 to indicate the prices have been reviewed.

   d. Indicate if the store is primarily a retail grocery or convenience store.

   e. Indicate other items sold at this store (e.g. gasoline, lottery tickets, hardware, etc.).

   f. Indicate whether or not the store is eligible or not based upon the review of the criteria for selection of vendors. See How to Become a WIC Vendor in the WIC Information Manual for Vendor Applicants.

   g. Advise the vendor applicant to submit the WIC Vendor Sales Information Form (WIC-16) to the State WIC Office.

C. For Prospective Drug Stores the agency will:

1. Provide the drug store with the Vendor Application Packet for Prospective Drug Stores which includes:

   a. The Drug Store Application (WIC-14b)

   b. The Drug Store Price List (WIC-24b)

   c. Three (3) copies of the Drug Store Agreement (WIC-13b)

   d. The WIC Information Manual for Prospective Drug Stores

2. Perform an on-site visit to the drug store upon receipt of a properly completed application.

3. Use the Local Agency Use Only section of the Drug Store Application (WIC-14b) to:

   a. Review the drug store's suggested retail price (SRP) listing(s).

   b. Verify the Price List (WIC-24b) with the shelf prices, if applicable.

   c. Indicate whether the store is eligible based on the criteria for selection of vendors. (See the WIC Information Manual for Prospective Drug Stores.)

   d. Remind the store that drug stores must be able to supply formula within forty-eight (48) hours of verbal request. (See Attachment A of the Drug Store Agreement (WIC-13b).)

D. Major and Independent Chain Stores Participating in the WIC Program. If participating major or independent chains open a new store, the agency will:

1. Upon request, send an Application Packet to the store or corporate representative.

2. Check with the State WIC Office to determine if this is a major or independent chain in good standing.

3. Instruct the applicant to contact the agency when the store has received and stocked nonperishable (dry) inventory. The on-site visit may be done at this time to review the dry inventory. Perishable products, such as milk and cheese, are normally stocked one (1) to two (2) days prior to the opening of the store for business.

4. At the time of the on-site visit, the applicant will supply the agency staff with the names of the perishable products and their respective prices. All prices will be entered on the Price List.

5. WIC business cannot begin until the completed Application (WIC-14) and Agreement (WIC-13) are approved, the vendor stamp is received and store management is trained in WIC procedures.

E. The State WIC Office will:

1. Send an approval letter, vendor stamp, two (2) signed copies of the Vendor Agreement and an Approved Vendor Packet to the agency within thirty (30) calendar days of receipt of the properly and fully completed Application (WIC-14 or WIC-14b).

2. Request, in specific cases, a bill of sale, tax return information, proof of ownership and/or other documentation.

VENDOR AGREEMENT

The purpose is to provide a written contract between the agency and the participating WIC vendor regarding applicable Federal and State Regulations, policies and procedures related to the WIC Program. This is to be completed, upon qualification, for a vendor applicant. For a contract renewal with an existing vendor, the Agreements are due at the State WIC Office by October 1 of each year.

The following are the instructions for completion:

1. Complete three (3) original Agreements for each vendor who meets the criteria for the selection of vendors. Complete the appropriate Agreement for each type of store. The WIC-13, Kentucky WIC Program Vendor Agreement is for the retail grocery stores, The WIC-13b Kentucky WIC Program Drug Store Vendor Agreement is for the drug stores.

2. Agreement Number is the number assigned by the agency. Leave blank if the agency does not assign separate contract numbers.

3. Day, month and year is the day, month and year the vendor signs the contract.

4. First Party is the name and address of the agency.

5. Second Party is the name and address of the vendor.

6. Item number 6, is the month, date and year the vendor signed the Vendor Agreement. If a Vendor Agreement is initiated after July 1 of any year, the following information should be lined through on the Vendor Agreement: "through June 30, 20___, provided, however that this Agreement shall be automatically extended for the period July 1, 20___" and "to the contrary thirty (30) days prior to July 1, 20___." It would then read "This Agreement is in effect from ____, 200__ through September 30, 200_."

7. First Party: Authorized Officer is the signature and title of the authorized officer of the agency.

8. Agency is the name of the local or district health department.

9. Second Party Authorized Signature is the signature and title of the owner of the store. The only exception will be a chain store whose authorized representative is at the corporate level and may not be the owner.

10. Approved By is the approval of the authorized official of the State WIC Office. Date is the date of approval. Vendor Number is the number assigned to correspond with the Authorized WIC Vendor Stamp. This number may or may not correspond to the Agreement Number.

11. When there is more than one outlet within the same agency, then all outlets (including addresses and managers) are to be listed on Attachment B.

12. Mail three (3) original Vendor Agreements to the State WIC Office for approval.

    a. For initial Vendor Agreement:

        (1) The appropriate application and price list must be submitted by the agency.

        (2) The State WIC Office will return two (2) original Vendor Agreements, a Vendor Packet, the Authorized WIC Vendor Stamp and a letter of approval to the agency.

b. For renewal Agreements:

(1) An appropriate Price List and Vendor Training Checklist must be submitted by the agency.

(2) The State WIC Office will return two (2) original Vendor Agreements and a letter of approval to the agency.

13. One (1) Vendor Agreement, along with the notice of approval must be retained by the agency. The other Vendor Agreement is to be given to the vendor.

14. One (1) original Vendor Agreement and a copy of the approval letter will be on file at the State WIC Office.

CHANGE IN VENDOR AGREEMENTS

During the contract period changes such as ownership, name, management and location may occur. The circumstances surrounding the change in the business will determine whether the stamp is returned and WIC business ceases or if WIC business continues as usual. As stated in the Vendor Agreement and Federal Regulations, "This Agreement is non-transferable and shall become void upon change of ownership." Whenever return of the stamp is requested, every effort should be made to obtain the Vendor Stamp. Upon its return, it must be forwarded, within five (5) days of receipt, to the State WIC Office.

A. Change in ownership applies to, but is not limited to the following circumstances:

1. The owner (individual or corporation) of an authorized WIC vendor sells the business to another person (individual or corporation).

2. The owner of an authorized WIC vendor sells the business to a relative living in the same household.

3. The owner (individual or corporation) of an authorized WIC vendor leases the store to another person. The lessee becomes the obligating authority.

4. The sole owner of an authorized WIC vendor dies.

5. The following procedures shall be followed for changes in ownership:

   a. The agency must notify the State WIC Office, in writing, of the sale of the business or death of the owner.

   b. The WIC Vendor Stamp must be surrendered. The agency must make every attempt to obtain the WIC Vendor Stamp. If it cannot be obtained, the State WIC Office must be notified, in writing.

   c. WIC business will cease at the time of the sale of the store or death of the owner until a new Application and Vendor Agreement have been approved. The agency must inform the vendor applicant to not accept food instruments until the Agreement is approved and the authorized WIC vendor stamp is received.

   d. An on-site visit to review inventory and prices cannot be made to a vendor applicant until the applying owner is actually in possession of the store.

B. If the co-owner of an authorized WIC vendor sells the business to the other co-owner(s) that is listed on the Application or Agreement:

1. The agency must notify the State WIC Office, in writing, of the sale of the business.

2. The vendor may continue to do business as usual.

3. The agency will have the owner(s) sign new Vendor Agreements, if the signature is not already on the Agreement. An Application is not required. (See WIC Program Vendor Agreement)

C. If the manager of a chain store leaves the business and is listed on Attachment B of the Agreement:

1. The agency must notify the State WIC Office, in writing, of the change of management.

2. The vendor may continue to do WIC business as usual.

D. If the name of the store has changed, but the owner(s) has not sold the business:

1. The vendor may continue to do WIC business as usual.

2. The agency will have the owner(s) sign new Vendor Agreements, which indicate the name change. (See WIC Program Vendor Agreement)

E. If the owner (individual or corporation) of an authorized WIC vendor relocates the store to another site, the following procedures shall be followed:

1. The agency must notify the State WIC Office, in writing, of the relocation of the business.

2. Circumstances surrounding the relocation will determine whether the WIC Vendor Stamp is returned and WIC business ceases; i.e., vendor is relocating outside of the contracting agency service area.

3. The agency will have the owner(s) sign a new Vendor Agreement, reflecting the change in address.

NONRENEWAL OR TERMINATION OF VENDOR AGREEMENTS

The State WIC Office will notify the agency of vendors whose agreements are not renewed or terminated. Non-renewals or terminations will be for vendors who have failed to meet the criteria to be a WIC vendor or by failing to meet the terms and conditions of the agreement such as:

- Not attending training
- Lack of minimum inventory
- Failure to send in the Vendor Sales Information Form (WIC-16)
- Failure to send in the Approved Items Price List (WIC-24) or (WIC-24b)

See the WIC Vendor Manual – Renewal of Vendor Agreement, Vendor Agreement (WIC-13 or 13b) and Administrative Regulation 902 KAR 4:040.

A. The State WIC Office will, in its notification to the vendor:

1. Identify the reason for the action and the specific clause in the Agreement that applies to the situation.

2. Indicate the date the action becomes effective as well as specifying that all food instruments must be deposited within five (5) working days of the effective date of the action.

3. Advise the vendor that he/she cannot reapply for authorization for sixty (60) days from the date the vendor stamp is returned to the agency.

   a. A second occurrence of the same violation will result in a termination of the Agreement for a period of one-hundred twenty (120) days.

   b. A third occurrence of the same violation will result in a termination of the Agreement for one (1) year.

B. The agency will return the vendor stamp to the State WIC Office.

1. If the stamp is not returned or cannot be obtained from the vendor, the agency will notify the State WIC Office in writing.

2. The agency will provide the State WIC Office with all correspondence and documentation of any telephone calls regarding attempts to obtain the vendor stamp.

C. If the vendor is terminated, not renewed or sanctioned during the contract period, the State WIC Office will provide the vendor with a written notice of the specific action. The agency will be copied on all letters to the vendor.

D. The State WIC Office will notify the agency if the vendor requests a hearing. The agency will also be notified of the hearing officer's decision.

E. If a vendor notifies the agency that he/she wishes to terminate the Vendor Agreement, the store is going out of business or the store has burned or suffered some disaster, the agency will:

1. Notify the State WIC Office, in writing, of the situation.

2. Obtain the vendor stamp and forward it, immediately, to the State WIC Office.

3. If the stamp cannot be obtained, notify the State WIC Office, in writing.

VENDOR TRAINING AND GUIDANCE

A. Initial

Initial training of newly authorized vendors is provided to ensure that a vendor is aware of proper redemption procedures for WIC food instruments, the terms of the Vendor Agreement and the consequences of program abuse. The initial training of WIC vendors is delegated to the agency.

1. Agency

   a. Provide newly authorized vendors with training within fourteen (14) days of receipt of an approved Vendor Agreement and a WIC Vendor Stamp. The day the vendor obtains the stamp and Agreement is a good time to conduct the training session. Group training may be provided when there are several stores that need training.

   b. Provide training prior to the newly authorized vendor accepting WIC food instruments. Follow the Vendor Training Outline or the Drug Store Training Outline.

   c. Submit a signed copy of the Vendor Training Checklist (WIC-39) or the Drug Store Training Checklist (WIC-39b) to the State WIC Office after the initial training is complete.

2. A signed Training Checklist must be maintained in each vendor's file for all initial vendor training sessions, either group or individual.

B. Annual and Additional

Training of vendors is provided to prevent program errors, program abuse and to improve program service. The State WIC Office, in conjunction with the agency, will provide the annual training for participating vendors. Vendor Agreement renewal time is the preferred time to conduct annual group training sessions and sign Vendor Agreements. The State WIC Office will notify the agency when it is time to begin scheduling training sessions.

1. For annual training the agency must:

   a. Make the local arrangements for the training sessions. The State WIC Office must be contacted prior to scheduling the annual group training sessions for participating vendors. In case of a multi-county agency, a session may be conducted in more than one county. A vendor who misses the training in a particular county can then be referred to another county for a makeup session.

   b. Notify each vendor of the time, date and place of the scheduled session and required attendance. Each vendor must be informed of the date of the training, in writing, by certified mail at least thirty (30) days prior to the expiration of the Agreement, which is September 30.

   c. Inform each vendor that:
      (1) Attendance is required, no exceptions.
      (2) A representative of each store's location must attend training.
         - The person attending training must be employed by and work in the store location he/she is representing.
         - If the owner or corporate representative is attending the training session and more than one store is contracted, then an appropriate representative from each store must attend the session.
      (3) If the owner or appropriate person (manager, head cashier, cashier, etc.) does not attend a scheduled training session, the contract will end on September 30th and

will not be renewed. The vendor will not be paid for any food instruments taken after that date.

(4) Store personnel who attend training are responsible for ensuring other employees are properly trained.

d. Ensure that either the WIC Coordinator or the designated agency person who works with vendors attends training.

e. Ensure that the Training Checklist is checked and signed by each store's representative. If any item is not checked as being understood, then the person conducting the training will review the subject or procedure until it is understood.

f. Submit the completed Vendor Training Checklist to the State WIC Office along with the Vendor Agreements. The agency must keep a copy.

2. For annual training of drug stores, agencies must follow all procedures for vendors (grocers) with the exception that the agency will conduct the training. Training will be conducted using the Drug Store Training Outline.

3. A signed Vendor Training Checklist must be maintained in each vendor's file for all annual vendor training sessions. A copy of the Training Checklist must be maintained in the vendor file for three (3) years from the end of the federal fiscal year.

4. The agency will provide additional training if requested by the State WIC Office, the vendor or if deemed necessary by the agency.

a. Documentation must be maintained in the individual vendor file for technical assistance or any additional training.

b. Documentation must include: date of the training session, person(s) and their position(s) that are receiving training for that vendor, and content of the training session and/or a signed Vendor Training Checklist.

C. Guidance

1. Agencies must transmit pertinent information and provide guidance to vendors concerning:

a. Authorized supplemental foods and a current list of acceptable brand name products. [Approved Food List (WIC-40)]

b. Maintaining qualifications to be an authorized vendor, including minimum inventory and the submission of appropriate forms.

c. Correct redemption of WIC food instruments.

d. Procedures for obtaining revalidation of food instruments.

e. Contents of the Vendor Agreement, the consequences of program abuse and Attachment D, which is the sanction system or Attachment C for the drug stores.

f. Other applicable Federal and State guidelines and instructions.

g. Procedures for making complaints regarding other vendors or WIC participants.

VENDOR TRAINING OUTLINE

A. Content of initial training should include:

1. Explanation of the WIC Program

   a. Eligibility requirements for vendors.

   b. Purpose of WIC foods.

2. Approved Foods

   a. Post the current Approved Foods List (WIC-40) at each checkout.

   b. Post the WIC shelf tags.

   c. Review all approved foods from the WIC-40 or Attachment A of the Agreement.

      (1) Formula
      - Contract brand formulas.
      - Allow only the type of formula specified on the food instrument in the quantity and size specified.
      - Do not substitute or exchange formulas.

      (2) Infant cereals
      - No cereal with fruit, formula or sugar.
      - 8 ounce box only.

      (3) Infant juice
      - No juice with iron, sugar, yogurt or vegetables.
      - 4.0 ounce containers only.

      (4) Milk
      - Quarts and half gallons are not approved unless specified.
      - Do not issue two (2) half gallons for a gallon.

      (5) Cheese
      - 8 or 16 ounce only.
      - No American cheese, Velveeta, imitation cheese or cheese food.
      - Low cholesterol, reduced fat, fat free, and low sodium variations of the approved cheeses are allowed.

      (6) Cereal
      - Read food instrument – common mistake is issuing too much cereal – Can only get less than or equal to the amount specified.
      - Explain food list regarding company, product and type.

      (7) Juice
      - Explain 1-12 ounce can frozen or 1-46 ounce can of juice is equal to the other.
      - Explain 2 containers of juice is either 2 containers of frozen or 2 containers of 46 ounce or 1-12 ounce and 1-46 ounce.
      - Allow only juices as specified.

(8) Dry beans or peas
- 16 ounce or 1 pound bag only.
- No beans with additional flavorings or additives.

(9) Peanut Butter
- 18 ounce containers.
- Allow either dry beans/peas or peanut butter, not both.
- No lowfat peanut butter products or peanut "spreads".
- No peanut butter with jelly, honey or chocolate.

(10) Carrots – Fresh – not canned
- 16 ounce or 1 pound bag only.
- Allow either peeled or unpeeled, baby, sliced or whole.

(11) Tuna Fish – 6 ounce can only.

d. Inventory

(1) Must maintain at all times – must be in store – not in truck.

(2) Food must be within manufacturer's expiration dates.

(3) Two visits to store – if not in compliance will terminate contract.

(4) Termination periods – 60 days-1st offense, 120 days-2nd offense.

e. Procedures for Redemption of Food Instruments including a review of all of the Vendor's Responsibilities (See Vendor Manual).

(1) Accept only those food instruments issued by a Kentucky WIC Agency.

(2) Accept only those food instruments within the valid periods.

(3) Accept food instruments without any alterations.

(4) Allow only approved foods as specified on the food instrument. Do not substitute foods or allow more than the amount of food specified – only cheese may be issued in 2 (8 oz.) quantities to equal 1 lb. and adult cereal may be issued in ounces to be equal to or less that than the amounts specified.

(5) Separate WIC foods from other purchases, compute total for each food instrument.

(6) Participant, parent, caretaker or proxy does not need to purchase all foods listed on the food instrument – If the person does not purchase all foods listed, the "pay exactly" shall only be for the amount of the food received.

(7) Pay exactly and date redeemed must be entered on the face of the food instrument at the time of purchase and prior to obtaining the person's signature.

(8) Food instrument must be submitted to the bank within thirty (30) days from the "last day to use".

(9) Do not provide rainchecks, IOU's, due bills or any type of credit.

f. Revalidation

(1) Review information in Vendor Manual concerning revalidation of all mistakes.

(2) Food instruments must be submitted and clear the bank within ninety (90) days of the "first day to use" even when revalidated.

g. Submission of Vendor Sales Information and Price List within time frames required or the vendor will be terminated. Inform of termination periods. See Vendor Manual.

h. Training

(1) May request additional training

(2) Responsible for training employees

(3) Responsible for actions of employees

i. Sanctions

(1) Review Attachment D of Vendor Agreement

(2) Review item 1(v) of the Agreement

(3) Review items 8, 9, 10, 11 & 12 of the Agreement

j. Agreement

(1) Request that signers read the Agreement in its entirety

(2) Void upon change of ownership

(3) Notify agency if change in name/address of vendor occurs

k. Reporting of complaints regarding participants or other vendors

3. Suggested Training Tools

a. Any current training information provided by the State WIC Office

b. WIC Vendor Manual

c. Current Approved Food List (WIC-40) – Provide enough for each cash register

d. Vendor Agreement

e. Notice to WIC Participants

f. WIC Approved Food Shelf Tags

g. Vendor Responsibilities

DRUG STORE TRAINING OUTLINE

A. Content of training should include:

1. Explanation of the WIC Program

   a. Eligibility requirements for drug stores

   b. Approved WIC foods

2. WIC Foods – Attachment A of Agreement

   a. Formula

      (1) Contract brand formulas.

      (2) Allow only the formulas specified on the food instrument – size, type and quantity.

      (3) Prices for all formula may be negotiated.

   b. Infant juice

      (1) No infant juice with yogurt, vegetables, iron or sugar.

      (2) 4.0 ounce containers.

   c. Infant cereal

      (1) No infant cereal with fruit, formula or sugar added.

      (2) 8 ounce box only.

   d. Post current WIC Approved Food List (WIC-40) at each checkout (see example of How to Redeem a WIC Food Instrument).

3. Inventory of formula

   a. Supply formulas within 48 hours of verbal request of local agency or State WIC Office staff.

   b. Formulas, infant juice and infant cereal must be within manufacturer's expiration dates.

4. Procedures for redemption of food instruments including a review of applicable vendor responsibilities – see Vendor Manual.

   a. Accept only food instruments from Kentucky.

   b. Must have Local Agency stamp.

   c. Accept only in the valid periods.

   d. Accept food instruments without any alterations.

   e. Allow only approved foods as specified on the food instrument. Do not substitute formulas, foods or allow more than the amount of food specified. Accept only food instruments with formulas listed or food instruments listing formulas, infant cereal or infant juice.

f. Separate WIC from other purchases, compute total for each food instrument – complete "pay exactly" amount.

g. Participant, parent, caretaker or proxy does not need to purchase all foods listed on the food instrument – the "pay exactly" shall only be for the amount of food received.

h. Pay exactly and date redeemed must be entered on the face of the food instrument – at the time of purchase and prior to obtaining the person's signature.

i. Food instrument must be submitted to the bank within thirty (30) days of "last day to use".

j. Do not provide rainchecks, IOU's, due bills or any type of credit.

5. Revalidation

   a. Review information in this manual and in the Vendor Manual concerning revalidation of all mistakes.

   b. Food instruments must be submitted and clear the bank within ninety (90) days of the "first day to use" even when revalidated.

6. Submission of Price List within the time frames required or vendor contract will be terminated or not renewed – inform of time frames for termination or non-renewal. See Vendor Manual.

7. Training

   a. May request additional training.

   b. Responsible for training employees.

   c. Owners are responsible for actions of employees.

8. Sanctions

   Review Attachment C of Vendor Agreement

9. Agreement

   a. Request that signers read the Agreement in its entirety

   b. Void Agreement upon change of ownership

   c. Notify Agency of change of name/address of vendor

10. Reporting of complaints regarding participants or other vendors

B. Suggested Training Tools/References

1. Any current training information sent by the State WIC Office.
2. WIC Vendor Manual.
3. Current Approved Food List (WIC-40) – Provide enough for each cash register.
4. Vendor Agreement.
5. Notice to WIC Participants.
6. WIC Approved Shelf Tags.
7. Vendor Responsibilities.

VENDOR MONITORING AND VENDOR SANCTIONS

A. Monitoring of vendors is performed in order to ensure vendors continue to meet the criteria for selection of vendors, detect training needs, prevent program abuse and target high risk vendors.

The State WIC Office will:

1. Monitor every contracted grocery store in accordance with federal requirements.

2. Identify high risk vendors by using criteria established by the State WIC Office and federal regulation. Information regarding the training, etc. of specific vendors may be requested by the agency.

3. Review a vendor's adherence to commensurate pricing.

4. Document to the agency if any problems exist with the monitored vendors and request follow up action. Follow up action may include, but not limited to: vendor training, retrieval of the WIC Vendor Stamp, etc.

5. Perform overcharge reviews, desk audits of food instruments redeemed for overcharging, inventory audits and apply the appropriate corrective action, claim or sanction.

6. Request repayment for certain food instruments which are overcharged, invalid or improperly cashed, in addition to applying the appropriate sanction.

7. Recommend vendors for compliance buys to the Office of the Inspector General and apply the appropriate sanction, if applicable.

B. When a vendor sanction is issued, the State WIC Office will notify the vendor, in writing, of sanctions to be imposed for the documented abuse. Sanctions will be imposed for the type of abuse as stated in the Administrative Regulation 902 KAR 4:040, which notes the type of abuse and the sanction for that abuse. A vendor has fifteen (15) days from receipt of notice to appeal an applied sanction.

1. If sanctions are brought against a WIC vendor, the agency will:

   a. Receive a copy of the sanction.

   b. If requested by the State WIC Office, consider whether an imposed sanction period would create inadequate participant access.

   c. Obtain the Authorized WIC Vendor Stamp and submit it to the State WIC Office when the sanction is placed into effect. The agency will be notified when a vendor appeals a sanction. A vendor who has appealed may keep the Vendor Stamp until the Hearing Officer issues a decision. If the Hearing Officer has rendered a decision in favor of the State WIC Office, the vendor will be notified of a date to return the Authorized WIC Vendor Stamp.

C. Agencies must:

1. Refer vendors who abuse the Program to the State WIC Office in writing.

2. Not contract with a vendor who has a sanction in effect. Sanctioned vendors cannot be approved for the Program until the sanction period has concluded.

POLICIES AND PROCEDURES FOR FOOD INSTRUMENT REVALIDATION

A food instrument is edited at the State WIC Office contracted bank for accuracy and is rejected if it does not meet Program requirements. Reasons for rejection include: agency or vendor stamp missing, stale check, date redeemed invalid, missing or altered, pay exactly missing or altered and signature missing. Additionally, a vendor may identify an error prior to submission to the local bank. Limited provisions have been made for revalidating some of the food instruments that are not properly completed. In order for a vendor to deposit food instruments in a timely manner, revalidation should be done on food instruments prior to the vendor submitting them for payment, however, revalidation may be done after they have been rejected by the contracted bank.

A. Agencies are responsible for all revalidation for their contracted vendors, in order that vendors' performance can be monitored.

B. Limits have been set on the number of times that a vendor may receive revalidation for specific reasons and some revalidations are on a one time only basis. A one time only basis is defined as one time only for the contract year. Also, one time only pertains to one time only submission of food instruments, not just one food instrument. For example, if the vendor sends in three (3) food instruments at the same time for a "date redeemed invalid" and does not supply documentation for any of the three, all three will be revalidated on a one time only basis. No more revalidation for that specific reason can be given during that contract year.

C. The local agency will notify a vendor, in writing, when a one time only revalidation has been given. A copy of the letter must be retained in the WIC vendor file at the local agency and a copy sent to the State WIC Office to be placed in the vendor file.

D. The agency with whom the vendor has a contract may revalidate food instruments based upon the following procedures:

   1. Review the food instruments submitted for the errors and appropriate accompanying information.

   2. Use the revalidation stamp only on food instruments which meet the qualifications to be revalidated.

   3. Stamp the food instrument in the shaded area. Do not cover the MICR line (numbers at the bottom of the food instrument) or the WIC Vendor Stamp imprint.

   4. Record revalidation information on the WIC Revalidation Screen located at the following URL: https://webapp.cdp-ky.com/revalidation.

E. Revalidation may be done only for the following reasons and must not exceed the frequency specified for each condition. The proper documentation must be supplied as specified for each condition.

   1. AGENCY STAMP MISSING

      a. If the vendor has not submitted the instrument for payment, the contracting agency can put the agency stamp on the food instrument provided the instrument will be less than sixty (60) days from the first valid date when presented to the state contracted bank. If it will exceed sixty (60) days but is less than ninety (90) days from "first date to use," it must have a revalidation stamp prior to payment.

      b. If the food instrument has been rejected by the contracted bank for agency stamp missing, the food instrument must have a revalidation stamp before payment can be made.

2. STALE CHECKS

The contracted bank rejects food instruments submitted after sixty (60) days from "first day to use." Review the food instruments to ensure proper completion.

a. If the contracted bank has rejected the food instrument due to it reaching the bank more than sixty (60) days, but less than ninety days (90), a revalidation stamp is necessary for payment to be made.

b. If the vendor has failed to submit the food instrument in sixty (60) days but it will reach the contracted bank in less than ninety (90) days, a revalidation stamp is necessary for payment.

c. If the food instrument is over ninety (90) days from "first day to use," it cannot be revalidated without approval from the State WIC Office.

3. VENDOR STAMP MISSING

a. Instruct the vendor to place authorized vendor stamp in the appropriate block.

b. If the food instrument will reach the contracted bank in less than sixty (60) days from the "first day to use," no revalidation stamp is required. If the food instrument will not reach the contracted bank within sixty (60) days, but will reach it in less than ninety (90) days from the "first day to use," the food instrument must be revalidated.

4. DATE REDEEMED INVALID

a. If the "date redeemed" is not within the valid dates, revalidation is on a one time only basis.

b. If the date is missing and the food instrument has been rejected by the contracted bank, documentation must be presented to substantiate a valid date of redemption.
   - Sufficient documentation is a machine dated cash register receipt, machine dated cash register validation showing the date on the food instrument or a deposit date.
   - If sufficient and proper documentation is provided, revalidation is unlimited.
   - The food instrument must have a revalidation stamp before it can be re-deposited.
   - Revalidation for this condition is one time only without proof.

c. If the "date redeemed" is altered, the bank will review the back of the food instrument to see if there is a machine dated cash register validation. If yes, and the validation matches the date entered on the face of the food instrument the food instrument will be paid.

d. If the "date redeemed" is altered and there is no machine dated cash register validation on the back of the food instrument, documentation must be presented to substantiate a valid date redeemed. Sufficient documentation is one (1) machine dated cash register receipt. A properly completed WIC Vendor Corrections Form may be accepted only when a vendor does not have a cash register that prints a transaction date. (See WIC Vendor manual.) If sufficient and proper documentation is provided, revalidation is unlimited. The food instrument must have a revalidation stamp before it can be paid. Revalidation for this condition is a one time only basis without proof.

5. PAY EXACTLY ALTERED

a. If the food instrument is missing the "pay exactly" amount and the food instrument has been rejected by the bank, documentation must be provided to the local agency to substantiate the amount of purchase. One (1) machine dated cash register entry on the food instrument or a machine dated cash register receipt is considered documentation. The food instrument must be revalidated before it can be paid. If sufficient and proper documentation is provided, revalidation is unlimited.

b. If the "pay exactly" amount is altered, the bank will review the back of the food instrument to see if there is a machine dated cash register validation. If yes, and the validation matches the "pay exactly" amount entered on the face of the food instrument, the food instrument will be paid.

c. If the "pay exactly" amount is altered and there is no machine dated validation on the back of the food instrument, documentation must be presented to the Local Agency to substantiate the "pay exactly" amount. One (1) machine dated cash register receipt is considered proof. A second cash register receipt or cash register validation will be accepted only in those instances where an item was omitted from the original total. In this instance, the cash register receipt or cash register validation must be the next transaction on the same cash register. A properly completed WIC Vendor Corrections Form may be used only when a vendor does not have a cash register that documents the transaction on the receipt. If sufficient and proper documentation is provided, revalidation is unlimited. A revalidation stamp must be placed on the food instrument before payment can be made. The limit on revalidation without proof is on a one time only basis.

6. PRICE ADJUSTMENTS

- The local agency may make a price adjustment to any food instrument submitted for revalidation. For example, if the cash register receipt indicates that unapproved food(s) were allowed, the local agency will adjust the pay exactly amount by deducting the price of unapproved food(s) and entering the correct total only for WIC approved foods. The local agency must place a revalidation stamp on the food instrument before payment can be made. Revalidation is unlimited.

7. PARTICIPANT'S SIGNATURE

- If the food instrument has been rejected for a missing signature, the food instrument must have a revalidation stamp before payment can be made. Revalidation is for one time only.

F. Food instruments presented for payment or revalidation after ninety (90) days from the "first day to use" are not normally eligible for revalidation.

1. Justification and documentation must be made to the State WIC Office by the vendor through the agency if extenuating circumstances exist which prevent the store from submitting food instruments for payment/revalidation within the specified time frame.

2. The State WIC Office will then consider approving payment. If the total of these food instruments exceeds $500, prior approval must be obtained from the USDA Regional Office.

G. Agencies are responsible for documenting all revalidations on the WIC Revalidation Screen. Revalidation information for each vendor will be stored on the WIC Revalidation Screen.

FORMS

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VENDOR / DRUG STORE TRAINING CHECKLIST

Purpose	This form indicates actions a vendor may not take in the redemption of food instruments.
When To Use	This form is given to a vendor at the time of initial authorization and at subsequent training sessions.
Instructions	• Store Name is the name the vendor is going to use with that particular retail establishment. • Vendor Number is the unique number that has been or will be assigned by the State WIC Office. • Staff • Present and Their Positions is a list of store personnel present at the training session and their respective positions within that establishment. • 1 – 13 Check Items Explained to Vendor. There is a list of thirteen (13) items that the vendor acknowledges as having been explained in a training session. • Signature/Title is the signature and title of the authorized representative of the vendor who was present at the training session. • Person Providing Training is the signature of the agency person or State WIC Office person who provided the vendor training and that person's title.

WIC-39
Rev. 4/05

VENDOR TRAINING CHECKLIST

STORE NAME_____ VENDOR NUMBER _____

STAFF PRESENT AND THEIR POSITION(S) _____

_____

Check Items Explained to Vendor:

1. Terms of Vendor Agreement.
2. _____ Maintaining qualifications to be an authorized vendor including, but not limited to: minimum inventory, pricing of WIC food items, commensurate pricing, purchasing formula only from the list of infant formula wholesalers, distributors and retailers licensed in Kentucky, being disqualified or withdrawn from Food Stamps, assessed a civil money penalty by Food Stamps, submission of all required forms within the time frames and the consequences of not maintaining the qualifications.
3. _____ Authorized foods along with receiving a current list of acceptable WIC foods.
4. _____ Procedures for redeeming food instruments including, but not limited to: entering "Pay Exactly" on face of food instrument prior to obtaining a signature, charging only for authorized and approved foods received by the participant, parent, caretaker or proxy. Not allowing more food than is authorized and not issuing IOU's or due bills.
   Note: The signature does not have to be that of the participant named on the food instrument.
5. _____ Use of the Vendor Stamp.
6. _____ Procedures for receiving payment, including time frames and required documentation. (All food instruments must clear the contracted bank within 90 days.)
7. _____ Procedures for revalidation of food instruments.
8. _____ Requirement to attend training.
9. _____ Requirement to allow monitoring of store.
10. _____ Responsibility for training employees including responsibility for their actions.
11. _____ Violations of Program and applicable sanctions, including the Federally mandated sanctions and disqualification periods.
12. _____ Right to request fair hearing for termination or denial of application**, except** that expiration of the agreement or disqualification based on a Food Stamp Program disqualification or the State Agency's determination regarding participant access are not subject to review. Disqualification from the WIC Program may result in disqualification from the Food Stamp Program and may not be subject to administrative or judicial review under the Food Stamp Program.
13. _____ Agreement is null and void upon change of ownership.

VENDOR OR AUTHORIZED REPRESENTATIVE:

I HEREBY CERTIFY THAT THE ITEMS WHICH ARE CHECKED ABOVE WERE EXPLAINED TO ME AND THE ABOVE LISTED STAFF. I DO UNDERSTAND EACH AND EVERY ITEM.

_____	_____	_____
SIGNATURE	TITLE	DATE

PERSON PROVIDING TRAINING:

_____	_____	_____
SIGNATURE	TITLE	DATE

WIC-39b
Rev. 4/05

DRUG STORE TRAINING CHECKLIST

STORE NAME_____ VENDOR NUMBER _____

STAFF PRESENT AND THEIR POSITION(S) _____

_____

Check Items Explained to Vendor:

1. Terms of Drug Store Vendor Agreement.
2. _____ Maintaining qualifications to be an authorized vendor including, but not limited to: obtaining formula within 48 hours of verbal request, purchasing formula only from the list of infant formula wholesalers, distributors and retailers licensed in Kentucky, submission of all required forms within the time frames, understanding the consequences of not maintaining the qualifications, pricing of WIC food items, and in some instances cases of formula must be broken.
3. _____ Attachment A.
4. _____ Procedures for redeeming food instruments including, but not limited to: entering "Pay Exactly" on face of food instrument prior to obtaining a signature, charging only for authorized and approved foods received by the participant, parent, caretaker or proxy. Not allowing more food than is authorized and not issuing IOU's or due bills.
5. _____ Use of the Vendor Stamp.
6. _____ Procedures for receiving payment, including time frames and required documentation. (All food instruments must clear the contracted bank within 90 days.)
7. _____ Procedures for revalidation of food instruments. Check 21 which will use image replacements instead of paper food instruments. Images from the banks will be smaller, but will be revalidated like paper food instruments.
8. _____ Requirement to attend training.
9. _____ Requirement to allow monitoring of store.
10. _____ Responsibility for training employees including responsibility for their actions.
11. _____ Violations of Program and applicable sanctions, including the Federally mandated sanctions and disqualification periods.
12. _____ Right to request fair hearing for termination or denial of application**, except** that expiration of the agreement or disqualification based on a Food Stamp Program disqualification or the State Agency's determination regarding participant access are not subject to review. Disqualification from the WIC Program may result in disqualification from the Food Stamp Program and may not be subject to administrative or judicial review under the Food Stamp Program.
13. _____ Agreement is null and void upon change of ownership.

VENDOR OR AUTHORIZED REPRESENTATIVE:

I HEREBY CERTIFY THAT THE ITEMS WHICH ARE CHECKED ABOVE WERE EXPLAINED TO ME AND THE ABOVE LISTED STAFF. I DO UNDERSTAND EACH AND EVERY ITEM.

_____	_____	_____
SIGNATURE	TITLE	DATE

PERSON PROVIDING TRAINING:

_____	_____	_____
SIGNATURE	TITLE	DATE

KENTUCKY WIC PROGRAM VENDOR COMPLAINT FORM

Purpose	The completed form serves as documentation of a complaint against a WIC participant by an Authorized WIC Vendor.
When To Use	The Form is to be completed by store personnel and mailed to the agency when an incident that warrants a complaint regarding a WIC participant has occurred in the store.
Instructions	1. Store name is the name of the vendor's establishment. 2. Vendor Number is the unique number that has been assigned by the State WIC Office. 3. Address is the physical location of the store. 4. Store personnel's name, title and phone number – self-explanatory. 5. Agency (HID/LOC) # is the agency name, health department identification number and clinic site identification number. 6. FI NO. is the food instrument number or numbers that the participant used during the transaction, which warranted the vendor's complaint. 7. Patient I.D. # is the patient identification number listed at the top of the food instrument. 8. Date and time event occurred – self-explanatory. 9. Details of event – self-explanatory.

REV. 5/02

KENTUCKY WIC PROGRAM
VENDOR COMPLAINT

STORE NAME: _____ VENDOR # _____

ADDRESS: _____

STORE PERSONNEL'S NAME, TITLE & PHONE NUMBER TO FOLLOW-UP WITH:

_____

List food instrument, agency and client information from top of WIC food instrument:

AGENCY (HID/LOC) # _____
FI NO. _____ PATIENT I.D. # _____
NAME OF PARTICIPANT _____
DATE & TIME EVENT OCCURRED _____

DETAILS OF EVENT:

____ a. Participant tried to buy unauthorized items with food instrument.
____ b. Participant tried to receive cash for WIC food instrument or in addition to foods.
____ c. Participant tried to return items purchased with WIC food instrument for cash or credit.
____ d. Participant was verbally or physically abusive to employees.
____ e. The "sign here at grocery store" area was completed prior to presenting the food instrument to be redeemed.
____ f. Other _____

_____
_____
_____
_____
_____

OTHER PROBLEMS OR SUGGESTIONS: _____
_____
_____

MAIL TO YOUR LOCAL WIC AGENCY

WIC REVALIDATION INFORMATION FORM

Purpose	This screen is used to document food instruments that have been sent to the agency for revalidation.
When To Use	Use this screen when revalidating and returning food instruments that have been sent to the agency by the vendor as well as documenting food instruments which are not eligible for revalidation and are returned to the vendor.
Instructions	1. Log on the WIC Revalidation Screen by using the following URL: https://webapp.cdp-ky.com/Revalidation. 2. Enter user name and password. 3. The first screen (Show WIC Revalidations) which appears will list the most recent revalidations entered into the system. Searches may be made by food instrument number, vendor number or date received/thru date. 4. Selecting the New button results in the Add Revalidation page. To add a revalidation, select Bank Number, enter FI number, select Vendor Number, Received Date and Returned Date. Select from the Problems section each problem associated with the food instrument. Click save button and the system will indicate if the food instrument can be revalidated. 5. To edit a revalidation that has already been entered and accepted by the system, click the edit record symbol. The edit feature only allows the addition of comments or deletion of the food instrument. If the entry is deleted, select Add and reenter the revalidation information. 6. Click the print button on the Show Revalidation page to show letters that have been generated to inform vendors of one time only revalidations or food instruments that cannot be revalidated. Clicking on the reprint screen will ask for the date letters were originally printed. Once date is entered, this screen will reprint letters.

Kentucky WIC Program

REVALIDATION | REPORTS | SUPPORT | SIGNOUT | SYSTEM TABLES

REVALIDATION

FI Number

GO

Vendor Number All

CLEAR

Date Received Thru

Delete Mark All

NEW | DELETE | PRINT | REPRINT | Page 1 of 3025 | Page Size 10 | GO

Bank Number	FI Number	Vendor Number	Received Date	Returned Date	Revalidation Date	Deleted	Amount Altered With Proof	Amount Altered Without Proof	Amount Missing With Proof	Amount Missing Without Proof	Date Altered With Proof	Date Altered Without Proof	Date Missing With Proof	Date Missing Without Proof	Outside Valid Dates	Stale Check 60	Stale Check 90	Missing Signature	Agency Stamp	Vendor Stamp
1246887			11/9/2005	11/9/2005	11/9/2005	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1246887			11/9/2005	11/9/2005	11/9/2005	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1246887			11/9/2005	11/9/2005	11/9/2005	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1246887			11/9/2005	11/9/2005	11/9/2005	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1246887			11/9/2005	11/9/2005	11/9/2005	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
1246887			11/9/2005	11/9/2005	11/9/2005	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1246887			11/9/2005	11/9/2005	11/9/2005	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
1246887			11/29/2005	11/29/2005	11/29/2005	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1246887			3/15/2006	3/15/2006	3/15/2006	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

AddWIC_REVALIDATIONRecord

Kentucky UNBRIDLED SPIRIT WIC Program

ADD REVALIDATION

Food Instrument Information

Issuing HLS

Bank Number

** Please Select **

FI Number

Vendor Number

** Please Select **

Received Date

Returned Date

Problems

Pay Exactly

☐ Altered With Proof ☐ Altered Without Proof ☐ Missing With Proof ☐ Missing Without Proof

Date Redeemed

☐ Altered With Proof ☐ Altered Without Proof ☐ Missing With Proof ☐ Missing Without Proof ☐ Outside Valid Dates

☐ Stale Check 60 ☐ Stale Check 90 ☐ Missing Signature ☐ No Agency Stamp ☐ No Vendor Stamp

☐ Other Other Description

Comments

NOTICE TO WIC PARTICIPANTS

PURPOSE	This form indicates actions a vendor may not take in the redemption of food instruments.
When To Use	This form is given to a vendor at the time of initial authorization and at subsequent training sessions.
Instructions	Self-explanatory

WIC-35
REV. 07/01

NOTICE TO WIC PARTICIPANTS

In order to comply with Federal and State policies, procedures and regulations in the redeeming of WIC food instruments, THIS AUTHORIZED WIC VENDOR MAY:

- **NOT HONOR ANY WIC FOOD INSTRUMENT THAT APPEARS TO HAVE BEEN ALTERED.**
- **NOT ACCEPT A WIC FOOD INSTRUMENT WITHOUT A LOCAL AGENCY STAMP.**
- **NOT REDEEM A WIC FOOD INSTRUMENT BEFORE OR AFTER THE VALID DATES.**
- **NOT ALLOW A "RAINCHECK", "DUE BILL" OR "IOU" OR ANY TYPE OF CREDIT.**
- **NOT REQUIRE A PARTICIPANT, PARENT, CARETAKER OR PROXY TO PURCHASE OTHER FOODS IN ORDER TO REDEEM THE WIC FOOD INSTRUMENT.**
- **NOT SUBSTITUTE ANY FOODS.**
- **NOT ISSUE QUANTITIES OR TYPES OF FOOD OTHER THAN THOSE SPECIFIED ON THE WIC FOOD INSTRUMENT OR TYPES OR BRANDS OF FOOD NOT ON THE APPROVED FOOD LIST.**
- **NOT PROVIDE CASH TO A PARTICIPANT, PARENT, CARETAKER OR PROXY IN EXCHANGE FOR WIC FOOD INSTRUMENTS.**
- **NOT CHARGE A PARTICIPANT, PARENT, CARETAKER OR PROXY FOR WIC FOODS.**
- **NOT EXCHANGE WIC FOOD FOR CASH OR OTHER NON-APPROVED ITEMS.**
- **NOT ALLOW A PARTICIPANT, PARENT, CARETAKER OR PROXY TO RECEIVE MORE FOOD THAN IS SPECIFIED ON THE FOOD INSTRUMENT.**
- **NOT CHARGE THE PROGRAM FOR FOODS NOT RECEIVED BY THE PARTICIPANT, PARENT, CARETAKER OR PROXY.**
- **NOT REQUIRE A PARTICIPANT, PARENT, CARETAKER OR PROXY TO SIGN THE WIC FOOD INSTRUMENT PRIOR TO ENTERING THE "DATE REDEEMED" OR "PAY EXACTLY" AMOUNT ON THE FACE OF THE FOOD INSTRUMENT.**

BREASTFEEDING PEER

COUNSELOR PROGRAM

DUTIES OF WIC BREASTFEEDING PEER COUNSELOR

A Breastfeeding Peer Counselor is a paraprofessional (support person) who provides basic breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers. This Peer Counselor must have successfully breastfed at least one baby and was a WIC participant. The Breastfeeding Peer Counselor will:

1. Counsel WIC pregnant and breastfeeding mothers by telephone, home visit, hospital or clinic visit based on the individual needs.
2. Follow-up on all referrals received.
3. Provide basic breastfeeding information and support to new mothers including:
   - benefits of breastfeeding,
   - overcoming common barriers to breastfeeding,
   - "Beginning Breastfeeding 101",
   - preventing and handling common breastfeeding concerns.
4. Contact mothers per established protocol that is in the *Loving Support through Peer Counseling* Manual. The protocol is outlined below.

	When to Call Mothers
Pregnancy	✓ Monthly. ✓ More frequently as her due date nears.
Breastfeeding First two Weeks	✓ Every two or three days during the first week. ✓ Within 24 hours if a problem occurs.
Breastfeeding First Month	✓ Weekly. ✓ Within 24 hours if a problem occurs.
Breastfeeding Months 1 to 6	✓ Monthly. ✓ Within 24 hours if a problem occurs. ✓ Two weeks before she plans to return to work or school and two or three days after she starts back. ✓ Around the time baby's appetite spurts occur: • Six weeks • Three months • Six months
Breastfeeding Months 7 to 12	✓ Monthly. ✓ Within 24 hours if a problem occurs.

5. Document all contacts made with WIC clients via Breastfeeding Peer Counselor Computer Program.
6. Refer identified breastfeeding problems to appropriate health professional (e.g. IBCLC, CLC, LC, Registered Dietitian/Certified Nutritionist).
7. Terminate clients from the Breastfeeding Peer Counselor Program after 3 documented unsuccessful attempts to contact, once client is no longer breastfeeding, and/or client wishes not to participate in the program.

WIC Farmers' Market Nutrition Program (WIC FMNP)

WIC FMNP SECTION INDEX

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FARMERS' MARKET NUTRITION PROGRAM (FMNP)

The WIC Farmers' Market Nutrition Program (FMNP) provides participants in the WIC Program with automated food instruments (AFIs) to purchase fresh fruits and vegetables and fresh cut cooking herbs at local farmers' markets. WIC participants receive the nutritional benefits of fresh fruits and vegetables in addition to the regular WIC food package. The local farmers are reimbursed for the face value of the Food Instruments that enhances their earnings and supports their participation in the farmers' markets.

The lead agency for WIC FMNP is the Kentucky Department of Agriculture (KDA). KDA has a Memorandum of Agreement with the State WIC Office for local agencies to issue the WIC FMNP AFIs and to provide the nutrition education to the WIC participants as part of the WIC Program process. Nutrition education is provided according to the WIC Certification Counseling Guidelines in the WIC Section of the PUBLIC HEALTH PRACTICE REFERENCE.

WIC FMNP AFIs will be allocated to Local Agencies selected by KDA in the spring. A one time issuance of WIC FMNP AFIs is provided to all WIC Program validly certified women and children and infants that will turn one year of age by September 30. See the WIC Section in the PUBLIC HEALTH PRACTICE REFERENCE for certification procedures for the WIC Program. The face value of the WIC FMNP AFIs will differ from year to year depending on the amount of funding for the Program.

WIC FMNP AFIs are normally issued in the spring and summer months or until the agency/site does not have any more WIC FMNP AFIs. WIC FMNP AFIs are valid at authorized farmers' markets until the last day to use on the WIC FMNP AFI. If the purchase is less than the face value of the WIC FMNP AFI, the farmer makes up the difference in produce. If the purchase is more than the amount of the participant's food instruments, the participant may pay the difference or elect to reduce the amount of produce selected. No change can be returned to the WIC FMNP participants.

GENERAL POLICIES

1. The allocation for WIC FMNP is determined by Kentucky Department of Agriculture (KDA) and will be posted to the WIC Report 1620. Allocations are based on previous year's redemption rates.

2. WIC FMNP AFIs shall only be issued to persons determined eligible and certified for the WIC Program.

3. Participants/caretakers or their proxy shall personally pick up WIC FMNP AFIs unless situations exist that justify mailing WIC FMNP AFIs.

4. Issuance must be clearly documented in the participant's medical record at the time of issuance. Each valid participant can only receive one set of the WIC FMNP AFIs each year.

5. Participant/caretakers must be provided instructions on the proper use of WIC FMNP AFIs:

    - WIC FMNP AFIs can only be redeemed at authorized farmers/Farmers' Markets. A map or directions to the farmer/Farmers' Market should be provided.
    - Change cannot be received for WIC FMNP AFIs.
    - WIC FMNP AFIs can only be redeemed until the last day to use on the WIC FMNP AFI.
    - WIC FMNP AFIs are not replaced if lost or stolen.

6. Security and accountability for all WIC FMNP AFIs shall be ensured. Each WIC FMNP will be printed on WIC food instruments and tracked in the system. Each WIC FMNP AFI must be reported as issued or voided. Each issued FMNP AFI is assigned to a specific participant and must be the serial number of the WIC FMNP AFI given to the participant. Since WIC FMNP AFIs are printed on WIC food instruments the "INVENTORY AND SECURITY REQUIREMENTS" concerning Automated Food Instruments in the WIC Food Delivery/Data Section apply.

7. Every effort will be made to integrate WIC FMNP AFIs issuance and nutrition education with WIC Program issuance and nutrition education.

WIC FMNP AFI ISSUANCE

1. WIC FMNP AFIs shall only be issued for women and children that are determined eligible and certified for the WIC Program. Infants that will be one (1) year of age by September 30 and are eligible and certified for the WIC Program may be issued WIC FMNP AFIs.

2. Proxies are allowed to pick-up WIC FMNP AFIs with authorization from the participant or parent/caretaker. The authorization for proxies for WIC food instrument pick-up shall be used for WIC FMNP AFI issuance. See FOOD DELIVERY/DATA SECTION, "ISSUANCE TO PROXIES".

3. Documentation must be reviewed to determine if issuance is appropriate and not being duplicated.

4. Issue the full set of the WIC FMNP AFIs. Use WIC MAINTENANCE screen to issue. See "SCREENS" in this section. If the system is not accessible, issuance may be done when the system comes back up and mailed to the WIC participant. See the documentation requirements in the FOOD DELIVERY/DATA SECTION, MAILING FOOD INSTRUMENTS."

5. Verify that the serial number on the WIC FMNP AFI in the printer is the same as number to be issued on the screen.

6. Verify the proper number of WIC FMNP AFIs were printed. Verify the serial numbers of the AFIs.

7. Each participant/parent/caretaker/proxy shall sign for receipt on the WIC FMNP AFI stub with the printed information.

8. The issuer must initial the WIC FMNP AFI stub.

9. The WIC FMNP AFI stub shall be placed on the WIC Issuance sheet (WIC-52). See FOOD DELIVERY/DATA SECTION "FORMS AND FOOD INSTRUMENTS"

10. Issuance must be documented in the participant's medical record at the time of issuance and must include the serial number of the WIC AFI range issued and the date issued. The system generates a label for placement in the participant's medical record. See "ON-LINE PRODUCED LABELS" in this section. If the label is not correct, or not generated, the issuance must be hand posted. The entry must have at a minimum, the serial numbers of the WIC FMNP AFIs, the date of issuance and the issuer's initials.

VOIDING WIC FMNP AFIs

In order to ensure accurate participation and to achieve proper reconciliation, invalid food instruments must be stamped void and returned to the State Office. See FOOD DELIVERY/DATA SECTION, "VOIDING FOOD INSTRUMENTS."

1. WIC FMNP AFIs must be voided at the time they are determined to be invalid.

2. Voided WIC FMNP AFIs must be submitted weekly to the State Office.

3. Void codes are to be used as follows:

   Void Code 5 – Use to void WIC FMNP AFI(s) that are unusable for any reason other than lost or destroyed. Use the Void 5 stamp. See FOOD DELIVERY/DATA SECTION, "VOIDING FOOD INSTRUMENTS" Item B Void Codes and Uses.

   Void Code 6 - Use to void WIC FMNP AFI(s) that have been stolen or destroyed. See FOOD DELIVERY/DATA SECTION, "VOIDING FOOD INSTRUMENTS" Item B Void Codes and Uses.

4. Submit the voided WIC FMNP AFIs to the State WIC Office. Procedures are found in the Food/Delivery/Data section "LOCAL AGENCY BATCH CONTROL FORM".

LOST, STOLEN, DAMAGED OR DESTROYED WIC FMNP AFIs

If WIC FMNP AFIs are lost, stolen, damaged or destroyed after issuance to a participant and prior to redemption:

a. The WIC FMNP AFIs cannot be replaced for any reason.

b. Document the report of the food instruments in the participant's medical record on the issuance label.

c. Void the specific WIC FMNP AFI by with a Void 6. See Voiding WIC FMNP AFIs in this section.

SCREENS INDEX

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WIC FMNP Inventory Log Posting (WFIL 30)..... 306

WIC FMNP AFIs Inquiry Screen (WCI3 30)..... 307

WIC FMNP Patient Information Screen (WCIA 30)..... 308

WIC PATIENT MAINTENANCE SCREEN

This screen will allow you to access the WIC FMNP Print Screen when the only action is to print WIC FMNP AFIs.

1. Accessed when providing a WIC service to the client. Use a W0209 code on the PEF Screen or during certification/recertification.
2. Use a “P” action in the Action Screen
3. Place a “Y” in the box next to FMNP on Maintenance Screen
4. <Transmit>

This will bring up a WIC FMNP Print Screen

1. Check starting AFI number
2. <Transmit>
3. Total WIC FMNP funds available will show at bottom of screen after issuance
4. WIC FMNP AFIs will be issued and posted on AFI Inventory Log Posting

WIC PATIENT MTCE SCREEN

Kentucky Patient Scheduling System

File Edit Patient Billing Lab Table Follow-up Supplemental Community Navigate Printing Help

```
CDS1802              W I C   P A T I E N T   M T C E   S C R E E N
Name  -  BARLOW   MARVINA   T        Birth   Dt:01012004    Status:INFANT
  Func                  Client   Hid/Loc/S      Pat  Id  #   Badge   #    X-ref   #     Pef  #
                          30      500500          999999999
Status:    I   (I)nfant     (C)hild     (P)regnant     (PP)ostpartum     (BF)reastfeeding
Wic  Inelig      Actn      Int  Cont      Cert       Exptd       Actual     Wt  At
Act  Reason      Date      Date          Date       Deliv       Deliv      Birth
 T               11252004  03172004      03172004                           7   8
-Nutr   Risk   Critr-   Pri        Dt  Mrs          Ft/Ins/Fract          Lbs  Oz
 7010                     04        03172004         0  25  1  /  2        14   8
                                   Std      1st  FP  Iss          ID  for      Physically     Present
 Dt  Mrs      Hemog     Hema%   Fd  Pkg   MM/DD/CCYY            FI  PU       Y/N    Exempt   Reason
              12.40     12.4    SF1       0917     2004                       Y
Spec   Form   Nm
              AAA
RX  Expire   Dt          03052005
FI  Action    (P)rnt/(S)tore/(L)og          Issuance    1mo    2mo    3mo    FMNP
                         Bank   Acct  #  Start   FI#          Local   Use        Next   Pat   Id  #
Check   Prev   FI  (Y)es   Y    1246704
               (N)o
```

Transmit

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WIC FMNP PRINT SCREEN

Kentucky Patient Scheduling System

File Edit Patient Billing Lab Table Follow-up Supplemental Community Navigate Printing Help

```
CDS1809              W I C   F M N P   P R I N T   S C R E E N

Name  -  BARLOW   MARVINA   T        Birth   Dt:01012004    Status:CHILD

                Client     Hid/Loc/S        Pat  Id  #     Badge   #     X-ref   #       Pef  #
                  30       500500           999999999

                            First            Last
                          Valid  Date      Valid  Date
Std  Fd  Pkg    FMNP       06012005         07012005

                                Bank  Acct  #    Start   FI#
Check   Prev   FI  (Y)es    Y    1246705

Total   Funds   Available:    $   1000.00
```

Transmit

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WIC FMNP INVENTORY LOG POSTING - WFIL 30

1. Accessed by typing WFIL 30 (HID/LOC)(Food Instrument Number)

2. This screen is used to indicate issuance of WIC FMNP AFI. There will be an “F” in Action field to indicate which AFIs were issued with the FMNP food package. Also, use the screen to void AFIs for a particular participant.

INSTRUCTIONS FOR AFIL 30

1. On a blank screen type WFIL 30 (HID/LOC)(Food Instrument Number)<transmit>.

2. The WIC Automated Food Instruments Inventory Log Posting Screen will appear.

3. To void a Food Instrument, use the following procedures:

   a. Enter a “5” (void) or “6” (lost/stolen) in the action field.

   b. <Transmit>

Kentucky Patient Scheduling System

File Edit Patient Billing Lab Table Follow-up Supplemental Community Navigate Printing Help

CDS1803 F I I N V E N T O R Y L O G P O S T I N G

Client 30 Hid/Loc/Site 500500 Bank Acct # 1246704

FI #	Act	1st Vld Dt	Last Vld Dt	Patient ID	Name	Void Date	CD	Proc/Act Date
1	F	10092001	11082001	406540432	LAMB MARY M	09182001	5	02152002-5
2	F	10092001	11082001	406540432	LAMB MARY M	09182001	5	02152002-5
3	F	10092001	11082001	406540432	LAMB MARY M	09182001	5	02152002-5
4	F	08122001	09112001	748159263	BARLOW MARVIN T	08172001	5	02152002-5
5	F	08122001	09112001	748159263	BARLOW MARVIN T	08172001	5	02152002-5
6	F	08122001	09112001	748159263	BARLOW MARVIN T	08172001	5	02152002-5
7	F	09122001	10112001	748159263	BARLOW MARVIN T	08172001	5	02152002-5
8	F	09122001	10112001	748159263	BARLOW MARVIN T	08172001	5	02152002-5
9	F	09122001	10112001	748159263	BARLOW MARVIN T	08172001	5	02152002-5
10	F	09122001	10112001	748159263	BARLOW MARVIN T	08172001	5	02152002-5
11		09122001	10112001	748159263	BARLOW MARVIN T	08172001	5	02152002-5
12		08122001	09112001	748159263	BARLOW MARVIN T	08172001	5	02152002-5
13		08122001	09112001	748159263	BARLOW MARVIN T	08172001	5	02152002-5
14		09122001	10112001	748159263	BARLOW MARVIN T	08172001	5	02152002-5
15		09122001	10112001	748159263	BARLOW MARVIN T	08172001	5	02152002-5
16		09122001	10112001	748159263	BARLOW MARVIN T	08172001	5	02152002-5

Next Bank Acct # 1246704 Next FI # 17

Actions : I - Issue : C - Change : 5 - Void 55 : Z - Replace

Transmit

5/5/200 9:11 AM Page

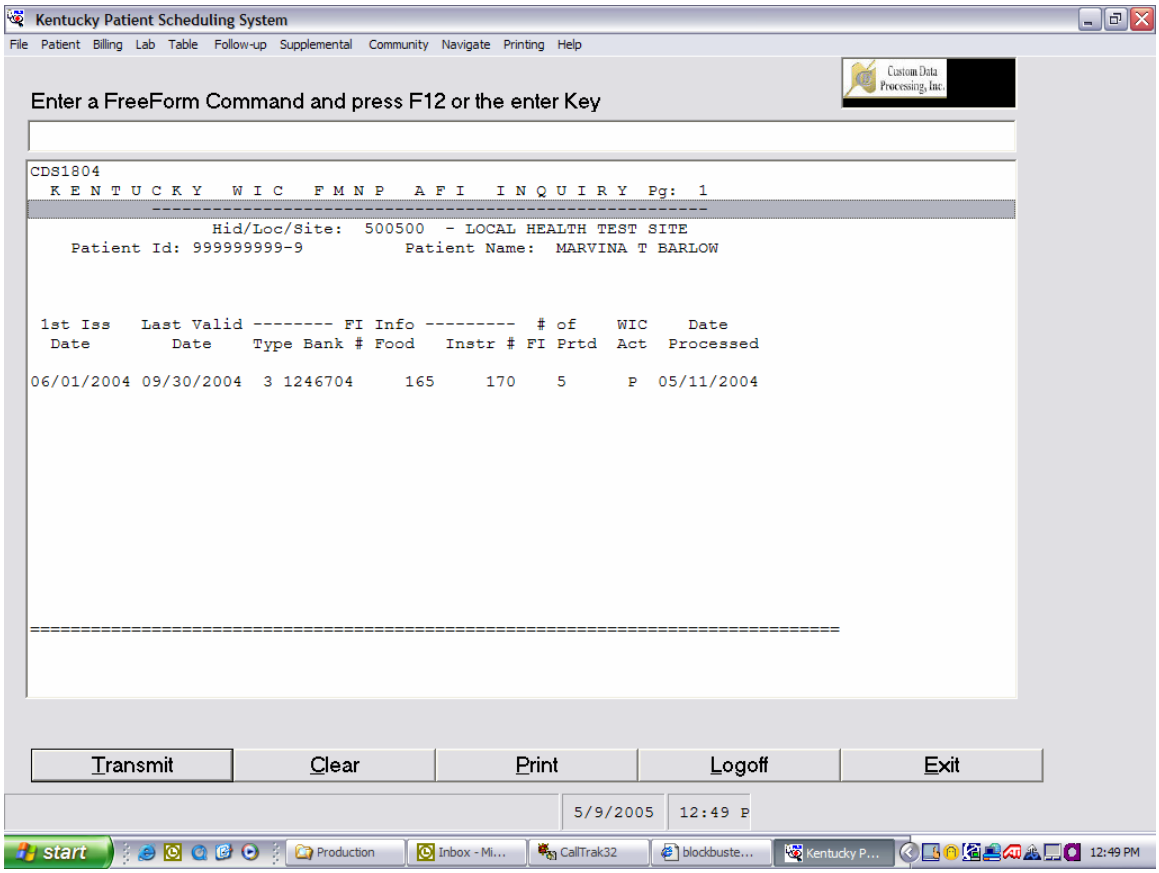
start Inbox - ... Yahoo! -... Micro... Wind... CallTrak32 term... 9:11 AM

WIC FMNP AFI INQUIRY SCREEN

1. Type in WCI3 30 <HLS> <Patient Id>

2. <Transmit>

This screen can be used to investigate issuance of WIC FMNP AFIs by patient ID.



WIC FMNP WCIA 30 SCREEN

1. Used to verify food package for WIC FMNP
2. <Transmit>

```
Kentucky Patient Scheduling System
File  Edit  Patient  Billing  Lab  Table  Follow-up  Supplemental  Community  Navigate  Printing  Help
CDS1813
Patient  Id                  : 999999999-9          Action  #              : CURRENT
Patient  Name     : BARLOW   MARVINA   T            X-ref  #               :
Wic  Cert/Food   Pkg  Action:  P                    Next  Action  Due      : R
Action  Date                 : 05/07/2005           Next  Action  Due  Dt : 01/01/2006
Wic  Status:  CHILD            Birth  Date:  01/01/2004          Appt  Dt:    06/22/2005   *
Sex:   FEMALE                  Race:     WHITE


Initial  Contact  Date       : 04/07/2005           Weight                 :  14  Lbs   8  Ozs
Certification    Date        : 04/07/2005           Hemoglobin             : 12.41
Expected  Delivery  Date     :                      Hematocrit             : 12.40%
Actual  Delivery  Date       :                      Services  Performed    : W0200
Birthweight                  :   7  Lbs   7  Ozs                          :
Physically   Present         : Y                    PEF  Document          :
Nutritional   Risk  Crit     :  7010                Process  Date          : 05/07/2005
Priority                     : 04                   Issue  Date            : 07/07/2005
Date  Of  Measure            : 04/07/2005           Food  Package          : FMNP
Height/Length                :       25  1/2  In    Printed  FI's          : Y(TOTAL  -   5)
Currently   Breastfeeding    :                      Ever  Breastfed?       :
Date  of  Measure            : 04/07/2005           Formula  Expire  Date:
Spec  Form  NM:

                                                    01    CURSOR
Transmit
                                 5/5/200  9:31 AM  Page
start  Inbox - ...  Yahoo! -...  Micro...  Wind...  CallTrak32  term...  9:31 AM
```

SYSTEM REPORTS INDEX

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Daily WIC FMNP Register…… 315

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Participation 318

Redemption Rate by Site 319

REPORT TITLE:	Daily WIC FMNP Audit Register
REPORT NUMBER:	1690
FREQUENCY:	Daily
DISTRIBUTION:	Automatically printed overnight or obtained electronically through e-reports – Site and WIC Coordinator
DESCRIPTION:	This report shows issuance for WIC FMNP AFIs that were issued the previous clinic day.
ACTION TO BE TAKEN:	Review daily to assure that all WIC FMNP AFIs issued match the Register.
EXPLANATION OF REPORT:	1. Coupon is the WIC FMNP AFI Number. 2. Valid Date is the first valid date of the FMNP AFI. 3. Patient ID is the social security number or pseudonumber assigned to the participant. 4. Patient Name is the last name, first name and middle initial of the participant. 5. Void Date is the date the WIC FMNP AFI was voided. 6. Void Code is the void code used to void the WIC FMNP AFI. 7. Action Date is the date the FMNP AFI was issued. 8. The report summarizes the total number issued, voided by void code and reopened for that day. 9. Total Funds available are the WIC Program FMNP funds remaining for issuance.
RETENTION/ DISPOSAL PERIOD:	If printed, destroy by shredding or burning after one month.

Rpt-1690_AGR_AUDIT_REGISTE_08-25-2004_230846 - Notepad

File Edit Format View Help

```
WICAGD RUN 08/25/2004 23:08:42                          FARMER'S MARKET COUPONS                                          P.
                                                          AUDIT REGISTER
REPORT 1690  SITE   55                        HID/LOC/SITE : 500500   - CDP/STATE HEALTH DEPT
                                                     AGENCY/CLINIC  : 2073 -
                                                      PROCESS DATE: 08/25/2004
                                                                          VOID
              COUPON  VALID DATE   PAT ID  PATIENT NAME          VOID DATE  CODE ACTION DT
              ------- ----------   ------  ------------          ---------  ---- -----------
                 7731 08/25/2004 999999999 XXXXXXXX XXXXXX X                    08/25/2004
                 7732 08/25/2004 999999999 XXXXXXXX XXXXXX X                    08/25/2004
                 7733 08/25/2004 999999999 XXXXXXXX XXXXXX X                    08/25/2004
                 7734 08/25/2004 999999999 XXXXXXXX XXXXXX X                    08/25/2004
                 7735 08/25/2004 999999999 XXXXXXXX XXXXXX X                    08/25/2004
                 7736 08/25/2004 999999999 XXXXXXXX XXXXXX X                    08/25/2004
                 7737 08/25/2004 999999999 XXXXXXXX XXXXXX X                    08/25/2004
                 7738 08/25/2004 999999999 XXXXXXXX XXXXXX X                    08/25/2004
                 7739 08/25/2004 999999999 XXXXXXXX XXXXXX X                    08/25/2004
                 7740 08/25/2004 999999999 XXXXXXXX XXXXXX X                    08/25/2004
                 7741 08/25/2004 999999999 XXXXXXXX XXXXXX X                    08/25/2004
                 7742 08/25/2004 999999999 XXXXXXXX XXXXXX X                    08/25/2004
                 7743 08/25/2004 999999999 XXXXXXXX XXXXXX X                    08/25/2004
                 7744 08/25/2004 999999999 XXXXXXXX XXXXXX X                    08/25/2004
                 7745 08/25/2004 999999999 XXXXXXXX XXXXXX X                    08/25/2004


WICAGD RUN 08/25/2004 23:08:42                          FARMER'S MARKET COUPONS                                          P.
                                                          AUDIT REGISTER
REPORT 1690  SITE   9                         HID/LOC/SITE : 037037   - FRANKLIN COUNTY HEALTH DEPT
                                                      PROCESS DATE: 08/25/2004
            ISSUES    VOID 5    VOID 6   CHANGES   REPLACE    REOPEN     TOTAL
           ------    ------    ------   -------   -------    ------    -----
TOTAL          15                                                          15

TOTAL FUNDS AVAILBLE: $1000.00
```

REPORT TITLE:	Farmers' Volume Report
REPORT NUMBER:	1860
FREQUENCY:	Monthly usually between the 10th and the 20th
DISTRIBUTION:	Automatically printed overnight or obtained electronically through E-Reports - WIC Coordinator
DESCRIPTION:	This report provides by farmer number the redemption amount by month and year to date. The information is provided by contracted farmer and by farmers outside of the agency redeeming the agency's WIC FMNP AFIs.
ACTION TO BE TAKEN:	Report is for informational purposes. Review report for any unusual redemption patterns. Contact the State WIC Office or KDA to report any unusual redemption activities.
EXPLANATION OF REPORT:	1. Farmers number is the authorized farmer number assigned by the KDA. 2. No. AFIs Redeemed Month is the number of WIC FMNP AFIs issued by the agency and cashed by the identified farmer that have cleared the bank that month. 3. Amt Redeemed Month is the dollar amount of WIC FMNP AFIs issued by the agency and cashed by the identified farmer that have cleared the bank that month. 4. No. AFIs Redeemed CYTD is the number of WIC Program FMNP AFIs that have cleared the bank year to date. 5. Amt Redeemed CYTD is the dollar amount of WIC FMNP AFIs that have cleared the bank year to date.
RETENTION/ DISPOSAL PERIOD:	If report is printed, destroy after receipt of next month's report.
NOTE:	An example of the report is not included. Report will be available in late August 2006.

REPORT TITLE:	Participation
REPORT NUMBER:	1880
FREQUENCY:	Monthly usually between the 10th and the 20th.
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports - Site, WIC Coordinator and KDA.
DESCRIPTION:	This report is the cumulative number of WIC participants reported as receiving WIC FMNP AFIs. Participation is reflected by month of issuance and participant status.
ACTION TO BE TAKEN:	Use for caseload management.
EXPLANATION OF REPORT:	1. Health ID and Clinic LOC identifies the LHD location. 2. Pregnant, Breastfeeding, Child, Postpartum and Infant are the WIC status of the participant receiving WIC FMNP AFIs. 3. Month is the month of issuance. 4. Total is the total number of participants by issuance month and status. 5. Total participants are the total number of participants for the LHD.
RETENTION/ DISPOSAL PERIOD:	If printed, destroy by shredding or burning after receipt of next month's report.

WCFM13 RUN 12/05/03 03:38 FARMERS MARKET NUTRITION PROGRAM PAGE: 53
SITE: 295 PARTICIPATION REPORT RPT: 1880

HEALTH ID: DIST HEALTH DEPT
CLINIC LOC: COUNTY HEALTH CTR

	PREGNANT	BREAST FEEDING	CHILD	POST PARTUM	INFANT	TOTAL
MAY 2003	2	2	5	0	1	10
JUNE 2003	16	1	64	13	8	102
JULY 2003	14	0	56	8	2	80
AUGUST 2003	7	1	43	1	3	55
SEPTEMBER 2003	8	1	19	2	0	30
TOTAL 2003	47	5	187	24	14	

TOTAL PARTICIPANTS 277

REPORT TITLE: Redemption Rate by Site

REPORT NUMBER: 1877

FREQUENCY: Monthly usually between the 10th and the 20th.

DISTRIBUTION: Automatically Printed Overnight or obtained electronically through E-Reports – Site, WIC Coordinator and KDA

DESCRIPTION: This report shows the number and percentage of WIC FMNP AFIs that have been redeemed versus the number issued.

ACTION TO BE TAKEN: Upon receipt review the percent redeemed and determine whether or not to send reminders to participants who have received WIC FMNP AFIs to redeem their Food Instruments.

EXPLANATION OF REPORT:

1. HLS is the health department HID/LOC.
2. HLS is the name of the site.
3. Allocated are the number of WIC FMNP AFIs allocated to the site.
4. Voided are the number of WIC FMNP AFIs the site has issued to WIC participants.
5. Issued are the number of WIC FMNP AFIs the site has issued to WIC participants.
6. Redeemed are the number of WIC FMNP AFIs that have cleared the contracted bank and matched to a record of issuance.
7. Percent Redeemed is the percentage of WIC FMNP AFIs issued to redeemed.
8. Percent Voided is the percent of allocated WIC FMNP AFIs that have been voided.

RETENTION/ DISPOSAL PERIOD: If printed, destroy by shredding or burning after receipt of next month's report.

WCFM10 RUN 12/05/03 03:37 FARMERS MARKET NUTRITION PROGRAM PAGE: 1
SITE: 295 REDEMPTION RATE BY SITE RPT: 1877
NOVEMBER, 2003

HLS	HLS NAME	COUPONS ALLOCATED	COUPONS VOIDED	COUPONS ISSUED	COUPONS REDEEMED	PERCENT REDEEMED	PERCENT VOIDED
002002	ALLEN CO HEALTH DEPT	4500		4490	1058	23.56	
003003	ANDERSON CO HEALTH DEPT	2750	90	2660	931	35.00	3.27
010010A	BOYD CO HEALTH DEPARTMENT	4930	82	4700	1693	36.02	1.66
010010D	BOYD COUNTY-CANNONSBURG	2170	10	2170	979	45.12	.46
012012	BRACKEN CO HEALTH DEPT	1750	10	1730	649	37.51	.57
014014	BRECKINRIDGE CO HEALTH DEPT	3650		3650	1260	34.52	
037037	FRANKLIN COUNTY HEALTH DEPT	7900	40	7900	3602	45.59	.51
054054A	HOPKINS CO HEALTH DEPT	10750	140	10680	5022	47.03	1.30
064064	LAWRENCE CO HEALTH DEPARTMENT	2680	205	2370	908	38.31	7.65
068068	LEWIS CO HEALTH DEPT	3500		3500	1858	53.09	
080080	MARTIN CO HEALTH DEPT	5000		4980	1858	37.31	
087087A	MONTGOMERY COUNTY HEALTH DEPT	6500		6480	3416	52.72	
099099	POWELL CO HEALTH DEPT	5000		4910	2845	57.94	
120120	WOODFORD COUNTY HEALTH DEPT	4000		3980	1559	39.17	
201010A	BOYD COUNTY ASHLAND	1070	10	1060	352	33.21	.93
201010D	BOYD COUNTY CANNONSBURG	230		230	132	57.39	
201064	LAWRENCE COUNTY HEALTH CENTER	1570		1549	634	40.93	
202078	MARION COUNTY HEALTH CENTER	5000		4970	1807	36.36	
202090	NELSON COUNTY HEALTH CENTER	7750		7750	3650	47.10	
202005	BARREN CO HEALTH CENTER	8250	20	8210	2527	30.41	.24
202031	EDMONSON COUNTY HEALTH CENTER	2800	10	2790	662	23.73	.36
205051	HENRY COUNTY HEALTH CENTER	1600		1730	903	31.37	
209104	RUSSELL COUNTY HEALTH CENTER	4500	40	4494	1909	42.48	.89
209109	TAYLOR COUNTY HEALTH CENTER	5500	40	5460	1719	31.48	.72
210008	BOONE COUNTY HEALTH CENTER	14200	2640	11470	5310	46.29	18.59
210019A	CAMPBELL COUNTY HEALTH CENTER	10500	50	10410	2892	27.78	.48
210041	GRANT COUNTY HEALTH CENTER	7500	10	7480	2074	27.73	.13
211022A	CARTER COUNTY HEALTH CENTER	5000	10	5000	2196	43.92	.20
211022B	WEST CARTER - OLIVE HILL	4100	20	4090	1986	48.56	.49
211032	ELLIOTT COUNTY HEALTH CENTER	2250	20	2250	1172	52.09	.89
212065	LEE COUNTY HEALTH CENTER	2500		2480	1320	53.63	
212119	WOLFE COUNTY HEALTH CENTER	3250		3250	1440	42.99	
213055	JACKSON COUNTY HEALTH CENTER	4750	31	4710	2086	44.29	.65