Food Delivery

Kentucky Public Health

Prevent. Promote. Protect.

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 Certification and Management Section, "WIC Certification and Management".

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 "Certification and Management" Section, "Transfer/VOC".

3. Each site must have an adequate supply of food instruments (see definition of food instruments below) 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, Section: 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 Clinical Section, "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 Clinical Section, "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 and the partially breastfeeding woman who after six (6) months postpartum has requested more than the maximum amount of formula for a partially breastfeeding infant. For new persons added to WIC, benefits shall not be retroactive.

10. Eligible persons 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/Uploading of Food Benefits" 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 only be redeemed 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. Participants that fail to pick up food instruments for two (2) consecutive months are considered dropouts and are terminated from the Program. See Certification and Management Section “WIC Certification and Management”, “Ineligibility and Discontinuation of Benefits”, and “Dropout/Non Participation.”

16. 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.

17. 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.

NOTE: FOOD INSTRUMENTS ARE DEFINED IN 7 CFR PART 246 AS A VOUCHER, CHECK, ELECTRONIC BENEFITS TRANSFER CARD OR ANY OTHER DOCUMENT WHICH IS USED BY A PARTICIPANT TO OBTAIN SUPPLEMENTAL FOODS.

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 appointed person at the local health department, Local Health Operations and CDP. See the procedures and forms on the Local Health website.

3. Web-based programs/applications include:

   a. CMS (Clinic Management System);

   b. eWIC (Electronic Benefits Transfer);

   c. Breastfeeding Peer Counselor; and

   d. Revalidation.

B. E-Reports

1. Reports are accessible only by authorized personnel.

2. In order to receive access to the programs/applications, a person must be authorized by the appointed person at the local health department, Local Health Operations and CDP. See the procedures and forms on the Local Health website.

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 (either in-state or out-of-state) 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." If there is a match on last name, first name, sex and date of birth an error message will be received. 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 issuance is requested.

2. 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 determine where the person(s) should be enrolled/participating. See Certification and Management Section, "WIC Eligibility Requirements."

3. If actual Dual Participation between WIC sites (either in state or out-of-state) has been determined. See Certification and Management Section, "Participant Abuse" for appropriate procedures.

4. 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.

    b. The report is to be reviewed. Possible dual participants are to be investigated and if dual participation is determined, see Certification and Management Section, "Participant Abuse" for appropriate procedures.

INVENTORY AND SECURITY REQUIREMENTS

A. General Policies

1. Security and accountability for all food instruments (handwritten food instruments and eWIC cards), 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 recorded 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. Handwritten food instruments that are no longer usable are to be voided and sent to the State WIC Office. Refer to “Voiding” in this section.

B. Stamps

1. Each agency must have a revalidation stamp for handwritten food instruments. Each site must have an agency stamp and a void stamp. Stamps are available from the State WIC Office.

2. Agency and revalidation stamps must be kept in a locked area to ensure that access is limited to authorized personnel.

   a. Revalidation stamps and handwritten 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 made of all, food instruments monthly:

   a. A person other than the person(s) that issue food instruments must do the inventory.

   b. 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 FI Range Search.

   c. The actual number on hand for each type of food instrument, the name and signature of the person who 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.

d. 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. Handwritten food instruments cannot be completed in advance and held for later issuance. Benefits issued through eWIC cannot be issued in advance.

4. Handwritten food instruments must be issued in a consecutive manner starting with the lowest number available and proceeding to the highest number.

5. Handwritten food instruments must not be pre-stamped with the agency stamp.

6. Handwritten food instrument issuance must be posted as soon as the system is available, but must not exceed one (1) week.

D. eWIC cards

1. Inventory

a. A site inventory shall be established for the clinic.
b. Cards must be kept in a locked room or file cabinet.
c. Site inventory must be tracked.
d. Cards received in a shipment must be logged received.
   - Cards issued out to card issuers must be logged.
   - Cards removed from inventory for other reasons must be logged.
e. When cards are received, count and bundle into stacks of 20.
f. Site inventory totals and counts must be made once a month.
g. Establish a minimum amount for reorder.
h. One person that does not issue cards must be responsible for site inventory, with a back-up person designated.

2. Card Issuers

a. Each card issuer (or issuance location) must maintain a box of cards.
b. Cards will be provided to card issuers from the site inventory with the total number of cards issued logged into the spreadsheet.
c. Cards for issuers shall be maintained in a box, ideally a small lock box.
d. Card boxes must be secured or returned to the site inventory location at the end of each day or end of issuance.
e. Cards should be allocated to issuers in a quantity for up to a maximum of one week.
f. Cards should remain bundled in stacks of 20 to facilitate using in order.

E. 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” in this section.

FOOD INSTRUMENT TYPES AND USE

There are two (2) types of food instruments that may be issued to participants (See “Forms and Food Instruments” in this section):

1. Handwritten food instruments contain 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 food instruments are used only during disaster situations or when a special formula is needed that is not in the APL. (Approved Product List). All sites must have handwritten food instruments. There are three (3) handwritten food instruments for:

   - Formula
   - Woman/Child
   - CVB (cash value benefit)

2. eWIC card is the EBT card which when utilized with the secure PIN allows the WIC participant to redeem the food items in the food package which have been prescribed by the health professional.

ORDERING AND RECEIPT

A. Ordering

1. **New clinic site**: Appropriate amounts of handwritten food instruments and eWIC cards will be supplied based upon the anticipated number of participants. Contact the State WIC Office for assistance in determining amounts.

2. **Established clinic site**: Agencies/sites are responsible for maintaining an adequate inventory of food instruments.

3. When necessary, handwritten food instruments may be ordered using the food instrument order form. The order should be no more than an estimated three (3) month supply.

B. Receipt of Handwritten Food Instruments

1. Immediately upon receipt: Compare numbers on the Food Instrument Range with serial numbers of food instruments received. See the CMS Manual.

   a. If correct, electronically acknowledge receipt of the food instruments. This must be done before any issuance from that series of food instrument/cash value benefit can be posted.

   b. If the serial numbers and food instruments do not agree, contact the WIC Help Desk for further instructions.

2. All handwritten 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.

C. Receipt of EBT cards

1. Immediately upon receipt: Compare numbers on the Food Instrument Order Form. With serial numbers on eWIC cards received. If the serial numbers on your order form and actual numbers on your cards do not agree, contact the WIC Help Desk for further instructions.

2. If correct, electronically acknowledge receipt. This must be done before any issuance from that series can be posted.

3. If the serial numbers and eWIC cards do not agree, contact the WIC Help Desk for further instructions.

ASSIGNING ISSUE DATES

A. General Policies

1. All eligible persons must be assigned an issue date.

2. All household members must be placed on the same issue date so issuance can be done for all members at the same time. Refer to “Putting Household Members on the Same Issuance” in this section.

3. The assigned issue date is the date desired for the first full food package.

4. An issue day of 29, 30, or 31 can be used first issuance. These dates are then 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. When a member is added to the household and issue dates are being coordinated with the existing members the system issues a partial food package to catch up the household member being added. The system calculates the number of days and issues the appropriate food quantities. Refer to “Putting Household Members on the Same Issuance” and “Partial and Reduced Issuance” in this section.

6. The issue date remains the same through the household’s continuous participation in WIC. For late pick up of food instruments, the system calculates the appropriate food quantities. Refer to “Partial and Reduced Issuance” in this section.

B. Assigning Issue Dates

1. Issue Date For A New Household

   a. The issue date for a new household 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” in this section.

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 a new household applies. See “Putting Household Members on the Same Issuance” in this section. Also refer to Certification and Managements Section, “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 issues 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” in this section. Also refer to Certification and Managements Section, “WIC Certification and Management”, “Transfer/VOC”.

3. Issue Date for Exclusively/Partially Breastfed Infants

   a. The issue data is the same as the rest of the members of the household.

4. Issue Date for Partially Breastfeeding Woman Beyond 6 Months Postpartum

   A partially breastfeeding woman who continues to breastfeed after 6 months postpartum and has requested more than the maximum amount of formula allowed for a partially breastfed infant will have the same issue date as the rest of the household.

5. 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”.

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.

A. Initial Certification

1. Pull the medical record(s) to review the issue date for the household.

2. Assign the new member to the household the same issue date as the household member(s) already on the Program.

3. A partially breastfeeding woman who continues to breastfeed after 6 months postpartum and has requested more than the maximum amount of formula allowed for a partially breastfed infant will have the same issue dates as the rest of the household.

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 will be calculated in the system to catch up the new participant to the other household member(s) full issuance date.

   a. The initial food package for a woman, child or infant will be provided as outlined in this section “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 issue date (see Partial and Reduced Issuance). The food distribution for the food package must be replicated. See the Clinical 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.

PARTIAL AND REDUCED ISSUANCE

A. General Policies

1. A participant's assigned issue date, the actual date and status of issuance determines the quantity of food that the person receives.

2. The participant's assigned issue date remains the same through continuous participation in WIC. Refer to "Assigning Issue Dates" in this section.

3. In order to issue an appropriate quantity of food, adjustments will be made by the system in the quantity of supplemental food issued. The system will issue a reduced or partial food package for the following:

   a. To catch up a household member with another household member on WIC to coordinate issue dates.

   b. Late pick up/issuance of food instruments.

4. The system calculates the number of days for the issuance and issues the appropriate food quantity.

5. If handwritten food instruments are issued, the issuance must replicate the reduced issuance food quantity, and must be done as the food distribution appears in the Clinical Section, Food Package Distribution Charts.

6. An issuance label is generated for placement in the participant's medical record when food benefits are issued through eWIC and will indicate if a partial package is issued. For handwritten food instruments, a handwritten entry must be made in the medical record.

B. Partial and Reduced Issuance Calculation

1. The quantity of food is reduced based on the number of days until the next issue date and the status of participant.

3. The following are the number of days and the quantity of food. See the food distribution, which appears in the Clinical Section, Food Package Distribution Charts. The chart also indicates the number of handwritten food instruments issued. The issuance is in accordance with 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	System will Issue/Issue
16 days or more 15 days or less	Full issuance Food Instruments 1 & 2

b. Women and Children Receiving Three (3) Food instruments (according to the distribution chart)

Number of Days to the First Full Package Issue Month/Day/Year	System Will Issue/Issue
16 days or more 15 days or less	Full issuance Food Instruments 1 & 3*

c. Women and Children Receiving Four (4) Food instruments (according to the distribution chart)

Number of Days to the First Full Package Issue Month/Day/Year	System Will Issue/Issue
16 days or more 15 days through 9 days 8 days or less	Full issuance Food Instruments 1, 2 & 4* Food Instruments 1 & 4*

*Cash Value Benefit

3. Issuance is not reduced for the breastfed infant receiving supplemental formula. 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 entered into the system. The proof will print on the issuance label which is placed in the medical record. See "Certification and Management" section, "WIC Eligibility Requirements." For handwritten food instruments, the proof code must be written on the stub.

3. All eligible persons must be assigned an issuance date and all household members must be placed on the same date. This date remains the same through the person's continuous participation in WIC. See "Putting Household Members on the same Issuance," and "Assigning Issue Dates" in this section.

4. 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 household members have the same issue date.

5. Handwritten 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.

6. If the system is down or slow, participants in clinic shall be provided a minimum of one (1) month handwritten food instruments. All handwritten issuance must be entered into the system by the end of the day or when system access is available.

7. Food instruments must not be issued or handwritten in advance of the household's appointment and held for later issuance.

8. Food instruments shall not be withheld in order to provide other services.

9. Participants coming to clinic late to pick up food instruments may receive a reduced food package. See "Partial and Reduced Issuance."

10. Issuance must be documented in the person's medical record at the time of issuance and must include the months issued. For eWIC issuance, the system generates a label for placement in the chart. See "Online Produced Labels."

11. Documentation must be reviewed to determine if issuance is appropriate and is not being duplicated before subsequent issuance.

12. Each participant/caretaker/proxy shall sign for receipt of food instruments.

    a. Handwritten food instruments are signed 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. The PIN is the electronic signature for eWIC.

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 for handwritten food instruments.

2. Food packages must be prescribed by a health professional. See the Clinical 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 Clinical Section, “Food Package by Status.”

4. Infants must receive a standard contract brand formula package unless there is a documented medical reason. See the Clinical 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, first full package issue month/date and status:

   a. Up to 6 months of age, formula only is issued;

   b. Formula is increased/decreased due to age;

   c. At 6 months of age, infant cereal, infant fruits and vegetables;

   d. Food instruments with a first day to use before the infant turns 1 must be issued as an infant package. This package must be issued.

   e. 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 Certification and Management, “Status and Priority” and “Screens,” WIC ICT Screen.

6. A fully breastfed infant is prescribed a BF1 package.

7. For all participants:

   a. Enter identity proof code for person picking up food instruments. See “Proof Codes for Identity” in this section.

   b. Verify the serial number on the food instrument is the same as the number on the screen.

   c. Verify the proper number of months and the proper food package was issued.

8. An issuance label will be generated to be placed on the participant’s CH-3. If the label does not print, it can be reprinted through CDP Report Viewer.

C. Handwritten Food instrument Issuance (See “Forms and Food Instruments” in this section).

1. Remove the required number of food instruments from locked storage.

2. Complete the handwritten food instruments as follows:

a. Enter participant's name.

b. Enter Agency No. And Site No.

c. Using the issue date.

d. Stamp designated area on each food instrument/cash value benefit with WIC agency stamp.

3. Enter the foods on each handwritten food instrument as the food prescription/distribution appears in the Clinical Section, "Food Package Distribution Charts."

4. Complete the stub for the 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.

5. Obtain signature of person that is receiving the food instruments on the stub.

6. Attach the stub to the WIC Issuance sheet (WIC-52) in the participant's medical record.

7. Keep the NCR copy of the stub and use for posting the required information into the system by the end of the day, if the system is up. Otherwise post at the time the system is operational.

8. To post handwritten food instruments use the following procedures:

   a. On Portal, click FI/Card Range Search.

   b. On Food Instrument Ranges, select clinic from the dropdown if not set, select bank account number from the dropdown, and click Search.

   c. Search results return at bottom of page. Click the edit icon (pencil and paper) for the food instrument range.

   d. Food Instrument Block Detail page returns. To find a specific food instrument number, search for a specific number by entering the FI number in the Starting FI field and click Search, or click Search for Next Open FI, or scroll through the list of numbers.

   e. In Status/Action column for the specific food instrument number, click the dropdown and select Issued.

   f. Enter Patient ID number in Patient # field.

   g. Enter First and Last Valid Date.

   h. Click Save.

i. If information is accepted, a “Saved” message appears at the bottom of the page. A green check also appears at the end of the row.

9. When issuance is posted to the FI/Card Range Search screen, fill in the NCR copy of the stub as follows:

   a. Date posted; and

   b. Initials of person posting issuance

10. 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 Certification and Management, “Use of Proxies.”

1. In order to issue to a proxy, a properly completed WIC Authorization form must be in the Medical record. See Proxies in the Certification and Management Section.

2. Names of persons authorized as proxies may be recorded on the eWIC cardholder. See Certification and Management, “Forms and Supporting Information.”

3. Proxies must present proof of identity at issuance of food instruments, and the type of proof must be documented. See “Food Instrument/Cash Value Benefit Issuance” in this section.

4. Proxies must sign the stub(s) for receipt of handwritten food instruments.

REPLACING

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. Other situations that affect the participant receiving the issued food, such as a change in a child’s custody; i.e., mother’s custody to fathers, move of infant/child to foster care.

2. Formula that was purchased with and 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.

3. Replacement issuance shall replicate the issue month and issue date. All replacement issuance must be documented in the participant medical record.

4. For Handwritten food instruments: Review to determine if food instrument has been cashed.

   a. Handwritten food instruments that are not usable must be returned to the site, if possible.

   b. Handwritten food instruments may be unusable because the food package or formula is no longer appropriate or they have been damaged.

5. See the CMS Manual for Replacing a Food Package with the Same Food Package and Replacing a Food Package with a Different Food Package.

B. Replacing for Formula Changes

1. The system will not issue replacement food for an infant food package after the infant status has turned one year of age. The benefits must be replaced with handwritten food instruments in this situation. Refer to Certification and Management, “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 Clinical Section.

   c. If the replacement is done on a day other than the original issuance, report an issuance code of WO209.

d. The system will automatically calculate the appropriate quantity of formula to be issued.

3. Unused formula and/or unused food instruments are returned:

a. Document on the CH-3A in the participant's medical record the quantity of returned formula and unredeemed foods or unused handwritten food instruments, and the reason for return.

b. Void all the unredeemed formula or unredeemed handwritten food instruments. Document the reason for the void.

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 in the WIC Clinical 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.

e. The system will automatically calculate the appropriate quantity of formula to be issued. See CMS User Guide for Replacing WIC Foods. For handwritten food Instruments 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 Clinical Section.

C. 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 with the void reason.

3. If the replacement is done on a day other than the original issuance, report an issuance code of WO209 on the Encounter Entry Screen.

4. See the CMS User Guide for Replacing WIC Foods. For handwritten food Instruments 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 Clinical Section.

D. 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.

The following general guidance applies:

1. Using best judgment, determine food instruments to be replaced.

2. Void the remaining foods from the original issuance or the handwritten food instruments.

3. Issue the appropriate food items/handwritten food instruments.

4. For handwritten food instruments: Send a letter to the person who originally received the food instruments informing them to not cash the voided food instruments.

RETURNED FORMULA REQUIREMENTS

1. Formula that was purchased and not used or is no longer appropriate for the participant must be returned to the site.

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;

    e. Type of formula (powdered, concentrate, ready-to-feed); and

    f. Expiration date.

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; and

    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.

10. Since formula has an expiration date, ensure expired formula is not provided to participants or donated. Formula past the expiration date must be disposed of.

MAILING/UPLOADING OF BENEFITS

The WIC Program does not advocate routine mailing of food instruments or uploading of EBT benefits to the participant's account. However, there may be instances when this is desirable and/or necessary.

1. Mailing of food instruments or uploading of EBT benefits 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 are provided (1, 2 or 3 months), but the number of months should take into consideration other service needs and/or appointments.

2. Mailing of food instruments or uploading of EBT benefits on a site/clinic wide basis is permitted if the site/clinic's computer system is not operational for an extended period of time; i.e. several hours.

3. Documentation requirements:

    a. The reason for mailing the food instruments or uploading the EBT benefits , the month(s) of issuance and the date the food instruments were mailed or benefits were uploaded must be documented in the patient's medical record.

    b. An entry that the handwritten food instruments were mailed must be made on the food instrument/cash value benefit stub that they were mailed.

    c. Proof of identity should be coded as "other," code 50.

VOIDING

Voiding is the process to account for a food benefit issuance that is not usable. A benefit may be unusable for a number of reasons, such as a food package that is no longer appropriate, a handwritten food instrument or EBT card that is lost or stolen, or damaged. Voiding ensures accountability and provides accurate participation counts.

A. General Policies

1. Any handwritten food instrument/ number that is unusable must be voided.

2. Handwritten food instruments or food benefits must be voided at the time they are determined to be unusable.

3. For voiding of EBT benefits see the CMS User's Manual "Void Benefits."

4. Any issued handwritten food instrument returned unused by the participant must be voided.

5. Each site must have a void stamp. This stamp is available from the State WIC Office.

6. Voided handwritten food instruments must be submitted weekly to the State WIC Office for processing using the Local Agency Batch Control Form. See "Forms and Food Instruments" in this section.

7. Each food instrument benefit 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.

8. The situation surrounding the voiding of food instruments or food benefits must documented in the participant's medical record.

9. For voiding for Handwritten Food Instruments:
   a. Document the situation in the participant's medical record.

   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).

   c. Void handwritten food instruments in the CMS system by:
      1. On Portal, click FI/Card Range Search.

      2. On Food Instrument Ranges, select clinic from the dropdown if not set, select bank account number, and click Search.

      3. Search results return at bottom of page. Click the edit icon (pencil and paper) for the food instrument range.

      4. Food Instrument Block Detail page returns. To find the FI number to void, search for the specific number by entering the FI number in the Starting FI field and click Search or scroll through the list of numbers.

      5. In Status/Action column for the specific food instrument number, click the dropdown and select Void.

      6. The Void Date/Reason fields open.

7. Enter the void date and select the void reason from the dropdown list.

8. Click Save.

9. If information is accepted, a “Saved” message appears at the bottom of the page. A green check also appears at the end of the row.

C. Submitting Voided Handwritten 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 the appropriate void code.

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. eWIC Cards: lost, stolen, damaged or destroyed after issuance to a participant.

1. Void card.

2. Determine which benefits have been redeemed and the reminding benefits that are still valid.

3. Reissue card and benefits.

D. Handwritten food instruments lost, stolen, damaged or destroyed after issuance to a participant and prior to redemption:

1. Determine the first day to use on the lost or stolen food instrument(s)/cash value benefit(s).

   a. Food instruments with a current first day to use can be replaced after a reasonable attempt to verify the food instrument(s)/cash value benefit(s) has not been redeemed. Redeemed food instruments can be reviewed in the WIC Food Instrument/cash value benefit Image Lookup.

   b. Food instruments with a first day to use in the future can be replaced following procedures in this section.

2. Document report of lost, stolen or destroyed food instrument(s) on the CH-3A in the participant's medical record.

3. Void the specific food instrument in the system and on the food instrument stub.

4. Reissue appropriate number of food instruments. See “Replacing Food Instruments” in this section.

5. Inform the participant/caretaker of the following:

    1. If the food instrument(s is found, it must be returned to the agency/site, and,

    2. Cashing a food instrument(s) reported lost or stolen or destroyed that is replaced is considered abuse and could result in suspension or termination from the Program. See Certification and Management Section, “Participant Abuse”.

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.

4. Participants whose next action due is termination receive all benefits due 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.

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. eWIC Card Has Been Destroyed

   a. Void the card and reissue the unredeemed benefits for the current month and for up to 2 months in the future, as appropriate.

   b. Follow the guidance in the KY CMS User Manual for Food Package Replacement and Voiding Benefits.

2. Handwritten Food instruments for an entire month have been destroyed:

   a. An entire month of unexpired WIC food instruments that have been destroyed can be replaced for all women, infants and children.

   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. 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 Clinical section WIC Policies for Prescribing Food instruments.

3. Handwritten 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. Review the benefits remaining to determine which foods need to be replaced, 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. 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.

3. Foods that have been purchased 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.

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.

Emergency Situations can occur whenever WIC benefits or the WIC certification system is unavailable to a Participant, Clinic or Retailer for use to issue or redeem WIC benefits.

1. **If a KY WIC clinic** is unable to access the KY WIC certification system or issue WIC benefits because of natural disaster or prolonged system outage the clinic should follow their county' Health Department disaster plan that shall include plans for issuing KY WIC handwritten food instruments until a viable plan to access to the WIC system is available. Each clinic in conjunction with their Health Clinic shall keep on file accessible for review by KY WIC Program Operations Personnel a disaster/prolonged outage plan to ensure continued access to KY WIC benefits. A clinic must have a plan to assure an adequate supply of handwritten food instruments are available to issue at least one month of benefits to those seeking KY WIC issuance. The plan shall include a method to determine an amount of ready-feed formula to provide to participants when potable water is not available. It might also include a plan to issue KY WIC from neighboring counties KY WIC clinics or mobile Health clinics that have access to the KY WIC online system. A plan should also contain continual contact with the KY WIC Helpdesk for any assistance needed. The helpdesk number is accessible 24 hours a day at 877-597-0367.

2. **If a KY WIC participant** is unable to access benefits with the Food Instruments provided because of a natural disaster or a prolonged system down issue they should be instructed to contact first the county from which benefits have been provided or if their issuing county is unavailable the KY WIC Helpdesk for further instructions to get access to KY WIC benefits. A clinic should follow replacement procedures contained within this section.

3. **If a KY WIC Retailer** is unable to accept EWIC benefits because of a natural disaster or prolonged system outage they should be instructed to contact KY WIC's EBT processor Custom Data Processing (CDP) at 866-237-4814. Or call the WIC Help Desk Number for further instructions

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LOCAL AGENCY BATCH CONTROL FORM

When To Use	Use form when sending voided hand written food instruments to the State WIC Office. Submit voids on a weekly basis.
Instructions	1. **Agency Name** - the name of the agency or site. 2. **Health ID. Agency No**. - the agency health I.D. number. 3. **Location Clinic No.** - the clinic I.D. number 4. **Batch Control No.** - the batch number beginning with 0001. 5. **Number Sent** - the number of voided handwritten food instruments sent to the State WIC Office. The maximum amount to be submitted with any batch is 100. 6. **Date Sent/Initials** - the date sent to the State WIC Office and the initials of the person completing the form. 7. **Number Received** - the number received by the State WIC Office. 8. **Date Processed** - the date the State WIC Office processed the batch of handwritten 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/cash value benefits and eWIC cards in inventory. Copy this form as needed.

Instructions:

- From the portal menu, select "FI Range Search." Select appropriate clinic from the drop-down menu. Leave "Bank Account" drop down menu blank, and select search.
- Food instrument account numbers issued to the clinic will appear.
- Verify the number of food instruments/cash value benefits in this inventory is correct by physically counting all food instruments/cash value benefits on hand.
- Verify the number of eWIC cards on the Clinic Inventory Sheet.
- Account for all food instruments/cash value benefits and eWIC cards.
- Report discrepancies to the State WIC Help Desk.
- Attach a copy of the Food Instrument Range screen and a copy of the eWIC Card inventory spreadsheet to this form for documentation.

Type of Food Instrument/Cash Value Benefit	# FI Range Screen	# Per Physical Count	# Difference	Action Taken
Hand Written CVB				
Hand Written-Infant				
Hand Written-Woman/Child				
Type of Food Instrument/Cash Value Benefit	# On Excel Spreadsheet	# Per Physical Count	# Difference	Action Taken
eWIC Card Inventory				

Comments: _____

_____

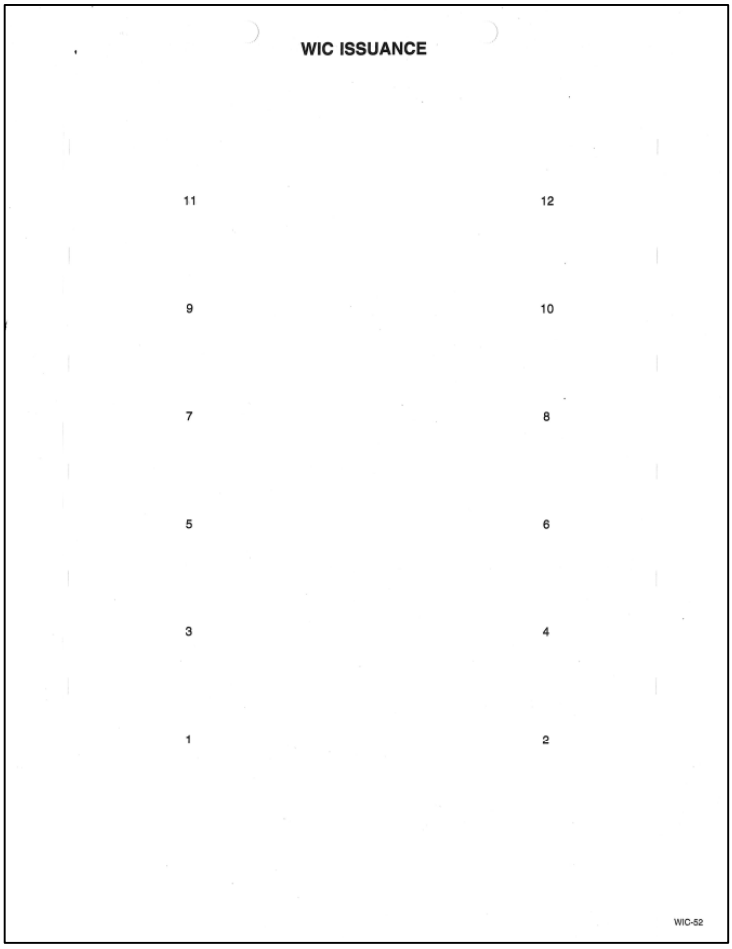
Count done by: _____

This count must be done by someone that does not issue food instruments/cash value benefits.

Date of Count: _____

WIC ISSUANCE SHEET (WIC-52)

Purpose	Used to retain and organize handwritten food instrument stubs in the medical record to document receipt by the participant, caretaker, or proxy.
When To Use	Each time handwritten food instruments are issued.
Instructions	Remove the tape strips to expose adhesive and apply food instrument/cash value benefit 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.

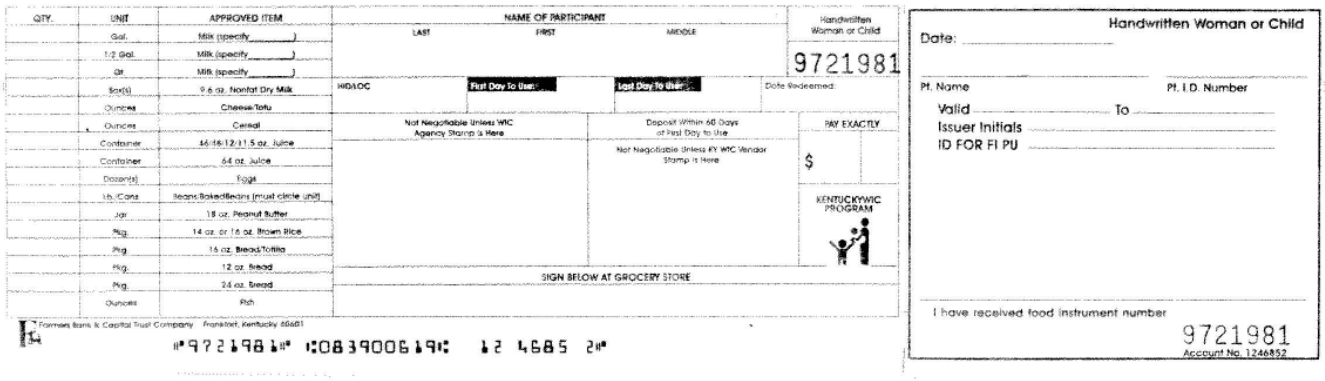


HANDWRITTEN FOOD INSTRUMENTS

Purpose	To provide supplemental 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 entered by hand. 1. "First day to use" and "Last day to use." Must match household issue date. 2. Participant name. ID number field is completed with "X"s. 3. Agency and site number. 4. The prescribed food package. 5. Agency Stamp. 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)/cash value benefit(s). 7. Signature of person receiving /cash value benefit(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/cash value benefit 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	Order through CDS 880 screen – Want to Order Food Instrument/Cash Value Benefit Types.

EXAMPLES OF HANDWRITTEN FOOD INSTRUMENTS

HANDWRITTEN FOOD INSTRUMENT
WOMAN/CHILD WITH STUB



QTY.	UNIT	APPROVED ITEM
	Gal.	Milk (specify_____)
	1/2 Gal.	Milk (specify_____)
	Qt.	Milk (specify_____)
	5oz(s)	9.6 oz. Nonfat Dry Milk
	Ounces	Cheese/Tofu
	Ounces	Cereal
	Container	46/48/12/11.5 oz. Juice
	Container	64 oz. Juice
	Dozen(s)	Eggs
	Lb./Cans	Beans/BakedBeans (must circle unit)
	Jar	18 oz. Peanut Butter
	Pkg.	14 oz. or 16 oz. Brown Rice
	Pkg.	16 oz. Bread/Tortilla
	Pkg.	12 oz. Bread
	Pkg.	24 oz. Bread
	Ounces	Fish

NAME OF PARTICIPANT — LAST / FIRST / MIDDLE

Handwritten Woman or Child: 9721981

HID/LOC | First Day To Use: | Last Day To Use: | 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 $

KENTUCKYWIC PROGRAM

SIGN BELOW AT GROCERY STORE

Farmers Bank & Capital Trust Company Frankfort, Kentucky 40601

⑈9721981⑈ ⑆083900619⑆ 12 4685 2⑈

Handwritten Woman or Child

Date: _____

Pt. Name _____ Pt. I.D. Number _____

Valid _____ To _____

Issuer Initials _____

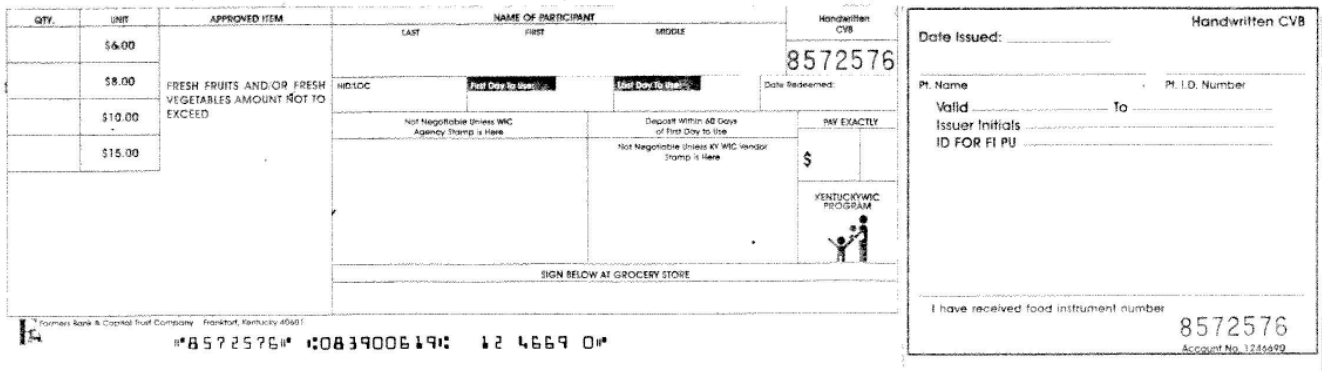
ID FOR FI PU _____

I have received food instrument number

9721981

Account No. 1246852

HANDWRITTEN FOOD INSTRUMENT
WOMAN/CHILD WITH STUB



QTY.	UNIT	APPROVED ITEM
	$6.00	FRESH FRUITS AND/OR FRESH VEGETABLES AMOUNT NOT TO EXCEED
	$8.00	
	$10.00	
	$15.00	

NAME OF PARTICIPANT — LAST / FIRST / MIDDLE

Handwritten CVB: 8572576

HID/LOC | First Day To Use: | Last Day To Use: | 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 $

KENTUCKYWIC PROGRAM

SIGN BELOW AT GROCERY STORE

Farmers Bank & Capital Trust Company Frankfort, Kentucky 40601

⑈8572576⑈ ⑆083900619⑆ 12 4669 0⑈

Handwritten CVB

Date Issued: _____

Pt. Name _____ Pt. I.D. Number _____

Valid _____ To _____

Issuer Initials _____

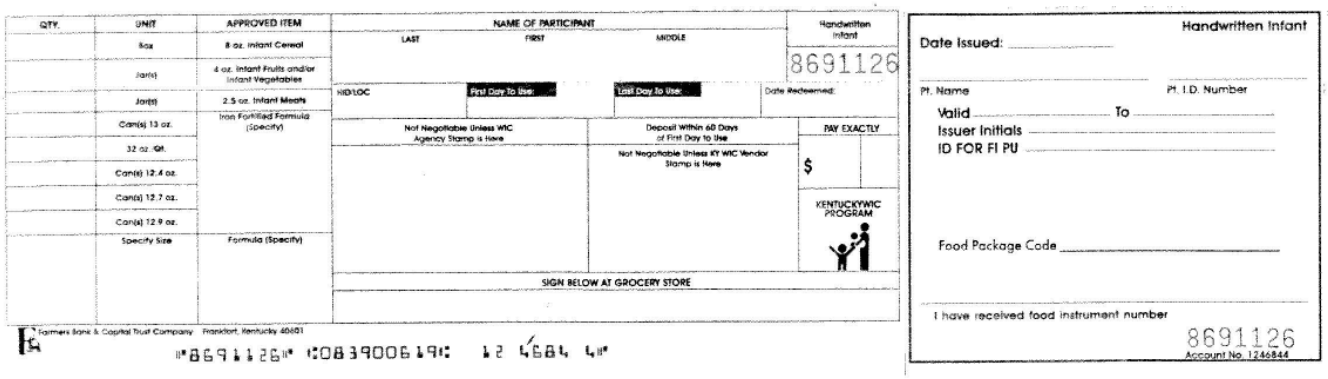
ID FOR FI PU _____

I have received food instrument number

8572576

Account No. 1246690

HANDWRITTEN FOOD INSTRUMENT
INFANT WITH STUB



QTY.	UNIT	APPROVED ITEM
	Box	8 oz. Infant Cereal
	Jar(s)	4 oz. Infant Fruits and/or Infant Vegetables
	Jar(s)	2.5 oz. Infant Meats
	Can(s) 13 oz.	Iron Fortified Formula (Specify)
	32 oz. Qt.	
	Can(s) 12.4 oz.	
	Can(s) 12.7 oz.	
	Can(s) 12.9 oz.	
	Specify Size	Formula (Specify)

NAME OF PARTICIPANT — LAST / FIRST / MIDDLE

Handwritten Infant: 8691126

HID/LOC | First Day To Use: | Last Day To Use: | 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 $

KENTUCKYWIC PROGRAM

SIGN BELOW AT GROCERY STORE

Farmers Bank & Capital Trust Company Frankfort, Kentucky 40601

⑈8691126⑈ ⑆083900619⑆ 12 4684 4⑈

Handwritten Infant

Date Issued: _____

Pt. Name _____ Pt. I.D. Number _____

Valid _____ To _____

Issuer Initials _____

ID FOR FI PU _____

Food Package Code _____

I have received food instrument number

8691126

Account No. 1246844

SAMPLE NOTICE TO PARTICIPANT REGRADING REPLACEMENT CARD ISSUANCE

NOTICE TO PARTICPANT REGARDING REPLACEMENT CARD ISSUANCE

(Use local agency letterhead)
TO: (Cardholder Member name, HH#)
(Address)
(City), Kentucky (Zip)

Date: _____

Enclosed is the replacement eWIC card for the card you reported a lost/stolen on _____.

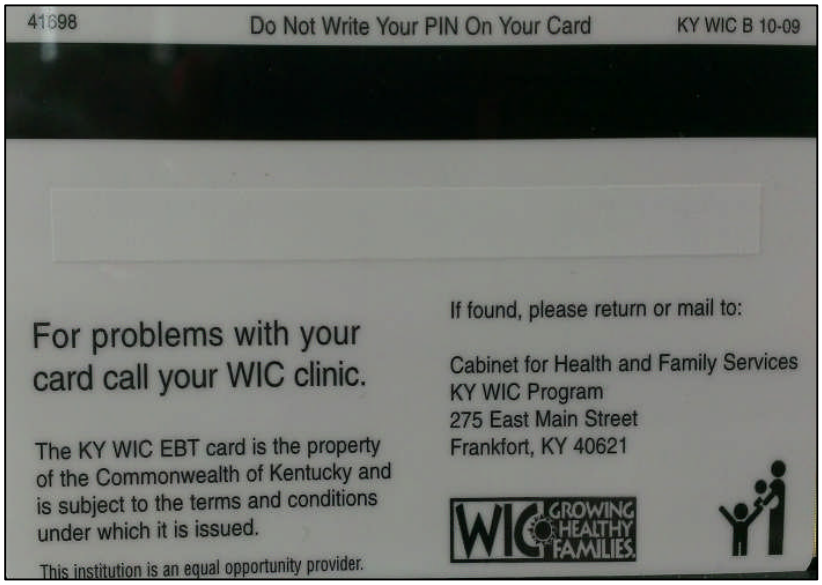
As a reminder, please be responsible with your card. The eWIC card should be maintained in a safe and secure manner and the PIN number should be kept private. Your card is reusable and should not be thrown away.

If you have questions please contact _____

Sincerely,
(WIC Coordinator or Local Official)

***Letter may be modified for local agency needs

EXAMPLE OF EWIC CARD



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	Usually October 1. Revised when necessary.

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 first page of the document is for formula returned to the site. • **Formula Name** - specific brand of formula being returned. • **Date Received** - date returned formula is received in the site. • **Formula Name** - the name of the returned formula. • **Can Size** - the size of the can, typically in ounces, of the returned formula. • **Type** - check the type of formula returned. • **Amount Returned** - the amount of formula that is returned. • **Expiration Date** - the expiration date on the can of formula. • **Staff Initials** - initials of the staff receiving the returned formula. The second page of the document is for formula dispensed. • **Formula Name** - specific brand of formula being dispensed. • **Date Dispensed** - the date the formula is dispensed. • **Amount Dispensed** - the amount of formula dispensed. • **Patient's Name or Other Disposition** - 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". • **Staff Initials** - initials of staff dispensing the formula. Note: Copy inventory form as needed.
Retention	Maintain documentation of formula inventory for one (1) year.

Formula Inventory Received

Formula Name_____

Formula Received						
Date Received	Formula Name	Can Size	Type	Amount Received	Expiration Date	Staffs 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			
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			☐ Powdered ☐ Concentrate ☐ Ready-to-feed			
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed			
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed			
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed			

Note: To print form, change page layout to landscape.

Formula Inventory Dispensed

Formula Name_____

Formula Dispensed				
Date Dispensed	Type of Formula Dispensed	Amount Dispensed	Patient's Name or Other Disposition	Staff Initials

Note: To print form, change page layout to landscape.

WIC FOOD INSTRUMENT IMAGE LOOKUP SYSTEM

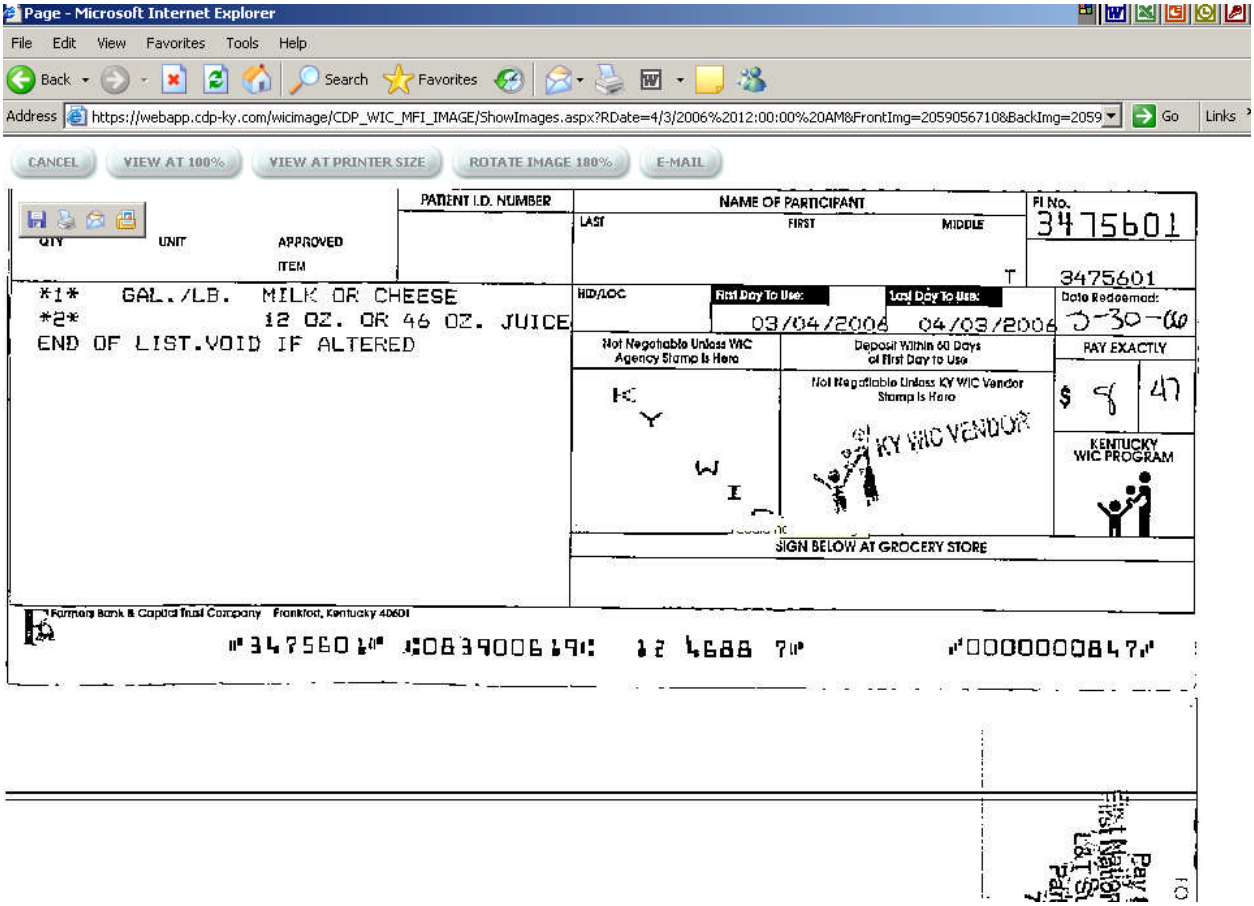
This screen is accessed to view images (front and back) of cashed/redeemed WIC food instruments. Food instruments may be looked up by date, number, amount, HLS (agency and/or site), vendor number or participant identification number.

Access 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/cash value benefit 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/cash value benefit to be viewed.
7. When the food instrument/cash value benefit image appears, the following options are available:
    a. View food instrument/cash value benefit only
    b. Print food instrument/cash value benefit
    c. Email food instrument/cash value benefit
        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



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%

ON-LINE/BRIDGE PRODUCED LABELS INDEX

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1. Label as a result of new Registration

```
DEMO DALE E
MR#                    07/31/2014          DED072014
44 HILL STREET                  NOPP:          500
FRANKFORT,KY 40601              PH# (502) 227-2323
DOB 07/20/2014   RC: W   FP RC: N/A          ETH: N  SEX:  M
ALT#             PRF: R:  09  I:  05  M:     K:      F:
HM CONT:  Yes    HOW:                                     (1
```

2. Label as a result of a Certification

```
                                          D: 07/31/2014
DEBBIE L DEMO                            DIC: 01/15/2013
ID:  778899665                       PHY PR: YES
ST:   Child                            CERT: 07/31/2014
RISK :  114a, 114b, 201h      PR: 3A  RX EXP D:
FP:  CB          ISSDAY:  25             DUE: T-11/21/2014
                                       DEL D:
```

3. Label as a result of a Fully Breast Feeding Infant Certification Only

```
                                          D: 07/31/2014
DALE E DEMO                              DIC: 07/31/2014
ID:  DED072014                       PHY PR: YES
ST:   Infant Fully Breastfed           CERT: 07/31/2014
RISK :  142                   PR: 1   RX EXP D:
FP:  BF1         ISSDAY:                 DUE: R-7/21/2015
                                       DEL D:
```

4. Label as a result of a Reinstatement

```
DEMO DALE E
MR#                    07/31/2014          DED072014
44 HILL STREET                  NOPP:          500
FRANKFORT,KY 40601              PH# (502) 227-2323
DOB 07/20/2014   RC: W   FP RC: N/A          ETH: N  SEX:  M
ALT#             PRF: R:  09  I:  05  M:     K:      F:
HM CONT:  Yes    HOW:                                     (1
```

5. Label as a result of a Termination

```
ACT/D:  T-07/31/2014        REASON:  PARTICIPANT CHOICE
DEMO DEBBIE
ID: 778899665                                DIC:  01/15/2013
ST: Child                          CERT D:  07/31/2014
RISK:  114b, 114a, 201h                     PR:  3A
FP: CB                ISSD:  25        DUE/D:  -
```

6. Label as a result of Benefit Issuance

```
ISSUANCE   DEBBIE L DEMO                    D:  07/31/2014
ID:  778899665                        RX EXP D:
ID for PU      3                    1st VLD DT     TYPE   FP
BK ACT      HH#
  8888888   1394                     07/25/2014            CB
  8888888   1394                     08/25/2014            CB
  8888888   1394                     09/25/2014            CB
```

7. Label as a result of income assessment

```
DEMO DALE E                 07/31/2014          DED072014
NAME                SOURCE                  INCM     FQ     PRF
DEWEY DEMO          BIGG CONSTRUCTIOI       $500.00  52     16

TOT ANNUAL INCOME:    $26,000.00   PV 109.01%   WIC IEG  Y      (4
```

8. Label as a result of Infant to Child Transfer (ICT)

```
ISSUANCE   DOLLY M DEMO                     D:  08/04/2014
ID:  DMD081513                        RX EXP D:
ID for PU      3                    1st VLD DT     TYPE   FP
BK ACT      HH#
  8888888   1394                     07/25/2014            NF3
  8888888   1394                     08/25/2014            CB
  8888888   1394                     09/25/2014            CB
```

9. Label as a result of coding W9431 (WIC Group Nutrition Class)

```
NAME: MARVINA T BARLOW              ID# 748159263

                    CONTACT DATE: 03/23/2004

A1001    SERV: 31     WIC Nutrition Education Class
```

10. Label as a result of coding W9432 (WIC Group Breastfeeding Class)

```
NAME: MARVINA T BARLOW              ID# 748159263

                    CONTACT DATE: 03/23/2004

A1001    SERV: 32     WIC Breastfeeding Class
```

11. Label as a result of coding W9433 (Kiosk Nutrition Education)

```
NAME: MARVINA T BARLOW              ID# 748159263

                    CONTACT DATE: 03/23/2004

A1001    SERV: 33     Kiosk Nutrition Education
```

SYSTEM REPORTS INDEX

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7/30-DAY LATE BENEFITS ISSUANCE LABEL

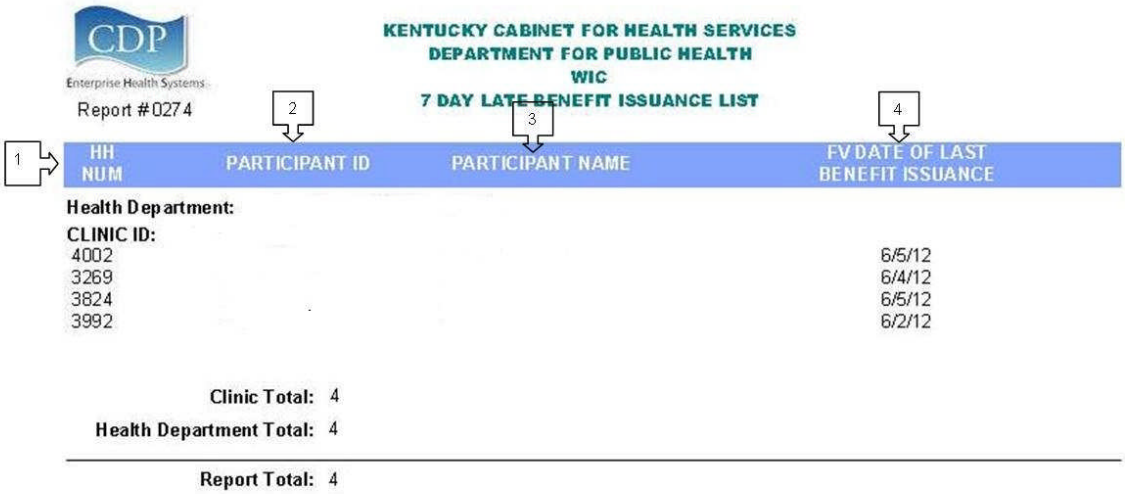
Report Title	7/30-DAY LATE BENEFITS ISSUANCE LABEL
Report Number	Report 110 – (7 day) Report 111 – (30 day)
Frequency	Weekly (available Thursday)
Distribution	Obtain electronically through clinic site E-reports folder.
Description	Label listing of all eligible enrollees that have not received benefits in the last 7 or 30 days. Labels are generated based on names that appear on the corresponding 7 and 30 date late reports.
Actions to be Taken	Set printer properties compatible with label printer. Affix label to Reminder Postcard (WIC-51).
Explanation of Report	Label with address containing the name of WIC participant that has missed picking up WIC food instruments.
Retention/ Disposal Period	N/A

063063

Test Label
257 East Main Street, HS2WA
Frankfort, KY 40601

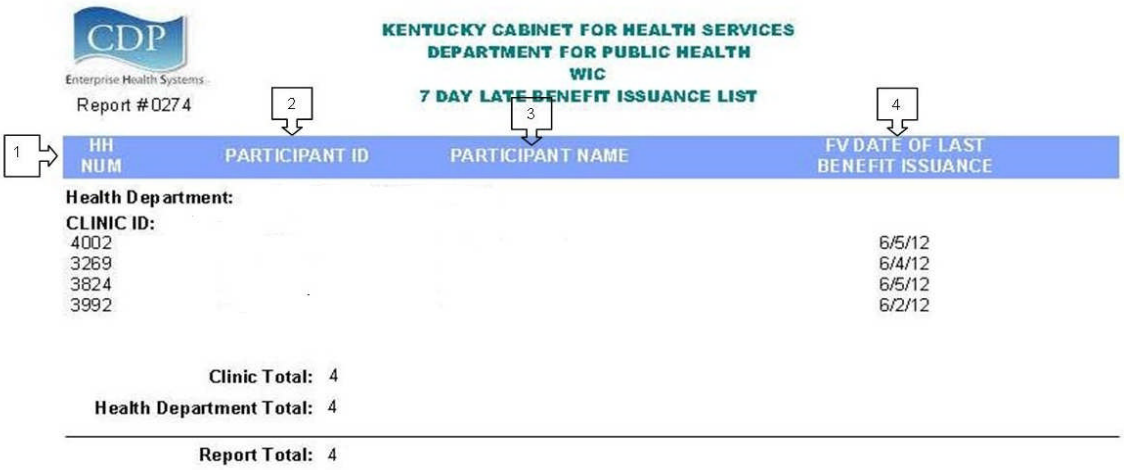
7 DAY LATE BENEFIT ISSUANCE LIST

Report Title	7 Day Late Benefit Issuance List
Report Number	274
Frequency	Weekly (Available Thursday)
Distribution	Obtain electronically through clinic site E-reports folder.
Description	A detailed listing of all eligible enrollees that have not received benefits in the last 7 days. Based on the benefit *ending* date of the FV date of last benefit issuance, the system calculates 7 days late from the report date and participants appear on the 7 Day Late Benefit Issuance List.
Actions to be Taken	This report is to be used to contact non-participants to urge their participation. Pull the participant's chart and check issuance against the 7 Day Late Benefit Issuance List. Print the mailing label and place on the Reminder Postcard (WIC-51) and mail to the participant. Document that postcard was mailed in the participant's medical record.
Explanation of Report	1. **HH Number** - the Household number 2. **Participant ID** - the participant's identification number 3. **Participant name** - the participant's name 4. **FV Date of Last Benefit Issuance** - the first valid date of the last benefit that was issued to the participant.
Retention/ Disposal Period	If printed, shred or burn after report is worked.



30 DAY LATE BENEFIT ISSUANCE LIST

Report Title	30 Day Late Benefit Issuance List
Report Number	275
Frequency	Weekly (available Thursday)
Distribution	Obtain electronically through clinic site E-reports folder.
Description	A detailed listing of all eligible enrollees that have not received benefits in the last 30 days. Based on the benefit *ending* date of the FV date of last benefit issuance, the system calculates 30 days late from the report run date and participants appear on the 30 Day Late Benefit Issuance List.
Actions to be Taken	This report is to be used to contact non-participants to urge their participation. Pull the participant's chart and check issuance against the 30 Day Late Benefit Issuance List. Print the mailing label and place on the Reminder Postcard (WIC-51) and mail to the participant. Document that postcard was mailed in the participant's medical record.
Explanation of Report	1. **HH Number** - the Household number 2. **Participant ID** - the participant's identification number 3. **Participant name** - the participant's name. 4. **FV Date of Last Benefit Issuance** - the first valid date of the last benefit that was issued to the participant.
Retention/ Disposal Period	If printed, shred or burn after report is worked.



WIC VOTER REGISTRATION VERIFICATION

Report Title	WIC Voter Registration Verification
Report Number	495
Frequency	Monthly – 1st Thursday
Distribution	Obtain electronically through clinic E-reports folder.
Description	A detailed listing of all women participants age eighteen (18) years old or older that applied, transferred, or certified for WIC services during the month.
Actions to be Taken	This report should be used to verify that voter registration was offered to women eighteen (18) years old or older at WIC application, certification, and transfer. This report should be compared to the Voter Registration Rights and Preference Form (WIC-53) file to ensure the women completed a WIC-53 form when voter registration was offered.
Explanation of Report	1. **HH Number** - the Household number 2. **Participant ID** - the participant's identification number 3. **Participant name** - the participant's name 4. **DOB** - the participant's date of birth 5. **Certification Date** - the date of the certification 6. **WIC Status** - the status of the woman at the certification date.
Retention/Disposal Period	If printed, shred or burn after report is worked.

WIC Report 495

Kentucky Department for Public Health
WIC Program
Voter Registration Verification
June 06, 2013

HH NUM	PARTICIPANT ID	PARTICIPANT NAME	DOB	CERTIFICATION DATE	WIC STATUS
Clinic:	COUNTY H.D.				
5432	10234567			05/28/2013	Pregnant
4567	76543201			05/04/2013	Fully Breastfeeding
4543	45678012			05/24/2013	Pregnant
6789	67890123			05/12/2013	Postpartum

Clinic Total: 4

Report Total: 4

Run Date/Time: 06/06/2013 – 03:38 PM Page 1 of 1

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.
Perform all actions due in a timely manner.

RETENTION/ DISPOSAL PERIOD: If 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

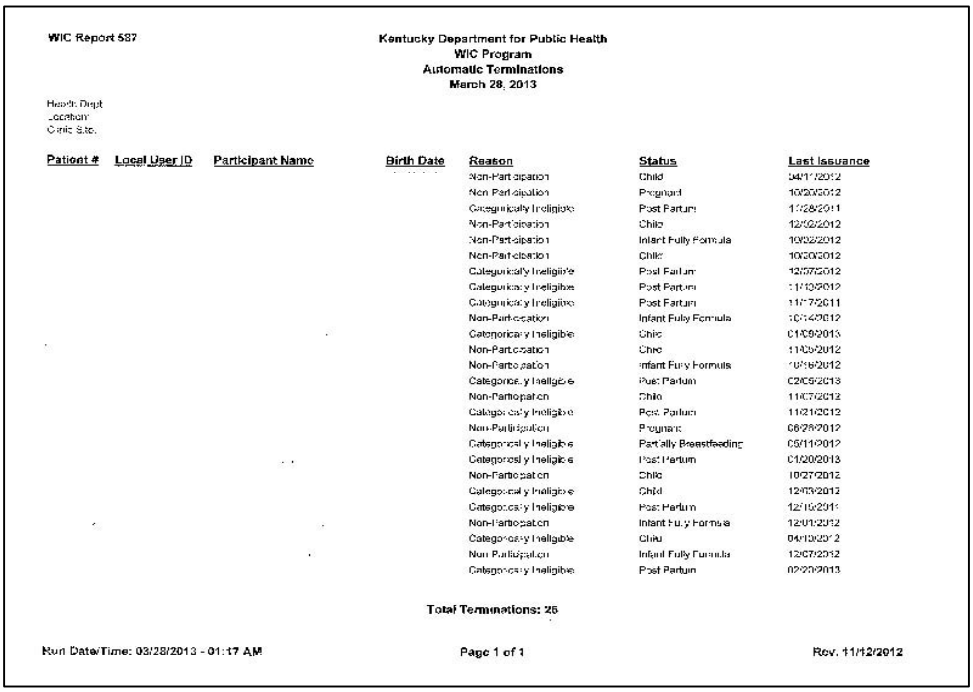
MID/LOC/S :

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	05/31/2002	OM404		
		I - INFANT		R	05/14/2002	05/12/2002	OM404		
		C - CHILD		R	05/14/2002	05/31/2002	OC304		
		C - CHILD		R	05/14/2002	05/31/2002	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	05/31/2002	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				

AUTOMATIC TERMINATIONS

Report Title	Automatic Terminations
Report Number	587
Frequency	Weekly (Available Thursday)
Distribution	Obtain electronically through clinic site E-reports folder.
Description	The report is a listing of all participants whose next actions due is termination and the action date is on or before the report date ***or*** those who have not received food benefit issuance for 2 consecutive months (60 days) from expiration date (last day to use) of last set of food instruments issued. The reason for termination is listed on the report as non-participation or categorically ineligible.
Actions to be Taken	Report should be used to document the termination of the participant. Print the automatic termination label and pull the participant's chart. Place the automatic termination label on the participant's service record (CH-3A).
Explanation of Report	1. **Patient #** - Patient's identification number. 2. **Local User ID** - Clinics that assign chart numbers. 3. **Participant Name** - Name of participant. 4. **Birth Date** -Participant's date of birth. 5. **Reason** - Reason for the automatic termination. 6. **Status** - Status of the participant. 7. **Last Issuance** - First valid date of the last food benefits issued to the participant. 8. **Total Terminations** - Total number of participants automatically terminated.
Retention/ Disposal Period	If printed, destroy by shredding or burning after receipt of next report.



WIC Report 587

Kentucky Department for Public Health
WIC Program
Automatic Terminations
March 28, 2013

Health Dept
Location
Clinic Site

Patient #	Local User ID	Participant Name	Birth Date	Reason	Status	Last Issuance
				Non-Participation	Child	04/17/2012
				Non-Participation	Pregnant	10/20/2012
				Categorically Ineligible	Post Partum	11/28/2011
				Non-Participation	Child	12/02/2012
				Non-Participation	Infant Fully Formula	10/02/2012
				Non-Participation	Child	10/30/2012
				Categorically Ineligible	Post Partum	12/07/2012
				Categorically Ineligible	Post Partum	11/10/2012
				Categorically Ineligible	Post Partum	11/17/2011
				Non-Participation	Infant Fully Formula	10/14/2012
				Categorically Ineligible	Child	01/09/2013
				Non-Participation	Child	11/05/2012
				Non-Participation	Infant Fully Formula	10/16/2012
				Categorically Ineligible	Post Partum	02/05/2013
				Non-Participation	Child	11/07/2012
				Categorically Ineligible	Post Partum	11/21/2012
				Non-Participation	Pregnant	06/26/2012
				Categorically Ineligible	Partially Breastfeeding	05/11/2012
				Categorically Ineligible	Post Partum	01/20/2013
				Non-Participation	Child	10/27/2012
				Categorically Ineligible	Child	12/03/2012
				Categorically Ineligible	Post Partum	12/10/2011
				Non-Participation	Infant Fully Formula	12/01/2012
				Categorically Ineligible	Child	04/19/2012
				Non Participation	Infant Fully Formula	12/07/2012
				Categorically Ineligible	Post Partum	02/20/2013

Total Terminations: 25

Run Date/Time: 03/28/2013 - 01:17 AM | Page 1 of 1 | Rev. 11/12/2012

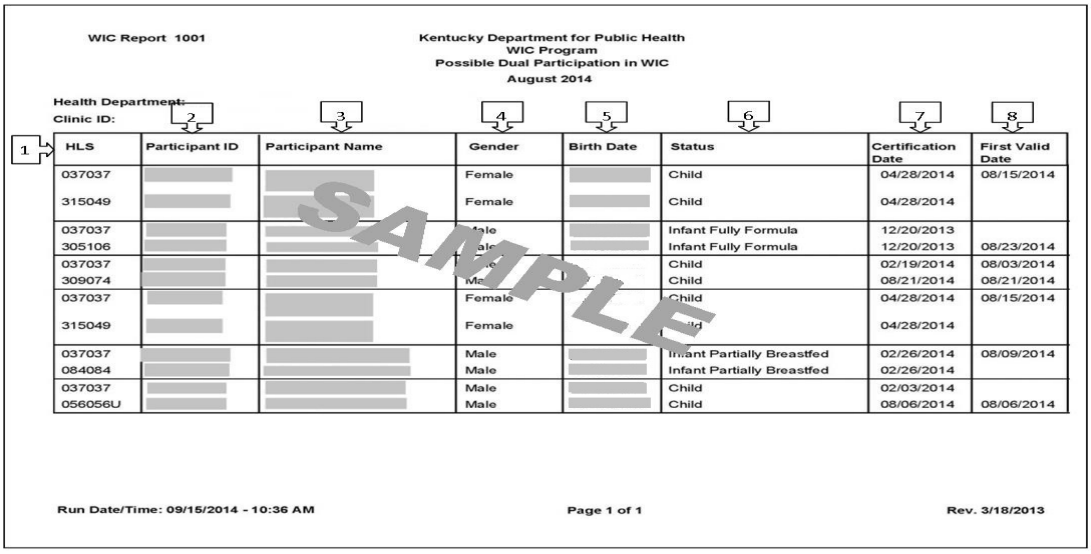
AUTOMATIC TERMINATION LABELS

Report Title	Labels for automatic terminations
Report Number	Report 588
Frequency	Weekly (available Thursday)
Distribution	Obtain electronically through clinic site E-reports folder.
Description	Label listing of all participants that have been automatically terminated due to non-participation or categorically ineligible. Labels are generated based on names that appear on the Automatic Terminations report.
Actions to be Taken	Set printer properties compatible with label printer. Affix label to participant's service record (CH-3A).
Explanation of Report	Label with participant's information that has been automatically terminated.
Retention/ Disposal Period	Label is retained in the participant's service record (CH-3a).

ACT/D: T-3/28/2013 REASON: AT-Categorically Ineligible
NAME:
ID: DIC: 04/13/2012
ST: Post Partum CERT D: 09/28/2012
RISK: 133c, 311b , 201f PR: 3B
FP: PP2 ISSD 13 DUE/D:

POSSIBLE DUAL PARTICIPATION IN WIC

Report Title	Possible Dual Participation in WIC
Report Number	1001
Frequency	Monthly
Distribution	Obtain electronically through clinic E-reports folder. Report is produced only if there are participant matches.
Description	A detailed listing of potential dual participants in WIC. The participant name will appear as a possible dual participant if the system matches specific items. The items include: local health department identification code, participant's ID number, participant's name, gender, birth date and status. The appearance of a person's name on the Possible Dual Participation report does not mean that he/she is a dual participant.
Actions to be Taken	Review all names appearing on the report. Investigate and take appropriate action as outlined in the Participant Abuse in the Certification and Management Section of the WIC and Nutrition Manual. Document action taken in the participant's medical record.
Explanation of Report	1. **HLS** - local health department identification code 2. **Participant ID** - participant's identification number 3. **Participant Name** - participant's name 4. **Gender** - gender of the participant 5. **Birth date** - participant's date of birth 6. **Status** - status of the participant 7. **Certification date** - date the participant was certified 8. **First Valid Date** - first valid date of the most recent WIC issuance
Retention/ Disposal Period	If printed, shred or burn after report is worked.



WIC Report 1001

Kentucky Department for Public Health
WIC Program
Possible Dual Participation in WIC
August 2014

Health Department:
Clinic ID:

1 HLS	2 Participant ID	3 Participant Name	4 Gender	5 Birth Date	6 Status	7 Certification Date	8 First Valid Date
037037			Female		Child	04/28/2014	08/15/2014
315049			Female		Child	04/28/2014	
037037			Male		Infant Fully Formula	12/20/2013	
305106			Male		Infant Fully Formula	12/20/2013	08/23/2014
037037			Male		Child	02/19/2014	08/03/2014
309074			Male		Child	08/21/2014	08/21/2014
037037			Female		Child	04/28/2014	08/15/2014
315049			Female		Child	04/28/2014	
037037			Male		Infant Partially Breastfed	02/26/2014	08/09/2014
084084			Male		Infant Partially Breastfed	02/26/2014	
037037			Male		Child	02/03/2014	
056056U			Male		Child	08/06/2014	08/06/2014

SAMPLE

Run Date/Time: 09/15/2014 - 10:36 AM Page 1 of 1 Rev. 3/18/2013

BREASTFEEDING STATISTICS

Report Title	Breastfeeding Statistics
Report Number	1596
Frequency	Monthly (First Monday after the first weekend of the month)
Distribution	Obtain electronically through clinic E-reports folder.
Description	The report provides breastfeeding statistics for infants enrolled in the clinic. The statistics are provided by the number of weeks, number of infants, percentage of infants and percentage of all infants enrolled. The tables relate to any breastfeeding, currently breastfeeding, and currently/ever exclusively breastfed. Any breastfeeding statistics are provided by primary race and ethnicity.
Actions to be Taken	This report should be reviewed to determine current breastfeeding initiation and duration rates.
Explanation of Report	1. **Total Number of Infants Enrolled** – The number of infants enrolled in the WIC Program at the report site. 2. **Any Breastfeeding** - the amount of infants that initiated breastfeeding and continued to breastfed at least one time per day. 3. **Number of Weeks** - the number of weeks the infant is breastfed. 4. **Number of Infants** - the number of infants that breastfed. 5. **% of Infants Ever Breastfed** - the percentage of infants that breastfed for the number of weeks based on total number of infants that were breastfed. 6. **% of All Infants Enrolled** - the percentage of infants that breastfed for the number of weeks based on the number of all enrolled infants. 7. **Currently Breastfeeding** - the amount of infants that are currently breastfeeding at this point in time. 8. **Number of Weeks** - the number of weeks the infant has currently been breastfeeding. 9. **Number of Infants** - the number of infants that are currently breastfeeding. 10. **% of Infants Currently Breastfeeding** - the percentage of infants that are currently breastfeeding, at this time, for the number of weeks based on the total number of infants that are currently breastfeeding. 11. **% of All Infants Enrolled** - the percentage of infants that are currently breastfeeding at this point in time for the number of weeks based on all enrolled infants. 12. **Currently/Ever Exclusively Breastfed** - is the number of infants that currently or have ever only received breast milk with no supplementation of solid foods, formula, etc. 13. **Number of Weeks** - the number of weeks the infant has currently/ever been breastfeeding. 14. **Number of Infants** - the number of infants that are currently/ever breastfed. 15. **% of Infants Exclusively Breastfed** - is the percentage of infants that exclusively breastfed for the number of weeks based on total number of exclusively breastfed infants. 16. **% of All Infants Enrolled** - the number of infants exclusively breastfed for the number of weeks based on all enrolled infants. 17. **Any Breastfeeding by Primary Race/Ethnicity** - the number of infants that initiated breastfeeding based on race/ethnicity. 18. **Race** – the race/ethnicity as categorized by USDA definitions and as entered into the system. 19. **Number of Infants** - the number of infants that are reported as any breastfeeding. 20. **% of Infant Ever Breastfed** - the percent of infants that ever breastfed based on total number of infants that initiated breastfeeding.
Retention/Disposal Period	If printed, shred or burn after report is worked.

WIC Report 1596

Kentucky Department for Public Health
WIC Program
Breastfeeding Statistics
08/01/2014 - 08/31/2014

Clinic:
Total Number of Infants Enrolled: 706

Any Breastfeeding			
Number of Weeks	Number of Infants	% of Infants Ever Breastfed	% of All Infants Enrolled
< 4	157	39.45%	22.24%
4 - 11	80	20.10%	11.33%
12 - 23	71	17.84%	10.06%
24 - 35	44	11.06%	6.23%
36 - 51	44	11.06%	6.23%
>= 52	2	0.50%	0.28%
Total	398	100.00%	56.37%

Currently Breastfeeding			
Number of Weeks	Number of Infants	% of Infants Currently Breastfeeding	% of All Infants Enrolled
< 4	5	2.81%	0.71%
4 - 11	28	15.73%	3.97%
12 - 23	58	32.58%	8.22%
24 - 35	41	23.03%	5.81%
36 - 51	44	24.72%	6.23%
>= 52	2	1.12%	0.28%
Total	178	100.00%	25.21%

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WIC Report 1596

Kentucky Department for Public Health
WIC Program
Breastfeeding Statistics
08/01/2014 - 08/31/2014

Clinic:
Total Number of Infants Enrolled: 706

Currently / Ever Exclusively Breastfed			
Number of Weeks	Number of Infants	% of Infants Exclusively Breastfed	% of All Infants Enrolled
< 12	95	64.63%	13.46%
12 - 23	32	21.77%	4.53%
>= 24	20	13.61%	2.83%
Total	147	100.00%	20.82%

Any Breastfeeding by Primary Race / Ethnicity		
Race	Number of Infants	% of Infants Ever Breastfed
Asian	2	0.50%
Asian - Hispanic	0	0.00%
Black	90	22.61%
Black - Hispanic	4	1.01%
Hawaiian/Pacific Islander	1	0.25%
Hawaiian/Pacific Islander - Hispanic	0	0.00%
Native American/Indian	1	0.25%
Native American/Indian - Hispanic	0	0.00%
White	285	71.61%
White - Hispanic	15	3.77%
Total	398	100.00%

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PATIENTS ON BREASTFEEDING REPORT

Report Title	Patients on Breastfeeding Report
Report Number	1679
Frequency	Monthly (First Monday after the first weekend of the month)
Distribution	Obtain electronically through clinic E-reports folder.
Description	A listing of all infants that have ever breastfed, their status, race/ethnicity and length of time they have breastfed and whether they are currently breastfeeding.
Actions to be Taken	This report should be reviewed to ensure that breastfeeding data is being entered correctly and the status is consistent with whether the infant is currently breastfeeding.
Explanation of Report	1. **Patient Name** - the participant's name. 2. **Patient #** - the participants ID number. 3. **Birthdate** - the participant's date of birth. 4. **Status** - the current status of the participant. 5. **No. of Weeks** - the number of weeks that the participant breastfed. 6. **Cert Date** - the date of the certification. 7. **Race/Ethnicity** - the participant's race/ethnicity. 8. **Currently Breastfeeding** - whether the infant is currently receiving breast milk at least once per day.
Retention/Disposal Period	If printed, shred or burn after report is worked.

WIC Report 1679

Kentucky Department for Public Health
WIC Program
Patients on Breastfeeding Report
08/01/2014 - 08/31/2014

Health Department:
Clinic:

Patient Name	Patient #	Birthdate	Status	No. of weeks	Cert Date	Race/Ethnicity	Currently Breastfeeding
			Infant Fully Formula	4	06/04/2014	White-Hispanic	No
			Infant Fully Breastfed	43	11/20/2013	Black	Yes
			Infant Fully Formula	2	06/16/2014	White	No
			Infant Partially Breastfed	6	07/29/2014	White	Yes
			Infant Fully Breastfed	3	08/29/2014	White	Yes
			Infant Fully Formula	2	12/12/2013	White	No
			Infant Fully Formula	50	10/30/2013	White-Hispanic	Yes
			Infant Fully Formula		04/07/2014	White	No
			Infant Fully Formula		02/28/2014	White	No
			Infant Fully Formula	10	05/15/2014	White	No
			Infant Partially Breastfed	42	11/19/2013	White	Yes
			Infant Fully Formula	3	04/16/2014	White	No
			Infant Partially Breastfed	14	07/22/2014	White	Yes
			Infant Fully Formula	1	10/28/2013	White	No

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ENROLLMENT BY STATUS AND PRIORITY

Report Title	Enrollment By Status And Priority
Report Number	1902
Frequency	Monthly
Distribution	Obtain electronically through clinic E-reports folder.
Description	This report indicates the number enrolled by priority and by status as of the report run date. If WIC priority and/or status is not known, the person will be assigned to the "unknown" category.
Actions to be Taken	The report is to be used for caseload management and evaluation of enrollment.
Explanation of Report	1. **Reporting period** - timeframe for which enrollment is being reported 2. **HID/Clinic** - identification of clinic 3. **Priority Assigned** - highest priority assigned based on risk assessment 4. **Status/Category** - status/category of the person enrolled 5. **Totals for site** - total number of enrollees for site *Note: Districts and multiple-site agencies receive enrollment reports by site with a cumulative total for the district.
Retention/ Disposal Period	If printed, shred or burn after report is worked.

Report # 1902

Kentucky Department for Public Health
WIC Program
Enrollment By Status and Priority
July 2014

Co Health Dept

	01	02	3A	3B	04	5A	5B	06	Unknown	Total
County Health Department										
Women										
Pregnant	77	0	0	0	2	0	0	0	0	79
Fully Breastfeeding	18	0	0	0	1	0	0	0	0	19
Partially Breastfeeding	4	0	0	0	0	0	0	0	0	4
Post Partum	0	0	0	70	0	0	0	2	0	72
Totals for Women	99	0	0	70	3	0	0	2	0	174
Infants										
Partially Breastfed	5	0	0	0	0	0	0	0	0	5
Fully Breastfed	16	1	0	0	0	0	0	0	1	18
Fully Formula	117	30	0	0	1	0	0	0	0	148
Totals for Infants	138	31	0	0	1	0	0	0	1	171
Totals for Children	0	0	467	0	0	28	20	0	0	515
Totals for Unknown	0	0	0	0	0	0	0	0	0	0
County Health Department Totals	237	31	467	70	4	28	20	2	1	860

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REPORT TITLE:	**Summary of All Reported Nutritional Risk Criteria Codes**
REPORT NUMBER:	1920
FREQUENCY:	Monthly.
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.
RETENTION/ DISPOSAL PERIOD:	If printed, destroy after receipt of next report.

WRC150 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 FREQUENCY ROW PCT COL PCT	STATUS 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
	2.27	.29	2.61	15.28	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	2.89	.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
	14.73	.00	11.50	19.58	16.33	

SUMMARY OF DETAIL-INFANTS PRESCRIBED CONTRACT, NONCONTRACT, EXEMPT INFANT FORMULA AND MEDICAL FOODS

Report Title	Summary of Detail-Infants Prescribed Contract, Noncontract, Exempt Infant Formula and Medical Foods
Report Number	1925
Frequency	Monthly (First Monday after the first weekend of the month)
Distribution	Obtain electronically through clinic E-reports folder.
Description	This report is in three (3) parts. Part 1 provides the total number and percentage of infants by formula type (contract, noncontract, other noncontract, exempt infant formulas, medical foods and not receiving formula). Part 2 provides the number and percentage of infants by food package and type. Part 3 provides the names of the participants by agency and site who are receiving contract, noncontract, other noncontract, exempt infant formulas and medical foods.
Actions to be Taken	This report should be reviewed to determine current rates of contract, noncontract, exempt infant formula and medical foods. Use for quality assurance to ensure scripts are appropriate and challenge protocols have been followed.
Explanation of Report	Number and Percentage of Infants by Formula Type 1. **Formula Type** - the classification of formula (ie. contract, noncontract). See the Clinical Nutrition Section for further definition. 2. **Total # of Infants** - the total number of infants receiving each type of formula. 3. **Percentage of Total Number of Infants** - the percentage of all infants' enrolled receiving that type of formula. Number and Percentage of Infants by Food Package and Type 4. **Formula Type** - the classification of formula (ie. contract, noncontract). See the Clinical Nutrition Section for further definition. 5. **Package Code** – the infant formula food package code. See the Clinical Nutrition Section for the food package codes. 6. **Total # Infants** - the total number of infants receiving each type of food package by code. Detail Listings of Infants Assigned Noncontract, Other Noncontract, Exempt, and Medical Foods 7. **Household** - the household number. 8. **Patient #** - the participants ID number. 9. **Participant Name** - the participant's name. 10. **Birth date** - the participant's date of birth. 11. **Assigned Date** - the date the participant was assigned the food package. 12. **Food package** - the food package that the participant is currently assigned. 13. **Rx Exp Date** - the date that the current formula prescription expires.
Retention/Disposal Period	If printed, shred or burn after report is worked.

WIC Report 1925

Kentucky Department for Public Health
WIC Program
Summary of Detail - Infants Prescribed
Contract, Noncontract, Exempt Infant Formula and
Medical Foods
07/01/2014-07/31/2014

-- HEALTH DEPT ----

Number and Percentage of Infants by Formula Type

Formula Type	Total # Infants	Percentage of Total Infants
Contract Formula	274	77.84%
Noncontract Formula	7	1.99%
Other Noncontract Formula	15	4.26%
Exempt Infant Formula	24	6.82%
Medical Foods Formula	0	0.00%
Not Receiving Formula	32	9.09%

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WIC Report 1925

Kentucky Department for Public Health
WIC Program
Summary of Detail - Infants Prescribed
Contract, Noncontract, Exempt Infant Formula and
Medical Foods
07/01/2014-07/31/2014

HEALTH DEPT

Detail Listings of Infants Assigned Noncontract Formula Food Packages

Household	Patient #	Participant Name	Birth Date	Assigned Date	Food Package	Rx Exp Date
				05/23/2014	A65	03/05/2015
Similac Advance Early Shield -12.4 oz. Powder- Full Formula - A65						
				04/14/2014	M71	08/10/2014
Enfamil Gentlease -12.4 oz Powder- Infant - Full Formula - M71						
				07/02/2014	M71	01/02/2015
Enfamil Gentlease -12.4 oz Powder- Infant - Full Formula - M71						
				06/20/2014	M71	09/03/2014
Enfamil Gentlease -12.4 oz Powder- Infant - Full Formula - M71						
				07/30/2014	M71	01/17/2015
Enfamil Gentlease -12.4 oz Powder- Infant - Full Formula - M71						
				03/17/2014	M30	05/14/2014
Enfamil Premium Infant -12.5 oz Powder - Infant - Full Formula - M30						
				04/07/2014	M71	07/28/2014

Run Date/Time: 09/13/2014 - 05:00 PM Page 3 of 11 Rev. 3/10/2014

WIC RETAILER VOLUME

Report Title	Retailer Volume
Report Number	1928
Frequency	Monthly usually between the 10th and the 15th
Distribution	Obtain electronically through clinic site E-reports folder.
Description	This report provides redemption amounts by month and year to date for each vendor. This information is provided for both in contracted agencies and outside contracted agencies.
Actions to be Taken	This report is for information purposes. Review report for any unusual redemption patterns. Contact the State WIC Office to report any unusual redemption activities.
Explanation of Report	1. **Agency** - the authorized agency number and name. 2. **Retailer Number** - authorized WIC retailer number assigned by State WIC agency. 3. **Transactions Month** - total number of transactions for the month. 4. **Amount Month:** Total dollar amount of EBT transactions for the month. 5. **Transaction FYTD** - total number of EBT transactions fiscal year to date. 6. **Amount FYTD** - total dollar amount of EBT transaction fiscal year to date. 7. **In Contract Sub Total** - total EBT transactions and dollar amounts redeemed with the contracted agency area. 8. **Out of Contract Subtotal** - total EBT transactions and dollar amounts redeemed outside the contracted agency's area.
Retention/ Disposal Period	If report is printed, destroy after receipt of next month's report.

Report # 1928

Kentucky Department for Public Health
WIC Program
Retailer Volume
12-2013

Agency	Retailer Number	Transactions Month	Amount Month	Transactions FYTD	Amount FYTD
	102007	386	$8,543.44	847	$18,784.20
	102012	668	$15,320.74	1,399	$32,539.95
	102013	302	$4,505.64	596	$9,415.37
	In Cont Sub Total: 002	1,356	$28,369.82	2,842	$60,739.52
	156410	1	$21.13	1	$21.13
	156887	1	$6.07	1	$6.07
	156902	0	$0.00	1	$5.96
	186015	0	$0.00	2	$27.33
	186020	5	$156.07	9	$293.93
	186021	7	$49.82	14	$125.79
	303125	7	$68.77	20	$272.00
	303276	1	$3.99	3	$22.59
	303304	1	$70.76	1	$70.76
	303305	0	$0.00	1	$5.68
	303306	3	$15.56	8	$64.45
	303318	7	$108.50	11	$192.09
	303325	4	$39.20	10	$109.11
	303327	3	$45.84	8	$183.22
	303337	3	$47.06	8	$415.98
	303343	13	$380.91	23	$597.81
	303344	43	$971.99	83	$1,779.03
	303346	0	$0.00	6	$75.72
	303354	79	$2,187.07	152	$4,346.73
	303361	10	$369.10	16	$564.28
	303362	15	$297.97	43	$780.77
	303364	2	$28.11	3	$31.90
	303369	7	$81.95	11	$115.34
	303370	4	$40.32	10	$147.71
	303372	3	$26.12	9	$157.03
	303373	3	$33.12	4	$36.81
	303374	47	$1,117.94	91	$2,134.72
	303391	10	$494.46	18	$760.15
	303395	17	$305.45	33	$548.45
	303397	34	$1,867.85	75	$4,058.50
	303398	2	$28.40	5	$74.78
	303406	0	$0.00	1	$1.89
	Out Cont Sub Total: Other	332	$8,863.53	681	$18,027.71
	- Total -	1,688	$37,233.35	3,523	$78,767.23

WIC PARTICIPATION BY PRIORITY/STATUS

Report Title	WIC Participation Report By Priority/Status
Report Number	1930
Frequency	Monthly (1st Thursday after reconciliation)
Distribution	Obtain electronically through clinic site E-reports folder.
Description	The participation report is the number of participants reported as receiving food benefits for the reporting period. Participation is reported by priority and status. If WIC priority and/or status is not known, the participant will be assigned to the "unknown" category. The report is produced in two (2) phases: provisional and final.
Actions to be Taken	This report is to be used for caseload management of active participation.
Explanation of Report	**Provisional** – This report is produced the month following the report month. (Example: Data for the month of October is produced in November and is the provisional report.) **Final** - This report is produced two (2) months following the report month. (Example: Data captured on the provisional report for October is again produced in December for the October reporting period. This data is the Final participation report for the October reporting period.) 1. **Reporting period** – timeframe for which participation is being reported. 2. **HID/Clinic** – identification of clinic. 3. **Priority Assigned** – highest priority assigned to participant based on risk assessment. 4. **Status/Category** - status/category of the WIC participant. 5. **Status Assigned** – status assigned to the category of the WIC participant. . 6. **Priority total** – total of each column for all categories/statuses**.** 7. **Totals for site** - total number of participants receiving food benefits. *Note: Districts and multiple-site agencies receive participation reports by site with a cumulative total for the district.
Retention/ Disposal Period	If printed, shred or burn after report is worked.

KENTUCKY CABINET FOR HEALTH SERVICES

DEPARTMENT FOR PUBLIC HEALTH

WIC Participation Report By Priority/Status

Reporting Period 1* Between 10/01/2012 And 10/31/2012

HID/Clinic / Priority Assigned 3*	01	02	3A	3B	04	5A	5B	06	Unknown	Priority Summary
2* 002002										
Women 4* Category										
Pregnant	24	8	37	0	0	10	8	0	0	87
5* Fully Breastfeeding	7	1	[illegible]	0	0	4	1	0	0	18
Partially Breastfeeding	6	1	[illegible]	0	0	1	1	0	0	12
Post Partum	9	9	[illegible]	0	0	10	6	0	0	57
Totals for Women	46	19	[illegible]	0	0	25	16	0	0	174
Infant 4*										
Partially Breastfed	8	0	0	[illegible]	0	0	0	0	0	8
5* Infant Fully Breastfed	26	1	0	[illegible]	0	0	0	0	0	27
Infant Fully Formula	122	19	0	0	1	0	0	0	0	142
Totals for Infant	156	20	0	0	[illegible]	0	0	0	0	177
Children 4*										
5* Child	1	0	357	0	[illegible]	27	26	0	0	411
Totals for Children	1	0	357	0	[illegible]	27	26	0	0	411
Totals for [illegible]										
	203	39	425	0	1	[illegible]	42	0	0	762
	6* Priority Total									7* Totals for site

Status Assigned

Sample Report

* See Explanation of Reports Section for description of each field in this report.

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WIC PARTICIPANT DETAIL LISTING

Report Title	WIC Participant Detail Listing
Report Number	1932
Frequency	Monthly (1st Thursday after reconciliation)
Distribution	Obtain electronically through clinic site E-reports folder.
Description	A detailed listing of participants enrolled in WIC at your agency.
Actions to be Taken	This report is to be used as a reference for the participants enrolled in WIC at your agency.
Explanation of Report	1. **Reporting period** - Timeframe for which enrollment is being reported. 2. **HID/Clinic** - Identification of clinic. 3. **Name** - Participant's name. 4. **ID Number** - Participant's identification number. 5. **Birth Date** - Participant's date of birth. 6. **Status** - Status of the WIC participant. 7. **Priority** - Priority assigned to participant based on risk assignment 8. **Valid/Cert Date** - N/A at this time. 9. **Source** - (Not applicable to clinic). 10. **Report totals** - Total number of participants enrolled for each status. 11. **Total for All Categories** - Total number of participants enrolled.
Retention/ Disposal Period	If printed, shred or burn after report is worked.

KENTUCKY CABINET FOR HEALTH SERVICES

DEPARTMENT FOR PUBLIC HEALTH

WIC Participation Report By Priority/Status

Between 01/01/2013 And 01/31/2013

303005 - BARREN CO HEALTH CENTER

Name	ID Number	Birth Date	Status	Priority	Valid / Cert. Date	Source
		03/31/2009	Child	3A	01/25/2013	7
		03/23/2010	Child	5B	01/03/2013	7
		11/13/2006	Child	3A	01/03/2013	7
		09/02/2011	Child	3A	01/25/2013	7
		05/20/2011	Child	5A	01/05/2013	7
		07/02/2010	Child	3A	01/12/2013	7
		04/02/2011	Child	5A	01/20/2013	7
		04/03/2008	Child	3A	01/20/2013	7
		10/08/2008	Child	3A	01/28/2013	7
		08/16/2011	Child	3A	01/01/2013	7
		01/21/2011	Child	3A	01/08/2013	7
		05/09/2011	Child	5A	01/11/2013	7
		06/07/2006	Child	3A	01/25/2013	7
		09/07/2011	Child	3A	01/28/2013	7
		05/27/2010	Child	3A	01/10/2013	7
		08/29/2010	Child	3A	01/11/2013	7
		04/24/2011	Child	3A	01/14/2013	7
		01/16/2009	Child	3A	01/28/2013	7
		03/21/2011	Child	5A	01/22/2013	7
		11/26/2008	Child	3A	01/28/2013	7
		01/07/2009	Child	3A	01/18/2013	7
		12/30/2010	Child	5A	01/09/2013	7
		07/29/2011	Child	5A	01/17/2013	7
		05/17/2009	Child	5A	01/24/2013	7
		03/18/2009	Child	3A	01/04/2013	7
		02/15/2011	Child	3A	01/08/2013	7
		04/05/2011	Child	3A	01/14/2013	7
		11/12/2009	Child	3A	01/17/2013	7
		01/18/2010	Child	3A	01/02/2013	7
		07/30/2008	Child	3A	01/02/2013	7
		07/09/2011	Child	5A	01/10/2013	7
		03/02/2009	Child	3A	01/25/2013	7
		05/04/2009	Child	3A	01/25/2013	7
		01/24/2012	Child	3A	01/25/2013	7
		11/27/2011	Child	3A	01/24/2013	7
		11/18/2011	Child	3A	01/28/2013	7
		07/15/2006	Child	3A	01/28/2013	7
		02/17/2010	Child	3A	01/19/2013	7
		06/07/2011	Child	5A	01/03/2013	7
		03/31/2010	Child	5B	01/13/2013	7
		07/23/2010	Child	3A	01/15/2013	7
		04/07/2011	Child	5A	01/13/2013	7
		07/01/2010	Child	3A	01/11/2013	7
		08/05/2010	Child	3A	01/18/2013	7
		05/21/2010	Child	3A	01/02/2013	7
		01/09/2009	Child	3A	01/18/2013	7
		06/21/2006	Child	3A	01/17/2013	7

3/6/2013

MEDICAID AND SNAP RECIPIENTS NOT ENROLLED IN WIC

Report Title	Medicaid and SNAP Recipients Not Enrolled in WIC
Report Number	1962
Frequency	Monthly -1st Thursday
Distribution	Obtain electronically through clinic site E-reports folder.
Description	Persons enrolled in the WIC Program are matched to the appropriate categories of Medicaid and SNAP recipients. Persons that do not appear to be in the WIC CMS System are listed on this report.
Actions to be Taken	Use this report to outreach to the appropriate Medicaid and SNAP recipients that are not enrolled in the WIC Program.
Explanation of Report	1. **Patient Name** - the patient's name 2. **Patient Number** - the patient's identification number 3. **Birth Date** - the patient's date of birth 4. **Address** - the patient's address 5. **Prev. WIC Date/HIDLOCS** - the previous date the patient was enrolled in the WIC Program and the local agency where the participant was enrolled. 6. **Matching Summary** - lists the number of patients in the county that is enrolled on Medicaid and SNAP but not on WIC.
Retention/ Disposal Period	If printed, destroy by shredding or burning after receipt of next report.

WIC Report 1962

Kentucky Department for Public Health
WIC Program
Medicaid and SNAP Recipients not Enrolled in WIC
March 2014

Patient Name	ID #	Birth Date	Address				Prev. WIC Date/HIDLOCS
Smith, Jane	12345678	01/01/1970	456 Main St	Anywhere	KY	40123	

TOTAL FOR COUNTY : 30

Matching Summary			
County	Matched	UnMatched	Total
	13 92.31%	1 7.69%	14

MEDICAID AND SNAP RECIPIENTS NOT ON WIC MAILING LABELS

Report Title	Medicaid and SNAP Recipients not on WIC Mailing Labels
Report Number	1964
Frequency	Monthly -1st Thursday
Distribution	Obtain electronically through clinic site E-reports folder.
Description	Label listing of individuals who are on Medicaid and/or SNAP who are not currently enrolled in the WIC Program. Labels are generated based on names that appear on the Medicaid and SNAP recipients who are not on WIC report.
Actions to be Taken	Set printer properties compatible with label printer. Affix label to outreach information in your area.
Explanation of Report	Labels are addressed with the names of individuals who are a recipient of Medicaid and/ or SNAP that are not enrolled in the WIC Program.
Retention/ Disposal Period	N/A

Test Label
275 E. Main Street, HS2WA
Frankfort, KY 40601

REPORT TITLE:	**Waiting List by Priority**
REPORT NUMBER:	1975
FREQUENCY:	Monthly
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.
RETENTION/ DISPOSAL PERIOD:	If printed, destroy by shredding or burning after receipt of next report.

WBC490 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	12/13/2001	12/13/2002
				PREGNANT	01	01/03/2003	01/03/2003
				INFANT	01	02/12/2003	03/14/2002
				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	04/23/2003	04/23/2003
				PREGNANT	01	04/23/2003	04/23/2003
				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 -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.
RETENTION/ DISPOSAL PERIOD:	If report is printed, destroy after receipt of next report.

WRC490 MON 05/22/2002 09:45:20 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	2A	2B	4	5A	5B	6	TOTAL
PREGNANT	32	0	0	0	3	0	0	0	35
	91.42	.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

WIC Participation by Race/Status

Report Title	WIC Participation by Race/Status
Report Number	1896
Frequency	Upon request
Distribution	After request, obtain electronically through clinic site E-reports folder.
Description	The number of patients reported as receiving food instruments by race, ethnicity and status
Actions to be Taken	Use for caseload management, assessing clients served and outreach.
Explanation of Report	1. **Reporting period** - timeframe for participation of each race/status is Reported. 2. **Race** - Categories that can be selected on the Registration Screen. • White – Persons having origins in any of the original peoples of Europe, Middle East of 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 or South America (including Central America), and who maintain tribal affiliation or community attachments. • 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. **Native American/Indian – Hispanic or Latino and Hawaiian/Pacific Islander** – Hispanic or Latino is the ethnicity of the participant. 4. **Women, Infants and Children** – the status of the participant. Unknown is used if status is not known. 5. **Total** – the number of participants by race, ethnicity and status.
Retention/ Disposal Period	Retain as needed by agency/site.

WIC Report 1986

Kentucky Department for Public Health
WIC Program
WIC Participation Report by Race/Status
Participation for 02/01/2014 to 02/28/2014

KENTUCKY STATE TOTAL

Race	Women	Infants	Children	Unknown	Total
WHITE	22663	23760	45618	0	92041
WHITE-HISPANIC OR LATINO	1751	1905	5293	0	8949
BLACK	3318	3976	6783	0	14077
BLACK-HISPANIC OR LATINO	48	70	161	0	279
NATIVE AMERICAN/INDIAN	48	53	114	0	215
NATIVE AMERICAN/INDIAN-HISPANIC OR LATINO	17	15	68	0	100
ASIAN	1	290	730	0	1374
ASIAN-HISPANIC OR LATINO	7	5	22	0	34
HAWAIIAN/PACIFIC ISLANDER	53	46	98	0	197
HAWAIINA/PACIFIC ISLANDER-HISPANIC OR LATINO	41	15	97	0	153
UNKNOWN	0	0	0	0	0
State Total:	28300	30135	58984	0	117419

WIC RETAILER LISTING

Report Title	WIC Retailer Listing
Report Number	1989
Frequency	Monthly usually between the 10th and the 15th
Distribution	Obtain electronically through clinic site E-reports folder.
Description	This report provides a listing of WIC authorized retailers for each agency.
Actions 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. **Retailer Number** - the authorized retailer number assigned by the State WIC Officer. 2. **Retailer Name** - name of the authorized WIC retailer. 3. **Retailer Address** - physical Address of the authorized WIC retailer. 4. **Phone Number** - area code and phone number of authorized WIC retailer.
Retention/ Disposal Period	Report is for informational purposes. Does not have to be retained.

Report # 1989

Kentucky Department for Public Health
WIC Program
Retailer Listing

Retailer Number	Retailer Name	Retailer Address	Phone Number

BREASTFEEDING STATUS EXCEPTIONS

Report Title	Breastfeeding Status Exceptions
Report Number	2001
Frequency	Monthly (First Monday after the first weekend of the month)
Distribution	Obtain electronically through clinic E-reports folder.
Description	This report provides the names of woman and infants in the same household that have statuses that do not match, ie the woman is listed as post- partum and the infant is partially breastfeeding.
Actions to be Taken	Review the report and determine appropriate status of the women and infants in the same household. Document action to be taken in Action Taken column. Correct the information in the system to ensure the status of each individual is appropriate and matches.
Explanation of Report	1. **Household number**- the household number. 2. **Patient ID** - the participant's identification number. 3. **Participant Name** - the participant's name. 4. **Status -** the current status of the participant in the system. 5. **Action Taken** -the place to provide comments about corrective action taken to ensure appropriate status are assigned.
Retention/Disposal Period	Retain report for one (1) year.

WIC Report 2001

Kentucky Department for Public Health
WIC Program
Breastfeeding Status Exceptions
08/01/2014 - 08/31/2014

Health Department: HEALTH DEPT
Clinic: HEALTH DEPT

Household Number	Patient ID	Participant Name	Status	Action Taken
			Post Partum	
			Infant Partially Breastfed	
			Infant Fully Formula	
			Partially Breastfeeding	
			Infant Fully Formula	
			Partially Breastfeeding	
			Infant Partially Breastfed	
			Post Partum	
			Infant Partially Breastfed	
			Infant Partially Breastfed	
			Post Partum	
			Infant Partially Breastfed	
			Infant Partially Breastfed	
			Infant Fully Formula	
			Partially Breastfeeding	
			Infant Fully Formula	
			Fully Breastfeeding	
			Infant Fully Formula	
			Partially Breastfeeding	

Run Date/Time: 09/13/2014 - 09:17 PM Page 1 of 3 Rev. 1/14/2013

INSTRUCTIONS FOR E-REPORTS

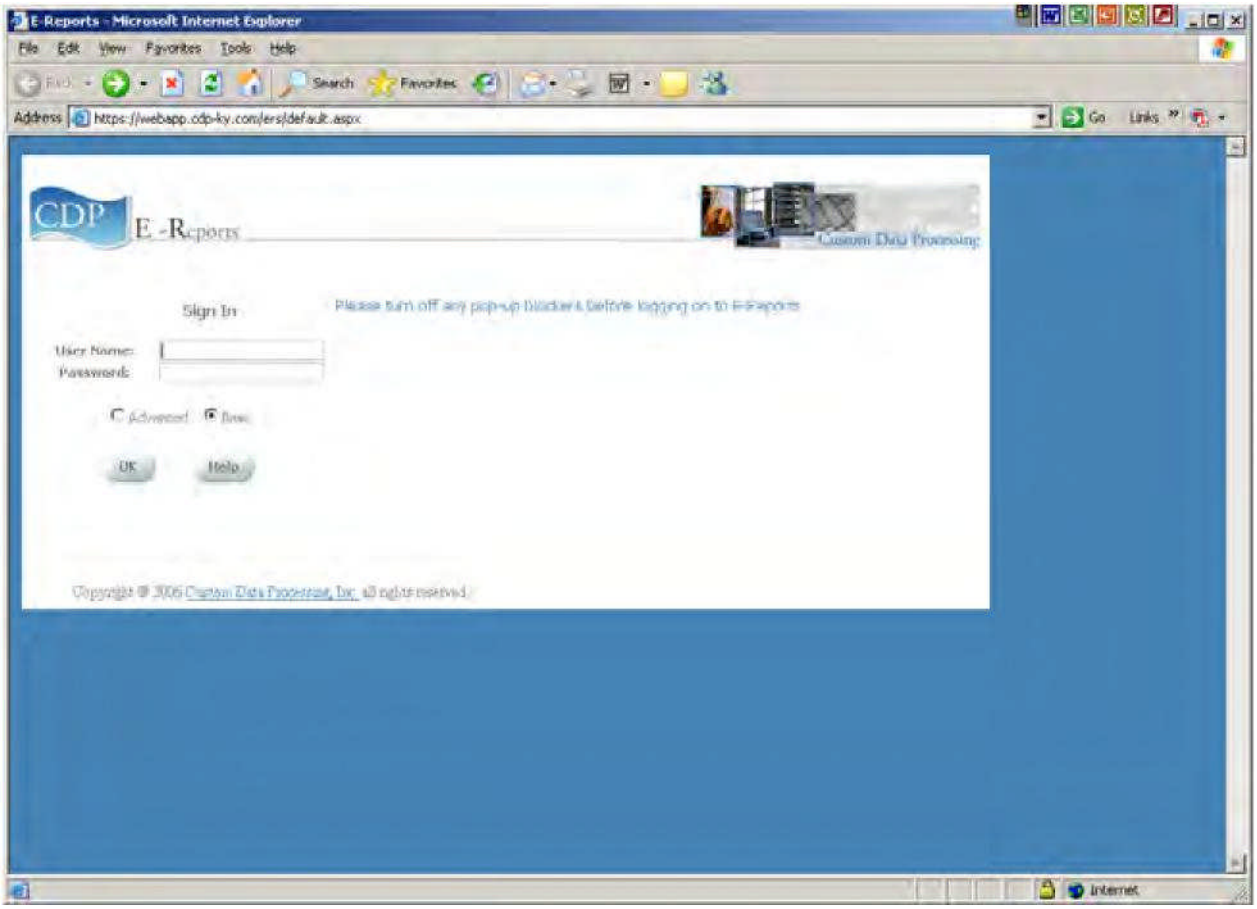
E-Reports allow local health departments to access their reports in an electronic format.

1. To sign into the reports system:

    a. Enter user name as KY # and unique password assigned by CDP, Inc.

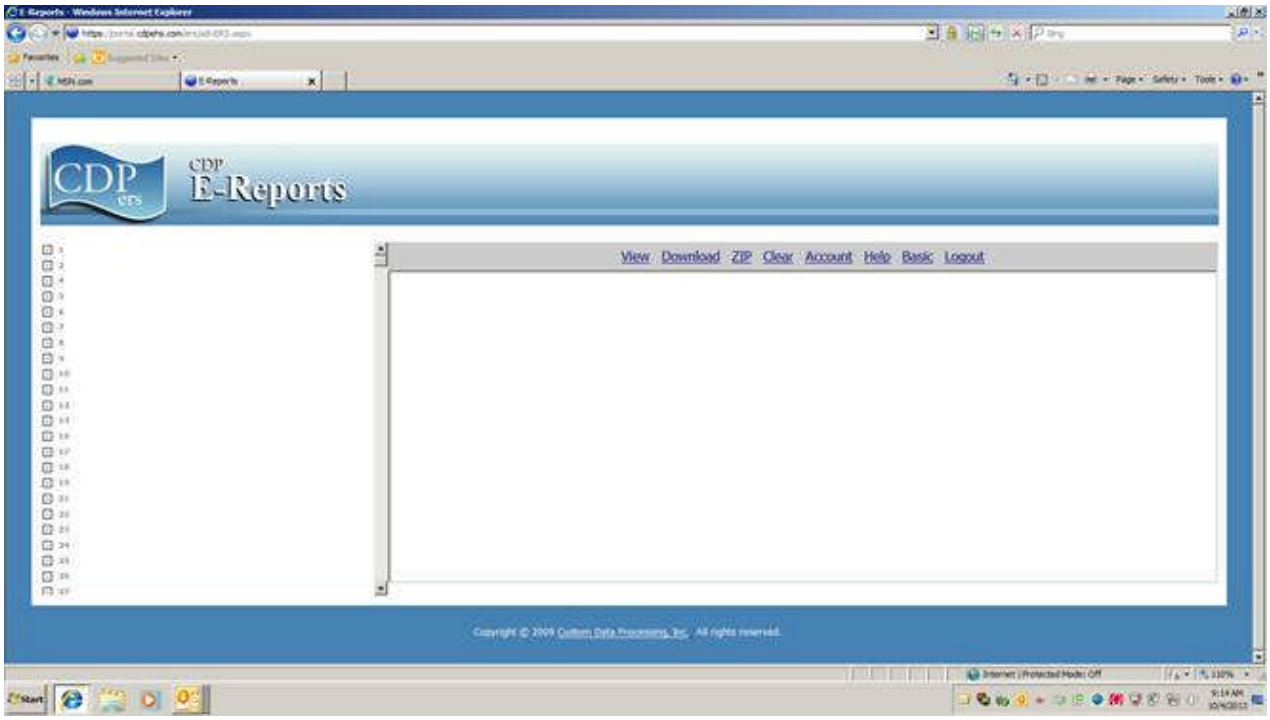
    b. Click BASIC button.

    c. Click OK button.



2. On the CDP E-Reports Screen:

   a. Scroll and locate site number.
   b. Verify the month and click.
   c. 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\cdpreports\site000\wicky)

    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 at 877-597-0367.

AUTHORIZATIONS FORM

CDP – Report Server – WIC User Authorization Request

I HEREBY AUTHORIZE THAT: _____ WITH USER ID: _____
(Name of Employee) (KY Number)

Employee Telephone Number : (_____) _____Email Address : _____

☐ BE GRANTED ACCESS TO THE WIC ELECTRONIC REPORTS FOR THE INDICATED SITE(s):

County/District/HID: _____

WIC Site
#'s/Site
Name: _____ _____ _____ _____ _____

Note : **Employee will only be granted access to the sites listed above**.

☐ BE GRANTED ACCESS TO THE FOLLOWING WEB-BASED SYSTEMS/APPLICATIONS. (Indicate sites if different from above.)

- ☐ Automated Growth Chart
- ☐ Breastfeeding Peer Counselor
- ☐ WIC Food instrument/cash value benefit Image Lookup
- ☐ Revalidation
- ☐ Automated Nutritional Risk

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: _____