Certification and Management

Kentucky Public Health
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WIC CERTIFICATION AND MANAGEMENT
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CERTIFICATION AND MANAGEMENT
GENERAL POLICIES

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

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

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

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

5. WIC services and screenings must be provided at no cost to the applicant/participant. Refer to the AR, SECTION: LHD OPERATIONS, "OVERVIEW OF PATIENT FEES AND SERVICES."

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

7. Eligibility or ineligibility must be clearly documented in the applicant/participant medical record. All applicable forms must be completed to support eligibility or ineligibility. Refer to "INELIGIBILITY AND DISCONTINUATION OF BENEFITS" in this section; the AR, PATIENT REPORTING SERVICES; AR, SECTION: MEDICAL RECORD MANAGEMENT, "Guidelines of Medical Records" and the WIC Clinical Section, and Documentation/Medical Record Section.

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

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

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

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

12. Applicants/participants or their caretakers shall be provided information on other health related programs and assistance programs and referred when appropriate. Refer to “RIGHTS AND RESPONSIBILITIES” and “OUTREACH AND COORDINATION” in this section.

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

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

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

16. WIC services may be provided in the hospital when the need exists. Refer to “HOSPITAL CERTIFICATION REQUIREMENTS” in this section.

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

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

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

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

21. Each local agency must designate a WIC Coordinator, a Nutrition Education Coordinator, and a Breastfeeding Promotion Coordinator to ensure specific requirements of the Program are met. Duties are in Administrative Reference, Training Guidelines and Program Descriptions.

22. All rules for confidentiality and protection of patient information shall be followed for WIC information. Refer to the Administrative Reference, Section: Personnel, “Health Insurance Portability and Accountability Act of 1996 (HIPAA)”; Section: LHO Operations, Information Technology, and Section: Medical Records Management, “Guidelines of Medical Records.”

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

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

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

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

CONFLICT OF INTEREST

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

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

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

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

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

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

6. A procedure must be developed in place to ensure a conflict of interest does not exist when providing WIC services to employees, and relatives and household members. The procedure must include a tracking method to document individuals who may pose a conflict of interest.

WIC PROCESSING STANDARDS AND SCHEDULING

A. General Policies

1. Specific timeframes shall be met to determine a WIC applicant's eligibility or ineligibility, provide notice of eligibility or ineligibility, and if eligible, to issue food instruments. Refer to Timeframe For Initial Certification below, "INELIGIBILITY AND DISCONTINUATION OF BENEFITS" in this section, and the Administrative Reference, SECTION: TRAINING GUIDELINES AND PROGRAM DESCRIPTIONS: WIC PROGRAM

2. The timeframe begins the date the individual visits the clinic to request WIC services. This date is the date of initial contact, and shall be documented for all initial certifications. This date is documented by completing the "Initial Contact Date." Refer to Kentucky CMS User Manual.

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

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

5. Appointments should be scheduled for WIC services, i.e., certification, food benefit issuance and nutrition education counseling. If appointments are not routinely scheduled, a policy and procedure must be in place to assure that appointments are scheduled for employed applicants/participants/caretakers to minimize time absent from work. Participants should leave clinic with an appointment for the next service. Patients that "walk-in" without an appointment should be seen if possible.

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

7. Scheduling and services may be coordinated for all household members by creating and maintaining a Household Record in the system to link the members.

8. Documentation of all appointments and contacts must be in the patient's medical record.

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

B. Timeframe for Initial Certification

1. Applicants shall be processed in the following timeframe:

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

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

C. Recertification Scheduling

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

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

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

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

D. Scheduling for Food Instruments

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

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

3. Food benefit pick-up appointments must be scheduled prior the last valid date of benefit issuance to prevent the participant from being without valid food instruments.

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

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

E. Missed Appointments/No Shows

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

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

3. Initial WIC Certification Appointments

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

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

4. Recertification Appointments

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

5. Food benefit Pick-Up Appointments

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

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

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

WIC ELIGIBILITY REQUIREMENTS

A. General Policies

1. Information to determine eligibility should be provided by the applicant or caretaker (legal guardian, legal custodian or adult with Power of Attorney rights) of an infant or child participant. The relationship of the caretaker to the applicant/participant and the living arrangements or circumstances should be documented in the patient's medical record. Documentation from a parent, etc., may be copied for the medical record as supporting documentation

2. A proxy may be used by a woman participant or by a parent/caretaker of an infant or child participant. A proxy may bring an infant or child to a WIC appointment to obtain WIC benefits, WIC nutrition education and may shop for WIC foods. Refer to "USE OF PROXIES" in this section.

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

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

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

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

7. Eligibility is for a specific period, and is referred to as the certification period. Refer to "CERTIFICATION PERIODS" in this section. Also refer to the Clinical Nutrition Section.

8. Applicants for WIC do not have to be U.S. citizens nor have legal alien status to be eligible. Refer to the AR SECTION: LOCAL HEALTH OPERATIONS, OVERVIEW OF PATIENT FEES AND SERVICES.

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

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

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

B. WIC Status/Category Qualifications

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

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

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

Infant
- Birth up to the first birthday.

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

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

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

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

   A woman participant who continues to partially breastfeed after 6 months postpartum and has requested more than the maximum amount of formula allowed for a partially breastfed infant no longer receives a food package, but receives the other benefits of WIC such as nutrition education. Terminate when breastfeeding ends or when the woman is one year post-delivery.

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

C. WIC Physical Presence Requirements at Certification

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

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

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

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

5. An exception may be allowed on an individual basis and the certification performed without the applicant being physically present if the physical presence requirement presents an

unreasonable barrier to participation. The reason for the exception must be indicated on the PEF and the code for that reason entered on the CMS Income/Proofs page.

a. An exception may be allowed for:

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

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

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

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

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

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

D. WIC Residence Qualifications

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

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

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

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

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

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

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

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

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

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

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

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

10. Examples of acceptable proof of residence* are:

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

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

    Staff recognition (knowledge of where the person lives)

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

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

11. The type of proof presented must be documented in the person's medical record. Complete the residency proof field on the Income/Proofs screen with the appropriate code for the proof

seen. The system prints the code on the Registration Label for placement on the CH-5 or CH-5WIC for the person's medical record. If the system is unavailable, the type of proof must be documented on the CH-5B. Refer to PATIENT SERVICES REPORTING SYSTEM, "PATIENT REGISTRATION."

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

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

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

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

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

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

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

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

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

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

E. WIC Identification Requirements

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

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

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

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

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

   - Staff recognition (knowledge of who the person is),
   - eWIC Cardholder,
   - Medical Record.

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

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

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

5. The type of proof presented for identity at certification and at issuance must be documented in the person's medical record. To document proof of identity at certification, complete the identity proof field on the Income/Proofs screen with the appropriate code for the proof seen. The system prints the code on the Registration Label for placement on the CH-5 or CH-5WIC for the medical record. If the system is unavailable, the type of proof must be documented on the CH-5B. Refer to PATIENT SERVICES REPORTING SYSTEM, "PATIENT REGISTRATION." To document proof of identity at issuance, complete the "ID for FI PU" (identity for food benefit pick-up) field on the WIC Benefits Issuance Screen with the appropriate code for the proof seen. The system prints the code on the issuance label, which is placed in the person's medical record. For handwritten and preprinted food instruments, the proof code must be written on the stub. Refer to WIC FOOD DELIVERY/DATA Section.

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

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

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

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

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

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

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

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

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

F. WIC INCOME ELIGIBILITY REQUIREMENTS

1. Income eligibility must be determined and documented for all applicants at initial certification and at recertification. Exceptions are persons transferring with valid eligibility, with a VOC, or an instream migrant participant whose income must only be determined once in a twelve (12) month period. If the time frame of the migrant's income determination is not known, income eligibility must be done at certification.

   NOTE Migrants must be assessed for nutritional risk at every certification regardless of income eligibility.

2. An applicant can meet income eligibility requirements for the WIC Program in one of two ways:
   - Adjunct eligibility, which is income eligibility based on documented eligibility for certain programs. See "Adjunct Eligibility" on the following pages. For an applicant who is not adjunct eligible, household income screening is required.
   - Income screening, which is determining the number in the household and total household income, and comparing to the income eligibility guidelines. Refer to the Administrative Reference, Patient Service Reporting System, Household Size and Household Income.

3. Adjunct eligibility **must** be determined before income screening.

4. For an applicant who is not adjunct eligible, the number in the household and the total household income must be determined and compared to the income eligibility guidelines.

2. Applicants whose household income is at or below 185% of the federal poverty income guidelines issued annually by the Department of Health and Human Services are eligible for WIC services. Income guidelines are effective from April 1 to March 30 each year. See Income Eligibility Guidelines on the following pages. The system is programmed to perform the following conversion factor procedures:

   A. If a household only has income source, or if all source, or is all sources have the same frequency, the system is programmed to compare the income, or the sum of the separate incomes, to the published IEGs (Income Eligibility Guidelines) for the appropriate frequency and household size to make the WIC income eligibility determination.
   B. If a household reports income sources at more than one frequency, the system has been programmed to perform the following calculations:

i. Annualize all income by multiplying weekly income by 52, income received every two weeks by 26, income received twice a month by 24, and income received monthly by 12.
ii. Add together all the unrounded, converted values.
iii. Compare the total to the published IEGs (annual income for the appropriate household size) to make the final income eligibility determination.
iv. Modifications have been made to the fourth income label to assist agencies in determining if a WIC participant meets eligibility requirements.

6. Proof of income for the household or proof/verification of adjunct eligibility must be provided for each WIC certification or recertification and the type of proof documented. Proof of income must not be a barrier to participation.

7. Income eligibility or ineligibility and the type of proof presented must be documented. A code system is established for type of proof as the documentation method. Documentation must be made by selecting the type of proof seen by the staff person assessing income. If system access is not available, the CH-5B must be completed and must include the code for the type of proof.

8. Persons determined ineligible due to income must be provided written notice of the ineligibility, the reason for ineligibility, and the right to a fair hearing.

9. Income information should be provided by the applicant, parent, or other person caring for the applicant. All required information and proof must be presented by the person applying on behalf of the applicant

10. Income eligibility must be determined before nutritional risk.

11. If household income has been documented, proof of income presented, and the type of proof documented for the household within the last thirty (30) days and there is no change in household size or income, this information can be used for other household members being certified for WIC within that sixty-day period. All eligibility and documentation requirements for WIC must be met for the new applicant.

    NOTE: Adjunct eligibility of a household member applies only as specified in Adjunct Eligibility below.

12. Income eligibility is applicable for the certification period. Local agencies are not required to reassess eligibility during a certification period and participants are not required to report income or household changes during the certification period. However, if new income or household information is obtained, WIC eligibility must be reassessed for all household members who have more than 90 days remaining in their certification period. When the time remaining in the certification period is 90 days or less, reassessment is not required since this is insufficient time to effect change. See “New Income Information” on the following pages.

13. Verification of the proof of income is not required. Verification is validation of proof presented, such as pay stubs or number in the household, through an external source other than the applicant. Such external sources include employer verification of salary, local welfare office verification, etc. Information should be verified if agency personnel have reasonable cause to believe that accurate information was not provided. If verification is requested, the reason shall be documented in the person’s medical record. Verification shall be obtained in writing. If the verification does not support WIC eligibility, WIC services shall be terminated for all household members affected. See “New Income Information” on the following pages. A payback of benefits will be requested if it is determined to be cost efficient.

Adjunct Eligibility:

1. Adjunct eligibility is income eligibility for the WIC Program based on an individual's documented current eligibility for specific programs or in certain situations, a household member's documented eligibility. Qualifying based on a household member's eligibility is identified as "WIC Household" (WH) eligibility.
   a. An applicant eligible in one of the following on the date of the WIC certification is adjunct income eligible:
      - Medicaid, including Medicaid Presumptive Eligibility (MPE), Medicaid Breast and Cervical Cancer Treatment Program (MBCCTP), Medicaid that is issued under the Affordable Care Act (ACA), Kentucky Children's Health Insurance Program (KCHIP) Phase I, and KCHIP Phase II, or
      - Supplemental Nutrition Assistance Program (SNAP) – or
      - Kentucky Transitional Assistance Program (KTAP).
   b. An applicant can qualify based on other household members' eligibility for specific programs. Documentation must be presented or verified for the household member and show the household member's eligibility on the date of the WIC certification. The following situations qualify as WIC Household (WH) eligibility:
      - A newborn deemed eligible under his/her mother's Medicaid eligibility (an infant born to a woman on Medicaid at delivery is automatically eligible for Medicaid), or
      - Member of a household which includes a pregnant woman that is currently eligible for Medicaid, including Medicaid Presumptive Eligibility and Medicaid Breast and Cervical Cancer Treatment Program, or
      - Member of a household which includes an infant that is currently eligible for Medicaid, or
      - Member of a household that includes anyone that is currently eligible for KTAP.
   c. The chart below summarizes who may qualify for adjunct income eligibility:

	Medicaid	**SNAP**	**KTAP**
Pregnant Woman	Self and household members	Self if name is on letter	Self and household members
BF/PP Woman	Self	Self if name is on letter	Self and household members
Infant	Self and household members	Self if name is on letter	Self and household members
Child	Self	Self if name is on letter	Self and household members

2. Current eligibility means eligibility in one of the specified programs on the date the WIC certification is done.

3. When adjunct eligible, the applicant is not screened for income eligibility and household income is not gathered.

4. For persons presenting as Medicaid eligible, current Medicaid eligibility must be verified and the type of coverage must be determined. For WIC adjunct eligibility, verification **must be obtained through the KYHealth-Net System, the Voice Response system (800 number), or the local Department for Community Based Services (DCBS) office.**

5. Persons eligible for KCHIP Phase III are not adjunct income eligible. These persons **must** be screened for household size and household income. It must be determined if the individual is eligible for KCHIP III.

6. Individuals enrolled in a participating Managed Care Organization (MCO) provider are not automatically income eligible for WIC. To be adjunct eligible, it must be determined first if the individual is eligible for Medicaid by verifying eligibility through the KYHealth-Net system, the Voice

Response system (800 number), or the local Department for Community Based Services (DCBS) office. Individuals that have KCHIP III are identified in the KYHealth-Net system with an assigned status code of P7. These individuals must be screened for household size and household income.

7. Persons who are adjunct eligible for WIC must be status eligible and meet the residency and nutritional risk criteria to qualify for WIC.

8. Proof of eligibility in the above programs is required at each WIC certification and recertification for adjunct income eligibility. If a WIC household member's eligibility is being used for the applicant, proof/verification of current eligibility for the household member must be seen or obtained.

9. Persons that qualify based on "WH" eligibility, Medicaid Presumptive Eligibility, or Medicaid Breast and Cervical Cancer Treatment Program must present proof of residency and identification.

10. Examples of acceptable proof for adjunct eligibility are below. Proof must show eligibility on the date of the certification. For acceptable proof for specific situations, refer to WIC Adjunct Income Eligibility Proof Requirements and Documentation on the following pages.
    - Verification of current Medicaid eligibility* for the applicant.
    - Verification of current Medicaid eligibility* for the pregnant woman or infant that the applicant lives with.
    - Verification of Medicaid eligibility* for the newborn's mother at the time of delivery.
      * For WIC adjunct eligibility, verification of current Medicaid eligibility must be obtained through the KYHealth-Net system, the Voice Response system, or the local DCBS office.
    - Identification Sheet for Medicaid Presumptive Eligibility or Medicaid Breast and Cervical Cancer Treatment Program, Medicaid Eligibility Verification.
    - Verification of current Medicaid Presumptive Eligibility by the health care provider that determined it.
    - Letter confirming KTAP eligibility or a KTAP check stub for the applicant or a household member.
    - General Notice of Action letter with the applicant's name as an active member.
      NOTE: The SNAP EBT card cannot be used as proof of eligibility.
    - Verification of current MBCCTP eligibility by the health department staff that determined it.

11. The type of proof must be documented in the applicant's medical record. Documentation is done by selecting the appropriate type of proof on the Income/Proofs Screen, and then placing the printed registration label on the CH-5/CH-5WIC in the medical record. If printing problems prevent the codes from appearing on the label, the codes must be handwritten on the label and include staff initials and date. If eligibility is based on another household member, proof of adjunct eligibility for this member must be seen and the type of proof presented selected from the adjunct eligibility proof drop down on the Income/Proofs Screen. If system access is unavailable, the CH-5B must be completed and include the appropriate codes.

12. Applicant Failing To Bring Proof For Adjunct Eligibility at WIC Certification

    Verification of current eligibility through KYHealth-Net, Voice Response, the DCBS Office is acceptable as proof. Verification by the health department staff that determined MBCCTP eligibility is acceptable proof.

    If eligibility cannot be verified through the above procedures for the applicant who has proof but fails to bring it to the WIC certification/recertification, inform the applicant of the requirement for proof and make a new certification appointment within the timeframe for appointment scheduling. If the person has proof of household income with him/her, assess income for eligibility at this visit.

13. Hospital Certification

If WIC certification is performed in the hospital, refer to Certification and Management, Hospital Certification Requirements.

Proof of Income for WIC Certification:

1. Written proof of income for the household must be presented at each certification and recertification (except for transfer/VOC). See WIC "Exceptions to Income Screening" on the following pages.

2. Examples of acceptable proof of income are:
   - Current pay stub with amount and the pay timeframe (weekly, bi-weekly, monthly, etc.)
   - Signed statement from employer indicating gross earnings for a specified pay period.
   - W-2 forms or income tax return for most recent calendar year. Additional documentation or written statements of income may be requested to update this to current income.
   - Unemployment letter/notice.
   - Check stub/award letter from Social Security stating current amount of earnings.
   - Recent Leave and Earnings Statement (LES) for military personnel.
   - Foster child placement letter/foster parent award letter.
   - Tax forms or accounting records for self-employed.
   - Court decree or copies of checks for alimony or child support.
   - Letter from person(s) contributing resources.
   - Electronic paycheck/pay. (If the agency determines information stated on the electronic paycheck/paystub is incorrect or missing critical information, it is appropriate to request further information.

     NOTE CONCERNING PAYCHECK STUBS: If the pay is standard (does not vary), one paycheck for the most recent pay period prior to the application for WIC will be sufficient. However, if the pay varies (shift work, overtime, commissions, etc.), paycheck stubs during the month prior to application should be averaged to represent the amount received.

3. The type of proof(s) (e.g. pay stub, etc.) presented must be documented in the person's record. This documentation is done by selecting the applicable type of proof on the Income/Proofs screen and placing the printed label on the CH-5/CH5-WIC in the chart. (Refer to following pages for types of acceptable proofs and corresponding codes). Any type of proof without a code is reported as "Other" code 50." When this type of proof is selected the actual type of proof seen by the income interviewer must be documented in the person's medical record. If printing problems prevent the codes from appearing on the label, the codes must be handwritten on the label and include staff initials and date. If system access is unavailable, the CH-5B must be completed with appropriate proof codes.

4. Applicant Failing to Bring Proof of Income at WIC Certification
   For an applicant who has proof of income but fails to bring it to WIC certification, inform of the requirement for proof of household income and make a new certification appointment within the timeframe for appointment scheduling. Refer to the Administrative Reference, Local Health Operations, and Certification Management, WIC Eligibility Requirements.

5. Applicant Unable to Provide Proof of Income

   a. An applicant who has no written proof of income, such as a migrant, a homeless person, or a person who works for cash, or who reports income as zero, can self-declare income and must provide a signed statement. An applicant where military service personnel are temporarily absent from home and proof of gross military income cannot be produced, may self-declare income and must provide a signed statement.

b. The statement must include why written proof of income cannot be provided, (i.e., homeless, migrant), the date, and the person's signature. For zero income, an explanation of how living expenses are met must be included.

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

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

e. Statement of No Proof must be selected from the drop-down box on the Income/Proofs page.

NOTE: An optional form, Statement of No Proof (WIC-NP), is available for this purpose. Refer to Forms and Supporting Information in this section.

6. Hospital Certification

If WIC certification is done in the hospital(s). Refer to Hospital Certification Requirements in this section.

WIC Exceptions to Income Screening:

1. Transfer Participant/VOC-A transfer is not screened for income eligibility nor required to show proof of income until the certification period expires and he/she is again screened for eligibility.

2. Migrant – Income eligibility should be determined for a migrant once every twelve (12) months. A VOC will provide income eligibility for up to one (1) year for a migrant. If the time frame of the migrant's income determination is not known, income eligibility must be done at certification.

3. Hospital Certification – Mothers and newborn infants certified at the hospital are not required to show proof of income at the time of certification. Accept self-reported income and if eligible, certify and issue food instruments for thirty (30) days. Proof of adjunct eligibility or household income must be provided within thirty (30) days. Refer to Hospital Certification Requirements in this section.

4. Adjunctively Eligible – These persons are excluded from providing proof of income but must show proof of adjunct eligibility. See "Adjunct Eligibility."

New Income Information:

1. A participant's income eligibility must be reassessed during a current certification period if information is received that indicates that the participant's household income has changed if there is more than 90 days remaining in the certification period from the date information is received. Reassessment is not required for a participant when 90 days or less remains in the certification period.

2. Reassessment may result when:
    - Local agency staff has reason to believe that income information or household size provided at the certification was not accurate or complete.
    - A household member is assessed for income and is over the guidelines.
    - Income is required for other health services.
    - A participant/caretaker reports a change in income or Medicaid status.

3. When more than 90 days remains in a current certification period, reassessment is required. Procedures for reassessment are:
    a. If the participant is no longer or not currently adjunct eligible (either based upon his status or a household member's status), eligibility must be assessed for household size and household income to remain on WIC. All income guidelines apply concerning current and annual income. See previous pages.

    b. If income exceeds WIC eligibility criteria, the participant shall be terminated from WIC if more than 90 days remains in the certification period. Any other members of the household enrolled in WIC affected by new income information shall be terminated as well if the time remaining in their certification period is more than 90 days. For example, a pregnant woman applying for WIC does not meet the income criteria; her child enrolled in WIC has 4 months remaining in the certification period and must be reassessed for income eligibility. If adjunct eligibility does not apply, the child must be terminated.

    c. Termination must be appropriately documented in the medical record and include the reason for termination.

Income Guidelines for the WIC Program
185% of Poverty
Effective April 1, 2015 through March 31, 2016

	Household Size								For each additional household member add:
	1	2	3	4	5	6	7	8	
Weekly	$419	$567	$715	$863	$1,011	$1,159	$1,307	$1,455	+$148
Bi-Weekly	$838	$1,134	$1,430	$1,726	$2,022	$2,318	$2,614	$2,910	+$296
Twice-Monthly	$908	$1,228	$1,549	$1,870	$2,190	$2,511	$2,832	$3,152	+$321
Monthly	$1,815	$2,456	$3,098	$3,739	$4,380	$5,022	$5,663	$6,304	+$642
Annual	$21,775	$29,471	$37,167	$44,863	$52,559	$60,255	$67,951	$75,647	+$7,696

Persons who receive Medicaid or SNAP benefits
Automatically meet the income requirements for the WIC Program.

WIC Proof of Residence, Identity and Income

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

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

WIC-PC 3/2012

WIC Adjunct Income Eligibility Proof Requirements and Documentation

Situation	Proof Required	Qualifies (Income only)	Label Field/Code	Adjunct Eligibility/Drop Down Selection	Label Field/Drop Down Selection
Pregnant (PG) Woman Receives Medicaid (including MPE, MBCCTP)	• Verification of current Medicaid eligibility* • MBCCTP or MPE Identification Sheet • Verification by MPE Provider	Pregnant Woman	Medicaid-Y Medicaid-E for MPE	Receives Medicaid	Health-Net/DCBS/ID for pt-01**
		Household Members	Medicaid-N WH-Y	Lives w/preg woman w/Medicaid	Heath-Net/DCBS/ID for HH member-23***
Breastfeeding/Postpartum (BF/PP) Woman Receives Medicaid (including MPE, MBCCTP)	• Verification of current Medicaid eligibility* • MBCCTP or MBE Identification Sheet • Verification by MPE Provider	BF/PP Woman	Medicaid-Y Medicaid-E for MPE	Receives Medicaid	Health-Net/DCBS/ID for pt-01**
Infant Receives Medicaid	• Verification of current Medicaid eligibility*	Infant	Medicaid-Y	Receives Medicaid	Health-Net/DCBS/ID for pt-01**
		Household Members	Medicaid-N WH-Y	Lives w/ infant receiving Medicaid	Heath-Net/DCBS/ID for HH member-23***
Newborn Infant's Mother Received Medicaid at Delivery	• Verification of mom's Medicaid eligibility*	Infant	Medicaid-M WH-Y	Infant covered by mom's Medicaid	Heath-Net/DCBS/ID for HH member -23***
Child Receives Medicaid	• Verification of current Medicaid eligibility*	Child Only	Medicaid-Y	Receives Medicaid	Health-Net/DCBS/ID for pt -01
Infant/Child Receives KCHIP Phase III	• Not Adjunct Eligible	No one	Medicaid-K	None	Not Applicable
PG/BF/PP Woman/ Infant/Child Receives Food Stamps	• General Notice of Action Letter with Applicant Name • DCBS Verification	Person Listed on Letter	Food Stamps-Y	Receives Food Stamps	Food Stamp Letter/DCBS-02 or Other-50
PG/BF/PP Woman/ Infant/Child Receives KTAP	• KTAP Letter • KTAP Check Stub • DCBS Verification	Woman Infant/Child	KTAP-Y	Receives KTAP	Other-50
		Household Members	KTAP-N WH-Y	Lives w/HH member receiving KTAP	Other-50

* Verification through KYHealth-Net, Voice Response, or local DCBS is acceptable.
** Women adjunct eligible based on MPE or MBCCTP must show proof of residence and identity.
*** Persons adjunct eligible based on another person's eligibility must show proof of residence and identity.
MPE = Medicaid Presumptive Eligibility
MBCCTP = Medicaid Breast and Cervical Cancer Treatment program

GUIDANCE FOR THE EXCLUSION OF COMBAT PAY FROM WIC INCOME ELIGIBILITY DETERMINATION

Information on the amount and type of pay received by a service member may be found on the LESs for Marine Corps (attachment A) and Army, Navy, Air Force, and Coast Guard (attachment B) which are comprehensive statements of a service member's leave and earnings showing entitlements, deductions, allotments, leave information, tax withholding information, and Thrift Savings Plan (TSP) information. Combat pays given to deployed service members will be reflected in the **Entitlements column** of each of these LESs.

Allowable Exclusions

In order to be excluded from the WIC income eligibility determination, the pay:

- (1) **must have been received in addition to the service member's basic pay**;
  (note: a service member who is currently serving as a member of the armed forces and is paid a monthly salary is eligible to receive any of the additional pay associated with combat pay.)

- (2) **must have been received as a result of the service member's deployment to or service in an area that has been designated as a combat zone;**
  (note: a service member who is put on deployment orders to deploy to an area that has been designated by a Executive Order from the President as areas which U.S. Armed Forces are engaging or have engaged in combat is eligible to receive combat pay.) and

- (3) **must not have been received by the service member prior to his/her deployment to or service in the designated combat zone**.
  (note: a service member who is paid only basic entitlements, such as Basic pay, Basic Subsistence Allowance (BAS), and Basic Housing Allowance (BAH), will receive additional entitlement pay, i.e. combat pay, once the service member is put on deployment orders. These pay will show as an additional payment in the entitlements column on a service member's Leave and Earning Statement (LES).)

There are two categories of entitlement pay that are typically considered to be combat pay and are easily recognizable on a service member's LES: Hostile Fire Pay/Imminent Danger Pay (HFP/IDP) and Hardship Duty Pay (HDP). However, other types of pay could be excluded if they meet the criteria above.

Types of Combat Pay

1. **What is HFP/IDP and who is entitled to receive it?**

   Hostile Fire Pay/Imminent Danger Pay (HFP/IDP) is received by a member of a uniformed service when the individual is put on deployment orders and deployed to a combat zone. A service member may be paid HFP/IDP special pay for any month in which s/he was entitled to basic pay. The service member qualifies for an entire month of combat pay regardless of the total number of days spent in a designated combat zone.

2. **What is HDP, HDP-L or –M and who is entitled to receive it?**

   Hardship Duty Pay (sometimes indicated on the LES as HDP, HDP-L or HDP-M) refers to special pay providing additional compensation for service members who are either serving in locations where living conditions create undue hardship or who are performing designated hardship missions.

   HDP-M (mission) is a special pay entitled to service members for specific missions, at the monthly rate whenever any part of the month is served fulfilling a specific mission.

   HDP-L (location) is a special pay entitled to service members that serve in a designated area for over 30 days and stops upon departure from that area.

   Such locations may be, but are not necessarily, combat areas; the local agency will need to explore the circumstances under which an applicant household is receiving HDP-L or -M in more detail before the decision to include or exclude this particular payment from the WIC income eligibility determination assessment is made.

Other Allowances

In addition, there are other allowances for which service members are eligible while serving in a combat zone, but which are not directly related to being in combat, although they may be eligible for exclusion as income for WIC purposes. The local agency will need to explore the circumstances under which an applicant household is receiving each additional allowance in more detail before the decision to include or exclude this particular payment from the WIC household eligibility determination assessment is made.

They include, but are not limited to: Family Separation Pay (FSA); Foreign Language Proficiency Pay (FLPP); Special Duty Assignment Pay (SDAP); Combat Related Injury and Rehabilitation Pay (CIP); and Hazardous Duty Incentive Pay (HDIP). Each of these pays is further defined below.

Combat pays such as FLPP, SDAP, CIP and HDIP are affected differently when the service member is medically evacuated (medivac'ed). FLPP, SDAP and HDIP are each stopped when the service member is no longer performing that duty due to being medivac'ed out of the combat area. CIP will be modified, not stopped, when the service member is medivac'ed. See CIP (Question 6) for a complete explanation on how the service member is paid.

3. **What is FSA and who is entitled to receive it?**

   Family Separation Pay (FSA) is for service members with dependents who meet certain eligibility criteria. Service members will receive FSA pay from the day of departure from the home station and end the day prior to arrival at the home station. This payment may be excluded in some but not all cases. FSA is only excluded if the service member is enroute to a training location prior to deployment to a designated combat zone or on deployment orders to a designated combat zone.

4. **What is FLPP and who is entitled to receive it?**

   An officer or enlisted member of the Armed Forces who has been certified as proficient in a foreign language within the past 12 months (or 12 months plus 180 days when called or recalled to active duty in support of contingency operations) may be paid Foreign Language Proficiency Pay (FLPP). FLLP that was not received by a service member prior to the time of deployment to a designated combat zone should be excluded from the WIC income eligibility determination.

5. **What is SDAP and who is entitled to receive it?**

   All enlisted active duty service members who perform duties designated as extremely difficult or requiring a high level of responsibility in a military skill may be paid Special Duty Assignment Pay (SDAP). SDAP that was not received by a service member prior to the time of deployment to a designated combat zone should be excluded from the WIC income eligibility determination.

6. **What is CIP and who is entitled to receive it?**

Service members who are medivac'ed out of the combat zone and are considered "hospitalized" are entitled to Combat-Related Injury and Rehabilitation Pay (CIP). A service member is considered hospitalized if s/he is admitted as an inpatient or is receiving extensive rehabilitation as an outpatient while living in quarters affiliated with the military health care system. The monthly CIP payment equals a set amount less any HFP payment for the same month, and the hospitalized service member is eligible for CIP starting the month after the month of being evacuated. These payments also would be excluded for WIC eligibility purposes.

7. **What is HDIP and who is entitled to receive it?**

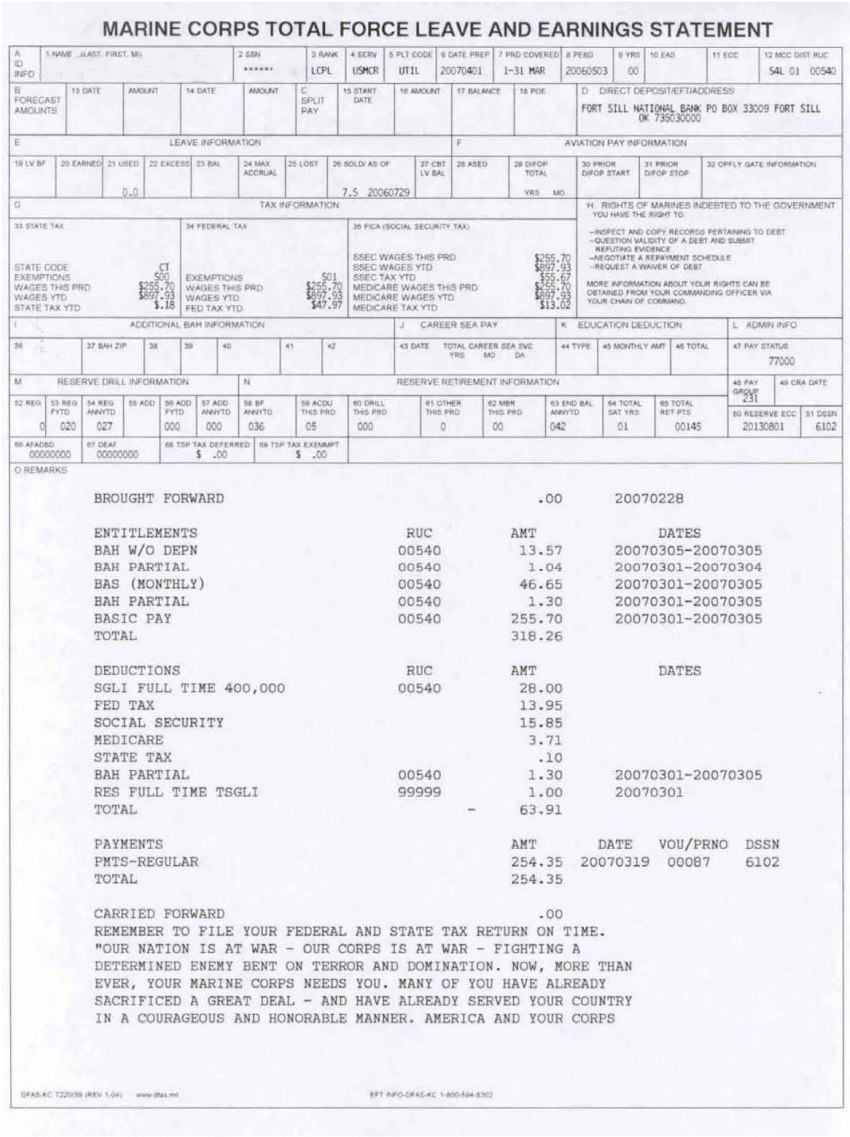
Service members who perform any of the following duties can earn Hazardous Duty Incentive Pay (HDIP):

- Parachute Duty
- Flight Deck Duty
- Demolition Duty
- Experimental Stress Duty
- Toxic Fuels (or Propellants) Duty
- Toxic Pesticides Duty
- Dangerous Viruses (or Bacteria) Lab Duty
- Chemical Munitions Duty
- Maritime Visit, Board, Search and Seizure (VBSS) Duty
- Polar Region Flight Operations Duty

A Service member can receive up to two different types of HDIPs during the same period if s/he performs more than one of these duties as required by the mission. HDIP begins on the day the member reports for duty and ceases on the termination date published in the orders or when the member is no longer required to perform the hazardous duty, whichever occurs first. The HDIP entitlement(s) is prorated based on the number of days the member spends performing these duties during a month. HDIP that was not received by a service member prior to deployment to a designated combat zone should be excluded from the WIC income eligibility determination.

Attachments -
A: Sample Leave and Earnings Statement, with explanatory notes, for the Marine Corps
B: Sample Leave and Earnings Statement, with explanatory notes, for the Army, Navy, Air Force, and Coast Guard

Attachment A
GUIDANCE FOR THE EXCLUSION OF COMBAT PAY FROM WIC INCOME ELIGIBLITY DETERMINATION



MARINE CORPS TOTAL FORCE LEAVE AND EARNINGS STATEMENT

A ID INFO | 1 NAME (LAST, FIRST, MI) | 2 SSN ****** | 3 RANK LCPL | 4 SERV USMCR | 5 PLT CODE UTIL | 6 DATE PREP 20070401 | 7 PRD COVERED 1-31 MAR | 8 PEBD 20060503 | 9 YRS 00 | 10 EAS | 11 ECC | 12 MCC DIST RUC 54L 01 00540

B FORECAST AMOUNTS | 13 DATE | AMOUNT | 14 DATE | AMOUNT | C SPLIT PAY | 15 START DATE | 16 AMOUNT | 17 BALANCE | 18 POE

D DIRECT DEPOSIT/EFT/ADDRESS
FORT SILL NATIONAL BANK PO BOX 33009 FORT SILL OK 735030000

E LEAVE INFORMATION | F AVIATION PAY INFORMATION

19 LV BF	20 EARNED	21 USED	22 EXCESS	23 BAL	24 MAX ACCRUAL	25 LOST	26 SOLD/ AS OF	27 CBT LV BAL	28 ASED	29 DIFOP TOTAL	30 PRIOR DIFOP START	31 PRIOR DIFOP STOP	32 OFFLY GATE INFORMATION
		0.0					7.5 20060729			YRS MO			

G TAX INFORMATION

33 STATE TAX
STATE CODE CT
EXEMPTIONS 500
WAGES THIS PRD $269.70
WAGES YTD $697.93
STATE TAX YTD $.18

34 FEDERAL TAX
EXEMPTIONS 501
WAGES THIS PRD $269.70
WAGES YTD $697.93
FED TAX YTD $47.97

35 FICA (SOCIAL SECURITY TAX)
SSEC WAGES THIS PRD $255.70
SSEC WAGES YTD $697.93
SSEC TAX YTD $55.67
MEDICARE WAGES THIS PRD $255.70
MEDICARE WAGES YTD $697.93
MEDICARE TAX YTD $13.02

H RIGHTS OF MARINES INDEBTED TO THE GOVERNMENT
YOU HAVE THE RIGHT TO:
--INSPECT AND COPY RECORDS PERTAINING TO DEBT
--QUESTION VALIDITY OF A DEBT AND SUBMIT REFUTING EVIDENCE
--NEGOTIATE A REPAYMENT SCHEDULE
--REQUEST A WAIVER OF DEBT
MORE INFORMATION ABOUT YOUR RIGHTS CAN BE OBTAINED FROM YOUR COMMANDING OFFICER VIA YOUR CHAIN OF COMMAND.

I ADDITIONAL BAH INFORMATION | J CAREER SEA PAY | K EDUCATION DEDUCTION | L ADMIN INFO

36	37 BAH ZIP	38	39	40	41	42	43 DATE	TOTAL CAREER SEA SVC YRS MO DA	44 TYPE	45 MONTHLY AMT	46 TOTAL	47 PAY STATUS
												77000

M RESERVE DRILL INFORMATION | N RESERVE RETIREMENT INFORMATION | 48 PAY GROUP 231 | 49 CRA DATE

52 REG	53 REG FYTD	54 REG ANNYTD	55 ADD	56 ADD FYTD	57 ADD ANNYTD	58 BF ANNYTD	59 ACDU THIS PRD	60 DRILL THIS PRD	61 OTHER THIS PRD	62 MBR THIS PRD	63 END BAL ANNYTD	64 TOTAL SAT YRS	65 TOTAL RET PTS	50 RESERVE ECC	51 DSSN
0	020	027		000	000	036	05	000	0	00	042	01	00145	20130801	6102

66 AFADBD 00000000 | 67 DEAF 00000000 | 68 TSP TAX DEFERRED $ .00 | 69 TSP TAX EXEMMPT $ .00

O REMARKS

BROUGHT FORWARD .00 20070228

ENTITLEMENTS	RUC	AMT	DATES
BAH W/O DEPN	00540	13.57	20070305-20070305
BAH PARTIAL	00540	1.04	20070301-20070304
BAS (MONTHLY)	00540	46.65	20070301-20070305
BAH PARTIAL	00540	1.30	20070301-20070305
BASIC PAY	00540	255.70	20070301-20070305
TOTAL		318.26	

DEDUCTIONS	RUC	AMT	DATES
SGLI FULL TIME 400,000	00540	28.00	
FED TAX		13.95	
SOCIAL SECURITY		15.85	
MEDICARE		3.71	
STATE TAX		.10	
BAH PARTIAL	00540	1.30	20070301-20070305
RES FULL TIME TSGLI	99999	1.00	20070301
TOTAL		- 63.91	

PAYMENTS	AMT	DATE	VOU/PRNO	DSSN
PMTS-REGULAR	254.35	20070319	00087	6102
TOTAL	254.35			

CARRIED FORWARD .00
REMEMBER TO FILE YOUR FEDERAL AND STATE TAX RETURN ON TIME.
"OUR NATION IS AT WAR - OUR CORPS IS AT WAR - FIGHTING A DETERMINED ENEMY BENT ON TERROR AND DOMINATION. NOW, MORE THAN EVER, YOUR MARINE CORPS NEEDS YOU. MANY OF YOU HAVE ALREADY SACRIFICED A GREAT DEAL - AND HAVE ALREADY SERVED YOUR COUNTRY IN A COURAGEOUS AND HONORABLE MANNER. AMERICA AND YOUR CORPS

DFAS-KC T220/39 (REV 1-04) www.dfas.mil EFT INFO-DFAS-KC 1-800-694-8302

Section A - IDENTIFICATION INFORMATION.
Box 1 – NAME. Last name, first name, and middle initial.

Box 2 – SSN. Social Security Number.
Box 3 – RANK. Pay grade (Rank) for which basic pay is determined.
Box 4 – SERV. Branch of service (e.g., "USMC" or "USMCR").
Box 5 - PLT Code. The section which assigned.
Box 6 - DATE PREP. Date Prepared. This is the date the LES was prepared by DFAS in Kansas City.
Box 7 - PRD COVERED. Period covered. Used to specify the span of days covered by this leave and earnings statement.
Box 8 – PEBD. Pay entry base date.
Box 9 – YRS. Years of service for pay purposes.
Box 10 – EAS. Expiration of active service.
Box 11 – ECC. Expiration of current contract.
Box 12 - MCC-DIST-RUC. Monitor command code, district, and Reporting Unit Code (MCC- RUC for USMC, DIST-RUC for USMCR).

Section B - FORECAST AMOUNTS.
Box 13 - DATE AND AMOUNT.
1. DATE. Date of midmonth payday.
2. AMOUNT. Forecast of amount due on midmonth payday of the upcoming month.

Box 14 - DATE AND AMOUNT.
1. DATE. Date of end-of-month payday.
2. AMOUNT. Forecast of amount due on end-of-month payday of the upcoming month.

Section C - SPLIT PAY DATE.
Box 15 - START DATE. The date Split Pay Started.
Box 16 – AMOUNT. The amount of Split Pay Elected.
Box 17 – BALANCE. The balance of Split Pay not received.
Box 18 – POE. Payment Option Election. The POE code is used to designate distribution of monthly pay.

Section D - DIRECT DEPOSIT/EFT ADDRESS. This section contains the name and address of the financial institution where payments are being deposited.

Section E - LEAVE INFORMATION.
Box 19 - LV BF. Leave brought forward. The number of days leave accrued at the end of the preceding period.
Box 20 – EARNED. Number of days leave earned during the period covered. Normally this will be 2.5 days.
Box 21 – USED. Number of days leave charged since the previous LES was prepared.
Box 22 – EXCESS. Number of days leave charged without entitlement to pay and allowance, in excess of leave that can be earned prior to ECC.
Box 23 – BAL. Balance. The number of days of accrued leave due or advanced.
Box 24 - MAX ACCRUAL. Total number of days that can accrue based upon the ECC date. Value is obtained by using the 1st day of the month following the period covered, up to and including the ECC date.

Box 25 – LOST. Number of days in excess of 60 days dropped due to the change in the fiscal year.
Box 26 - SOLD/AS OF. Number of lump sum leave sold during the career and the last date leave was sold.
Box 27 - CBT LV BAL. Reserved for future use.

Section F - AVIATION PAY INFORMATION. Boxes 28 through 32 are pertaining only to Officers in the aviation field.

Section G - TAX INFORMATION.
Box 33 - STATE TAX.

1. STATE CODE. State tax code. An alphanumeric code is used to identify the state (or territorial possession) designated by the member as his/her legal residence.
2. EXEMPTIONS. State tax exemptions. Marital status and number of exemptions claimed for state tax purposes.
3. WAGES THIS PRD. Total state taxable income for the period covered.
4. WAGES YTD. State taxable income year to date. This is the amount of taxable income earning by the Marine from the date of entry into service or from 1 January of the current year through the last day of the period covered.
5. STATE TAX YTD. State taxes year-to-date. Total amount of State income tax withheld for the year.

Box 34 - FEDERAL TAX.

1. EXEMPTIONS. Federal tax exemptions. Marital status and number of exemptions claimed for federal tax purposes.
2. WAGES THIS PRD. Total federal taxable income for the period covered.
3. WAGES YTD. Federal taxable income year to date. This is the amount of taxable income earned from the date of entry into service or from 1 January of the current year through the last day of the period covered.
4. FED TAX YTD. Federal taxes year-to-date. Total amount of Federal income tax withheld for the year.

Box 35 - FICA (SOCIAL SECURITY TAX).

1. SSEC WAGES THIS PRD. Social Security wages this period. Moneys earned during period covered that are subject to deduction under the Federal Insurance Contributions Act.
2. SSEC WAGES YTD. Social Security wages year-to-date. The amount of wages earned for the year that are subject to social security tax.
3. SSEC TAX YTD. Social Security tax year-to-date. The amount of social security tax withheld for the year. This includes withholding on the amount shown in Social Security wages this period.
4. MEDICARE WAGES THIS PRD. Medicare wages this period. Moneys earned during period covered that are subject to deduction under the Old Age Survivors Disability Insurance.
5. MEDICARE WAGES YTD. Medicare wages year-to-date. The amount of wages earned for the year that are subject to Medicare tax.

6. MEDICARE TAX YTD. Medicare tax year-to-date. The amount of Medicare tax withheld for the year. This includes withholding on the amount shown in Medicare wages this period.

Section H - RIGHTS OF MARINES INDEBTED TO THE GOVERNMENT.

Section I - ADDITIONAL BAH INFORMATION

Boxes 36 through 42 are no longer used. VHA and BAQ have been replaced with BAH which will be shown in Section O.

Section J - CAREER SEA PAY.
Box 43.
1. DATE. The date career sea duty ended.
2. TOTAL CAREER SEA SVC. The total number of years, months, and days served on sea duty.

Section K - EDUCATION DEDUCTION.
Box 44 – TYPE. The educational program enrolled.
Box 45 - MONTHLY AMT. The monthly amount being deducted for the educational program.
Box 46 – TOTAL. The total amount that has been deducted for the educational program, this amount includes the current month.

Section L - ADMINISTRATIVE INFORMATION.
Box 47 - PAY STATUS. This code identifies the particular pay status on the last day covered by the LES.
Box 48 - PAY GROUP. A three digit code that identifies if an officer or enlisted.
Box 49 - CRA DATE. Clothing Replacement Allowance date for active duty enlisted.
Box 50 - RESERVE ECC. Reserve Expiration of Current Contract.
Box 51 – DSSN. Disbursing Station Symbol Number. A number used to identify the servicing disbursing/finance officer account.

Section M - RESERVE DRILL INFORMATION.
Box 52 – REG. Total regular and EIOD drills performed this period.
Box 53 - REG FYTD. Total regular and EIOD drills performed this fiscal year.
Box 54 - REG ANNYTD. Total regular and EIOD drills performed this anniversary year.
Box 55 – ADD. Total additional drills performed this period.
Box 56 - ADD FYTD. Total additional drills performed this fiscal year.
Box 57 - ADD ANNYTD. Total additional drills performed this for anniversary year.

Section N - RESERVE RETIREMENT INFORMATION.
Box 58 - BF ANNYTD. Ending balance of retirement credit points for anniversary year from prior month.
Box 59 - ACDU THIS PRD. Total days active duty this period.
Box 60 - DRILL THIS PRD. Total drills this period.
Box 61 - OTHER THIS PRD. Total all other credit points awarded this period.

Box 62 - MBR THIS PRD. Total membership points awarded this period.
Box 63 - END BAL ANNYTD. Total retirement credit points after this period for anniversary year-to-date.
Box 64 - TOTAL SAT YRS. Total satisfactory years credited for retirement purpose.
Box 65 - TOTAL RET PTS. Career total retirement credit points.

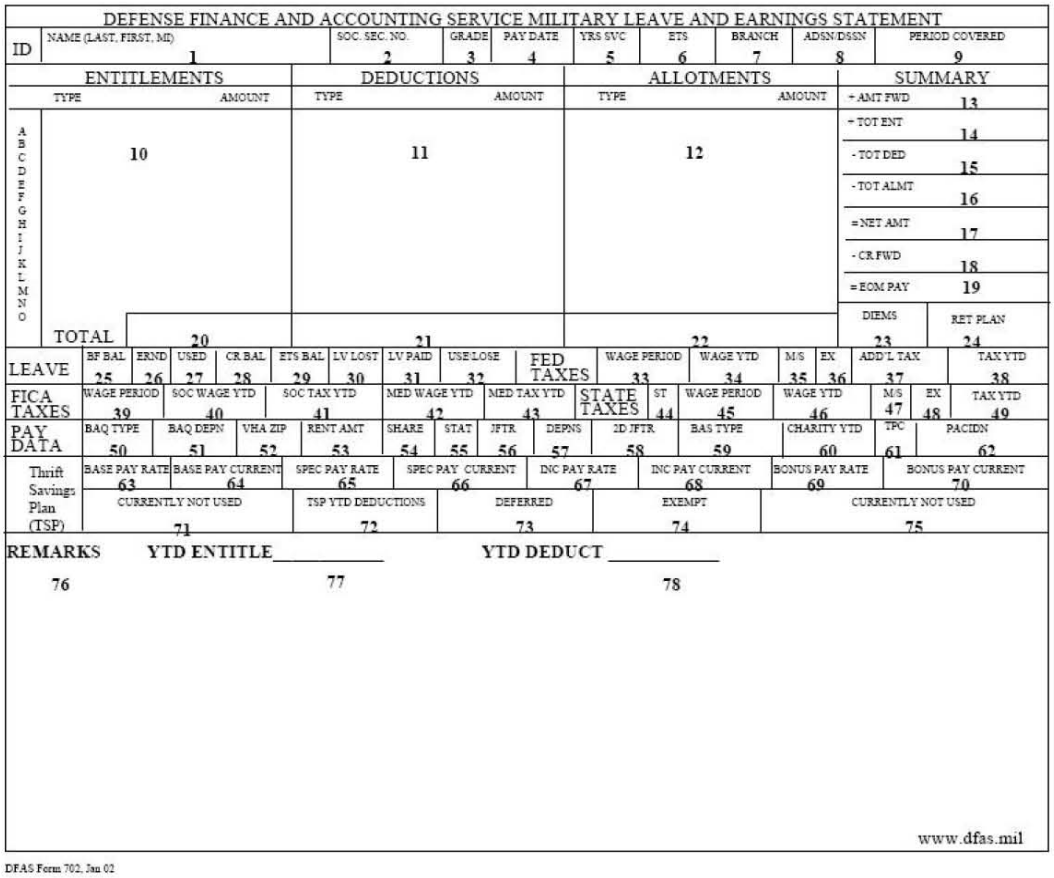
Section O – REMARKS.
Section O of the LES gives an itemized listing of entitlements, deductions, and payments, also explanatory remarks concerning specific LES data.

Entitlements. The Marine will receive entitlements based on the information mentioned in the above sections, their marital status, and dependents. The type and amount of the entitlement will be listed at the top of this section, along with a total. If there have been changes to either the type or the amount of the entitlement, this will be noted in this section, along with a note saying whether the entitlement was being stopped or started. For example, if a Marine is promoted, there will be an annotation stopping the amount of base pay under his old rank and another annotation starting the base pay of his current rank. These entitlements can include:
* Basic Pay.
* Pro/Sep Rations.
* Clothing Replacement Allowance.
* BAH.
* Other types of special pay.

Deductions. This portion in section O, gives an itemized listing of what was deducted from your entitlements. Again, there will be an annotation for starting and stopping amounts as necessary, such as when you start, stop, or change and Allotment. If a Marine takes advanced pay, such as when he PCS's, the amount of the monthly will be noted here. These deductions can include:
* Allotments.
* Bonds.
* Medicare.
* Serviceman Group Life Insurance (SGLI).
* Other special deductions based on the individual or Government needs.
* FITW (Fed Tax).
* Dental.
* Social Security.
* Medicare.
* SGLI/TSGLI/Spouse SGLI.
* USN/MC Retirement Home.
* Checkages.

Payments. This portion represents the last month's regular payments, which occurred on the first and the fifteenth.
Explanatory Remarks. This includes information that is not found on other parts of the LES, as well as information messages.

9. How to read an active duty Army, Air Force, Coast Guard, and Navy Leave and Earning Statement.


DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT

ID	NAME (LAST, FIRST, MI)	SOC. SEC. NO.	GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED
	1	2	3	4	5	6	7	8	9

ENTITLEMENTS		DEDUCTIONS		ALLOTMENTS		SUMMARY	
TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	+ AMT FWD	13
A B C D E F G H I J K L M N O	10		11		12	+ TOT ENT	14
						- TOT DED	15
						- TOT ALMT	16
						= NET AMT	17
						- CR FWD	18
						= EOM PAY	19
TOTAL	20		21		22	DIEMS 23	RET PLAN 24

LEAVE	BF BAL 25	ERND 26	USED 27	CR BAL 28	ETS BAL 29	LV LOST 30	LV PAID 31	USE/LOSE 32	FED TAXES	WAGE PERIOD 33	WAGE YTD 34	M/S 35	EX 36	ADD'L TAX 37	TAX YTD 38
FICA TAXES	WAGE PERIOD 39	SOC WAGE YTD 40	SOC TAX YTD 41	MED WAGE YTD 42	MED TAX YTD 43	STATE TAXES	ST 44	WAGE PERIOD 45	WAGE YTD 46	M/S 47	EX 48	TAX YTD 49			
PAY DATA	BAQ TYPE 50	BAQ DEPN 51	VHA ZIP 52	RENT AMT 53	SHARE 54	STAT 55	JFTR 56	DEPNS 57	2D JFTR 58	BAS TYPE 59	CHARITY YTD 60	TPC 61	PACIDN 62		
Thrift Savings Plan (TSP)	BASE PAY RATE 63	BASE PAY CURRENT 64	SPEC PAY RATE 65	SPEC PAY CURRENT 66	INC PAY RATE 67	INC PAY CURRENT 68	BONUS PAY RATE 69	BONUS PAY CURRENT 70							
	CURRENTLY NOT USED 71	TSP YTD DEDUCTIONS 72	DEFERRED 73	EXEMPT 74	CURRENTLY NOT USED 75										

REMARKS 76 YTD ENTITLE_____ 77 YTD DEDUCT _____ 78

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DFAS Form 702, Jan 02

Fields 1 - 9 contain the identification portion of the LES.

- **1 NAME**: The member's name in last, first, middle initial format.
- **2 SOC. SEC. NO**.: The member's Social Security Number.
- **3 GRADE**: The member's current pay grade.
- **4 PAY DATE**: The date the member entered active duty for pay purposes in YYMMDD format. This is synonymous with the Pay Entry Base Date (PEBD).
- **5 YRS SVC**: In two digits, the actual years of creditable service.
- **6 ETS**: The Expiration Term of Service in YYMMDD format. This is synonymous with the Expiration of Active Obligated Service (EAOS).
- **7 BRANCH**: The branch of service, i.e., Navy, Army, Air Force.
- **8 ADSN/DSSN**: The Disbursing Station Symbol Number used to identify each disbursing/finance office.

- **9 PERIOD COVERED:** This is the period covered by the individual LES. Normally it will be for one calendar month. If this is a separation LES, the separation date will appear in this field.

Fields 10 through 24 contain the entitlements, deductions, allotments, their respective totals, a mathematical summary portion, date initially entered military service, and retirement plan.

- **10 ENTITLEMENTS:** In columnar style the names of the entitlements and allowances being paid. Space is allocated for fifteen entitlements and/or allowances. If more than fifteen are present the overflow will be printed in the remarks block. Any retroactive entitlements and/or allowances will be added to like entitlements and/or allowances.
- **11 DEDUCTIONS:** The descriptions of the deductions are listed in columnar style. This includes items such as taxes, SGLI, Mid-month pay and dependent dental plan. Space is allocated for fifteen deductions. If more than fifteen are present the overflow will be printed in the remarks block. Any retroactive deductions will be added to like deductions.
- **12 ALLOTMENTS:** In columnar style the type of the actual allotments being deducted. This includes discretionary and non-discretionary allotments for savings and/or checking accounts, insurance, bonds, etc. Space is allocated for fifteen allotments. If a member has more than one of the same type of allotment, the only differentiation may be that of the dollar amount.
- **13 AMT FWD:** The amount of all unpaid pay and allowances due from the prior LES.
- **14 TOT ENT:** The figure from Field 20 that is the total of all entitlements and/or allowances listed.
- **15 TOT DED:** The figure from Field 21 that is the total of all deductions.
- **16 TOT ALMT:** The figure from Field 22 that is the total of all allotments.
- **17 NET AMT:** The dollar value of all unpaid pay and allowances, plus total entitlements and/or allowances, minus deductions and allotments due on the current LES.
- **18 CR FWD:** The dollar value of all unpaid pay and allowances due to reflect on the next LES as the +AMT FWD.
- **19 EOM PAY:** The actual amount of the payment to be paid to the member on End-of-Month payday.
- **20 - 22 TOTAL:** The total amounts for the entitlements and/or allowances, deductions and allotments respectively.
- **23 DIEMS:** Date initially entered military service: This date is used SOLELY to indicate which retirement plan a member is under. For those members with a DIEMS date prior to September 8, 1980, they are under the FINAL PAY retirement plan. For those members with a DIEMS date of September 8, 1980 through July 31, 1986, they are under the HIGH-3 retirement plan. For those members with a DIEMS date of August 1, 1986 or later, they were initially under the REDUX retirement plan. This was changed by law in October 2000, when they were placed under the HIGH-3 plan, with the OPTION to return to the REDUX plan. In consideration of making this election, they become entitled to a $30,000 Career Service Bonus.

- The data in this block comes from PERSCOM. DFAS is not responsible for the accuracy of this data. If a member feels that the DIEMS date shown in this block is erroneous, they must see their local servicing Personnel Office for corrective action.
- **24 RET PLAN:** Type of retirement plan, i.e. Final Pay, High 3, REDUX; or CHOICE (CHOICE reflects members who have less than 15 years service and have not elected to go with REDUX or stay with their current retirement plan).

Fields 25 through 32 contain leave information.

- **25 BF BAL:** The brought forward leave balance. Balance may be at the beginning of the fiscal year, or when active duty began, or the day after the member was paid Lump Sum Leave (LSL).
- **26 ERND:** The cumulative amount of leave earned in the current fiscal year or current term of enlistment if the member reenlisted/extended since the beginning of the fiscal year. Normally increases by 2.5 days each month.
- **27 USED:** The cumulative amount of leave used in the current fiscal year or current term of enlistment if member reenlisted/extended since the beginning of the fiscal year.
- **28 CR BAL:** The current leave balance as of the end of the period covered by the LES.
- **29 ETS BAL:** The projected leave balance to the member's Expiration Term of Service (ETS).
- **30 LV LOST:** The number of days of leave that has been lost.
- **31 LV PAID:** The number of days of leave paid to date.
- **32 USE/LOSE:** The projected number of days of leave that will be lost if not taken in the current fiscal year on a monthly basis. The number of days of leave in this block will decrease with any leave usage.

Fields 33 through 38 contain Federal Tax withholding information.

- **33 WAGE PERIOD:** The amount of money earned this LES period that is subject to Federal Income Tax Withholding (FITW).
- **34 WAGE YTD:** The money earned year-to-date that is subject to FITW. Field 35 M/S. The marital status used to compute the FITW.
- **36 EX:** The number of exemptions used to compute the FITW.
- **37 ADD'L TAX:** The member specified additional dollar amount to be withheld in addition to the amount computed by the Marital Status and Exemptions.
- **38 TAX YTD:** The cumulative total of FITW withheld throughout the calendar year.

Fields 39 through 43 contain Federal Insurance Contributions Act (FICA) information.

- **39 WAGE PERIOD:** The amount of money earned this LES period that is subject to FICA.
- **40 SOC WAGE YTD:** The wages earned year-to-date that are subject to FICA.
- **41 SOC TAX YTD:** Cumulative total of FICA withheld throughout the calendar year.
- **42 MED WAGE YTD:** The wages earned year-to-date that are subject to Medicare.

- **43 MED TAX YTD:** Cumulative total of Medicare taxes paid year-to-date.

Fields 44 through 49 contain State Tax information.

- **44 ST:** The two digit postal abbreviation for the state the member elected.
- **45 WAGE PERIOD:** The amount of money earned this LES period that is subject to State Income Tax Withholding (SITW).
- **46 WAGE YTD:** The money earned year-to-date that is subject to SITW. Field 47 M/S. The marital status used to compute the SITW.
- **48 EX:** The number of exemptions used to compute the SITW.
- **49 TAX YTD:** The cumulative total of SITW withheld throughout the calendar year.

Fields 50 through 62 contain additional Pay Data.

- **50 BAQ TYPE:** The type of Basic Allowance for Quarters being paid.
- **51 BAQ DEPN:** A code that indicates the type of dependent. A - Spouse C -Child D - Parent G Grandfathered I -Member married to member/own right K - Ward of the court L - Parents in Law R - Own right S - Student (age 21-22) T - Handicapped child over age 21 W - Member married to member, child under 21
- **52 VHA ZIP:** The zip code used in the computation of Variable Housing Allowance (VHA) if entitlement exists.
- **53 RENT AMT:** The amount of rent paid for housing if applicable.
- **54 SHARE:** The number of people with which the member shares housing costs.
- **55 STAT:** The VHA status; i.e., accompanied or unaccompanied.
- **56 JFTR:** The Joint Federal Travel Regulation (JFTR) code based on the location of the member for Cost of Living Allowance (COLA) purposes.
- **57 DEPNS:** The number of dependents the member has for VHA purposes.
- **58 2D JFTR:** The JFTR code based on the location of the member's dependents for COLA purposes.
- **59 BAS TYPE:** An alpha code that indicates the type of Basic Allowance for Subsistence (BAS) the member is receiving, if applicable. This field will be blank for officers.
  - B - Separate Rations
  - C - TDY/PCS/Proceed Time
  - H - Rations-in-kind not available
  - K - Rations under emergency conditions
- **60 CHARITY YTD:** The cumulative amount of charitable contributions for the calendar year.
- **61 TPC:** This field is not used by the active component of any branch of service.
- **62 PACIDN:** The activity Unit Identification Code (UIC). This field is currently used by Army only.

Fields 63 through 75 contain Thrift Savings Plan (TSP) information/data.

- **63 BASE PAY RATE:** The percentage of base pay elected for TSP contributions.
- **64 BASE PAY CURRENT:** Reserved for future use.

- **65 SPECIAL PAY RATE:** The percentage of Specialty Pay elected for TSP contribution.
- **66 SPECIAL PAY CURRENT:** Reserved for future use.
- **67 INCENTIVE PAY RATE:** Percentage of Incentive Pay elected for TSP contribution.
- **68 INCENTIVE PAY CURRENT:** Reserved for future use.
- **69 BONUS PAY RATE:** The percentage of Bonus Pay elected towards TSP contribution.
- **70 BONUS PAY CURRENT:** Reserved for future use.
- **71** Reserved for future use.
- **72 TSP YTD DEDUCTION (TSP YEAR TO DATE DEDUCTION):** Dollar **73 DEFERRED:** Total dollar amount of TSP contributions that are deferred for tax purposes.
- **74 EXEMPT:** Dollar amount of TSP contributions that are reported as tax exempt to the Internal Revenue Service (IRS).
- **75** Reserved for future use

76 REMARKS: This area is used to provide you with general notices from varying levels of command, as well as the literal explanation of starts, stops, and changes to pay items in the entries within the "ENTITLEMENTS", "DEDUCTIONS", and "ALLOTMENTS" fields.

77 YTD ENTITLE: The cumulative total of all entitlements for the calendar year.

78 YTD DEDUCT: The cumulative total of all deductions for the calendar year.

Attachment B
GUIDANCE FOR THE EXCLUSION OF COMBAT PAY FROM WIC INCOME ELIGIBLITY DETERMINATION

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT

ID	NAME (LAST, FIRST, MI) 1	SOC. SEC. NO. 2	GRADE 3	PAY DATE 4	YRS SVC 5	ETS 6	BRANCH 7	ADSN/DSSN 8	PERIOD COVERED 9

ENTITLEMENTS		DEDUCTIONS		ALLOTMENTS		SUMMARY	
TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	+ AMT FWD	13
A B C D E F G H I J K L M N O	10	11		12		+ TOT ENT	14
						- TOT DED	15
						- TOT ALMT	16
						= NET AMT	17
						- CR FWD	18
						= EOM PAY	19
TOTAL	20	21		22		DIEMS 23	RET PLAN 24

LEAVE	BF BAL 25	ERND 26	USED 27	CR BAL 28	ETS BAL 29	LV LOST 30	LV PAID 31	USE/LOSE 32	FED TAXES	WAGE PERIOD 33	WAGE YTD 34	M/S 35	EX 36	ADD'L TAX 37	TAX YTD 38
FICA TAXES	WAGE PERIOD 39	SOC WAGE YTD 40		SOC TAX YTD 41		MED WAGE YTD 42		MED TAX YTD 43	STATE TAXES	ST 44	WAGE PERIOD 45	WAGE YTD 46		M/S 47	EX 48	TAX YTD 49
PAY DATA	BAQ TYPE 50	BAQ DEPN 51	VHA ZIP 52	RENT AMT 53	SHARE 54	STAT 55	JFTR 56	DEPNS 57	2D JFTR 58	BAS TYPE 59	CHARITY YTD 60	TPC 61	PACIDN 62		
Thrift Savings Plan (TSP)	BASE PAY RATE 63	BASE PAY CURRENT 64	SPEC PAY RATE 65	SPEC PAY CURRENT 66	INC PAY RATE 67	INC PAY CURRENT 68	BONUS PAY RATE 69	BONUS PAY CURRENT 70							
	CURRENTLY NOT USED 71	TSP YTD DEDUCTIONS 72	DEFERRED 73	EXEMPT 74	CURRENTLY NOT USED 75										

REMARKS 76 YTD ENTITLE_____ 77 YTD DEDUCT _____ 78

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DFAS Form 702, Jun 02

Fields 1 - 9 contain the identification portion of the LES.

- **1 NAME**: The member's name in last, first, middle initial format.
- **2 SOC. SEC. NO**.: The member's Social Security Number.
- **3 GRADE**: The member's current pay grade.
- **4 PAY DATE**: The date the member entered active duty for pay purposes in YYMMDD format. This is synonymous with the Pay Entry Base Date (PEBD).
- **5 YRS SVC**: In two digits, the actual years of creditable service.
- **6 ETS**: The Expiration Term of Service in YYMMDD format. This is synonymous with the Expiration of Active Obligated Service (EAOS).
- **7 BRANCH**: The branch of service, i.e., Navy, Army, Air Force.
- **8 ADSN/DSSN**: The Disbursing Station Symbol Number used to identify each disbursing/finance office.
- **9 PERIOD COVERED:** This is the period covered by the individual LES. Normally it will be for one calendar month. If this is a separation LES, the separation date will appear in this field.

Attachment B
GUIDANCE FOR THE EXCLUSION OF COMBAT PAY FROM WIC INCOME ELIGIBLITY DETERMINATION

Fields 10 through 24 contain the entitlements, deductions, allotments, their respective totals, a mathematical summary portion, date initially entered military service, and retirement plan.

- **10 ENTITLEMENTS:** In columnar style the names of the entitlements and allowances being paid. Space is allocated for fifteen entitlements and/or allowances. If more than fifteen are present the overflow will be printed in the remarks block. Any retroactive entitlements and/or allowances will be added to like entitlements and/or allowances.
- **11 DEDUCTIONS:** The descriptions of the deductions are listed in columnar style. This includes items such as taxes, SGLI, Mid-month pay and dependent dental plan. Space is allocated for fifteen deductions. If more than fifteen are present the overflow will be printed in the remarks block. Any retroactive deductions will be added to like deductions.
- **12 ALLOTMENTS:** In columnar style the type of the actual allotments being deducted. This includes discretionary and non-discretionary allotments for savings and/or checking accounts, insurance, bonds, etc. Space is allocated for fifteen allotments. If a member has more than one of the same type of allotment, the only differentiation may be that of the dollar amount.
- **13 AMT FWD:** The amount of all unpaid pay and allowances due from the prior LES.
- **14 TOT ENT:** The figure from Field 20 that is the total of all entitlements and/or allowances listed.
- **15 TOT DED:** The figure from Field 21 that is the total of all deductions.
- **16 TOT ALMT:** The figure from Field 22 that is the total of all allotments.
- **17 NET AMT:** The dollar value of all unpaid pay and allowances, plus total entitlements and/or allowances, minus deductions and allotments due on the current LES.
- **18 CR FWD:** The dollar value of all unpaid pay and allowances due to reflect on the next LES as the +AMT FWD.
- **19 EOM PAY:** The actual amount of the payment to be paid to the member on End-of-Month payday.
- **20 - 22 TOTAL:** The total amounts for the entitlements and/or allowances, deductions and allotments respectively.
- **23 DIEMS:** Date initially entered military service: This date is used SOLELY to indicate which retirement plan a member is under. For those members with a DIEMS date prior to September 8, 1980, they are under the FINAL PAY retirement plan. For those members with a DIEMS date of September 8, 1980 through July 31, 1986, they are under the HIGH-3 retirement plan. For those members with a DIEMS date of August 1, 1986 or later, they were initially under the REDUX retirement plan. This was changed by law in October 2000, when they were placed under the HIGH-3 plan, with the OPTION to return to the REDUX plan. In consideration of making this election, they become entitled to a $30,000 Career Service Bonus. The data in this block comes from PERSCOM. DFAS is not responsible for the accuracy of this data. If a member feels that the DIEMS date shown in this block is erroneous, they must see their local servicing Personnel Office for corrective action.

- **24 RET PLAN:** Type of retirement plan, i.e. Final Pay, High 3, REDUX; or CHOICE (CHOICE reflects members who have less than 15 years service and have not elected to go with REDUX or stay with their current retirement plan).

Fields 25 through 32 contain leave information.

- **25 BF BAL:** The brought forward leave balance. Balance may be at the beginning of the fiscal year, or when active duty began, or the day after the member was paid Lump Sum Leave (LSL).
- **26 ERND**: The cumulative amount of leave earned in the current fiscal year or current term of enlistment if the member reenlisted/extended since the beginning of the fiscal year. Normally increases by 2.5 days each month.
- **27 USED**: The cumulative amount of leave used in the current fiscal year or current term of enlistment if member reenlisted/extended since the beginning of the fiscal year.
- **28 CR BAL**: The current leave balance as of the end of the period covered by the LES.
- **29 ETS BAL**: The projected leave balance to the member's Expiration Term of Service (ETS).
- **30 LV LOST**: The number of days of leave that has been lost.
- **31 LV PAID**: The number of days of leave paid to date.
- **32 USE/LOSE**: The projected number of days of leave that will be lost if not taken in the current fiscal year on a monthly basis. The number of days of leave in this block will decrease with any leave usage.

Fields 33 through 38 contain Federal Tax withholding information.

- **33 WAGE PERIOD**: The amount of money earned this LES period that is subject to Federal Income Tax Withholding (FITW).
- **34 WAGE YTD**: The money earned year-to-date that is subject to FITW. Field 35 M/S. The marital status used to compute the FITW.
- **36 EX**: The number of exemptions used to compute the FITW.
- **37 ADD'L TAX**: The member specified additional dollar amount to be withheld in addition to the amount computed by the Marital Status and Exemptions.
- **38 TAX YTD**: The cumulative total of FITW withheld throughout the calendar year.

Fields 39 through 43 contain Federal Insurance Contributions Act (FICA) information.

- **39 WAGE PERIOD**: The amount of money earned this LES period that is subject to FICA.
- **40 SOC WAGE YTD**: The wages earned year-to-date that are subject to FICA.
- **41 SOC TAX YTD**: Cumulative total of FICA withheld throughout the calendar year.
- **42 MED WAGE YTD**: The wages earned year-to-date that are subject to Medicare.
- **43 MED TAX YTD**: Cumulative total of Medicare taxes paid year-to-date.

- **44 ST:** The two digit postal abbreviation for the state the member elected.
- **45 WAGE PERIOD:** The amount of money earned this LES period that is subject to State Income Tax Withholding (SITW).
- **46 WAGE YTD:** The money earned year-to-date that is subject to SITW. Field 47 M/S. The marital status used to compute the SITW.
- **48 EX:** The number of exemptions used to compute the SITW.
- **49 TAX YTD:** The cumulative total of SITW withheld throughout the calendar year.

Fields 50 through 62 contain additional Pay Data.

- **50 BAQ TYPE:** The type of Basic Allowance for Quarters being paid.
- **51 BAQ DEPN:** A code that indicates the type of dependent. A - Spouse C -Child D - Parent G Grandfathered I -Member married to member/own right K - Ward of the court L - Parents in Law R - Own right S - Student (age 21-22) T - Handicapped child over age 21 W - Member married to member, child under 21
- **52 VHA ZIP:** The zip code used in the computation of Variable Housing Allowance (VHA) if entitlement exists.
- **53 RENT AMT:** The amount of rent paid for housing if applicable.
- **54 SHARE:** The number of people with which the member shares housing costs.
- **55 STAT:** The VHA status; i.e., accompanied or unaccompanied.
- **56 JFTR:** The Joint Federal Travel Regulation (JFTR) code based on the location of the member for Cost of Living Allowance (COLA) purposes.
- **57 DEPNS:** The number of dependents the member has for VHA purposes.
- **58 2D JFTR:** The JFTR code based on the location of the member's dependents for COLA purposes.
- **59 BAS TYPE:** An alpha code that indicates the type of Basic Allowance for Subsistence (BAS) the member is receiving, if applicable. This field will be blank for officers.

B - Separate Rations
C - TDY/PCS/Proceed Time
H - Rations-in-kind not available
K - Rations under emergency conditions

- **60 CHARITY YTD: The cumulative amount of charitable contributions for the calendar year.**
- **61 TPC:** This field is not used by the active component of any branch of service.
- **62 PACIDN:** The activity Unit Identification Code (UIC). This field is currently used by Army only.

Fields 63 through 75 contain Thrift Savings Plan (TSP) information/data.

- **63 BASE PAY RATE:** The percentage of base pay elected for TSP contributions.
- **64 BASE PAY CURRENT:** Reserved for future use.
- **65 SPECIAL PAY RATE:** The percentage of Specialty Pay elected for TSP contribution.

- **66 SPECIAL PAY CURRENT:** Reserved for future use.
- **67 INCENTIVE PAY RATE:** Percentage of Incentive Pay elected for TSP contribution.
- **68 INCENTIVE PAY CURRENT:** Reserved for future use.
- **69 BONUS PAY RATE:** The percentage of Bonus Pay elected towards TSP contribution.
- **70 BONUS PAY CURRENT:** Reserved for future use.
- **71 Reserved** for future use.

- **72 TSP YTD DEDUCTION (TSP YEAR TO DATE DEDUCTION):** Dollar amount of TSP contributions deducted for the year.
- **73 DEFERRED:** Total dollar amount of TSP contributions that are deferred for tax purposes.
- **74 EXEMPT:** Dollar amount of TSP contributions that are reported as tax exempt to the Internal Revenue Service (IRS).
- **75** Reserved for future use.

76 REMARKS: This area is used to provide you with general notices from varying levels of command, as well as the literal explanation of starts, stops, and changes to pay items in the entries within the "ENTITLEMENTS", "DEDUCTIONS", and **"**ALLOTMENTS" fields.

77 YTD ENTITLE: The cumulative total of all entitlements for the calendar year.

78 YTD DEDUCT: The cumulative total of all deductions for the calendar year.

G. WIC Nutritional Risk Requirements

Refer to the Clinical Nutrition Section.

USE OF PROXIES

1. Proxy means any person designated by a woman participant, parent, legal representative or caretaker of an infant or child participant **to obtain WIC benefits, WIC nutrition education and shop for WIC approved foods.**

2. A proxy form designating authorized proxies must be completed and filed in the applicant's medical record. Refer to"FORMS AND SUPPORTING INFORMATION" in this section. Names of proxies must be recorded on the Kentucky WIC Program Proxy Authorization form. Proxies may also be recorded on the eWIC cardholder and/or Participant Folder (if applicable). The authorized proxy(ies) must present proof of identification.

3. For persons presenting to clinic not authorized on the Kentucky WIC Proxy Authorization form, a verbal proxy authorization from the parent or caretaker can be obtained in order for the person to be designated as a proxy. The verbal proxy authorization must be documented on the Kentucky WIC Program Authorization form in the "verbal authorization" section. The individual granting verbal proxy authorization must be informed that the intent of the authorization will allow the said proxy to obtain WIC benefits, WIC nutrition education and conduct transactions at a WIC approved vendor to obtain WIC approved foods.

4. Authorized proxies are valid and applicable for the length of the applicant's certification period or until a request for change has been made by the woman participant, parent, legal representative or caretaker. The proxy authorization form should be reviewed at recertification.

General Consent policies in the Administrative Reference, Consent for Services, must be followed when obtaining the hemoglobin invasively. If the parent or legal representative cannot be present with the applicant at the visit, refer to the Administrative Reference, Consent for Services, General Consent When Parent/Legal Representative Cannot Be Present at Visit, or when refer to the WIC Protocol for Hemoglobin (hgb.)/Hematocrit (hct.) and Use of the Pronto Machine when applicable. Refer to the "Clinical Nutrition Section."

HOMELESS PERSONS AND PERSONS LIVING IN INSTITUTIONS

A. General Policies

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

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

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

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

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

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

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

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

B. Facility/Institution Description

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

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

C. Homeless Facility and Institution Requirements for Participation of their Residents

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Referral/Outreach

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

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

CERTIFICATION PERIODS

A. General Policies

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

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

3. The certification period begins from the certification date.

4. Based on the above information entered in the system, the system determines the certification period and the next action due and the date due.

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

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

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

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

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

B. Certification Periods

1. Women:

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

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

      Breastfeeding women are certified until the infant's first birthday as long as they continue to breastfeed. Twelve months is computed from the actual date of delivery entered in the system. If the woman stops breastfeeding before six (6) months postpartum, she may continue on WIC as a postpartum woman if she meets postpartum risk criteria. If she is more than six (6) months postpartum and stops breastfeeding, she is no longer

categorically eligible and must be terminated. If the infant has not had his first birthday and the breastfeeding woman is not receiving WIC food instruments, but the infant is receiving the full formula package, continue certification as breastfeeding. Terminate when breastfeeding ends or at the infant's first birthday.

2. Infants:

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

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

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

3. Children:

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

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

C. Action Due

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

2. The action due and the due date are printed on the certification label. Refer to Food Delivery/Data section, On-Line Produced Labels.

3. WIC Actions:

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

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

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

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

VOTER REGISTRATION

A. General Policies

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

B. Procedures for Voter Registration

1. If the person's date of birth and reason for visit code of WIC Cert/Recert/WIC VOC is in the system, a message returns if voter registration is required within the calendar year. Refer to PATIENT AND SERVICES REPORTING SYSTEM "REASON FOR VISIT CODES."

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

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

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

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

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

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

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

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

RIGHTS AND RESPONSIBILITIES

A. General Policies

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

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

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

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

5. Procedures for hearings are in the Administrative Reference Section: TRAINING GUIDELINES AND PROGRAM DESCRIPTIONS: WIC PROGRAM. WIC Program Fair Hearing Procedures are also part of Administrative Regulation 902 KAR 4:040.

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

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

8. WIC Program services and operations shall comply with the Civil Rights Act of 1964. Refer to Administrative Reference, Section: Personnel, Civil Rights.

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

B. Notification and Documentation Requirements

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

2. All persons determined eligible, or their parent/legal representative/caretaker, must be provided the eWIC Benefits Card pamphlet/eWIC Cardholder and the information contained within explained to them. The eWIC Benefits Card pamphlet includes the rights and responsibilities and how to use the eWIC card/food instruments. Refer to "FORMS AND SUPPORTING INFORMATION" in this section.

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

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

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

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

7. Reference materials are available to use as a reminder of requirements for certification and food benefit issuance. Refer to "FORMS AND SUPPORTING INFORMATION” in this section.

8. The “And Justice For All” poster shall be prominently displayed in a clinic location visible to all applicants and participants. The poster is available from the State WIC Office. Refer to "FORMS AND SUPPORTING INFORMATION” in this section and the Administrative Reference, Section: Personnel, Civil Rights.

STATUS AND PRIORITY

A. Status

1. Status and category are used interchangeably.

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

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

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

   b. A postpartum woman is in the system with postpartum status but is actually fully or partially breastfeeding. A change of status must be done to reflect the appropriate breastfeeding status. Her food package should be changed to an appropriate breastfeeding package.

   c. A woman participant who continues to partially breastfeed after 6 months postpartum and has requested more than the maximum amount of formula allowed for a partially breastfed infant no longer receives a food package, but receives the other benefits of WIC such as nutrition education. Continue the woman as partially breastfeeding status. Terminate when breastfeeding ends or woman is 1 years post-delivery.

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

      Refer to the Clinical Nutrition Section for additional guidance.

B. Priority

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

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

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

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

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

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

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

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

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

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

3. The computer system assigns the highest priority for the risk(s) entered. The person's risk code with the highest priority must be entered to ensure the highest priority assignment.

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

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

   a. A change in risk. If a new risk is identified that is a higher priority than the current priority, the certification record (automated WIC-75) must be edited to add the new risk. The system will automatically assign the new priority.

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

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

C. Infant/Child Transfer (ICT)

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

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

ENROLLMENT AND PARTICIPATION

A. Enrollment

1. Eligible persons are enrolled creating or adding the person to the household record and completing the Patient Registration screen.

2. Eligible infants that are fully breastfed and receive no formula from WIC must be certified and enrolled as soon as possible. These infants are referred to as Infant Fully Breastfed (IFB).

3. Mothers who have continued to partially breastfeed after 6 months postpartum and who have requested more than the maximum amount of formula for a partially breastfed infant are continued on the program with a Woman Partially Breastfeeding (WPB) status.

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

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

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

B. Participation

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

2. Infants fully breastfed must be assigned the BF1/F1 food package to count as participants.

3. Women who continue to partially breastfeed after 6 months postpartum and who have requested more than the maximum amount of formula allowed for a partially breastfed infant, should continue on the program to receive the other benefits of WIC such as nutrition education.

4. A participant is:

   a. A woman, infant or child who receives at least one (1) food instrument issuance during a calendar month.
   b. An infant fully breastfed enrolled with an assigned BF1/F1 food package who does not receive food instruments until the 6 months of age.
   c. A breastfeeding woman who is 6 months or more post-partum, whose infant is receiving a full formula package, would no longer receive food instruments, but is continued to be counted as a WIC Participant until the infant's 1st birthday as long as she continues to breastfeed at least an average of 1 time per day.
   d. A breastfeeding woman who is 6 months or more postpartum whose infant is receiving a partially breastfeeding formula package, continues to receive food instruments until the infant's 1st birthday as long as she continues to breastfeed and the infant remains on the partially breastfed formula package.

5. Participation is determined by:

   a. Issued food instruments and the first day to use.
      (1) The computer system captures issuance by the first day to use on the food instruments and assigns the food instruments and the participant to the appropriate month.

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

6. Participation is the total of the number of pregnant, postpartum and breastfeeding women, infants and children who receive food instruments for the month plus the number of infants fully breastfed and women partially breastfeeding no longer receiving food instruments, but continuing to partially breastfed.

7. WIC funding is based on participation.

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

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

10. Follow-up for missed appointments should be made to encourage continued participation. Two reports are produced for this purpose: the 7 Day Late Benefit Issuance List and the 30 Day Late Benefit Issuance List. Refer to “DROPOUT/ NONPARTICIPATION” in this section and FOOD DELIVERY/DATA section, “SYSTEM REPORTS.”

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

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

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

14. Participation reports are produced in provisional and final numbers, beginning the month following the report month. Each report reflects data in the system at the time the report is produced.

15. After a final participation report is produced, no additional data entered in the system affects the participation count for that month.

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

DROPOUT/NONPARTICIPATION

A. General Policies

1. A participant that fails to pick-up food instruments for two (2) consecutive months [sixty (60) days from the last valid date of the benefit period on the WIC Benefit Shopping List is considered a dropout and is automatically terminated by the system. Refer to FOOD DELIVERY/DATA section, "AUTOMATIC TERMINATIONS."

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

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

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

B. Follow-Up

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

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

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

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

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

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

C. Termination

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

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

3. If the person seeks WIC services after termination and the certification period has not expired, he/she shall be reinstated by completing information on the Reinstate/Terminate screen. Refer to "CERTIFICATION PERIODS" in this section and FOOD DELIVERY/DATA section, "SCREENS."

TRANSFER/VOC

A. General Policies

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

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

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

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

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

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

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

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

9. A person with a valid VOC from another state or from overseas cannot be denied participation because the person does not meet Kentucky nutritional risk criteria and the length of the certification period may be different.

10. A valid VOC must be accepted for eligibility and benefits provided until the ending date of the certification period.

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

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

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

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

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

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

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

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

B. Enrolling a Transfer Participant Without A VOC

1. For an in-state participant:

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

   b. Obtain needed information.
   Contact the previous site. Inform them the person is seeking WIC at your site and request needed information: date of the certification, recertification or next action due date, first full package issue month/date, food package code, prescription expiration date if applicable, and valid dates of the last food instruments issued. Document obtained information in the medical record. Refer to the Food Delivery Section, Assigning Issue Dates.

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

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

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

CASELOAD MANAGEMENT

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

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

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

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

5. Infants that are fully breastfed are eligible and receive no formula from WIC must be certified and added/enrolled with a BF1/F1 food package. Refer to “ENROLLMENT AND PARTICIPATION” in this section.

   Partially breastfeeding women who have requested more than the maximum amount of formula allowed for a partially breastfed infant and do not receive a food package are continued on the program until breastfeeding ends or until one (1) year post-delivery.

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

   Participation is the basis of WIC funding.

   Enrolled women, infants and children who receive food instruments and enrolled infants that are fully breastfed are participants. Assigning the BF1 allows the infant fully breastfeeding to count as a participant without the issuance of food instruments until the appropriate age is achieved. Refer to “ENROLLMENT AND PARTICIPATION” in this section.

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

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

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

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

   d. Mailing/Uploading Benefits. Refer to Food Delivery/Data, Mailing/Uploading Food instruments.

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

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

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

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

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

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

12. Patients requesting “no home contact” or a privacy restriction should be excluded from contacts/follow-up.

13. Follow-up for missed appointments should be made to encourage continued participation. Reports available for this purpose are: The 7 Day Late Food Benefit Pick-Up List and the 30 Day Late Food Benefit Pick-Up List. Refer to Dropout/Nonparticipation in this section and Food Delivery/Data, System Reports.

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

15. Documentation of all appointments and contacts made or attempted must be in the patient’s medical record.

16. No-show rates should be monitored. Participant surveys may be beneficial to determine why appointments are not kept. Refer to the Administrative Reference, Section: Accreditation and Quality Assurance/Quality Improvement for a sample survey.

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

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

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

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

19. If the State WIC Office determines that funds are not adequate to serve all eligible persons, all sites will be required to implement and maintain a priority waiting list. Eligible persons that cannot be served must be placed on the waiting list as directed by the State WIC Office. Refer to “WAITING LIST” in this section.

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

    a. Enrollment

    b. Participation

    c. 7 Day Late Food benefit Pickup List

    d. 30 Day Late Food benefit Pickup List

    e. Actions Due

    f. Automatic Terminations

    g. Medicaid and SNAP Recipients Not Enrolled in WIC

    h. Waiting List (when applicable)

OUTREACH AND COORDINATION

A. General Policies

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

   a. Pregnant women in the early months of pregnancy;

   b. Priority I infants;

   c. Migrant workers and their family members;

   d. Homeless individuals;

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

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

3. Services may be coordinated for household members by creating a Household Record in the system to link the members. Refer to CMS User Manual.

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

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

6. Applicants/participants or their caretakers shall be provided information on other health related programs and assistance programs and referred when appropriate. Refer to “RIGHTS AND RESPONSIBILITIES” in this section.

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

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

9. Immunization records shall be requested for infants and children applying for WIC and the records assessed for immunization status. Referrals shall be made as appropriate. Refer to the Administrative Reference, SECTION: TRAINING GUIDELINES AND PROGRAM DESCRIPTIONS, “IMMUNIZATION LINKAGE INTERVENTIONS WHICH MUST BE IN PLACE TO ENSURE CHILDREN ARE PROPERLY IMMUNIZED.”

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

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

12. At least annually, the local agency shall publicly announce the availability of WIC services, including the eligibility criteria and the location of the agency/site. If homeless facilities are in the service area, information should be included on the requirements for their residents to

participate in WIC. (Refer to “HOMELESS PERSONS AND PERSONS LIVING IN INSTITUTIONS” in this section). Public service announcements should be used when possible.

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

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

    a. Extended hours and lunch hour appointments. Refer to the Administrative Reference SECTION: LHD OPERATIONS, “DAYS AND HOURS OF OPERATION.”

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

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

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

    e. Mailing/uploading benefits. Refer to FOOD DELIVERY/DATA section.

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

    g. Certification in the hospital. Refer to “HOSPITAL CERTIFICATION REQUIREMENTS” in this section.

15. All outreach materials and advertisements must include the required non-discrimination statement. This statement is included in the AR Section: Personnel, Civil Rights Act of 1964.

16. Outreach efforts must be documented. Refer to “Documentation” below.

B. Agencies/Organizations To Outreach

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

    a. Health and medical organizations, including private doctor offices

    b. Hospitals and clinics, including rural health clinics

    c. Welfare and unemployment offices

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

    e. Migrant worker organizations

    f. Organizations/agencies serving homeless individuals

    g. Religious and community organizations

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

    a. Child care centers

b. Head Start

c. Factories

d. Military bases

e. Schools, colleges, and universities

C. Information for Outreach and Coordination

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

   a. WIC Helps - pamphlet

   b. WIC Is Growing Healthy Families - pamphlet

   c. Health Care Providers And Kentucky WIC - pamphlet

   d. Stretch Your Food Budget - poster

   e. Pregnant? New Baby? - poster

   f. Sample Outreach announcement

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

4. An agency/site may develop an advertisement on Social Media, i.e Facebook, Twitter, Local Agency Website. Developed materials for WIC must include the required non-discrimination statement. Refer to the Administrative Reference, SECTION: PERSONNEL, “CIVIL RIGHTS ACT OF 1964.” and Refer to CIO-061 Social Media Policy from the Office of the Chief Information Officer Enterprise Policy.

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

   a. Medicaid and SNAP Recipients Not Enrolled in WIC. Refer to FOOD DELIVERY/DATA section, “SYSTEM REPORTS.”

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

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

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

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

D. Documentation

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

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

INELIGIBILITY AND DISCONTINUATION OF BENEFITS

A. General Policies

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

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

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

B. Reasons for Ineligibility and Discontinuation of Benefits

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

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

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

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

2. Residence – not a Kentucky resident.

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

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

3. Income - does not meet income criteria.

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

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

4. Risk - does not meet nutritional risk criteria.

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

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

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

6. Nonparticipation/Drop-out - does not receive food instruments for two (2) consecutive months (sixty [60] days from the benefits ending date on the WIC Benefits Shopping List issued. No written notification is required prior to termination since this policy is provided to the participant at certification in the Kentucky eWIC Benefits Card Pamphlet.

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

   b. If the person seeks WIC services after termination and eligibility remains in this certification period, he/she shall be reinstated.

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

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

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

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

PARTICIPANT ABUSE

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

A. General Policies

1. Participants, or the parent, caretaker or authorized proxy must be informed of rights and responsibilities in the Program, how to properly use food instruments, and authorized stores where food instruments may be redeemed. The eWIC Cardholder, Kentucky eWIC Benefits Card pamphlet, along with a current list of local authorized stores, must be provided at the time of certification.

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

3. If abuse is suspected or a complaint of abuse is made against a participant, parent, caretaker or authorized proxy, or abuse is determined, the agency/site shall:
   - Obtain as much information as possible concerning the abuse. If a complaint is made, attempt to obtain the complaint in writing. An optional form is available for a participant complaint made by a vendor. Refer to VENDOR MANAGEMENT section.
   - Determine and/or document if the abuse actually occurred.
   - Discuss the abuse with the participant, parent or caretaker.
   - Document the discussion, the date of the discussion, and all other pertinent information in the participant's medical record.
   - Provide any required written notice(s) to the participant, parent, caretaker or authorized proxy. Place a copy of the notice(s) in the participant's medical record.

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

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

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

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

B. Types of Actions For Abuse

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

2. Suspension
   A suspension is the loss of food instruments for the specified period. When a suspension is imposed, the participant shall not be issued food instruments for the period of the suspension. A participant receiving a suspension is not terminated from the Program. A participant receiving a suspension shall be notified in writing fifteen (15) days in advance of the reason for the suspension, the period of the suspension, and the right to a fair hearing. This notice must

be provided by use of the WIC-54, NOTICE OF INELIGIBILITY. Refer to “FORMS AND SUPPORTING INFORMATION” in this section.

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

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

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

C. Types of Abuse And Action To Be Taken

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

   a. Purchasing unauthorized foods;

   b. Redeeming food instruments at an unauthorized store;

   c. Making a verbal offer of sale or exchange supplemental food or eWIC card with food instruments to another individual, group or a vendor;

   d. Returning supplemental foods to a vendor for cash.

   e. Posting WIC foods, benefits and/or eWIC cards for sale in print or online, or allowing someone else to do so.

   f. Posting a WIC issued breast pump for sale in print or online, or allowing someone else to do so.

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

   a. Redeeming food instruments before the "first day to use" or after the "last day to use." Copies of redeemed food instruments must support this.
      1. First offense: Written warning
      2. Second offense: Monthly pick-up of food instruments.
      3. Third offense: One month suspension
      4. Reinstatement of two or three month issuance is at professional discretion.

   b. Redeeming food instruments which have been previously reported to the WIC agency/site as being lost or stolen and which were replaced with other food instruments. Copies of redeemed food instruments must support this.
      1. First offense: Written warning
      2. Second offense: Claim for the amount of improperly redeemed food instruments.

   c. Purchasing unauthorized foods.
      1. First offense: Written warning
      2. Second offense: One (1) month suspension

   d. Redeeming food instruments at an unauthorized store. Copies of redeemed food instruments should support this.
      1. First offense: Written warning
      2. Second offense: One (1) month suspension

   e. Threatening physical abuse or verbal abuse of clinic staff or store staff.
      1. First offense: Written warning. If possible, another person in the clinic may serve the participant.
      2. Second offense: One month suspension

   f. Physical abuse of clinic staff or store staff.
      1. First offense: Three (3) month suspension
      2. Second offense: Three (3) month suspension

   g. Exchanging and/or selling WIC food or food instruments with other individuals, groups or stores.
      1. First offense: Three (3) month suspension
      2. Second offense: Three (3) month suspension

   h. Exchanging food instruments or supplemental foods for credit, nonfood items or supplemental food in excess of those listed on the food instrument/cash value benefit.
      1. First offense: Three (3) month suspension
      2. Second offense: Three (3) month suspension

   i. Posting WIC foods, benefits and/or eWIC cards for sale in print or online, or allowing someone else to do so.
      1. First offense: Written warning.
      2. Second offense: Three (3) month suspension

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

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

k. Knowingly and deliberately giving false or misleading information, or misrepresenting, concealing or withholding facts to obtain WIC foods. Must have verification to impose a claim.
1. First offense: Claim for improperly redeemed food instruments. Disqualifies the participant for three (3) months.
2. Second offense: Claim for improperly redeemed food instruments. Disqualifies the participant for one (1) year.

3. Disqualification for one year

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

1) A claim of $100 or more; or
2) A claim for dual participation; or
3) A second or subsequent claim of any amount.

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

1) Full restitution is made; or
2) A repayment schedule is agreed on; or
3) When a participant is under eighteen (18) a proxy is designated and approved.

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

1) Full restitution is made; or
2) A repayment schedule is agreed on; or
3) When a participant is under eighteen (18) a proxy is designated and approved.

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

HOSPITAL CERTIFICATION REQUIREMENTS

1. WIC services may be provided in the hospital when the need exists and when appropriate. Certification in the hospital should expedite services and target new participants. All WIC requirements must be followed. A needs assessment must be conducted and submitted to the State WIC Office for review and approval.

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

3. If one staff member is determining eligibility and issuing food instruments at a hospital certification, records for the certification and issuance must be reviewed and signed by the supervisor. Procedures must also be in place to provide WIC services to employees, and relatives and household members of employees without a conflict. Refer to Conflict of Interest in this section.

4. Patients in the hospital may live outside the agency service area. If patients outside the service area are certified, only one (1) month of food instruments can be issued. A VOC must also be issued to the participant. The participant should be instructed to contact the local service agency in the area where they reside. If patients outside the service area are not certified, they should be provided information about WIC and referred to the agency in their county of residence.

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

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

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

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

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

10. Identification of the person being certified must be requested. If proof of identity is presented, the appropriate proof code should be documented on the CH-5, CH-5WIC or CH5-B. The hospital record, birth card, crib card, or identification bracelet is acceptable. If no documentation of identity is seen, the hospital certification code of 24 is used for the identity proof code on the CH5-B. If the situation exists that proof of identity for the woman being certified cannot be provided, procedures for "Applicant Unable to Provide Proof of Identity at WIC Certification" in WIC ELIGIBILITY REQUIREMENTS should be followed.

11. Residence must be documented on the CH-5, CH-5WIC or CH5-B and residence requirements must be met. Proof of residence should be obtained if possible, i.e., if the patient/caretaker has proof with her or if staff has access to the hospital record. In this situation, the appropriate proof code should be recorded on the CH-5, CH-5WIC or CH5-B. If no documentation of residence can be presented, the patient must self-declare the address. The hospital certification code of 24 is used for the for the type of proof for residence the CH-5, CH-5WIC or CH5-B. If the situation exists

that proof of residence cannot be provided, procedures for “Applicant Unable to Provide Proof of Residency at WIC Certification” in WIC ELIGIBILITY REQUIREMENTS section should be followed.

12. Income eligibility must be determined and documented on the CH-5, CH-5WIC or CH5-B. Determine if the person qualifies due to adjunct eligibility. If Medicaid eligible, this may be documented in the hospital record. If so, document the appropriate code on the CH-5, CH-5WIC or CH5-B. If the patient states she is Medicaid eligible, verify this at the clinic through KY Health-Net, Voice Response, or DCBS. If adjunct eligibility does not apply, household income information must be gathered and compared to the income guidelines for eligibility. If proof of income is presented, document the proof code(s) on the CH-5, CH-5WIC or CH5-B. If proof is not presented, the patient/caretaker must self-declare household income. The hospital certification code 24 is used as the proof code. If the situation exists that proof of household income cannot be provided, procedures for “Applicant Unable to Provide Proof of Income” should be followed. Refer to PATIENT SERVICES REPORTING SYSTEM, APPENDICES,“ WIC Income Eligibility Requirements.”

13. Nutritional risk must be determined and documented. “Guidelines For WIC Certification” in the, Clinical Nutrition Section, must be followed. If the health professional has access to the hospital record, information may be obtained from it. All required medical and nutritional information must be documented in the medical record. If any data cannot be obtained, document the reason in the medical record. Any corresponding nutrition risk codes cannot be assigned.

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

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

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

17. If the system is down or unavailable, procedures must be established and in place for data entry. Data entry must be done as soon as possible, but must not exceed one (1) week. WIC services are reported the same as in clinic, but with the appropriate service date and place of service.

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

19. When proof is presented that supports eligibility, the medical record must be updated to document the type of proof presented. This may be done by handwriting the proof codes along with the date and staff initials on the CH-5, CH-5WIC or CH-5B.

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

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

22. In conjunction with quality assurance reviews, local agency is responsible for ensuring that WIC operations are reviewed in the hospital. The internal review shall be done a minimum of every two (2) years, and must cover local management, memorandum of understanding agreements, certification, nutrition education, participant services, civil rights, food delivery and food instrument/cash value benefit accountability, and financial management. The individual performing the review cannot be a person that provides services in the entity being reviewed. A form or forms must be used to document review content and findings. The agency may develop review forms for this purpose or may request State WIC Office forms. Identified deficiencies must be corrected promptly by the local agency. Documentation of the internal reviews must be maintained for five (5) years. Refer to the AR, SECTION: ACCREDITATION AND QUALITY ASSURANCE/QUALITY IMROVEMENT, for additional information.

WAITING LIST

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

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

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

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

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

   a. Reason placed on the waiting list.

   b. Right to a fair hearing.

   c. Priority is based on nutritional risk and status.

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

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

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

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

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

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

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

8. The waiting list must be updated as needed.

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

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

OPENING A NEW SITE FOR WIC SERVICES

When an existing site(s) cannot meet the needs of the population, a new site may be needed. Some factors to consider for a new site are: number of persons to be served, services to be provided, staffing, and cost. A needs assessment must be conducted to evaluate, at a minimum, the following: number of persons to be served, services to be provided, staffing, budget, and equipment needs.

A. General Policies

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

2. A site must operate under all policies and procedures in the WIC and Nutrition Manual and the ADMINISTRATIVE REFERENCE (AR), and comply with Civil Rights FNS-113-1, pages 20-21, C and D.

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

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

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

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

B. Procedures to Open a New WIC Site

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

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

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

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

   a. Food instruments needed for issuance:
      - eWIC Cards
      - Handwritten- (Infant, Woman/Child, CVB)

   b. Food instruments needed if not automated and a separate site number is used:
      - Handwritten- (Infant, Woman/Child, CVB)

c. Food instruments needed if not automated and the existing site's number is used:
   - Handwritten- (Infant, Woman/Child, CVB)

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

   NOTE: Contact the State WIC Office for approval.

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

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

CLOSING A WIC SERVICES SITE

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

1. Notify the State WIC Office at least ninety (90) days in advance of the closing.

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

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

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

5. A VOC must be issued for the transfer to another site. Refer to "TRANSFER VOC" in this section.

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

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

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

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

10. All reports and information for this site must be transferred to one central location.

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

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

FORMS

and

SUPPORTING INFORMATION

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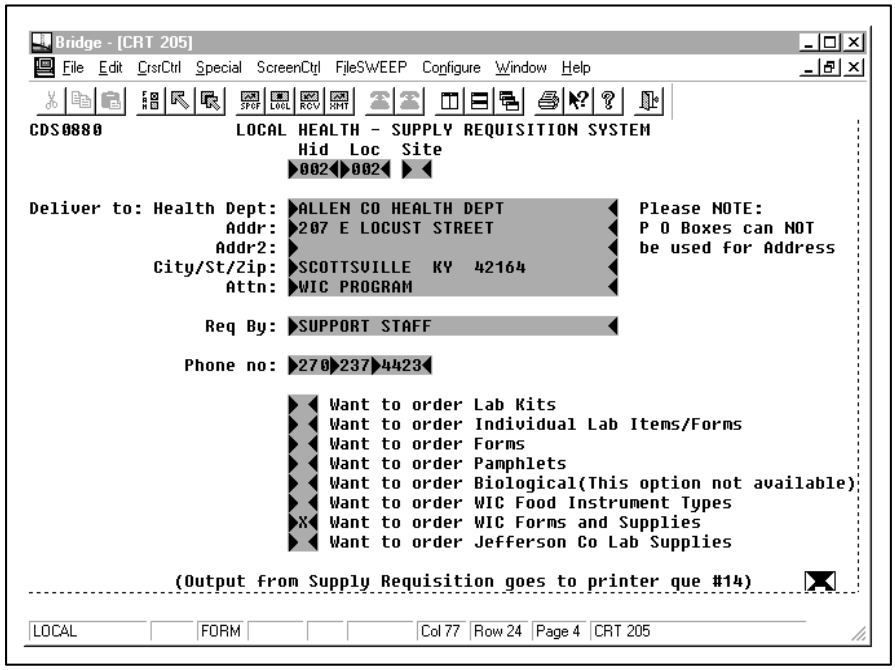
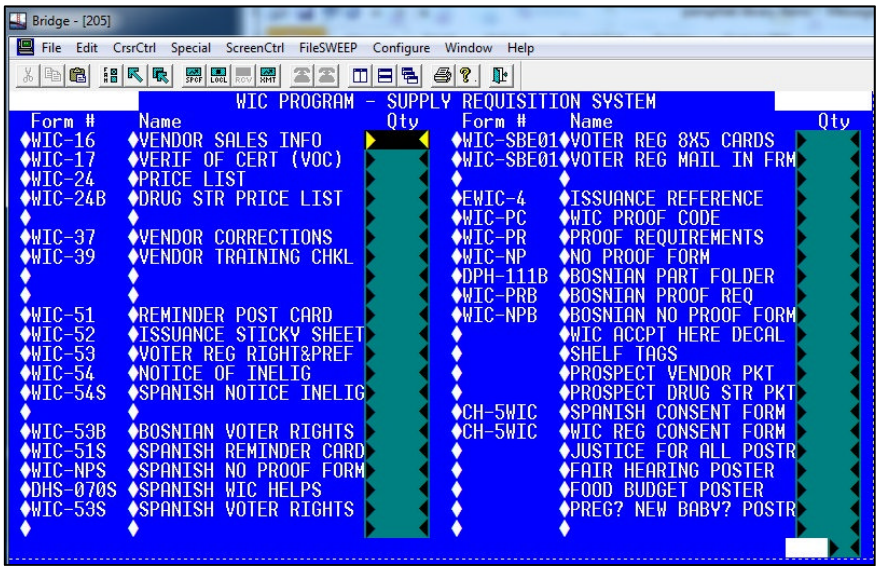
INSTRUCTIONS FOR ORDERING WIC FORMS AND SUPPLIES

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

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



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



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

WIC Certification Form – Women	WIC-75A
WIC Certification Form – Infants	WIC-75B
WIC Certification Form – Children	WIC-75C
WIC Helps Pamphlet	DPH-070
eWIC Benefits Card Pamphlets in English or Spanish	eWIC-1
eWIC Cardholders in English or Spanish	eWIC-3
WIC Approved Food List English	WIC-40
WIC Approved Food List Spanish	WIC-40S
Health Care Providers and Ky WIC Program Pamphlet	

Materials at the pamphlet library may be ordered by sending a fax to (502) 227-7191. Please include the item name, quantity needed, and the complete mailing address. An ordering form with instructions may be found on the Department for Public Health web site at: http://chfs.ky.gov/dph/info/lhd/LHDforms.htm.

Proof of Residence, Identity, and Income Card (WIC-PC)

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

WIC Proof of Residence, Identity and Income

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

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

WIC-PC 3/2012

WIC Adjunct Income Eligibility Proof Requirements and Documentation

Situation	Proof Required	Qualifies (Income only)	Label Field/Code	Adjunct Eligibility/Drop Down Selection	Label Field/Drop Down Selection
Pregnant (PG) Woman Receives Medicaid (including MPE, MBCCTP)	• Verification of current Medicaid eligibility* • MBCCTP or MPE Identification Sheet • Verification by MPE Provider	Pregnant Woman	Medicaid-Y Medicaid-E for MPE	Receives Medicaid	Health-Net/DCBS/ID for pt-01**
		Household Members	Medicaid-N WH-Y	Lives w/preg woman w/Medicaid	Health-Net/DCBS/ID for HH member-23***
Breastfeeding/Postpartum (BF/PP) Woman Receives Medicaid (including MPE, MBCCTP)	• Verification of current Medicaid eligibility* • MBCCTP or MBE Identification Sheet • Verification by MPE Provider	BF/PP Woman	Medicaid-Y Medicaid-E for MPE	Receives Medicaid	Health-Net/DCBS/ID for pt-01**
Infant Receives Medicaid	• Verification of current Medicaid eligibility*	Infant	Medicaid-Y	Receives Medicaid	Health-Net/DCBS/ID for pt-01**
		Household Members	Medicaid-N WH-Y	Lives w/ infant receiving Medicaid	Health-Net/DCBS/ID for HH member-23***
Newborn Infant's Mother Received Medicaid at Delivery	• Verification of mom's Medicaid eligibility*	Infant	Medicaid-M WH-Y	Infant covered by mom's Medicaid	Heath-Net/DCBS/ID for HH member - 23***
Child Receives Medicaid	• Verification of current Medicaid eligibility*	Child Only	Medicaid-Y	Receives Medicaid	Health-Net/DCBS/ID for pt - 01
Infant/Child Receives KCHIP Phase III	• Not Adjunct Eligible	No one	Medicaid-K	None	Not Applicable
PG/BF/PP Woman/ Infant/Child Receives Food Stamps	• General Notice of Action Letter with Applicant Name • DCBS Verification	Person Listed on Letter	Food Stamps-Y	Receives Food Stamps	Food Stamp Letter/DCBS-02 or Other-50
PG/BF/PP Woman/ Infant/Child Receives KTAP	• KTAP Letter • KTAP Check Stub • DCBS Verification	Woman Infant/Child	KTAP-Y	Receives KTAP	Other-50
		Household Members	KTAP-N WH-Y	Lives w/HH member receiving KTAP	Other-50

* Verification through KY Health-Net, Voice Response, or local DCBS is acceptable.
** Women adjunct eligible based on MPE or MBCCTP must show proof of residence and identity.
*** Persons adjunct eligible based on another person's eligibility must show proof of residence and identity.
MPE = Medicaid Presumptive Eligibility
MBCCTP = Medicaid Breast and Cervical Cancer Treatment program

PROOF REQUIREMENTS REMINDER
WIC-PR – ENGLISH/SPANISH
WIC-PRB – ENGLISH/BOSNIAN

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

WIC - Healthy Foods for Healthy Futures for Women, Infants, and Children

Could WIC help you? If the answer is yes, contact your local health department today. You will be asked to provide the following information so you or your household members can be screened for WIC.

Proof of your Identity...
***bring one of these for yourself and any other persons being screened:**

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

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

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

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

- ✓ Food Stamp Letter
- ✓ Current pay stub (last 30 days)
- ✓ W-2 forms
- ✓ Signed statement from employer
- ✓ Income tax forms for most recent year
- ✓ Unemployment letter/notice
- ✓ Check stub/award letter from Social Security
- ✓ Recent Leave and Earnings Statement (LES) for military
- ✓ Foster child placement/award letter
- ✓ Tax forms or accounting records for self-employed
- ✓ Copies of alimony or child support checks

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

Remember:

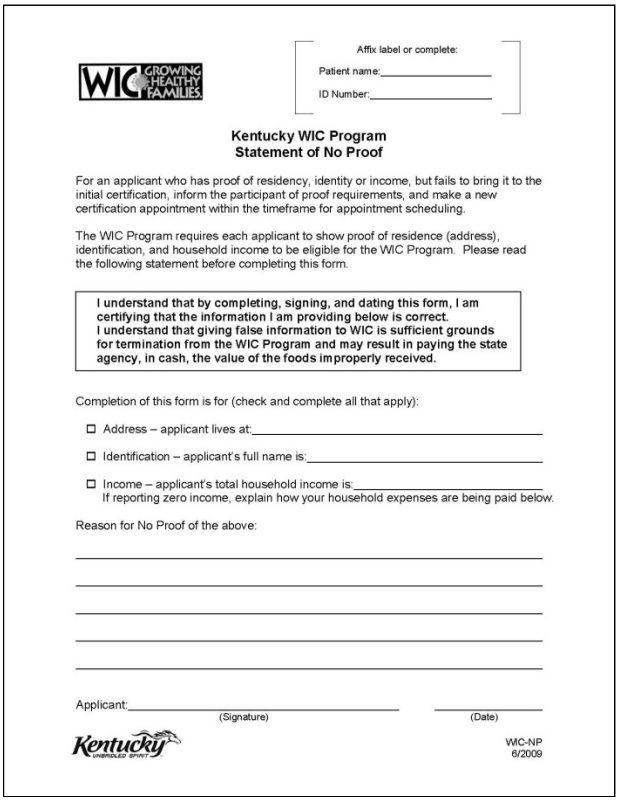
- If you or anyone that lives with you receives Medicaid, tell clinic staff. Medicaid eligibility may meet the proof requirements for WIC.
- Proof of household income must be provided if you have KCHIP III.
- Proof of identity and residence must be provided when you have Medicaid presumptive eligibility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

This institution is an equal opportunity provider.

WIC-PR Rev. 12/2011

STATEMENT OF NO PROOF (WIC-NP)

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



WIC GROWING HEALTHY FAMILIES

Affix label or complete:

Patient name:_____

ID Number:_____

Kentucky WIC Program
Statement of No Proof

For an applicant who has proof of residency, identity or income, but fails to bring it to the initial certification, inform the participant of proof requirements, and make a new certification appointment within the timeframe for appointment scheduling.

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

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

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

- ☐ Address – applicant lives at:_____
- ☐ Identification – applicant's full name is:_____
- ☐ Income – applicant's total household income is:_____
  If reporting zero income, explain how your household expenses are being paid below.

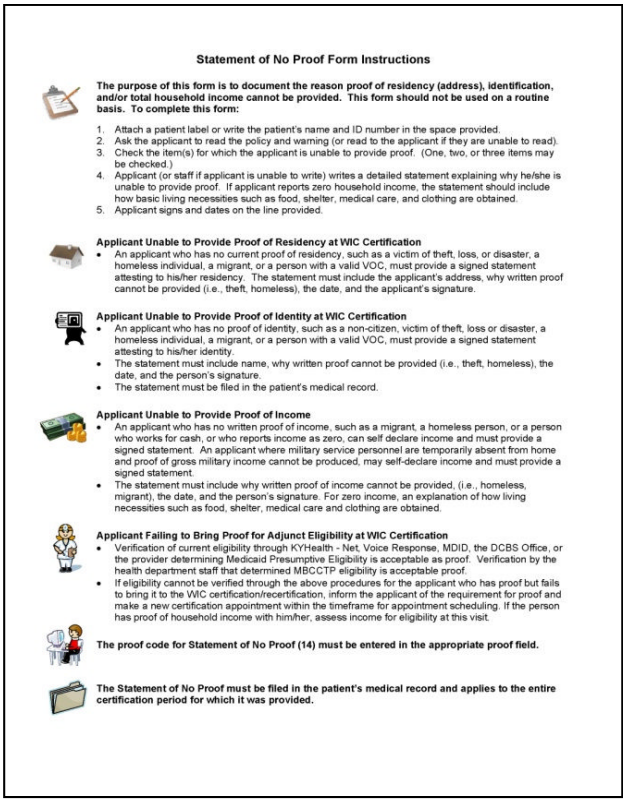
Reason for No Proof of the above:

_____
_____
_____
_____
_____

Applicant:_____ (Signature) _____ (Date)

Kentucky UNBRIDLED SPIRIT

WIC-NP
6/2009



Statement of No Proof Form Instructions

The purpose of this form is to document the reason proof of residency (address), identification, and/or total household income cannot be provided. This form should not be used on a routine basis. To complete this form:

1. Attach a patient label or write the patient's name and ID number in the space provided.
2. Ask the applicant to read the policy and warning (or read to the applicant if they are unable to read).
3. Check the item(s) for which the applicant is unable to provide proof. (One, two, or three items may be checked.)
4. Applicant (or staff if applicant is unable to write) writes a detailed statement explaining why he/she is unable to provide proof. If applicant reports zero household income, the statement should include how basic living necessities such as food, shelter, medical care, and clothing are obtained.
5. Applicant signs and dates on the line provided.

Applicant Unable to Provide Proof of Residency at WIC Certification

- An applicant who has no current proof of residency, such as a victim of theft, loss, or disaster, a homeless individual, a migrant, or a person with a valid VOC, must provide a signed statement attesting to his/her residency. The statement must include the applicant's address, why written proof cannot be provided (i.e., theft, homeless), the date, and the applicant's signature.

Applicant Unable to Provide Proof of Identity at WIC Certification

- An applicant who has no proof of identity, such as a non-citizen, victim of theft, loss or disaster, a homeless individual, a migrant, or a person with a valid VOC, must provide a signed statement attesting to his/her identity.
- The statement must include name, why written proof cannot be provided (i.e., theft, homeless), the date, and the person's signature.
- The statement must be filed in the patient's medical record.

Applicant Unable to Provide Proof of Income

- An applicant who has no written proof of income, such as a migrant, a homeless person, or a person who works for cash, or who reports income as zero, can self declare income and must provide a signed statement. An applicant where military service personnel are temporarily absent from home and proof of gross military income cannot be produced, may self-declare income and must provide a signed statement.
- The statement must include why written proof of income cannot be provided, (i.e., homeless, migrant), the date, and the person's signature. For zero income, an explanation of how living necessities such as food, shelter, medical care and clothing are obtained.

Applicant Failing to Bring Proof for Adjunct Eligibility at WIC Certification

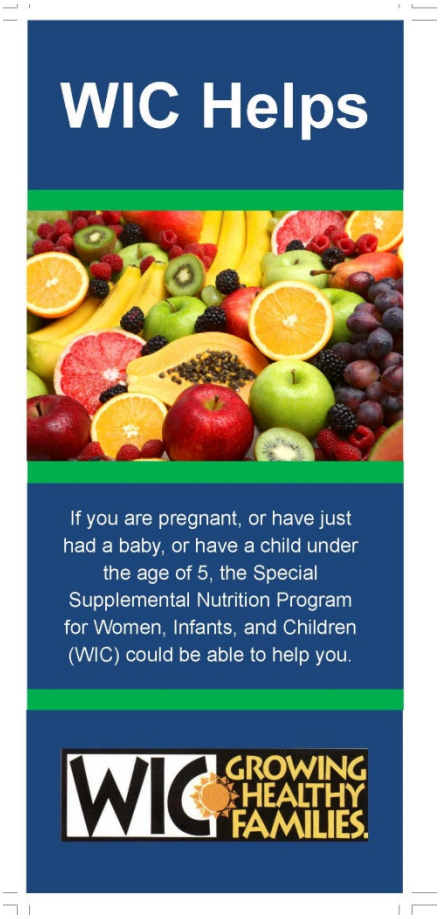
- Verification of current eligibility through KYHealth - Net, Voice Response, MDID, the DCBS Office, or the provider determining Medicaid Presumptive Eligibility is acceptable as proof. Verification by the health department staff that determined MBCCTP eligibility is acceptable proof.
- If eligibility cannot be verified through the above procedures for the applicant who has proof but fails to bring it to the WIC certification/recertification, inform the applicant of the requirement for proof and make a new certification appointment within the timeframe for appointment scheduling. If the person has proof of household income with him/her, assess income for eligibility at this visit.

The proof code for Statement of No Proof (14) must be entered in the appropriate proof field.

The Statement of No Proof must be filed in the patient's medical record and applies to the entire certification period for which it was provided.

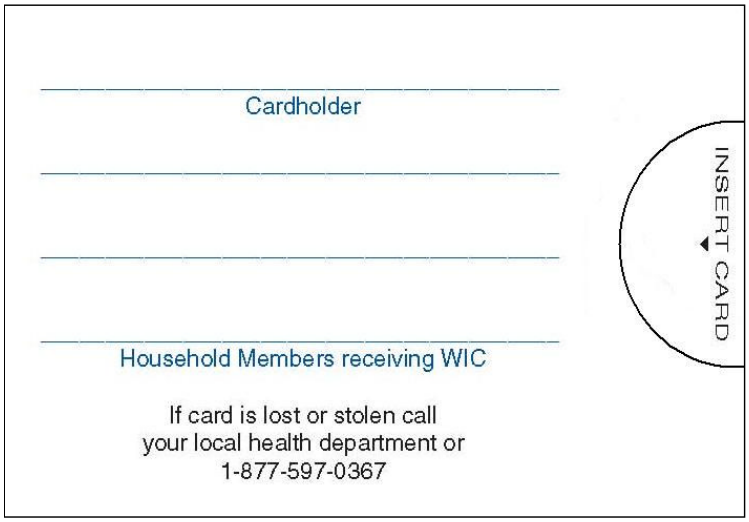
Kentucky eWIC Benefits Card Pamphlet (eWIC-1)

Purpose	To inform the participant of their rights and responsibilities, how to use WIC food instruments/cash value benefits and other important information, and to keep the card secure.
When To Use	At initial certification, recertification, and when participant needs to be informed of the information.
Instructions	Must provide a pamphlet to each new WIC Program participant.
Disposition	Give to participant/caretaker.
Retention	None. Is not retained by agency/site.
Language	English and Spanish versions are available.
Ordering	Ordered from Pamphlet Library. Pamphlets are packaged 100 per bundle.



Kentucky eWIC Cardholder (eWIC-3)

Purpose	To inform the participant of other services available, and general information related to the receipt of the eWIC card.
When To Use	Provide a cardbook at issuance of the eWIC card.
Instructions	Write card holder's name and household members names inside front cover who have benefits on the eWIC card. There is also a blank page for local agency information label or stamp. Future appointments may also be written inside the book on appointment pages.
Language	English and Spanish versions are available.
Ordering	Ordered from the pamphlet library. Cardbooks are packaged 100 per box.



eWIC Issuance Reference/Items to Review with Participant (eWIC-4)

Purpose	This sheet serves as a reminder of procedures for issuing an eWIC card and outlines information that needs to be provided to the participants.
When To Use	Use as needed for training on eWIC benefits issuance.
Ordering	Ordered from the State WIC Office.

ISSUANCE REFERENCE

ISSUING eWIC CARD AND WIC BENEFITS FOR HOUSEHOLD

- Click Household Search on Portal
- Enter Household number and click Search (can search on patient number or patient name)
- On Member page, if mom/caretaker is in the household, change member to Cardholder Member
- Click Save & WIC Issuance button
- On WIC Benefits Issuance page, click eWIC Card Button (button appears only if card is not assigned)
- Add Card/Cardholder page comes up
- Minimize Add Card/Cardholder page
- On WIC Benefits Issuance page, enter issuance information
  - Clinic – check that correct clinic is entered
  - Issue Date – enter issuance date. Be sure issue date is correct!
  - Identification – select proof for person picking up benefits from dropdown
- Click box beside patient name to get benefits or click ALL if all members will get benefits
- When lines open, select # of months for issuance for each member (field on right side of page)
- Click Issue Benefits button - - Label(s) and Benefits List will appear
  - Print label(s) for placement in chart (ensure printer is zebra printer)
  - Print Benefit List to give participant (ensure printer is correct printer)
- Click on Add Card/Cardholder page that was minimized
- When Add Card/Cardholder page appears, maximize page if needed
- Click in Card Number field
- Card Reader/PIN Pad device must show "Slide Card" in the screen
- Slide card in Card Reader/PIN Pad device to enter complete card number in Card Number field
- Client must enter PIN
  - Click Enter PIN – "Enter PIN" on page changes to "Waiting"
  - Have cardholder enter PIN on Card Reader/PIN Pad device and enter again to confirm PIN
  - "Waiting" on the page changes to "PIN Entered" after successful PIN entry
- If needed, enter name and birth date of cardholder if not set from Member page
- Click Save Button
- Message returns of "Card/Cardholder Added"
- Close (X) the Add Card/Cardholder page
- Have client sign eWIC Rights and Responsibilities and give/explain Benefits List, eWIC card, eWIC pamphlet

ISSUING eWIC BENEFITS WHEN HOUSEHOLD HAS AN eWIC CARD

- Click Household Search on Portal
- Enter Household number and click Search (can search on patient number or patient name)
- On Member page, click Save & WIC Issuance button
- WIC Benefits Issuance page comes up
- On WIC Benefits Issuance page, enter issuance information
  - Clinic – check that correct clinic is entered
  - Issue Date – enter issue date. Be sure issue date is correct!
  - Identification – select proof for person picking up benefits from dropdown
- Click box beside patient name to get benefits or click ALL if all members will get benefits
- When lines open, select # of months for issuance for each member (field on right side of page)
- Click Issue Benefits button - - Label(s) and Benefits List will appear
  - Print label(s) for placement in chart (ensure printer is zebra printer)
  - Print Benefit List for participant (ensure printer is correct printer)
  - Give/explain Benefits List

eWIC-4 Rev. 3/2012

Items to Review with the Participant

- How to select a PIN (Personal Identification Number).
- Give the participant a Kentucky eWIC Information and Rights and Responsibilities handout (eWIC-1).
- Have participant sign and date the Rights and Responsibilities form.
- Give participant a list of participating stores (if needed).
- Participant/shopper must tell store cashier they are using an eWIC card.
- Explain how to use the card at the store.
- Explain how to do a Balance Inquiry in clinic.
- Participant should request a Balance Inquiry at the store if they do not know the card balance.
- If an approved food is not allowed to be purchased, report it to clinic staff.
- Keep card and PIN secure.
- If need a new card or PIN, you must come to the clinic for replacement.

eWIC-4 Rev. 3/2012

VOTER REGISTRATION RIGHTS AND PREFERENCE FORM (WIC-53)

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

Kentucky WIC Program

Voter Registration Rights and Preference

Affix label or complete:

_____ (Applicant or Recipient Name)

_____ (Social Security Number)

RIGHTS

- **APPLYING TO REGISTER OR DECLINING TO REGISTER TO VOTE WILL NOT AFFECT THE AMOUNT OF ASSISTANCE THAT YOU MAY RECEIVE OR ARE PROVIDED BY THIS AGENCY.**

SAMPLE

- If you register to vote or decline to register to vote, this decision and any information regarding the office to which the application was submitted remains confidential and is used only for voter registration purposes.
- If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may complete the application form in private.

DO NOT COPY

- If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register, or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint by calling 1-800-246-1399.

PREFERENCE

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

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

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

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

Signed:_____ Date:_____
(Applicant or Recipient)

Kentucky UNBRIDLED SPIRIT

WIC-53
Rev. 7/2005

STATE BOARD OF ELECTIONS VOTER REGISTRATION APPLICATION (SBE01)

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

SBE 01 (09/09) **You MUST answer questions A & B below before completing this form.** **3545093**

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

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

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

Check one:		FOR CLERK USE ONLY			
☐ New Registration	☐ Address Change	PRECINCT CODE	PRECINCT NAME	TOWN	OTHER CODE
☐ Party Change	☐ Name Change				

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

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

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

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

Party Registration – check one box

☐ Democratic Party

☐ Republican Party

☐ Other _____ (write name above)

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

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

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

Voter Declaration – read and sign below

I swear or affirm that:

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

X Signature Date

TWO WITNESSES REQUIRED IF "MARK" IS USED

Witnessed By: | Witnessed By:

VOTER REGISTRATION APPLICATION
(SYSTEM GENERATED FORM)

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

VOTER REGISTRATION APPLICATION 354509

SSN: DOB: County:

PRECINCT CODE / NAME OTHER

Name:

Mail:

Sex: Phone:

PARTY REGISTRATION - CHECK ONE

_____DEMOCRATIC _____REPUBLICAN _____OTHER
(Write Name Above)

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

VOTER DECLARATION – READ AND SIGN BELOW

I SWEAR OR AFFIRM THAT:

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

SIGNATURE DATE

PARTICIPANT RIGHTS AND RESPONSIBILITIES INFO SHEET

Purpose	To inform participants of their rights and responsibilities in the WIC Program.
When To Use	Distribute as needed. Copy as needed.

Information Sheet
Rev. 1/2010

Participant Rights and Responsibilities

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

- Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, gender, or disability.
- You may appeal any decision made by the Local Agency regarding your eligibility for the WIC Program. For information on an appeal, ask for the Fair Hearing Procedures.
- Health services/referrals and nutrition education are available to you. You are encouraged to participate in these services.
- It is illegal for a person to be receiving food benefits from more than one WIC Program and/or Commodities Special Food Program (CSFP) at the same time.
- Keep your appointments. If you do not pick up your food benefits two months in a row, you will be removed from the WIC Program.
- If you pick up your food benefits late, you may not be given all the food benefits.
- If you misrepresent, conceal, or withhold facts in order to get WIC, you may be asked to repay the value of the food received and be removed from the WIC Program.
- Physical or verbal threats or abuse of the clinic or store staff could result in you not receiving WIC benefits.
- Misuse of benefits may result in removal from WIC or being asked to repay the value of the food received.
- Only share your card or PIN with people you have identified as a proxy. If you give someone your card and PIN and they misuse your food benefits, they will not be replaced.

FAIR HEARING PROCEDURES INFO SHEET

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

Information Sheet

WIC Program Fair Hearing Procedures

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

For a Hearing:

- Contact the State WIC Agency within sixty (60) days of the date you were denied WIC services or told to repay benefits and request a hearing.
- A hearing will be scheduled within twenty-one (21) days of when your request was received.
- You will be notified in writing at least ten (10) days before the hearing of the date, time, and place.
- You may be helped or represented by an attorney or other persons such as a friend or relative.
- Before the hearing you or your representatives may look at the documents and records to be presented.

Hearing Procedures:

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

While Waiting for the Hearing Decision:

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

Hearing Decisions

- You will be told in writing of the decision on your case within forty-five (45) days from the date the State WIC Agency received your request for a hearing.
- You or your representative can copy or review all hearing records.
- If the decision is in your favor, WIC services will begin immediately or will continue.
- If the decision is not in your favor, WIC services will stop or the local agency may begin collection efforts for payment of benefits.
- If the decision is in favor of the local agency, you can appeal to the Cabinet for Health and Family Services, Office of the Secretary, Appeal Board for Public Assistance, within fifteen (15) days of the mailing date of the decision.
- Any party aggrieved by the decision of the Appeal Board for Public Assistance may seek judicial review of the decision by filing a petition in the circuit court of the county in which the petitioner resides.

Rev. 6/2014

FAIR HEARING PROCEDURES POSTER

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

WIC Program Fair Hearing Procedures

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For a Hearing:

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- A hearing will be scheduled within twenty-one (21) days of when your request was received.
- You will be notified in writing at least ten (10) days before the hearing of the date, time, and place.
- You may be helped or represented by an attorney or other persons such as a friend or relative.
- Before the hearing you or your representatives may look at the documents and records to be presented.

Hearing Procedures:

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

While Waiting for the Hearing Decision:

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

Hearing Decisions

- You will be told in writing of the decision on your case within forty-five (45) days from the date the State WIC Agency received your request for a hearing.
- You or your representative can copy or review all hearing records.
- If the decision is in your favor, WIC services will begin immediately or will continue.
- If the decision is not in your favor, WIC services will stop or the local agency may begin collection efforts for payment of benefits.
- If the decision is in favor of the local agency, you can appeal to the Cabinet for Health and Family Services, Office of the Secretary, Appeal Board for Public Assistance, within fifteen (15) days of the mailing date of the decision.
- Any party aggrieved by the decision of the Appeal Board for Public Assistance may seek judicial review of the decision by filing a petition in the circuit court of the county in which the petitioner resides.

Rev. 6/2014

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

Purpose	To transfer a currently eligible participant/enrollee to another agency/site.
When To Use	When a transfer of eligibility is requested or indicated. This format is the profile which should be used when a printer with blank paper is available at the on-line site.
System Procedure to Obtain	Request the system VOC according to the instruction in the Kentucky CMS User Manual.
Disposition	Provide to the participant to give to the new agency/site. This VOC can be done and mailed to the participant or the receiving agency/site with appropriate authorization. Receiving agency/site must file in the person's medical record.
Retention	Not retained by issuing agency/site. Receiving agency/site retains per medical records requirements.

Kentucky WIC Program
Verification of Certification

Patient Information

HH #
Name
Gender Male
Birth Date 09/07/2010
EDC

Certification Date 01/11/2012
Certification End Date 07/11/2012
Age 1 Years 4 Months 4 Days
Status Child
Priority 5A

Height & Weight

Date of Measures 01/11/2012
Height 0 ft. 32 in.
Weight 24 lbs. 13 oz.
BMI 17.03
Gestational Age
PPW 0 lbs. 0 oz.

Bloodwork

Date of Measures 01/11/2012
Hemoglobin 11.8 gm/dL
Hematocrit %
Lead Count µg/dL

Additional Information

Breastfeeding Ever Breastfed How Long
Age in Weeks Formula or Other Food Given
Hours per day watching TV 1 Hour

Risk Assessment

Risk Code	Priority	Referral
425.6b - Eats high calorie/low nutrient foods such as desserts, cakes, cookies, candy, fried foods, lunchmeat	5A	
425.5f - Eats hot dogs, cold cuts, deli meats that have not been heated until steaming hot	5A	

Food Package
CB - child with cheese

Issuance Information
Last Issuance
Next Issuance
Agency
Clinic

Phone #

Signature: _____ Date: 06/06/2012

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

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

Kentucky WIC Program Verification of Certification (VOC)

WIC GROWING HEALTHY FAMILIES

Part 1 — Use with VOC Label

Affix VOC Label Here
or complete part 2 below

Status:
- ☐ Pregnant
- ☐ Woman Fully Breastfeeding
- ☐ Woman Partially Breastfeeding
- ☐ Postpartum
- ☐ Infant Fully Breastfed
- ☐ Infant Partially Breastfed
- ☐ Infant Fully Formula Fed
- ☐ Child

Affix label or complete

Transferring Agency:

Address:

Staff Name:

Signature: Date: / /

Part 2 — Complete Only if VOC Label is Not Used

Patient Name:

Patient ID Number: Certification Date: / /

Birth Date: / / Next Recertification Date: / /

Food Package: Date of Last Income Assessment: / /

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

Nutritional Risks:

Status: ☐ Pregnant ☐ Woman Fully Breastfeeding ☐ Woman Partially Breastfeeding ☐ Postpartum ☐ Infant Fully Breastfed ☐ Infant Partially Breastfed ☐ Infant Fully Formula Fed ☐ Child

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

Affix label or complete

Transferring Agency:

Address:

Staff Name:

Signature: Date: / /

Part 3 — Optional Data

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

Date of last nutrition education: / /

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

Serial No.

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

WIC-17
Rev. 2/2010

VOID DO NOT COPY

Agency_____

Site_____

VOC (WIC-17) INVENTORY

VOCs Received		
Date	Beginning Serial Number	Ending Serial Number

VOC Forms Issued			
Date	Serial Number	Participant	Staff Person

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

Purpose	To receive and enroll a currently eligible in-state participant without a VOC from another agency/site.
When To Use	When a participant presents at your agency for enrollment without a VOC.
System Procedure to Obtain	1. Request the system VOC according to the instructions in the CMS User Manual. 2. Print VOC.
Disposition	File in the participant's medical record. Notify the previous agency/site of the transfer.
Retention	Per medical records requirements.

Kentucky WIC Program
Verification of Certification

Patient Information

HH #
Name
Gender Male
Birth Date 09/07/2010
EDC

Certification Date 01/11/2012
Certification End Date 07/11/2012
Age 1 Years 4 Months 4 Days
Status Child
Priority 5A

Height & Weight

Date of Measures 01/11/2012
Height 0 ft. 32 in.
Weight 24 lbs. 13 oz.
BMI 17.03
Gestational Age
PPW 0 lbs. 0 oz.

Bloodwork

Date of Measures 01/11/2012
Hemoglobin 11.8 gm/dL
Hematocrit %
Lead Count µg/dL

Additional Information

Breastfeeding Ever Breastfed How Long
Age in Weeks Formula or Other Food Given
Hours per day watching TV 1 Hour

Risk Assessment

Risk Code	Priority	Referral
425.6b - Eats high calorie/low nutrient foods such as desserts, cakes, cookies, candy, fried foods, lunchmeat	5A	
425.5f - Eats hot dogs, cold cuts, deli meats that have not been heated until steaming hot	5A	

Food Package
CB - child with cheese

Issuance Information
Last Issuance
Next Issuance
Agency
Clinic

Phone #

Signature: _____ Date: 06/06/2012

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

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

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

WIC PROGRAM NOTICE OF INELIGIBILITY (WIC-54)

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

WIC Program Notice of Ineligibility

Local Agency Address/Phone Number

Today's Date:_____

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

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

The effective date of this notice is:_____.

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

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

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

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

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

- **SNAP (Supplemental Nutrition Assistance Program)** Provides assistance to purchase foods.
- **Child Support Enforcement Program** Helps locate absent parents to obtain financial and medical support for their children. Contact your local county attorney or area Child Support Enforcement office. Or call 1-800-248-1163.
- **Medicaid** Helps pay certain medical expenses of pregnant women or families with dependent children
- **KTAP (Kentucky Transitional Assistance Program)** Provides money payments to families which meet certain requirements.

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

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

Applicant Signature:_____ **Date:**_____

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)
If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html , or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.
Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

WIC-54 Rev. 6/2014

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

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

WIC Program Appointment Reminder

☐ You missed your WIC food benefit pick-up! Contact us before your benefits for the current month expire.

☐ Food benefits for one month were not picked up. Don't lose your nutritious food benefits this month!

Call today to schedule an appointment.

Affix Agency Label or Stamp

Phone _____

Kentucky Public Health

eWIC

kyhealthnow

WIC-51 Rev. 3-2015

USDA is an equal opportunity provider and employer.

PROPOSED WIC SITE APPLICATION

Purpose	To apply for approval to establish a new WIC service site.
When To Use	When agency wants approval to establish new site.
Instructions	1. Complete all fields on the form. Refer to "Opening a New WIC Service Site" in this section for guidance. 2. Attach additional information if necessary.
Disposition	Submit application to the Program Management Section at the State WIC Office
Retention	Retain a copy for local files.
Ordering	Request from State WIC Office as needed.

Kentucky WIC Program Application for Proposed WIC Site

All questions on the application must be properly and fully completed.
Please review the Kentucky WIC and Nutrition Manual,
Opening a New WIC Services Site for additional information.
Please print unless otherwise indicated.

Requesting Agency: _____ Purpose/Goal:_____

Benefit of Opening a New Site: _____

Location (address and county). If non-health department facility, specify name and type of facility._____

Proposed Site Name: _____ Anticipated Opening Date:_____

Target Population: _____

County(s) of Residence for Target Population: _____

Potential Number to be Served: _____ Population of Area: _____

Days/hours of operation: _____

Staffing (specify discipline and function):_____

WIC services to be provided: _____

Other health department services to be provided: _____

Type of equipment involved: ☐ Terminal ☐ Printer ☐ Desktop PC ☐ Laptop PC

☐ Other_____

Type(s) of Benefits to be issued: ☐ eWIC Cards ☐ Handwritten FIs ☐ Preprinted FIs

Street: _____

City: _____ Zip: _____

For State WIC Office Use Only

Site Approved By: _____ Dated added to System:_____

Site Number: _____ Site Name: _____

Street: _____

City: _____ Zip: _____

Date: _____

Rev. 06/14

CLOSING WIC SERVICE SITE FORM

Purpose	To notify the State WIC Office of the intent to close a WIC service site.
When To Use	To close an established WIC service site.
Instructions	1. Complete all fields on the form. Refer to “Closing a WIC Service Site”. 2. Attach additional information if necessary.
Disposition	Submit notification to the Program Management Section at the State WIC Office.
Retention	Retain a copy for local files.
Ordering	Request from State WIC Office as needed.

Kentucky WIC Program Notification of Closing a WIC Service Site

All questions on the application must be properly and fully completed.
Please review the Kentucky WIC and Nutrition Manual,
Closing A WIC Services Site section for additional information.
Please print unless otherwise indicated.

Agency: _____

Site Number: _____ Site Name: _____

Street: _____

City: _____ Zip:_____

If non-health
department facility, specify name and type of facility._____

Anticipated Closing Date_____

Are food instruments being issued up to a
maximum of three (3) months to participants? ☐ Yes ☐ No

Are participants being made aware of other sites
and transferred to another site through the VOC process? ☐ Yes ☐ No

Will the agency stamp, void stamp, and vendor stamp be transferred
to another site or returned to the State WIC Office? _____

If transfer, specify agency _____

All food instruments (handwritten/eWIC) must be accounted for as issued or voided. All food instruments must be posted in CMS. Voided food instruments should be submitted to the State WIC Office within one (1) week after closing the site.

_____	_____	_____	_____
WIC Coordinator Signature	Date	Public Health Director Signature	Date

---

For State WIC Office Use Only

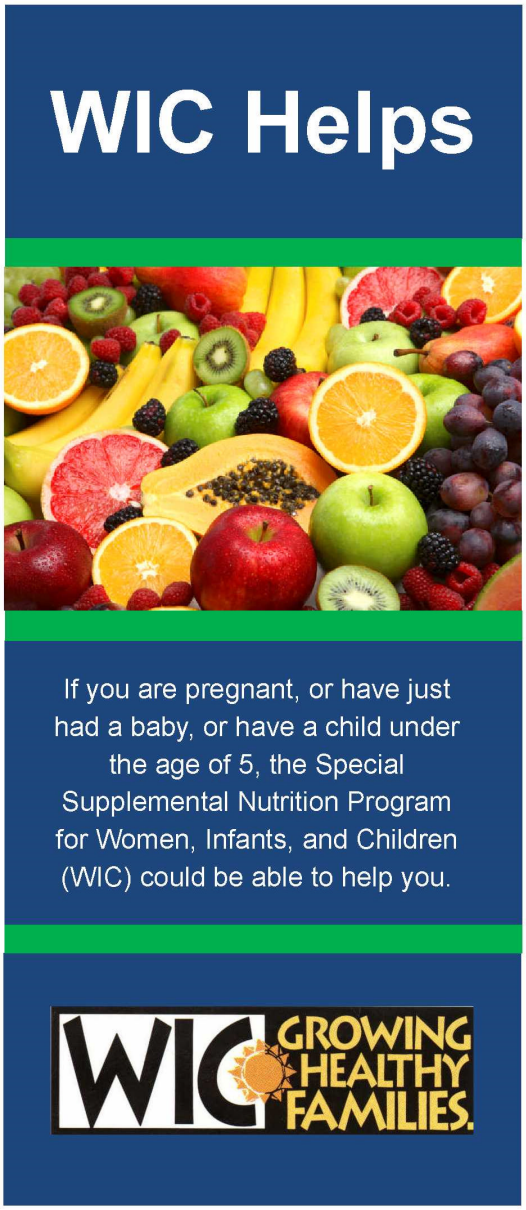
Site Approved to Close By:_____ Date closed in System:_____

Date:_____

7/2014

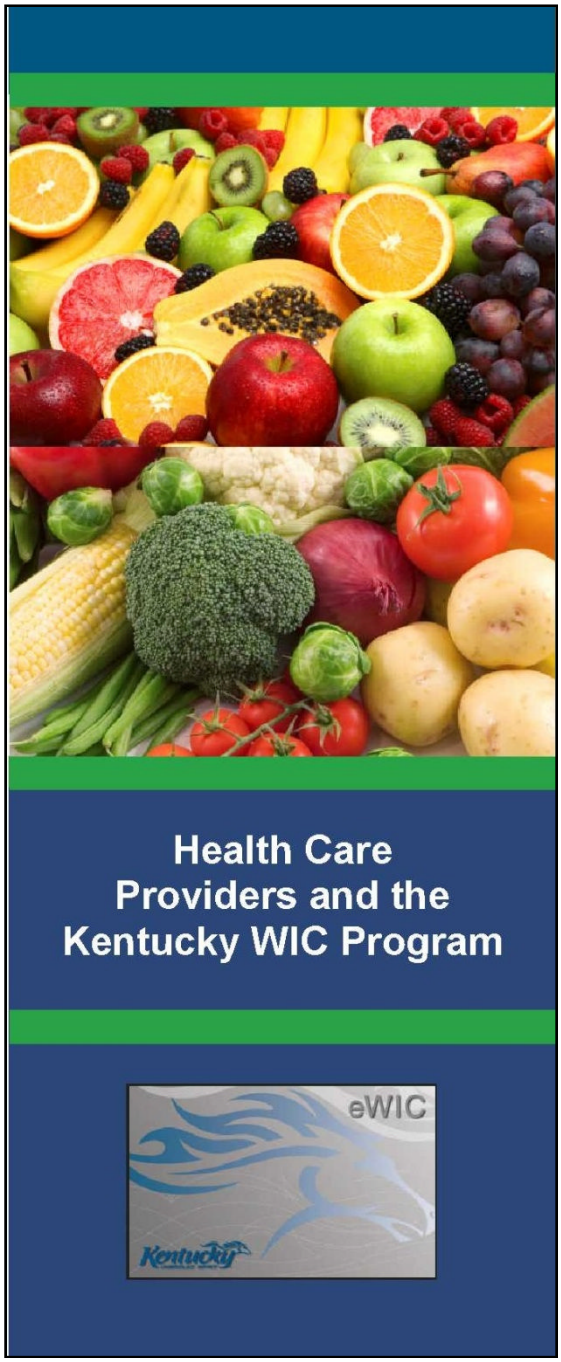
WIC Helps (DPH-070)

Purpose	General informational pamphlet on the WIC Program. Provides toll-free telephone number.
When To Use	To provide general WIC program information to the public and for outreach to potential applicants.
Language	English (DPH-070) and Spanish (DPH-070S) versions are available.
Ordering	Ordered from Pamphlet Library. Form number DPH-070. These are packed 100 per shrinkwrapped package.



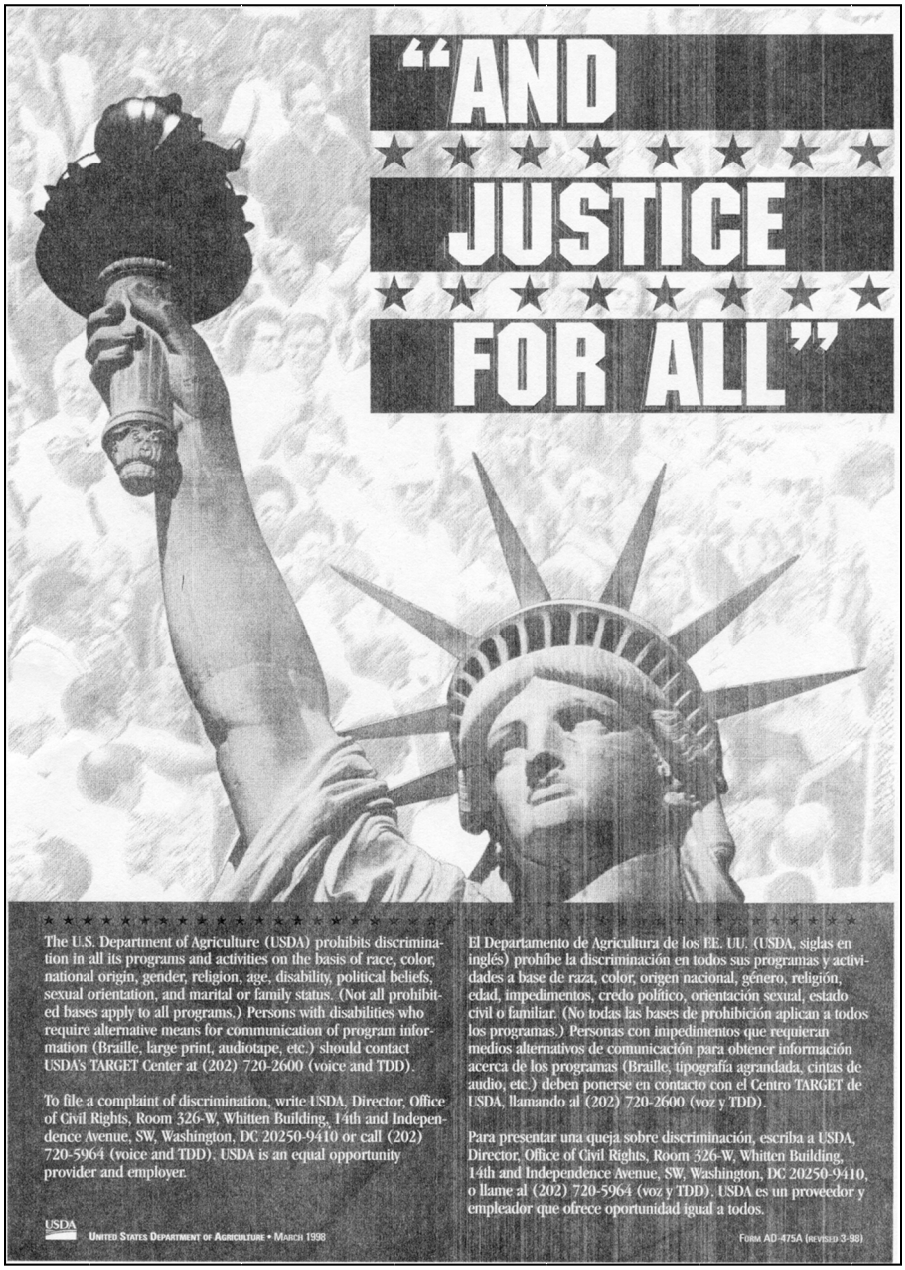
HEALTH CARE PROVIDERS AND KENTUCKY WIC PAMPHLET

Purpose	To introduce the WIC Program to health care providers. Provides them with general information and a form to order pamphlets to distribute to their clients.
When To Use	For outreach to doctor's offices, clinics, health fairs.
Ordering	Ordered from Pamphlet Library. These are packed 50 per shrinkwrapped package.



"AND JUSTICE FOR ALL" POSTER

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



STRETCH YOUR FOOD BUDGET POSTER

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

Need help feeding your family?

The WIC Program can help stretch your food budget!

WIC is a free food program to help families.

Are you...
- Pregnant
- Breastfeeding
- A mother with a baby less than six months old
- A parent/guardian with a child under five years of age

You or your child may qualify for the WIC Program!

Families must meet income guidelines and have a nutritional need.

For information call toll-free 1-800-462-6122 or call your county health department.

WIC GROWING HEALTHY FAMILIES

USDA is an equal opportunity provider and employer.

PREGNANT? NEW BABY? POSTER

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

SAMPLE OUTREACH ANNOUNCEMENT

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

Sample 1

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

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

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

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

Sample 2

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

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

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

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

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

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

Sample 2 – Alternate Wording

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

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

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

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

KENTUCKY DEPARTMENT FOR PUBLIC HEALTH RACE CARD

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

Kentucky Department for Public Health

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

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

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

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

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

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

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

Are you Hispanic or Latino?

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

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

4/08

KENTUCKY WIC PROXY AUTHORIZATION FORM

Purpose	To describe the policy for designation of a proxy for the purpose of obtaining and sharing nutritional information, WIC benefits, and purchasing WIC approved foods.
Overview	To allow the woman participant, parent, legal representative or caretaker to designate another person to bring their child to WIC appointments.
Designation of Proxy	All areas of the Kentucky WIC Proxy Authorization Form should be completed. A separate proxy form must be completed for each household member requiring proxy authorization.
Instructions for Woman Participant, Parent, Legal Representative or Caretaker completing	1. Woman participant, parent, legal representative or caretaker should write the name of the WIC participant on the 1st blank line. 2. Woman participant, parent, legal representative or caretaker should write the name of the infant/child on the 2nd line. 3. Woman participant, parent, legal representative or caretaker should write the full legal name of self or child on 3rd blank line. 4. Woman participant, parent, legal representative or caretaker should list names of proxies and their relationship to the WIC participant in the spaces provided. 5. Woman participant, parent, legal representative or caretaker should sign, date, and indicate their current physical address on the lines provided. 6. Notify the woman participant, parent, legal representative or caretaker the proxy authorization is valid for the length of the certification period or until a request for change has been made by the woman participant, parent or legal representative. 7. The proxy authorization form should be reviewed at recertification for changes or updates. If changes are requested to the form, a new verbal proxy authorization should be completed with current information.
Instructions for Completion when Obtaining Verbal Authorization	If the local health agency is obtaining verbal proxy consent, the following applies to completion of the form. 1. Write the name of the woman participant, parent, legal representative or caretaker on the 1st blank line. 2. Write the name of the infant/child on the 2nd line. 3. Write the full legal name of the WIC participant on 3rd blank line. 4. List the full name(s) of proxies (as indicated by the woman participant, parent, legal representative or caretaker) and their relationship to the WIC participant in the spaces provided. 5. In the signature line for woman participant, parent, legal representative or caretaker document “Refer to Verbal Authorization.” Complete the current physical address on the lines provided. 6. Notify the woman participant, parent, legal representative or caretaker of the intent of the proxy authorization and review the content of the form with them. 7. Notify the woman participant, parent, legal representative or caretaker the proxy authorization is valid for the length of the certification period or until a request for change has been made by the woman participant, parent, legal representative or caretaker. 8. Sign and date on indicated line as staff person who obtained verbal authorization.
Disposition	Retain this form in the patient’s medical record and document on the CH-3a Service Record. (i.e. 10/01/13 – Refer to KY-Proxy form.)
Retention	Per medical records requirements.

Kentucky WIC Proxy Authorization Form

(Patient Name: _____)

Place Chart Label Here

(Patient ID: _____ HID/LOC: _____)

** This form is to be completed, signed, dated and returned along with the completed Registration, Consent and WIC Certification form to your local health department.*

I_____, am the woman participant, parent, legal representative or caretaker for the below minor infant/child (if applicable). I give permission to the person(s) listed as proxies to obtain WIC benefits, purchase WIC approved foods or obtain nutrition education on my behalf or to bring _____ to obtain same.
(Name of Infant/Child)

I understand that this person(s) must follow all program rules. This permission includes sharing and obtaining nutritional information. I understand this proxy form is for WIC purposes only and does not signify permission for any other programs or procedures.

Please complete the information below

(See back if additional spaces are needed)

Full name of self (woman participant), infant or child: _____

Name(s) of Authorized Proxy Representative(s):

1. _____

   Relationship to woman participant, infant/child: _____

2. _____

   Relationship to woman participant, infant/child: _____

3. _____

   Relationship to woman participant, infant/child: _____

Signature: _____ **Date:** _____
(Woman participant, Parent, Legal Representative or Caretaker)

Emergency Contact Phone Number: _____

Street Address: _____

City and Zip Code: _____

Please initial and date if you have reviewed this form at recertification and do not wish to make changes/additions:

Initial:_____	**Date:**_____	**Initial:**_____	**Date:**_____	**Initial:**_____	**Date:**_____
Initial:_____	**Date:**_____	**Initial:**_____	**Date:**_____	**Initial:**_____	**Date:**_____
Initial:_____	**Date:**_____	**Initial:**_____	**Date:**_____	**Initial:**_____	**Date:**_____

Rev.10/2013

Proxy Addendum Section

Name(s) of Authorized Proxy Representative(s):

4. _____

Relationship to woman participant, infant/child: _____

5. _____

Relationship to woman participant, infant/child: _____

6. _____

Relationship to woman participant, infant/child: _____

7. _____

Relationship to woman participant, infant/child: _____

8. _____

Relationship to woman participant, infant/child: _____

Local Health Department use only

Verbal Proxy Authorization

I have informed the woman participant, parent, legal representative or caretaker of the intent of this proxy authorization and the consent is valid for the certification period or until there is a request for change by the woman participant, parent, legal representative or caretaker.

Name of person giving authorization: _____ Date: _____

Signature/Title/Date of person obtaining: _____ Date: _____

Rev.10/2013

ATTENTION WIC PARTICIPANTS POSTER

Purpose	For clinic use to advise participants it is a violation of WIC Rights and Responsibilities to offer to sell WIC formula, foods, or eWIC cards.
When To Use	For display in WIC sites to provide general information.
Disposition	Should be posted in a conspicuous place for all WIC applicants/participants.
Language	English and Spanish.
Ordering	Contact Program Management Section.

ATTENTION WIC PARTICIPANTS

- ✔ ***Offering to sell WIC formula or your eWIC card verbally, in printed classifieds, on-line web sites, or social media is a program violation and could possibly disqualify you or your child from receiving WIC Program Benefits.***
- ✔ ***WIC foods are for the person for whom they are prescribed. Misuse of benefits may result in removal from WIC or you may be asked to repay the value of the foods received.***
- ✔ ***Be informed - Read the eWIC Benefits Card pamphlet provided to you at your WIC certification visit.***

This institution is an equal opportunity provider.

SAMPLE WIC PROGRAM ABUSE LETTER

Purpose	Sample letter for clinic use when participant abuse is suspected or proven.
When To Use	To provide written warning of WIC Program abuse.
Instructions	The letter template may be modified for agency/clinic use.
Retention	Must be maintained in the participant's medical record.
Language	English
Ordering	Electronic template may be obtained from Program Management Section.

(Use local agency letterhead)

SAMPLE WIC PROGRAM ABUSE LETTER

(Date)

(Name)
(Address)
(City), Kentucky (*Zip)*

Dear (*Participant Name)*:

The (*Clinic/Site Name*) has become aware of a situation or received an allegation that is in violation of the information contained in the WIC Rights and Responsibilities. The violation(s) could affect your continued participation.

(*Please check all that apply)*

- ☐ Intent to sell or selling supplemental foods and/or the eWIC card in any way (i.e. on-line, in print, verbally or via social media).
- ☐ Making a verbal offer of sale or exchange of supplemental food or eWIC card to another individual, group or a vendor.
- ☐ Purchasing unauthorized foods or redeeming food benefits at an unauthorized store.
- ☐ Returning supplemental foods to a vendor for cash.
- ☐ Knowingly and deliberately giving false or misleading information, or misrepresenting, concealing or withholding facts to obtain WIC foods.
- ☐ Abusive or threatening language and/or actions in a WIC clinic, to clinic staff or store staff.
- ☐ Dual participation in more than one (1) WIC Program.
- ☐ Other (please explain)_____

DETAILS OF EVENT/ALLEGATION:
(*Please provide specific details of situation/event in this space*)

We want to remind you of your Rights and Responsibilities regarding the WIC Program. These are listed on the inside of the Kentucky eWIC benefits Card Pamphlet (eWIC-1) that was provided to you during your card issuance. An additional copy is enclosed for your review. These rights and responsibilities also apply to all persons listed as proxies.

This letter is a reminder that violation of your participant responsibilities can result in suspension or disqualification from the WIC Program.

Feel free to contact me at (*phone number*) if you have any questions.

Sincerely,

(WIC Coordinator or Local Official)

Enclosure

(Use local agency letterhead)

SAMPLE WIC PROGRAM ABUSE LETTER

(Date)

(Name)
(Address)
(City), Kentucky (*Zip)*

Apreciado/a (*Participant Name)*:

La clinica (*Clinic/Site Name*) se ha enterado de una situación o recibió una alegación/queja la cual es una violación de la información bajo las responsabilidades y derechos de WIC. La/s violación/es pueden afectar su participación continua.

(*Favor seleccionar las que apliquen a usted)*

- ☐ Intentar vender los alimentos suplementarios y/o la tarjeta eWIC de alguna manera (por ejemplo: Internet, por escrito, verbalmente o por medio de redes sociales).
- ☐ Hacer una oferta verbal para vender o intercambiar los alimentos suplementarios o la tarjeta eWIC a otra persona, grupo o a un vendedor.
- ☐ Comprar alimento no autorizados o redimir los beneficios de alimentos a una tienda no autorizada.
- ☐ Devolver los alimentos suplementarios al vendedor por efectivo.
- ☐ Dar información falsa o engañosa, malinterpretar, ocultar o guardarse hechos para obtener alimentos de WIC.
- ☐ Lenguaje abusivo o de amenaza y/o acciones en una clinica WIC, a un empleado o al empleado de la tienda.
- ☐ Participación doble en más de un(1) programa de WIC.
- ☐ Otra razón (favor explique)_____

DETALLES DEL EVENTO/ALEGACION:
(*Favor describa los detalles específicos de la situación o el evento en este espacio*)

Le queremos recordar de sus derechos y responsabilidades en el programa WIC. Estas se encuentran en el panfleto de los Beneficios de la Tarjeta eWIC de Kentucky (eWIC-1) la cual se le dio el día que se le entrega la tarjeta. Una copia adicional se incluye con esta para su información. Estos derechos y responsabilidades también aplican a todas las personas autorizadas por usted.

Esta carta es para recordarle que la violación de sus responsabilidades como participante puede resultar en la suspensión or descalificación del programa WIC.

Si tiene preguntas llamar al (*phone number*).

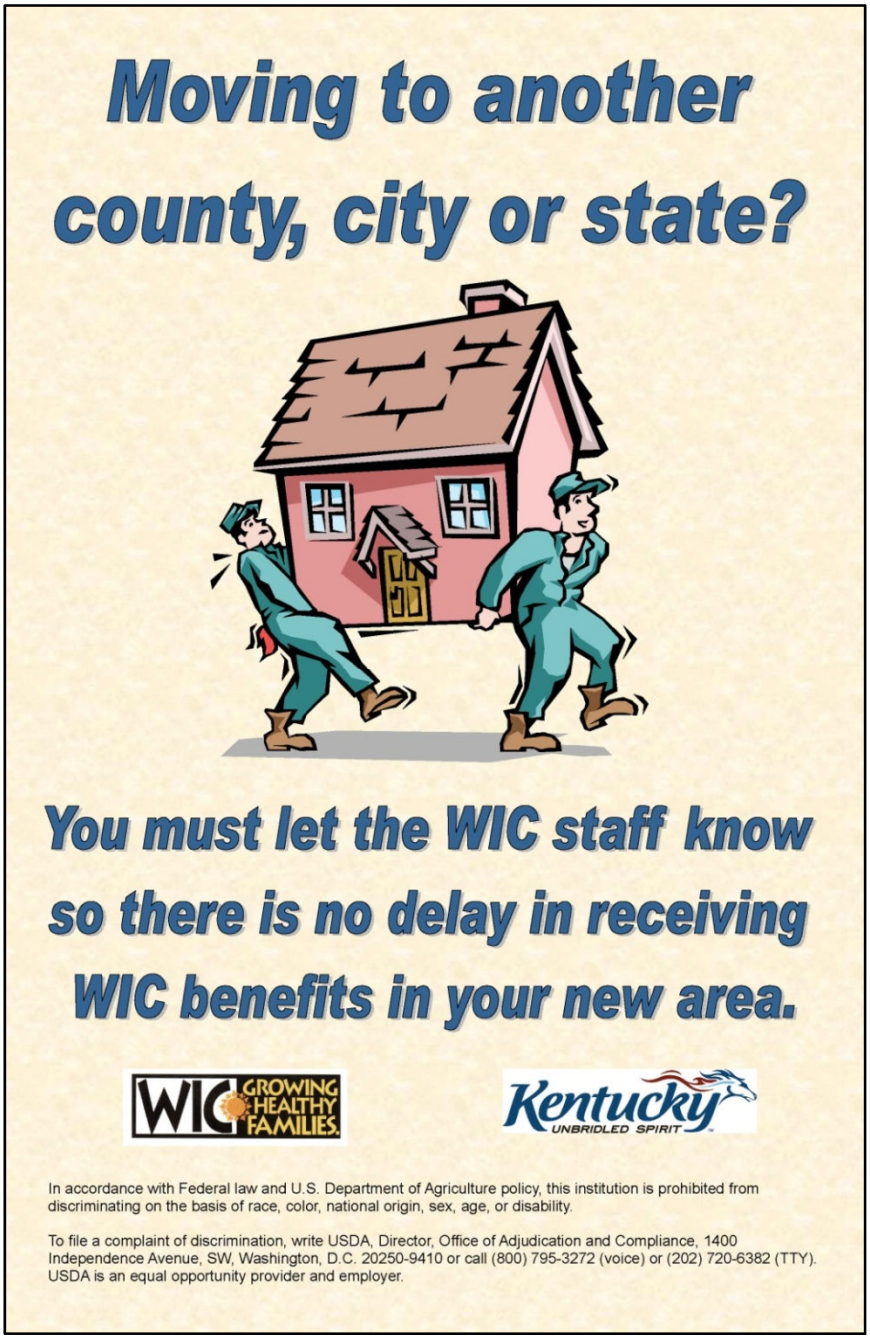
Sinceramente,

(WIC Coordinator or Local Official)

Adjunto

WIC Moving Poster

Purpose	Informational poster about moving and the WIC Program.
When To Use	To remind participants to inform the WIC agency if they are moving.
Ordering	Ordered on CDS 880 – Want to Order WIC Forms and Supplies. Order quantity as needed.



WIC REGISTRATION, CONSENT AND WIC CERTIFICATION

Purpose	To provide guidance to support staff in LHD when using the CH-5WIC to provide WIC services through non-invasive procedure for WIC Certification.
When To Use	Refer to Instruction Sheet.
Retention	File completed form in participant permanent medical record.
Language	English and Spanish
Ordering	Ordered on CDS 880 – Want to Order WIC Forms and Supplies.

Women, Infant, and Children (WIC) Services ONLY
REGISTRATION, CONSENT AND WIC CERTIFICATION

REGISTRATION LABEL 1	*REGISTRATION LABEL 3*
REGISTRATION LABEL 2	*REGISTRATION LABEL 4*

Is it OK for us to use an automated telephone message or text message to remind you of your appointments? __Yes __No

☐ **Financial Certification for WIC Services:**

I certify that my answers are correct and complete to the best of my knowledge and I have reported all my household income, KTAP, Medicaid, and Food Stamp benefits to determine program eligibility. I understand that I may be asked to provide proof of household income, KTAP, Medicaid, and Food Stamp benefits.

Check One: ☐ Woman Participant ☐ Parent ☐ Other Person Caring for Individual _____
Relationship

_____ _____
Signature of Woman Participant, Parent, or Other Person Caring for Individual Date

Consent for WIC Services (Unless Valid General Consent on File): _____
(Consent is REQUIRED at WIC Certification/Recertification) (Enter date of valid CH-5 on file)

I am the woman participant, parent, or person caring for the individual receiving WIC Program Services. I consent to these services which includes a health screening, non-invasive hemoglobin test (if required), height and weight for WIC. ***I understand that I am not allowed to consent to any invasive procedure services as defined by 201 KAR 20:235, Section 1(6) for the above named individual. If the non-invasive hemoglobin cannot be obtained, I understand that additional requirements must be met.*** I understand that no guarantees are being made as to the effect of any exam on the person for whom I am consenting.

Check One: ☐ Woman Participant ☐ Parent ☐ Other Person Caring for Individual _____
Relationship

_____ _____
Signature of Woman Participant, Parent, or Other Person Caring for Individual Date

WIC RIGHTS AND RESPONSIBILITIES (MUST be signed at every WIC certification and recertification.)

I have been advised of my rights and obligations under the WIC program. This includes the rights and responsibilities for the eWIC card and any household benefits issued to the cardholder account. I understand that I am also responsible for ensuring the security of the eWIC benefits card and the PIN. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal Assistance. Program officials may verify information on the certification forms. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the state agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law. I have been issued I also understand that my name may be given to other health and welfare programs for eligibility purposes for that program.

_____ _____
Signature of Woman Participant, Parent, or Other Person Caring for Individual Date

CH-5WIC (Rev. 4/2014)

Servicios para mujeres, bebés y niños (WIC) UNICAMENTE
CERTIFICACION, REGISTRO Y AUTORIZACION DE WIC

REGISTRATION *Etiqueta del registro- LABEL 1*	*REGISTRATION* *Etiqueta del registro - LABEL 3*
REGISTRATION *Etiqueta del registro- LABEL 2*	*REGISTRATION* *Etiqueta del registro - LABEL 4*

¿Nos permite llamarle por medio de un mensaje automático o mensaje de texto para recordarle sus citas? __Si__No

☐ **Certificación financiera para los servicios WIC:**

Certifico que mis respuestas son correctas y están completas en mi mejor conocimiento y he reportado todo mi ingreso, los beneficios de KTAP, Medicaid y Food Stamps para determinar mi elegibilidad en el programa. Entiendo que me pueden pedir una constancia del ingreso, de los beneficios KTAP, Medicaid y Food Stamps.

Marque uno: ☐ mujer participante ☐ padre ☐ otra persona en cuidado del individuo _____
Parentesco

_____ _____
Firma de la mujer inscrita, padre, u otra persona en cuidado del individuo Fecha

Autorización para servicios WIC (a menos que autorización general válida este en archivo):
_____
(se REQUIERE autorización para la certificación/recertificación de WIC) (Ingrese la fecha válida CH-5 en archivo)

Soy la mujer participante, padre o la persona que cuida al individuo quien recibe los servicios WIC. Autorizo estos servicios que incluyen un examen de salud, test de hemoglobina no invasivo (si es necesario), estatura y peso para WIC. ***Entiendo que no se me permite autorizar ningún procedimiento invasivo definido en 201 KAR 20:235, Sección 1(6) para el individuo mencionado. Si no se puede hacer el test de hemoglobina, entiendo que hay requisitos adicionales que se deben cumplir.*** Entiendo que no hay garantías acerca del efecto de ningún examen a la persona a la cual estoy autorizando.

Marque uno: ☐ mujer participante ☐ padre ☐ otra persona en cuidado del individuo _____
Parentesco

_____ _____
Firma de la mujer participante, padre u otra persona quien cuida al individuo Fecha

Derechos y responsabilidades WIC (*DEBE firmar en todas las certificaciones y recertificación de WIC)*
Se me ha informado acerca de mis derechos y obligaciones del programa WIC. Esto incluye los derechos y las responsabilidades de la tarjeta eWIC y cualquier beneficio del hogar proveido al titular de la cuenta. Certifico que la información que he facilitado para mi elegibilidad para obtener los servicios es correcta, al mejor de mi conocimiento. Este formulario de certificación se entrega con respecto al recibo de la asistencia federal. Oficiales del programa pueden verificar la información en los formularios de certificación.
Entiendo que información fraudulenta o declaraciones engañosas o distorsionar, ocultar o retener hechos puede resultar en pagarle a la agencia del estado, en efectivo, el valor de los beneficios de alimentos emitidos incorrectamente y me puede conllevar a una acusación civil o criminal bajo la ley del estado y federal. Entiendo que mi nombre también lo pueden compartir con otros programas de salud y beneficios sociales con la meta de calificar para ese programa.

_____ _____
Firma de la mujer participante, padre u otra persona quien cuida al individuo Fecha

CH-5WIC (Rev. 4/2014)

Instructions for Completing and Placing Labels on the Women, Infant and Children (WIC) Registration, Consent and WIC Certification Services ONLY

Purpose: To provide guidance to support staff in LHD's when using the CH-5WIC to provide WIC services through non-invasive procedure for WIC Certification.

Registration Labels
Staff must place registration labels in the brackets as numbered 1, 2, 3, and 4.

NOTE Registration labels must be placed on the CH-5WIC prior to obtaining signatures.

Permission for Automated Telephone Message
The woman participant, parent, or other person caring for individual should check the "Yes" box if they give permission to be reminded of upcoming appointments via an automated telephone message. If contact is not desired for an automated telephone appointment reminder, check the "No" box.

Financial Certification for WIC Services
Shall be signed and dated by the woman participant, parent, or other person caring for the individual in order to comply with the federal and state regulations and to certify the income and other government benefits information listed on the registration labels is correct.

Check the box by Financial Certification for WIC services and the appropriate box of the relationship to the participant.

If a signature is obtained by other person caring for the individual, the relationship to the participant must be documented.

Consent for WIC Services
If a valid general consent is on file, document the signature date of the valid CH-5. (Example: General Consent signed by **the patient/parent/legal representative** is on file from a previous visit and is within one year of the service date.) The consent may be used and the date of the signed general consent entered. Refer to exclusions at the bottom of this page.

If a valid general consent **is not on file and the service is non-invasive**, check the appropriate box of the relationship of the person to the participant. If other person is caring for participant, document the relationship to the participant.

The woman participant, parent, or other person caring for individual must sign and date the form.

WIC Rights and Responsibilities
The woman participant, parent, or other person caring for individual must read or have read to them the WIC Rights and Responsibilities.

The individual must sign and date the form. Staff discussing the WIC Rights and Responsibilities should obtain the signature.

****Exclusion to CH-5WIC: Infant certified 9-12 months (includes 11 month old child certification)**
Children ages 1-2 requiring fingerstick
Invalid reading from Pronto and fingerstick needed
NOTE: THE CH-5 MUST BE USED FOR THE WIC SERVICES EXCLUDED.