Food Delivery

FOOD DELIVERY / DATA SECTION INDEX

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GENERAL POLICIES

1. Procedures shall be in effect to prevent any conflict of interest. Employees must not print or issue food instruments for family/household members. See the Administrative Reference (AR), VOLUME I, SECTION: PERSONNEL and, the "WIC CERTIFICATION AND MANAGEMENT" section.

2. Participants who move out of the geographic area served by the agency/site are eligible to continue their certification period and receive food instruments at their new agency/site. See "WIC CERTIFICATION AND MANAGEMENT SECTION", "TRANSFER/VOC".

3. Each site must have an adequate supply of food instruments (see definition of food instruments below) to serve the caseload. Security and accountability for all food instruments and stamps shall be ensured. See "INVENTORY AND SECURITY REQUIREMENTS" in this section.

4. Agencies/sites shall schedule issuance to serve their caseload in a timely manner. Appointments to pick up food instruments must be scheduled so there is no lapse in benefits and should be coordinated with other services when possible. Appointments must comply with the ADMINISTRATIVE REFERENCE, VOLUME I, SECTION: LHD OPERATIONS, "APPOINTMENT AND SCHEDULING REQUIREMENTS FOR PERSONAL HEALTH SERVICES." Refer to Certification and Management Section, "WIC PROCESSING STANDARDS AND SCHEDULING" and "CASELOAD MANAGEMENT."

5. Participants shall receive WIC foods free of charge.

6. A food package must be prescribed for each participant by a health professional, and must be appropriate for the person's status, age and nutritional need. See CLINICAL SECTION, WIC Policies for Prescribing Food Packages.

7. Only foods approved by the State WIC Office shall be issued. Approved foods are organized into food packages. See CLINICAL SECTION, Food Package by Status.

8. Food instruments shall be issued only for persons determined eligible and certified for the Program.

9. All persons must receive food instruments at the time of certification, except the exclusively breastfed baby and the partially breastfeeding woman who after six (6) months postpartum has requested more than the maximum amount of formula for a partially breastfeeding infant. For new persons added to WIC, benefits shall not be retroactive.

10. Eligible persons receive a food package for each month of eligibility in their certification period provided all Program rules are met. A maximum of three (3) months may be issued at one time.

11. Participants/caretakers or their proxy shall personally pick up food instruments unless situations exist that justify mailing food instruments. See "ISSUANCE TO PROXIES" and "MAILING FOOD INSTRUMENTS" in this section.

12. Issuance must be clearly documented in the participant's medical record at the time of issuance. Documentation must be reviewed prior to subsequent issuance. Refer to "FOOD INSTRUMENT" in this section.

13. Participants/caretakers must be provided instructions on the proper use of food instruments; that food instruments can only be redeemed at authorized stores, and provided the approved Food List and a list of current authorized stores. Participants cannot be encouraged to shop at any specific store.

14. When a participant becomes status ineligible, the participant is eligible to receive all food instruments with a "first day to use" prior to the date of ineligibility.

15. Participants that fail to pick up food instruments for two (2) consecutive months are considered dropouts and are terminated from the Program. See "WIC CERTIFICATION AND MANAGEMENT," "INELIGIBILITY AND DISCONTINUATION OF BENEFITS" and "DROPOUT/NONPARTICIPATION."

16. Participants shall not be denied WIC foods or food instruments for failure to attend or participate in nutrition education and/or other health services offered by the agency.

17. Food instruments that are replaced shall replicate the issue month and issue day of the original food instruments. See "REPLACING FOOD INSTRUMENTS" and "LOST, STOLEN AND DESTROYED FOOD INSTRUMENTS" in this section.

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

SECURITY

A. Web-Based Programs/Applications

1. Web-based programs/applications are secure and are only accessible by authorized persons.

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

3. Web-based programs/applications include:

   a. CMS (Clinic Management System);

   b. eWIC (Electronic Benefits Transfer);

   c. Breastfeeding Peer Counselor; and

   d. Revalidation.

B. E-Reports

1. Reports are accessible only by authorized personnel.

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

C. Users will be deleted from web-based programs and applications after 60 days of non-use.

DUAL ENROLLMENT/PARTICIPATION

A person must not be enrolled/participating in more than one (1) WIC site at the same time (either in-state or out-of-state) nor in WIC and CSFP at the same time. In order to prevent dual enrollment/participation, the system performs a statewide search based on certain data to see if the person is enrolled and/or receiving food instruments in another agency/site. When data entered at a site is the same as information in another site, this is a "match." If there is a match on last name, first name, sex and date of birth an error message will be received. Each match must be reviewed to determine if it is the same person; there may be "false matches, " i.e., same pseudo numbers, ID number entered wrong.

1. The system performs the check for dual enrollment/participation between WIC Sites:

   a. At the time a certification appointment is made;

   b. At the time a certification is indicated as an anticipated service; and

   c. At the time the issuance is requested.

2. If there is a match, determine if the match is the same person.

   a. If not, continue certification, enrollment, and/or food instrument issuance.

   b. If the match is the same person determine where the person(s) should be enrolled/participating. See Certification and Management, WIC ELIGIBILITY REQUIREMENTS,

3. If actual Dual Participation between WIC sites (either in state or out-of-state) has been determined, see WIC CERTIFICATION AND MANAGEMENT, "PARTICIPANT ABUSE" for appropriate procedures.

4. The system performs the check for dual enrollment/participation between WIC Sites and the Commodity Supplemental Food Program (CSFP) when a participant's data is received from CSFP.

   a. A report, "Possible Dual Participation Between the WIC Program and CSFP" is produced which lists potential dual participants between WIC and CSFP.

   b. The report is to be reviewed. Possible dual participants are to be investigated and if dual participation is determined, see WIC CERTIFICATION AND MANAGEMENT, "PARTICIPANT ABUSE" for appropriate procedures.

INVENTORY AND SECURITY REQUIREMENTS

A. General Policies

1. Security and accountability for all food instruments (handwritten food instruments and eWIC cards), agency stamps, void stamps, revalidation stamps, and returned formula shall be ensured.

2. Every food instrument has a unique serial number and is tracked in the system from the time it is assigned to a specific agency/site. All food instruments must be recorded as issued or voided. Each issued food instrument number is assigned to a specific participant and must be the number given to that participant.

3. Agency stamps, void stamps and revalidation stamps are provided by the State WIC Office. These are the authorized stamps and are the only stamps to be used for WIC food instruments.

4. Handwritten food instruments that are no longer usable are to be voided and sent to the State WIC Office. Refer to VOIDING in this section.

B. Stamps

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

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

   a. Revalidation stamps and handwritten food instruments are to be locked in separate places.

   b. Agency stamps must be stored separately from food instruments.

C. Food instruments

1. Receipt of food instruments from the State WIC Office must be verified immediately. See "ORDERING AND RECEIPT OF FOOD INSTRUMENTS" in this section.

2. A physical inventory must be made of all, food instruments monthly:

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

   b. Any method which reflects the actual number of food instruments on hand from the last month plus additional food instruments received during the current month minus all food instruments issued during the current month is acceptable. Account for all food instruments during this inventory by verifying that food instruments on hand match the FI Range Search.

   c. The actual number on hand for each type of food instrument, the name and signature of the person who did the physical count and date of verification must be maintained. All food instruments must be accounted for during this inventory. Documentation of inventory must be retained for one (1) year. A suggested inventory format is provided in "FORMS AND FOOD INSTRUMENTS" in this section.

   d. Discrepancies must be reported to the State WIC Office as soon as possible.

3. Issuance shall be performed accurately and all required information must be recorded at the time of issuance. Handwritten food instruments cannot be completed in advance and held for later issuance. Benefits issued through eWIC cannot be issued in advance.

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

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

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

D. eWIC cards

1. Inventory

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

2. Card Issuers

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

E. Returned Formula

1. Formula that is no longer appropriate for participant use must be returned to the site.

2. Returned formula must be inventoried. Refer to Returned Formula Requirements in this section.

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FOOD INSTRUMENTS TYPES AND USE

There are two (2) types of food instruments that may be issued to participants (See "FORMS AND FOOD INSTRUMENTS" in this section):

1. Handwritten food instruments contain appropriate approved foods for the participant status. All information including the food package quantities must be completed by hand at the time of issuance. These food instruments are used only during disaster situations or when a special formula is needed that is not in the APL. (Approved Product List). All sites must have handwritten food instruments. There are three (3) handwritten food instruments for:

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

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

ORDERING AND RECEIPT

A. Ordering

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

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

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

B. Receipt of Handwritten Food Instruments

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

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

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

2. All handwritten food instruments must be stored in a secure, locked area that is separate from the agency stamps.

3. Food instrument security must be ensured. See "INVENTORY AND SECURITY REQUIREMENTS" in this section.

C. Receipt of EBT cards

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

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

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

ASSIGNING ISSUE DATES

A. General Policies

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

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

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

4. An issue day of 29, 30, or 31 can be used first issuance. These dates are then automatically changed by the system to an issue date of 28. This change is made since all months have at least 28 days and to accommodate issuance in all months.

5. When a member is added to the household and issue dates are being coordinated with the existing members the system issues a partial food package to catch up the household member being added. The system calculates the number of days and issues the appropriate food quantities. Refer to Putting Household Members on the Same Issuance and Partial and Reduced Issuance.

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

B. Assigning Issue Dates

1. Issue Date For A New Household

   a. The issue date for a new household is usually the date the person is added to WIC.

   b. If there are other household members on WIC, issue dates must be the same. See Putting Household Members on the Same Issuance.

2. Issue Date For A Transfer/VOC

   a. The issue date for a transfer from another Kentucky WIC clinic is the existing issue date from the previous agency/site unless coordination with a new household applies. See Putting Household Members on the Same Issuance. Also refer to WIC Certification and Management, Transfer/VOC.

   b. Using the existing issue date for a transfer may result in issuance of a partial food package to catch up issuance for the participant. The system calculates the number of days and issues the appropriate food instruments and food quantity. Refer to Partial and Reduced Issuance.

   c. The issue date for a transfer from out-of-state is the date the person is added at your site. If coordination with other household members applies, see Putting Household Members on the Same Issuance. Also refer to WIC Certification and Management, Transfer/VOC.

3. Issue Date for Exclusively/Partially Breastfed Infants

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

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

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

5. Issue Date for Reinstatement

   a. The issue date for a person being reinstated to WIC is their existing issue date.

   b. Using the existing issue date for a reinstatement may result in issuance of a partial food package to catch up issuance for the participant. The system calculates the number of days and prints the appropriate food instruments and food quantity. Refer to Partial and Reduced Issuance.

PUTTING HOUSEHOLD MEMBERS ON THE SAME ISSUANCE

When an infant is born, persons join a household or additional household members qualify for benefits, issue dates within a household MUST be the same.

A. Initial Certification

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

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

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

4. Request at least two (2) months of food instruments. The first month is the appropriate quantity for the number of days to the full issuance and the second month is a full package. The appropriate amount of food will be calculated in the system to catch up the new participant to the other household member(s) full issuance date.

   a. The initial food package for a woman, child or infant will be provided as outlined in the section Partial and Reduced Issuance.

   b. If handwritten food instruments are issued, issue the number of food instruments for the appropriate food package according to the number of days from the issue date (see Partial and Reduced Issuance). The food distribution for the food package must be replicated. See the CLINICAL SECTION, Food Package Distribution Charts.

   c. The system will issue the entire food package to the breastfed infant receiving supplemental formula and the infant and woman or child receiving only cereal and juice.

PARTIAL AND REDUCED ISSUANCE

A. General Policies

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

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

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

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

   b. Late pick up/issuance of food instruments.

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

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

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

B. Partial and Reduced Issuance Calculation

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

2. The following are the number of days and the quantity of food. See the food distribution which appears in the Clinical Section, Food Package Distribution Charts. The chart also indicates the number of handwritten food instruments issued. The issuance is in accordance with the category of participant for partial or catch up issuance, and reduced packages for late pick up:

   a. Infants

Number of Days to the First Full Package Issue Month/Day/Year	System will Issue/Issue
16 days or more 15 days or less	Full issuance Food Instruments 1 & 2

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

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

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

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

*Cash Value Benefit

3. Issuance is not reduced for the breastfed infant receiving supplemental formula. The complete food package is issued.

FOOD INSTRUMENT ISSUANCE

A. General Policies

1. Food instruments shall be issued only for persons determined eligible and certified for the Program.

2. Proof of identity of the person picking up food instruments must be presented and documented at issuance. Documentation of identity at issuance is entered into the system. The proof will print on the issuance label which is placed in the medical record. See WIC CERTIFICATION AND MANAGEMENT section, "WIC ELIGIBILITY REQUIREMENTS". For handwritten food instruments, the proof code must be written on the stub.

3. All eligible persons must be assigned an issuance date and all household members must be placed on the same date. This date remains the same through the person's continuous participation in WIC. See "PUTTING HOUSEHOLD MEMBERS ON THE SAME ISSUANCE", and ASSIGNING ISSUE DATES in this section.

4. Eligible persons may receive a food package for each month of eligibility in their certification period provided all Program rules are met. At issuance, a participant may receive a maximum of three (3) full month's packages or a combination of one (1) partial package and up to two (2) full packages at one time. A partial package is issued to coordinate/catch up household members so all household members have the same issue date.

5. Handwritten food instruments must have a "first day to use" and a "last day to use" and are good for a maximum of a month. For a participant's first month of issuance, less than a month may be issued to coordinate household members. See "PUTTING HOUSEHOLD MEMBERS ON THE SAME ISSUANCE" in this section.

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

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

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

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

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

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

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

    a. Handwritten food instruments are signed on the food instrument stub. The stub must be placed in the medical record on the WIC Issuance sheet (WIC-52). See "ISSUANCE TO PROXIES" and "FORMS AND FOOD INSTRUMENTS" in this section.

    b. The PIN is the electronic signature for eWIC.

B. Food Package Issuance Policies

1. Types and quantities of foods are organized into food packages with a code for each package. This code is entered in the system and indicates an entire food package prescription and distribution of foods for handwritten food instruments.
2. Food packages must be prescribed by a health professional. See the CLINICAL SECTION, WIC POLICIES FOR PRESCRIBING FOOD PACKAGES.

3. The prescribed food package must be appropriate for the age and status of the participant. See the CLINICAL SECTION, FOOD PACKAGE BY STATUS.

4. Infants must receive a standard contract brand formula package unless there is a documented medical reason. See the CLINICAL SECTION, WIC POLICIES FOR PRESCRIBING FOOD PACKAGES.

5. Infant packages are age appropriate. The system automatically adjusts the package for the infant's age based upon date of birth, first full package issue month/date and status:
   1. Up to 6 months of age, formula only is issued;
   2. Formula is increased/decreased;
   3. At 6 months of age, infant cereal, infant fruits and vegetables;
   4. **Food instruments with a first day to use before the infant turns 1 must be issued as an infant package. This package must be issued.**
   5. At 12 months of age, food instruments issued with a first day to use after age 1 must be a child food package. This change is made in a recertification or an Infant/Child Transfer (ICT). Refer to WIC CERTIFICATION AND MANAGEMENT, "STATUS AND PRIORITY" and SCREENS, WIC ICT SCREEN.

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

7. For all participants:

   a. Enter identity proof code for person picking up food instruments. See PROOF CODES FOR IDENTITY in this section.
   b. Verify the serial number on the food instrument is the same as the number on the screen.
   c. Verify the proper number of months and the proper food package was issued.

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

B. Handwritten Food instrument Issuance (See "FORMS AND FOOD INSTRUMENTS" in this section.)

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

2. Complete the handwritten food instruments as follows:

   a. Enter participant's name.
   b. Enter Agency No. And Site No.
   c. Using the issue date.
   d. Stamp designated area on each food instrument/cash value benefit with WIC agency stamp.

3. Enter the foods on each handwritten food instrument as the food prescription/distribution appears in the CLINICAL SECTION, WIC, FOOD PACKAGE DISTRIBUTION CHARTS.

4. Complete the stub for the handwritten food instruments as follows:
   a. Date of Issuance.
   b. Participant's Name.
   c. Participant's I.D. Number.
   d. "First Day to Use" and "Last Day to Use."
   e. Issuer's Initials.
   f. ID for FI PU proof code.

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

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

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

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

   a. On Portal, click FI/Card Range Search.
   b. On Food Instrument Ranges, select clinic from the dropdown if not set, select bank account number from the dropdown, and click Search.
   c. Search results return at bottom of page. Click the edit icon (pencil and paper) for the food instrument range.
   d. Food Instrument Block Detail page returns. To find a specific food instrument number, search for a specific number by entering the FI number in the Starting FI field and click Search, or click Search for Next Open FI, or scroll through the list of numbers.
   e. In Status/Action column for the specific food instrument number, click the dropdown and select Issued.
   f. Enter Patient ID number in Patient # field.
   g. Enter First and Last Valid Date.
   h. Click Save.
   i. If information is accepted, a "Saved" message appears at the bottom of the page. A green check also appears at the end of the row.

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

12. Retain NCR copy of the stub for six (6) months, then destroy.

ISSUANCE TO PROXIES

Proxies are allowed to pick up food instruments with authorization from the participant or parent/caretaker. See WIC CERTIFICATION AND MANAGEMENT, "USE OF PROXIES"

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

2. Names of persons authorized as proxies may be recorded on the eWIC cardholder. See WIC CERTIFICATION AND MANAGEMENT Section, "FORMS AND SUPPORTING INFORMATION".

3. Proxies must present proof of identity at issuance of food instruments, and the type of proof must be documented. See "FOOD INSTRUMENT/CASH VALUE BENEFIT ISSUANCE" in this section.

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

REPLACING

A. General Policies

1. Food instruments may be replaced for:

   a. A food package or formula change.
   b. Food instruments damaged or destroyed. See "LOST, STOLEN AND DESTROYED FOOD INSTRUMENTS" in this section.
   c. Food instruments lost or stolen. See "LOST, STOLEN AND DESTROYED FOOD INSTRUMENTS" in this section.
   d. Other situations that affect the participant receiving the issued food, such as a change in a child's custody; i.e., mother's custody to father's, move of infant/child to foster care.

2. Formula that was purchased with and is no longer appropriate for the participant must be returned to the site. An inventory of returned formula must be maintained. Refer to Returned Formula Requirements in this section.

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

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

   a. Handwritten food instruments that are not usable must be returned to the site, if possible.
   b. Handwritten food instruments may be unusable because the food package or formula is no longer appropriate or they have been damaged.

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

B. Replacing for Formula Changes

1. The system will not issue replacement food for an infant food package after the infant status has turned one year of age. The benefits must be replaced with handwritten food instruments in this situation. Refer to CERTIFICATION AND MANAGEMENT, STATUS AND PRIORITY, INFANT/CHILD TRANSFER.

2. Only unused formula is returned:

   a. Document on the CH-3A in the participant's medical record that formula was returned, the quantity returned, and the reason for return.
   b. A health professional must prescribe the food package for a formula change. Refer to WIC Policies for Prescribing Food Packages, Policy Regarding the Return and Re-issuance of Formula for Infants and Food Package III and Formula Package Codes by Company in the Clinical Section.
   c. If the replacement is done on a day other than the original issuance, report an issuance code of WO209.
   d. The system will automatically calculate the appropriate quantity of formula to be issued.

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

   a. Document on the CH-3A in the participant's medical record the quantity of returned formula and unredeemed foods or unused handwritten food instruments, and the reason for return.
   b. Void all the unredeemed formula or unredeemed handwritten food instruments. Document the reason for the void.
   c. A health professional must prescribe the food package for a formula change. Refer to WIC Policies for Prescribing Food Packages, Policy Regarding the Return and Reissuance of Formula for Infants and Food Package III in the WIC Clinical Section.

d. If the replacement is done on a day other than the original issuance, report an issuance code of WO209 on the Encounter Entry Screen.
e. The system will automatically calculate the appropriate quantity of formula to be issued. See CMS User Guide for Replacing WIC Foods. For handwritten food Instruments refer to WIC Policies for Prescribing Food Packages, Policy Regarding the Return and Reissuance of Formula for Infants and Food Package III in the WIC Clinical Section.

C. Replacing Food instruments Lost, Stolen, Damaged or Destroyed

1. Document on the CH-3A in the participant's medical record that food instruments were reported lost, stolen, or destroyed, or damaged food instruments were returned and the reason for replacement. See "LOST, STOLEN AND DESTROYED FOOD INSTRUMENTS" in this section.

2. Void lost, stolen and destroyed food instrument with the void reason.

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

4. See the CMS User Guide for Replacing WIC Foods. For handwritten food Instruments refer to WIC Policies for Prescribing Food Packages, Policy Regarding the Return and Reissuance of Formula for Infants and Food Package III in the WIC Clinical Section.

D. Other situations may occur after food instruments have been issued that will affect the participant receiving the food, such as removal of a child from the home into foster care or when another parent/caretaker other than the one who received the food instruments obtains custody of a child. These situations will be handled on an individual basis with consideration of the specific circumstances.

The following general guidance applies:

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

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

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

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

RETURNED FORMULA REQUIREMENTS

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

2. An inventory of all returned formula must be maintained by each site.

3. The inventory must include:

    a. Date the formula was received in the site.
    b. Name of the formula.
    c. Can size.
    d. Quantity of formula received.
    e. Type of formula (powdered, concentrate, ready-to-feed)
    f. Expiration date.

4. When formula is issued or dispensed, the inventory must include:

    a. Date the formula is dispensed.
    b. Formula dispensed.
    c. Quantity dispensed.
    d. Who formula was issued to or how it was dispensed.
    e. Initials of the staff dispensing the formula.

5. There must be an inventory form to document the required information. A sample inventory form is included in this section in Forms and Food instruments.

6. All returned formula must be kept secure and should be stored in one location.

7. Use of returned WIC formula is restricted. Formula returned to the clinic can only be provided to WIC participants with extenuating circumstances, given to another WIC agency that needs the formula for a participant, donated to a charitable organization (food bank, etc.), or disposed of due to being past the expiration date. The inventory must document the specific disposition of each can of formula.

8. When formula is returned, the quantity returned and the reason it is returned must be documented in the participant's medical record.

9. When formula in inventory is given to a WIC participant, the quantity and type of formula must be documented in the participant's medical record.

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

MAILING/UPLOADING OF BENEFITS

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

1. Mailing of food instruments or uploading of EBT benefits on an individual participant basis shall be permitted if:

   a. The participant/caretaker cannot come to clinic due to:
      (1) Disability
      (2) Illness
      (3) Nearness to termination of pregnancy
      (4) Inclement weather conditions
      (5) Distances to travel
      (6) High cost of travel
      (7) Inability to get to the agency during business hours
      (8) Other

   b. It is the health professional's discretion as to how many months of are provided (1, 2 or 3 months), but the number of months should take into consideration other service needs and/or appointments.

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

3. Documentation requirements:

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

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

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

VOIDING

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

A. General Policies

1. Any handwritten food instrument/ number that is unusable must be voided.
2. Handwritten food instruments or food benefits must be voided at the time they are determined to be unusable.
3. For voiding of EBT benefits see the CMS Users Manual Void Benefits.
4. Any issued handwritten food instrument returned unused by the participant must be voided.
5. Each site must have a void stamp. This stamp is available from the State WIC Office.
6. Voided handwritten food instruments must be submitted weekly to the State WIC Office for processing using the Local Agency Batch Control Form. See "FORMS AND FOOD INSTRUMENTS" in this section.
7. Each food instrument benefit number assigned to a site must either be in the site inventory as unused, be issued with a signature on the food instrument stub verifying receipt, or be voided.
8. The situation surrounding the voiding of food instruments or food benefits must documented in the participant's medical record.
9. For voiding for Handwritten Food Instruments:
   a. Document the situation in the participant's medical record.
   b. Stamp the actual food instrument with the void stamp if the food instrument is available. Do not stamp on or over the MICR line (line of number at the bottom of the food instrument).
   c. Void handwritten food instruments in the CMS system by:
      (1) On Portal, click FI/Card Range Search.
      (2) On Food Instrument Ranges, select clinic from the dropdown if not set, select bank account number, and click Search.
      (3) Search results return at bottom of page. Click the edit icon (pencil and paper) for the food instrument range.
      (4) Food Instrument Block Detail page returns. To find the FI number to void, search for the specific number by entering the FI number in the Starting FI field and click Search or scroll through the list of numbers.
      (5) In Status/Action column for the specific food instrument number, click the dropdown and select Void.
      (6) The Void Date/Reason fields open.
      (7) Enter the void date and select the void reason from the dropdown list.
      (8) Click Save.
      (9) If information is accepted, a "Saved" message appears at the bottom of the page. A green check also appears at the end of the row.

.

C. Submitting Voided Handwritten Food instruments

1. Ensure all unusable/invalid food instruments have been stamped with the Void stamp.
2. Send all voided food instruments to the State WIC Office once a week with a WIC-31 (Batch Control form). The agency/site should make a copy of the WIC-31 for documentation. See "FORMS AND FOOD INSTRUMENTS" in this section. Do not staple or spindle food instruments.

LOST, STOLEN, DAMAGED OR DESTROYED FOOD INSTRUMENTS

A. Food instruments mailed from the State WIC Office and never received by the agency/site:

1. If ordered food instruments have not been received in a reasonable time, contact the State WIC Office or the WIC Help Desk.

2. The State WIC Office will investigate and advise the agency/site of appropriate action.

B. Food instruments lost, stolen, damaged or destroyed at the agency/site (stolen from agency/site, water/flood damage, fire, etc.):

1. Identify and prepare a list of all food instrument numbers lost, stolen, damaged or destroyed.

2. Contact the State WIC Office or the WIC Help Desk immediately and report the following:
   a. The situation (lost, stolen, damaged, destroyed).
   b. Serial numbers of all affected food instruments.
   c. Total number of affected food instruments.

3. For lost, stolen or destroyed food instruments, enter the appropriate void code.

4. If food instruments reported lost or stolen are located, immediately contact the State WIC Office or WIC Help Desk. The State WIC Office will advise the agency/site of necessary action.

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

1. Void card.

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

3. Reissue card and benefits.

D. Handwritten food instruments lost, stolen, damaged or destroyed after issuance to a participant and prior to redemption:
   a. Determine the first day to use on the lost or stolen food instrument(s)/cash value benefit(s).
      (1) Food instruments with a current first day to use can be replaced after a reasonable attempt to verify the food instrument(s)/cash value benefit(s) has not been redeemed. Redeemed food instruments can be reviewed in the WIC Food Instrument/cash value benefit Image Lookup.
      (2) Food instruments with a first day to use in the future can be replaced following procedures in this section.
   b. Document report of lost, stolen or destroyed food instrument(s) on the CH-3A in the participant's medical record.
   c. Void the specific food instrument in the system and on the food instrument stub.
   d. Reissue appropriate number of food instruments. See "REPLACING FOOD INSTRUMENTS" in this section.
   e. Inform the participant/caretaker of the following:
      (1) If the food instrument(s is found, it must be returned to the agency/site, and,
      (2) Cashing a food instrument(s) reported lost or stolen or destroyed that is replaced is considered abuse and could result in suspension or termination from the Program. See WIC CERTIFICATION AND MANAGEMENT section, "PARTICIPANT ABUSE".

AUTOMATIC TERMINATIONS

The System performs automatic terminations in specific situations. Automatic Terminations are processed on a weekly basis.

1. Automatic terminations are performed for:

    a. All patients who are categorically ineligible (women that are six (6) months postpartum, breastfeeding women that are one (1) year from infant's birth and children that are five (5) years old).

    b. All enrollees that have not received food instruments within two (2) months from expiration date (last day to use) of last set of food instruments issued.

2. A termination is done when the Action Due Date is earlier than or the same as the date of weekly automatic terminations is processed.

3. The weekly process produces:

    a. A "T" label for each participant for placement in each medical record; and

    b. A report listing participants that were terminated. .

4. Participants whose next action due is termination receive all benefits due with a first day to use prior to the termination due date.

5. Other terminations must be done by clinic staff. The reason for termination must be documented in the participant's medical record.

EMERGENCY SITUATIONS

Emergency situations occur from time to time due to natural disasters such as ice storms, flooding, etc. Participants will report that they have lost WIC food instruments and/or WIC foods due to the weather situations. The following procedures apply to these situations:

1. eWIC Card Has Been Destroyed

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

   b. Follow the guidance in the CMS-EBT Manual for Food Package Replacement and Voiding Benefits.

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

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

   b. Refer to the procedures in "LOST, STOLEN AND DESTROYED FOOD INSTRUMENTS" in this section for guidance in voiding the food instruments.

   c. Replace all of the food instruments. When replacing an infant's food package, consider the possible need for issuance of Ready-to-Feed formula in either the 32 oz. or 8 oz. size. The health professional must prescribe the package based upon the individual needs (e.g., contaminated water supply and refrigeration) of the infant. Refer to the Clinical section WIC Policies for Prescribing Food instruments.

2. Handwritten Food instruments for a partial month have been destroyed:

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

   b. Review the benefits remaining to determine which foods need to be replaced, Refer to the procedures in "LOST, STOLEN AND DESTROYED FOOD INSTRUMENTS" in this section for guidance in voiding the food instruments.

   c. Replace all of the food instruments. When replacing an infant's food package, consider the possible need for issuance of Ready-to-Feed formula in either the 32 oz. or 8 oz. size. The health professional must prescribe the food package based upon the individual needs (e.g., contaminated water supply and refrigeration) of the infant.

3. Foods that have been purchased and the foods have been destroyed or contaminated.

   a. WIC foods that have been destroyed or damaged due to weather conditions cannot be replaced. The Federal Regulations do not allow for over issuance of the food package.

   1. All women and children in this situation should be directed to the local food distribution centers that are providing food.

4. Sanitation is a major concern to prevent outbreaks of illness during times of emergencies. Contact the Food Safety Branch for assistance regarding food safety issues.

5. Other situations will occur during times of emergencies, contact the State WIC Office for guidance.

EMERGENCY SITUATIONS

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

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

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

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

FORMS, FOOD INSTRUMENT, SCREENS INDEX

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LOCAL AGENCY BATCH CONTROL FORM

When To Use	Use form when sending voided handwritten handwritten food instruments to the State WIC Office. Submit voids on a weekly basis.
Instructions	1. Agency Name is the name of the agency or site. 2. Health ID. Agency No. is the agency health I.D. number. 3. Location Clinic No. is the clinic I.D. number 4. Batch Control No. is the batch number beginning with 0001. 5. Number Sent is the number of voided handwritten food instruments sent to the State WIC Office. The maximum amount to be submitted with any batch is 100. 6. Date Sent/Initials is the date sent to the State WIC Office and the initials of the person completing the form. 7. Number Received is the number received by the State WIC Office. 8. Date Processed is the date the State WIC Office processed the batch of handwritten food instruments. NOTE: Copy WIC-31 form as needed. A revised copy of the WIC-31 can be obtained from the WIC Help Desk.
Disposition	File returned original WIC-31.
Retention	Retain form for six (6) months.

WIC-31
05/03

WIC PROGRAM
LOCAL AGENCY BATCH CONTROL FORM

AGENCY NAME _____

HEALTH ID/AGENCY NO. | LOCATION CLINIC NO. | BATCH CONTROL NO.

NUMBER SENT (Max=100 batch)	DATE SENT/INITIALS	NUMBER RECEIVED	DATE PROCESSED

MAIL TO:

BATCH CONTROL
WIC PROGRAM
DIVISION OF ADULT AND CHILD HEALTH
DEPARTMENT FOR PUBLIC HEALTH
275 EAST MAIN STREET
FRANKFORT, KY 40621-0001

MONTHLY COUNT OF UNUSED FOOD INSTRUMENTS

Purpose	To account for all unused handwritten food instruments in inventory.
When To Use	Monthly for physical inventory.
Instructions	1. Verify the number of food instruments is correct by physically counting all food instruments on hand. 2. All food instruments must be accounted for. 3. Discrepancies must be reported to the State WIC Office. NOTE: Copy inventory form as needed.
Retention	Maintain documentation of monthly physical inventory for one (1) year.

MONTHLY COUNT OF UNUSED FOOD INSTRUMENTS

Purpose: To account for all unused food instruments in inventory. Copy this form as needed.

Instructions:

- Verify the number of food instruments in this inventory is correct by physically counting all food instruments on hand.
- All food instruments must be accounted for.
- Discrepancies must be reported to the State WIC Office.
- Attach a copy of the screen to this form for documentation.

Type of Food Instrument	# Per Food Instrument Range	# Per Physical Count	# Difference	Action Taken
Handwritten – Infant				
Handwritten – Woman/Child				
Handwritten Cash Value Benefit				

Comments: _____

_____

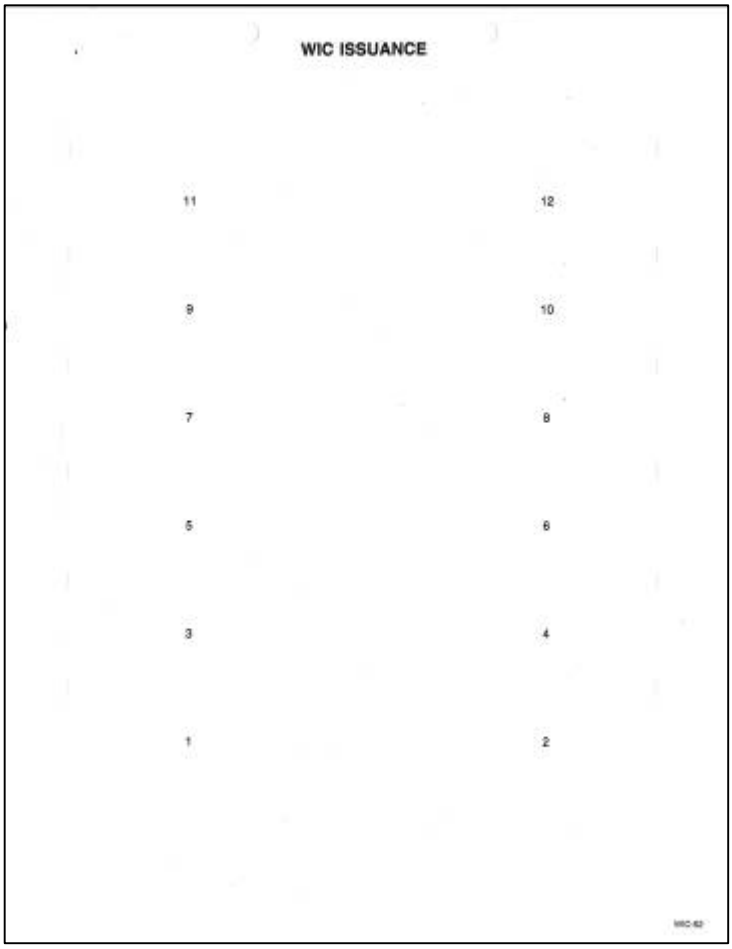
Count done by: _____

This count must be done by someone that does not issue food instruments.

Date of Count: _____

WIC ISSUANCE SHEET (WIC-52)

Purpose	Used to retain and organize handwritten food instrument stubs in the medical record to document receipt by the participant, caretaker, or proxy.
When To Use	Each time handwritten food instruments are issued.
Instructions	Remove the tape strips to expose adhesive and apply food instrument/cash value benefit stubs to the sheet. Remove strips in numerical order to fill the sheet.
Disposition	Retained in the medical record.
Retention	Per medical record requirements. See the AR for retention.
Ordering	Order on CDS 880 – Want to Order WIC Forms and Supplies.

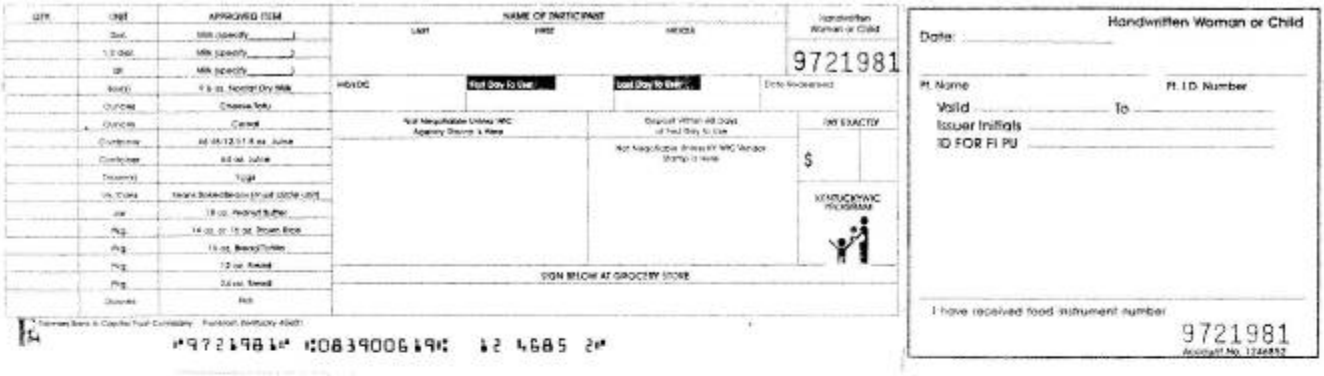


HANDWRITTEN FOOD INSTRUMENTS

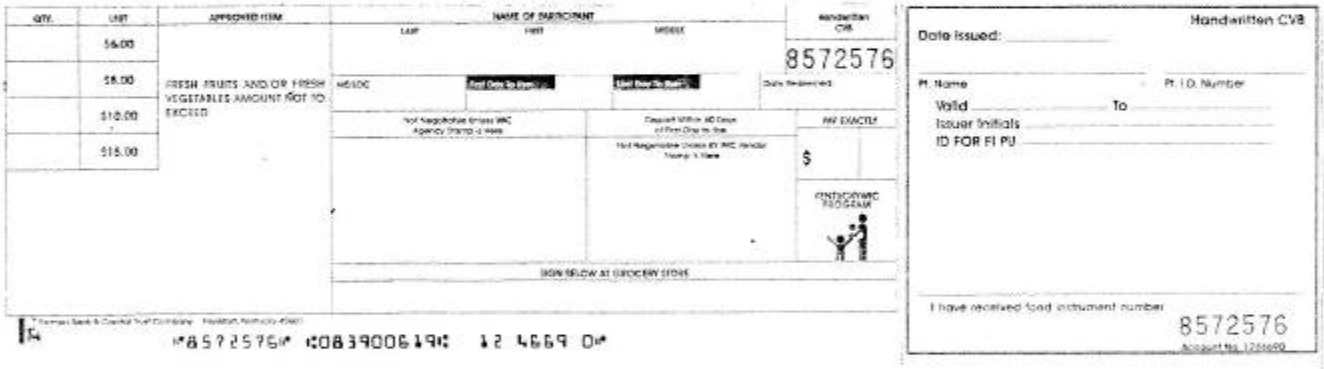
Purpose	To provide supplemental food to eligible participants.
When To Use	Use for issuance to participants.
Instructions	For specific information, refer to Food Instrument Issuance. Each issued food instrument must have the following entered by hand. 1. "First day to use" and "Last day to use." Must match household issue date. 2. Participant name. ID number field is completed with "X"s. 3. Agency and site number. 4. The prescribed food package. 5. Agency Stamp. Each stub for issued food instruments must have the following done by hand or printed by the system: 1. Date issuance is done. 2. Participant name and ID number. 3. Valid dates (first day to use and last day to use). 4. Serial number(s) issued. 5. Initials of issuing staff. 6. Code for the type of proof of identity presented by the person picking up the food instrument(s)/cash value benefit(s). 7. Signature of person receiving /cash value benefit(s).
Disposition	Completed food instruments are given to participant. Completed stub must be filed in the medical record on the WIC-52. Handwritten and preprinted food instrument/cash value benefit issuance must be posted to the system. NCR copy is used for posting issuance.
Retention	Original stubs are retained per medical records requirements. NCR copy is retained for six (6) months.
Ordering	Order through CDS 880 screen – Want to Order Food Instrument/Cash Value Benefit Types.

EXAMPLES OF HANDWRITTEN FOOD INSTRUMENTS

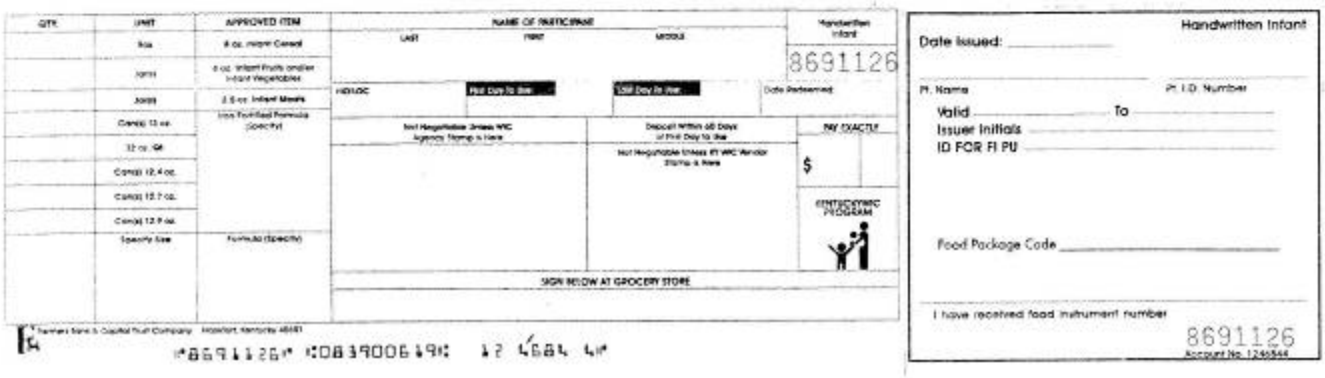
HANDWRITTEN FOOD INSTRUMENT
WOMAN/CHILD WITH STUB



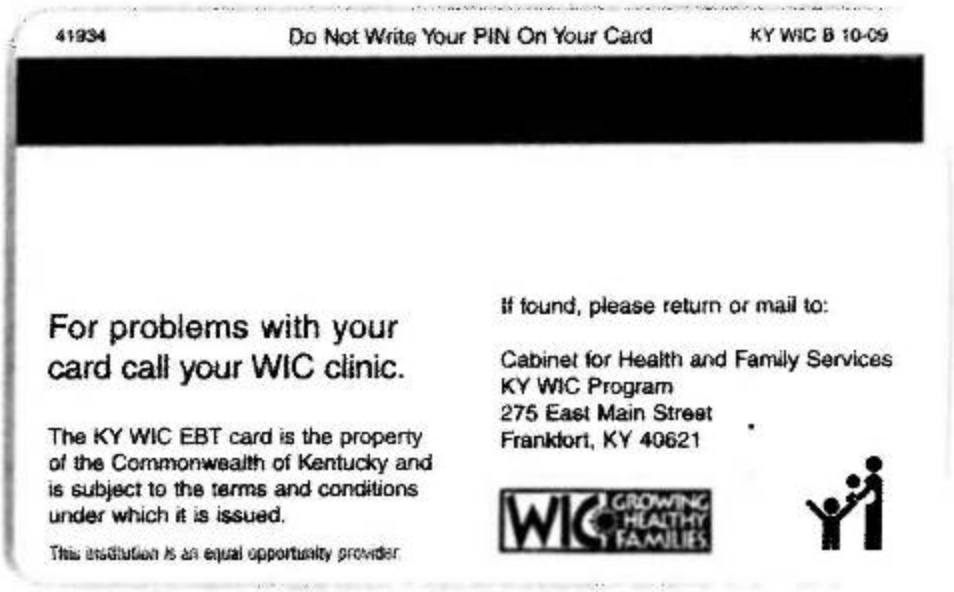
HANDWRITTEN FOOD INSTRUMENT
WOMAN/CHILD WITH STUB



HANDWRITTEN FOOD INSTRUMENT
INFANT WITH STUB



SAMPLE OF EWIC CARD



WIC APPROVED FOOD LIST
WIC-40

Purpose	To inform participants of WIC approved foods.
When To Use	At initial certification and issuance, when approved foods change and as needed.
Instructions	Give to participant/caretaker.
Language	English and Spanish versions are available.
Ordering	Order from Pamphlet Library.
Effective Date	Usually October 1. Revised when necessary.

Kentucky WIC Approved Food List

EAT MORE Fruits & Veggies

10-01-2011 to 9-30-2012

Kentucky UNBRIDLED SPIRIT

WIC is a registered service mark of the U. S. Department of Agriculture for USDA's Special Supplemental Nutrition Program for Women, Infants and Children.

FORMULA INVENTORY FORM

Purpose	For inventory of all formula returned to the site and issuance or disposal of returned formula.
When To Use	On-going for formula returned and returned formula dispensed.
Instructions	The left half is to document formula returned to the site. 1. Date Received – enter date returned formula is received in the site. 2. Formula Name – enter the name of the returned formula. 3. Can Size – enter the size of the can, typically in ounces, of the returned formula. 4. Type – check the type of formula returned. 5. Amount Received – enter the amount of formula that is returned. 6. Expiration Date – enter the expiration date on the can of formula. The right half is to document formula dispensed. 1. Date Dispensed – enter the date the formula is dispensed. 2. Amount Dispensed – enter the amount of formula dispensed. 3. Patient's Name or Other Disposition – enter the name of the patient formula is issued to, or name of the agency, organization, etc. that the formula was donated to. If formula is disposed of due to the expiration date, enter "disposed". 4. Staff initials – enter initials of staff dispensing the formula. NOTE: Copy inventory form as needed.
Retention	Maintain documentation of formula inventory for one (1) year.

Formula Inventory

Formula Received						Formula Dispensed			
Date Received	Formula Name	Can Size	Type	Amount Received	Expiration Date	Date Dispensed	Amount Dispensed	Patient's Name or Other Disposition	Staff Initials
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						
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			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						
			☐ Powdered ☐ Concentrate ☐ Ready-to-feed						

WIC FOOD INSTRUMENT/CASH VALUE BENEFIT IMAGE LOOKUP SYSTEM

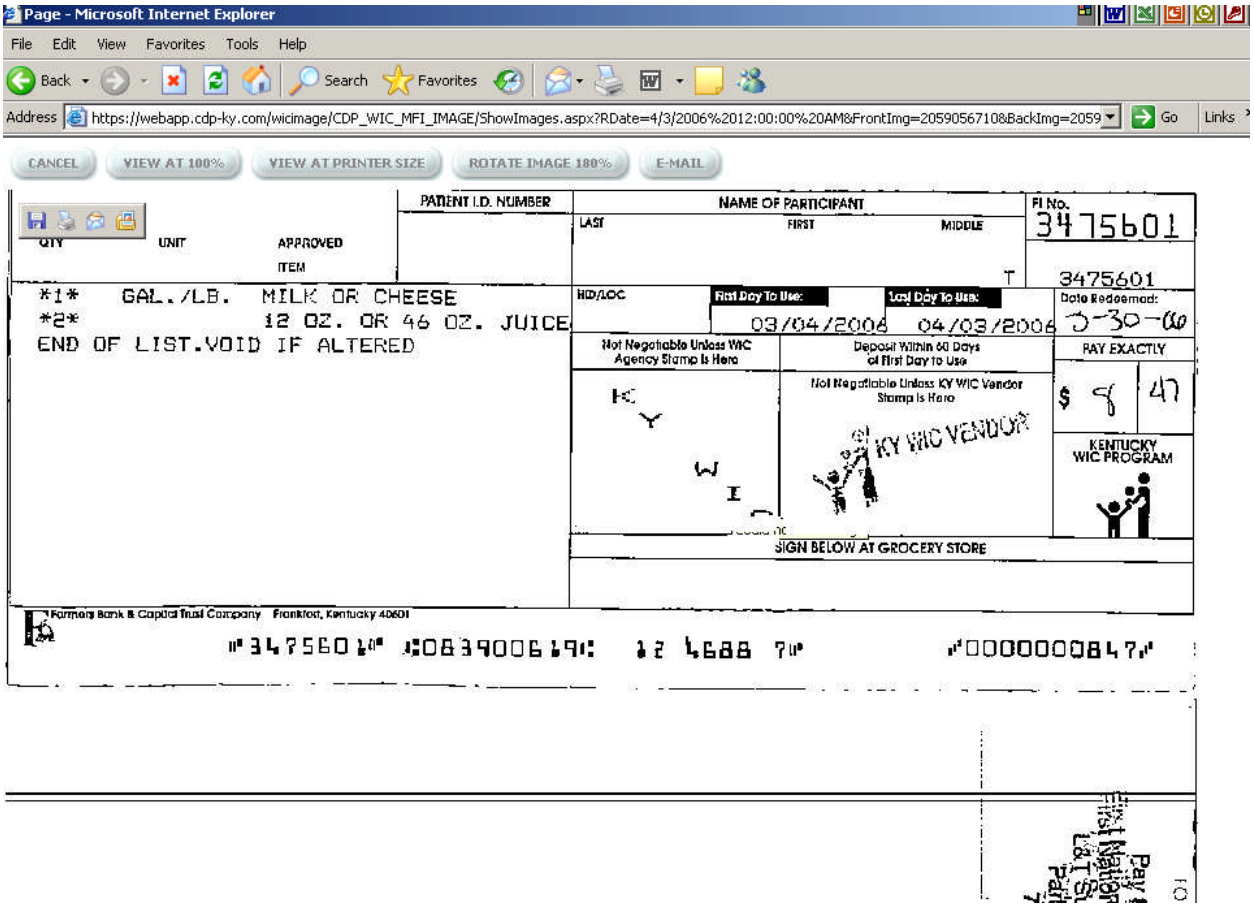
This screen is accessed to view images (front and back) of cashed/redeemed WIC food instruments. Food instruments may be looked up by date, number, amount, HLS (agency and/or site), vendor number or participant identification number.

Accessed on the internet at https://webapp.cdp-ky.com/wicimage. This is a web based application.

INSTRUCTIONS FOR WIC IMAGE LOOKUP

1. Enter user name.
2. Enter password.
3. Click “okay” or press enter key.
4. Enter information to sort, i.e. enter food instrument/cash value benefit number in FI box. Information in one field only is required for a search.
5. Click “Go” or press enter key.
6. Click on the magnifying glass to the left of the food instrument/cash value benefit to be viewed.
7. When the food instrument/cash value benefit image appears, the following options are available:
    a. View food instrument/cash value benefit only
    b. Print food instrument/cash value benefit
    c. Email food instrument/cash value benefit
        i. On the status bar that pops up inside the image, press the envelope icon.
        ii. Select sizing of the image and click OK.
        iii. Type in the email address or retrieve from Global listing.
        iv. Press SEND.
    d. Save to desktop. Use this only if you want to save a copy of the image on your desktop.

WIC FOOD INSTRUMENT/CASH VALUE BENEFIT IMAGE LOOKUP SYSTEM



AUTO DIALER DOWNLOAD

To download phone messages for dialing reminder messages via the auto dialer follow these steps:

1. Go to the Custom Data WIC Bridge on the computer where the auto dialer card is installed.
2. Logon.
3. Type this function “POII 30 <HID/LOC> <8 digit date to be dialed> all {transmit}.
4. Message “New phone file has been created” will appear in the title bar when completed.
5. Click on the Desktop
6. Double click on the Template.bat
7. Phone list is transferred and auto dialer will call those recipients downloaded overnight.
8. A report will be produced which indicates:
    - Date dialed
    - Time Dial
    - Result (Busy, No answer, Operator or Answering Machine)
    - Phone Number
    - Appointment Date
    - First Name
    - Last Name

See Patient Registration, Form CH-5 and CH-5B in the Patient and Community Health Services Reporting and Billing Section concerning No Home Contact and Patient Consent for being contacted by the autodialer.

Teletask Autodialer report
For: All clinics
Printed on: 07/25/2001 11:29 AM

-Date dialed	Time Dial	Result	Phone	Appt date	Full Name
-03/17/2000	07:47:39PM	Busy	9161231234	08/16/2000	FIRST LAST
-03/17/2000	07:43:43PM	No ans	9161231234	08/16/2000	FIRST LAST
-03/17/2000	07:49:47PM	No ans	9161231234	08/16/2000	FIRST LAST
-03/17/2000	07:43:30PM	No ans	9161231234	08/16/2000	FIRST LAST
-03/17/2000	07:51:07PM	Operator	9161231234	08/16/2000	FIRST LAST
-03/17/2000	07:49:35PM	Operator	9161231234	08/16/2000	FIRST LAST
-03/17/2000	07:50:33PM	Ans mach	9161231234	08/16/2000	FIRST LAST
-03/17/2000	07:45:31PM	Ans mach	9161231234	08/16/2000	FIRST LAST

Answered	10	33.33%
Ans machine	9	30.00%
Bad phone	0	0.00%
Busy	1	3.33%
Error	0	0.00%
Fax	0	0.00%
No answer	3	10.00%
No ring	0	0.00%
No tone	0	0.00%
Not yet dial	0	0.00%
Operator	7	23.33%
No Call (duplicate)	0	0.00%
NOT CALLED	0	0.00%
Other	0	0.00%
Total:	30	100.00%

ON-LINE PRODUCED LABELS

ON-LINE PRODUCED LABELS INDEX

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1. Label as a result of an add (A) action.

```
BARLOW MARVIN              DIC:          07/14/2002
ID: 148159298-6            Phy Pr:  Y
ST: I                      CERT D:  07/14/2002
RISK: 7010          PR:04
FP: CA16  FFPD:10/14/2002    DUE/D: R-04/01/2003
```

2. Label as a result of a recertification (R) action.

```
                         ACT/D: R-07/23/2002
BARLOW MARVIN                    DIC:   07/14/2002
ID   : 148159298-6             Phy Pr:   Y
ST   : C                     CERT D:   07/23/2002
RISK : 7010          PR:5A
FP   : D     FFPD:11/14/2002      DUE/D: R-01/23/2003
```

3. Label as a result of a print (P) action.

```
ISSUANCE BARLOW MARVIN          ACT/D: P-07/14/2002
ID: 148159298-6
BK ACT      FI RANGE  1ST VLD DT     TYPE   FP
1246704     107-109                10/14/2002        FULL  CA7
```

4. Label as a result of a replacement (Z) action.

```
ISSUANCE BARLOW MARVIN          ACT/D: Z-07/14/2002
ID: 148159298-6
BK ACT      FI RANGE      1ST VLD DT            TYPE   FP
1246704     106-106          07/14/2002            REPL  CA7
```

5. Label as a result of a Termination (T) action.

```
                      ACT/D: T-03/17/2004
BARLOW MARVINA T                 DIC:   11/20/2003
ID   : 999999999-9
ST   : I                     CERT D:   11/20/2003
RISK : 7010          PR:04
FP   : CA16  FFPD:11/20/2003
```

6. Label as a result of a Change (C) action.

```
                  ACT/D: C-03/15/2004
BARLOW MARVINA T                 DIC:   11/20/2003
ID   : 999999999-9
ST   : I                     CERT D:   11/20/2003
```

RISK : 7010 PR:04
FP : CA16 FFPD:11/20/2003 DUE/D: R-05/20/2004

7. Label as a result of Issuing a Breast Pump.

```
BREAST PUMP ISSUED     HID/LOC/S: 500500   PEF# 00041999
PATIENT ID# 748159263    PAT. NAME MARVINA T BARLOW

   DATE   PROVIDER#     PROVIDER NAME
 03202004   C1001       FIRST TEST
```


```
BREAST PUMP ISSUED     HID/LOC/S: 500500   PEF# 00041999
PATIENT ID# 748159263    PAT. NAME MARVINA T BARLOW

   DATE   PROVIDER#     PROVIDER NAME
 03202004   C1001       FIRST TEST
```


---

8. Label as a result of coding 31 (WIC Nutrition Education Class) on the Patient Services Supplemental Reporting Form (CH-47)

NAME: MARVINA T BARLOW ID# 748159263

CONTACT DATE: 03/23/2004

A1001 SERV: 31 WIC Nutrition Education Class

9. Label as a result of coding 32 (WIC Breastfeeding Class) on the Patient Services Supplemental Reporting Form (CH-47)

NAME: MARVINA T BARLOW ID# 748159263

CONTACT DATE: 03/23/2004

A1001 SERV: 32 WIC Breastfeeding Class

10. Label as a result of coding 33 (Kiosk Nutrition Education) on the Patient Services Supplemental Reporting Form (CH-47)

NAME: MARVINA T BARLOW ID# 748159263

CONTACT DATE: 03/23/2004

A1001 SERV: 33 Kiosk Nutrition Education

SYSTEM REPORTS

System Reports Index

Report Number	Title	Page
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274	7 Day Late Benefit Issuance List	49
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7/30-Day Late Benefit Issuance Label

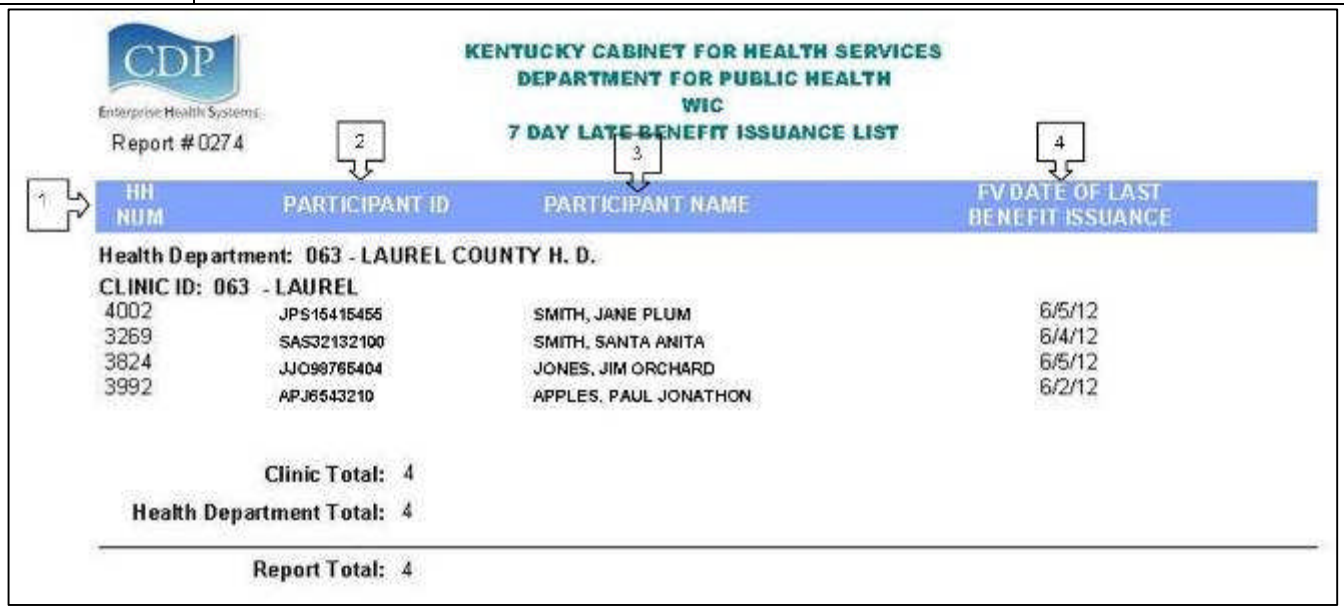
Report Title	Labels for 7 day late pickup Labels for 30 day late pick up
Report Number	Report 110 – (7 day) Report 111 – (30 day)
Frequency	Weekly (available Thursday)
Distribution	Obtain electronically through clinic site E-reports folder.
Description	Label listing of all eligible enrollees that have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

063063

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

7 Day Late Benefit Issuance List

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



CDP
Enterprise Health Systems

KENTUCKY CABINET FOR HEALTH SERVICES
DEPARTMENT FOR PUBLIC HEALTH
WIC
7 DAY LATE BENEFIT ISSUANCE LIST

Report # 0274

1 HH NUM	2 PARTICIPANT ID	3 PARTICIPANT NAME	4 FV DATE OF LAST BENEFIT ISSUANCE
Health Department: 063 - LAUREL COUNTY H. D.			
CLINIC ID: 063 - LAUREL			
4002	JPS15415455	SMITH, JANE PLUM	6/5/12
3269	SAS32132100	SMITH, SANTA ANITA	6/4/12
3824	JJO98765404	JONES, JIM ORCHARD	6/5/12
3992	APJ6543210	APPLES, PAUL JONATHON	6/2/12

Clinic Total: 4
Health Department Total: 4
Report Total: 4

30 Day Late Benefit Issuance List

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

CDP
Enterprise Health Systems
Report #0275

KENTUCKY CABINET FOR HEALTH SERVICES DEPARTMENT FOR PUBLIC HEALTH
WIC
30 DAY LATE BENEFIT ISSUANCE LIST

Health Department: 063 - LAUREL COUNTY H. D.
CLINIC ID: 063 - LAUREL

1 HH NUM	2 PARTICIPANT ID	3 PARTICIPANT NAME	4 FV DATE OF LAST BENEFIT ISSUANCE
4002	JPS15415455	SMITH, JANE PLUM	6/5/12
3269	SAS32132100	SMITH, SANTA ANITA	6/4/12
3824	JJO98765404	JONES, JIM ORCHARD	6/5/12
3992	APJ6543210	APPLES, PAUL JONATHON	6/2/12

Clinic Total: 4
Health Department Total: 4
Report Total: 4

WIC Voter Registration Verification

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

WIC Report 495

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

HH NUM	PARTICIPANT ID	PARTICIPANT NAME	DOB	CERTIFICATION DATE	WIC STATUS
Clinic:	002002 – ALLEN COUNTY H.D.				
5432	10234567	Charlene Brown	01/02/1980	05/26/2013	Pregnant
4567	76543201	Lucy C. Smith	03/04/1994	05/04/2013	Fully Breastfeeding
4543	45678012	Peggy D. Hill	04/08/1992	05/24/2013	Pregnant
6789	67890123	Roberta Green	06/12/1994	05/12/2013	Postpartum

Clinic Total: 4

Report Total: 4

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

REPORT TITLE:	Food Instrument/ Audit Register
REPORT NUMBER:	520
FREQUENCY:	Daily
DISTRIBUTION:	Automatically Printed Daily or obtained electronically through E-Reports - Site
DESCRIPTION:	This report includes all food instrument activity for the previous day for local site audit purposes. This report will come in two (2) parts. The first part is a detailed list of every food instrument issued. The second part is totals by food instrument type. The grand totals on the first and second parts should be the same.
ACTION TO BE TAKEN:	Use to verify usage of food instruments.
EXPLANATION OF REPORT:	Type is the type of food instruments.

WICMFD RUN 11/04/2002 10:46:24 FOOD INSTRUMENT (FI) PAGE 5

AUDIT REGISTER

REPORT 520 SITE 100 HID/LOC/SITE : CO HEALTH DEPT

AGENCY/CLINIC : -

PROCESS DATE: 11/03/2002

TYPE	ACCT	FI	VALID DATE	PARTICIPANT ID	PARTICIPANT NAME	VOID DATE	VOID CODE	VOID REASON	ACTION DT
2	1246887	5618585	10/15/2002						10/15/2002
2	1246887	5618586	11/15/2002						10/15/2002
2	1246887	5618587	11/15/2002						10/15/2002
2	1246887	5618588	11/15/2002						10/15/2002
2	1246887	5618589	12/15/2002						10/15/2002
2	1246887	5618590	12/15/2002						10/15/2002
2	1246887	5618591	12/15/2002						10/15/2002
2	1246887	5618592	12/06/2002						10/15/2002
2	1246887	5618593	12/06/2002						10/15/2002
2	1246887	5618594	12/06/2002						10/15/2002

TYPE DEFINITIONS: 1 = WOMEN/CHILDREN 2 = INFANTS 3 = AUTOMATED

REPORT TITLE: Actions Due Listing

REPORT NUMBER: 562

FREQUENCY: Weekly

DISTRIBUTION: Automatically printed overnight or obtained electronically through E-Reports - Site

DESCRIPTION: This report lists participants according to the week their action is due.

This report indicates participants with actions due this week and any previous actions that have not been done. This list must be worked on a weekly basis to decrease an inactive enrollment. Actions overdue indicate an inactive caseload which lowers the rate of participation to enrollment. This report is an aid for clinic schedules for recertification.

ACTION TO BE TAKEN: Investigate overdue actions
Perform all actions due in a timely manner.

RETENTION/ DISPOSAL PERIOD: If printed, destroy by shredding or burning after receipt of next report.

WICRPT RUN 05/18/2002 02:46:44 PEF - WIC PAGE 1

WIC ACTION DUE LISTING

REPORT 562 SITE 9 ACTION DUE DATES: 05/13/2002 - 05/25/2002

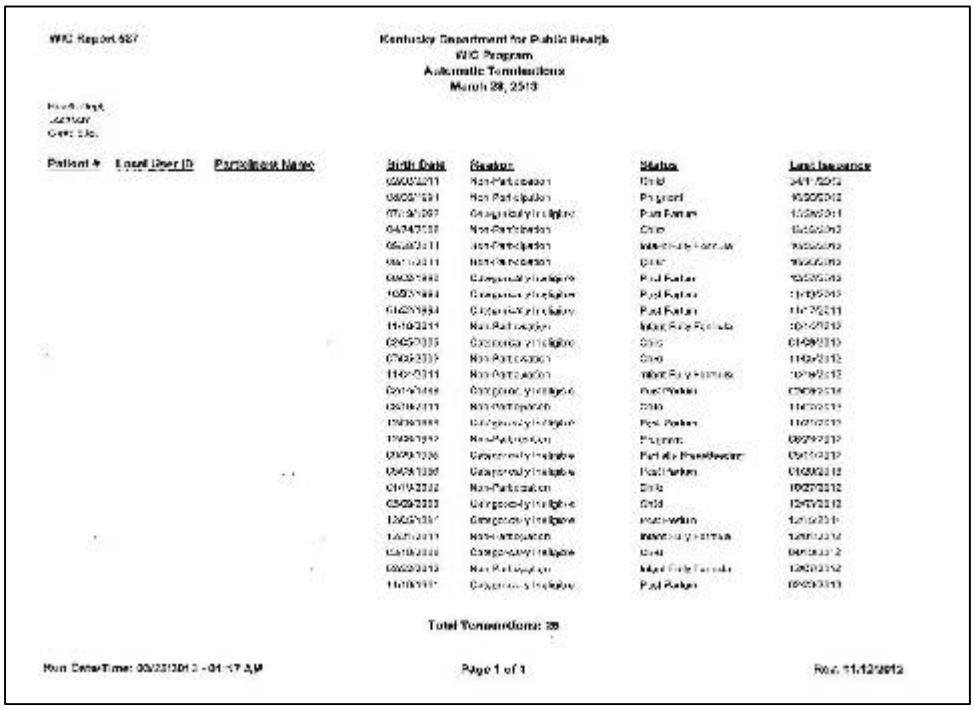
HID/LOC/S :

CO HEALTH DEPT COUNTY HEALTH DEPT

PATIENT NAME	WIC ID #	WIC STATUS	PATIENT ID	NEXT WIC ACTION DUE	NEXT WIC ACTION DUE DATE	APPT DATE	SERV	SERV	SERV
		C - CHILD		R	05/13/2002	05/21/2002	OM404		
		I - INFANT		R	05/14/2002	05/22/2002	OM404		
		C - CHILD		R	05/14/2002	05/21/2002	OC304		
		C - CHILD		R	05/14/2002	05/21/2002	OC304		
		C - CHILD		R	05/15/2002				
		C - CHILD		R	05/16/2002	05/20/2002	OM404		
		I - INFANT		R	05/17/2002				
		W - POSTP		T	05/17/2002				
		I - INFANT		R	05/18/2002	05/30/2002	OM404	IM300	
		W - POSTP		T	05/19/2002				
		C - CHILD		R	05/19/2002	05/21/2002	OM404		
		W - BFEED		R	05/19/2002				
		I - INFANT		R	05/19/2002				
		C - CHILD		R	05/20/2002	05/21/2002	OM404		
		C - CHILD		R	05/20/2002	05/21/2002	OM404		
		W - BFEED		R	05/20/2002				
		C - CHILD		R	05/20/2002	05/20/2002	OM404		
		C - CHILD		R	05/20/2002	05/20/2002	OM404		
		C - CHILD		R	05/20/2002	05/20/2002	OM404		
		W - POSTP		T	05/20/2002	07/12/2002	OC302		
		W - PREG		R	05/21/2002	05/22/2002	OM404		
		C - CHILD		R	05/21/2002	05/21/2002	OM404		
		W - PREG		R	05/22/2002	05/23/2002	OM404		
		W - PREG		R	05/22/2002	05/23/2002	OM404		
		I - INFANT		R	05/22/2002	05/20/2002	OM404		
		W - PREG		T	05/22/2002				
		W - POSTP		T	05/23/2002	06/07/2002	PM202	OC302	
		C - CHILD		T	05/23/2002				
		W - POSTP		T	05/23/2002	07/26/2002	OC302		
		W - PREG		R	05/24/2002	05/23/2002	OM404		
		I - INFANT		R	05/24/2002	05/24/2002	OM404		
		I - INFANT		R	05/24/2002	05/24/2002	OM404		
		W - PREG		R	05/25/2002	05/23/2002	OM404		
		W - POSTP		T	05/25/2002				

Automatic Terminations

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


WIC Report 587

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

Patient #	Local User ID	Participant Name	Birth Date	Reason	Status	Last Issuance
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Total Terminations: [illegible]

Run Date/Time: [illegible]

Page 1 of 1

Rev: 11/12/2012

Automatic Terminations Labels

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

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

REPORT TITLE:	Number of Weeks Infants Breastfed
REPORT NUMBER:	1596
FREQUENCY:	Quarterly
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports - WIC Coordinator.
DESCRIPTION:	This report provides a summary of the incidence and duration of breastfeeding for the quarter and year to date.
ACTION TO BE TAKEN:	Use for management of breastfeeding rates for meeting Healthy People 2010 goals.
RETENTION/ DISPOSAL PERIOD:	If printed, destroy by shredding or burning after receipt of next report.

WIC140 RUN 01/03/2004 07:37:22 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE: 237 DEPARTMENT FOR PUBLIC HEALTH RPT: 1596
WIC
NUMBER OF WEEKS INFANTS BREAST FED
10-01-2003 THRU 12-31-2003

HEALTH ID: 002 ALLEN CO HEALTH DEPT
CLINIC LOC: 002 ALLEN CO HEALTH DEPT

	TOTAL INFANTS	NEVER ASKED	NEVER BR FED	WEEKS OF BREAST FEEDING LESS 4	4-8	8-12	13-16	17-20	21-25	26-29	30-33	34-38	39-42	43-46	47-51	TOT INF	PCT B F
	57		27														
CURR BREAST FED				6	7	4	1	3				1	1			23	40.35
EVER BREAST FED				11	8	4	2	3				1	1			30	52.63
TOTAL PCT BREAST FED				19.29	14.03	7.01	3.50	5.26	.00	.00	.00	1.75	1.75	.00	.00		

NUMBER OF WEEKS INFANTS BREAST FED
10-01-2002 THRU 12-31-2003

	TOTAL INFANTS	NEVER ASKED	NEVER BR FED	WEEKS OF BREAST FEEDING LESS 4	4-8	8-12	13-16	17-20	21-25	26-29	30-33	34-38	39-42	43-46	47-51	TOT INF	PCT B F
	183		121														
CURR BREAST FED				6	7	4	1	3				1	1			23	12.56
EVER BREAST FED				29	16	7	4	3		1		1	1			62	33.83
TOTAL PCT BREAST FED				15.84	8.74	3.82	2.18	1.63	.00	.54	.00	.54	.54	.00	.00		

REPORT TITLE:	Patients on Breastfeeding Report
REPORT NUMBER:	1679
FREQUENCY:	Quarterly
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports – Site and WIC Coordinator.
DESCRIPTION:	This report is a detailed listing of all infants and their current breastfeeding status as reported on the 1596 – Number of Weeks Infants Breastfed Report.
ACTION TO BE TAKEN:	Use for quality assurance. Review individual infant's records to ensure the breastfeeding status is properly reported.
RETENTION/ DISPOSAL PERIOD:	If printed, destroy by shredding or burning after receipt of next report.

WIC140 RUN 10/04/2003 06:58:59 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE: 100 DEPARTMENT FOR PUBLIC HEALTH RPT: 1679
WIC
PATIENTS ON BREASTFEEDING REPORT
07-01-2003 THRU 09-30-2003

HEALTH ID: CO HEALTH DEPT
CLINIC LOC: CO HEALTH DEPT

PARTICIPANT NAME	PARTICIPANT ID	BIRTH DATE	STATUS	NO OF WEEKS	DATE ASKED BF QUESTION	ACTION CODE	YEAR TO DATE
			NEVER BREASTFED		06/11/2003	A	Y
			NEVER BREASTFED		06/11/2003	A	
			NEVER BREASTFED		08/07/2003	A	
			NEVER BREASTFED		08/07/2003	A	
			NEVER BREASTFED		02/27/2003	A	Y
			NEVER BREASTFED		02/27/2003	A	
			NEVER BREASTFED		02/05/2002	A	Y
			NEVER BREASTFED		02/05/2002	A	
			NEVER BREASTFED		08/12/2002	P	
			NEVER BREASTFED		08/12/2002	P	
			NEVER BREASTFED		08/27/2002	A	Y
			NEVER BREASTFED		08/27/2002	A	
			NEVER BREASTFED		09/22/2002	A	
			NEVER BREASTFED		09/22/2002	A	
			NEVER BREASTFED		07/20/2002	A	
			NEVER BREASTFED		07/20/2002	A	
			NEVER BREASTFED		09/09/2002	A	
			NEVER BREASTFED		09/09/2002	A	
			NEVER BREASTFED		08/21/2002	A	
			NEVER BREASTFED		08/21/2002	A	
			NEVER BREASTFED		10/31/2002	A	Y
			NEVER BREASTFED		10/31/2002	A	
			NEVER BREASTFED		07/15/2002	A	
			NEVER BREASTFED		07/15/2002	A	

REPORT TITLE:	Pregnant Women on WIC with EDC In (Month Year)
REPORT NUMBER:	1807
FREQUENCY:	Monthly
DISTRIBUTION:	By Request Only
DESCRIPTION:	This report lists enrolled pregnant women with an EDC in the specified month.
ACTION TO BE TAKEN:	Use as needed for hospital certification.
RETENTION/ DISPOSAL PERIOD:	If printed, destroy by shredding or burning upon completion of use.

HEALTH ID: DISTRICT HEALTH DEPT
CLINIC LOC: CO HEALTH CENTER

PARTICIPANT ID NUMBER	PARTICIPANT NAME	EDC DATE	ISSUE DATE	LAST ISSUE DATES
		02/06/2004	02/12/2004	
		03/15/2004	04/16/20	
		03/12/2004	03/22/2004	
		03/26/2004	04/20/2004	
		03/30/2004	02/23/2004	
		02/20/2004	02/28/2004	
		03/15/2004	04/03/2004	
		03/05/2004	03/15/2004	
		03/01/2004	03/08/2004	

TOTAL PATIENTS 9

REPORT TITLE:	Enrollment By Status and Priority
REPORT NUMBER:	1902
FREQUENCY:	Monthly
DISTRIBUTION:	Automatically printed overnight or obtained electronically through E-Reports - Site and the WIC Coordinator
DESCRIPTION:	This report indicates the number enrolled by priority and by status as of the report run date.
ACTION TO BE TAKEN:	Use for caseload management, to evaluate enrollment.
RETENTION/ DISPOSAL PERIOD:	If report is printed, destroy after receipt of next report.

WRC030 RUN 07/20/2002 12:22:20 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE: 100 DEPARTMENT FOR PUBLIC HEALTH RPT: 1902
WIC
ENROLLMENT BY STATUS AND PRIORITY
JULY 20,2002

HEALTH ID: CO HEALTH DEPT
CLINIC LOC: CO HEALTH DEPT

STATUS PRIORITY

FREQUENCY
ROW PCT
COL PCT

	1	2	3A	3B	4	5A	5B	6	TOTAL
PREGNANT	55	0	0	0	4	0	0	0	59
	93.22	.00	.00	.00	6.78	.00	.00	.00	9.62
	36.67	.00	.00	.00	50.00	.00	.00	.00	
POSTPARTUM	0	0	0	48	0	0	0	3	51
	.00	.00	.00	94.12	.00	.00	.00	5.88	8.32
	.00	.00	.00	100.00	.00	.00	.00	100.00	
BREASTFEEDING	27	0	0	0	0	0	0	0	27
	100.00	.00	.00	.00	.00	.00	.00	.00	4.40
	18.00	.00	.00	.00	.00	.00	.00	.00	
INFANTS	68	64	0	0	4	0	0	0	136
	50.00	47.06	.00	.00	2.94	.00	.00	.00	22.19
	45.33	100.00	.00	.00	50.00	.00	.00	.00	
CHILDREN	0	0	220	0	0	38	82	0	340
	.00	.00	64.71	.00	.00	11.18	24.12	.00	55.46
	.00	.00	100.00	.00	.00	100.00	100.00	.00	
TOTAL	150	64	220	48	8	38	82	3	613
	24.47	10.44	35.89	7.83	1.31	6.20	13.38	.49	100.00

REPORT TITLE:	Unmatched Redemptions
REPORT NUMBER:	1915
FREQUENCY:	Monthly
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports to the Site and WIC Coordinator
DESCRIPTION:	This report shows handwritten food instruments that have cleared the contracted bank but cannot be matched to an issuance record.
ACTION TO BE TAKEN:	Upon receipt research each food instrument If the food instrument was validly issued, post the issuance into the system. Report any other problems to the State WIC Office.
RETENTION/ DISPOSAL PERIOD:	If report is printed, destroy after receipt of next report.

DRC140 RUN 10/14/2002 15:16 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE: 237 DEPARTMENT FOR PUBLIC HEALTH RPT: 1915
WIC
UNMATCHED REDEMPTIONS
JULY , 2002

RECORDS SHOW THAT THE FOOD INSTRUMENTS LISTED ON THIS REPORT HAVE CLEARED THE CONTRACTED BANK BUT CANNOT MATCH TO AN ISSUANCE RECORD. RESEARCH EACH FOOD INSTRUMENT LISTED ON THIS REPORT. IF THE FOOD INSTRUMENT WAS VALIDLY ISSUED, POST THE ISSUANCE ON THE WFIM SCREEN. IF THERE IS ANY OTHER PROBLEM, PLEASE CONTACT CRT 2221 OR 2222 FOR ASSISTANCE. DOCUMENT ON THIS REPORT UNDER COMMENTS THE RESOLUTION OF THE PROBLEM(S). DOCUMENT DATE WORKED AND PERSON AT WIC OFFICE WHO PROVIDED ASSISTANCE.

HEALTH ID: CO HEALTH DEPT
CLINIC LOC: CO HEALTH DEPT

F.I. NUMBER	BANK ACCT NUMBER	DATE CLEARED	AMOUNT PAID	VOID CODE	REASON	DATE POSTED	COMMENTS
4062267	1246887	07/15/2002	$9.35	5	ISSUANCE VOIDED		
4849365	1246887	07/24/2002	$20.36		ISSUANCE OPEN		
4849374	1246887	07/24/2002	$33.66		ISSUANCE OPEN		
4849375	1246887	07/24/2002	$22.64		ISSUANCE OPEN		
4849376	1246887	07/24/2002	$16.47		ISSUANCE OPEN		
4849382	1246887	07/30/2002	$17.52		ISSUANCE OPEN		
4849392	1246887	07/30/2002	$21.67		ISSUANCE OPEN		
4849401	1246887	07/24/2002	$13.07		ISSUANCE OPEN		
4849410	1246887	07/30/2002	$22.52		ISSUANCE OPEN		

REPORT TITLE:	Summary of Unmatched Redemptions
REPORT NUMBER:	1916
FREQUENCY:	Monthly
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports - WIC Coordinator
DESCRIPTION:	This report summarizes the 1915 report giving total dollar amount of the food instruments/cash value benefits.
ACTION TO BE TAKEN:	Records show that the food instruments summarized on this report have cleared the contracted bank but cannot match to an issuance record. Each site must research the food instruments listed on the 1915 report.
RETENTION/ DISPOSAL PERIOD:	If report is printed, destroy after receipt of next report.

WRC140 RUN 10/14/2002 15:16 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE: 130 DEPARTMENT FOR PUBLIC HEALTH RPT: 1916
WIC
SUMMARY OF UNMATCHED REDEMPTIONS
JULY , 2002

RECORDS SHOW THAT THE FOOD INSTRUMENTS SUMMARIZED ON THIS REPORT HAVE CLEARED THE CONTRACTED BANK BUT CANNOT MATCH TO AN ISSUANCE RECORD. EACH SITE SHOULD RESEARCH THE FOOD INSTRUMENTS LISTED ON THE 1915 REPORT. IF THERE IS ANY OTHER PROBLEM, THE SITE SHOULD CONTACT CRT 2221 OR 2222 FOR ASSISTANCE.

MID/LOC/SITE	AGENCY	NO FIS	REDEEMED AMT
		155	$2,632.17
		159	$4,269.33
	CO HEALTH DEPT	214	$3,001.50

REPORT TITLE:	Summary of All Reported Nutritional Risk Criteria Codes
REPORT NUMBER:	1920
FREQUENCY:	Monthly.
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports - Site and WIC Coordinator.
DESCRIPTION:	This report provides a monthly summary of all the risk codes that have been reported for the enrolled WIC participants by WIC status.
ACTION TO BE TAKEN:	Used to review risks reported. Can be used as a tool to summarize health risks in the community.
RETENTION/ DISPOSAL PERIOD:	If printed, destroy after receipt of next report.

WRC160 RUN 11/16/2002 20:40:40 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE: 100 DEPARTMENT FOR PUBLIC HEALTH RPT: 1920
WIC
SUMMARY OF ALL REPORTED NUTRITIONAL RISK CRITERIA CODES
NOVEMBER 16, 2002

HEALTH ID: CO HEALTH DEPT
CLINIC LOC: CO HEALTH DEPT

RISK CODE	STATUS					TOTAL
FREQUENCY ROW PCT COL PCT	PREGNANT	INFANT	CHILD	POSTPARTUM	BREASTFEEDING	FREQUENCY COL PCT
1010 - LOW HCT/HGB	4	1	15	22	6	48
	8.33	2.08	31.25	45.83	12.50	4.03
	2.27	.29	2.61	15.38	12.24	
1020 - ELEVATED BLOOD LEAD	0	0	2	0	0	2
	.00	.00	100.00	.00	.00	.17
	.00	.00	.35	.00	.00	
2040 - PREMATURITY	0	18	0	0	0	18
	.00	100.00	.00	.00	.00	1.51
	.00	7.00	.00	.00	.00	
2050 - LOW BIRTHWEIGHT	0	10	5	0	0	15
	.00	66.67	33.33	.00	.00	1.26
	.00	2.89	.87	.00	.00	
2060 - AT RISK FOR OVERWEIGHT	0	7	40	0	0	47
	.00	14.89	85.11	.00	.00	3.94
	.00	2.72	6.97	.00	.00	
2061 - OVERWEIGHT	25	0	66	28	8	127
	19.69	.00	51.97	22.05	6.30	10.65
	14.73	.00	11.50	13.58	16.33	

REPORT TITLE:	Possible Dual Participation Between the WIC Program and CSFP
REPORT NUMBER:	1922
FREQUENCY:	Monthly
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports - WIC Coordinators. Report is produced only if there are participant matches.
DESCRIPTION:	This report lists potential dual participants between WIC and CSFP. In creating this report, the system matches on four (4) items out of nine (9). If any of the four (4) match, the person's name will appear as a possible dual participant. The items include: participant's ID number, participant's last name, first name and middle initial, date of birth, sex, race, street address and city/town. The appearance of a person's name on the dual participation report may not mean that they are dual participants.
ACTION TO BE TAKEN:	1. Review all names appearing on this report. 2. Investigate and take appropriate action as outlined in Participant Abuse in the WIC Section of the Administrative Reference. 3. Document action taken.
EXPLANATION OF REPORT:	1. WIC HID/LOC/S is the WIC Program local agency/site identification number where the participant is receiving food instruments/cash value benefits. 2. CSFP is the Commodity Supplemental Feeding Program. 3. First Valid Date and CSFP Dist Date are the first valid dates of the most recent WIC issuance and CSFP Dist Date is the most recent distribution of CSFP commodities.
RETENTION/ DISPOSAL PERIOD:	If printed, destroy by shredding or burning after receipt of next report.

WRC110 RUN 11/04/2002 10:00:25 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE: 165 DEPARTMENT FOR PUBLIC HEALTH RPT: 1982
WIC
POSSIBLE DUAL PARTICIPATION BETWEEN WIC PROGRAM AND CSFP

WIC HID/LOC/S	CSFP	PARTICIPANT ID	PARTICIPANT NAME	STATUS	BIRTH DATE	WIC CERT DATE	WIC ACTION	FIRST VALID DATE CSFP DIST DATE
				BREASTFEEDING		03/20/2002	R	09/07/2002
	X							09/17/2002
				CHILD		05/21/2002	R	09/07/2002
	X							09/17/2002
				CHILD		09/17/2002	R	09/26/2002
	X							09/05/2002
				CHILD		09/06/2002	R	09/06/2002
	X							09/18/2002
				INFANT		04/02/2002	A	09/24/2002
	X							09/20/2002
				POSTPARTUM		05/24/2002	R	09/24/2002
	X							09/20/2002
				CHILD		06/13/2002	R	09/17/2002
	X							09/26/2002
				CHILD		03/19/2002	A	09/19/2002
	X							09/25/2002
				CHILD		09/05/2002	R	09/18/2002
	X							09/16/2002

REPORT TITLE: Detail Listing of Infants Receiving Non-Contract, Non-Standard, Special Formula and Summary

REPORT NUMBER: 1925

FREQUENCY: Monthly

DISTRIBUTION: Automatically printed overnight or obtained electronically through E-Reports - Site and WIC Coordinator.

DESCRIPTION: This report provides the names of the participants by agency and site who are receiving non-contract, non-standard and special formulas. This report also provides the total number of participants on non-contract, non-standard formula or special formulas and the percentage of participants by agency and site receiving the formulas.

ACTION TO BE TAKEN: Use for monitoring WIC participants receiving non-contract, non-standard and special formulas.

RETENTION/ DISPOSAL PERIOD: If printed, destroy by shredding or burning after receipt of next report.

SITE 107 DEPARTMENT FOR PUBLIC HEALTH RPT: 1925

WIC

DETAIL LISTING OF INFANTS RECEIVING

NON-CONTRACT, NON-STANDARD AND SPECIAL FORMULA

SEPTEMBER, 2007

HEALTH DT: CO HEALTH DEPT

CLINIC LOC: CO HEALTH DEPT

PARTICIPANT NAME	PARTICIPANT ID	BIRTH DATE	LAST ACT DATE	STD PRNG CODE	EX ENCODE DATE	FORMULA	CATEGORY
		11/28/2006	07/17/2007	MAL3	11/28/2007		SPECIAL FORMULA
		04/19/2007	08/31/2007	MAL3	10/09/2007		SPECIAL FORMULA
		06/03/2007	08/02/2007	MAL3	06/03/2008		SPECIAL FORMULA
		10/23/2006	07/13/2007	MAL3	10/24/2007		SPECIAL FORMULA
		04/12/2007	08/17/2007	MAL3	04/12/2008		SPECIAL FORMULA
		10/24/2006	08/11/2007	MAL3	10/24/2007		SPECIAL FORMULA
		12/13/2006	08/06/2007	MAL3	12/13/2007		SPECIAL FORMULA
		04/18/2007	08/28/2007	MAL3	10/18/2007		SPECIAL FORMULA
		08/11/2006	06/29/2007	MEL3		POWDERED ENFAMIL LIPIL WITH IRON	NON-CONTRACT
		12/22/2006	07/24/2007	MEL3	12/22/2007	POWDERED ENFAMIL LIPIL WITH IRON	NON-CONTRACT
		04/08/2007	08/12/2007	MEL3	10/08/2007	POWDERED ENFAMIL LIPIL WITH IRON	NON-CONTRACT
		04/26/2007	08/28/2007	MEL4	03/18/2008	POWDERED ENFAMIL LIPIL WITH IRON	NON-CONTRACT
		04/02/2007	08/10/2007	MEL9	04/02/2008	POWDERED ENFAMIL LIPIL WITH IRON	NON-CONTRACT
		11/01/2006	08/31/2007	MEL9	11/01/2007	POWDERED ENFAMIL LIPIL WITH IRON	NON-CONTRACT
		05/09/2007	09/21/2007	MPL2	11/21/2007		SPECIAL FORMULA
		02/02/2007	08/06/2007	MPL3	02/02/2008	POWDERED ENFAMIL PROSOBEE LIPIL WITH	NON-CONTRACT
		10/05/2006	09/21/2007	RAA4	10/05/2007	POWDERED SIMILAC ALIMENTUM ADVANCE W	NON-STANDARD
		03/19/2007	08/17/2007	RAA4	09/19/2007	POWDERED SIMILAC ALIMENTUM ADVANCE W	NON-STANDARD
		04/10/2007	08/27/2007	RAA4	10/10/2007	POWDERED SIMILAC ALIMENTUM ADVANCE W	NON-STANDARD
		01/24/2007	07/12/2007	RAA4	01/24/2008	POWDERED SIMILAC ALIMENTUM ADVANCE W	NON-STANDARD
		07/11/2007	08/14/2007	RAA4	11/18/2007	POWDERED SIMILAC ALIMENTUM ADVANCE W	NON-STANDARD
		04/18/2007	08/18/2007	RMA2	10/24/2007		SPECIAL FORMULA
		12/11/2006	08/20/2007	RRA1	12/11/2007	CONCENTRATE SIMILAC ADVANCE WITH IRO	NON-CONTRACT
		12/12/2006	10/04/2007	RRA2	11/04/2007	POWDERED SIMILAC ADVANCE WITH IRON	NON-CONTRACT
		04/25/2007	09/13/2007	RRA2	04/25/2008	POWDERED SIMILAC ADVANCE WITH IRON	NON-CONTRACT
		01/01/2007	08/17/2007	RRA2	01/01/2008	POWDERED SIMILAC ADVANCE WITH IRON	NON-CONTRACT
		12/19/2006	08/08/2007	RRA2	12/19/2007	POWDERED SIMILAC ADVANCE WITH IRON	NON-CONTRACT
		04/10/2007	07/24/2007	RRL2	04/10/2008	POWDERED SIMILAC LACTOSE FREE ADVANC	NON-CONTRACT
		05/04/2007	06/18/2007	RRL2		POWDERED SIMILAC LACTOSE FREE ADVANC	NON-CONTRACT

TOTAL 20

REPORT TITLE: Vendor Volume

REPORT NUMBER: 1928

FREQUENCY: Monthly

DISTRIBUTION: Automatically printed overnight or obtained electronically through E-Reports - WIC Coordinator

DESCRIPTION: This report provides by vendor number the redemption amount by month and year to date. The information is provided by contracted vendor and by vendor outside of the agency redeeming the agency's food instruments/cash value benefits.

ACTION TO BE TAKEN: Report is for informational purposes. Review report for any unusual redemption patterns. Contact the State WIC Office to report any unusual redemption activities.

If report is printed, destroy after receipt of next month's report.

WRC220 RUN 11-06-2002 01:52 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE 237 DEPARTMENT FOR PUBLIC HEALTH RPT: 1928
WIC
VENDOR VOLUME REPORT FYTD: OCTOBER 2001 - SEPTEMBER 2002
SEPTEMBER , 2002

HEALTH ID: 00 HEALTH DEPT

VENDOR NUMBER	NO FIS REDEEMED MONTH	AMT REDEEMED MONTH	NO FIS REDEEMED FYTD	AMT REDEEMED FYTD
	256	$4,007.94	2,693	$59,458.51
	660	$11,529.97	8,826	$146,086.16
	204	$1,997.68	2,178	$24,828.23
SUB TOTAL:	1,120	$17,545.79	14,697	$230,372.90
	1	$12.04	1	$12.04
		$0.00	1	$3.54
		$0.00	8	$101.88
		$0.00	1	$17.04
		$0.00	3	$69.16
		$0.00	1	$23.12
		$0.00	1	$4.48
		$0.00	2	$39.11
		$0.00	1	$18.80

WIC Participation by Priority/Status

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

KENTUCKY CABINET FOR HEALTH SERVICES

DEPARTMENT FOR PUBLIC HEALTH

WIC Participation Report By Priority/Status

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

HID/Clinic	Priority Assigned 3*	01	02	3A	3B	04	5A	5B	06	Unknown	Priority Summary
2* 002002											
Women 4* Category											
Pregnant		24	8	37	0	0	10	8	0	0	87
Fully Breastfeeding		7	1	0	0	0	4	1	0	0	18
Partially Breastfeeding		6	1	0	0	0	1	1	0	0	12
Post Partum		9	0	0	0	0	10	6	0	0	57
Totals for Women		46	10	0	0	0	25	16	0	0	174
Infant 4*											
Partially Breastfed		8	0	0	0	0	0	0	0	0	8
Infant Fully Breastfed		26	1	0	0	0	0	0	0	0	27
Infant Fully Formula		122	19	0	0	1	0	0	0	0	142
Totals for Infant		156	20	0	0	1	0	0	0	0	177
Children 4*											
Child		1	0	357	0	0	27	26	0	0	411
Totals for Children		1	0	357	0	0	27	26	0	0	411
Totals for											
		203	30	426	0	1		42	0	0	762
	6* Priority Total										7* Totals for site

Status Assigned 5*

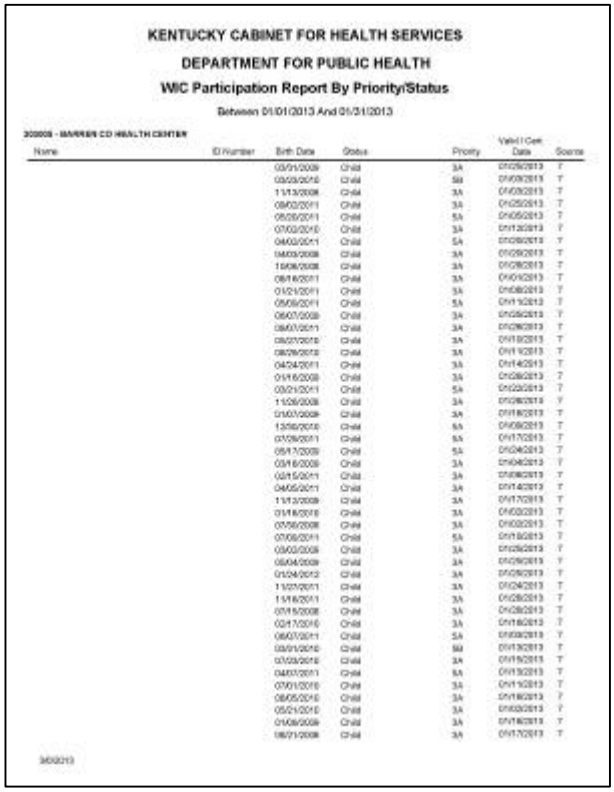
* See Explanation of Reports Section for description of each field in this report.

11/16/2012 Page 1 of 272

Sample Report

WIC Participant Detail Listing

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



KENTUCKY CABINET FOR HEALTH SERVICES

DEPARTMENT FOR PUBLIC HEALTH

WIC Participation Report By Priority/Status

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

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

3/5/2013

REPORT TITLE:	Medicaid Summary Medicaid Recipients Not on WIC
REPORT NUMBER:	1962
FREQUENCY:	Monthly
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports - Site
DESCRIPTION:	Persons enrolled in the WIC Program are matched to the appropriate categories of Medicaid recipients. Persons that do not appear to be in the WIC System are listed on this report.
ACTION TO BE TAKEN:	Use this report to outreach to the appropriate Medicaid recipients that are not enrolled in the WIC Program.
RETENTION/ DISPOSAL PERIOD:	If printed, destroy by shredding or burning upon completion of use.

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WRC420 RUN 03/26/2002 03:44                KENTUCKY CABINET FOR HEALTH SERVICES                          PAGE:    4
SITE: 237                                     DEPARTMENT FOR PUBLIC HEALTH                               RPT: 1962
                                                          WIC

                                             MEDICAID MATCH SUMMARY
                                                   JULY 2002

                                           MEDICAID RECORDS WITH NO MATCH

   RESIDENCE

                              PARTICIPANT
   PARTICIPANT NAME              ID          DOB      ADDRESS                                    PRV WIC ACTION/AGY
   ----------------          -----------     ---      -------                                    ------------------

                                                                                                  T  06/20/2001

                                                                                                  T  10/12/1999 114
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REPORT TITLE:	Waiting List by Priority
REPORT NUMBER:	1975
FREQUENCY:	Monthly
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports - Site and WIC Coordinator
DESCRIPTION:	This report identifies all persons placed on the waiting list by the agency. The report is in priority and date placed on waiting list order.
ACTION TO BE TAKEN:	Use report to contact participants when benefits become available.
RETENTION/ DISPOSAL PERIOD:	If printed, destroy by shredding or burning after receipt of next report.

WIC490 RUN 05/23/2003 09:45:30 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE: 237 DEPARTMENT FOR PUBLIC HEALTH RPT: 1975
WIC
WAITING LIST BY PRIORITY

HEALTH ID: CO HEALTH DEPT
CLINIC LOC: CO HEALTH DEPT

PARTICIPANT ID	PARTICIPANT NAME	ADDRESS	PHONE #	STATUS	PRIORITY	DATE ADDED TO WAIT LIST	DATE OF MEASURES
				PREGNANT	01	12/13/2002	12/13/2002
				PREGNANT	01	01/03/2003	01/03/2003
				INFANT	01	02/12/2003	02/14/2003
				PREGNANT	01	02/25/2003	02/25/2003
				PREGNANT	01	02/23/2003	02/23/2003
				INFANT	01	03/04/2003	03/04/2003
				PREGNANT	01	03/14/2003	03/14/2003
				INFANT	01	03/17/2003	03/17/2003
				INFANT	01	03/18/2003	03/18/2003
				PREGNANT	01	03/19/2003	03/19/2003
				PREGNANT	01	03/19/2003	03/19/2003
				INFANT	01	03/26/2003	03/26/2003
				PREGNANT	01	03/26/2003	03/26/2003
				INFANT	01	04/10/2003	04/10/2003
				INFANT	01	04/16/2003	04/16/2003
				INFANT	01	04/16/2003	04/16/2003
				PREGNANT	01	04/21/2003	04/21/2003
				PREGNANT	01	04/21/2003	04/21/2003
				PREGNANT	01	04/23/2003	04/23/2003
				PREGNANT	01	04/23/2003	04/23/2003
				PREGNANT	01	04/25/2003	04/25/2003
				PREGNANT	01	04/25/2003	04/25/2003
				INFANT	01	04/28/2003	04/28/2003
				INFANT	01	04/29/2003	04/29/2003
				PREGNANT	01	04/30/2003	04/30/2003
				INFANT	01	05/06/2003	05/06/2003
				PREGNANT	01	05/09/2003	05/09/2003
				PREGNANT	01	05/09/2003	05/09/2003

REPORT TITLE:	Waiting List by Priority/Summary
REPORT NUMBER:	1976
FREQUENCY:	Monthly -only when directed by the State WIC Office.
DISTRIBUTION:	Automatically Printed Overnight or obtained electronically through E-Reports - Site and the WIC Coordinator.
DESCRIPTION:	This report indicates the number on the Waiting List by priority and by status as of the report run date.
ACTION TO BE TAKEN:	Use for management of the Waiting List.
RETENTION/ DISPOSAL PERIOD:	If report is printed, destroy after receipt of next report.

WRC490 RUN 05/29/2003 09:46:20 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE: 100 DEPARTMENT FOR PUBLIC HEALTH RPT: 1976
WIC
WAITING LIST BY PRIORITY (SUMMARY)

HEALTH ID: CO HEALTH DEPT
CLINIC LOC: CO HEALTH DEPT

STATUS PRIORITY

FREQUENCY
ROW PCT
COL PCT

	1	2	2A	2B	4	5A	5B	6	TOTAL
PREGNANT	32	0	0	0	3	0	0	0	35
	91.43	.00	.00	.00	8.57	.00	.00	.00	31.25
	71.11	.00	.00	.00	21.43	.00	.00	.00	
POSTPARTUM	0	0	0	0	11	0	0	0	11
	.00	.00	.00	.00	100.00	.00	.00	.00	9.82
	.00	.00	.00	.00	78.57	.00	.00	.00	
BREASTFEEDING	0	0	0	0	0	0	0	0	0
	.00	.00	.00	.00	.00	.00	.00	.00	.00
	.00	.00	.00	.00	.00	.00	.00	.00	
INFANTS	13	11	0	0	0	0	0	0	24
	54.17	45.83	.00	.00	.00	.00	.00	.00	21.43
	28.89	100.00	.00	.00	.00	.00	.00	.00	
CHILDREN	0	0	26	0	0	0	11	5	42
	.00	.00	61.90	.00	.00	.00	26.19	11.90	37.50
	.00	.00	100.00	.00	.00	.00	100.00	100.00	
TOTAL	45	11	26	0	14	0	11	5	112
	40.18	9.82	23.21	.00	12.50	.00	9.82	4.46	100.00

REPORT TITLE:	WIC Participation by Race/Status
REPORT NUMBER:	1986
FREQUENCY:	Upon request.
DISTRIBUTION:	When requested, automatically printed overnight or obtained electronically through E-reports – Site and WIC Coordinator
DESCRIPTION:	The number of patients reported as receiving food instruments by race, ethnicity and status
ACTION TO BE TAKEN:	Use for caseload management, assessing clients served and outreach.

EXPLANATION OF REPORT:

1. Month (calendar month) is the month specified under the report title.
2. Race is the first race entered in registration data. Race categories are defined as:
   - White – persons having origins in any of the original peoples of Europe, Middle East or North Africa.
   - Black or African American – persons having origins in any of the black racial groups of Africa.
   - American Indian or Alaska Native – persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
   - Asian – persons having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
   - Native Hawaiian or Other Pacific Islander – persons having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
3. Next is the race that is Hispanic or Latino ethnicity. Hispanic or Latino is defined as: a person of Cuban, Mexican, Puerto Rico, South or Central America or other Spanish culture or origin, regardless of race.
4. Women, Infants and Children is the status of the participant. Unknown is used if status or race is unknown.
5. Total is the total number of participants by race, ethnicity and status.

RETENTION/ DISPOSAL PERIOD:	None. Retain as needed by agency/site.

WIC020 RUN 03/29/2006 15:26 KENTUCKY CABINET FOR HEALTH SERVICES PAGE: 1
SITE: 130 DEPARTMENT FOR PUBLIC HEALTH RPT: 1985
WIC
WIC PARTICIPATION BY RACE/STATUS
12-01-2005 THRU 12-31-2005 (FINAL)

HEALTH ID: CO HEALTH DEPT
CLINIC LOC: CO HEALTH DEPT

RACE	WOMEN	INFANTS	CHILDREN	UNKNOWN	TOTAL
WHITE	136	139	325	0	600
WHITE - HISPANIC OR LATINO	0	0	0	0	0
BLACK OR AFRICAN AMERICAN	2	5	7	0	14
BLACK OR AFRICAN AMERICAN - HISPANIC OR LATINO	0	0	0	0	0
AMERICAN INDIAN OR ALASKA NATIVE	0	0	0	0	0
AMERICAN INDIAN OR ALASKA NATIVE - HISPANIC OR LATINO	0	1	0	0	1
ASIAN	0	1	4	0	5
ASIAN- HISPANIC OR LATINO	0	0	0	0	0
NATIVE HAWAIIAN OR OTHER PACIFIC ISLAND	0	0	0	0	0
NATIVE HAWAIIAN OR OTHER PACIFIC ISLAND HISPANC OR LATINC	0	0	0	0	0
UNKNOWN	0	0	0	0	0
TOTAL	138	146	336	0	620

REPORT TITLE:	Vendor Listing
REPORT NUMBER:	1989
FREQUENCY:	Monthly
DISTRIBUTION:	Automatically printed overnight or obtained electronically through E-Reports – Site and Coordinator
DESCRIPTION:	This report provides a listing of authorized WIC Vendors by Agency
ACTION TO BE TAKEN:	This report is to be used to provide the WIC Participant with a contracted Vendor Listing for that Agency.
RETENTION/ DISPOSAL PERIOD:	Informational only. Does not have to be retained.

INSTRUCTIONS FOR E-REPORTS

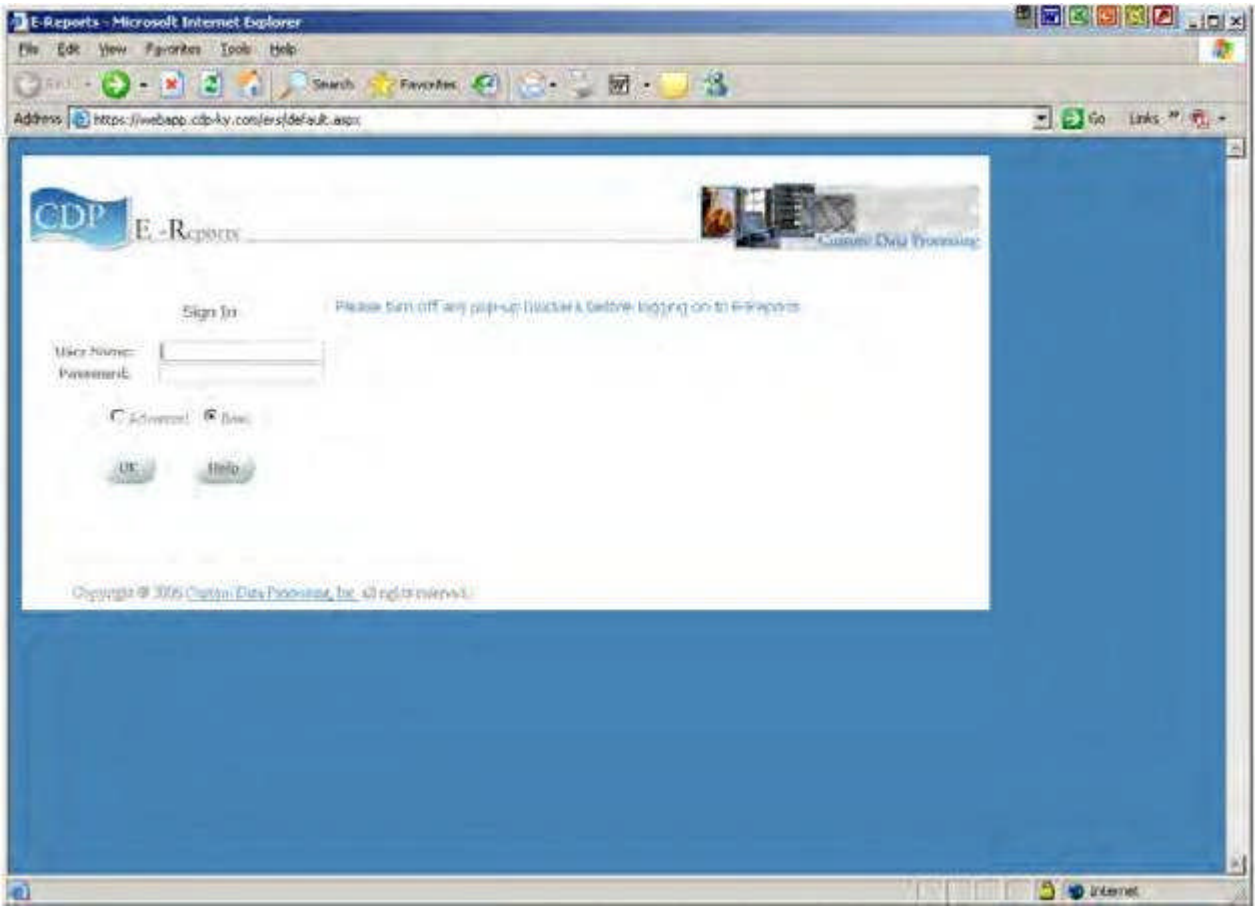
E-Reports allow local health departments to access their reports in an electronic format.

1. To sign into the reports system:

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

    b. Click BASIC button.

    c. Click OK button.



2. On the CDP E-Reports Screen:

a. Scroll and locate site number.
b. Verify the month and click.
c. On displayed reports, choose the desired report and click DOWNLOAD.

WEB-BASED SYSTEMS/APPLICATIONS/E-REPORTS

Web-based programs/applications/E-reports are secure and are only accessible by authorized persons. To access the Web-based programs/applications/E-reports, a user must:

1. Be employed by a local health department.
2. Be assigned a KY number.
3. In order to access Web-based programs/applications/reports, user will in some instances:

   a. Need to have VPN Contivity Client.

   b. Complete the CDP – Report Server – WIC User Authorization request form for local agency staff requesting access to e-reports for the WIC Program. See CDP – Report Server – WIC User Authorization Request form in SYSTEM REPORTS.

      i. If access is granted the form will be forwarded to CDP.

      ii. The user will then be contacted by CDP via e-mail with an attached excel document with active links to certain WIC folders.
      (ex. \\172.25.2.178\cdpreports\site000\wicky)

   c. If the user isn't on the CHSDPHLHD domain, CDP will create a username and password .

4. For further help, contact the WIC Help Desk at 877-597-0367.

AUTHORIZATIONS FORM

CDP – Report Server – WIC User Authorization Request

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

Employee Telephone Number : (_____) _____Email Address : _____

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

County/District/HID: _____

WIC Site
#'s/Site
Name: _____ _____ _____ _____ _____
Note : **Employee will only be granted access to the sites listed above**.

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

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

I understand that the proper disposition of the information retrieved, viewed or entered lies with the authorized person and the Local Health Department.

Authorized Printed Name (@HD) _____

Authorized Signature (@HD): _____ Date: ___/___/___

Authorized Signature (@WIC) _____ Date: ___/___/___

*Please fax completed forms to **Fran Hawkins** @ fax 502-564-8389*

For CDP/State Agency Use Only

Received: ___/___/___ Completed: ___/___/___

User Name Assigned: _____ By: _____