Table of Contents

Policy 200 Certification Introduction

Policy 201 Participant Status and Priority

Policy 202 Processing Standards

Policy 203 Required Proofs-Residency, Identity and Income

Policy 204 Verification of Certification

Policy 205 Adjunct Eligibility

Policy 206 Determining Household Size and Household Income

Policy 207 Required Proofs Not Present

Policy 208 Homeless Participants

Policy 209 Physical Presence Requirements

Policy 210 Certification Periods
Table of Contents Continued

Policy 211 Rights and Responsibilities

Policy 212 Voter Registration

Policy 213 Proxy

Policy 214 Hospital Certification Requirements

Policy 215 Certification Risk Assessment

Policy 216 Anthropometric Screening

Policy 217 Hemoglobin and Hematocrit Screening in WIC

Policy 218 Risk Criteria Codes and Descriptions

Policy 219 Mid-Certification Health Assessment

Policy 220 Program Access in Disaster Situations

Policy 221 Remote Certification During COVID-19 Pandemic

Policy 200 Appendices
Policy 200  
Certification Introduction

POLICY
WIC participants will be screened for eligibility based on the certification requirements.

PURPOSE
To provide an introduction and overview of the WIC certification process.

RELEVANT REGULATIONS
7CFR 246.7 (f) Certification of participant Processing standards.  
DPH KY Administrative Reference – Training Guidelines and Program Description Section, WIC Program  
DPH KY Administrative Reference – Local Health Operations Section, Day and Hours of Operation

DEFINITIONS
Certification – Certification is the process of determining whether or not an applicant qualifies for WIC services.  
Certification period – The length of time a participant is eligible for receiving WIC services. A certification period depends on a participant's category and is defined by federal regulations.  
Certifying Health Professional – An individual on staff of the local WIC agency authorized to determine nutritional risk, prescribe supplemental foods and determine eligibility for the WIC Program. The following persons are the only persons the State Agency may authorize to serve in this capacity: Physicians, Nutritionists (Bachelor’s degree), Certified Nutritionists (Master’s degree and certification by State Board of Certification and Licensure), Dietitians (RD/LD), Nurses (RN, LPN, APRN) and Physician’s Assistants (certified by the National Committee on Certification of Physician’s Assistants or certified by the State medical certifying authority). (See Administrative Reference, Training Guidelines and Program Descriptions)

PROCEDURES
A. Local WIC agencies must follow program requirements, policies and procedures for certification as described in the USDA regulations and this manual.  
1. Screen for WIC eligibility according to the policies and procedures outlined in this section.  
2. Serve the highest risk participants within the target population of the program’s geographic area.  
3. Document the services delivered to program participants.  
4. See chart below for an overview of the WIC certification process.
Certification Process Flow Chart

Applicant Screening (in person)

- Category
- Residency within service area
- Income
- Income Guidelines

Refer to community resources

Eligible for Certification Assessment

YES

Recertification

Ineligible

- Proof of identity, residence and income
- Status does not meet
- Explain participant Rights & Responsibilities
- Ask participant to sign CH-5
- Voter registration (if applicable)
- WIC-54 "Notice of Ineligibility"
- Complete "T" action if applicable
- Medical Record documentation
- Enter encounter into System (PEF)

Enrollment

- Physical presence
- Eligible category
- Proof of identity, residence and income
- Explain participant Rights & Responsibilities, provide e-WIC 1
- Ask participant to sign CH-5, CH-5WIC, CH5-B, as applicable

Nutrition assessment

- Hematological measurements
- Anthropometric Measurements
- Clinical/health/medical risk
- Dietary assessment
- Participant centered assessment

Counseling

- Provide participant-centered nutrition education
- Establish participant centered Goal(s)
- Make referrals

eWIC card issuance

- Issue benefits
- Print benefits list
- Provide Food List and explain benefit use
- Provide eWIC card and shopper education
- Provide list of Authorized WIC Retailers
- Offer next appointment/advise on how to make appointment
Policy 201
Participant Status and Priority

POLICY
Status must be determined for each applicant applying and reapplying for WIC and a nutritional risk priority system must be in place.

PURPOSE
To assure consistent use of federally-defined status and priorities among local WIC programs and that participants are certified for the proper length of time.

RELEVANT REGULATIONS
7 CFR 246.7(e) – Nutritional risk
7 CFR 246.7(i)(6-9) – Certification forms

PROCEDURES
To meet eligibility requirements a participant must be a specific status and have nutritional risk(s) identified. Priority is used to ensure WIC services are provided to applicants/participants in greatest nutritional need when a wait list is implemented by the State WIC Office.

Status
To be eligible for the WIC Program the participant must be in one of the following statuses. Status and category are used interchangeably. Participants who do not meet any of the status definitions are not eligible for the WIC Program. Proof of status is not required. However, if status is not apparent or is questionable, proof may be requested by the certifying health professional.

A. Woman:
   1. Pregnant – with one or more embryos or fetuses in utero. Certification of a pregnant woman begins from their entry into WIC until their estimated date of delivery (EDC) plus 6 weeks.
   2. Breastfeeding – up to one (1) year after the end of a pregnancy* who is feeding breast milk to an infant on average of at least once per day.
   3. Postpartum – up to six (6) months after the end of a pregnancy* and not breastfeeding an infant.
      *The end of a pregnancy is the date the pregnancy terminates, e.g., date of delivery, miscarriage, abortion, etc.

B. Infant:
   Birth up to the first birthday (0-12 months). Infants at the time of certification are certified for a period of 1 year ending the month in which the infant reaches his/her first birthday.

C. Child:
   Age one (1) up to age five (5). Children are certified for a one (1) year period ending with the month in which the child reaches five (5) years of age.

Status Changes
A. Status may change during a certification period that may not require recertification.
   1. A fully or partially breastfeeding woman stops breastfeeding and is less than six (6) months post-delivery. The woman’s status becomes postpartum.
      a. A change of status must be completed.
      b. The woman’s food package must be changed to a postpartum package along with any changes in risk (if appropriate).
      c. If the risk(s) identified for the breastfeeding woman do not apply to the postpartum status, a postpartum risk must be identified for the woman to continue on WIC.
      d. If a postpartum risk cannot be identified, the woman must be terminated from WIC. Refer to Policy 705- Ineligibility and Discontinuation of Benefits.
2. A postpartum woman is in the system with postpartum status but is actually fully or partially breastfeeding. A recertification must be done to reflect the appropriate breastfeeding status. Her food package shall be changed to an appropriate breastfeeding package.

3. An infant at twelve (12) months of age. The system provides an automatic change from infant to child status, referred to as an Infant/Child Transfer (ICT).
   a. An infant at 12 months of age (1 year), has the status designation of child. Infant information in the system must be updated to child status, along with a child priority and a child food package.
   b. This change of status, priority, and food package is referred to as an Infant/Child Transfer (ICT). This process allows issuance of a child food package without a recertification to change status.

B. A participant who no longer meets a status definition becomes categorically ineligible for the WIC Program.

Priority
Priority is a ranking system of I through VI. The highest priority is I and the lowest is VI. Priority is based on status and nutritional risk. Refer to Policy 218- Risk Criteria Codes and Descriptions.

A. Priority Ranking
   Priority I
   Includes pregnant women, breastfeeding women, and infants with high risk conditions.

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

   Priority III A
   Includes children with high-risk conditions.

   Priority III B
   Includes postpartum women with high-risk conditions.

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

   Priority V A
   Includes children up to age two with low risk conditions.

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

   Priority VI
   Includes postpartum women with low risk conditions.

B. The computer system assigns the highest priority for the risk(s) entered. The participant’s risk code with the highest priority must be entered to ensure the highest priority assignment.

C. The assigned priority is listed on the certification record and certification label.

D. Priority may change during a certification period. Situations when priority changes are:
   1. A change in risk. If a new risk is identified that is a higher priority than the current priority, the certification record (automated WIC-75) must be edited to add the new risk. The system will automatically assign the new priority.

   2. A change in status.
      a. A change status, such as breastfeeding to postpartum, will result in the system automatically assigning priority based on risk and the new status. If the risk(s) identified for the participant does not apply to the new status, a risk must be identified for the new status.

      b. An infant at 12 months of age whose status changes to child also changes priority to an applicable child priority. For specific situations, the system does an automatic Infant/Child Transfer (ICT).
### Status Changes That Require Recertification

<table>
<thead>
<tr>
<th>From Status</th>
<th>Eligibility/Certification Schedule</th>
<th>To Status</th>
<th>Recertification Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant Woman or Pregnant with Multiples</td>
<td>Duration of pregnancy up to six weeks post-delivery (computed based on EDC)</td>
<td>Postpartum</td>
<td>Recertify as postpartum.</td>
</tr>
<tr>
<td>Pregnant Woman or Pregnant with Multiples</td>
<td>Duration of pregnancy up to six weeks post-delivery (computed based on EDC)</td>
<td>Any Breastfeeding Status:</td>
<td>Recertify to appropriate Breastfeeding status.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Partially Breastfeeding</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Partially Breastfeeding Multiples</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Fully Breastfeeding</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Fully Breastfeeding Multiples</td>
<td></td>
</tr>
<tr>
<td>Postpartum Woman</td>
<td>From certification to six (6) months from termination of Pregnancy (computed from the actual date of delivery)</td>
<td>- Pregnant</td>
<td>Recertify to appropriate Pregnant status.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Pregnant with Multiples</td>
<td></td>
</tr>
<tr>
<td>Any Breastfeeding Status:</td>
<td>Birth of infant up to one (1) year of age of child as long as Breastfeeding continues (computed from the actual date of delivery)**</td>
<td>- Pregnant</td>
<td>Recertify to appropriate Pregnant status.</td>
</tr>
<tr>
<td>- Partially Breastfeeding</td>
<td></td>
<td>- Pregnant with Multiples</td>
<td></td>
</tr>
<tr>
<td>- Partially Breastfeeding Multiples</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Fully Breastfeeding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Fully Breastfeeding Multiples</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infants</td>
<td>To one (1) year of age</td>
<td>Child</td>
<td>Recertify at one (1) year of age.</td>
</tr>
<tr>
<td>Child (1 year to 5 years)</td>
<td>For one (1) year periods up to five (5) years of age.</td>
<td>N/A</td>
<td>Recertify at one (1) year intervals.</td>
</tr>
</tbody>
</table>

### Status Changes That Do Not Require Recertification**

<table>
<thead>
<tr>
<th>Change Status From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any breastfeeding status:</td>
<td>Postpartum (stops BF before 6 months postpartum, change status to postpartum must meet postpartum risk criteria).</td>
</tr>
<tr>
<td>- Partially Breastfeeding</td>
<td>NOTE: If more than 6 months postpartum and stops Breastfeeding - Terminate.</td>
</tr>
<tr>
<td>- Partially Breastfeeding Multiples</td>
<td></td>
</tr>
<tr>
<td>- Fully Breastfeeding</td>
<td></td>
</tr>
<tr>
<td>- Fully Breastfeeding Multiples</td>
<td></td>
</tr>
<tr>
<td>- Partially Breastfeeding</td>
<td></td>
</tr>
<tr>
<td>- Partially Breastfeeding Multiples</td>
<td></td>
</tr>
<tr>
<td>- Fully Breastfeeding</td>
<td></td>
</tr>
<tr>
<td>- Fully Breastfeeding Multiples</td>
<td></td>
</tr>
<tr>
<td>- Infant Fully Breastfed</td>
<td></td>
</tr>
<tr>
<td>- Infant Partially Breastfed</td>
<td></td>
</tr>
<tr>
<td>- Infant Fully Formula Fed</td>
<td></td>
</tr>
<tr>
<td>Any other breastfeeding status:</td>
<td></td>
</tr>
<tr>
<td>- (Partially Breastfeeding, Partially Breastfeeding Multiples, Fully Breastfeeding, Fully Breastfeeding Multiples)</td>
<td></td>
</tr>
<tr>
<td>Any other infant status:</td>
<td></td>
</tr>
<tr>
<td>- (Infant Fully Breastfed, Infant Partially Breastfed, Infant Fully Formula Fed)</td>
<td></td>
</tr>
</tbody>
</table>

**With the status change, it may be necessary to add risk codes.
Processing Standards

Policy 202

POLICY
Local WIC agencies shall certify eligible applicant/participant within 10 calendar days of the date of application if the participant is a pregnant woman, infant, or a migrant farm worker or a family member of a migrant farm worker. All other eligible applicants/participants will be certified within 20 calendar days. If the maximum caseload is being served, these standards do not apply.

PURPOSE
To ensure that potential and current participants receive WIC benefits in a timely manner and in order of need, i.e., those groups at highest risk would receive faster service (pregnant, infants and migrants).

RELEVANT REGULATIONS
7CFR 246.7 (f) Certification of participant Processing standards.
DPH KY Administrative Reference – Training Guidelines and Program Description Section, WIC Program
DPH KY Administrative Reference – Local Health Operations Section, Day and Hours of Operation

DEFINITIONS
Date of Initial Contact (DIC)/Initial Contact Date: The date an applicant appears in person or telephones the local WIC agency to request WIC services during clinic office hours. The date of the first request is the start of the 10/20 day processing time frame.
Migrant: Means an individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.

PROCEDURES
Initial clinic visit to request WIC services
A. The processing time frame begins with the applicant's first contact to request WIC services. This is the date of initial contact, (DIC) and shall be documented for all initial certifications. This date is documented by completing the “Initial Contact Date” on the appointment screen. Refer to Kentucky CMS User Manual for additional information on the scheduling system.
B. To ensure that accurate records are kept, the local WIC agency shall, at the time of each request, record the applicant’s name, telephone number, address and the date in the scheduling system. The remainder of the information necessary to determine eligibility shall be obtained at the time of certification.
   1. If appointments are not routinely scheduled, a manual or electronic system must be in place to document the date of initial contact of the applicant/participant requesting WIC services as well as applicant/participant's name, address and telephone number.
C. Scheduling shall take into consideration applicant/participant/caretaker needs, minimizing time away from work for working individuals, and distances for travel for individuals who reside in rural areas. Accommodations can be made through extended hours, lunch appointments, use of proxies, three month issuance, and mailing food instruments.
D. Appointments shall be scheduled for WIC services, i.e., certification, food benefit issuance and nutrition education counseling to avoid a lapse in benefits.
   1. If appointments are not routinely scheduled, a policy and procedure must be in place to assure that appointments are scheduled for employed participants/caretakers to minimize time absent from work.
E. To reduce barriers to participation in the WIC Program, participants should leave clinic with an appointment for the next WIC service.
1. If appointments are not routinely scheduled, a policy and procedure must be in place to assure that appointments are scheduled for employed participants/caretakers to minimize time absent from work.

   F. Applicants/Participants that “walk-in” without an appointment should be seen, if possible.

   G. To minimize barriers, WIC Services are to be provided in coordination with public health and/or other health services. However, participation in other services must not be required in order to receive WIC benefits, nor can WIC benefits be withheld pending other services.

   H. Documentation of all appointments and contacts must be in the participant’s medical record.

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

10 Calendar Day Processing Standard
Offer an appointment for eligibility determination within 10 calendar days of the date of initial contact if the participant is a pregnant woman, infant, migrant farm worker, or a family member of a migrant farm worker. If a participant requests an appointment for a date past the 10 day standard, document this request in the participant’s medical record.

EXAMPLE: A pregnant woman calls the local WIC agency and asks for an appointment to enroll in WIC. She is offered an appointment five days from now, but she is unable to make that appointment. The next available new appointment is two weeks from now, which falls outside of the 10 day standard. Document this preference to indicate compliance with the processing standards.

20 Calendar Day Processing Standard
Offer an appointment for eligibility determination within 20 calendar days from the date of initial contact for all other participants. If the participant requests an appointment for a date past the 20 day standard, document this request in the applicant/participant’s medical record.

Appointments for employed individuals
Appointments shall be scheduled for employed applicant/participants/caretakers to minimize time absent from work. Scheduling should take into consideration applicant/participant/caretaker needs, minimizing time away from work for working individuals, and distances for travel for individuals who reside in rural areas. Accommodations can be made through extended hours, lunch hour appointments, use of proxies, online nutrition education, three (3) months issuance, or uploading food benefits. Refer to policies 213 – Proxy, 404 – WIC Low Risk Secondary Nutrition Education and 805 – Mailing and Uploading Benefits.

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

   B. When there is difficulty in scheduling the recertification visit, the recertification may be performed no more than 30-days prior to or 30-days after the certification period expiration date. The 30-day grace period cannot be used routinely. Food benefits must be provided when the 30-day grace is used.

   C. When certification is completed within the 30-day grace period prior to the expiration of the certification period, and the participant is ineligible, the remaining benefits for the current eligibility period shall be provided.

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

Scheduling for Food Benefit Issuance
   A. Food benefit issuance shall be coordinated with WIC secondary nutrition education and Mid-Certification Health Assessment (MCHA) appointments/other local health department services to reduce barriers to participation.
1. Food benefit issuance must be scheduled prior to the last valid date of benefit issuance to prevent the participant from being without food benefits.

B. WIC food benefits cannot be withheld to require the receipt of other services.

Missed Appointments/No shows

A. For applicants/participants who are marked “no show” for certification appointments, the processing time frame of 10 or 20 days ends with the missed appointment. The processing time frame begins again when the applicant/participant requests a new WIC appointment/service as outlined above. In the event of a cycle of making and missing appointments, the 10 or 20 day standard ends with each missed appointment.

B. The local WIC agency must make additional appointments available to applicants/participants if the processing standards are not being met due to a lack of available appointment slots.

C. Follow-up should be made for all missed appointments/no-shows to encourage continued services and participation. Applicants/participants requesting “no home contact” or a privacy restriction shall be excluded from follow-up. Refer to Caseload Management Policies 702 and 704 and Policy 704- Nonparticipation.

1. Follow-up may be any of the following: telephone call, letter or postcard. The WIC -51 Reminder Post card is available for follow-up.

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

3. Missed recertification appointments shall be rescheduled as soon as possible, but within the 30-day grace period to prevent loss of benefits (if possible, issue 30 days of benefits).

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

5. A participant that calls to reschedule an appointment or a missed appointment for food benefits, shall be issued benefits within one (1) week and rescheduled for the next appropriate appointment.
Policy 203
Required Proofs - Residence, Identity and Income

POLICY
All WIC participants must meet the qualifications for status, residence, identity, income and nutritional risk at every certification and re-certification. Proof of identity, residence, and income must be provided and documented.

PURPOSE
To assure proper verification of residency, identification, and income of WIC participants.

RELEVANT REGULATIONS
7 CFR 246.7 (c)(2)(i) – Proof of Residency and Identity
7 CFR 246.7 (d)(2)(v) – Income Eligibility Documentation
Administrative Reference, Patient Services Reporting System, Household Size and Household Income
Administrative Reference, LHO, Overview of Patient Fees and Scheduling

PROCEDURES
Information to determine eligibility shall be provided by the participant, parent, legal representative, or caretaker of an infant or child participant. The type of proof presented for identity, residence and income must be documented. A code system is established for specific types of proof provided. The appropriate code must be documented in the medical record.

General Policies
A. The relationship of the parent, legal representative, or caretaker of an infant or child participant and the living arrangements or circumstances shall be documented in the participant's medical record.
B. Participants do not have to be U.S. citizens nor have legal alien status to be eligible.
C. A proxy may be used by a woman participant or by a parent/caretaker of an infant or child participant. A proxy may bring an infant or child to a WIC appointment to obtain WIC benefits, WIC nutrition education and may shop for WIC foods. Refer to Policy 213- Proxy
D. Applicants/participants who are homeless or living in a homeless facility or living in certain institutions may receive WIC, if eligibility requirements are met. Refer to Policy 208- Homeless Participants.
E. The WIC Program does not consider residents of orphanages, state, federal or local jails/prisons, or state residential hospitals as eligible to apply for certification.
F. Applicants/Participants determined ineligible must be provided written notice of ineligibility (WIC-54). Refer to Policy 705- Ineligibility and Discontinuation of Benefits.

Residence Requirements
A participant must reside within the geographic boundaries of the state of Kentucky. Applicants shall apply for WIC in the county where they reside. If circumstances justify participation in another county, such as receiving health care or working in another county, receiving WIC in that county is appropriate. Proof of residency must not constitute a barrier to participation.
A. Proof of residency must be provided at initial certification, recertification, and at the time of transfer into a new agency/site.
   1. For an infant or child, proof of residency is for the person with whom the infant/child resides.
B. Proof of residency must be current and may be provided in paper form or electronically.
C. Length of residency is not a factor for eligibility.
D. Residence is the location or street address where a participant routinely lives or spends the night. Situations determining residence:
1. Migrants are considered residents of the agency/site service area in which they apply for WIC benefits.
2. Homeless persons are considered residents of the facility where they reside or of the area where they seek benefits.
3. Military personnel’s temporary duty station is their residence for WIC purposes.

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

F. A Verification of Certification (VOC) is not proof of residence.

G. Applicants who do not meet the residence qualifications at a certification appointment are ineligible for the Kentucky WIC Program and must be provided written notice (WIC-54). Refer to Policy 705 - Ineligibility and Discontinuation of Benefits.

H. The type of proof presented must be documented in the applicant/participant’s medical record.
   1. Documentation is done by selecting the applicable type of residency proof in the system. Any type of proof not listed is reported as “Other”. When “Other” is selected the actual type of proof seen by the interviewer must be documented in the applicant/participant’s medical record.
   2. The system prints the proof code on the registration label. The registration label is placed on the CH-5 or CH-5WIC in the applicant/participant’s medical record.
   3. If printing problems prevent the codes from appearing on the label, the codes must be handwritten on the label and include staff initials and date.
   4. If system access is unavailable, the CH-5B must be completed with appropriate proof codes. Refer to Patient Services Reporting System (PSRS), “Patient Registration.”

I. Examples of acceptable proof of residence are:

<table>
<thead>
<tr>
<th>Type of Proof - Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verification of current Medicaid eligibility</td>
</tr>
<tr>
<td>SNAP “General Notice of Action” letter</td>
</tr>
<tr>
<td>Driver’s License (if current address listed)</td>
</tr>
<tr>
<td>School ID or school record</td>
</tr>
<tr>
<td>Hospital record or birth record (if address listed)</td>
</tr>
<tr>
<td>Voter Registration card</td>
</tr>
<tr>
<td>Current mail or bill</td>
</tr>
<tr>
<td>Photo ID (if address listed)</td>
</tr>
<tr>
<td>Property Tax bill or receipt</td>
</tr>
<tr>
<td>Current Rent/Mortgage/Lease/Receipt</td>
</tr>
<tr>
<td>Current pay check or stub (if address listed)</td>
</tr>
<tr>
<td>Tax Return or W-2 form</td>
</tr>
<tr>
<td>Unemployment Letter (if address listed)</td>
</tr>
<tr>
<td>Social Security earnings (if address listed)</td>
</tr>
<tr>
<td>Leave and Earnings Statement/Military (if address listed)</td>
</tr>
<tr>
<td>Adjunct Eligibility (based on household member - if address listed)</td>
</tr>
</tbody>
</table>

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

Note: A reference card with acceptable types of residence proof is available (Proof of Residence, Identity, and Income Card, WIC-PC (blue card)). Refer to Section 200 Certification Appendices.
Identification Requirements

All participants must provide proof of identity at initial certification, recertification, and when transferring into a new agency/site. Proof of identity must not constitute a barrier to participation.

A. The name of the person whose identity is being established must be on the proof presented.
B. A Verification of Certification (VOC) is not proof of identity.
C. The type of proof presented must be documented in the applicant/participant’s medical record.
   1. Documentation is done by selecting the applicable type of identification proof in the system. Any type of proof not listed is reported as “Other”. When “Other” is selected the actual type of proof seen by the interviewer must be documented in the applicant/participant’s medical record.
   2. If printing problems prevent the codes from appearing on the label, the codes must be handwritten on the label and include staff initials and date.
   3. If system access is unavailable, the CH-5B must be completed with appropriate proof codes. Refer to Patient Services Reporting System (PSRS), “Patient Registration.”
D. Proof of identity of the person picking up food benefits must be presented at benefit issuance. For child or infant participants, this means checking the identity of the parent, legal representative, caretaker, or proxy picking up food benefits. For women participants using proxies, this means checking the identification of the proxies.
   1. To document proof of identity at issuance, complete the “ID for FI PU” (identity for food benefit pick-up) field in the system.
   2. The system prints the proof code on the issuance label, which is placed on the CH-5 or CH-5 WIC in the applicant/participant’s medical record.
E. Examples of acceptable proof of identity are:

<table>
<thead>
<tr>
<th>Type of Proof - Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verification of current Medicaid eligibility</td>
</tr>
<tr>
<td>SNAP “General Notice of Action” letter</td>
</tr>
<tr>
<td>Driver’s License (for adult)</td>
</tr>
<tr>
<td>School ID or school record</td>
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<tr>
<td>Immunization Record</td>
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<tr>
<td>Birth Certificate</td>
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<tr>
<td>Hospital record (birth record/crib card/hospital band)</td>
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<tr>
<td>Voter Registration card</td>
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<tr>
<td>Current mail or bill</td>
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<td>Photo ID</td>
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<tr>
<td>Employee ID</td>
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<tr>
<td>Military ID</td>
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<tr>
<td>Leave and Earnings Statement/Military (if name listed)</td>
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<tr>
<td>Current passport or immigration records</td>
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<tr>
<td>Health benefits card (if name listed)</td>
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<tr>
<td>Social Security card</td>
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<tr>
<td>Property Tax bill or receipt (if name listed)</td>
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<tr>
<td>Current Rent/Mortgage/Lease/Receipt (if name listed)</td>
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<tr>
<td>Current pay check or stub (if name listed)</td>
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<tr>
<td>Tax Return or W-2 form (if name listed)</td>
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<tr>
<td>Unemployment Letter (if name listed)</td>
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<tr>
<td>Social Security earnings (if name listed)</td>
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<tr>
<td>Marriage license</td>
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<tr>
<td>Baptismal certificate</td>
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</table>

*Driver’s license is for the identity of the person whose name is on it. It is NOT acceptable as proof of identity of infant or child.
F. Staff recognition (knowledge of who the person is) is not acceptable proof of identity at initial certification. Staff recognition at recertification is allowed once initial proof of identity has been presented and documented.

G. For recertification and food benefit issuance only, the following items may be used for proof of identity, if proof has been provided and established at the initial WIC certification and there has been no change.
   1. Staff recognition (knowledge of who the participant is)
   2. eWIC Cardholder
   3. Medical Record

*Note:* A reference card with acceptable types of proof is available (Proof of Residence, Identity, and Income Card, WIC-PC (blue card)). Refer to Section 200 Certification Appendices.

**Income Requirements**
All participants must provide proof of household income at initial certification and each recertification. Proof of income must not constitute a barrier to participation.

A. An participant can meet income eligibility requirements by:
   1. Adjunct eligibility, which is income eligibility based on documented eligibility for certain programs. These individuals are excluded from providing proof of income but must show proof of adjunct eligibility. Adjunct eligibility must be determined before income screening.
   2. Income screening. Participants who are not adjunctively income eligible must have their income eligibility determined using the Federal Income Eligibility Guidelines (IEG) based on the size of the economic unit. (See Income Eligibility Guidelines chart in Policy 206-Determining Household Income).

   **Exceptions to income screening are:**
   a. Transfer Participant/VOC - A transfer is not screened for income eligibility nor required to show proof of income until the certification period expires and he/she is screened for eligibility again. Refer to Policy 204-Transfer/VOC.
   b. Migrant - Income eligibility shall be determined for a migrant once every twelve (12) months. A VOC will provide income eligibility for up to one (1) year for a migrant. If the timeframe of the migrant’s income determination is unknown, income eligibility must be done at certification.
      *Note:* Migrants must be assessed for nutritional risk at every certification regardless of income eligibility.
   c. Hospital Certification - Mothers and newborn infants certified at the hospital are not required to show proof of income at the time of certification. Accept self-reported income and if eligible, certify and issue food benefits for thirty (30) days. Proof of adjunct eligibility or household income must be provided within thirty (30) days. Refer to Policy 214-Hospital Certification

B. Income information shall be provided by the participant or parent/caretaker of the participant.

C. Income eligibility or ineligibility and the type of proof presented must be documented.
   1. Documentation is done by selecting the applicable type of income proof in the system. Any type of proof not listed is reported as “Other”. When “Other” is selected the actual type of proof seen by the interviewer must be documented in the applicant/participant’s medical record.
   2. If printing problems prevent the codes from appearing on the label, the codes must be handwritten on the label and include staff initials and date.
   3. If system access is unavailable, the CH-5B must be completed with appropriate proof codes.
D. Examples of acceptable proof of income are:

<table>
<thead>
<tr>
<th>Type of Proof - Income</th>
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</thead>
<tbody>
<tr>
<td>Current pay stub with amount and the pay timeframe (weekly, bi-weekly, monthly, etc.)</td>
</tr>
<tr>
<td>Electronic pay check/stub. (If the agency determines information stated on the electronic paycheck/paystub is incorrect or missing critical information, it is appropriate to request further information.)</td>
</tr>
<tr>
<td>Signed statement from employer indicating gross earnings for a specified pay period</td>
</tr>
<tr>
<td>W-2 forms or income tax return for most recent calendar year. Additional documentation or written statements of income may be requested to update this to current income. <strong>W-2 forms and income tax returns are only applicable for self-employed individuals such as both farm and non-farm self-employed persons.</strong></td>
</tr>
<tr>
<td>Unemployment letter/notice</td>
</tr>
<tr>
<td>Recent Leave and Earnings Statement (LES) for military personnel</td>
</tr>
<tr>
<td>Check stub/award letter from Social Security stating current amount of earnings</td>
</tr>
<tr>
<td>Foster child placement letter/foster parent award letter</td>
</tr>
<tr>
<td>Tax forms or accounting records for self-employed</td>
</tr>
<tr>
<td>Court decree or copies of checks for alimony or child support</td>
</tr>
<tr>
<td>Letter from person(s) contributing resources</td>
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</tbody>
</table>

Note: A reference card with acceptable types of proof is available (Proof of Residence, Identity, and Income Card, WIC-PC (blue card)). Refer to Section 200 Certification Appendices.

E. Income eligibility must be determined before nutritional risk.

F. Participants whose household income is at or below 185% of the federal poverty income guidelines issued annually by the Department of Health and Human Services are eligible for WIC services. Income guidelines are effective from April 1 to March 30 (unless otherwise noted) each year. Refer to Income Eligibility Guidelines chart. The system is programmed to perform the following conversion factor procedures:

1. If a household only has one income source, or if all sources have the same frequency, the system is programmed to compare the income, or the sum of the separate incomes, to the published IEGs (Income Eligibility Guidelines) for the appropriate frequency and household size to make the WIC income eligibility determination.

2. If a household reports income sources at more than one frequency, the system has been programmed to perform the following calculations:
   a. Annualize all income by multiplying weekly income by 52, income received every two weeks by 26, income received twice a month by 24, and income received monthly by 12.
   b. Add together all the unrounded, converted values.
   c. Compare the total to the published IEGs (annual income for the appropriate household size) to make the final income eligibility determination.
   d. Modifications have been made to the fourth income label to assist agencies in determining if a WIC participant meets eligibility requirements.

G. Applicants/participants determined ineligible due to income must be provided written notice of the ineligibility (WIC-54), the reason for ineligibility, and the right to a fair hearing.

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

I. Income eligibility is applicable for the certification period. Local WIC agencies are not required to reassess eligibility during a certification period and participants are not required to report income or household changes during the certification period. However, if new income or household information is obtained, WIC eligibility must be reassessed for all household members who have more than 90 days remaining in their certification period. When the time remaining in the
certification period is 90 days or less, reassessment is not required since this is insufficient time to effect change. Refer to Policy 206- Determining Household Size and Household Income, New Income Information.

J. Verification of the proof of income is not required. Verification is validation of proof presented, such as pay stubs or number in the household, through an external source other than the participant. Such external sources include employer verification of salary, local welfare office verification, etc. Information shall be verified if agency personnel have reasonable cause to believe that accurate information was not provided. If verification is requested, the reason shall be documented in the applicant/participant’s medical record. Verification shall be obtained in writing. If verification does not support WIC eligibility, WIC services shall be terminated for all household members affected. A payback of benefits will be requested if it is determined to be cost efficient.
Policy 204
Verification of Certification (VOC)

POLICY
Through the Verification of Certification (VOC) process, the transferring site issues a VOC so the receiving site can enroll the participant and issue food benefits without screening for income or nutrition risk.

PURPOSE
Local WIC agencies shall follow proper transfer procedures to ensure that WIC participants that move into or out of Kentucky, instate, or overseas, have seamless and continued participation through the entirety of their certification period.

RELEVANT REGULATIONS
7 CFR 246.7 – Certification of participants, (k) Transfer of certification
7 CFR 246.7 (j)(4) – Notification of participant rights and responsibilities

DEFINITIONS
Migrant Worker: an individual whose principle employment is in seasonal agriculture, who has been so employed in the last 24 months, and who establishes, because of that employment, a temporary abode.

PROCEDURES
General Policies
A. Notification of the right to transfer
   1. Describe VOC availability, process, and purpose. Refer to Kentucky eWIC Benefits Pamphlet, eWIC-1 (Rights and Responsibilities).
   2. Post signage (WIC Moving poster) reminding participants to ask for a VOC if they will be moving.

B. VOC Issuance
   1. A VOC must be issued to any participant with remaining eligibility in the certification period that needs to transfer in state, out of state, or overseas.
   2. The transferring site issues a VOC so that the receiving site can enroll the participant without screening for income or risk and issue food benefits.
   3. A VOC shall be issued for each household member.
   4. Food benefits must be issued until the end of the certification expiration date on the VOC or the end of the food benefit cycle to prevent a lapse in benefits and to reduce visits to the clinic. If Kentucky certification policy allows for a longer certification period, the person must receive benefits according to Kentucky policy.
   5. The VOC shall be produced by the system unless the system is unavailable in which case a WIC-17 Handwritten VOC is available. Refer to Section 200 Certification Appendices, Verification of Certification (VOC) (WIC-17).
   6. A VOC (WIC-17) is to be issued at certification to any person identified as a migrant.

C. Validity
   1. A valid VOC must contain the three following items:
      a. Participant’s name
      b. Certification date
      c. Certification ending date
2. A person with a valid VOC from another state or overseas cannot be denied participation because the person does not meet Kentucky nutritional risk criteria and the length of the certification period may be different.
3. If a VOC is determined invalid, the transferring site may be contacted for necessary information. If information cannot be obtained, the person must be screened as a new participant in the receiving site.
   a. If you have difficulty reaching a transferring site, please refer to the FNS website https://www.fns.usda.gov/wic/wic-contacts that identifies each State’s point of contact for VOC information.
D. Receiving a VOC
1. If the VOC is valid and caseload slots are available, the site must immediately add the participant. If slots are not available, the person must be placed on the waiting list ahead of all state approved waiting list individuals. Refer to Policy 706 - Waiting List.
2. Support staff can perform all procedures and actions for a Transfer/VOC within Kentucky without needing to see a health professional. Contact with a health professional is only required if a food package change is needed, a formula prescription is needed, or an out of state food package does not convert to a Kentucky food package.
   a. A new prescription is not required for an exempt infant formula/WIC nutritionals documented on the VOC.
3. A VOC represents proof of income and nutritional risk only. Participants must show proof of residency and identity. Proof of identity is also required for the person picking up food instruments on behalf of the transferring participant.
4. Transferring WIC participants that are age 18 or over must be offered voter registration.
5. An in-state transfer/VOC participant with valid food benefits from the transferring site shall use those food benefits as long as they are still appropriate.
   a. Transferring participants must surrender to the receiving WIC agency any unused food instruments or Electronic Benefit Transfer (EBT) card from the sending agency, in their possession.
   b. It is unacceptable to void valid food benefits issued by the transferring site and reissue the same food package at the receiving site.
6. Terminated participants may still be transferred. If terminated within their certification period they must be reinstated. If their certification period has expired, they may still be transferred but will need to be recertified for continued eligibility on the program.
7. If a migrant’s certification period has expired on his/her VOC, the VOC may still serve as income documentation, if the VOC shows that an income determination was done within the last twelve (12) months.
E. Enrolling a participant without a VOC
1. In-state
   a. Conduct “VOC Search” in system.
   b. Request proof of residence and identity. If proof cannot be provided, refer to Policy 207 - Required Proofs Not Present.
   c. After a VOC search is completed, and the participant information cannot be obtained, contact the previous site and inform them the person is seeking WIC at your site. Request and document the information listed below:
      i. Date of Certification
      ii. Recertification or next action due
      iii. First full package issue month/date
      iv. Food package code
      v. Prescription expiration date if applicable
      vi. Valid dates of the last food benefit issued
2. Out of State
   a. Conduct “VOC Search” in system.
b. Request proof of residence and identity. If proof cannot be provided, refer to Policy 207 - Required Proofs Not Present.

c. Contact the previous site and inform them the person is seeking WIC at your site. Document information obtained. If information cannot be obtained or the certification has expired, screen the applicant as a new participant.

*For step by step instructions on how to process an in-state or out of state VOC, please reference the CMS User Manual at: https://chfs.ky.gov/agencies/dph/dafm/l hob/Pages/cmsdocs.aspx
Policy 205
Adjunct Eligibility

POLICY
Automatic income eligibility is granted for any participant who has current eligibility for specific programs or in certain situations, a household member’s documented eligibility. Adjunct eligibility must be determined before income screening.

PURPOSE
To extend income eligibility for WIC services to individuals who already participate in other programs with a similar income standard. This reduces barriers for eligible/current participants and Local Agency staff.

RELEVANT REGULATIONS
7CFR 246.7 (d)(vi) Adjunct or automatic income eligibility

PROCEDURES
Adjunct eligibility is income eligibility for the WIC Program based on an individual’s documented current eligibility for specific programs or in situations, a household member’s documented eligibility. Current eligibility means eligibility in one of the specified programs on the date the WIC certification or recertification is performed. Qualifying based on a household member’s eligibility is identified as “WIC Household” (WH) eligibility.

A. An participant with current eligibility in one of the following programs is adjunct income eligible:
   1. Medicaid, including Medicaid Presumptive Eligibility (MPE), Medicaid Breast and Cervical Cancer Treatment Program (MBCCTP), Medicaid that is issued under the Affordable Care Act (ACA), Kentucky Children’s Health Insurance Program (KCHIP) Phase I, and KCHIP Phase II, or
   2. Supplemental Nutrition Assistance Program (SNAP) or

B. If a WIC household member’s eligibility is being used for the participant, proof verification of current eligibility for the household member must be seen or obtained.

C. The following situations qualify as WIC Household (WH) eligibility: (see also chart below)
   1. A newborn deemed eligible under his/her mother’s Medicaid eligibility (an infant born to a woman on Medicaid at delivery is automatically eligible for Medicaid), or
   2. Member of a household which includes a pregnant woman that is currently eligible for Medicaid, including Medicaid Presumptive Eligibility and Medicaid Breast and Cervical Cancer Treatment Program, or
   3. Member of a household which includes an infant that is currently eligible for Medicaid, or
   4. Member of a household that includes anyone that is currently eligible for KTAP.

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>SNAP</th>
<th>KTAP</th>
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</thead>
<tbody>
<tr>
<td>Pregnant Woman</td>
<td>Self and household members</td>
<td>Self if name is on letter</td>
</tr>
<tr>
<td>BF/PP Woman</td>
<td>Self only</td>
<td>Self if name is on letter</td>
</tr>
<tr>
<td>Infant</td>
<td>Self and household members</td>
<td>Self if name is on letter</td>
</tr>
<tr>
<td>Child</td>
<td>Self only</td>
<td>Self if name is on letter</td>
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</table>

D. When adjunct eligible, the participant:
   1. Must be status eligible and meet the residency and nutritional risk criteria to qualify for WIC.
2. Is not screened for income eligibility; however, self-reported household income is documented.

3. Must not be denied WIC eligibility based on self-reported household size or income.

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

F. Individuals enrolled in a participating Managed Care Organization (MCO) provider are not automatically income eligible for WIC. It must be determined first if the individual is eligible for Medicaid by verifying eligibility through the KYHealth-Net system, the Voice Response system (800 number), or the local Department for Community Based Services (DCBS) office.

G. Applicants eligible for KCHIP Phase III are **not** adjunct income eligible. It must be determined if the individual is eligible for KCHIP III.

**Important:** Individuals that have KCHIP III are identified in the KYHealth-Net system with an assigned status code of P7. These individuals **must** be screened for household size and household income.

H. Applicants that qualify based on WIC Household (WH) eligibility, Medicaid Presumptive Eligibility, or Medicaid Breast and Cervical Cancer Treatment Program must present proof of residence and identity.

I. Examples of acceptable proof for adjunct eligibility are below. Proof must show eligibility on the date of the certification.

1. Verification of current Medicaid eligibility* for the participant.
2. Verification of current Medicaid eligibility* for the pregnant woman or infant that the participant lives with.
3. Verification of Medicaid eligibility* for the newborn’s mother at the time of delivery.

   * **For WIC adjunct eligibility, verification of current Medicaid eligibility must be obtained through the KYHealth-Net system, the Voice Response system, or the local DCBS office.**

4. Identification Sheet for Medicaid Presumptive Eligibility or Medicaid Breast and Cervical Cancer Treatment Program, Medicaid Eligibility Verification.
5. Verification of current Medicaid Presumptive Eligibility by the health care provider that determined it.
6. Letter confirming KTAP eligibility or a KTAP check stub for the participant or a household member.
7. General Notice of Action letter with the participant’s name as an active member.

   **NOTE:** The SNAP EBT card cannot be used as proof of eligibility.
8. Verification of current MBCCTP eligibility by the health department staff that determined it.

J. The type of proof must be documented in the participant’s medical record.

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

**Participant Did Not Bring Proof of Adjunct Eligibility**

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

A. If eligibility cannot be verified for the participant who has proof but fails to bring it to the WIC certification/recertification, inform the participant of the requirement for proof and make a new certification appointment within the timeframe for appointment scheduling.
B. If the person has proof of household income with him/her, assess income for eligibility at this visit. Refer to Policy 206- Determining Household Size and Household Income.

Hospital Certification
If WIC certification is performed in the hospital, refer to Policy 214- Hospital Certification.
Policy 206
Determining Household Size and Household Income

POLICY
Local WIC agencies will appropriately include or exclude sources of income when determining whether participants meet the federally defined income eligibility standard. Proof of household size and household income eligibility must be provided and documented.

PURPOSE
To comply with the federal WIC income eligibility guidance.

RELEVANT REGULATIONS
7CFR 246.7 (d)(2)(ii) – Definition of income
7CFR 246.7 (d)(2)(iv) – Income exclusions
FNS Instruction 803-3, Rev. 1 – Certification: Income Eligibility
USDA MEMO 803-L – Lump Sum Payments as Income (7/13/92)

PROCEDURES
Household size and household income is required for initial certification and at each recertification. Local WIC agency staff must identify and assess all sources of income for a household to determine which will be included or excluded from household income calculations. This information shall be determined in a confidential manner at no cost to the participant.

A. Household size and household income must be documented for each individual and is valid for the length of the certification period. However, if new income or household information is obtained WIC eligibility must be reassessed.

1. Documentation is done by completing registration information in the Management Information System (MIS), printing registration/income labels and completing the applicable Registration, Authorizations, Certifications, and Consents form (CH-5 or CH-5WIC). If the automated system is unavailable, the Patient Registration and Income Determination form (CH-5B) must be completed and filed in the medical record, and data subsequently entered in the system.

B. Current household income (income received by the household during the month {30 days} prior to the date of the application) or the household income during the past twelve (12) months may be considered to determine which more accurately reflects the status.

1. If Income assessment is being done prospectively (i.e. the sole support of that family has just been laid off but has been authorized to receive unemployment benefits for the next six months), “current” refers to income that will be available to the family in the next 30 days.

C. WIC Income Eligibility Guidelines are calculated based on the individual’s frequency of pay. The system is programmed to compare the weekly, bimonthly, semi-monthly, or monthly income to the WIC Income Eligibility Guidelines.

D. Income for persons who are unemployed shall be the income during the period of unemployment.

E. Persons who are on leave that they themselves requested (i.e., maternity leave or a teacher not being paid during the summer) are not considered unemployed. Therefore, the person’s income earned during the regular employment period must be averaged to determine annual income.

F. Household income does not have to be reassessed at mid-certification health assessment (MCHA) visits.

Determining Household Size
Household is defined as a group of related or non-related individuals who are living together as one economic unit. The terms “economic unit” and “household” are sometimes used interchangeably.

A. Household members share economic resources and consumption of goods and/or services.
B. It is reasonable that persons living in the residence of others, whether related or not, are likely to be receiving support and some co-mingling of resources. This would make them members of the economic unit with which they live. However, a household may consist of more than one economic unit. (see Separate Economic Unit below)
   1. Appropriate questioning must be done to make a reasonable determination of whether resources are shared or not.
C. Residents of a facility, such as a homeless facility or an institution, shall not all be considered as members of one single household or economic unit.
D. To determine the size of the household, consider the following guidance:
   (Refer KY WIC Guidance for Determining Household Size reference chart in this section)

Separate Economic Unit: A person or group of persons living in the same house with other individuals may be a separate economic unit. To be considered a separate household, the individual must have their own source of income and cover their own expenses, such as rent, food and utilities.

Questions to Ask:
   • Do you share income and expenses with other people? If yes, count all members as one household.
   • Does the household provide you food, clothing, shelter, etc., with no expectation of payment or in-kind benefits? If yes, count all members as one household.
   • Do you pay the household for living in their home or exchange household chores for living expenses? If yes, the participant is a separate household.

Pregnant Woman: A pregnant woman's household is increased by one for each unborn child. If she is expecting one child, count her as two; if she is expecting twins, count her as three; and so on. The increased household size shall be used for other household members applying for services when determining their household size.

Note: If the participant has a cultural or religious objection to counting the unborn child/children, this shall not be done. The objection shall be documented in the patient medical record since it affects household size and income determination.

Unmarried Couple: An unmarried couple living together as one household counts the income of both parties and counts both in the household size. Income for all persons supporting the household must be counted.

Child: A child is counted in the household size of the parent, guardian or caretaker with whom he/she lives.

Foster Child: A foster child is considered a separate household of ONE as long as he/she is the legal responsibility of the Commonwealth, social service, or other agency. Therefore, a separate household must be established for a foster child. Foster children less than 18 years of age are eligible for Medicaid and the Department for Community Based Services applies for Medicaid on behalf of the child. Medicaid eligibility for a foster child cannot be used to establish WIC eligibility of other members living in the same household where the foster child lives.
**Question to Ask:**
- Is the child the legal responsibility of the Commonwealth or social service agency? If yes, the participant is a household of one.

**Joint Custody:**
In joint custody, or cases where the child may live with both parents equally, the child is counted in the household of the parent or guardian who is seeking services for the child or the custodial parent named in the custody agreement. The child may NOT be counted in the household of the other parent. It is the responsibility of the two parents to mutually agree on sharing the child’s WIC food benefits.

**Child Residing With Caretaker:**
A child in the care of a friend or relative is considered a part of the household of the caretaker with whom he/she is residing. All persons with income supporting the household are considered, including any monetary support provided from the parent(s).

**Adopted Child:**
An adopted child or a child for whom a family has accepted the legal responsibility is counted in the household size with whom he/she resides.

**Student:**
A child residing in a school or institution, who is being supported by the parent/caretaker, is counted in the household size of the parent/caretaker.

**Non-Citizen/Foreign Individual:**
It is legal for a non-citizen/foreign individual and his/her family to apply for services. He/she/they are members of the household in which he/she/they reside.

**Military:**
Military personnel serving overseas or assigned to a military base, even though they are not living with their families, are counted as members of the household, along with the military personnel’s gross income.

**Military Family in Temporary Residence of Friends/Relatives:**
When military personnel are deployed or assigned to a military base and temporarily absent from home, their family (children of deployed parents, children and one parent, or spouse) may temporarily move in with friends or relatives. In this situation, flexibility is allowed to ensure minimal impact on military family member’s eligibility and/or receipt of services. The “military family” household size is determined through the following options:
- Count the “military family” as it was prior to the deployment/assignment of the military person(s) as a separate economic unit. This option counts the deployed person(s) and gross income. Use of this option is dependent on whether the total gross income for this economic unit can be reasonably determined.
- Count the “military family” as it is now as a separate economic unit without the deployed person(s). This
option does not count the deployed person(s). To consider as a separate economic unit, the unit must have its own source of income, e.g., allotment to the spouse and/or children.

- Count the “military family” as part of the household of the person(s) with whom they reside. All persons and all income for this household are counted.

**Homeless:**
Individuals whose primary residence is a shelter providing temporary living accommodations or who lack a fixed and regular nighttime residence are considered homeless and are considered a separate household.

**Questions to Ask:**

- Do you lack a fixed and regular nighttime residence? If yes, count as a separate household.
- Is your primary nighttime residence a shelter for temporary living accommodations? If yes, count as a separate household.

**Determining Household Income Sources**
Adjunct eligibility must be determined before income screening. For a participant who is not adjunct eligible, the number in the household and the total household income must be determined and compared to the income eligibility guidelines. Household income is defined as total gross income of all members in the economic unit including any amount received or withdrawn from any source, including savings. Gross income is defined as all income before deductions are made for income taxes, employee social security taxes, insurance premiums, garnishments, etc.

A. Local WIC agency staff must assess all sources of income for a household to determine which will be included or excluded from household income calculations.

B. The determination of the amount of a household’s gross income shall not be reduced for hardships, high medical bills, childcare payments, taxes, child support, alimony, insurance, or other deductions.

C. Local WIC agency staff shall use net income to determine income eligibility for farmers and self-employed persons only. Net income is determined by subtracting the operating expenses from the gross income.

D. Income earned or received by all members of the household includes:
   1. Gross Income
      a. Monetary compensation for services, including wages, salary, commissions, fees, and overtime.
      b. Public assistance or welfare payments (KTAP, Supplemental Security Income [SSI], etc.).
      c. Pensions or retirement.
      d. Black lung or other disability payment.
      e. Social Security benefits.
      f. Government civilian employee or military retirement or pensions or veterans’ payments/benefits.
      g. Unemployment compensation or worker’s compensation.
      h. Alimony and child support payments.
      i. Payment from the military including food and clothing allowance. Do not include housing allowance.
      j. Regular contributions from person not living in the household.
      k. Dividends or interest on savings or bonds, income from estates, trusts, or investments.
      l. College or university scholarships, grants, fellowships, and assistance (except as excluded – see “E. 11. under Exceptions”).
      m. Strike benefits.
Determining Household Size and Household Income
Policy 206
October 2021

n. Payments or winnings from gaming, gambling, lottery, and bingo.
o. Cash received or withdrawn from any source, including savings, investments, trusts.
p. Lump sum payments:
   i. Lump sum payments that represent new money intended for income is counted as income. Examples include gifts, inheritance, lottery winnings, worker’s compensation for lost wages, severance pay, and insurance payments for “pain and suffering.” Lump sum payments for winnings and proceeds from gaming, gambling, and bingo are also counted as income.
   ii. Lump sum payments that represent reimbursement for lost assets or injuries shall not be counted as income. Examples include amounts received from insurance companies for loss or damage of personal property, such as home or auto; payments that are intended for a third party to pay for a specific expense incurred by a household, such as a payment of medical bills resulting from an accident or injury.
   iii. The lump sum payment may be counted as annual income or may be divided by 12 to estimate a monthly income, whichever is most applicable.

2. Net Income for self-employed and farm (determine net by subtracting operating expenses from the total amount made) only for:
   a. Net royalties.
   b. Net rental income.
   c. Net income from farm (money from tobacco, crops, etc.) or non-farm self-employment.

E. Exceptions: The following are exceptions to income determination sources and shall NOT be considered as an income source.

1. Non-cash benefits, in-kind housing, and in-kind benefits such as employer paid or union-paid portion of health insurance or other employee fringe benefits, food, or housing received in lieu of wages.
2. Capital gains, the sale of property, a house, or a car.
3. One-time payments from a state agency to a family or person who is in temporary financial difficulty.
4. Tax refunds.
8. Payment to volunteers under Title I (VISTA and others) and Title II (RSVP foster grandparents and others) of the Domestic Volunteer Service Act.
9. Payment to volunteers of the Small Business Act (SCORE and ACE).
10. Payments received under the Job Training Partnership Act (JTPA).
11. Student loans and grants that are not counted as income:
    a. Pell Grant
    b. Supplemental Educational Opportunity Grant (SEOG)
    c. State Student Incentive Grants
    d. National Direct Student Loans
    e. Stafford Loans
    f. Perkins Loans
    g. PLUS
    h. Supplemental Loans for Students
    i. College Work Study
    j. Byrd Honor Scholarships
12. Cash or non-cash payments from a Child Care and Development Block Grant or other purchase of child care subsidy
14. Loans to which the participant does not have constant or unlimited access.
15. Family Subsistence Supplemental Allowance (FSSA). This is a payment made to certain members of the Armed Forces and their families by the Department of Defense.

16. For military personnel:
   a. Military Housing allowance (off base and on-base housing allowances). Such housing allowances include Basic Allowance for Housing (BAH), Family Separation Housing (FSH) and Overseas Housing Allowance (OHA).
   b. Overseas Continental United States cost of living allowance (OCONUS COLA) provided to military personnel in high cost of living areas outside the contiguous United States.
      Note: Veteran’s Educational Assistance Program or GI Bill is not an exclusion and MUST be included in income determination.
   c. Combat Pay: refer to Guidance for the Exclusion of Combat Pay from WIC Eligibility Determination in this section.

17. Restrictions apply to the use of the dollar value of WIC benefits provided to a participant. Any requests or any information concerning the value of WIC benefits shall have the following restrictions:
   a. The value of WIC benefits shall not be considered income or resources for any purpose under any Federal or State laws including, but not limited to, laws relating to taxation, welfare, and public assistance programs.
   b. Benefits from state and local sources for food programs shall not be reduced as a result of WIC benefits.
   c. Sponsors of qualified aliens (sponsors have signed an affidavit of support) are not required to reimburse the state or federal government for WIC Program benefits provided to sponsored aliens.

<table>
<thead>
<tr>
<th>What Military Pay or Allowance to Include in Income Determination</th>
<th>What Military Pay or Allowance to Exclude in Income Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Base pay – the soldier’s regular rate of pay</td>
<td>X Basic Allowance for Housing (BAH or BAQ)</td>
</tr>
<tr>
<td>✓ Basic Allowance for Subsistence (BAS)</td>
<td>X Family Separation Housing (FSH)</td>
</tr>
<tr>
<td>✓ Foreign Language Proficiency Pay (FLPP) *</td>
<td>X Overseas Housing Allowance (OHA)</td>
</tr>
<tr>
<td>✓ Family Separation Allowance (FSA) *</td>
<td>X Overseas Continent United States Cost of Living Allowance (OCONUS COLA)</td>
</tr>
<tr>
<td>✓ Jump Pay, Drive Pay, Sea Pay, Flight Pay, etc. (unless service member is deployed to a combat zone)</td>
<td>X Combat pay as a result of the service member being deployed to a declared combat zone. (May be Hostile Fire Pay/Imminent Danger Pay or Hazardous Duty Pay (HZD Pay))</td>
</tr>
<tr>
<td>✓ Clothing Maintenance Allowance (CMA) – can be averaged for the year</td>
<td>X Combat-Related Injury Rehabilitation Pay (CIP)</td>
</tr>
<tr>
<td>✓ Bonus Pay (Bonus) – can be averaged for the year</td>
<td>X Special Duty Assignment Pay (SDAP) *</td>
</tr>
<tr>
<td>✓ Continental United States Cost of Living Allowance (CONUS COLA)</td>
<td></td>
</tr>
</tbody>
</table>

*See below for exceptions

*Family Separation Allowance (FSA) is excluded if the service member is en route to a training location prior to deployment to a designated combat zone or on deployment orders to designated combat zone.
* Foreign Language Proficiency Pay (FLPP) and Special Duty Assignment Pay (SDAP) that was not received prior to the time of deployment to a designated combat zone shall be excluded from the WIC income eligibility determination.
Follow the guidance below for payments made by the military.

A. Any combat pay received directly by a participant employed by the military while serving in an area that has been designated as a combat zone is not counted as income when determining WIC eligibility. Combat pay is excluded if it is:
   1. Received in addition to the service member’s basic pay;
   2. Received as a result of the service member’s deployment to or service in an area that has been designated as a combat zone; and
   3. Not received by the service member prior to his/her deployment to or service in the designated combat zone.

B. For service members receiving one-time bonus or clothing allowances, consider income averaging for the year.

Example of military housing: The army pays an individual $1,950 a month. This check includes $450 per month for housing because she lives off-base. This $450 appears in her pay check each month and is listed on the LES as BAH. The income used in determining the individual’s WIC eligibility is $1,500 ($1,950 less $450 housing allowance).

Refer to Attachment A in this section: Sample Marine Corps Leave and Earnings Statement, with explanatory notes and Appendix B in this section: Sample Army, Air Force, Coast Guard, and Navy Leave and Earnings Statement, with explanatory notes

Computing Household Income

Current income is defined as all income received by the household during a month (30 days) prior to the date of the application.

A. Consider the current household income or the household income during the past 12 months to determine which indicator more accurately reflects the status. If assessing annual income, exceptions are:
   1. Unemployed person (including laid-off workers), use income that will be available to the household member in the next 30 days.
   2. Self-employed or seasonally employed person whose household income fluctuates through the year, use annual.
   3. Person on temporary leave (maternity, family leave, extended vacation), use annual. (This is not considered unemployed.)
   4. Teacher paid on ten (10) month basis, use annual.
   5. Person on strike, use income that will be available to the household member in the next 30 days, including any strike benefits.
   6. Individuals that receive frequent and consistent overtime pay, use annual.

B. If a participant indicates that they are paid weekly, it would be reasonable to look at four pay stubs from the past four weeks (30 days). The table below indicates the number of pay stubs recommended to review for each type of pay period.

<table>
<thead>
<tr>
<th>Pay Period</th>
<th>Number of Pay Stubs to Request/Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>1</td>
</tr>
<tr>
<td>Weekly</td>
<td>4</td>
</tr>
<tr>
<td>Bi-Weekly (twice a month)</td>
<td>2</td>
</tr>
<tr>
<td>Semi-Monthly (every 2 weeks)</td>
<td>2</td>
</tr>
</tbody>
</table>

C. Sources of income for the household may not be the same timeframe (weekly, monthly, etc.), so the income must be converted to common terms to determine total household income.

   1. The system is programmed to convert income to common terms to determine the total household income.
   2. If system access is not available, the CH-5B must be completed.
      a. Calculate total income (see table for manual calculations).
### Frequency

<table>
<thead>
<tr>
<th>Frequency</th>
<th>To Obtain Monthly Income</th>
<th>To Obtain Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>Multiply by 4.3</td>
<td>Multiply by 52</td>
</tr>
<tr>
<td>Different amount every week</td>
<td>Add the 4 checks, divide by 4 (weekly average), multiply by 4.3</td>
<td>Add the 4 checks, divide by 4 (weekly average), multiply by 52</td>
</tr>
<tr>
<td>Bi-Weekly (every 2 weeks)</td>
<td>Multiply by 2.15</td>
<td>Multiply by 26</td>
</tr>
<tr>
<td>Semi-Monthly (2 times a month)</td>
<td>Multiply by 2</td>
<td>Multiply by 24</td>
</tr>
<tr>
<td>Monthly</td>
<td></td>
<td>Multiply by 12</td>
</tr>
<tr>
<td>Quarterly</td>
<td>Divide by 3</td>
<td>Multiply by 4</td>
</tr>
<tr>
<td>Annual</td>
<td>Divide by 12</td>
<td></td>
</tr>
<tr>
<td>Hourly</td>
<td>Rate paid multiply by hours per week, multiply by 4.3</td>
<td>Rate paid multiply by hours per week, multiply by 52</td>
</tr>
<tr>
<td>Daily</td>
<td>Rate paid multiply by number of workdays per week, multiply by 4.3</td>
<td>Rate paid multiply by number of workdays per week, multiply by 52</td>
</tr>
<tr>
<td>Lump Sums</td>
<td>Divide by 12</td>
<td></td>
</tr>
</tbody>
</table>

### Determining Household Size and Household Income

b. When all sources of household income have been converted to common terms, compare the total to the published Income Eligibility Guidelines (IEG) (annual income for the appropriate household size to make the final income eligibility determination).

c. If a household has only one income source, or if all sources have the same frequency (i.e. all household members are paid weekly) do not use the conversion factors in the above table. Compare the income, or the sum of the separate incomes to the published IEG for the appropriate frequency and household size to make the WIC income eligibility determination.

3. If the income assessment is being done prospectively (e.g. a household member has been laid off but has been authorized to receive unemployment benefits for the next six months), “current” refers to income that will be available to the household member in the next 30 days.

**Note:** If the participant is determined to be over income eligibility guidelines it is reasonable to request another staff member to assess eligibility for confirmation or contact the State WIC Office for assistance.

### Participant Reporting Zero Household Income (refer to Policy 207 - Unable to Bring Proofs)

Individuals declaring zero income shall be thoroughly interviewed regarding their living situation and how they obtain basic living necessities such as food, shelter, medical care and clothing. Persons living together and sharing resources are members of one economic unit.

A. When a participant reports income as zero a signed statement must be provided.

B. The statement must include why written/electronic proof of income cannot be provided and an explanation of how living expenses are met. The Statement of No Proof (WIC-NP) is available for this purpose. Refer to Section 200 Certification Appendices.

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

D. The statement must be filed in the patient’s medical record.

E. When the interviewer is satisfied that the person’s income is zero, obtain the participant’s signature on the CH-5/CH-5-WIC/CH-5B as documentation that income has been reported accurately.

### WIC Exceptions to Income Screening

A. Transfer Participant/VOC-A transfer is not screened for income eligibility nor required to show proof of income until the certification period expires and he/she is again screened for eligibility.
B. Migrant – Income eligibility shall be determined for a migrant once every twelve (12) months. A VOC will provide income eligibility for up to one (1) year for a migrant. If the timeframe of the migrant’s income determination is unknown, income eligibility must be done at certification.

C. Hospital Certification – Mothers and newborn infants certified at the hospital are not required to show proof of income at the time of certification. Accept self-reported income and if eligible, certify and issue food instruments for thirty (30) days. Proof of adjunct eligibility or household income must be provided within thirty (30) days. Refer to Policy 214- Hospital Certification.

D. Adjunctively Eligible – These persons are excluded from providing proof of income but must show proof of adjunct eligibility. Refer to Policy 205- Adjunct Eligibility.

Verification of Reported Household Income
Verification of income is not required but local WIC agency staff may verify reported income if reasonable evidence is showing that the participant has given inaccurate or untrue information. If verification is requested, documentation of the reason for requesting verification must be made in the person’s medical record and verification shall be obtained in writing.

A. Reasons for seeking verification may include but are not limited to:
   1. Complaint made by another individual.
   2. Contradictory information given by a participant.
   3. Information WIC staff may have about the financial situation of the individual.

B. The following are acceptable as verification:
   1. Current pay stubs.
   2. Statement from the employer or any responsible person who can verify income if the employer refuses to do so.
   3. For self-employment income – ongoing records or tax returns.

C. No person may be denied participation of services solely because the employer refuses to verify income.

D. If the verification does not support WIC eligibility, WIC services shall be terminated for all household members affected. A payback of benefits will be requested if it is determined to be cost efficient.

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

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

B. When more than 90 days remains in a current certification period, reassessment is required. Procedures for reassessment are:
   1. If the participant is no longer or not currently adjunct eligible (based upon his status or a household member’s status), eligibility must be assessed for household size and household income to remain on WIC. All income guidelines apply concerning current and annual income.
   2. If income exceeds WIC eligibility criteria, the participant shall be terminated from WIC if more than 90 days remains in the certification period. Any other members of the household enrolled in WIC affected by new income information, shall be terminated if the time remaining in their certification period is more than 90-days.
      a. For example, a pregnant woman applying for WIC does not meet the income criteria; her child enrolled in WIC has 4 months remaining in the certification period and must be reassessed for income eligibility. If adjunct eligibility does not apply, the child must be terminated.
3. Termination must be appropriately documented in the medical record and include the reason for termination.

<table>
<thead>
<tr>
<th>KY WIC Guidance for Determining Household Size</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Situation</strong></td>
</tr>
<tr>
<td>Separate Household/Economic Unit</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Foster Child</td>
</tr>
<tr>
<td>Institutionalized/Student Household Member</td>
</tr>
<tr>
<td>Child Residing in Another Home</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Any Individual</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Homeless</td>
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<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>Weekly</td>
</tr>
<tr>
<td>Bi-Weekly</td>
</tr>
<tr>
<td>Twice-Monthly</td>
</tr>
<tr>
<td>Monthly</td>
</tr>
<tr>
<td>Annual</td>
</tr>
</tbody>
</table>

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

**185% of Poverty**  
**Effective April 1, 2021**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Household Size</th>
<th>Per additional Household member</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Weekly</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ 1,751</td>
<td>$ 1,912</td>
</tr>
<tr>
<td>Bi-Weekly</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ 3,501</td>
<td>$ 3,824</td>
</tr>
<tr>
<td>Twice-Monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ 3,793</td>
<td>$ 4,143</td>
</tr>
<tr>
<td>Monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ 7,585</td>
<td>$ 8,285</td>
</tr>
<tr>
<td>Annual</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$91,020</td>
<td>$99,419</td>
</tr>
</tbody>
</table>

**Persons who receive Medicaid or SNAP benefits**  
**Automatically meet the income requirements for the WIC Program.**
Guidance for the Exclusion of Combat Pay from WIC Eligibility Determination

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

Allowable Exclusions

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

A. must have been received in addition to the service member’s basic pay. (Note: A service member, who is currently serving as a member of the armed forces and is paid a monthly salary, is eligible to receive any of the additional pay associated with combat pay.)

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

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

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

Types of Combat Pay

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

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

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

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

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

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

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

Other Allowances

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

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

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

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

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

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

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

7. What is HDIP and who is entitled to receive it?
Service members who perform any of the following duties can earn Hazardous Duty Incentive Pay (HDIP):

- Parachute Duty
- Flight Deck Duty
- Demolition Duty
- Experimental Stress Duty
- Toxic Fuels (or Propellants) Duty
- Toxic Pesticides Duty
- Dangerous Viruses (or Bacteria) Lab Duty
- Chemical Munitions Duty
- Maritime Visit, Board, Search and Seizure (VBSS) Duty
- Polar Region Flight Operations Duty
A Service member can receive up to two different types of HDIPs during the same period if s/he performs more than one of these duties as required by the mission. HDIP begins on the day the member reports for duty and ceases on the termination date published in the orders or when the member is no longer required to perform the hazardous duty, whichever occurs first. The HDIP entitlement(s) is prorated based on the number of days the member spends performing these duties during a month. HDIP that was not received by a service member prior to deployment to a designated combat zone shall be excluded from the WIC income eligibility determination.
### Appendix A: Sample Marine Corps Leave and Earnings Statement, with explanatory notes

**Section A - Identification Information.**
- **Box 1 – NAME.** Last name, first name, and middle initial.
- **Box 2 – SSN.** Social Security Number.
- **Box 3 – RANK.** Pay grade (Rank) for which basic pay is determined.
- **Box 4 – SERV.** Branch of service (e.g., “USMC” or “USMCR”).
- **Box 5 - PLT Code.** The section, which assigned.
- **Box 6 - DATE PREP.** Date Prepared. This is the date the LES was prepared by DFAS in Kansas City.
- **Box 7 - PRD COVERED.** Period covered. Used to specify the span of days covered by this leave and earnings statement.
- **Box 8 – PEBD.** Pay entry base date.
- **Box 9 – YRS.** Years of service for pay purposes.
Box 10 – EAS. Expiration of active service.
Box 11 – ECC. Expiration of current contract.
Box 12 - MCC-DIST-RUC. Monitor command code, district, and Reporting Unit Code (MCC- RUC for USMC, DIST-RUC for USMCR).

Section B - Forecast Amounts.
Box 13 - DATE AND AMOUNT.
1. DATE. Date of midmonth payday.
2. AMOUNT. Forecast of amount due on midmonth payday of the upcoming month.
Box 14 - DATE AND AMOUNT.
1. DATE. Date of end-of-month payday.
2. AMOUNT. Forecast of amount due on end-of-month payday of the upcoming month.

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

Section D - Direct Deposit/EFT Address. This section contains the name and address of the financial institution where payments are being deposited.

Section E - Leave Information.
Box 19 - LV BF. Leave brought forward. The number of days leave accrued at the end of the preceding period.
Box 20 – EARNED. Number of days leave earned during the period covered. Normally this will be 2.5 days.
Box 21 – USED. Number of days leave charged since the previous LES was prepared.
Box 22 – EXCESS. Number of days leave charged without entitlement to pay and allowance, in excess of leave that can be earned prior to ECC.
Box 23 – BAL. Balance. The number of days of accrued leave due or advanced.
Box 24 - MAX ACCRUAL. Total number of days that can accrue based upon the ECC date. Value is obtained by using the 1st day of the month following the period covered, up to and including the ECC date.
Box 25 – LOST. Number of days in excess of 60 days dropped due to the change in the fiscal year.
Box 26 - SOLD/AS OF. Number of lump sum leave sold during the career and the last date leave was sold.
Box 27 - CBT LV BAL. Reserved for future use.

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

Section G - Tax Information.
Box 33 - STATE TAX.
1. STATE CODE. State tax code. An alphanumeric code is used to identify the state (or territorial possession) designated by the member as his/her legal residence.
2. EXEMPTIONS. State tax exemptions. Marital status and number of exemptions claimed for state tax purposes.
3. WAGES THIS PRD. Total state taxable income for the period covered.
4. WAGES YTD. State taxable income year to date. This is the amount of taxable income earning by the Marine from the date of entry into service or from 1 January of the current year through the last day of the period covered.
5. STATE TAX YTD. State taxes year-to-date. Total amount of State income tax withheld for the year.
Box 34 - FEDERAL TAX.
1. **EXEMPTIONS.** Federal tax exemptions. Marital status and number of exemptions claimed for federal tax purposes.
2. **WAGES THIS PRD.** Total federal taxable income for the period covered.
3. **WAGES YTD.** Federal taxable income year to date. This is the amount of taxable income earned from the date of entry into service or from 1 January of the current year through the last day of the period covered.
4. **FED TAX YTD.** Federal taxes year-to-date. Total amount of Federal income tax withheld for the year.

**Box 35 - FICA (SOCIAL SECURITY TAX).**
1. **SSEC WAGES THIS PRD.** Social Security wages this period. Moneys earned during period covered that are subject to deduction under the Federal Insurance Contributions Act.
2. **SSEC WAGES YTD.** Social Security wages year-to-date. The amount of wages earned for the year that are subject to social security tax.
3. **SSEC TAX YTD.** Social Security tax year-to-date. The amount of social security tax withheld for the year. This includes withholding on the amount shown in Social Security wages this period.
4. **MEDICARE WAGES THIS PRD.** Medicare wages this period. Moneys earned during period covered that are subject to deduction under the Old Age Survivors Disability Insurance.
5. **MEDICARE WAGES YTD.** Medicare wages year-to-date. The amount of wages earned for the year that are subject to Medicare tax.
6. **MEDICARE TAX YTD.** Medicare tax year-to-date. The amount of Medicare tax withheld for the year. This includes withholding on the amount shown in Medicare wages this period.

**Section H - Rights Of Marines Indebted To The Government.**

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

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

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

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

**Section M - Reserve Drill Information.**
**Box 52 – REG.** Total regular and EIOD drills performed this period.
**Box 53 - REG FYTD.** Total regular and EIOD drills performed this fiscal year.
**Box 54 - REG ANNYTD.** Total regular and EIOD drills performed this anniversary year.
**Box 55 – ADD.** Total additional drills performed this period.
**Box 56 - ADD FYTD.** Total additional drills performed this fiscal year.
**Box 57 - ADD ANNYTD.** Total additional drills performed this for anniversary year.
Section N - Reserve Retirement Information.
Box 58 - BF ANNYTD. Ending balance of retirement credit points for anniversary year from prior month.
Box 59 - ACU THIS PRD. Total days active duty this period.
Box 60 - DRILL THIS PRD. Total drills this period.
Box 61 - OTHER THIS PRD. Total all other credit points awarded this period.
Box 62 - MBR THIS PRD. Total membership points awarded this period.
Box 63 - END BAL ANNYTD. Total retirement credit points after this period for anniversary year-to-date.
Box 64 - TOTAL SAT YRS. Total satisfactory years credited for retirement purpose.
Box 65 - TOTAL RET PTS. Career total retirement credit points.

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

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

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

Payments. This portion represents the last month’s regular payments, which occurred on the first and the fifteenth.

Explanatory Remarks. This includes information that is not found on other parts of the LES, as well as information messages.
Appendix B: Sample Army, Air Force, Coast Guard, and Navy Leave and Earnings Statement, with explanatory notes

- **1 NAME:** The member’s name in last, first, middle initial format.
- **2 SOC. SEC. NO.:** The member’s Social Security Number.
- **3 GRADE:** The member’s current pay grade.
- **4 PAY DATE:** The date the member entered active duty for pay purposes in YYMMDD format. This is synonymous with the Pay Entry Base Date (PEBD).
- **5 YRS SVC:** In two digits, the actual years of creditable service.
- **6 ETS:** The Expiration Term of Service in YYMMDD format. This is synonymous with the Expiration of Active Obligated Service (EAOS).
- **7 BRANCH:** The branch of service, i.e., Navy, Army, Air Force.
- **8 ADSN/DSSN:** The Disbursing Station Symbol Number used to identify each disbursing/finance office.
- **9 PERIOD COVERED:** This is the period covered by the individual LES. Normally it will be for one calendar month. If this is a separation LES, the separation date will appear in this field.
Fields 10 through 24 contain the entitlements, deductions, allotments, their respective totals, a mathematical summary portion, date initially entered military service, and retirement plan.

- **10 ENTITLEMENTS**: In columnar style the names of the entitlements and allowances being paid. Space is allocated for fifteen entitlements and/or allowances. If more than fifteen are present, the overflow will be printed in the remarks block. Any retroactive entitlements and/or allowances will be added to entitlements and/or allowances.

- **11 DEDUCTIONS**: The descriptions of the deductions are listed in columnar style. This includes items such as taxes, SGLI, Mid-month pay and dependent dental plan. Space is allocated for fifteen deductions. If more than fifteen are present, the overflow will be printed in the remarks block. Any retroactive deductions will be added to like deductions.

- **12 ALLOTMENTS**: In columnar style the type of the actual allotments being deducted. This includes discretionary and non-discretionary allotments for savings and/or checking accounts, insurance, bonds, etc. Space is allocated for fifteen allotments. If a member has more than one of the same type of allotment, the only differentiation may be that of the dollar amount.

- **13 AMT FWD**: The amount of all unpaid pay and allowances due from the prior LES.

- **14 TOT ENT**: The figure from Field 20 that is the total of all entitlements and/or allowances listed.

- **15 TOT DED**: The figure from Field 21 that is the total of all deductions.

- **16 TOT ALMT**: The figure from Field 22 that is the total of all allotments.

- **17 NET AMT**: The dollar value of all unpaid pay and allowances, plus total entitlements and/or allowances, minus deductions and allotments due on the current LES.

- **18 CR FWD**: The dollar value of all unpaid pay and allowances due to reflect on the next LES as the +AMT FWD.

- **19 EOM PAY**: The actual amount of the payment to be paid to the member on End-of-Month payday.

- **20 - 22 TOTAL**: The total amounts for the entitlements and/or allowances, deductions and allotments respectively.

- **23 DIEMS**: Date initially entered military service: This date is used SOLELY to indicate which retirement plan a member is under. For those members with a DIEMS date prior to September 8, 1980, they are under the FINAL PAY retirement plan. For those members with a DIEM’s date of September 8, 1980 through July 31, 1986, they are under the HIGH-3 retirement plan. For those members with a DIEMS date of August 1, 1986 or later, they were initially under the REDUX retirement plan. Law changed this in October 2000, when they were placed under the HIGH-3 plan, with the OPTION to return to the REDUX plan. In consideration of making this election, they become entitled to a $30,000 Career Service Bonus.

- The data in this block comes from PERSCOM. DFAS is not responsible for the accuracy of this data. If a member feels that the DIEMS date shown in this block is erroneous, they must see their local servicing Personnel Office for corrective action.

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

Fields 25 through 32 contain leave information.

- **25 BF BAL**: The brought forward leave balance. Balance may be at the beginning of the fiscal year, or when active duty began, or the day after the member was paid Lump Sum Leave (LSL).

- **26 ERND**: The cumulative amount of leave earned in the current fiscal year or current term of enlistment if the member reenlisted/extended since the beginning of the fiscal year. Normally increases by 2.5 days each month.

- **27 USED**: The cumulative amount of leave used in the current fiscal year or current term of enlistment if member reenlisted/extended since the beginning of the fiscal year.

- **28 CR BAL**: The current leave balance as of the end of the period covered by the LES.
• 29 ETS BAL: The projected leave balance to the member’s Expiration Term of Service (ETS).
• 30 LV LOST: The number of days of leave that has been lost.
• 31 LV PAID: The number of days of leave paid to date.
• 32 USE/LOSE: The projected number of days of leave that will be lost if not taken in the current fiscal year on a monthly basis. The number of days of leave in this block will decrease with any leave usage.

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

Fields 39 through 43 contain Federal Insurance Contributions Act (FICA) information.
• 39 WAGE PERIOD: The amount of money earned this LES period that is subject to FICA.
• 40 SOC WAGE YTD: The wages earned year-to-date that are subject to FICA.
• 41 SOC TAX YTD: Cumulative total of FICA withheld throughout the calendar year.
• 42 MED WAGE YTD: The wages earned year-to-date that are subject to Medicare.
• 43 MED TAX YTD: Cumulative total of Medicare taxes paid year-to-date.

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

Fields 50 through 62 contain additional Pay Data.
• 50 BAQ TYPE: The type of Basic Allowance for Quarters being paid.
• 51 BAQ DEPN: A code that indicates the type of dependent. A - Spouse C -Child D - Parent G Grandfathered I -Member married to member/own right K - Ward of the court L - Parents in Law R - Own right S - Student (age 21-22) T - Handicapped child over age 21 W - Member married to member, child under 21
• 52 VHA ZIP: The zip code used in the computation of Variable Housing Allowance (VHA) if entitlement exists.
• 53 RENT AMT: The amount of rent paid for housing if applicable.
• 54 SHARE: The number of people with which the member shares housing costs.
• 55 STAT: The VHA status; i.e., accompanied or unaccompanied.
• 56 JFTR: The Joint Federal Travel Regulation (JFTR) code based on the location of the member for Cost of Living Allowance (COLA) purposes.
• 57 DEPNS: The number of dependents the member has for VHA purposes.
• **58 2D JFTR:** The JFTR code based on the location of the member’s dependents for COLA purposes.

• **59 BAS TYPE:** An alpha code that indicates the type of Basic Allowance for Subsistence (BAS) the member is receiving, if applicable. This field will be blank for officers.
  - B - Separate Rations
  - C - TDY/PCS/Proceed Time
  - H - Rations-in-kind not available
  - K - Rations under emergency conditions

• **60 CHARITY YTD:** The cumulative amount of charitable contributions for the calendar year.

• **61 TPC:** This field is not used by the active component of any branch of service.

• **62 PACIDN:** The activity Unit Identification Code (UIC). This field is currently used by Army only.

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

• **63 BASE PAY RATE:** The percentage of base pay elected for TSP contributions.

• **64 BASE PAY CURRENT:** Reserved for future use.

• **65 SPECIAL PAY RATE:** The percentage of Specialty Pay elected for TSP contribution.

• **66 SPECIAL PAY CURRENT:** Reserved for future use.

• **67 INCENTIVE PAY RATE:** Percentage of Incentive Pay elected for TSP contribution.

• **68 INCENTIVE PAY CURRENT:** Reserved for future use.

• **69 BONUS PAY RATE:** The percentage of Bonus Pay elected towards TSP contribution.

• **70 BONUS PAY CURRENT:** Reserved for future use.

• **71 Reserved for future use.**

• **72 TSP YTD DEDUCTION (TSP YEAR TO DATE DEDUCTION):** Dollar

• **73 DEFERRED:** Total dollar amount of TSP contributions that are deferred for tax purposes.

• **74 EXEMPT:** Dollar amount of TSP contributions that are reported as tax exempt to the Internal Revenue Service (IRS).

• **75 Reserved for future use**

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

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

• **78 YTD DEDUCT:** The cumulative total of all deductions for the calendar year.
Policy 207  
Required Proofs Not Present  

POLICY  
All WIC participants must provide proof of identity, residence, and income. The type of proof presented must be documented.  

PURPOSE  
To ensure proper verification of residency, identity and income of WIC participants. This is to aid in the integrity of the WIC program by helping to prevent fraud.  

RELEVANT REGULATIONS  
7 CFR 246.7 (c)(2)(i) – Proof of Residency and Identity  
7 CFR 246.7 (d)(2)(v) – Income Eligibility Documentation  

PROCEDURES  
Participant Did Not Bring Appropriate Proof  
A. Residency and Identity  
1. For a participant who has proof of residency and/or identity but does not bring it to the initial WIC certification, inform the participant of the requirement and make a new certification appointment within the appropriate timeframe.  
2. If proof of residency and/or identity was presented and documented at a previous certification and there has been no change, staff recognition is allowed.  
B. Income  
1. For a participant who has proof of income but does not bring it to the certification or recertification, inform the participant of the requirement and make a new appointment within the appropriate timeframe. Proof obtained electronically or via fax machine is acceptable.  
2. Previous certification household income cannot be used.  

Note: A WIC Proof of Residence, Identity, and Income Card, WIC-PC (Blue card), is available. Refer to Section 200 Certification Appendices.  

Participant Unable to Provide Appropriate Proof  
A. Residency: A participant who has no current proof of residency, such as a victim of theft, loss, or disaster, a homeless individual, a migrant, or a person with a valid VOC, must provide a signed statement attesting to his/her residency.  
1. The statement must include the participant’s address, why written proof cannot be provided (i.e., theft, homeless), the date, and the participant’s signature. An optional form, Statement of No Proof (WIC-NP), is available for this purpose. Refer to Section 200 Certification Appendices.  
2. The statement applies to the entire certification period for which it was provided. At recertification, if the person still has no proof of residency, another statement must be obtained for this certification period.  
3. The statement must be filed in the patient’s medical record.  
4. The appropriate proof for statement of no proof must be entered in the residency proof field on the Income/Proofs screen.  
B. Identity: A participant who has no current proof of identity, such as a non-citizen, victim of theft, loss, or disaster, a homeless individual, a migrant, or a person with a valid VOC, must provide a signed statement attesting to his/her identity.  
1. The statement must include the participant’s name, why written proof cannot be provided (i.e., theft, homeless), the date, and the participant’s signature. An optional form,
Statement of No Proof (WIC-NP), is available for this purpose. Refer to Section 200 Certification Appendices.

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

3. The statement must be filed in the patient’s medical record.

4. The appropriate proof for statement of no proof must be entered in the identity proof field on the Income/Proofs screen.

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

1. The statement must include why written proof of income cannot be provided, (i.e., homeless, migrant), the date, and the participant’s signature. For zero income, an explanation of how living expenses are met must be included. An optional form, Statement of No Proof (WIC-NP), is available for this purpose. Refer to Section 200 Certification Appendices.

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

3. The statement must be filed in the patient’s medical record.

4. The appropriate proof for statement of no proof must be entered in the identity proof field on the Income/Proofs screen.
Policy 208
Homeless Participants

POLICY
Certify homeless participants and participants living in institutions for the full certification period for which they are eligible according to current WIC risk criteria.

PURPOSE
To ensure WIC Services reach a population in critical need. To implement federal regulations ensuring that WIC services benefit the participant and Local WIC Agencies remain in compliance with federal regulations when issuing benefits to those living in a homeless facility or institution.

RELEVANT REGULATIONS
7CFR 246.7 (e)(2)(iv) – Nutritional Risk
7CFR 246.7 (e)(4)(vii) – Nutrition Risk Priority System
7CFR 246.7 (m) – Certification of persons in homeless facilities and institutions

Attachment
Attachment A: Sample Memorandum of Understanding (MOU) from Local WIC Agency to Homeless Facility or Shelter

PROCEDURES
Homeless Individuals
Homeless Individual- A person who lacks a fixed and regular nighttime residence, or whose primary nighttime residence is one of the following:

A. A temporary accommodation for no more than 365 days in the residence of another individual.
B. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (such as parked cars, park benches, abandoned buildings, or campgrounds).
C. A supervised publicly or privately operated shelter designed to provide temporary living accommodations including but not limited to:
   1. hotels or motels paid for by Federal, State or local government programs or charitable organizations
   2. congregate shelters
   3. transitional housing
   4. group homes for foster children
   5. shelter for victims of domestic violence and abuse
   6. substance abuse facilities
   7. facilities for pregnant women
D. An institution is any residential accommodation that provides a meal service and temporary residence for individuals intended to be institutionalized. Exceptions include private residence and homeless facilities.

*Please note, the term “homeless individual” does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law 42 U.S.C 11302 (c).

Certification
A. Homeless participants living in situations described below, shall be screened for certification using regular procedures and all eligibility requirements must be met. Refer to Policy 206 Determining Household Size and Household Income.
   1. A temporary accommodation for no more than 365 days in the residence of another individual.
2. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (such as parked cars, park benches, abandoned buildings, or campgrounds).

B. If homeless participant is living in a shelter or institution as described above:
   1. Contact the homeless shelter or institution to ensure it meets all of the following requirements:
      a. WIC program services will benefit the participant, not the facility (WIC participants will be able to store and prepare WIC foods for their own consumption);
      b. WIC foods will not be used in communal feeding;
      c. The facility will not restrict the participants use of WIC services, for example, attending classes or shopping at WIC authorized vendors; and
      d. No financial or in-kind benefit shall be accrued from a person’s participation in WIC Program, e.g., by reducing its expenditures for food service because its residences are receiving WIC foods.
   2. If shelter or institution meets the requirements, screen and certify the participant for the full certification period for which the individual is eligible.
   3. All people in a homeless shelter, institution or group home cannot be considered members of one household for income eligibility.
   4. Factors such as lack of cooking facilities or storage space shall have no bearing on the eligibility determination process.

C. Documentation
   Keep a record of any type of contact with a facility or institution:
   1. Document the conversation, including the date and name of the person representing the facility if contact was by phone.
   2. Ask for a written response from the facility if contact was by letter. Refer to Attachment A for a sample of Memo of Understanding (MOU).

Compliance
A. To ensure compliance, the WIC agency/site shall:
   1. Assure eligible WIC participants from that facility are certified for the full period for which they are eligible if caseload slots are available, if not, the participant shall be placed on waiting list. Refer to Policy 706- Waiting List.
   2. The facility does not need to be contacted for each new participant from the facility.
   3. Shall contact the facility periodically to assure they are still in compliance with the agreed upon requirements.
   4. Request the facility to notify the WIC agency if the facility ceases to meet any of the WIC requirements.

B. If it is determined that a facility does not comply:
   1. Continue WIC benefits and services to any residents of that facility who are already certified for WIC for that certification period.
   2. Inform those participants that their WIC food benefits will cease after their current certification period, and refer them to other homeless facilities where they could continue to receive WIC food benefits.
   3. If the participant refuses to move to another facility that meets WIC requirements, or arrangements are not possible by the time next certification is due, the participant may be recertified, but no further WIC food benefits will be issued.
   4. Exceptions: Recertify residents of non-compliant facilities only for nutrition or breast feeding education services but not for WIC food benefits, the only exception is for infants, who may continue to receive infant foods and formula.
Referral/Outreach

A. The agency shall maintain a complete up-to-date referral list of facilities and institutions in the area that comply with the requirements so referrals can be made.

B. The agency shall include in its outreach efforts that availability of the WIC Program to homeless and institutional individuals. Provide information on participant eligibility requirements and the location to apply for WIC. Facility requirements shall be provided to organizations and agencies serving these individuals. Refer to Policy 703- Caseload Management- Outreach.
Attachment A: Sample Memo of Understanding (MOU)  
Between the Local WIC Agency and the Shelter or Homeless Facility

Date: _____________________

To: _____________________
  Facility/Shelter Name

From: _____________________
  _____________________
  _____________________
  _____________________
  Local WIC Agency/WIC Coordinator
  Address/Phone #

RE: WIC Services for your Residents

The Women, Infants, & Children Program (WIC) provides nutrition education, breastfeeding support, referrals and supplemental foods to lower-income mothers and children. Those on WIC can get foods such as eggs, fruit, vegetables, milk, cereal, cheese and more, which help these participants meet special dietary needs. Residents of your facility/shelter, who are pregnant women, or children up to five years of age, may be eligible for WIC services. Federal regulations require that WIC services benefit the WIC participant, not the facility that is housing them. This means:
1. The WIC participant will be able to store and prepare WIC foods for their own consumption.
2. WIC foods will not be used in communal feeding but shall be available exclusively to the WIC participant for whom they were issued.
3. No restrictions will be placed on the WIC participant’s use of WIC services. (WIC participants will be able to attend WIC nutrition education classes, shop or have authorized person shop, for them at WIC authorized stores.

An authorized signature below indicates that your facility is able and willing to comply with these conditions in order for eligible residents to participate in the WIC Program. The local WIC agency shall contact the facility periodically to establish and ensure compliance with the above conditions. The homeless facility shall notify the local WIC agency if the facility ceases to meet any of the above conditions.

_________________________  __________________________
Local WIC Agency  Name of Facility & Address

_________________________
WIC Program Coordinator

_________________________
Authorized Representative

_________________________  __________________________
Date  Date
Policy 209
Physical Presence Requirements

POLICY
All persons to be certified in the WIC Program must be physically present at each certification appointment unless an approved exception exists.

PURPOSE
To ensure a participant is physically present at certification appointments or that an exception is granted and documented. This is to maintain the integrity of the WIC program by helping to prevent fraud.

RELEVANT REGULATIONS
7 CFR 246.7 (i)(3) – Certification forms
7 CFR 246.7 (o) – Physical present at certification

PROCEDURES
Anyone applying for WIC must be physically present at each certification unless an exception applies. If staff know or believe an individual may be eligible for these exceptions, they must inform the participant or the participant’s guardian of the option for an exception. Scheduling shall take into consideration individual needs. Refer to Policy 202- Processing Standards.

General Policies
Documentation must be completed whether the participant was physically present at certification and, if not, the reason an exception was allowed.

A. Documentation of physical presence is entered into the system.
B. The certification label from this action will include the data for placement in the person’s medical record on the service notes (CH-3A). Refer to Patient Services Reporting System (PSRS), Patient Encounter Form (PEF), and Food Delivery and Data Section.

Exceptions
An exception may be allowed on an individual basis and the certification performed without the participant being physically present if the physical presence requirement presents an unreasonable barrier to participation. The reason for the exception must be entered into the system.

A. Disabilities (Code 1). A participant or parent/caretaker of a participant with a physical or mental disability that creates a current barrier to coming to the clinic.
   Disabilities include:
   1. Impaired functions such as caring for oneself, walking, seeing, hearing, speaking, breathing, learning, and working;
   2. A medical condition that necessitates the use of medical equipment that is not easily transportable;
   3. A medical condition that requires confinement to bed rest;
   4. A serious illness or medical condition that may be worsened by coming to the clinic;
   5. A serious illness that may be exacerbated by coming into the WIC clinic (i.e. an individual with compromised immunity such as an individual undergoing cancer treatment);
   6. A contagious illness that may be transmitted to others by coming to the clinic.

B. Receiving ongoing health care (Code 2). An infant or child who was present at his/her initial certification and is receiving documented ongoing healthcare.

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

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

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

   1. If the situation still applies at the Mid-Certification Health Assessment, the reason for the exception must be documented.

F. An exception to the physical presence requirement is applicable only for the certification period for which it was provided for short-term situations or conditions. At recertification, physical presence must be reassessed. A long-term or permanent condition may require an extended exception to the physical presence requirement.
Policy Number 210
Certification Periods

POLICY
Eligible individuals will be certified in the WIC program for a specified length of time. Certification period begins from the date of certification and is determined by category/status and in specific situations age.

PURPOSE
To ensure that participants are certified for the proper length of time.

RELEVANT REGULATIONS
7 CFR 246.7(g) – Certification Periods
Kentucky Administrative Regulations 902 KAR 18:021 Eligibility, Certification Periods, and time frames for processing participants

PROCEDURES
General Policies
A. A person certified as eligible may continue on WIC until the end of the certification period as long as the individual remains eligible and complies with Program rules and regulations. If a reason for eligibility or discontinuation of benefits occurs, appropriate action must be taken at that time regardless of the expiration of the certification period. Refer to Policy 705 - Ineligibility and Discontinuation of Benefits.
B. Recertification shall be scheduled prior to the end of the certification period to prevent interruption of benefits. Refer to Policy 202 - Processing Standards.
C. Each participant/caretaker must be informed that the certification period will expire a minimum of 15 days before the expiration. Verbal notice at the last food benefit pick up before the recertification due date is appropriate.
D. When there is difficulty in appointment scheduling for breastfeeding women, infants, and children, the certification period may be shortened or extended by thirty (30) days. The 30-day grace period cannot be used routinely.
   1. Food benefits must be provided when the 30-day grace period is used.
   2. If an assessment of eligibility was completed prior to the end of the certification period, and the patient is determined ineligible, the food benefit issuance and food package due for this certification period shall be given. It is not equitable to prematurely terminate benefits of participants who are given early appointments.
E. A person, who is terminated during certification period and later seeks WIC services shall be reinstated if there is still eligibility left, i.e., the certification period has not expired. All existing participant data in the system must still be applicable for a reinstatement to be used.
F. Required Notifications/Referrals
   1. Local WIC agency will develop a list of services available locally and update the list at least annually.
   2. At every certification, all WIC participants will be given written referral information about other health-related and public assistance programs (Medicaid, SNAP, immunizations, etc.) and when appropriate, shall refer applicants/participants to such programs.
   3. Participation in other services shall not be required in order to receive WIC benefits, nor can WIC benefits be withheld pending other services.
   4. Pregnant women shall be screened for Medicaid Presumptive Eligibility if provided by the site; or referred to the appropriate agency for this determination.
   5. Immunization records shall be requested for infants and children applying for WIC and the records assessed for immunization status. Referrals shall be made as appropriate. Refer to the AR Training Guidelines and Program Descriptions.
6. Participants found to be ineligible for WIC services or participants who are placed on waiting lists will be given referrals to other appropriate services.

Certification Periods

Women

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

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

C. Breastfeeding women are certified until the infant’s first birthday as long as they continue to breastfeed. Twelve months is computed from the actual date of delivery entered in the system.
   1. If the woman stops breastfeeding before six (6) months postpartum, she may continue on WIC as a postpartum woman if she meets postpartum risk criteria. If she is more than six (6) months postpartum and stops breastfeeding, she is no longer categorically eligible and must be terminated.
   2. If the infant has not had his/her first birthday and the breastfeeding woman is not receiving food benefits, but the infant is receiving a full formula package, continue certification as breastfeeding. Terminate when breastfeeding ends or at the infant’s first birthday.

Infants

A. Infants less than six (6) months at the time of certification are certified for a period of up to 12 months. Twelve months of age is computed from the date of birth entered in the system. Infants must be recertified at 12 months as a child to continue on WIC.

B. Infants six (6) months of age and over are certified for a six (6) month period. Six months is computed from the certification date. At six months, recertification must be done to continue on WIC.
   1. Infants enrolled and participating at twelve (12) months of age must be changed from infant status to child status. This is done through an Infant/Child Transfer (ICT). Refer to Policy 201- Status and Priority.

Children

A. Children are certified for intervals of 12 months up to the fifth birthday. The certification period ends on the fifth birthday, but the child is eligible to receive food benefits with a first day to use prior to the birth date. The fifth birthday is computed from the date of birth entered in the system.

Transfers

A. Certification for WIC participants who transfer in from another WIC Program in Kentucky or any other state, remains valid until the end of the participant’s original certification period as indicated on a valid Verification of Certification (VOC).

See Reference Tables below for a quick resource on Certification Eligibility, Status Changes that Require a Certification, Status Changes that do not Require a Certification, Steps in Breastfeeding Dyad Certification Process.
# Eligibility Certification Schedule

<table>
<thead>
<tr>
<th>Ages/Status</th>
<th>Eligibility/Certification Schedule</th>
<th>Recertification Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant Woman</td>
<td>- From certification up to six (6) weeks post-delivery</td>
<td>- Recertify as postpartum or breastfeeding woman</td>
</tr>
<tr>
<td>Postpartum Woman</td>
<td>- From certification to six (6) months from termination of Pregnancy</td>
<td>- No recertification</td>
</tr>
</tbody>
</table>
| Breastfeeding Woman | - Birth of infant to one (1) year of age of child as long as breastfeeding                          | - No recertification as certification period is one year post-delivery as long as breastfeeding the infant one time per day.  
|                     | - Breastfeeding Certification Process                                                               | - Mid-Certification Health Assessment (MCHA) provided between the fifth and seventh month of certification period.  
|                     |                                                                                                     | - If breastfeeding is discontinued and woman is:                                            |
|                     |                                                                                                     |   - < six (6) months post-delivery, change to Postpartum woman,                             |
|                     |                                                                                                     |   - ≥ six (6) months post-delivery, terminate from the program                              |
|                     |                                                                                                     | **Note:** Infant medical record must be reviewed. Determine if fully breastfed, supplemental or full formula package needs to be issued. |
| Infants             |                                                                                                     |                                                                                           |
| Birth to < 6 months | - To one (1) year of age                                                                            | - Recertify at one (1) year of age                                                         |
| > 6 months old      | - For six (6) months                                                                               | - Mid-Certification Health Assessment (MCHA) provided between the fifth and seventh month of certification period. |
|                     |                                                                                                     | - Recertify as child after six (6) months                                                   |
| Child               |                                                                                                     |                                                                                           |
| 1 year to 5 years   | - For twelve (12) month periods up to five (5) years of age                                         | - Recertify at twelve (12) month intervals                                                |
|                     |                                                                                                     | - Mid-Certification Health Assessment (MCHA) provided between the fifth and seventh month of certification period. |
### Status Changes That Require Recertification

<table>
<thead>
<tr>
<th>From Status</th>
<th>Eligibility/Certification Schedule</th>
<th>To Status</th>
<th>Recertification Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant Woman or Pregnant with Multiples</td>
<td>• Duration of pregnancy up to six weeks post-delivery (computed based on EDC)</td>
<td>Any Breastfeeding Status:</td>
<td>• Recertify to appropriate Breastfeeding status.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Partially Breastfeeding</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Partially Breastfeeding Multiples</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Fully Breastfeeding</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Fully Breastfeeding Multiples</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Postpartum</td>
<td>Recertify as postpartum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Birth of infant up to one (1) year of age as long as Breastfeeding continues (computed from the actual date of delivery)**</td>
<td>Recertify to appropriate Pregnant status.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Mid-Certification Health Assessment (MCHA) provided between the fifth and seventh month of certification period.</td>
<td></td>
</tr>
<tr>
<td>Postpartum Women</td>
<td>• From certification to six (6) months from termination of Pregnancy (computed from the actual date of delivery)</td>
<td>Pregnant or Pregnant with Multiples</td>
<td>Recertify to appropriate Pregnant status.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Child</td>
<td>Recertify at one (1) year of age.</td>
</tr>
<tr>
<td>Infants</td>
<td>• To one (1) year of age</td>
<td>Child</td>
<td>Recertify as child after six (6) months.</td>
</tr>
<tr>
<td>Birth to &lt; 6 months</td>
<td>• Mid-Certification Health Assessment (MCHA) provided between the fifth and seventh month of certification period.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• For six (6) months</td>
<td>Child</td>
<td></td>
</tr>
<tr>
<td>≥ 6 months old</td>
<td></td>
<td>• Recertify at twelve (12) month intervals.</td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>• For twelve (12) month periods up to five (5) years of age.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>1 year to 5 years</td>
<td>• Mid-Certification Health Assessment (MCHA) provided between the fifth and seventh month of certification period.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Status Changes That Do Not Require Recertification

If the status of a breastfeeding woman changes during the breastfeeding certification period the change shall be processed by editing the certification record that corresponds to the certification period. If the status of an infant changes during the infant certification period the change shall be processed by editing the certification record that corresponds to the certification period.

<table>
<thead>
<tr>
<th>Change Status From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any breastfeeding status:</td>
<td></td>
</tr>
<tr>
<td>• Partially Breastfeeding</td>
<td></td>
</tr>
<tr>
<td>• Partially Breastfeeding Multiples</td>
<td></td>
</tr>
<tr>
<td>• Fully Breastfeeding</td>
<td></td>
</tr>
<tr>
<td>• Fully Breastfeeding Multiples</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Postpartum (stops BF before 6 months postpartum, change status to postpartum must meet postpartum risk criteria).</td>
</tr>
<tr>
<td></td>
<td>NOTE: If more than 6 months postpartum and stops breastfeeding-Terminate.</td>
</tr>
<tr>
<td></td>
<td>Any other breastfeeding status:</td>
</tr>
<tr>
<td></td>
<td>(Partially Breastfeeding, Partially Breastfeeding Multiples, Fully Breastfeeding, Fully Breastfeeding Multiples)</td>
</tr>
<tr>
<td></td>
<td>Any other infant status:</td>
</tr>
<tr>
<td></td>
<td>(Infant Fully Breastfed, Infant Partially Breastfed, Infant Fully Formula Fed)</td>
</tr>
</tbody>
</table>

Breastfeeding DYAD Certification Process

<table>
<thead>
<tr>
<th>Situation</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusively Breastfeeding (no formula feeding)</td>
<td>• Certify <strong>woman</strong> as Fully Breastfeeding woman. See WIC Policies for Prescribing Food Packages.</td>
</tr>
<tr>
<td></td>
<td>• Certify <strong>infant</strong> as Fully Breastfed - no WIC food is to be issued to the infant until the appropriate age. See Recommendations For Food Package Selection.</td>
</tr>
<tr>
<td>Breast and Formula Feeding</td>
<td>• Certify <strong>woman</strong> as Partially Breastfeeding. See WIC Policies for Prescribing Food Packages and provide appropriate woman package based upon amount of formula the infant is receiving.</td>
</tr>
<tr>
<td></td>
<td>• Certify <strong>infant</strong> as Partially Breastfed and provide partial or full formula package based on name of product and appropriate policies. See Recommendations for Food Package Selection.</td>
</tr>
<tr>
<td>Birth to 6 months post-delivery</td>
<td>• Infant receiving partially breastfeeding formula package</td>
</tr>
<tr>
<td></td>
<td>➢ Continue infant certification as Partially Breastfed infant until breastfeeding ends or at 1 year post-delivery. See Recommendations for Food Package Selection.</td>
</tr>
<tr>
<td></td>
<td>➢ Continue certification of woman as Partially Breastfeeding and continue food benefits for breastfeeding mother until breastfeeding ends or at 1 year post delivery. See Recommendations for Food Package Selection.</td>
</tr>
<tr>
<td>Breast and Formula Feeding</td>
<td>• Infant receiving full formula package</td>
</tr>
<tr>
<td>≥ 6 months post-delivery</td>
<td>➢ Continue infant certification as partially breastfed infant until breastfeeding ends or at 1 year post-delivery. See Recommendations for Food Package Selection.</td>
</tr>
<tr>
<td></td>
<td>➢ Continue certification of woman as partially breastfeeding until breastfeeding ends or at 1 year post-delivery. <strong>Mother will not receive food benefits at 6 months or more post-delivery. Mother will continue to receive nutrition education.</strong></td>
</tr>
</tbody>
</table>
Policy 211
Rights and Responsibilities

POLICY
Applicants and participants have certain rights and responsibilities in the WIC Program. Local WIC agencies shall inform WIC applicants and participants of these rights.

PURPOSE
To ensure that WIC applicants and participants are fully informed of their rights and responsibilities in the program.

RELEVANT REGULATIONS
246.7 (i)(10) – Certification Forms and supporting Information
246.7 (j)(1) – (9) – Notification of Participant Rights and Responsibilities
246.7 (j)(4) – Explanation of Food Delivery System and Health Services Available
246.10(b)(2)(ii)(D) – Supplemental Foods
902 KAR 1:400 KY Administrative Hearings, Chapter 18 WIC Program: 040 Fair hearing procedures for participants
Civil Rights Act 1964 (Title VI)
Administrative Reference Section: Training Guidelines and Program Descriptions: WIC Program
Administrative Reference, Patient Services Reporting System, Form CH-5 and CH-5WIC and Form CH-5B

PROCEDURES
At every certification local program staff must inform all applicants, participants or their parent/caretaker of their rights and responsibilities in the WIC Program. Documentation of informing the applicants/participants of their rights and responsibilities must be maintained in the person’s medical record.

General Policies
A. Applicants and participants, or their parent/caretaker, must be informed of the rights and responsibilities during a certification. Refer to Kentucky eWIC Benefits Pamphlet, eWIC-1 (Rights and Responsibilities) and Section 200 Certification Appendices, Participant Rights and Responsibilities Info Sheet.
B. Documentation of informing applicants and participants of their rights and responsibilities must be in the medical record.
C. Any applicant/participant determined ineligible, denied WIC services, disqualified or suspended from WIC, or asked to repay the cash value of improperly redeemed WIC food instruments must be provided a hearing to appeal the decision if desired and must be provided the WIC Program Fair Hearing Procedures. The WIC Program Fair Hearing Procedures are included on the “WIC Program Notice of Ineligibility” (WIC 54). Refer to Policy 705 Ineligibility and Discontinuation of Benefits.
D. Procedures for Fair Hearings are in the Administrative Reference Section: Training Guidelines and Program Descriptions: WIC Program, WIC Program Fair Hearing Procedures are also part of Administrative Regulation 902 KAR 4:040.
E. WIC Fair Hearing procedures must be displayed in the clinic and/or waiting area. A fair Hearing Procedures Poster is available from the State WIC office. Refer to Section 200 Certification Appendices.
F. Each agency must have a current list of WIC contracted vendors and provide the list to eligible participants to inform them where food benefits can be redeemed.
G. WIC program services and operations shall comply with the Civil Rights Act of 1964. Refer to Administrative Reference, Section: Personnel, Civil Rights.

H. The WIC Participation by Race/Status report shall be reviewed to ensure appropriate racial representation.

Participant Notification and Documentation Requirement

A. All applicants, participants, or their parent/legal representative/caretaker, must read or have read to them, the WIC Rights and Responsibilities section on the Registration/Authorization/Certifications and Consents form (CH-5 or CH-5WIC). Refer to Administrative Reference, Patient Services Reporting System (PSRS), Form CH-5 and CH-5WIC and Form CH-5B.

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

C. All applicants/participants determined eligible or the parent/legal representative/caretaker must be provided the Kentucky eWIC Benefits Pamphlet, eWIC-1 (Rights and Responsibilities) and the information contained within explained to them. The eWIC Benefits Pamphlet includes the rights and responsibilities and how to use the eWIC card/food instrument. Refer to Section 200 Certification Appendices.

D. At initial certification, all applicants determined eligible or the parent/legal representative or caretaker, must be provided the Kentucky WIC Approved Food List and a current list of approved vendors where food instruments are accepted. Refer to the 800 Food Delivery Data Section Appendices. The rights and responsibilities are available as an information sheet for use when the eWIC Benefits Pamphlet is not appropriate. Refer to the 200 Certification Appendices.

E. All applicants/participants determined ineligible, denied or discontinued WIC, or imposed a claim must be provided a completed “Notice of Ineligibility” (WIC 54). The copy of the WIC-54 must be filed in the medical record. Refer to Policy 705- Ineligibility and Discontinuation of Benefits and the 200 Certification Appendices.

F. The “And Justice for All” poster shall be prominently displayed in a clinic location visible to all applicants and participants. The poster is available from the State WIC Office. Refer to Section 200 Certification Appendices and the Administrative Reference, Section: Personnel, Civil Rights.

Confidentiality

Policy 212
Voter Registration

POLICY
Local WIC agencies will provide potential voters with the opportunity to register to vote and submit completed registrations forms to the State Board of Election office or to the county clerk’s office if the clerk accepts without regard to participant’s residence.

PURPOSE
To comply with the National Voter Registration Act (NVRA) and increase the number of Americans registered to vote.

RELEVANT REGULATIONS
PL 103-31 – National Voter Registration Act of 1993
KRS Chapter 116 – Voter Registration

PROCEDURES
General NVRA Information
A. The Voter Registration Policy applies to all WIC program applicants/participants regardless of WIC program eligibility determination and whether an applicant/participant chooses to register to vote or not, the choice will not affect WIC Program Services.
B. Voter registration or the option to update current registration shall be provided to other persons eighteen (18) years old or older that requested to apply to register to vote.
C. The NVRA specifies that any person who provides voter registration services is prohibited from:
   1. Seeking to influence a participant’s political reference or party designation.
   2. Displaying any such political preference or party allegiance.
   3. Making any statement to a participant or take any action to discourage the participant from registering to vote.
   4. Making any statement to a participant or take any action to lead the participant to believe that a decision to register or not register, has any bearing on the availability of WIC services.
   *Furthermore, The NVRA sets forth criminal penalties for noncompliance with these mandates.

Clinic Staff Responsibilities
A. Offer Voter Registration to all individuals who are 18 years old or older at certification, recertification and when an address change and/or VOC transfer occurs.
B. The Voter Registration Rights and Preference form (WIC 53) form shall be provided to the applicant/participant to complete each time voter registration is offered. This form provides their rights concerning registering to vote and documents the opportunity to register or decline.
C. The completed WIC 53 shall be filed in a voter registration file by calendar year and retained for 2 calendar years. A copy of WIC 53 must be given to the individual. Refer to Section 200 Certification Appendices.
D. A Voter Registration Application (SBE01) form shall be provided to every applicant/participant who answers “YES” to the Voter Preference Question. Refer to Section 200 Certification Appendices.
E. The completed voter registration (SBE01) shall be accepted by WIC staff and sent to the election official. Unless the individual chooses to take the voter registration with them to complete and mail to their respective county clerk or elections office. The individual cannot be required to mail the form.
F. WIC staff must provide the same amount of assistance to a potential voter completing the voter registration form as they would to someone completing WIC forms, unless the applicant/participant refuses it.

G. If the individual refuses to read the WIC 53 form, designate preference, or sign the form, staff shall record the applicant/participant’s name, and note the refusal date on the WIC 53. Two (2) staff shall sign and date the form.

H. Voter Registration applications and WIC 53 forms shall be kept confidential and used for no purpose other than voter registration.

**Completed Voter Registration Forms**

A. Completed voter registration forms shall be sent at least weekly, except prior to an election when forms shall be sent within five (5) days of the deadline for registration (typically 28 days prior to the election). Refer to Section 200 Certification Appendices.

B. Forms may be mailed to the county clerk if the clerk accepts them without regard to the participant’s residence. If not, completed voter registration forms must be sent to the State Board of Elections, 140 Walnut Street, Frankfort, Kentucky 40601.

C. If you are unsure about the validity or accurateness of the information on the completed voter registration form, send to the local elections office and let them make the decision about the validity of the registration.

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

**System Procedures for Voter Registration**

A. If the applicant/participant’s date of birth and reason for visit code of WIC/Cert/Recert/ WIC VOC is in the system, a message returns if voter registration is required within the calendar year. Refer to Patient and Services Reporting System "Reason for Visit Codes."

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

C. If the system is unavailable, and the applicant/participant request to complete the voter registration application, provide the State Board of Elections form, the SBE 01. Enter NO for printing the form.

D. On the registration screen, complete “Apply to Vote” field with the applicant/participant’s preference as indicated on the WIC 53- Y for yes or N for no. If the applicant/participant refused to complete the WIC 53, put “NO” in the field.
   1. If Apply to Vote is No, the process is complete. See number 4 below.
   2. If Apply to Vote is Yes, put Y in the “Print Form” field to print the system voter registration application form. The system form is printed with the applicant/participant’s name, social security number, date of birth, county of residence, mailing address, sex, phone number and date. If a post office box is provided, a residential address shall be included in the secondary field. Refer to Section 200 Certification Appendices.
   3. Give the system form to the applicant/participant to complete party affiliation, residence address if different from mailing address, read and sign.
   4. Provide a copy of the WIC 53 to the applicant/participant. File a copy in the Voter Registration file.
Policy 213
Proxy

POLICY
A woman participant, parent, legal representative or caretaker of an infant or child participant may designate an individual to act as a proxy when they are unable to attend their WIC appointments. A proxy may attend subsequent certifications, mid certification health assessments (MCHA), or nutrition education, pick up food benefits and shop for WIC approved foods.

PURPOSE
To provide an alternative procedure and minimize barriers for participants to receive WIC benefits.

RELEVANT REGULATIONS
7CFR 246.2 – Proxy Definition
7CFR 246.12 (r) – Issuance of food instruments, cash-value and authorized supplemental foods.
7CFR 246.12 (r) (1) – Food Delivery Systems

PROCEDURES
Proxy
A. The woman participant, parent, legal representative or caretaker shall be informed of the right to a proxy and of the proxy responsibilities during the certification visit.
   1. Proxies may be designated by the woman participant, parent, legal representative or caretaker:
      a. At the time of certification and reviewed annually, recommended at certification or when a change is indicated.
      b. By completing the WIC Proxy Authorization form which is filed in participant medical record
      c. Upon presentation of a letter/note signed and dated by woman participant, parent, legal representative or caretaker indicating the name of the individual designated as the proxy.
      d. Proxy designee(s) may be updated at any time.
      e. Designated proxies have the same level of responsibility as the participant, parent, legal representative or caretaker and will be held to the same standard of conduct.
      f. Refusal to designate a proxy must be documented in the participant’s medical record.

B. A person presenting at the local WIC agency as a proxy shall be asked to show identification to assure that he/she is the authorized proxy, prior to providing services including the issuance of benefits.

C. A proxy cannot be issued a WIC electronic benefits transfer (EBT) card or assigned their own pin number. The participant, parent, legal representative and caretaker are the only authorized individuals to receive WIC EBT cards and pin numbers.

D. For persons presenting to clinic not authorized on the Kentucky WIC Proxy Authorization form, a verbal proxy authorization from the woman participant, parent, legal representative or caretaker can be obtained in order for the person to be designated as a proxy.
   1. The verbal proxy authorization must be documented on the Kentucky WIC Program Authorization form in the “verbal authorization” section.
   2. The individual granting verbal proxy authorization must be informed that the intent of the authorization will allow the said proxy to obtain WIC benefits, nutrition education and shop for WIC approved foods.

E. The woman participant, parent, legal representative or caretaker is responsible for proper use of food benefits, is liable for any resulting sanctions, and understands that WIC will be unable to replace any food benefits used improperly or not made available to the WIC participant by the
proxy. Refer to Policy 303- Program Integrity- Participant Violation and refer to the Proxy Form in the 200 Certification Appendices.
Policy Number 214
Hospital Certification Requirements

POLICY
WIC services may be provided in the hospital when the need exists. Certification in the hospital shall expedite services and target new WIC participants. A needs assessment and Local WIC Agency hospital certification policies and procedures must be submitted to the State WIC Office for review and approval.

PURPOSE
Hospital certifications shall target newborn infants of mothers on WIC and new mothers that were not WIC participants during their pregnancy.

RELEVANT REGULATION
7 CFR 246.6 (f) – Agreements with Local WIC Agencies, Outreach/Certification in Hospitals
246.4 (27-iii) (13-xiii) – State plan.
248.17 – Management evaluations and reviews.
PL 103-31 – National Voter Registration Act of 1993
KRS Chapter 16 – Voter Registration
246.7 (k) – Certification of participants (VOC)
247.37 – Civil rights requirements
Administrative Reference, Patient Service Reporting System, Household Size and Household Income

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

PROCEDURES
A. Identification of the applicant/participant being certified must be requested. If proof of identity is presented, the appropriate proof code shall be documented on the CH-5, CH-5WIC or CH5-B. The hospital record, birth card, crib card, or identification bracelet is acceptable. If no documentation of identity is seen, the hospital certification code of 24 is used for the identity proof code on the CH5-B. If the situation exists that proof of identity for the woman being certified cannot be provided, follow procedures as outlined in Policy 207- Required Proofs Not Present.

B. Income eligibility must be determined and documented on the CH-5, CH-5WIC or CH5-B. Determine if the applicant qualifies due to adjunct eligibility. If so, document the appropriate code on the CH-5, CH-5WIC or CH5-B. If the applicant/participant states she is Medicaid eligible, verify this through KY Health-Net, Voice Response, or DCBS. If adjunct eligibility does not apply, household income information must be gathered to determine income eligibility. If proof of income is presented, document the proof code(s) on the CH-5, CH-5WIC or CH5-B. If proof is not presented, the participant/caretaker must self-declare household income. The hospital certification code 24 is used as the proof code. If the situation exists that proof of household income cannot be provided, follow procedures as outlined in Policy 207- Required Proofs Not Present.

C. Residence must be documented on the CH-5, CH-5WIC, or CH5-B and residence requirements must be met. Proof of residence shall be obtained if possible, i.e., if the participant/caretaker has proof with her or if staff has access to the hospital record. In this situation, the appropriate proof code shall be recorded on the CH-5, CH5WIC or CH5-B. If no documentation of residence can be presented, the participant must self-declare the address. The hospital certification code of 24 is used for the type of proof for residence as documented on the CH-5, CH-5WIC or CH5-B. If
the situation exists that proof of residence cannot be provided, follow procedures as outlined in Policy 207- Required Proofs Not Present.

D. Physical presence must be documented. Since the health professional is at the hospital, the participant shall be seen and physical presence answered “yes.” Refer to Policy 209- Physical Presence Requirements.

E. A hospital certification done without the required proof for residence, identity, and/or income is for thirty (30) days. Proof must be presented in this 30-day period to continue the certification.
   1. The applicant/participant/caretaker must be informed that the certification is for 30 days and that proof must be presented in the 30-day period to continue the certification.
   2. If all proof was presented, the certification is treated the same as any other certification.
   3. It is the responsibility of the site to track hospital certifications done without proof and ensure proof is presented prior to issuing food benefits past the 30 days.
   4. If proof is not presented within the thirty (30) day period or proof does not support eligibility, the participant shall be determined ineligible and terminated from WIC with no further food benefits. Refer to Policy 705- Ineligibility and Discontinuation of Benefits.
   5. If the participant was terminated for not bringing proof within the thirty (30) day period and later brings the proof that supports eligibility, he/she shall be reinstated if eligibility remains in the certification period. Refer to Food Delivery/Data Section.

F. Initial certification at the hospital for women age 18 and over must include voter registration. Refer to Policy 212- Voter Registration.

G. Nutritional risk must be determined and documented. If the health professional has access to the hospital record, information may be obtained from that record. All required medical and nutritional information must be documented in the medical record. If any data cannot be obtained, document the reason in the medical record.

H. Issue food benefits. Coordinate issue dates with household members if applicable. If all required proof was seen, issue food benefits for the appropriate number of months. If the certification is pending any proof requirement, a maximum of one month of benefits can be issued. The person receiving the food benefits must present proof of identity if proof was not previously presented. The type of proof presented must be reviewed and documented in the system. Food benefit issuance must be documented in the medical record. Refer to Policy 803 Issuance of Benefits and Assigning Issue Dates.

I. All appropriate forms must be completed and filed in the participant medical record. Medical record documentation must be completed and all labels placed in the participant medical record in a timeframe not to exceed one week.

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

**Verification of Certification (VOC) & Hospital Certifications**

A. Patients in the hospital may live outside the agency service area.
   a. If hospital patients outside the local WIC agency’s service area are certified, only one (1) month of food benefits can be issued.
      i. Upon certification a VOC must also be issued to the participant.
      ii. The participant shall be instructed to contact the local service agency in the area where they reside.
   b. If hospital patients outside the local WIC agency’s service area are not certified, they shall be provided information about WIC and referred to the agency in their county of residence.
B. Women and infants who are initially certified in a hospital must be transferred to a receiving clinic if applicable, for follow-up WIC appointments and services at the clinic of their choice. Any food package changes made after a participant’s hospital discharge will be made at the receiving clinic. It is the responsibility of the receiving clinic to provide breastfeeding follow-up according to state and district standards. Refer to Policy 204- Transfer/VOC.

Storage and Security of Food Benefits
Storage and security of participant information, WIC equipment, and eWIC cards must be ensured at all times. eWIC cards may be assigned from a site’s inventory or a separate site may be established if appropriate.

Separation of Duties/Conflict of Interest
If one staff member is determining eligibility and issuing food benefits at a hospital certification, records for the certification and issuance must be reviewed and signed by the WIC coordinator or designee within two weeks of the date of service and documented in the medical record. Procedures must also be in place to provide WIC services to employees, and relatives and household members of employees without a conflict. Refer to Policy 301-Program Integrity-Conflict of Interest and Policy 302-Program Integrity- Separation of Duties.

Quality Assurance
In conjunction with quality assurance reviews, local WIC agencies are responsible for ensuring that WIC operations are reviewed in the hospital and an Internal Review must be done at a minimum of every two (2) years. This must cover local management, memorandum of understanding agreements, certification, nutrition education, participant services, civil rights, food delivery and eWIC card benefit accountability, and financial management. The individual performing the review cannot be a person that provides services in the entity being reviewed. A form or forms must be used to document review content and findings. The agency may develop review forms for this purpose or may request State WIC Office forms. Identified deficiencies must be corrected promptly by the local WIC agency. Documentation of the internal reviews must be maintained for five (5) years. Refer to the AR, Section: Accreditation and Quality Assurance/Quality Improvement and Refer to Policy 305- Program Integrity- Internal Review.

Civil Rights
State and local WIC agencies must also comply with the Department's regulations on nondiscrimination (parts 15, 15a, and 15b of this title), and with the provisions of FNS Instruction 113-1, including the collection of racial/ethnic participation data and public notification of nondiscrimination policy. State and local WIC agencies must ensure that no person shall, on the grounds of race, color, national origin, age, sex, or disability, be subjected to discrimination under the program.
Policy Number 215
Certification Risk Assessment

POLICY
Local WIC Programs shall assess nutrition risk during the certification process to determine eligibility for WIC participation.

PURPOSE
To ensure that all participants receive accurate and uniform assessment and education concerning their nutrition related health needs.

RELEVANT REGULATIONS
246.7(e) – Nutritional Risk
WIC Consolidated Regulations-2007

PROCEDURES
Overview
Applicants who meet the WIC program’s category and income eligibility standards must be determined to be at nutrition risk prior to receiving program benefits. Data collection and evaluation must occur during the certification to determine nutrition risk. A complete assessment must be done prior to providing counseling, referrals or nutrition education. A full assessment must include:

A. Evaluation of height/length and weight measurements
   1. See Policy 216-Anthropometric Screening for requirements.
B. Evaluation of hemoglobin/hematocrit test results
   1. See Policy 217-Hemoglobin/Hematocrit for requirements.
C. Review applicants health history and current health status
D. Review typical daily intake and feeding patterns
E. Consideration of infant/child development
F. Discussion of environmental, safety and social factors that may affect nutrition.

Data Collection and Evaluation
Accurate measures, hemoglobin/hematocrit, dietary and health information must be collected. The certifying health professional will review this information during the certification process. All data will be compared to established standards for risk assignment. Eligibility will be determined based on this evaluation.

Referral Data
Using Previous Data
A. Participants may bring data from their physician or health care provider to avoid duplication of medical procedures.
   1. Height/length and weight measurements can be collected up to 60 days before the certification or mid-certification health assessment date.
   2. Hemoglobin/Hematocrit data can be collected up to 90 days before the certification or mid-certification health assessment date.

When to Obtain Data
A. Federal regulations allow blood work to be collected within 90 days after the certification date if the applicant has at least one qualifying risk factor at the time of certification.
B. Data for pregnant women must be obtained during the pregnancy.
C. Data for postpartum and breastfeeding women must be collected after the delivery.
D. Data for infants must be collected during infancy.
E. Data for a child must be collected while the participant is a child, although anthropometric measures taken at 11 months of age may be used to certify a 12 or 13 month old child.

**Anthropometric Assessment**
Obtain accurate height or length and weight measures for each participant at each certification or mid-certification health assessment according to the guidelines in Policy 216-Anthropometric Screening.

**Hemoglobin/Hematocrit Assessment**
Obtain hemoglobin or hematocrit data at certification or mid-certification health assessments according to the guidelines in the Policy 217-Hemoglobin and Hematocrit.

**Health Assessment**
Conduct interviews and complete the health risk assessment in the system for each participant’s certification. Utilize additional probing questions about the participant’s health history and current health status to determine the complete nutrition risk assessment and assign all appropriate risks.

**Immunization Assessment**
Immunization records shall be requested for infants and children applying for WIC and the records assessed for immunization status. Referrals shall be made as appropriate.

**Documentation of Medical Home**
Document participant’s Medical Home or Primary Care Physician, referral shall be made as appropriate.

**Diet Assessment**
Conduct interview and complete a diet assessment for each participant at the certification visit. Utilize additional probing questions about the participants feeding behaviors and diet to determine the complete nutrition risk assessment and assign all appropriate risks.

**Self-reporting Diagnosis**
A diagnosis by a medical professional may be self-reported by the applicant/participant/caregiver unless otherwise indicated.
A self-reported medical diagnosis may prompt the health professional to ask more probing questions (whether condition is managed by medical professional, how to contact the professional, is condition controlled by diet or medication, what has been prescribed) for determining risk.
A referral diagnosis from a medical professional of an allowed nutritional risk shall be assumed to meet the definition.

**Food Package Assignment/Nutrition Counseling**
A Certifying Health Professional must assign a food prescription in compliance with Policies for Prescribing Food Packages and provide nutrition education counseling.

**Ineligibility**
Any applicant/participant not eligible at a certification visit must be provided the WIC-54 (Notice of Ineligibility).
## WIC Certification Assessment Policies

<table>
<thead>
<tr>
<th>Situation</th>
<th>Action</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutritional Risk Priority</strong></td>
<td>If more than 3 risks, enter 3 with highest priority based on Nutritional Risk Code by Status and Priority. Highest priority for nutritional risk(s) will be assigned by computer.</td>
<td>Data may be obtained during certification period which changes priority. If new risks are found, document in medical record, provide appropriate nutrition education and submit “C” action if it will increase priority.</td>
</tr>
<tr>
<td><strong>Pregnant woman has been admitted to the Program and the pregnancy is later questioned.</strong></td>
<td>Obtain supporting medical documentation (e.g. physician statement, positive pregnancy test, etc.).</td>
<td>If pregnancy substantiated, continue certification period. If pregnancy is unsubstantiated, terminate from WIC and complete/provide WIC-54 (written notice and right to fair hearing).</td>
</tr>
<tr>
<td><strong>Infant eligible for more than 6 months with:</strong> (a) No preventive health care or receiving healthcare at health department. (b) Preventive care by Physician.</td>
<td>(a) Advise of other health care services (e.g., Well Child, EPSDT, immunizations, etc.) Refer to physician, if appropriate. (b) Document receiving health care by a physician.</td>
<td>Document referrals in medical record.</td>
</tr>
</tbody>
</table>
Policy 216
Anthropometric Screening

POLICY
Appropriate procedures and equipment will be used to obtain participant weight, length or height measurements in WIC Clinics.

PURPOSE
To ensure consistent and accurate measurements are used to determine program eligibility.

RELEVANT REGULATIONS
246.7(e)(1)(i)(A) and (B) – Required nutritional risk data
246.7(e)(1)(ii)(A) – Weight and height or length
246.7(e)(2)(i)(A) – Nutritional Risk Criteria

PROCEDURES
Allowable Equipment
Using appropriate medical grade equipment to obtain anthropometric measurements is essential for accuracy. Accurate weight and height or length measurements are required for determining risk assignment associated with eligibility screening during each certification and mid-certification health assessment.

A. Weigh infants and children under the age of two years on pediatric balance beam or electronic scale.
B. Weigh children over the age of two years and women on adult balance beam or electronic scale that are placed on a hard surface.
C. Measure infants and children under the age of two years laying on a recumbent measure board with a stationary headboard and a sliding vertical foot board that is placed on a flat surface.
D. Measure children over age two years and women in a standing position with a graduated rule or tape attached to the wall and a flat surface that is placed horizontally on top of the head.
E. Measure children between the ages of 2 years and 3 who cannot stand unassisted on a recumbent measure board with a stationary headboard and a sliding vertical foot board that is placed on a flat surface.

Equipment Maintenance
All scales used for weighing participants must be professionally calibrated annually. Date of the most recent calibration must be affixed to the equipment. Scales found to be out of calibration must be repaired, or replaced if damaged or defective, in a timely manner.

Appropriate Measuring Techniques
Height
A. Children less than two years of age and age 2 years to 3 years who cannot stand unassisted.
   1. Lay the child flat against the center of the board.
   2. The head shall be held against the headboard by the parent or an assistant and the knees held so that the hips and knees are extended.
   3. The foot piece is moved until it is firmly against the child’s heels.
   4. Read and record the measurement to the nearest 1/8 inch.
B. Children over age two years and women
   1. Obtain a standing height.
   2. The participant is to be wearing socks or be bare foot. Shoes must be removed.
   3. Participants shall remove hats, glasses or any hair accessories that could hinder an accurate measurement from top of head.
   4. Have the participant stand with head, shoulder blades, buttocks and heels touching the wall.
   5. The knees are to be straight and feet flat on the floor.
   6. Participant shall be asked to look straight ahead.
   7. The flat surface is lowered until it touches the crown of the head, compressing the hair.
   8. Read and record the measurement to the nearest 1/8 inch.

Weight
A. Prior to obtaining weight measurements, make sure the scale is “zeroed”.
B. Weigh infants only wearing a dry diaper or light under garments.
C. Weigh children and women after removing outer clothing and shoes.
D. Have the participant stand in the middle of the scale.
E. Read the measurement immediately and record the measurement.

Medical Data Requirements by Status
Measurements must be completed at the certification or mid-certification health assessment, must be reflective of the current status and documented in the participants medical record.

A. Pregnant Women
   1. Height and weight taken during this pregnancy
      a. Height and weight may be performed at visit or may be referral data if less than 60 days from certification date.
   2. Pre-pregnancy weight recorded by referral data or self-reported
B. Breastfeeding and Postpartum Women
   1. Height and weight taken after termination of pregnancy,
      a. Height and weight may be performed at visit or may be referral data if less than 60 days from certification/mid-certification health assessment date.
   2. Pre-pregnancy weight recorded by referral data or self-reported
C. Infants
   1. Length and weight is taken.
      a. Length and weight may performed at visit or may be referral data if less than 60 days from certification/mid-certification health assessment date.
   2. Birth weight is recorded by referral data or self-reported.
   3. Birth weight may be used for initial certification if less than 60 days from certification date.
   4. Must plot length and weight on 0-24 month growth chart (will not plot for less than 40 week gestation)
D. Child
      a. Birth weight may be self-reported or referral data.
   2. Height and weight must be taken and recorded.
      a. Height and Weight may be performed at visit or may be referral data if less than 60 days from certification/mid-certification health assessment date.
   3. Must plot height and weight on appropriate growth chart.

*Referral data may be from outside source or services in clinic. The Kentucky Referral Form in the 200 Certification Appendices is available to provide participants to collect referral data.
If the health professional determines referral data does not reflect current health status, measures may be repeated.

Growth Chart Requirements by Status
Retain the most current CDC growth chart in the medical record.

A. Pregnant Woman
   1. No Growth chart
B. Breastfeeding or Post-Partum Woman
   1. ≤20 years old – Computer system will plot for age, weight, and BMI for age on CDC 2-20-year growth chart.*
   2. ≥20 years old – No Growth Chart
C. Child – 12 months to ≤24 months
   1. Computer system will plot length for age, weight for age, and weight for length on CDC 0-24-month growth chart *
      a. Automated growth chart will plot age adjusted based on the date of birth and expected delivery date up to age 2 years.
D. Child- 24 months to 36 months
   1. If child’s height is measured recumbent (lying) then document that measurement was recumbent in the computer system. The computer system will plot length for age, weight for age and weight for length on CDC 0-36-month growth chart. *
E. Child 2 years to ≤5 years of age
   1. Computer system will plot standing height for age, weight for age, and BMI for age on CDC 2-20-year growth chart. *
F. Infant – Birth to ≤12 months
   1. Computer system will plot length for age, weight for age, and weight for length on CDC 0-24-month growth chart. *
      a. Automated growth chart will plot age adjusted based on the date of birth and expected delivery date (gestational age). Automated growth chart will NOT plot for measures less than 40 weeks gestation, age adjusted.

G. If the computer system is not available at the time measurements are taken, then measurements are to be entered into the computer system when it is operational. The growth chart must be printed and filed in the participant’s medical record.

Growth Chart Requirements
Plotting of the growth chart is required as outlined below.

<table>
<thead>
<tr>
<th>Status</th>
<th>Age</th>
<th>Growth Chart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant Woman</td>
<td></td>
<td>• None</td>
</tr>
<tr>
<td>Breastfeeding or</td>
<td>≥ 20 years old</td>
<td>• System will plot height for age, weight for age, and BMI for age on CDC 2-20-year growth chart*.</td>
</tr>
<tr>
<td>Postpartum Woman</td>
<td>&lt; 20 years old</td>
<td>• System will plot height for age, weight for age, and BMI for age on CDC 2-20-year growth chart*.</td>
</tr>
<tr>
<td>Child</td>
<td>12 months to ≤ 24 months</td>
<td>• System will plot length for age, weight for age, and weight for length on CDC 0-24 month growth chart*. Retain most current CDC 0-24 month growth chart in the medical record.</td>
</tr>
<tr>
<td></td>
<td>of age*</td>
<td>• Automated Growth Chart will plot age adjusted based on the date of birth and expected delivery date (gestational age) up to age 2.</td>
</tr>
<tr>
<td>Child</td>
<td>2 years to &lt; 5 years of age</td>
<td>• Measure height standing.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• System will plot height for age, weight for age, and BMI for age on CDC 2-20 year growth chart.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Retain the most current CDC 2-20 year growth chart in the medical record*.</td>
</tr>
<tr>
<td></td>
<td>24 months to ≤ 36 months</td>
<td>• If unable to measure height of child standing, obtain recumbent length (lying). Indicate measurement was recumbent in system. System will plot length for age, weight for age, and weight for length on CDC 0-36 month growth chart. Retain the most current CDC 0-36 month growth chart in the medical record.</td>
</tr>
<tr>
<td></td>
<td>of age</td>
<td></td>
</tr>
<tr>
<td>Infant</td>
<td>Birth to &lt; 12 months</td>
<td>• System will plot length for age, weight for age, and weight for length on CDC 0-24 month growth chart*. Retain most current CDC 0-24 month growth chart in the medical record.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Automated Growth Chart will plot age adjusted based on the date of birth and expected delivery date (gestational age). Automated Growth chart will not plot for measures less than 40 weeks gestation, age adjusted.</td>
</tr>
</tbody>
</table>

*Note: Based on World Health Organization Standards (WHO)
Policy 217
Hemoglobin and Hematocrit Screening in WIC

POLICY
A hematological test for anemia will be performed or obtained following the screening guidelines for the participant category. Appropriate procedures and equipment will be used when performing hemoglobin or hematocrit tests in WIC clinics.

PURPOSE
To ensure a measurement of hemoglobin or hematocrit is part of the full WIC assessment in order to determine appropriate nutrition risk; and is also used to provide nutrition education and appropriate referrals. To protect the safety of applicants and personnel performing the tests and to ensure accurate test results.

RELEVANT REGULATIONS
246.7(e)(1)(i)(A) and (B) – Required nutritional risk data
246.7(e)(1)(ii)(B) – Hematological test for anemia
USDA Policy Memo #140-26

PROCEDURES
Screening Guidelines
Obtain hemoglobin (hgb.) or hematocrit (hct.) data at certification or mid-certification health assessments according to the appropriate guidelines for the participant category.

A. Pregnant Women
   1. Certification
      a. Must have hgb./hct. taken during this pregnancy.
      b. This test may be performed at certification or may be referral data if taken during this pregnancy. Bloodwork data must be collected within 90 days of certification, so long as the participant is determined to have at least one qualifying nutritional risk at the time of certification and the agency has implemented procedures to ensure receipt of data.
      c. Hgb./hct. must be evaluated by criteria for trimester it was obtained.
   2. Follow-up
      a. One hgb./hct. may only be performed if low result was previously documented.

B. Breastfeeding Women
   1. Certification/mid-certification health assessment
      a. Must have hgb./hct. taken after termination of pregnancy.
      b. Hgb./hct. may be performed at certification or may be referral data if reflective of current status. Bloodwork data must be collected within 90 days of certification, so long as the participant is determined to have at least one qualifying nutritional risk at the time of certification, and the agency has implemented procedures to ensure receipt of data.
      c. A hemoglobin shall be obtained between 6-12 months postpartum if an abnormal test result is obtained.

C. Postpartum Women
   1. Certification
      a. Must have hgb./hct. taken after termination of pregnancy.
      b. Hgb./hct. may be performed at certification or may be referral data if reflective of current status. Bloodwork data must be collected within 90 days of certification, so long as the participant is determined to have at least one qualifying nutritional
risk at the time of certification and the agency has implemented procedures to ensure receipt of data.

2. Follow-up
   a. One hgb./hct. may only be performed if low result was documented previously.

D. Infants
   1. Certification/mid-certification health assessment
      a. Infants certified prior to 9 months of age do not require a hgb./hct. performed at certification.
      b. Infants certified between 9-12 months of age must have hgb./hct. performed or obtain referral data. Bloodwork data must be collected within 90 days of certification, so long as the participant is determined to have at least one qualifying nutritional risk at the time of certification and the agency has implemented procedures to ensure receipt of data.
      c. Infants must have a hgb./hct. test performed between 9-12 months of age this may be obtained at the one-year certification appointment.

E. Children
   1. Certification/mid-certification health assessment
      a. Children must have a hg./hct. performed at age 15-24 months obtained six months after the most recent screening.
      b. Children must have hgb./hct. screening done at a minimum of annually between 24-60 months.
      c. Hgb./hct. levels below normal levels must be repeated every 6 months for all children over age 12 months until a normal level is obtained.
      d. Data may be obtain in clinic or from referral data.
      e. Bloodwork data must be collected within 90 days of certification, so long as the participant is determined to have at least one qualifying nutritional risk at the time of certification and the agency has implemented procedures to ensure receipt of data.

Example for an infant certified at birth:

<table>
<thead>
<tr>
<th>Age at Service</th>
<th>Hgb/Hct conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant less than 9 months of age</td>
<td>N/A</td>
</tr>
<tr>
<td>Infant Mid-Certification health assessment</td>
<td>N/A</td>
</tr>
<tr>
<td>Child Certification at 12 months of age</td>
<td>Yes, meets the 9-12 month infant requirement</td>
</tr>
<tr>
<td>Child Mid-Certification health assessment at 18 months of age</td>
<td>Yes, meets the 15-24 months child requirement</td>
</tr>
<tr>
<td>Child Certification at 24 months</td>
<td>• Yes, if low at 18 months</td>
</tr>
<tr>
<td></td>
<td>• N/A if normal at 18 months</td>
</tr>
<tr>
<td>Child Mid-Certification at 30 months</td>
<td>• Yes, if low at 24 months or not performed at 24 months to meet the annual requirement.</td>
</tr>
<tr>
<td></td>
<td>• No if normal at 24 months.</td>
</tr>
<tr>
<td></td>
<td>• Will be conducted at least annually from this point.</td>
</tr>
</tbody>
</table>

*Referral data may be obtained from an outside source or services in clinic. If the health professional determines referral data does not reflect current health status measures may be repeated.

Referral Data

If the participant, parent or caregiver has a documented result of a hemoglobin or hematocrit performed by a medical provider within 90 days of the date of certification or mid-certification health assessment, it is not necessary to repeat the hematological test. Enter the referral data and date of measurement in the system. The Kentucky WIC Referral Form in the Forms and Supporting Documentation Appendix of this section is available to provide participants to take to their healthcare provider to collect referral data.
Unable to Complete Bloodwork during WIC Certification or Mid-Certification Health Assessment Visit
If unable to complete to obtain hemoglobin or hematocrit test on date if WIC Certification or MCHA, the certification may be conducted as long as at least 1 qualifying nutrition risk code criteria has been identified and a procedure is in place to ensure collection of data within 90 days (referral data or collected next scheduled WIC visit).

Blood Collecting Exceptions
Do not do a blood test in the following situations
A. Participants whose religious beliefs will not allow him or her to have blood drawn.
B. Participants with a medical conditions such as, hemophilia, fragile bones, or a serious skin condition where the blood collection could cause harm to the participant.
   1. Medical documentation from a physician or ARNP must be included in the medical record.
   2. If the condition is curable but still exists, a new statement from the physician or ARNP is required at each certification.
   3. A new statement is not required for a “lifelong” medical condition.
C. Contact the State WIC Office with any questions, additional clarification or for any other situations not addressed in this policy.

Tests Results
Normal and Abnormal Ranges of Hemoglobin

<table>
<thead>
<tr>
<th>Category</th>
<th>Referral</th>
<th>Hemoglobin Value (g/dL)</th>
<th>Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants 9-12 months</td>
<td>Below 9.0</td>
<td>9.0-10.9</td>
<td>11.0 and higher</td>
</tr>
<tr>
<td>Children 12-24 months</td>
<td>Below 9.0</td>
<td>9.0-10.9</td>
<td>11.0 and higher</td>
</tr>
<tr>
<td>Children 2-5 years</td>
<td>Below 9.0</td>
<td>9.0-11.0</td>
<td>11.1 and higher</td>
</tr>
<tr>
<td>Pregnant women 0-13 weeks gestation</td>
<td>Below 9.0</td>
<td>9.0-10.9</td>
<td>11.0 and higher</td>
</tr>
<tr>
<td>Pregnant women 14-26 weeks gestation</td>
<td>Below 9.0</td>
<td>9.0-10.4</td>
<td>10.5 and higher</td>
</tr>
<tr>
<td>Pregnant women 27-40 weeks gestation</td>
<td>Below 9.0</td>
<td>9.0-10.9</td>
<td>11.0 and higher</td>
</tr>
<tr>
<td>Postpartum women</td>
<td>Below 9.0</td>
<td>9.0-11.9</td>
<td>12.0 and higher</td>
</tr>
</tbody>
</table>

Referrals may be made based on hemoglobin test results.
A. If hemoglobin values are in the referral range, provide nutrition counseling on food sources of iron and ways to increase iron absorption, refer participants to the primary care provider and perform screening and assessment at mid-certification health assessment.
B. If hemoglobin values are in the low range, provide nutrition counseling to the participant or parent/caregiver on food sources of iron and way to increase iron absorption. If a hgb/hct. value is due to another type of anemia, for example, sickle cell anemia, document details. Recheck values at mid-certification health assessment.

Approved Equipment for Hematological Screening
Approved equipment for hematological screening for the WIC Program include:
A. HemoCue Hb 201 analyzer
B. HemoCue Hb 301 analyzer
C. Pronto Plus Co Oximeter/Hemoglobin Analyzer (Non-Invasive)
D. Contact the State Agency for use of any other hematological analyzers
Use of Non-Invasive Device

E. The non-invasive device may be used to obtain hemoglobin results.
F. The Pronto (non-invasive device) must be utilized when there is a concern in obtaining consent to prevent a barrier to WIC services.
G. Below is a chart of when a hematological test is required and if the non-invasive device may be used.

<table>
<thead>
<tr>
<th>Status</th>
<th>Certification Age</th>
<th>Hgb./Hct. Required</th>
<th>May Utilize Pronto Machine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>Birth-&lt;9 months old</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>9 months-12 months (Including 11 month old child certification)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Child</td>
<td>1 Year</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>18 months old</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>2 Years-5 Years</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Women</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**After two unsuccessful attempts to obtain a reading using the non-invasive device, a finger stick shall be performed.

Tips for Use of Pronto Non-Invasive Device

A. Client needs to sit quietly for approximately 1 minute while the test is being completed.
B. Dark fingernail polish may interfere with the test results.
C. Cold fingers may interfere with the test results.
Policy 218
Risk Criteria Codes and Descriptions

POLICY
The certifying health professional shall use this list of risk criteria, code and descriptions when assigning nutrition risks to program applicants.

PURPOSE
To specify and define allowable nutrition risk used in the Kentucky WIC Program. To ensure that consistent assessment and assignment of risks to applicants throughout the state.

RELEVANT REGULATIONS
7 CFR 246.7 – Nutritional Risks

DEFINITIONS
Nutrition Risk Criteria (NRCC): The USDA risk criteria numbering system that is used to document nutrition risks in the data system.

PROCEDURES
Assigning nutrition risks
A. The following must be done at each certification:
   1. Review health and lifestyle data from the medical record (i.e. height, weight, hemoglobin, etc.). Interview the applicant/caretaker/proxy using Value Enhanced Nutrition Assessment methodology for all other applicable criteria. Apply the information to nutrition risk criteria.
   2. One NRCC makes the applicant eligible for WIC. Although one NRCC qualifies the applicant, assessment must be conducted to determine all eligible risks and all eligible risks must be assigned and documented. (See “B. Nutrition Risk Assessment” for more information.)
   3. Document all risk criteria applicable to the participant electronically in the system, print appropriate certification form and place in the participant’s medical record.*
   4. Sign and date the WIC 75 and place in the participant’s medical record.
*When system is down use manual WIC forms and enter information in system within 48 hours. The Manual WIC-75 forms can be found the 200 Certification Appendices.

B. Nutrition Risk Assessment:
   1. Serves as the foundation on which other nutrition services are planned and provided.
   2. Begins with Valued Enhanced Nutrition Education (VENA) and includes:
      a. Participant centered nutrition education and counseling; and
      b. Open ended questions to determine participant’s concerns or questions.
         i. May be appropriate to gather more information to determine management of a condition by asking questions such as:
            • Is the condition managed by a medical professional?
            • Is the condition controlled by diet or medication?
            • What was medication prescribed?
            • How may contact be made with the professional (if further information for care is needed)?
   3. Beyond determining WIC eligibility, the nutrition assessment is utilized to:
      a. Enhance the interaction between the Certifying Health Professional and WIC participant;
b. Link the collected health and diet information to the delivery of participant centered relevant nutrition education;
c. Make referrals; and
d. Assign and tailor the food package.
### C. Nutrition Risk Code by Status and Priority Table

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Low Hct./Hgb.</td>
<td>201</td>
<td>01</td>
<td>01</td>
<td>3B</td>
<td>01</td>
<td>3A</td>
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<tr>
<td>Elevated Blood Lead</td>
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<td>01</td>
<td>01</td>
<td>3B</td>
<td>01</td>
<td>3A</td>
</tr>
<tr>
<td>Low Head Circumference</td>
<td>152</td>
<td></td>
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<tr>
<td>Preterm/Early Term Birth</td>
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<tr>
<td>Low Birth Weight/Very Low Birth Weight</td>
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<tr>
<td>At Risk for Overweight</td>
<td>114</td>
<td></td>
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</tr>
<tr>
<td>Overweight/Obesity/High Wt for Length</td>
<td>111, 113-115</td>
<td>01</td>
<td>01</td>
<td>3B</td>
<td>01</td>
<td>3A</td>
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<tr>
<td>At Risk for Underweight</td>
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<td></td>
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<tr>
<td>Underweight</td>
<td>101 &amp; 103</td>
<td>01</td>
<td>01</td>
<td>3B</td>
<td>01</td>
<td>3A</td>
</tr>
<tr>
<td>At Risk for Short Stature</td>
<td>121</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Short Stature</td>
<td>121</td>
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</tr>
<tr>
<td>Growth Problems</td>
<td>151 &amp; 153</td>
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<td>01</td>
<td>3B</td>
<td>01</td>
<td>3A</td>
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<tr>
<td>Inappropriate Weight Gain Pattern</td>
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<td>01</td>
<td>3A</td>
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<tr>
<td>Alcohol and Substance Use</td>
<td>371 &amp; 372</td>
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<td>01</td>
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<td>3A</td>
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<td>BF Infant/BF Woman at Nutritional Risk</td>
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<td>01</td>
<td>01</td>
<td>3B</td>
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<td>3A</td>
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<tr>
<td>BF Complications</td>
<td>602</td>
<td>01</td>
<td>01</td>
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<tr>
<td>BF Infant/BF Woman with Feeding Practices</td>
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<td>01</td>
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<td>3B</td>
<td>01</td>
<td>3A</td>
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<tr>
<td>Infant of WIC Mother/Mother at Risk</td>
<td>701</td>
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<tr>
<td>Pregnancy Induced Conditions</td>
<td>301,302,303 &amp; 304</td>
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<td>3B</td>
<td>01</td>
<td>3A</td>
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<tr>
<td>Delivery of Preterm/Early Term/ LBW Infant</td>
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<td>01</td>
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<tr>
<td>Fetal or Neonatal Death</td>
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<td>01</td>
<td>01</td>
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<td>General Obstetrical Risk</td>
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<td>341-357, 359, 360, 363</td>
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<td>Impaired Ability to Prepare Food</td>
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<td>06</td>
<td>04</td>
<td>5A**</td>
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<td>Complications which Impair Nutrition</td>
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<td>Fetal Alcohol Spectrum Disorder</td>
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<td>3A</td>
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<td>Neonatal Abstinence Syndrome</td>
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<td>3A</td>
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<td>Presumed Dietary Risk</td>
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<td>04</td>
<td>06</td>
<td>04</td>
<td>5A** 5B***</td>
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<td>Feeding Practices</td>
<td>411, 425, &amp; 427</td>
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<td>04</td>
<td>06</td>
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<td>5A** 5B***</td>
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<tr>
<td>Inappropriate Nutrient Intake</td>
<td>425 &amp; 427</td>
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<td>04</td>
<td>06</td>
<td>04</td>
<td>5A** 5B***</td>
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<tr>
<td>Eating Disorders</td>
<td>358</td>
<td>01</td>
<td>01</td>
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<tr>
<td>Recipient of Abuse</td>
<td>901</td>
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<td>06</td>
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<td>Foster Care</td>
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<td>Homelessness</td>
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<td>Migrancy</td>
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<td>04</td>
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<td>Possibility of Regression-Priority III</td>
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<td>Possibility of Regression-Priority IV</td>
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<tr>
<td>Transfer of Certification</td>
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<td>01</td>
<td>01</td>
<td>3B</td>
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</tr>
</tbody>
</table>

Page 3
Risk Criteria Codes and Descriptions
Policy 218
October 2021
## Nutrition Risk Code by Status and Priority

<table>
<thead>
<tr>
<th>USDA Code</th>
<th>Risk Criteria</th>
<th>Definition/Cutoff</th>
<th>Categories and Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td>Underweight (Women)</td>
<td>• Pregnant women-pre-pregnancy body mass index (BMI) &lt; 18.5</td>
<td>Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-04</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Postpartum women and breastfeeding women who are &lt; 6 months postpartum-pre-pregnancy or current BMI &lt;18.5</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>• Breastfeeding women who are ≥ 6 months postpartum-current BMI &lt;18.5</td>
<td></td>
</tr>
<tr>
<td>103</td>
<td>Underweight (Infants and Children)</td>
<td>• Underweight:</td>
<td>Infra-01</td>
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<tr>
<td></td>
<td></td>
<td>• Birth to &lt; 24 months: ≤ 2% weight for length</td>
<td>Child-03</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 2-5 years: ≤ 5% BMI for age</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• At Risk for Underweight</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Birth to &lt; 24 months: &gt; 2% and ≤ 5% weight for length</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 2-5 years: &gt; 5% and ≤ 10% BMI for age</td>
<td></td>
</tr>
<tr>
<td>111</td>
<td>Overweight (Women)</td>
<td>• Pregnant women-pre-pregnancy BMI ≥ 25</td>
<td>Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-04</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Postpartum women and breastfeeding women who are &lt; 6 months postpartum-pre-pregnancy BMI ≥ 25</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Breastfeeding women who are ≥ 6 months postpartum-current BMI ≥ 25</td>
<td></td>
</tr>
<tr>
<td>113</td>
<td>Overweight (Children 2-5 years of age)</td>
<td>• ≥ 24 months to 5 years: ≥ 95% BMI for age</td>
<td>Child-03</td>
</tr>
<tr>
<td>114</td>
<td>At Risk for Overweight (Child 2-5 years of age)</td>
<td>• ≥ 24 months to 5 years: ≥ 85% and 95% BMI for age</td>
<td>Child-03</td>
</tr>
<tr>
<td>115</td>
<td>High Weight for Length(Infants and Children)</td>
<td>• Birth to &lt; 24 months: ≥ 98% weight for length</td>
<td>Infant-01</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Child-03</td>
</tr>
<tr>
<td>Risk Criteria Code</td>
<td>Description</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
<td>-------</td>
<td></td>
</tr>
</tbody>
</table>
| 121               | Short Stature | - Birth to < 24 months: 2% length for age  
- 2-5 years: ≤ 5% height for age  
- At Risk for Short Stature:  
  - Birth to < 24 months: >2% and ≤5% length for age  
  - 2-5 years: >5% and ≤10% height for age  |
| 131               | Low Maternal Weight Gain | - In the 2nd and 3rd trimesters, singleton pregnancies, weight gain:  
  - Underweight < 1 pound per week  
  - Normal < 0.8 pounds (12.8 oz.) per week  
  - Overweight < 0.5 pounds (8 oz.) per week  
  - Obese < 0.4 pounds (6.4 oz.) per week  
- Low weight gain at any point in pregnancy based on the following total weight gain ranges:  
  - Underweight-28-40 pounds  
  - Normal Weight-25-35 pounds  
  - Overweight-15-25 pounds  
  - Obese-11-20 pounds  |
| 133               | High Maternal Weight Gain | - In the 2nd and 3rd trimesters, singleton pregnancies weight gain:  
  - Underweight > 5.2 pounds per month  
  - Normal > 4 pounds per month  
  - Overweight > 2.8 pounds per month  
  - Obese > 2.4 pounds per month  |
| 134               | Failure to Thrive | - Presence of Failure to Thrive diagnoses by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician’s orders. Base diagnosis on failure to thrive for premature infants on gestation age adjustment for low birth weight or very low birth weight.  |
| 135               | Slowed or Faltering Growth Patterns | - Infants from birth to 2 weeks of age  
  - Excessive weight loss after birth defined as ≥7% of birth weight  
  - Not back to birth weight by 2 weeks  
- Infants from 2 weeks to 6 months of age  |
<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
<th>Description</th>
<th>Associated Codes</th>
</tr>
</thead>
</table>
| 141  | Low Birth Weight                               | - For infants and children <24 months of age  
- Birth weight ≤5 lbs. 8 oz./2500g. (LBW)  
- Birth weight ≤3 lbs. 5 oz./1500 grams (VLBW) | Infant-01  
Child-03                           |
| 142  | Preterm or Early Term Delivery                 | - For infants and children <24 months of age  
- Preterm delivery: Delivery on or before 36 weeks 6 days gestation  
- Early term delivery: Delivery between 37 weeks 0 days and 38 weeks 6 days gestation | Infant-01  
Child-03                           |
| 151  | Small for Gestational Age (SGA)                | - For infants and children < 24 months of age  
- Presence as diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician’s orders. | Infant-01  
Child-03                           |
| 152  | Low Head Circumference                         | - For infants and children < 24 months of age: ≤ 2.3rd percentile head circumference for age.  
- Note: premature infants and children with a history of prematurity, base assignment on adjusted for gestational age. | Infant-01  
Child-03                           |
| 153  | Large for Gestational Age (LGA)                | - Birthweight ≥ 9 lbs (≥4000g)  
- Presence as diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician’s orders. | Infant-01                           |
|      | Biochemical                                    |                                                                                               |                                   |
| 201  | Low Hematocrit/Low Hemoglobin                  | - Hemoglobin or Hematocrit that is below the normal levels.  
- Cut off values are included Policy 217- Hemoglobin and Hematocrit Screening. | Woman Pregnant,  
Woman Fully Breastfeeding, Woman Partially Breastfeeding-01  
Woman Postpartum-04  
Infant-01  
Child-03                           |
| 211  | Lead Poisoning                                 | - Blood lead levels ≥ 5 µg/dL within the past 12 months.                                       | Woman Pregnant,  
Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 |
### Clinical/Health/Medical Conditions

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition Description</th>
<th>Details</th>
<th>Eligibility</th>
</tr>
</thead>
</table>
| 301  | Hyperemesis Gravidarum | - Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidic.  
- Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self-reported by applicant/participant/caregiver. Self-reporting a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. | Woman Pregnant-01 |
| 302  | Gestational Diabetes | - Presence of gestational diabetes diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician orders | Woman Pregnant-01 |
| 303  | History of Gestational Diabetes | - History of diagnosed gestational diabetes. May or may not have been insulin dependent. | Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01, Woman Postpartum-04 |
| 304  | History of Preeclampsia | - History of diagnosed preeclampsia.  
- Presence of condition diagnosis, documented or reported by a physician or someone working under a physician’s orders or as self-reported by applicant/participant/caregiver. | Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01, Woman Postpartum-03 |
<p>| 311  | History of Preterm or Early Term Delivery | - Birth of an infant at/or before 38 weeks 6 days gestation in any pregnancy for a pregnant woman or during most recent pregnancy only for a postpartum or breastfeeding woman. | Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01, Woman Postpartum-03 |
| 312  | History of Low Birthweight | - Birth of an infant weighing ≤5 lb 8 oz. Any pregnancy for woman pregnant, most recent pregnancy for postpartum or breastfeeding woman. | Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 |</p>
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
</table>
| 321  | History of fetal or neonatal loss | - A fetal death (death at ≥20 weeks gestation) or a neonatal death (0-28 days of life)  
- Pregnant-any history of fetal or neonatal death  
- Postpartum-most recent pregnancy  
- Breastfeeding-most recent pregnancy with one or more infants still living |
| 331  | Pregnancy at a young age | - Conception ≤20 years of age.  
- Current pregnancy for pregnant woman  
- Most recent pregnancy for postpartum or breastfeeding woman. |
| 332  | Closely spaced pregnancy | - Conception before 18 months postpartum.  
- Pregnancy-current pregnancy  
- Breastfeeding or postpartum-most recent pregnancy only |
| 333  | High parity and young age | - Woman <20 years old at time of conception who have had 3 or more previous pregnancies of ≥20 weeks gestation regardless of birth outcome  
- Pregnancy-current pregnancy  
- Breastfeeding or postpartum woman-most recent pregnancy only |
| 334  | Lack or inadequate prenatal care | - Prenatal care beginning after 13th week of pregnancy or 1st prenatal visit in third trimester |
| 335  | Multiple fetus pregnancy | - More than 1 fetus in a current pregnancy (Woman Pregnant) or the most recent pregnancy (postpartum or breastfeeding woman) |
| 336  | Fetal Growth Restriction (FGR) | - Fetal Growth Restriction may be diagnosed by a physician with serial measurement of fundal height, abdominal girth and can be confirmed with ultrasound.  
- Defined a fetal growth below the 10th percentile for gestational age. |
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>337</td>
<td>History of birth of a large for gestational age infant</td>
</tr>
<tr>
<td></td>
<td>• History of birth of an infant weighing ≥9lbs.</td>
</tr>
<tr>
<td></td>
<td>• Pregnant-any pregnancy</td>
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<td>• Postpartum or breastfeeding-most recent pregnancy only</td>
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<td></td>
<td>Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-04</td>
</tr>
<tr>
<td>338</td>
<td>Pregnant woman currently breastfeeding</td>
</tr>
<tr>
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<td>• Pregnant woman who is currently breastfeeding.</td>
</tr>
<tr>
<td></td>
<td>Woman Pregnant-01</td>
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<tr>
<td>339</td>
<td>History of birth with nutrition related congenital birth defects</td>
</tr>
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<td>• A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake (i.e. inadequate zinc, folic acid or excessive vitamin A).</td>
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<td>• Pregnant-any pregnancy</td>
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<tr>
<td></td>
<td>• Postpartum or breastfeeding-most recent pregnancy only</td>
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<td></td>
<td>Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-04</td>
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<tr>
<td>341</td>
<td>Nutrient deficiency disease</td>
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<td>• Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro- and micronutrients. Diseases include but are not limited to: Protein Energy Malnutrition, Scurvy, Rickets, Berberi, Hypocalcemia, Osteomalacia, Vitamin K deficiency, Pellagra, Cheilosis, Menkes Disease, xerophthalmia.</td>
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<td>• May be diagnosed by physician as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under physician orders</td>
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<td>Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-01 Infants-01 Child-03</td>
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<tr>
<td>342</td>
<td>Gastro-intestinal disorders</td>
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<td>• Diseases on conditions that interfere with the intake or absorption of nutrients.</td>
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<td>• These conditions include but are not limited to:</td>
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<td>o Stomach or intestinal ulcers, small enterocolitis or short bowel syndrome, malabsorption syndrome, inflammatory bowel disease (ulcerative colitis or Crohn’s Disease), liver disease, pancreatitis, biliary tract and gallbladder disease, gastroesophageal reflux disease (GERD), post bariatric surgery.</td>
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<td>Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-01 Infants-01 Child-03</td>
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<tr>
<td>Code</td>
<td>Condition</td>
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<tr>
<td>343</td>
<td>Diabetes mellitus</td>
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<td>344</td>
<td>Thyroid disorders</td>
</tr>
<tr>
<td>345</td>
<td>Hypertension and prehypertension</td>
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<tr>
<td>346</td>
<td>Renal disease</td>
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<tr>
<td>Code</td>
<td>Condition</td>
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| 347  | Cancer                            | - May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician’s orders  
- The current condition or treatment for the condition, must be severe enough to affect nutritional status. | Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01, Woman Postpartum-01, Infants-01, Child-03 |
| 348  | Central nervous system disorders  | - Conditions that alter nutrition status metabolically and/or mechanically, which affect energy requirements and may affect the individuals’ ability to feed him/herself.  
- These include but are not limited to epilepsy, cerebral palsy (CP), neural tube defects such as spina bifida or myelomeningocele.  
- May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician’s orders | Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01, Woman Postpartum-01, Infants-01, Child-03 |
| 349  | Genetic and congenital disorders  | - May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician’s orders  
- Hereditary condition at birth that causes physical or metabolic abnormally. The current condition must alter nutrition status metabolically, mechanically or both.  
- These may include but are not limited to cleft lip or palate, Down Syndrome, Thalassemia, sickle cell anemia. | Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01, Woman Postpartum-01, Infants-01, Child-03 |
| 351  | Inborn errors of metabolism       | - May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician’s orders  
- Gene mutations or gene deletions that alter metabolism in the body.  
- These may include but are not limited to phenylketonuria (PKU), maple syrup urine disease, galactosemia, hyperlipoproteinemia, homocystinuria, tyrosinemia, histidinemia, urea cycle disorders, glutaric aciduria, methylmalonic academia, glycogen storage disease, galactokinase deficiency, fructoaldolase deficiency, propionic academia, hypermethionemia. | Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01, Woman Postpartum-01, Infants-01, Child-03 |
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<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Conditions</th>
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<tbody>
<tr>
<td>352A</td>
<td>Infectious diseases-Acute</td>
<td>• An infection disease characterized by a single or repeated episode of rapid onset and short duration caused by bacteria, viruses, parasites or fungi. These may include but are not limited to Hepatitis A, pneumonia, meningitis, parasitic infection, bronchitis (3 episodes in last 6 months), Hepatitis E, listeriosis.</td>
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</tbody>
</table>
| 352B  | Infectious diseases-Chronic                   | • An infectious disease likely lasting a lifetime required long-term management of symptoms caused by bacteria, viruses, parasites or fungi. Conditions include but are not limited to HIV, AIDS, Hepatitis B, Hepatitis C, and Hepatitis D.  
• May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician’s orders |
| 353   | Food Allergies                                | • An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction.  
• May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician’s orders |
| 354   | Celiac disease                                | • Also known as Celia Sprue, Gluten Enteropathy, Non-tropical Sprue inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic makeup.  
• May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician’s orders |
| 355   | Lactose intolerant                            | • Lactose intolerance occurs when there is insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestines producing nausea, bloating, diarrhea, cramps, etc. Lactose intolerance varies among and within individuals and ranges from mild to severe. |

Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-01 Infants-01 Child-03
<table>
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<tr>
<th>Code</th>
<th>Condition</th>
<th>Description</th>
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</table>
| 356    | Hypoglycemia                                  | - May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician’s orders  
- Documentation shall include that the ingestion of dairy products causes the above symptoms and the avoidance of such dairy products eliminates them. |
| 357    | Drug nutrient interactions                     | - Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake, absorption, distribution, metabolism, or excretion, to an extent that nutritional status is compromised.  
- These medications include midamor, tums, hugroton, Cipro, Lasix, prevacid, Prilosec, synthroid, levothroid, levoxly, metformin, methadone, Zofran, phenobarbital, predione, zantac, Zoloft, and sulfasalazine. |
| 358    | Eating Disorders                               | - May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician’s orders  
- Eating disorders (anorexia nervosa and bulimia) characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms include but are not limited to self-induced vomiting, purgative abuse, alternating periods of starvation, use of drugs to lose weight (appetite suppressants, thyroid preparations or diuretics) and self-induced marked weight loss. |
| 359    | Recent major surgery, physical trauma, burns   | - Major surgery (including c-section), physical trauma or burns severe enough to compromise nutritional status.  
- Any occurrence:  
  - Within the past two months may be self-reported.  
  - More than two months previous must have the continued need for nutritional support diagnosed by a physician or health care provider working under the orders of a physician. |
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<tr>
<th>Code</th>
<th>Condition</th>
<th>Description</th>
<th>Eligibility</th>
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</thead>
<tbody>
<tr>
<td>360</td>
<td>Other medical conditions</td>
<td>- Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect the nutritional status. These include but are not limited to juvenile rheumatoid arthritis, lupus erythematosus, cardiorespiratory disease, heart disease, cystic fibrosis, persistent asthma requiring daily medication.</td>
<td>Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-01 Infants-01 Child-03</td>
</tr>
<tr>
<td>361</td>
<td>Depression</td>
<td>- May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician’s orders.</td>
<td>Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-01 Infants-01 Child-03</td>
</tr>
<tr>
<td>362</td>
<td>Developmental delay, sensory or motor delay interfere with ability to eat</td>
<td>- Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. This includes but is not limited to minimal brain function, feeding problems due to developmental disability such as pervasive development disorder, which includes autism, birth injury, head trauma, brain damage or other disabilities.</td>
<td>Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-01 Infants-01 Child-03</td>
</tr>
<tr>
<td>363</td>
<td>Prediabetes</td>
<td>- May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician’s orders.</td>
<td>Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postparum-04</td>
</tr>
<tr>
<td>371</td>
<td>Nicotine and Tobacco Use</td>
<td>- Any use of products that contain nicotine and/or tobacco to include but not limited to cigarettes, pipes, cigars, electronic nicotine delivery systems (e-cigarettes, vaping devices), hookahs, smokeless tobacco (chewing tobacco, snuff, dissolvable), or nicotine replacement therapies (gum, patches).</td>
<td>Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-04</td>
</tr>
<tr>
<td>Risk Criteria Codes and Descriptions</td>
<td>Policy 218</td>
<td>October 2021</td>
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</table>
| Alcohol and illegal and/or illicit drug use | - Pregnancy-any alcohol use, illegal substance use and/or abuse of prescription medications, or any marijuana use in any form.  
- Breastfeeding and Postpartum Women-Alcohol Use-High Risk Drinking-routine consumption of ≥ 8 drinks per week or ≥ 4 drinks on any day. Binge Drinking-routine consumption of ≥ 4 drinks within 2 hours. Any illegal substance use and/or abuse of prescription medications. Any Marijuana use in any form. (Breastfeeding women only). | Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-04 |
| Oral health conditions | - May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician’s orders.  
- This includes but is not limited to gingivitis, periodontitis, tooth loss, oral infections or ineffectively replaced teeth. | Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-01 Infant-01 Child-03 |
| Fetal Alcohol Spectrum Disorders | - Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy. FASDs is an overarching phrase that encompasses a range of possible diagnoses, including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorders (ARND) and neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE).  
- Presence of condition diagnosis, documented, or reported by physician or someone working under a physician’s orders, or as self-reported by applicant/participant/caregiver. | Woman Pregnant-01 Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-03 Infants-01 Child-03 |
| Neonatal Abstinence Syndrome (NAS) | - May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician’s orders.  
- Drug withdrawal symptoms that occur after delivery when an infant is exposed to drugs during pregnancy. Conditions must be present during the first 6 months after birth. | Infant-01 |
<p>| Presumed dietary eligibility for woman and | - Woman and children age two to five years may be presumed to be a nutritional risk based on the inability to meet the Dietary Guidelines for Americans as defined by consuming fewer than the recommended number of servings from one or more of the basic food groups. | Woman Pregnant, Woman Fully Breastfeeding, Woman |</p>
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>411.1</td>
<td>Use of substitutes for breastmilk or formula</td>
<td>Routinely using substitutes for breastmilk or FDA approved iron-fortified formula as the primary nutrient source during the first year of life. Examples include but is not limited to low iron formula without iron supplementation, cows milk, goat milk, sheep milk, canned evaporated or sweetened condensed milk, imitation or substitute milk such as rice or soy beverages, non-dairy creamer or homemade concoction.</td>
</tr>
<tr>
<td>411.2</td>
<td>Inappropriate use of bottle or cup</td>
<td>Routinely using nursing bottles or cups improperly. Examples include but are not limited to using a bottle to feed juice, feeding any sugar-containing fluids such as soda, corn syrup solution, sweet tea, allowing infant to fall asleep or be put to bed with a bottle at naps or bedtime, allowing infant to use a bottle without restriction such as walking around house with it, using bottle as a pacifier, propping bottle while feeding, allowing infant to drink for cup all day, adding foods such as cereal to infant bottle.</td>
</tr>
<tr>
<td>411.3</td>
<td>Early introduction to solid foods</td>
<td>Routinely offering complimentary foods or other substances that are inappropriate in type of timing. This may include but are not limited to introducing any food other than breastmilk or formula before 6 months of age, adding sweet agents such as sugar, honey or syrup to any beverage.</td>
</tr>
<tr>
<td>411.4</td>
<td>Inappropriate feeding practices</td>
<td>Routinely using feeding practices that disregard the developmental needs or stage of the infant. These include but are not limited to inability to recognize, insensitivity to infants feeding cues, feeding foods of inappropriate consistency size or shape that are choking hazards, not support an infant need for growth independence such as using utensils or cups, feeding infant foods with an inappropriate texture based on developmental stage.</td>
</tr>
<tr>
<td>411.5</td>
<td>Feeding potentially harmful foods</td>
<td>Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins. These may include but are not limited to unpasteurized fruit or vegetable juice, unpasteurized dairy products, soft cheese (brie, feta, blue), honey added to liquids or use in cooking, raw or undercooked meat, raw or undercooked eggs, raw vegetables sprouts, deli meat or hot dogs not heated until steaming hot, feeding donor human milk acquired directly from individuals or internet.</td>
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<tr>
<td>Code</td>
<td>Risk Criteria Codes and Descriptions</td>
<td>Infants-04</td>
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<td>411.6</td>
<td>Incorrect dilution of formula • Routinely feeding inappropriately diluted formula. Failure to follow</td>
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<td>manufacturer’s instructions or physician instructions.</td>
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<td>411.7</td>
<td>Infrequent breastfeeding • Routinely limiting the frequency of nursing of the exclusively breastfed</td>
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<td>infant when breastmilk is the sole source of nutrition. Examples include scheduled feedings instead of</td>
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<td>on demand or less than 8 feedings in 24 hours if less than 2 months of age.</td>
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<td>411.8</td>
<td>Feeding low calorie or low nutrient diets • Routinely feeding a diet very low in calories and/or</td>
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<td>essential nutrients. Examples include but are not limited to vegan diet, macrobiotic diet, etc.</td>
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<tr>
<td>411.9</td>
<td>Improper handling of expressed breastmilk or formula • Routinely using in appropriate sanitation</td>
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<td>in preparation, handling and storage of expressed breastmilk or formula. Examples include: limited or</td>
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<td>no access to safe water, heat source for sterilization or refrigeration or freezer for storage,</td>
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<td>failure to properly prepare, handle and store breastmilk or formula.</td>
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<td>411.10</td>
<td>Inappropriate use of dietary supplements • Feeding dietary supplements with potentially harmful</td>
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<td></td>
<td>consequences. Examples of dietary supplements which, if fed in excess of recommended dosage, may</td>
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<td>be harmful include single or multi-vitamins, mineral supplements, herbal or botanical supplements or</td>
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<td></td>
<td>teas.</td>
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<td>411.11</td>
<td>Inadequate fluoride and Vitamin D supplementation • Routinely not providing dietary supplements</td>
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<td>recognized as essential by national public health policy when infants diet alone cannot meet nutrient</td>
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<td>requirements. • Infants who are 6 months of age or older who are ingesting less than 0.25 mg of</td>
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<td>fluoride daily when the water supply contains less than 0.3ppm fluoride.</td>
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<td>• Infants consuming less than one quart of vitamin D formula and not receiving 400 IU Vitamin D</td>
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<td></td>
<td>supplement.</td>
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<td></td>
<td>Diet-Child</td>
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<tr>
<td>425.1</td>
<td>Use of inappropriate beverages as milk source • Routinely feeding inappropriate beverages as the</td>
<td>Child-05</td>
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<tr>
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<td>primary milk source. Examples include but are not limited to non-fat or reduced fat milk between</td>
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<td>12-24 months (unless assigned by health professional for concerns of obesity), sweetened condensed</td>
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<td>milk, substitute milk (soy, rice, homemade), non-dairy creamer, unfortified goat or sheep milk</td>
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<td>Code</td>
<td>Description</td>
<td>Example</td>
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<tr>
<td>425.2</td>
<td>Feeding sweetened beverages</td>
<td>Routinely feeding a child sugar-containing beverage. Some examples include sweet tea, soda, gelatin water, corn syrup solution.</td>
</tr>
<tr>
<td>425.3</td>
<td>Inappropriate use of bottles or cups</td>
<td>Routinely using nursing bottles, cups or pacifiers improperly. Examples include but are not limited to using bottle for feeding beyond 14 months of age, allowing bottle to feed juice, cereal, solids, allowing child to take bottle to bed or nap, allowing child to use bottle without restriction, allowing child to use cup without restriction.</td>
</tr>
<tr>
<td>425.4</td>
<td>Inappropriate feeding practices</td>
<td>Routinely using feeding practices that disregard the developmental needs or stage of the child. These may include inability to recognize feeding cues, feeding inappropriate size or shape foods, not supporting the need for growth (self-feeding, using utensils), feeding inappropriate textures based on developmental readiness.</td>
</tr>
<tr>
<td>425.5</td>
<td>Feeding potentially harmful foods</td>
<td>Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins. These may include but are not limited to unpasteurized fruit or vegetable juice, unpasteurized dairy products, soft cheese (brie, feta, blue), honey added to liquids or use in cooking, raw or undercooked meat, raw or undercooked eggs, raw vegetables sprouts, deli meat or hot dogs not heated until steaming hot, feeding donor human milk acquired directly from individuals or internet.</td>
</tr>
<tr>
<td>425.6</td>
<td>Feeding low calorie or low nutrient diets</td>
<td>Routinely feeding a diet very low in calories and/or essential nutrients. Examples include but are not limited to vegan diet, macrobiotic diet, etc.</td>
</tr>
<tr>
<td>425.7</td>
<td>Inappropriate use of dietary supplements</td>
<td>Feeding dietary supplements with potentially harmful consequences. Examples of dietary supplements which, if fed in excess of recommended dosage, may be harmful include single or multi-vitamins, mineral supplements, herbal or botanical supplements or teas.</td>
</tr>
<tr>
<td>425.8</td>
<td>Inadequate fluoride and vitamin D supplementation</td>
<td>Routinely not providing dietary supplements recognized as essential by national public health policy when infants diet alone cannot meet nutrient requirements. Providing children under 36 months less than 0.25 mg fluoride daily when the water supply contains less than 0.3ppm fluoride. Providing children 36-60 months of age less than 0.50 mg fluoride daily when the water supply contains less than 0.3ppm fluoride.</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Example</td>
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<tr>
<td>425.9</td>
<td>Pica</td>
<td>Routine ingestion of non-food items. Examples include: ashes, carpet fibers, cigarettes, chalk, clay dust, foam rubber, paint chips, soil, or starch.</td>
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<tr>
<td>427.1</td>
<td>Inappropriate use of dietary supplements</td>
<td>Feeding dietary supplements with potentially harmful consequences. Examples of dietary supplements which, if fed in excess of recommended dosage, may be harmful include single or multi-vitamins, mineral supplements, herbal or botanical supplements or teas.</td>
</tr>
<tr>
<td>427.2</td>
<td>Consuming very low calorie diets</td>
<td>Routinely feeding a diet very low in calories and/or essential nutrients. Examples include but are not limited to vegan diet, macrobiotic diet, etc.</td>
</tr>
<tr>
<td>427.3</td>
<td>Pica</td>
<td>Routine ingestion of non-food items. Examples include: ashes, carpet fibers, cigarettes, chalk, clay dust, foam rubber, paint chips, soil, or starch.</td>
</tr>
<tr>
<td>427.4</td>
<td>Inadequate iron, iodine or folic acid supplementation</td>
<td>Inadequate vitamin-mineral supplementation recognized as essential by national public health policy. Consumption of less than 27 mg of iron as a supplement daily by pregnant women. Consumption of less than 150 mcg of supplemental iodine per day by pregnant and breastfeeding women. Consumption of less than 400 mcg of folic acid from fortified foods or supplements daily by non-pregnant women.</td>
</tr>
<tr>
<td>427.5</td>
<td>Eating potentially harmful foods</td>
<td>Pregnant women ingesting foods that could be contaminated with pathogenic microorganisms. Examples include raw fish or shellfish, refrigerated smoked seafood, raw or undercooked meat or poultry, hot dogs, lunch meal, fermented dry sausage not heated until steaming hot, refrigerated pate or meat spreads, unpasteurized milk, soft cheeses (brie, blue cheese, feta), raw or under cooked meat or eggs, raw sprouts, or unpasteurized fruit or vegetable juice.</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Criteria</td>
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<tr>
<td>428</td>
<td>Presumed dietary eligibility for infants and children age 4 to 23 months</td>
<td>- This risk may only be assigned to infants from 4-12 months of age and children 13-23 months of age after a complete nutrition assessment has been performed and no other risk have been identified. An infant or child who has begun to consume complementary foods and beverage, eat independently, wean from breastmilk or formula is transition form a diet on infant/toddler foods to one based on the Dietary Guidelines.</td>
</tr>
<tr>
<td>501</td>
<td>Possibility of Regression</td>
<td>- A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the health professional determines there is a possibility of regression in nutritional status without the benefits that the WIC program provides. Not every nutrition risk criterion leads to regression. This risk cannot be used for two consecutive certification periods.</td>
</tr>
<tr>
<td>502</td>
<td>Transfer of Certification</td>
<td>- Applicant presently with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid until the certification period expires, and shall be accepted as proof of eligibility for program benefits. If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants. - This criterion would be used primarily when the VOC document does not reflect another (more specific) nutrition risk condition at the time of the transfer or if the participant was initially certified based on a nutrition risk condition not in use by the receiving State agency.</td>
</tr>
<tr>
<td>601</td>
<td>Breastfeeding mother or infant at nutritional risk</td>
<td>- A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.</td>
</tr>
<tr>
<td>602</td>
<td>Breastfeeding complications or potential</td>
<td>- A breastfeeding women with any of the following complications or potential complications: severe breast engorgement, recurrent plugged ducts, mastitis,</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Criteria</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>603</td>
<td>Breastfeeding complications or potential complications (infant)</td>
<td>- A breastfeeding infant with any of the following complications or potential complications: jaundice, weak or infective suck, difficultly latching onto mother breast, inadequate stooling or wet diapers.</td>
</tr>
<tr>
<td>701</td>
<td>Infant up to 6 months of age of WIC mother or of a woman who would have been eligible during pregnancy</td>
<td>- An infant &lt; 6 months of age whose mother was a WIC participant during pregnancy or whose mother’s medical record document shall that show would be been eligible during pregnancy.</td>
</tr>
<tr>
<td>702</td>
<td>Breastfeeding infant of woman at nutritional risk</td>
<td>- Breastfeeding infant of woman at nutritional risk.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Must be at the same priority as at-risk mother.</td>
</tr>
<tr>
<td>703</td>
<td>Infant born with mental retardation or alcohol drug abuse in most recent pregnancy</td>
<td>- Infant born of a woman diagnosed with mental retardation or using alcohol or drugs.</td>
</tr>
<tr>
<td>801</td>
<td>Homelessness</td>
<td>- A woman, infant or child who lacks a fixed regular nighttime residence or whose primary residence is a shelter, institution, temporary accommodation, or residence not designed for regular sleeping accommodations.</td>
</tr>
<tr>
<td>Code</td>
<td>Category</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
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<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>802</td>
<td>Migrancy</td>
<td>- Categorically eligible women, infant and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months and who established for the purpose of employment temporary housing.</td>
</tr>
<tr>
<td>901</td>
<td>Recipient of Abuse</td>
<td>- Battering or child abuse/neglect within past 6 months as self-reported, reported or documented by social worker, health care provider or other appropriate personnel.</td>
</tr>
</tbody>
</table>
| 902  | Pregnant Woman, Mother or Infant or Child of Primary Caregiver with Limited Ability to Prepare Food | - Woman or infant/child whose primary caregiver is assess to have a limited ability to make appropriate feeding decisions and/or prepare food.  
- This may include: ≤17 years of age, mentally disabled, mental illness, depression, physical disability, currently using or history of abusing alcohol, prescription drugs, marijuana or other drugs, r intellectual disability. | Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding, Woman Postpartum, Infant-04, Child-05 |
| 903  | Foster Care               | - Entering the foster care system during the previous six months or moving from one foster care home to another during the previous six months. Cannot be used two times in a row while the child remains in the same foster home. It shall be used as the sole risk criterion only if careful assessment has been done.                                                                                                                      | Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding, Woman Postpartum, Infant-04, Child-05 |
| 904  | Environmental Tobacco Exposure | - Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside enclosed areas, like the home, place of child care, etc.  
- ETS is also known as secondhand, passive or involuntary smoke.                                                                                                           | Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01, Woman Postpartum-04, Infant-01 |
- The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.
Policy 219
Mid-Certification Health Assessment

POLICY
Local WIC Agencies shall provide a mid-certification health assessment (MCHA) for participants with a one-year certification period to meet WIC’s legislative mission and to engage participants in relevant nutrition education and counseling.

PURPOSE
The MCHA reduces administrative burden while maintaining program integrity and quality nutrition services to participants.

RELEVANT REGULATIONS
7 CFR 246.7(g)(1)(iv) – Certification periods
USDA Policy Guidance – Guidance for Providing Quality WIC Nutrition Services During Extended Certification Periods
FNS Instruction 803-4, Rev.1

DEFINITIONS
Mid-Certification Health Assessment (MCHA) - a complete health assessment with appropriate nutrition education, anticipatory guidance, breastfeeding support and referrals occurring approximately in the middle of a one-year certification. A Certifying Health Professional must complete the MCHA.

PROCEDURES
During the MCHA appointments, participant’s shall receive anthropometric measurements, bloodwork (as necessary), update of health and dietary assessment, follow-up immunization screening and be provided with appropriate nutrition education, anticipatory guidance, breastfeeding promotion and support, and referrals.

Per United States Department of Agriculture (USDA) WIC guidance, the extended certification periods provide administrative relief, however, they do not eliminate WIC’s legislative mission and need to maintain program integrity. Time freed up by reducing administrative requirements will be available for WIC staff to engage participants in relevant nutrition education and counseling.

MCHA Requirements
A. Participants certified for a one-year period shall be scheduled for a MCHA with a Certifying Health Professional between the fifth and seventh month of their one-year certification period.
   1. This is an expanded nutrition assessment and education appointment, not a certification/recertification.
   2. The MCHA shall include a complete assessment, appropriate nutrition education and referrals for the participant. At a minimum, a complete MCHA shall include:
      a. Length/height and weight measurements (Refer to Policy 216-Anthropometric Screening)
      b. Hemoglobin or Hematocrit as appropriate (Refer to Policy 217- Hemoglobin/Hematocrit)
      c. Diet assessment
      d. Health assessment
      e. Immunization screening and referrals as appropriate
      f. Age and developmentally-appropriate anticipatory guidance and dietary recommendations
      g. Updated food package assignment as appropriate
h. Referrals as appropriate (e.g. FindHelpNowKY.Com, Medical Nutrition Therapy, Lactation Support, KY Quit line, etc.)

i. Support and encouragement for continued breastfeeding when appropriate.

B. Infants

1. If an infant is certified before four months of age, a MCHA is not required if the infant has a medical home and is obtaining routine well-child checks. Document the health care provider name and the date of the 6-month well-child check in the participant’s medical record.
   a. WIC Staff shall provide follow-up nutrition education based on Policy 405 - WIC Low Risk Secondary Nutrition Education.

2. If the infant does not have a healthcare provider or does not have an appointment for a 6 month well-child check, WIC staff shall schedule and provide a MCHA.

Documentation

A. Document the MCHA information in the computer system at the time of the visit. This is completed by entering new measurements, plotting growth charts, reviewing, and updating the WIC-75.

1. Documentation must include:
   a. Length/height and weight measurements
   b. Hemoglobin or hematocrit test results, if obtained
   c. Additional risk factors, if applicable
   d. Diet assessment questionnaire
   e. Health assessment questionnaire
   f. Food package changes
   g. Nutrition education provided
   h. Referrals made

2. “Mid-Certification nutrition education provided per protocol” or “MC-NEPP” may be documented when information provided to the participant is according to the existing counseling protocols to reduce time documenting the service. If the protocol is not followed, or “MC-NEPP” is not documented, then documentation must be made of the counseling that is provided and any supporting materials/handouts that were provided.

Referral Data

A. Participants may bring height, weight and hematological measurements from another provider. See Kentucky WIC Referral form in the 200 Certification Appendices of this section.

Scheduling

A. The MCHA may be counted as one of the three required quarterly nutrition education contacts during the one-year certification period.

1. Schedule the participant for a second nutrition education contact 2 to 3 months before and after the MCHA appointment.
   a. High Risk participants must be referred or scheduled for an appointment for WIC High Risk Counseling for at least one visit during the one-year certification period.
      i. The WIC High Risk Counseling is recommended to be provided during the MCHA to minimize administrative burden.
   b. Participants transferring to Kentucky after the seventh month of their one-year certification period do not need a MCHA and shall instead be scheduled for a secondary nutrition education contact before the end of their certification period.

Missed/Refused MCHA Appointments

A. Benefits cannot be withheld if the MCHA is not completed on time or if the participant refused the appointment, since the MCHA is not a certification.
B. If the initial MCHA appointment is missed, local WIC staff may issue one month of benefits and schedule the MCHA appointment.

C. If the participant/parent/caretaker refuses the MCHA appointment and completes another type of nutrition education activity, up to three months of benefits may be issued.
   1. MCHA appointment refusal must be documented in the participant’s medical record.
Policy 220
Program Access in Disaster Situations

POLICY
In a disaster, the WIC Programs shall work to maintain program access to current WIC Participants and potentially eligible individuals. Local WIC Agencies shall notify the public of hours of operations per guidance in the Administrative Reference, Local Health Operations Section.

PURPOSE
In a disaster, WIC Programs shall work to maintain regular certification and benefit delivery to participants.

RELEVANT REGULATIONS
7 CFR 246.7 (o)(2)(I)(C) – Certification of participants
7 CFR 246.7 (g)(3) – Certification of participants
7 CFR 246.7 (e)(B) – Nutritional Risk
7 CFR 246.7 (d)(2)(v)(C) – Are applicants required to document income eligibility- exceptions
WIC Policy Memorandum 95-9, WIC Disaster Policy and Coordination
WIC Policy Memorandum 2016-4, “Verification of Certification”

PROCEDURES
WIC’s Role in Disasters
Ensuring access to nutrition assistance is a critical and immediate focus for disaster response teams.
A. USDA Foods and the Disaster Supplemental Nutrition Assistance Program (D-SNAP) are the primary methods that USDA uses to respond to the nutrition needs of disaster survivors.
B. WIC’s role in responding to disasters is minimal, as the Program is neither designed nor funded to meet the basic nutritional needs of disaster survivors who would not otherwise be eligible to receive WIC benefits.
   1. In a disaster, WIC Programs shall work to maintain regular certification and benefit delivery to participants.
C. The State Agency WIC Director will coordinate with the Department of Public Health Preparedness Branch and the Maternal and Child Health Division staff during disasters.

WIC Certification During a Disaster
A. Disaster- Related Evacuees
   1. If able to obtain VOC information from participant or originating agency, disaster-related evacuees with a valid certification from another agency should be processed as a VOC.
      a. Disaster-related evacuees seeking a transfer should be considered high priority and seen as soon as possible, within 10 calendar days.
      b. A participant with a valid VOC cannot be denied participation in another State because she/he does not meet the State’s particular eligibility criteria. Refer to Policy 204- Transfer/VOC.
      c. For VOC evacuees on non-non contract infant formula, exempt infant formula or WIC Nutritionals, documentation of qualifying condition is required.
         1. For in-state VOC, the current food package and approval expiration date may be found in the system.
         2. For an out of state VOC, documentation on the VOC may be accepted. If documentation is not available, an attempt must be made to contact the originating clinic to obtain documentation. File electronic or faxed documentation in the medical record. If medical documentation is provided via the phone to the WIC Clinic staff, the WIC staff must document the information in the participant’s medical record and request written confirmation.
a. If documentation cannot be obtained, contact the State WIC Office for additional guidance.

3. Participants who are medically fragile and or require non-contract, exempt infant formula or WIC nutritionals must be referred to a local medical provider to ensure the participant is linked to the health care system during the disaster and displacement.

4. Contact the State WIC Office for any additional guidance.

2. Disaster-related evacuee applicants must be notified of eligibility or ineligibility within 10 days of the date of the first request of WIC Program benefits. Refer to Policy 202 Processing Standard.
   a. If residing with family or friends, the displaced individuals may be treated as a separate economic unit.
      i. Income documentation for Disaster Related Evacuees does not apply to a woman or child for whom the agency determines the requirement would present an unreasonable barrier to participation.
         a) Disaster-related evacuee applicants must sign a statement specifying why he/she cannot provide documentation of income. Refer to Policy 206 Determining Household Income, Policy 207 Required Proofs Not Present, Policy 208 Homeless Participants.
         b) See policy 209 regarding physical presence requirements and exemptions.
         c) If Proof of Residency or Identity may be lost, destroyed or damaged in disaster situations. In this case, the statement of no Proof must be utilized to document their residency or identity. See Policy 207 Required Proofs Not Present.
   b. The displaced individuals are considered homeless.
      i. The Health Professional should assess if the homeless food package is the most appropriate food package for issuance. When issuing the homeless food package, the displaced participant food list insert must be provided.
      ii. The Health professional must assess and determine if Ready to Feed infant formula is appropriate for issuance due to unsanitary water supply. See Section 600 for further guidance regarding food package assignment.
      iii. For homeless participants, the 801 homeless risk code must be assigned.
   c. All disaster-related evacuees shall be issued a VOC upon certification to assure continuation of benefits when he/she returns to his/her home State.

3. A VOC shall be provided by the local WIC agency to WIC participants when a disaster-related evacuation is anticipated.

B. Other Emergency/Disaster 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 Local WIC Agency is unable to access the WIC System (CMS/Portal) or issue WIC benefits because of a natural disaster or a prolonged system outage, the agency shall follow their county’s health department disaster plan until a viable plan to access the WIC system is available.
   a. It might 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.
   b. A plan shall also contain continual contact with the KY WIC Help Desk for any assistance needed. The Help Desk number is accessible 24 hours a day at (877) 597-0367.
c. Each local agency shall maintain on file and have accessible for review, their disaster/prolonged outage plan to ensure continued access to Kentucky WIC benefits.

2. Local WIC Agencies shall utilize available paper resources to maintain regular certification and benefit delivery to participants.
   a. The CH-5B is available in English and Spanish for patient registration and documentation of residence and income proofs and receipt of Rights and Responsibilities.
   b. Paper WIC Certification Forms (WIC-75s) are available for documentation of WIC Nutrition Risk Assessment including anthropometric and hematological measures. See Section 200 Certification Appendices.
   c. Paper CDC Growth charts may be utilized for plotting and assessing growth. https://www.cdc.gov/growthcharts/clinical_charts.htm
   d. Notify the Kentucky WIC Help Desk.
      a. In some instance, the state agency may be able to provide issuance remotely. See Policy 807 – Food Delivery in Disaster Situations.

3. There may be disasters or emergencies for which the State WIC Office will need to request Waivers to the Program from USDA.
   a. The waivers are short term and require report of use and impact on the program participation.
   b. For example, at the onset of the COVID-19 Pandemic, due to shortages in milk supply, the State received a waiver which allowed the purchase of 2% milk in place of 1% or less milk when 1% or less was not available on store shelves as well as the ability to waive physical presence and defer measurements.
   c. The WIC Office will provide policy guidance to local agencies when such waivers are received from USDA.

Rev. 10/20
Policy 221
Remote Certification During COVID-19 Pandemic

POLICY
During the COVID-19 pandemic, the WIC Programs is operating under emergency state regulations allowing for physical presence, anthropometrics and hematological data exemptions. This will allow Local Agencies to conduct remote certifications during the pandemic. WIC shall work to maintain program access to current WIC participants and potentially eligible individuals.

PURPOSE
During the COVID-19 pandemic, local WIC agencies shall work to maintain regular certification and benefit delivery to participants and serve new participants.

RELEVANT REGULATIONS
7 CFR 246.7 (o)(2)(I)(C) – Certification of participants
7 CFR 246.7 (g)(3) – Certification of participants
7 CFR 246.7 (e)(B) – Nutritional Risk
7 CFR 246.7 (d)(2)(v)(C) – Are applicants required to document income eligibility-exceptions
WIC Policy Memorandum 95-9, WIC Disaster Policy and Coordination
WIC Policy Memorandum 2016-4, “Verification of Certification”
The Families First Coronavirus Response Act March 2020

PROCEDURES
WIC’s Role in a Pandemic
1. In a pandemic, WIC Programs shall work to maintain regular certification and benefit delivery to participants while practicing social distancing and proper cleaning and sanitation practices.

WIC Certification/Recertification During COVID-19 pandemic

A. Refer to Policy 201 for status and Priority, no changes due to COVID-19

B. Refer to Policy 202 for Processing Standards, no changes due to COVID-19

C. Refer to Policy 203, 205, 206 & 207 regarding Proof Codes and income eligibility See below for specific guidance related to COVID-19, changes have been implemented or flexibilities of current policy emphasized.
1. Participant Unable to Provide Proofs due to No Face-to-Face WIC Services
   a. Document the following on the Statement of No Proof Form (WIC- NP)
      1. Residence: participant’s address
      2. ID: participants name, driver’s license number if available, and date of birth

Page 1
Remote Certification During COVID-19
Policy 221
October 2021
3. Income: self-reported income unless adjunctive eligibility is able to be verified
   b. Document “self-reported via phone due to COVID-19” with staff member’s name

D. Physical presence requirement has been waived due to COVID-19 pandemic.
   1. Document in the medical record “Remote Cert due to COVID-19”
   2. Document in the most appropriate Physical Presence Exception the CMS Portal system from the drop down. Below is a listing and description of the approved exceptions

3. For participants who do not meet any of the below exceptions, use Disability and document COVID-19 Pandemic in the medical record
   a) Disabilities. A participant or parent/caretaker of a participant with a physical or mental disability that creates a current barrier to coming to the clinic.
      1) Impaired functions such as caring for oneself, walking, seeing, hearing, speaking, breathing, learning, and working
      2) A medical condition that necessitates the use of medical equipment that is not easily transportable
      3) A medical condition that requires confinement to bed rest;
      4) A serious illness or medical condition that may be worsened by coming to the clinic
      5) A serious illness that may be exacerbated by coming into the WIC clinic (i.e. an individual with compromised immunity such as an individual undergoing cancer treatment)

   6) A contagious illness that may be transmitted to others by coming to the clinic
   b) Receiving ongoing health care
      1) An infant or child who was present at his/her initial certification and is receiving documented ongoing healthcare
   c) Working parents or Caretakers
      1) An infant or child who was present at his/her initial certification and at a recertification within the past year and whose parent(s)/caretaker(s) work status presents a barrier to bringing the infant or child to the clinic
   d) Newborn infant
      1) An infant under eight (8) weeks of age who cannot be present at certification due to an appropriate reason. Although physical presence is not required under 8 weeks of age, the health professional shall determine that the infant is receiving health care from appropriate provider

E. Refer to Policy 210 for Certification Periods, no changes due to COVID-19

F. Refer to Policy 211 for Rights and Responsibilities.
   See below for specific guidance related to COVID-19, changes have been implemented or flexibilities of current policy emphasized.

   1. Applicants, participants, or their parent/legal representative /caretaker, must have read to them, the WIC Rights and Responsibilities section on the Registration/ Authorization/ Certifications and Consents form (CH-5/CH-5B or CH-5WIC)
2. Refer to Administrative Reference Section Consent for Services, General Consent when Parent or Legal Representative cannot be Present at Visit for guidance on documenting verbal consent. Document in the medical record on the CH-5 or CH-5B that verbal consent was obtained and Right and Responsibilities read to the participant.

3. The following should be mailed or emailed to participants at certification:
   a. Kentucky eWIC Benefits pamphlet (eWIC-1)
   b. The Household WIC Shopping List. To protect privacy, the WIC Benefit List shall **not** be mailed
   c. Kentucky Approved Food List (initial certifications, also available in the KY WIC shopper App)
   d. List of KY WIC Approved Vendors (initial certifications, also available in the KY WIC shopper App)
   e. See Policy 808 Food Delivery During COVID-19 and eWIC Cards regrading issuance of new eWIC Cards

4. All applicants/participants determined ineligible, denied or discontinued WIC, or imposed a claim must be provided a completed “Notice of Ineligibility” (WIC 54) in person, via mail or email

G. Refer to Policy 212 for Voter Registration.

   **See below for specific guidance related to COVID-19, changes have been implemented or flexibilities of current policy emphasized.**

1. Voter Registration must continue to be offered to all individuals who are 18 years old or older at certification, recertification and when an address change and/or VOC transfer occurs
2. The Voter Registration Rights and Preference form (WIC 53) form shall the completed each time voter registration is offered. This form provides their rights concerning registering to vote and documents the opportunity to register
3. This should be read to the participant and the staff shall document provided verbally, dated and signed
4. A copy of the form must be emailed or mailed to the participant

5. A Voter Registration Application (SBE01) form shall be mailed to every applicant/participant who answers “YES” to the Voter Preference Question. The applicant should be encouraged to mail or drop at their local county clerks office and offered the website https://vrsws.sos.ky.gov/ovrweb/ to register or update registration online if preferred

H. Refer to Policy 215 for Certification Risk Assignment and Policy 218 for Risk Criteria Code and Descriptions, no changes due to COVID-19

I. Refer to Policy 216 for Anthropometric Screening

   **See below for specific guidance related to COVID-19, changes have been implemented or flexibilities of current policy emphasized.**
1. During the COVID-19, if anthropometric data is not available, this requirement is waived
   a. Indicate in the system the measures are unknown, if unknown.
   b. Document on the WIC-75 the reason measures are unknown such as “No height or weight-remote cert- COVID-19”

2. If anthropometric data is available, it must be documented, growth charts plotted as appropriate and risk codes assigned as appropriate

J. Refer to Policy 217 for Hemoglobin and Hematocrit Screening

K. **See below for specific guidance related to COVID-19, changes have been implemented or flexibilities of current policy emphasized.**
   1. During the COVID-19, if hematological data is not available, this requirement is waived
      a. Indicate in the system the measures are unknown, if unknown.
      b. Document on the WIC-75 the reason measures are unknown such as “No Hgb-remote cert- COVID-19”
   2. If anthropometric data is available, it must be documented, and risk codes assigned as appropriate

L. Refer to Policy 219 for Mid Cert Health Assessments
   **See below for specific guidance related to COVID-19, changes have been implemented or flexibilities of current policy emphasized.**
   1. May be deferred for up to 3 months or provided via phone. Anthropometric and hematological measures may be waived during the COVID-19 pandemic.

   Dev. 03/20
Section 200 Appendices
Certification
## Certification Appendices Index

<table>
<thead>
<tr>
<th>Instruction</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructions for Ordering WIC Forms and Supplies</td>
<td>3</td>
</tr>
<tr>
<td>Pamphlet Library Materials and Order Form</td>
<td>4</td>
</tr>
<tr>
<td>Proof of Residence, Identity, and Income Card (WIC-PC)</td>
<td>6</td>
</tr>
<tr>
<td>Proof Requirements Reminder (WIC-PR)</td>
<td>7</td>
</tr>
<tr>
<td>Statement of No Proof (WIC-NP)</td>
<td>8</td>
</tr>
<tr>
<td>WIC Clerical Checklist</td>
<td>9</td>
</tr>
<tr>
<td>Kentucky eWIC Benefits Card Pamphlet (eWIC-1)</td>
<td>10</td>
</tr>
<tr>
<td>eWIC Cardholder (eWIC-3)</td>
<td>11</td>
</tr>
<tr>
<td>eWIC Issuance Reference/Items to Review with Participant (eWIC-4)</td>
<td>11</td>
</tr>
<tr>
<td>Voter Registration Rights and Preference Form (WIC-53)</td>
<td>15</td>
</tr>
<tr>
<td>Voter Registration Application Form (SBE-01)</td>
<td>16</td>
</tr>
<tr>
<td>Voter Registration Application (system generated)</td>
<td>17</td>
</tr>
<tr>
<td>Local Agency Conflict of Interest &amp; Separation of Duties Tracking Log</td>
<td>18</td>
</tr>
<tr>
<td>Participant Rights and Responsibilities Info Sheet</td>
<td>19</td>
</tr>
<tr>
<td>Fair Hearing &amp; Civil Rights Procedures Poster</td>
<td>21</td>
</tr>
<tr>
<td>Verification of Certification (VOC) Profile (To Transfer)</td>
<td>22</td>
</tr>
<tr>
<td>Verification of Certification (VOC) (WIC-17)</td>
<td>23</td>
</tr>
<tr>
<td>VOC (WIC-17) Inventory</td>
<td>25</td>
</tr>
<tr>
<td>VOC Email Alert</td>
<td>26</td>
</tr>
<tr>
<td>VOC Label (To Receive)</td>
<td>27</td>
</tr>
<tr>
<td>Notice of Ineligibility (WIC-54)</td>
<td>28</td>
</tr>
<tr>
<td>Reminder Postcard (WIC-51)</td>
<td>29</td>
</tr>
<tr>
<td>Proposed WIC Site Application</td>
<td>30</td>
</tr>
<tr>
<td>Notification of Closing a WIC Service Site</td>
<td>31</td>
</tr>
<tr>
<td>WIC Helps Pamphlet (DPH-070)</td>
<td>32</td>
</tr>
<tr>
<td>Health Care Providers and Kentucky WIC Pamphlet</td>
<td>33</td>
</tr>
<tr>
<td>And Justice for All Poster</td>
<td>34</td>
</tr>
<tr>
<td>Stretch Your Food Budget Poster</td>
<td>35</td>
</tr>
<tr>
<td>Preg? New Baby? Poster</td>
<td>36</td>
</tr>
<tr>
<td>Sample Outreach Announcement</td>
<td>37</td>
</tr>
<tr>
<td>Kentucky WIC Ethnicity and Race Handout</td>
<td>39</td>
</tr>
<tr>
<td>Kentucky WIC Program Proxy Authorization Form</td>
<td>40</td>
</tr>
<tr>
<td>WIC Program Abuse Poster</td>
<td>43</td>
</tr>
<tr>
<td>WIC Program Abuse Letter</td>
<td>44</td>
</tr>
<tr>
<td>WIC VOC/Moving Poster</td>
<td>47</td>
</tr>
<tr>
<td>WIC Registration, Consent and WIC Certification</td>
<td>48</td>
</tr>
<tr>
<td>Kentucky WIC Referral Form</td>
<td>55</td>
</tr>
<tr>
<td>Kentucky WIC Certification Forms (WIC-75)</td>
<td>53</td>
</tr>
</tbody>
</table>
INSTRUCTIONS FOR ORDERING WIC FORMS AND SUPPLIES

To request certain forms and publications, the electronic WIC Supply Requisition order form must be used. Below are the instructions for completing and submitting the supply requisition form:

- Submitted by: Enter the name of the individual completing the supply requisition
- Enter the mailing address where the supplies are to be shipped
- "Save" an electronic copy of the supply requisition on your desktop or folder
- Attach a copy of the supply requisition to email, and send the email to the WIC Help Desk at wic.helpdesk.ky.gov
- Orders will be completed and shipped within 1-5 business day
- The electronic Excel formatted WIC Supply Requisition Order form is available from the Kentucky WIC State Office- Program Management Section, 502-564-3827, option 5.

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**WIC PROGRAM SUPPLY REQUISITION FORM**

**PROGRAM MANAGEMENT**

Email the completed form to: WICHelpdesk@ky.gov

<table>
<thead>
<tr>
<th>DATE REQUESTED</th>
<th>NAME OF REQUESTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>DELIVER TO:</td>
<td>(Local health department/agency address)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FORM #</th>
<th>Quantity Requested</th>
<th>Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC-51</td>
<td>REMINDER POST CARD</td>
<td></td>
</tr>
<tr>
<td>WIC-52</td>
<td>ISSUANCE STICKY SHEET</td>
<td></td>
</tr>
<tr>
<td>WIC-53</td>
<td>VOTER REG RIGHT &amp; PREF</td>
<td></td>
</tr>
<tr>
<td>WIC-54</td>
<td>NOTICE OF INELIGIBILITY</td>
<td></td>
</tr>
<tr>
<td>WIC-54S</td>
<td>SPANISH NOTICE OF INELIGIBILITY</td>
<td></td>
</tr>
</tbody>
</table>

**WIC PROGRAMS - ENGLISH**

- WIC-55E01 VOTER REG BX5 CARDS
- WIC-55E01 VOTER REG MAIL IN PKM
- WIC-17 VERIFICATION OF CERT (VOC)
- EWR/4 ISSUANCE RFR/REQ
- WIC-PC WIC PROOF CODE
- WIC-PR PROOF REQUIREMENTS
- WIC-AP NO PROOF FORM
- CH-90C WIC REG CONSENT FORM
- RACE & ETHNICITY HANDOUT (ENGLISH)
- CLERICAL CHECKOUT (ENGLISH)
- KENTUCKY WIC RIGHTS & RESPONSIBILITIES HANDOUT

**POSTERS**

- JUSTICE FOR ALL POSTER
- FAIR HEARING POSTER (ENGLISH)
- FAIR HEARING POSTER (SPANISH)
- MOVING VOC REMINDER POSTER
- PREGNANT/BABY OUTREACH POSTER (ENGLISH)
- PREGNANT/BABY OUTREACH POSTER (SPANISH)
- FOOD BUDGET POSTER

**WIC FORMS - SPANISH**

- CH-90C SPANISH CONSENT FORM
- WIC-55S SPANISH REMINDER CARD
- WIC-AP SPANISH PROOF FORM
- CH-90S SPANISH WIC HELP
- WIC-AP SPANISH VOTER RIGHTS
- RACE & ETHNICITY HANDOUT (SPANISH)
- CLERICAL CHECKOUT (SPANISH)

**WIC FORMS - BOSSAN**

- WIC-55B BOSSAN PROOF FORM
- CPK-111B BOSSAN PART FOLDER
- WIC-90B BOSSAN PROOF REQUIREMENTS
- WIC-55B BOSSAN VOTER RIGHTS

FILLED BY: | DATE: (State WIC office use)

*Attention: Education Materials & KT WIC Approved Food Lists may be ordered via pamphlet library. Visit https://wicinfo.ky.gov/agencies/docs/lib/ktWIC/Ch512081PamphletLibReq.xls

** Vendor Supplies should be requested by emailing KYWICExtraview@CT-110V

REV. 9/27/23

Page 3
Section 200 Appendices
October 2021
The following items are available to order at the Frankfort Habilitation pamphlet library. These include:

- WIC Helps Pamphlet DPH-070
- eWIC Benefits Card Pamphlets
  - in English or Spanish eWIC-1
- eWIC Cardholders in English or Spanish eWIC-3
- WIC Approved Food List English WIC-40
- WIC Approved Food List Spanish WIC-40S
- Health Care Providers and KY WIC Program Pamphlet
- WIC Nutrition Education Materials (infant feeding guides, trimester guides, child feeding guides, etc.)

Materials at the pamphlet library may be ordered by sending a fax to (502) 227-7191 using the CHFS-1210 form. Please include the item name, quantity needed, and the complete mailing address. The CHFS-1210 ordering form with instructions may be found on the Department for Public Health web site at: http://chfs.ky.gov/dph/info/lhd/LHDforms.htm.
### CHFS -1210 PAMPHLET LIBRARY ORDERING FORM

#### COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH

### PUBLICATION REQUEST

**CHFS.1210**

**[R. 05/2014]**

**NOTE:** Only this Publication Request form may be used when ordering.

<table>
<thead>
<tr>
<th>Mail or Fax to</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAMPHLET LIBRARY</td>
</tr>
<tr>
<td>3705 Lawrenceburg Road</td>
</tr>
<tr>
<td>Frankfort, KY 40601-9412</td>
</tr>
<tr>
<td>Business Phone: (502) 227-0529</td>
</tr>
<tr>
<td>Fax Number: (502) 227-7391</td>
</tr>
</tbody>
</table>

**Person Ordering Pamphlet Material (Full Name)**

Health Department, Organization, Agency, School

**Physical Street Address (PO Box address is not accepted)**

**City**

**State (Abbreviated)**

**ZIP**

**Phone Number:**

<table>
<thead>
<tr>
<th>Phone Number:</th>
<th></th>
</tr>
</thead>
</table>

**Purpose for Request:**

**To be completed by Requester**

**Quantity Requested**

**Title of Pamphlets**

<table>
<thead>
<tr>
<th>Quantity Requested</th>
<th>Title of Pamphlets</th>
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<th></th>
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</tbody>
</table>

**For Pamphlet Library Staff to complete (Requester do NOT write in spaces below)**

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Title of Pamphlets</th>
<th>Available to fill shipment:</th>
<th>Please call Pamphlet Library to discuss order</th>
<th>Initials of Staff processing Order</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

To ensure the order is correctly processed and to avoid any delays, it is required that all information requested on this Publication Request form be complete and accurate. Please check information before submitting order.

A copy of this request form will be returned to organization for record-keeping purposes.

If more than one pamphlet is ordered and supply is not available, the requestor will be sent up to five pamphlets, and the requestor will need to submit another order at a later date if the pamphlet is needed.

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**Page 5**

Section 200 Appendices

October 2021
Proof of Residence, Identity, and Income Card (WIC-PC)

<table>
<thead>
<tr>
<th>Purpose</th>
<th>A reference for clinic staff of acceptable types of proof for residence, identity, and income including the system codes for data entry and when proof is required.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When To Use</td>
<td>WIC certification, recertification, food instrument/cash value benefit issuance, and data entry. Use is optional.</td>
</tr>
<tr>
<td>Disposition</td>
<td>Used by clinic staff.</td>
</tr>
<tr>
<td>Front of the card contains the code to be entered on the screen(s) for the type of proof and acceptable proof for residence, identity, and income. Back of card contains the situations when proof is required and description of adjunct eligibility.</td>
<td></td>
</tr>
<tr>
<td>Ordering</td>
<td>Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at <a href="mailto:WIC.Helpdesk@ky.gov">WIC.Helpdesk@ky.gov</a>. Order quantity as needed.</td>
</tr>
</tbody>
</table>

### WIC Proof of Residence, Identity and Income

<table>
<thead>
<tr>
<th>WIC Code</th>
<th>Type of Proof</th>
<th>Residence</th>
<th>Identity</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Current Medicaid eligibility KY HealthNet, Voice Response, DCP/EI, Presumptive Eligibility ID/ Medical BCCTP ID</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (See other side)</td>
</tr>
<tr>
<td>02</td>
<td>Food Stamps Letter, DCP/EI Verification</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>03</td>
<td>Driver's License</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes for adult</td>
</tr>
<tr>
<td>04</td>
<td>Immunization Record</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>Birth Certificate</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>School ID or Record</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>07</td>
<td>Hospital Record/Birth Card</td>
<td>Yes with address</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>08</td>
<td>Voter Registration Card</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>09</td>
<td>Current Mail/Still</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Phone ID</td>
<td>Yes with address</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Social Security Card</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Property Tax Bill/Receipt</td>
<td>Yes</td>
<td>Yes with name</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Current Rent/Mortgage Lease/Receipt</td>
<td>Yes</td>
<td>Yes with name</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Statement of No Proof</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Staff Recognition</td>
<td>Yes for receipt and F5</td>
<td>Yes for receipt and F5</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Current Pay Check Stub</td>
<td>Yes with address</td>
<td>Yes with name</td>
<td>Yes if gross income</td>
</tr>
<tr>
<td>17</td>
<td>Tax Return/W-2 Form</td>
<td>Yes with address</td>
<td>Yes with name</td>
<td>Yes</td>
</tr>
<tr>
<td>18</td>
<td>Unemployment Letter</td>
<td>Yes with address</td>
<td>Yes with name</td>
<td>Yes</td>
</tr>
<tr>
<td>19</td>
<td>Social Security Earnings</td>
<td>Yes with address</td>
<td>Yes with name</td>
<td>Yes</td>
</tr>
<tr>
<td>20</td>
<td>Lease and Earnings Military</td>
<td>Yes with address</td>
<td>Yes with name</td>
<td>Yes</td>
</tr>
<tr>
<td>21</td>
<td>eWIC Cardholder</td>
<td>Yes for receipt and F5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Medical Record</td>
<td>Yes for receipt and F5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Persons eligible for KTA receive Medicaid. Any other proof for KTA, use “other” code.
2. Statement is good for the certification period.
3. Acceptable proof must be valid and presented before use.
4. Proof of residence and identity must be seen for Presumptive Eligibility and BCTTP.

### WIC Adjunct Income Eligibility Proof Requirements and Documentation

- [WIC-PC 3/2012](#)
## PROOF REQUIREMENTS REMINDER
### WIC-PR – ENGLISH/SPANISH
### WIC-PRB – ENGLISH/BOSSIAN

<table>
<thead>
<tr>
<th><strong>Purpose</strong></th>
<th>To remind and/or inform persons of WIC requirements for proof.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>When To Use</strong></td>
<td>As needed. Use is optional.</td>
</tr>
<tr>
<td><strong>Disposition</strong></td>
<td>Given to participants, participants, and others for information.</td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td>English on front with Spanish (WIC-PR) or Bosnian (WIC-PRB) on the back</td>
</tr>
<tr>
<td><strong>Ordering</strong></td>
<td>Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at <a href="mailto:WIC.Helpdesk@ky.gov">WIC.Helpdesk@ky.gov</a>. –Bundled in packages of 200.</td>
</tr>
</tbody>
</table>

---

**Healthy Eating Habits Grow Healthy Families**

Bring the required proofs below to the WIC Office and if you qualify, you can begin receiving WIC healthy foods today!

**Proof of your Identity...**
- One of these for yourself and any other persons being screened:
  - Driver's License
  - Work or School ID
  - Hospital Birth Record
  - Birth Certificate
  - Social Security Card
  - Voter Registration Card
  - Immunization Record

**Proof of your Residence...**
- One of these:
  - Current bill for electric, gas, telephone, or cable
  - Current lease or receipt
  - Driver's license

**Proof of your Household Income...**
- Proof for all sources of income for all household members:
  - SNAP letter
  - Current pay stub (last 30 days)
  - W-2 forms
  - Signed statement from employer
  - Income tax forms for most recent year
  - Unemployment letter/notice
  - Check stub/notification letter from Social Security
  - Record Leave and Earnings Statement (LES) for military
  - Foster child placement/award letter
  - Tax forms or accounting records for self-employed
  - Copies of alimony or child support checks

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

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

This institution is an equal opportunity provider.

WIC-PR Rev. 7/2018
# STATEMENT OF NO PROOF (WIC-NP)

<table>
<thead>
<tr>
<th><strong>Purpose</strong></th>
<th>For a participant to provide a written statement of their residence, identity, and/or income, and the reason proof cannot be provided.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>When To Use</strong></td>
<td>When the participant does not have and/or cannot provide proof/documentation of residence, identity, and/or income. Completed form is good for the certification period. At recertification, if there still is no proof, another statement must be obtained. Use is optional.</td>
</tr>
</tbody>
</table>
| **Instructions** | 1. Attach a patient label or write the patient's name and ID number in the space provided.
2. Ask the participant to read the policy and warning (or read to the participant if they are unable to read).
3. Check the item(s) for which the participant is unable to provide proof. (One, two, or three items may be checked.)
4. Participant (or staff if participant is unable to write) writes a detailed statement explaining why he/she is unable to provide proof.
5. Participant signs and dates on the line provided. |
| **Disposition** | File completed form in person's medical record. |
| **Retention** | Per medical record requirements. |
| **Language(s)** | English (WIC-NP), Spanish (WIC-NPS), and Bosnian (WIC-NPB) versions are available. |
| **Ordering** | Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at WIC.Helpdesk@ky.gov. Order quantity as needed. |

---

**Kentucky WIC Program Statement of No Proof**

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

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

I understand that by completing, signing, and dating this form, I am certifying that the information I am providing is correct.

I understand that giving false information to WIC is sufficient grounds for termination from the WIC Program and may result in paying the state agency. In case, the value of the foods improperly received.

Compilation of this form is for check and complete all that apply:

- Address — applicant lives at
- Identification — applicant's full name is
- Income — applicant's total household income is

If reporting zero income, explain how your household expenses are being paid below.

Reason for No Proof of the above:


Applicant:

(Signature)

This institution is an equal opportunity provider.
## WIC CLERICAL CHECKLIST

<table>
<thead>
<tr>
<th><strong>Purpose</strong></th>
<th>A resource for front line staff in ensuring all federal requirements are met during registration of WIC applicants and participants.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>When To Use</strong></td>
<td>During WIC applicant and participant registration.</td>
</tr>
<tr>
<td><strong>Instructions</strong></td>
<td>Follow the steps in the check list to ensure all federal requirements are met during registration of WIC applicants and participants</td>
</tr>
<tr>
<td><strong>Language(s)</strong></td>
<td>English, Spanish</td>
</tr>
<tr>
<td><strong>Ordering</strong></td>
<td>Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at <a href="mailto:WIC.Helpdesk@ky.gov">WIC.Helpdesk@ky.gov</a>. Order quantity as needed.</td>
</tr>
</tbody>
</table>

---

### Clerical Checklist
- Offer Free Communication Assistance
- Offer Reasonable Modifications & Auxiliary Aids and Services.
- Perform Statewide VOC Search (Adds)
- Update/Collect Demographic Information
- Offer Voter Registration
- Update Proxy Information
- Complete Income Assessment (not required at Mid-Certification Health Assessment)
- Collect Ethnic/Race Data and explain Rights & Responsibilities (Certification appointment)

### Explain and Collect Ethnic and Racial Data:
This information is requested solely for the purpose of determining the state's compliance with Federal civil rights laws and may be protected by the Privacy Act. Providing this data is voluntary and has no effect on the determination of eligibility to participate in WIC. If you do not self-identify your ethnicity and/or race, staff will make a visual observation.

### Explain Rights and Responsibilities:
“These are your WIC rights and responsibilities. By signing the Registration/Authorization/Certification and Consent form (CH-5 or CH-5WIC), you are indicating that you have read and understand your rights and responsibilities and that the income provided is true and correct to the best of your knowledge. The proxy(ies) you have designated will be able to pick up your WIC food instruments and redeem the food instruments at the grocery store. Proxy(ies) must abide by the same WIC Rights and Responsibilities. In accordance with Federal Civil Rights laws, you have the right to file a complaint with the Kentucky State WIC Office or USDA directly.”

This institution is an equal opportunity provider.
### Kentucky eWIC Benefits Card Pamphlet (eWIC-1)

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To inform the participant of their rights and responsibilities, how to use WIC food instruments/cash value benefits and other important information, and to keep the card secure.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When To Use</td>
<td>At initial certification, recertification, and a participant needs to be informed of the information.</td>
</tr>
<tr>
<td>Instructions</td>
<td>Must provide a pamphlet to each new WIC Program participant.</td>
</tr>
<tr>
<td>Disposition</td>
<td>Give to participant/caretaker.</td>
</tr>
<tr>
<td>Retention</td>
<td>None. Not retained by agency/site.</td>
</tr>
<tr>
<td>Language</td>
<td>English and Spanish versions are available.</td>
</tr>
<tr>
<td>Ordering</td>
<td>Ordered from Pamphlet Library. Pamphlets are packaged 100 per bundle.</td>
</tr>
</tbody>
</table>
## Kentucky eWIC Cardholder (eWIC-3)

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To inform the participant of other services available and general information related to the receipt of the eWIC card.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When To Use</td>
<td>Provide a card book at issuance of the eWIC card.</td>
</tr>
</tbody>
</table>
| Instructions | Write cardholder’s name and household member’s names inside front cover who have benefits on the eWIC card. There is also a blank page for local WIC agency information label or stamp.  
Future appointments may also be written inside the book on appointment pages. |
| Language | English and Spanish versions are available. |
| Ordering | Ordered from the pamphlet library. Card books are packaged 100 per box. |

---

**Cardholder**

---

**Household Members receiving WIC**

If card is lost or stolen call  
your local health department or  
1-877-597-0367
### eWIC Issuance Reference/Items to Review with Participant (eWIC-4)

<table>
<thead>
<tr>
<th>Purpose</th>
<th>This sheet serves as a reminder of procedures for issuing an eWIC card and outlines information that needs to be provided to the participants.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When To Use</td>
<td>Use as needed for training on eWIC benefits issuance.</td>
</tr>
<tr>
<td>Ordering</td>
<td>Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, email WIC Program Requisition Form to the Ky WIC Help Desk at <a href="mailto:WIC.Helpdesk@ky.gov">WIC.Helpdesk@ky.gov</a>. Order quantity as needed.</td>
</tr>
</tbody>
</table>
ISSUANCE REFERENCE

ISSUING eWIC CARD AND WIC BENEFITS FOR HOUSEHOLD

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

ISSUING eWIC BENEFITS WHEN HOUSEHOLD HAS AN eWIC CARD

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

eWIC-4 Rev. 3/2012
Items to Review with the Participant

- How to select a PIN (Personal Identification Number).
- Give the participant a Kentucky eWIC Information and Rights and Responsibilities handout (eWIC-1).
- Have participant sign and date the Rights and Responsibilities form.
- Give participant a list of participating stores (if needed).
- Participant/shopper must tell store cashier they are using an eWIC card.
- Explain how to use the card at the store.
- Explain how to do a Balance Inquiry in clinic.
- Participant should request a Balance Inquiry at the store if they do not know the card balance.
- If an approved food is not allowed to be purchased, report it to clinic staff.
- Keep card and PIN secure.
- If need a new card or PIN, you must come to the clinic for replacement.
**VOTER REGISTRATION RIGHTS AND PREFERENCE FORM (WIC-53)**

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To provide the person their rights concerning registering to vote and to document that the opportunity to register to vote was provided.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When To Use</td>
<td>Every time voter registration is offered</td>
</tr>
</tbody>
</table>
| Instructions | 1. Complete person’s name or affix label with name.  
2. Give the form to the person to read.  
3. The person indicates yes or no to register to vote.  
4. The person signs and dates the form. If the person refuses to read the form, designate her preference, or sign the form, staff shall record the person’s name, note the refusal and date on the form. Two (2) staff persons shall sign and date the form. |
| Disposition | Provide the copy of the completed form to the person. File the original in a Voter Registration file by calendar year. |
| Retention | Two (2) calendar years. |
| Language | English (WIC-53), Spanish (WIC-53S) and Bosnian (WIC-53B) versions are available. |
| Ordering | Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at WIC.Helpdesk@ky.gov. Bundled in packages of 100. |
STATE BOARD OF ELECTIONS VOTER REGISTRATION APPLICATION (SBE01)

**Purpose**
For a person to apply to register to vote.

**When To Use**
When the system generated form is not appropriate or available. Do not copy the form below to use for voter registration. Photocopies are not allowed by SBE.

**Instructions**
1. The participant completes the form.
2. Provide assistance in completion if requested.

**Disposition**
1. The person may take the form for completion and forwarding to the election official or the completed form may be left at the site for transmittal.
2. Completed voter registration forms left at the site must be transmitted weekly to the State Board of Elections, 140 Walnut Street, Frankfort, Kentucky 40601. Forms may be sent to the county clerk if accepted regardless of participant's residence.

**Retention**
None. Not retained by agency/site.

**Version**
A flat card version and a fold-and-mail version are available.

**Ordering**
Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at WIC.Helpdesk@ky.gov. Bundled in packages of 200.

---

**SBE 01 (99/09)**

**Check one:**

- [ ] New Registration
- [ ] Address Change
- [ ] Party Change

**FOR CLERK USE ONLY**

- [ ] PREDINCT CODE
- [ ] PRECINCT NAME
- [ ] TOWN
- [ ] OTHER CODE

**Social Security Number**

**Date of Birth (M-D-Y)**

**County (where you live)**

**Work Phone**

**Home Phone**

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

---

**A. Are you a citizen of the United States of America?**

- [ ] YES
- [ ] NO

**B. Will you be 18 years of age on or before election day?**

- [ ] YES
- [ ] NO

---

**WARNING:** If you sign this statement even though you know it is untrue, you can be convicted and fined up to $1000 and/or jailed up to 12 months.

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

---

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

---

**X**

**Signature**

**Date**

**TWO WITNESSES REQUIRED IF “MAIL” IS USED**

**Witnessed By:**

**Witnessed By:**
**VOTER REGISTRATION APPLICATION**  
**(SYSTEM GENERATED FORM)**

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

![Voter Registration Application Form](image)
LOCAL AGENCY CONFLICT OF INTEREST/SEPARATION OF DUTIES TRACKING LOG

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Accountability of local WIC agencies to ensure Separation of Duties reviewed and monitored.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When To Use</td>
<td>When WIC services are provided to employees, relatives and household members, or close friends.</td>
</tr>
</tbody>
</table>

Local Agency WIC Program Conflict of Interest/Separation of Duties Tracking Log

<table>
<thead>
<tr>
<th>PATIENT COI/LABEL WITH DATE</th>
<th>EMPLOYEE, TITLE and RELATIONSHIP</th>
<th>EMPLOYEE DETERMINING INCOME</th>
<th>EMPLOYEE DETERMINING RISKS</th>
<th>EMPLOYEE ISSUING BENEFITS</th>
<th>COI POLICY FOLLOWED Y/N</th>
<th>DATE AND INITIAL OF 2 WK REVIEW (IF APPLICABLE)</th>
<th>DATE (S) AND INITIAL OF MONTHLY REVIEW(S)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
PARTICIPANT RIGHTS AND RESPONSIBILITIES HANDOUT

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To inform participants of their rights and responsibilities in the WIC Program and WIC FMNP Program.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When To Use</td>
<td>Must provide to all applicants and participants at certification visit. Distribute as needed. Copy as needed. Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at <a href="mailto:WIC.Helpdesk@ky.gov">WIC.Helpdesk@ky.gov</a>. Bundled in packages of 100.</td>
</tr>
</tbody>
</table>

Kentucky WIC & WIC Farmers Market Program
Rights and Responsibilities Handout

**My Rights:**

**WIC Foods:** If I/my child qualify for WIC, I’ll get an eWIC Card to buy healthy foods at the grocery store. The healthy WIC Foods will help me/my child eat healthy, but will not provide all the foods that I/my child needs each month. I will be provided information on my WIC food package and where to shop.

**Nutrition Education & Breastfeeding Support:** I will get information about nutrition topics that interest me. WIC will help and support me with breastfeeding.

**Health Care Information and Referrals:** WIC will share information about immunizations, finding a doctor, and other services I might need or be interested in.

**Common Courtesy:** WIC and store staff will treat me fairly and equally, with courtesy and respect, in return I will treat WIC Program and store staff with courtesy. If I have concerns with my WIC shopping experience, I will contact my WIC office or the State WIC Vendor Management office at 1-877-597-0367.

**WIC Transfer Information:** I can transfer to another WIC office in out of Kentucky. I can ask WIC staff to give me transfer information to provide to my new WIC office. (Verification of Certification also called a VOC).

**Fair Treatment/Right to File a Complaint:** Standards for eligibility and participation in the WIC Program are the same for everyone regardless of race, color, national origin, sex, disability, or age. I have the right to file a complaint if I feel I have been treated unfairly by WIC staff or store staff.

**Fair Hearing:** I can ask for a Fair Hearing if I disagree with a decision about my WIC eligibility. The Fair Hearings Procedures are posted in my WIC office.

**Free Communication Assistance:** I understand that if I have difficulty understanding or reading English or have a disability, free language assistance or other aids and services are available upon request.

**Privacy:** My information is private. I understand that my child’s WIC data may be shared with other Kentucky Department of Public Health programs, such as immunizations. If I am investigated for WIC Program abuse, my information may be shared.

**Proxy:** I understand that I may appoint proxies to act on my behalf for WIC services. All proxies must abide by these Rights and Responsibilities.

**My Responsibilities:**

**Provide Correct Information:**
- By signing the CH-5 Registration, Authorizations, Certifications and Consent form, I am certifying that the information I provide for my WIC eligibility determination is correct, to the best of my knowledge. This includes identity, pregnancy status, address, household size, household income and eligibility for Medicaid, SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance to Needy Families).
- I will inform WIC Staff if my household income, address or phone number changes.

**WIC Program Participation:**
- If I do not participate (pick up/keep my appointment or request) my/my child’s food benefits for two months in a row, I/my child will be removed from the WIC Program. I may contact my WIC office to request to be

**WIC Abuse:**
- If I misrepresent, conceal, or withhold facts in order to get WIC, I may be asked to repay the value of the food received and be removed from the WIC Program.
- Disruptive behavior, threatening to abuse, or physically abusing any staff and vendor or farmer’s market personnel is a violation of WIC Program regulations and may result in disqualification from the program.
- I understand that the following violations may result in disqualification from the program and repayment of food benefits issued to me and subject me to civil or criminal prosecution under state and federal law:
  - Exchanging supplemental foods for cash, credit, or non-WIC food items
  - Purchasing non-WIC foods or unauthorized food items;
  - Purchasing supplemental food items in excess of what was issued to me; and
reinstated if I have eligibility left in my certification period or to be re-certified.

- If I receive my/my child’s food benefits late, I may not be receive all the food benefits for that month, the food benefits may be reduced based on the number of days remaining in my/my child’s benefit cycle.

**eWIC Card:**

- It is my responsibility to keep my eWIC card secure and my PIN confidential. (Only share your card or PIN with people you have identified as a proxy)
- If my eWIC card is lost, stolen or damaged, I must call the WIC office for assistance.

- Selling or offering to sell my WIC foods or WIC benefits, or WIC issued breast pump, either verbally, in print, or online or allowing someone else to do so.
- Participating in more than one WIC Program and/or Commodities Special Food Program (CSFP) at the same time.
- If I give someone my eWIC card and PIN and they misuse my food benefits, the foods will not be replaced.

---

**The Kentucky WIC Program is an equal opportunity Provider. Please see below for information on filing a civil rights complaint.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410;

2. fax: (202) 690-7442; or

3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

---

**Need help? If you have difficulty understanding or reading English or have a disability, free language assistance or other aids and services are available upon request.**
### Purpose
To inform participants of their fair hearing rights and the procedures for a fair hearing as well as inform participants of Civil Rights Procedures.

### When To Use
Must be posted in WIC Clinic in a visible location. When the Notice of Ineligibility (WIC-54) is not appropriate and as needed.

### Ordering
Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at WIC.Helpdesk@ky.gov, Order quantity as needed.

---

**WIC Program Fair Hearing & Civil Rights**

**Fair Hearing Procedures**
- If you have been denied WIC or have your WIC services reduced or if you are being asked to pay for benefits received, you have a right to a hearing. Civil Rights violations are not handled via the WIC Fair Hearing Process. See below reporting Civil Rights Violations.
- **For a Hearing:**
  - Contact the State WIC Agency within sixty (60) days of the date you were denied WIC services or told to repay benefits and request a hearing.
  - A hearing will be scheduled within twenty-one (21) days of when your request was received.
  - You will be notified in writing at least ten (10) days before the hearing of the date, time, and place.
  - You may be represented by an attorney or other person such as an advisor or relative.
  - Before the hearing you or your representative may ask to see the documents and records to be presented.

**Hearing Procedure:**
You or a representative must come to the hearing.
- Bring witnesses to testify for you.
- Look at the records presented by the local agency.
- Tell your story and submit supporting information or evidence (see Procedure 12).
- Questions can be asked of witnesses or other persons testifying in your presence.

**While Waiting for the Hearing Decision:**
If you have been receiving WIC benefits, the benefits will continue if:
- Your certification was expired or expired.
- You were not categorically eligible (pregnant, breastfeeding, or postpartum woman or child below age 5).
- You were denied WIC at a new eligibility determination.

**Hearing Decisions:**
You will be in writing the decision on your case within thirty-one (31) days of the date the State WIC Agency received your request for a hearing.
- You or your representative can copy or review all hearing records.
- If the decision is in your favor, WIC services will begin or be reinstated.
- If the decision is in favor of the local agency, you can appeal to the State WIC Agency within thirty (30) days of the mailing date of the decision.
- The decision of the local hearing is binding on both parties unless overturned by the State WIC Agency.

---

**Civil Rights Complaint Procedures**
- If you believe you have experienced Civil Rights discrimination, you may file a complaint with your local WIC Agency staff, the State WIC Program or by contacting United States Department of Agriculture (USDA) using the contact information below.
- Complaints of Civil Rights Discrimination may be made directly to USDA. Complaints of Civil Rights; accepted at the state or local WIC level will be forwarded to USDA for review and investigation.
- Complaints should be submitted within 180 days from the alleged act of discrimination.
- Complaints may be written, verbal or anonymous.
- Complaints will be kept confidential.

**Complaints should include the following information:**
- Name, address, and telephone number of the complainant.
- The location and name of the organization or location where the alleged act of discrimination occurred.
- The nature of the incident or action.
- The names, titles, and business addresses of persons who may have knowledge of the alleged discriminatory action.
- The date(s) the alleged discriminatory actions occurred.
- The basis for the alleged discrimination (race, color, national origin, sex, disability, age, or reprisal for prior civil rights activity).

In accordance with Federal laws and regulations, the USDA, its Agencies, offices, and employees, and institutions receiving federal financial assistance, prohibits discrimination against any person in its programs or activities on the basis of race, color, national origin, age, disability, sex, or reprisal for prior civil rights activity, and prohibits discrimination against any person in its programs or activities on the basis of sex, age, disability, or national origin.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact USDA’s cozy. Individuals with disabilities who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additional program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF) located at: https://www.adea.gov/prod2/getattachment/USDA-CSC/14718352- Complaint-Form.pdf?sfvrsn=5420-3272 and forward to: Office of Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 or call (800) 877-8339. For more information, read the Federal Relay Service at (800) 877-8339, or write a letter addressed to USDA with a copy of the complaint form, call (800) 877-8339. Submit your completed form to USDA or.

---

**References:**
1. **mail:** U.S. Department of Agriculture
   - Office of the Assistant Secretary for Civil Rights
   - 1400 Independence Avenue SW
   - Washington, D.C. 20250-9410
2. **fax:** (202) 523-1410
3. **email:** program.intake@ada.gov
**Kentucky WIC Program Verification of Certification**

**Patient Information**

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH #</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
<tr>
<td>Birth Date</td>
<td>09/07/2010</td>
</tr>
<tr>
<td>EOC</td>
<td></td>
</tr>
</tbody>
</table>

**Verification of Certification**

<table>
<thead>
<tr>
<th>Certification Date</th>
<th>01/11/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification End Date</td>
<td>07/11/2012</td>
</tr>
<tr>
<td>Age</td>
<td>1 Years 4 Months 4 Days</td>
</tr>
<tr>
<td>Status</td>
<td>Child</td>
</tr>
<tr>
<td>Priority</td>
<td>5A</td>
</tr>
</tbody>
</table>

**Height & Weight**

<table>
<thead>
<tr>
<th>Date of Measures</th>
<th>01/11/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>3' 11.32 in.</td>
</tr>
<tr>
<td>Weight</td>
<td>24 lbs 13 oz</td>
</tr>
<tr>
<td>BMI</td>
<td>17.03</td>
</tr>
<tr>
<td>Gestational Age</td>
<td>9 mos.</td>
</tr>
<tr>
<td>Height/Loss</td>
<td>0 lbs. 9 oz</td>
</tr>
</tbody>
</table>

**Bloodwork**

<table>
<thead>
<tr>
<th>Date of Measures</th>
<th>01/11/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin</td>
<td>11.8 g/dL</td>
</tr>
<tr>
<td>Hematocrit</td>
<td>%</td>
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<tr>
<td>WBC</td>
<td>5600</td>
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</table>

**Additional Information**

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Breastfed</td>
<td>Yes</td>
</tr>
<tr>
<td>Never Breastfed</td>
<td></td>
</tr>
<tr>
<td>Duration (in months)</td>
<td>1 month</td>
</tr>
<tr>
<td>Type of Milk</td>
<td></td>
</tr>
<tr>
<td>Age in Weeks, Formula, or Breastfed</td>
<td></td>
</tr>
<tr>
<td>Hours per day watching TV</td>
<td>1 Hour</td>
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</tbody>
</table>

**Risk Assessment**

<table>
<thead>
<tr>
<th>Priority</th>
<th>Referral</th>
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</thead>
<tbody>
<tr>
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</table>

**Food Package**

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>CE - Child with cheese</td>
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</tbody>
</table>

**Issuance Information**

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Issuance</td>
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</tr>
<tr>
<td>Next Issuance</td>
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</tr>
<tr>
<td>Agency</td>
<td></td>
</tr>
<tr>
<td>Clinic</td>
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**Phone #**

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<th>Phone #</th>
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**Signature**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01/11/2012</td>
</tr>
</tbody>
</table>
# KENTUCKY WIC PROGRAM VERIFICATION OF CERTIFICATION (VOC) (WIC-17)

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To transfer a currently eligible participant/enrollee to another agency/site.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When To Use</td>
<td>When a transfer of eligibility is requested or indicated. Shall be issued at certification to migrants, and for other transfers at on-line sites that have a label printer only or if the system is down or slow or if the site is not on-line.</td>
</tr>
</tbody>
</table>
| Instructions | 1. Complete appropriate part of the form:  
Part 1 – Must be completed with use of the system VOC label.  
   1. Place system generated VOC label in indicated section. See VOC Label (to transfer).  
   2. Indicate the status of the participant by checking the appropriate box.  
   3. Complete transferring agency/site name and address.  
   4. Complete staff name of person doing the transfer.  
   5. Complete signature of person doing the transfer.  
   6. Enter date that form was completed.  
Part 2 – Must be completed when the system VOC label is not used.  
   1. Enter patient’s name.  
   2. Enter patient’s ID number.  
   3. Enter date person was certified for this eligibility period.  
   4. Enter participant’s date of birth.  
   5. Enter date participant must be recertified.  
   6. Enter current food package code.  
   7. Enter date of most recent income assessment.  
   8. Enter nutritional risk(s) for which person qualifies. Use name(s) rather than code(s) if transfer is out-of-state.  
   9. Indicate status of the participant.  
   10. Enter date of last food instrument/cash value benefit issued to the participant.  
   11. Enter full package issue month/date for the next issuance due.  
   12. Complete transferring agency name and address or apply label with information.  
   13. Print name of person doing the transfer.  
   14. Complete signature of person doing the transfer.  
   15. Enter date form was completed.  
Part 3 – Option for completion to provide additional data for receiving site.  
   1. Enter race of participant.  
   2. Enter sex of participant.  
   3. Enter height/length and weight and date measures were taken.  
   4. Enter hemoglobin/hematocrit and date measures were taken.  
   5. If participant is a woman, complete expected delivery date or actual delivery date.  
   6. Enter date of last nutrition education counseling visit.  
   7. Enter type of formula if participant is on formula.  
   8. Enter date prescription expires if applicable.  
   9. Indicate other services patient is receiving.  
2. Give the VOC to the participant/caretaker and instruct to give the VOC to the new agency/site. |
<p>| Disposition | Provide to the participant to give to the new agency/site. This VOC can be completed and mailed to the participant or the receiving agency/site with proper authorization. The WIC-17 contains serial numbers. An inventory must be maintained to record serial numbers received and serial numbers issued. (A suggested inventory format is provided following the form. Copy as needed.) Receiving agency/site must file the WIC-17 in the person’s medical record. |
| Retention | Not retained by issuing agency/site. Receiving agency/site retains per medical records requirements. |
| Ordering | Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at <a href="mailto:WIC.Helpdesk@ky.gov">WIC.Helpdesk@ky.gov</a>. Form number WIC-17. Bundled in packages of 50. |</p>
<table>
<thead>
<tr>
<th><strong>Kentucky WIC Program Verification of Certification (VOC)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part 1</strong>&lt;br&gt;Use with VOC Label&lt;br&gt;Affix VOC Label Here&lt;br&gt;or complete part 2 below</td>
</tr>
<tr>
<td><strong>Transferring Agency:</strong>&lt;br&gt;Address:</td>
</tr>
<tr>
<td><strong>Staff Name:</strong>&lt;br&gt;Signature:</td>
</tr>
<tr>
<td><strong>Patient Name:</strong>&lt;br&gt;Patient ID Number:</td>
</tr>
<tr>
<td><strong>Birth Date:</strong> / /</td>
</tr>
<tr>
<td><strong>Food Package:</strong></td>
</tr>
<tr>
<td><strong>Type of formula</strong>&lt;br&gt;(Infants/Food Package III):</td>
</tr>
<tr>
<td><strong>Nutritional Risks:</strong>&lt;br&gt;Status:  □ Pregnant  □ Woman Fully Breastfeeding  □ Woman Partially Breastfeeding  □ Postpartum  □ Infant Fully Breastfed  □ Infant Partially Breastfed  □ Infant Fully Formula Fed  □ Child</td>
</tr>
<tr>
<td><strong>Date of Last FI:</strong> / /</td>
</tr>
<tr>
<td><strong>Transferring Agency:</strong>&lt;br&gt;Address:</td>
</tr>
<tr>
<td><strong>Staff Name:</strong>&lt;br&gt;Signature:</td>
</tr>
<tr>
<td><strong>Race:</strong>&lt;br&gt;Sex:</td>
</tr>
<tr>
<td><strong>Height/Length:</strong>&lt;br&gt;Weight:</td>
</tr>
<tr>
<td><strong>Hemoglobin:</strong>&lt;br&gt;Hematocrit:</td>
</tr>
<tr>
<td><strong>For a woman – Expected Delivery Date:</strong> / /</td>
</tr>
<tr>
<td><strong>Date of last nutrition education:</strong> / /</td>
</tr>
<tr>
<td><strong>Other services received:</strong>  □ Well Child  □ Immunizations  □ Family Planning  □ Prenatal  □ Other:</td>
</tr>
</tbody>
</table>

Serial No. Remember to take proof of residence and identity to your new WIC clinic. WC-17
Rev. 2/2010

Page 24
Section 200 Appendices
October 2021
### VOC (WIC-17) INVENTORY

#### VOCs Received

<table>
<thead>
<tr>
<th>Date</th>
<th>Beginning Serial Number</th>
<th>Ending Serial Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### VOC Forms Issued

<table>
<thead>
<tr>
<th>Date</th>
<th>Serial Number</th>
<th>Participant</th>
<th>Staff Person</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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Page 25
Section 200 Appendices
October 2021
VOC Email Alert

<table>
<thead>
<tr>
<th>Report Title</th>
<th>VOC Email Alert</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Number</td>
<td>None</td>
</tr>
<tr>
<td>Frequency</td>
<td>Auto-generated when a VOC is processed in the portal.</td>
</tr>
<tr>
<td>Distribution</td>
<td>Electronically generated via user email.</td>
</tr>
<tr>
<td>Description</td>
<td>Email alert to WIC Coordinator - Shows the participant(s) that transferred to another clinic through a Verification of Certification (VOC) in the CMS system.</td>
</tr>
<tr>
<td>Actions to be Taken</td>
<td>WIC Coordinator shall forward email alert to the appropriate clinic person.</td>
</tr>
</tbody>
</table>

Explanation of Report

1. **County** - County of the “losing” agency.
2. **Household Number** - Household number of the transferred participant.
3. **Clinic** - Clinic in the county that transferred the participant.
4. **Member Date of Birth** - Transferring participant’s date of birth.
5. **Date of Transfer** – Date the participant transferred to the receiving agency.
6. **Agency Received** – Clinic that received the transferring participant.

Retention/Disposal Period

If printed, shred or burn after worked.

Sample County to County Transfer Alert

Participant(s) have been transferred to a new clinic

No action is required from you at this time.
The patient will be included in your next report of automatic terminations.

**County:** 034 - FAYETTE  
**Household Number:** 35662

**Clinic:** 034034C - LEXINGTON FAYETTE CO HEALTH DEPARTMENT  
**Member Date of Birth:** 3/17/2016

**Date of Transfer:** 6/6/2016 10:36:59 AM  
**Agency Received:** 316088 - MORGAN COUNTY HEALTH CENTER - (606) 743-3744
## VOC LABEL (VOC LABEL TO RECEIVE A PARTICIPANT WITHOUT A VOC)

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

---

**Patient ID:** P-121798  
**VOC:**  
**Name:** [Redacted]  
**1st FP Iss. M/D:** 09/10/2002  
**Cert Dt/Exp Dt:** 06/06/2002 12/06/2002  
**Food Pkg:** C  
**NRCC Codes:** 2060 7010  
**RX EX DT:**  
**Prior Agency:** 031034A-LEXINGTON-FAYETTE CO. H. DEPT.  
**Serial Number:** 90602  
**Last Inc Assess Dt:** 06/06/2002  
**Last Issued Pkg Dt:** 08/10/2002 TO 09/09/2002
**WIC PROGRAM NOTICE OF INELIGIBILITY (WIC-54)**

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To provide required written notice for ineligibility or discontinuation of benefits, and the fair hearing rights.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When To Use</td>
<td>When a participant is determined ineligible or WIC benefits are discontinued. The system will generate an automated WIC-54 form if the participant is deemed ineligible. If the system is down or unavailable, a hard copy WIC-54 must be used.</td>
</tr>
</tbody>
</table>
| Instructions | 1. Enter today's date in box.  
2. Enter participant name on the line.  
3. Indicate appropriate reason(s) for action.  
   - If disqualified, complete reason and number of months the disqualification is effective.  
4. Enter date notice is effective. Provide fifteen (15) day notice when required.  
5. Indicate any other services offered.  
6. Complete your agency address and phone number. |
| Disposition | 1. Provide the original to the participant.  
2. File the copy in the participant's medical record. |
| Retention | Per medical records requirements. |
| Language | English (WIC-54) and Spanish (WIC-54S) versions are available. |
| Ordering | Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at WIC.Helpdesk@ky.gov. Bundled in packages of 100. |

---

The WIC Program Notice of Ineligibility form includes fields for the participant's information, the reason for ineligibility, and other relevant details. It also provides instructions for how to complete the form and where to send it.
## WIC REMINDER POSTCARD (WIC-51)

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To remind a participant of a missed appointment and reminder to contact the WIC clinic.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When To Use</td>
<td>When a food instrument and/or cash value benefit, pick-up appointment is missed. May be used for contact prior to termination for dropout. Do not use if the client has requested no home contact or privacy/confidentiality restrictions.</td>
</tr>
</tbody>
</table>
| Instructions | Printed side of card:  
1. Check the box applicable to this missed appointment.  
2. Record your clinic phone number.  

Blank side of card:  
1. Record name and address of the participant on the card.  
2. Record return address for the clinic.  

This information may be written on the card or labels may be used. |
| Disposition | Mail to the participant. Documentation that the postcard was mailed must be made in the person’s medical record. |
| Retention | Not retained. |
| Language | English (WIC-51) and Spanish (WIC-51S) versions are available. |
| Ordering | Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at WIC.Helpdesk@ky.gov. Bundled in packages of 100. |

---

**WIC Program Appointment Reminder**

- [ ] You missed your WIC appointment! Contact us before your benefits for the current month expire.
- [ ] You missed your WIC Certification or Mid-Certification appointment.
- [ ] WIC Food benefits were not picked up for one month. Don't lose your healthy food benefits this month!

Contact your WIC Clinic today!
### Kentucky WIC Site Application

**Purpose**
To apply for approval to establish a new WIC service site or relocating a site.

**When To Use**
When agency wants approval to establish new site.

**Instructions**
1. Complete all fields on the form.
2. Attach additional information if necessary.

**Disposition**
Submit application to the Program Management Section at the State WIC Office.

**Retention**
Retain a copy for local files.

**Ordering**
Request from State WIC Office as needed.

---

**Kentucky WIC Program Application**

OPENING OR RELOCATING A WIC SITE – Approval Request Form

This request is for a new site or relocation of an existing site.

1. Local WIC Agency Name:

2. Proposed Site Name:

3. County:

4. Address:

5. Proposed Opening Date:

6. Reason for Expansion:
   - Increase access
   - Increase Capacity
   - Underserved Population
   - Other:

7. Estimated Participants to be served:

8. Proved the number projected to be served per month by your agency or district.

   - Pregnant Women:
   - Infants (under 1 year):
   - Post-Partum Women:
   - Children (ages 1 to 5 years):
   - Breastfeeding Women:

9. Does your agency anticipate overall WIC Program growth with this site or re-distribution of current caseload?

10. Has your agency been suspended or federally debarred?

**Description of Proposed Space**

11. List any health/community services that are in the same facility as well as any other local health department services:

12. Describe how the site will benefit your participants:

13. The site must have resources available to serve non-English speaking individuals and individuals with limited English proficiency (LEP). Indicate all resources available:
   - Language Access Line
   - Bilingual Staff
   - Certified interpretation service
   - I Speak Poster
   - Other:

14. The site must be able to offer and provide reasonable accommodation or program modification whenever a person with a disability requests such modifications. Indicate all resources available to accommodate these requests:
   - Wheelchair accessible
   - Video Interpretive services for deaf or hard of hearing
   - Large Print
   - Use of Relay Line
   - Other:

15. Is the space used for the WIC clinic accessible by participant/applicant with a stroller?
   - Yes
   - No
# CLOSING WIC SERVICE SITE FORM

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To notify the State WIC Office of the intent to close a WIC service site.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When To Use</td>
<td>To close an established WIC service site.</td>
</tr>
</tbody>
</table>
| Instructions | 1. Complete all fields on the form.  
2. Attach additional information if necessary. |
| Disposition | Submit notification to the Program Management Section at the State WIC Office. |
| Retention | Retain a copy for local files. |
| Ordering | Request from State WIC Office as needed. |

---

**Kentucky WIC Program Notification of Closing a WIC Service Site**

All questions on the application must be properly and fully completed. Please review the Kentucky WIC and Nutrition Manual, Closing a WIC Service Site section for additional information. Please print unless otherwise indicated.

Agency: ________________  
Site Number: ________________  
Site Name: ________________  
Street: ________________  
City: ________________  
Zip: ________________  
If non-health department facility, specify name and type of facility: ________________

**Anticipated Closing Date**

Are food instruments being issued up to a maximum of three (3) months to participants?  
☐ Yes  ☐ No

Are participants being made aware of other sites and transferred to another site through the VOC process?  
☐ Yes  ☐ No

Will the agency stamp, void stamp, and vendor stamp be transferred to another site or returned to the State WIC Office? ________________

If transfer, specify agency ________________

All food instruments (handwritten/WIC) must be accounted for as issued or voided. All food instruments must be posted in CMS. Voided food instruments should be submitted to the State WIC Office within one (1) week after closing the site.

WIC Coordinator Signature: ________________  
Date: ________________

Public Health Director Signature: ________________  
Date: ________________

---

For State WIC Office Use Only

Site Approved to Close By: ________________  
Date closed in System: ________________

Date: ________________

702514
### WIC Helps (DPH-070)

<table>
<thead>
<tr>
<th>Purpose</th>
<th>General informational pamphlet on the WIC Program. Provides toll-free telephone number.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When To Use</td>
<td>To provide general WIC program information to the public and for outreach to potential participants.</td>
</tr>
<tr>
<td>Language</td>
<td>English (DPH-070) and Spanish (DPH-070S) versions are available.</td>
</tr>
<tr>
<td>Ordering</td>
<td>Ordered from Pamphlet Library. Form number DPH-070. These are packed 100 per shrink-wrapped package.</td>
</tr>
</tbody>
</table>

If you are pregnant, or have just had a baby, or have a child under the age of 5, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) could be able to help you.
# HEALTH CARE PROVIDERS AND KENTUCKY WIC PAMPHLET

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To introduce the WIC Program to health care providers. Provides them with general information and a form to order pamphlets to distribute to their clients.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When To Use</td>
<td>For outreach to doctor’s offices, clinics, health fairs.</td>
</tr>
<tr>
<td>Ordering</td>
<td>Ordered from Pamphlet Library. These are packed 50 per shrink-wrapped package.</td>
</tr>
</tbody>
</table>
“AND JUSTICE FOR ALL” POSTER

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Provide participants and participants the nondiscrimination policy of the United States Department of Agriculture.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When To Use</td>
<td>Required to be posted at all times in WIC agencies/sites.</td>
</tr>
<tr>
<td>Disposition</td>
<td>Shall be posted in a conspicuous place for all WIC participants.</td>
</tr>
<tr>
<td>Language</td>
<td>English and Spanish on same poster.</td>
</tr>
<tr>
<td>Ordering</td>
<td>Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at <a href="mailto:WIC.Helpdesk@ky.gov">WIC.Helpdesk@ky.gov</a>. Order quantity as needed.</td>
</tr>
<tr>
<td>Purpose</td>
<td>General informational poster on the WIC Program.</td>
</tr>
<tr>
<td>---------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>When To Use</td>
<td>To provide basic WIC Program information to the public and for outreach to potential participants.</td>
</tr>
<tr>
<td>Ordering</td>
<td>Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at <a href="mailto:WIC.Helpdesk@ky.gov">WIC.Helpdesk@ky.gov</a>. Order quantity as needed.</td>
</tr>
</tbody>
</table>

---

**Need help feeding your family?**

The WIC Program can help stretch your food budget!

WIC is a free food program to help families.

Are you...
- Pregnant
- Breastfeeding
- A mother with a baby less than six months old
- A parent/guardian with a child under five years of age

You or your child may qualify for the WIC Program!
Families must meet income guidelines and have a nutritional need.

For information call toll-free 1-800-462-6122 or call your county health department.

USDA is an equal opportunity provider and employer.
PREGNANT? NEW BABY? POSTER

<table>
<thead>
<tr>
<th>Purpose</th>
<th>General informational poster on the WIC Program.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When To Use</td>
<td>To provide basic WIC Program information to the public and for outreach to potential participants.</td>
</tr>
<tr>
<td>Ordering</td>
<td>Order from the State WIC Office utilizing the WIC Program Supply Requisition Form. Email WIC Program Requisition Form to the Ky WIC Help Desk at <a href="mailto:WIC.Helpdesk@ky.gov">WIC.Helpdesk@ky.gov</a>. Order quantity as needed.</td>
</tr>
</tbody>
</table>

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Do you care for a child under the age of 5? Are you pregnant or breastfeeding?

WIC Welcomes You

MANY WORKING FAMILIES QUALIFY!

WIC Offers:
- Breastfeeding Support
- Nutrition Education
- Healthy Foods
- Referrals for Health Care

For more information about the Kentucky Women, Infants, & Children (WIC) Program: Call your local health department or toll-free at 1-877-597-0367

Visit this website or scan the QR code to see if you may be eligible for WIC:
https://wic.fns.usda.gov/wps/pages/preScreenTool.xhtml

This institution is an equal opportunity provider.
SAMPLE OUTREACH ANNOUNCEMENT

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

Sample 1

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

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

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

The WIC Program does not discriminate on the basis of race, color, national origin, age, sex or disability.
Sample 2

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

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

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

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

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

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

Sample 2 – Alternate Wording

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

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

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

The WIC Program does not discriminate on the basis of race, color, national origin, age, sex or disability.
Purpose
For clinic staff to use for assistance in gathering race and ethnicity. The card may be shared to the participant at registration for her/him to review and select race and ethnicity.

When To Use
As needed at registration of a new patient. Use is optional.

Disposition
Used by clinic staff. May be given to participants for review and selection of race and ethnicity.

Language
English, Spanish

Ordering
Order from the State WIC Office utilizing the WIC Program Supply Requisition Form. Email WIC Program Requisition Form to the Ky WIC Help Desk at WIC.Helpdesk@ky.gov. Order quantity as needed.

Kentucky Department of Public Health
Everyone requesting services is asked to identify their ethnicity and race(s). This information is requested solely for the purpose of determining the State’s compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. Providing this data is voluntary and has no effect on the determination of eligibility to participate in WIC. If you do not provide this information, registration staff shall determine this through visual observation.

1. Are you Hispanic or Latino?
This means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. Select all races from the list below that apply to you if you are the patient or that apply to the patient.
American Indian or Alaskan Native
This means a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

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

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

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

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

Need help? If you have difficulty understanding or reading English or have a disability, free language assistance or other aids and services are available upon request.

This institution is an equal opportunity provider.

In accordance with Federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/oarms/complaint/ad-3027.pdf and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) email U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, S/W
Washington, D.C. 20250-9410;

(2) fax (202) 690-7442 or;

(3) email program.intake@usda.gov

This institution is an equal opportunity provider.
# KENTUCKY WIC PROXY AUTHORIZATION FORM

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To describe the policy for designation of a proxy for the purpose of obtaining and sharing nutritional information, WIC benefits, and purchasing WIC approved foods.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview</td>
<td>To allow the woman participant, parent, legal representative or caretaker to designate another person to bring their child to WIC appointments.</td>
</tr>
<tr>
<td>Designation of Proxy</td>
<td>All areas of the Kentucky WIC Proxy Authorization Form must be completed. A separate proxy form must be completed for each household member requiring proxy authorization. Proxy designation must be reviewed at each certification.</td>
</tr>
</tbody>
</table>
| **Instructions for Woman Participant, Parent, Legal Representative or Caretaker completing** | 1. Woman participant, parent, legal representative or caretaker shall write the name of the WIC participant on the 1st blank line.  
2. Woman participant, parent, legal representative or caretaker shall write the name of the infant/child on the 2nd line.  
3. Woman participant, parent, legal representative or caretaker shall write the full legal name of self or child on 3rd blank line.  
4. Woman participant, parent, legal representative or caretaker shall list names of proxies and their relationship to the WIC participant in the spaces provided.  
5. Woman participant, parent, legal representative or caretaker shall sign, date, and indicate their current physical address on the lines provided.  
6. Notify the woman participant, parent, legal representative or caretaker the proxy authorization is valid for the length of the certification period.  
7. The proxy authorization form must be reviewed at recertification for changes or updates. |
| **Instructions for Completion when Obtaining Verbal Authorization** | If the local health agency is obtaining verbal proxy consent, the following applies to completion of the form.  
1. Write the name of the woman participant, parent, legal representative or caretaker on the 1st blank line.  
2. Write the name of the infant/child on the 2nd line.  
3. Write the full legal name of the WIC participant on 3rd blank line.  
4. List the full name(s) of proxies (as indicated by the woman participant, parent, legal representative or caretaker) and their relationship to the WIC participant in the spaces provided.  
5. In the signature line for woman participant, parent, legal representative or caretaker document “Refer to Verbal Authorization.” Complete the current physical address on the lines provided.  
6. Notify the woman participant, parent, legal representative or caretaker of the intent of the proxy authorization and review the content of the form with them.  
7. Notify the woman participant, parent, legal representative or caretaker the proxy authorization is valid for the length of the certification period.  
8. Sign and date on indicated line as staff person who obtained verbal authorization.  
9. The proxy authorization form must be reviewed at recertification for changes or updates. |
| Disposition | Retain this form in the patient’s medical record and document on the CH-3a Service Record. (i.e. 10/01/13 – Refer to KY-Proxy form.) |
| Retention | Per medical records requirements. |
Kentucky WIC Proxy Authorization Form

* This form is to be completed, signed, dated and returned along with the completed Registration, Consent and WIC Certification form to your local health department.

I ______ am the woman participant, parent, legal representative or caretaker for the below minor infant/child (if applicable). I give permission to the person(s) listed as proxies to obtain WIC benefits, purchase WIC approved foods or obtain nutrition education on my behalf or to bring ________ to obtain same.

(Name of Infant/Child)

I understand that this person(s) must follow all program rules. This permission includes sharing and obtaining nutritional information. I understand this proxy form is for WIC purposes only and does not signify permission for any other programs or procedures.

Please complete the information below
(See back if additional spaces are needed)

Full name of self (woman participant), infant or child: ____________________________

Name(s) of Authorized Proxy Representative(s):

1. __________________________________________________________
   Relationship to woman participant, infant/child: ____________________________

2. __________________________________________________________
   Relationship to woman participant, infant/child: ____________________________

3. __________________________________________________________
   Relationship to woman participant, infant/child: ____________________________

Signature: ____________________________ Date: ____________________________

(Woman participant, Parent, Legal Representative or Caretaker)

Emergency Contact Phone Number: ____________________________

Street Address: ____________________________________________

City and Zip Code: ____________________________

Please initial and date if you have reviewed this form at recertification and agree with assigned person(s):

Initial: ________ Date: ________ Initial: ________ Date: ________ Initial: ________ Date: ________

Initial: ________ Date: ________ Initial: ________ Date: ________ Initial: ________ Date: ________

Initial: ________ Date: ________ Initial: ________ Date: ________ Initial: ________ Date: ________

Rev 5/2015
Proxy Addendum Section

Name(s) of Authorized Proxy Representative(s):

4. 
   Relationship to woman participant, infant/child: 

5. 
   Relationship to woman participant, infant/child: 

6. 
   Relationship to woman participant, infant/child: 

7. 
   Relationship to woman participant, infant/child: 

8. 
   Relationship to woman participant, infant/child: 

Local Health Department use only

Verbal Proxy Authorization

I have informed the woman participant, parent, legal representative or caretaker of the intent of this proxy authorization and the consent is valid for the certification period or until there is a request for change by the woman participant, parent, legal representative or caretaker.

Name of person giving authorization:  
Date:  

Signature/Title/Date of person obtaining:  
Date:  

Rev.6/2016
ATTENTION WIC PARTICIPANTS POSTER

<table>
<thead>
<tr>
<th>Purpose</th>
<th>For clinic use to advise participants it is a violation of WIC Rights and Responsibilities to offer to sell WIC formula, foods, or eWIC cards.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When To Use</td>
<td>For display in WIC sites to provide general information.</td>
</tr>
<tr>
<td>Disposition</td>
<td>Shall be posted in a conspicuous place for all WIC participants.</td>
</tr>
<tr>
<td>Language</td>
<td>English and Spanish.</td>
</tr>
<tr>
<td>Ordering</td>
<td>Contact Program Management Section.</td>
</tr>
</tbody>
</table>

ATTENTION WIC PARTICIPANTS

✅ Offering to sell WIC formula or your eWIC card verbally, in printed classifieds, on-line web sites, or social media is a program violation and could possibly disqualify you or your child from receiving WIC Program Benefits.

✅ WIC foods are for the person for whom they are prescribed. Misuse of benefits may result in removal from WIC or you may be asked to repay the value of the foods received.

✅ Be informed - Read the eWIC Benefits Card pamphlet provided to you at your WIC certification visit.

*This institution is an equal opportunity provider.*
## SAMPLE WIC PROGRAM ABUSE LETTER

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Sample letter for clinic use when participant abuse is suspected or proven.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When To Use</td>
<td>To provide written warning of WIC Program abuse.</td>
</tr>
<tr>
<td>Instructions</td>
<td>The letter template may be modified for agency/clinic use.</td>
</tr>
<tr>
<td>Retention</td>
<td>Must be maintained in the participant's medical record.</td>
</tr>
<tr>
<td>Language</td>
<td>English</td>
</tr>
<tr>
<td>Ordering</td>
<td>Electronic template may be obtained from Program Management Section.</td>
</tr>
</tbody>
</table>
(Use local WIC agency letterhead)

(Date)

(Name)
(Address)
(City), Kentucky (Zip)

Dear (Participant Name):

The (Clinic/Site Name) has become aware of a situation or received an allegation that is in violation of the information contained in the WIC Rights and Responsibilities. The violation(s) could affect your continued participation.

(Please check all that apply)

☐ Intent to sell or selling supplemental foods and/or the eWIC card in any way (i.e. on-line, in print, verbally or via social media).
☐ Making a verbal offer of sale or exchange of supplemental food or eWIC card to another individual, group or a vendor.
☐ Purchasing unauthorized foods or redeeming food benefits at an unauthorized store.
☐ Returning supplemental foods to a vendor for cash.
☐ Knowingly and deliberately giving false or misleading information, or misrepresenting, concealing or withholding facts to obtain WIC foods.
☐ Abusive or threatening language and/or actions in a WIC clinic, to clinic staff or store staff.
☐ Dual participation in more than one (1) WIC Program.
☐ Other (please explain)____________________________________

DETAILS OF EVENT/ALLEGATION:
(Please provide specific details of situation/event in this space)

We want to remind you of your Rights and Responsibilities regarding the WIC Program. These are listed on the inside of the Kentucky eWIC benefits Card Pamphlet (eWIC-1) that was provided to you during your card issuance. An additional copy is enclosed for your review. These rights and responsibilities also apply to all persons listed as proxies.

This letter is a reminder that violation of your participant responsibilities can result in suspension or disqualification from the WIC Program.

Feel free to contact me at (phone number) if you have any questions.

Sincerely,

(WIC Coordinator or Local Official)

Enclosure
Apreciado/a (Participant Name):

La clínica (Clinic/Site Name) se ha enterado de una situación o recibió una alegación/queja la cual es una violación de la información bajo las responsabilidades y derechos de WIC. La/s violación/es pueden afectar su participación continua.

(Favor seleccionar las que apliquen a usted)

- Intentar vender los alimentos suplementarios y/o la tarjeta eWIC de alguna manera (por ejemplo: Internet, por escrito, verbalmente o por medio de redes sociales).
- Hacer una oferta verbal para vender o intercambiar los alimentos suplementarios o la tarjeta eWIC a otra persona, grupo o a un vendedor.
- Comprar alimento no autorizados o redimir los beneficios de alimentos a una tienda no autorizada.
- Devolver los alimentos suplementarios al vendedor por efectivo.
- Dar información falsa o engañosa, malinterpretar, ocultar o guardarse hechos para obtener alimentos de WIC.
- Lenguaje abusivo o de amenaza y/o acciones en una clínica WIC, a un empleado o al empleado de la tienda.
- Participación doble en más de un (1) programa de WIC.
- Otra razón (favor explique) ____________________________________________

DETALLES DEL EVENTO/ALEGACION:
(Favor describa los detalles específicos de la situación o el evento en este espacio)

Le queremos recordar de sus derechos y responsabilidades en el programa WIC. Estas se encuentran en el panfleto de los Beneficios de la Tarjeta eWIC de Kentucky (eWIC-1) la cual se le dio el día que se le entrega la tarjeta. Una copia adicional se incluye con esta para su información. Estos derechos y responsabilidades también aplican a todas las personas autorizadas por usted.

Esta carta es para recordarle que la violación de sus responsabilidades como participante puede resultar en la suspensión o descalificación del programa WIC.

Si tiene preguntas llamar al (phone number).

Sinceramente,

(WIC Coordinator or Local Official)
<table>
<thead>
<tr>
<th>Purpose</th>
<th>Informational poster about moving and the WIC Program.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When To Use</td>
<td>To remind participants to inform the WIC agency if they are moving.</td>
</tr>
<tr>
<td>Ordering</td>
<td>Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at <a href="mailto:WIC.Helpdesk@ky.gov">WIC.Helpdesk@ky.gov</a>. Order quantity as needed.</td>
</tr>
</tbody>
</table>

**Moving to another county, city or state?**

You must let the WIC staff know so there is no delay in receiving WIC benefits in your new area.

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

To file a complaint of discrimination, write USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.
## WIC REGISTRATION, CONSENT AND WIC CERTIFICATION

<table>
<thead>
<tr>
<th><strong>Purpose</strong></th>
<th>To provide guidance to support staff in LHD when using the CH-5WIC to provide WIC services through non-invasive procedure for WIC Certification.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>When To Use</strong></td>
<td>Refer to Instruction Sheet.</td>
</tr>
<tr>
<td><strong>Retention</strong></td>
<td>File completed form in participant permanent medical record.</td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td>English and Spanish</td>
</tr>
<tr>
<td><strong>Ordering</strong></td>
<td>Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at <a href="mailto:WIC.Helpdesk@ky.gov">WIC.Helpdesk@ky.gov</a>. Bundled in packs of 100.</td>
</tr>
</tbody>
</table>
Women, Infant, and Children (WIC) Services ONLY
REGISTRATION, CONSENT AND WIC CERTIFICATION

REGISTRATION LABEL 1

REGISTRATION LABEL 3

REGISTRATION LABEL 2

REGISTRATION LABEL 4

Is it OK for us to use an automated telephone message or text message to remind you of your appointments?  __Yes  __No

---

Financial Certification for WIC Services:

I certify that my answers are correct and complete to the best of my knowledge and I have reported all my household income, KTAP, Medicaid, and Food Stamp benefits to determine program eligibility. I understand that I may be asked to provide proof of household income, KTAP, Medicaid, and Food Stamp benefits.

Check One:  Woman Participant  Parent  Other Person Caring for Individual  Relationship

Signature of Woman Participant, Parent, or Other Person Caring for Individual  Date

Consent for WIC Services (Unless Valid General Consent on File):
(Consent is REQUIRED at WIC Certification/Recertification)  (Enter date of valid CH-5 on file)

I am the woman participant, parent, or person caring for the individual receiving WIC Program Services. I consent to these services which includes a health screening, non-invasive hemoglobin test (if required), height and weight for WIC. I understand that I am not allowed to consent to any invasive procedure services as defined by 201 KAR 30:235, Section 1(6) for the above named individual. If the non-invasive hemoglobin cannot be obtained, I understand that additional requirements must be met. I understand that no guarantees are being made as to the effect of any exam on the person for whom I am consenting.

Check One:  Woman Participant  Parent  Other Person Caring for Individual  Relationship

Signature of Woman Participant, Parent, or Other Person Caring for Individual  Date

WIC RIGHTS AND RESPONSIBILITIES (MUST be signed at every WIC certification and recertification)

I have been advised of my rights and obligations under the WIC program. This includes the rights and responsibilities for the WIC card and any household benefits issued to the cardholder account. I understand that I am also responsible for ensuring the security of the WIC benefits card and the PIN. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal Assistance. Program officials may verify information on the certification forms. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the state agency. In cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law. I also understand that my name may be given to other health and welfare programs for eligibility purposes for that program. This institution is an equal opportunity provider.

Signature of Woman Participant, Parent, or Other Person Caring for Individual  Date
Servicios para mujeres, bebés y niños (WIC) ÚNICAMENTE
CERTIFICACION, REGISTRO Y AUTORIZACION DE WIC

REGISTRATION
Etiqueta del registro - LABEL 1

REGISTRATION
Etiqueta del registro - LABEL 3

REGISTRATION
Etiqueta del registro - LABEL 2

REGISTRATION
Etiqueta del registro - LABEL 4

¿Nos permite llamarlo por medio de un mensaje automático o mensaje de texto para recordarle sus citas? __Sí__ No

Certificación financiera para los servicios WIC:
Certifico que mis respuestas son correctas y están completas en mi mejor conocimiento y he reportado todo mi ingreso, los beneficios de KTAP, Medicaid y Food Stamps para determinar mi elegibilidad en el programa. Entiendo que me pueden pedir una constancia del ingreso, de los beneficios KTAP, Medicaid y Food Stamps.

Marque uno: mujer participante padre otra persona en cuidado del individuo

Firma de la mujer inscrita, padre, u otra persona en cuidado del individuo __________________________ Fecha __________

Autorización para servicios WIC (a menos que autorización general válida este en archivo):

(sí REQUIERE autorización para la certificación/recertificación de WIC) (Ingrese la fecha válida CH-5 en archivo)

Soy la mujer participante, padre o la persona que cuida al individuo que recibe los servicios WIC. Autorizo estos servicios que incluyen un examen de salud, test de hemoglobina no invasiva (si es necesario), estatura y peso para WIC. Entiendo que no me permite autorizar ningún procedimiento invasivo definido en 201 KAR 20:235, Sección 1(6) para el individuo mencionado. Si no se puede hacer el test de hemoglobina, entiendo que hay requisitos adicionales que deben cumplir. Entiendo que no hay garantías acerca del efecto de ningún examen a la persona a la cual estoy autorizando.

Marque uno: mujer participante padre otra persona en cuidado del individuo

Firma de la mujer participante, padre u otra persona quien cuida al individuo __________________________ Fecha __________

Derechos y responsabilidades WIC (DEBE firmar en todas las certificaciones y recertificación de WIC)
Se me ha informado acerca de mis derechos y obligaciones del programa WIC. Esto incluye los derechos y las responsabilidades de la tarjeta WIC y cualquier beneficio del hogar proveído al titular de la cuenta. Entiendo que la información que he facilitado para mi elegibilidad para obtener los servicios es correcta, al mejor de mi conocimiento. Este formulario de certificación se entrega con respecto al recibo de la asistencia federal. Oficiales del programa pueden verificar la información en los formularios de certificación.

Entiendo que información fraudulenta o declaraciones engañosas o distorsionar, ocultar o retener hechos puede resultar en pagarle a la agencia del estado, en efectivo, el valor de los beneficios de alimentos emitidos incorrectamente y me puede conllevar a una acusación civil o criminal bajo la ley del estado y federal. Entiendo que mi nombre también lo pueden compartir con otros programas de salud y beneficios sociales con la meta de calificar para ese programa. Esta institución es un proveedor que ofrece igualdad de oportunidades.

Firma de la mujer participante, padre u otra persona quien cuida al individuo __________________________ Fecha __________

CH-5WC (Rev. 7/2020)
Instructions for Completing and Placing Labels on the Women, Infant and Children (WIC) Registration, Consent and WIC Certification Services ONLY

**Purpose:** To provide guidance to support staff in LHD’s when using the CH-5WIC to provide WIC services through non-invasive procedure for WIC Certification.

**Registration Labels**
Staff must place registration labels in the brackets as numbered 1, 2, 3, and 4.

**Note** Registration labels must be placed on the CH-5WIC prior to obtaining signatures.

**Permission for Automated Telephone Message**
The woman participant, parent, or other person caring for individual shall check the “Yes” box if they give permission to be reminded of upcoming appointments via an automated telephone message. If contact is not desired for an automated telephone appointment reminder, check the “No” box.

**Financial Certification for WIC Services**
Shall be signed and dated by the woman participant, parent, or other person caring for the individual in order to comply with the federal and state regulations and to certify the income and other government benefits information listed on the registration labels is correct.

Check the box by Financial Certification for WIC services and the appropriate box of the relationship to the participant.

If a signature is obtained by other person caring for the individual, the relationship to the participant must be documented.

**Consent for WIC Services**
If a valid general consent is on file, document the signature date of the valid CH-5. (Example: General Consent signed by the patient/parent/legal representative is on file from a previous visit and is within one year of the service date.) The consent may be used and the date of the signed general consent entered. Refer to exclusions at the bottom of this page.

If a valid general consent is not on file and the service is non-invasive, check the appropriate box of the relationship of the person to the participant. If other person is caring for participant, document the relationship to the participant.

The woman participant, parent, or other person caring for individual must sign and date the form.

**WIC Rights and Responsibilities**
The woman participant, parent, or other person caring for individual must read or have read to them the WIC Rights and Responsibilities.

The individual must sign and date the form. Staff discussing the WIC Rights and Responsibilities shall obtain the signature.

**Exclusion to CH-5WIC:** Infant certified 9-12 months (includes 11-month-old child certification)  
Children ages 1-2 requiring finger stick  
Invalid reading from Pronto and finger stick needed

**Note:** THE CH-5 MUST BE USED FOR THE WIC SERVICES EXCLUDED.
**Kentucky WIC Referral Form**

**Referrals for Breastfeeding Support and WIC Services**

Patient’s First & Last Name: ______________________________ Date of Birth (MM/DD/YY): ______________________________

(For Infants/Children) Parent/Caregiver’s First and Last Name: ______________________________

<table>
<thead>
<tr>
<th>Clinic/Hospital/Medical Office Name:</th>
<th>To Locate your County Health Department, please visit <a href="https://chfs.ky.gov/agencies/dph/dafm/Pages/lhd.aspx">https://chfs.ky.gov/agencies/dph/dafm/Pages/lhd.aspx</a> (select Listing of LHDs) OR call 1-877-597-0367</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>Zip Code:</td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
</tr>
</tbody>
</table>

**Infants/Children Referral Data: (Complete Applicable Information)**

<table>
<thead>
<tr>
<th>Length/Ht:</th>
<th>Wt: lbs. oz. Date:</th>
<th>Hgb/Hct: Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(Valid within 60 days of measurement)</td>
</tr>
</tbody>
</table>

Birth weight: ____ lbs. ____ oz. Birth Length: ____ in. If premature, weeks gestation at birth: __________

Breastfeeding?: ☐ Yes ☐ No

Referral data provided by: (signature) ______________________________ Date: ________________

**Women Referral Data: (Complete Applicable Information)**

<table>
<thead>
<tr>
<th>Length/Ht:</th>
<th>Wt: lbs. oz. Date:</th>
<th>Hgb/Hct: Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(Valid within 60 days of measurement)</td>
</tr>
</tbody>
</table>

EDC: ________ Last Wt. Prior to Pregnancy: ____ lbs. Multiple Gestation?: ☐ Yes ☐ No

Delivery Date: __________ Last Wt. Prior to Delivery: ____ lbs. Breastfeeding?: ☐ Yes ☐ No

If Currently Breastfeeding: ☐ Exclusively ☐ Partially ☐ Unknown

Breastfeeding follow up needed?: ☐ Yes ☐ No ☐ Unknown Mother/baby separation

☐ Latch-on issues ☐ Milk supply concerns ☐ Other: __________________________

Additional Comments/Details: __________________________________________________________

Referral data provided by: (signature) ______________________________ Date: ________________

**Instructions & Resources for Use of This Form:**

This form is intended for use as:

- A medical data referral form for infants, children and women for the Kentucky WIC Program
- A breastfeeding support referral form for the Kentucky WIC Program
- A proof of identification for hospitalized newborn infants

To prescribe a special formula or medical food for an infant, child, or woman please visit https://chfs.ky.gov/agencies/dph/dmch/nsb/Pages/wic.aspx (select “Health Care Provider Information”).

We appreciate your cooperation and partnership in serving the Kentucky WIC population.

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To file a special complaint form, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaintfilingcust.html or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or by mail at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer. This institution is an equal opportunity provider.
Medical Home:

Priority listed at end of line for each criterion.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Pregnant 3010</th>
<th>Postpartum 3010</th>
<th>Breastfeeding 3010</th>
</tr>
</thead>
<tbody>
<tr>
<td>201</td>
<td>Low Hematocrit/Low Hemoglobin (check one of the following values if appropriate)</td>
<td>Postpartum/Breastfeeding</td>
<td></td>
</tr>
<tr>
<td>P/BF-01</td>
<td>PP-3B</td>
<td>P/BF-01 PP-3B</td>
<td>P/BF-01 PP-3B</td>
</tr>
</tbody>
</table>

- **Pregnant**
  - a. Hematocrit ≤ 32.9% or Hemoglobin ≤ 10.9 gm./dL. (1st trimester) 0-13 wks
  - b. Hematocrit ≤ 31.9% or Hemoglobin ≤ 10.4 gm./dL. (2nd trimester) 14-26 wks
  - c. Hematocrit ≤ 32.9% or Hemoglobin ≤ 10.9 gm./dL. (3rd trimester) 27-40 wks

<table>
<thead>
<tr>
<th>Priority</th>
<th>Pregnant 3010</th>
<th>Postpartum 3010</th>
<th>Breastfeeding 3010</th>
</tr>
</thead>
<tbody>
<tr>
<td>211</td>
<td>Elevated Blood Lead (≥ 5 μg/dL) within the past 12 months</td>
<td>P/BF-01 PP-3B</td>
<td>P/BF-01 PP-3B</td>
</tr>
</tbody>
</table>

- **Postpartum/Breastfeeding**
  - d. Hematocrit ≤ 35.6% or Hemoglobin ≤ 11.7 gm./dL. (age 12-15)
  - e. Hematocrit ≤ 35.6% or Hemoglobin ≤ 11.9 gm./dL. (age 15-18)
  - f. Hematocrit ≤ 35.6% or Hemoglobin ≤ 11.9 gm./dL. (age >18)

<table>
<thead>
<tr>
<th>Priority</th>
<th>Pregnant 3010</th>
<th>Postpartum 3010</th>
<th>Breastfeeding 3010</th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td>Underweight (≥ 18.5)</td>
<td>P/BF-01 PP-3B</td>
<td>P/BF-01 PP-3B</td>
</tr>
</tbody>
</table>

- **Underweight (BMI < 18.5)**
  - a. Current BMI < 18.5

<table>
<thead>
<tr>
<th>Priority</th>
<th>Pregnant 3010</th>
<th>Postpartum 3010</th>
<th>Breastfeeding 3010</th>
</tr>
</thead>
<tbody>
<tr>
<td>131</td>
<td>Inappropriate Weight Gain Pattern</td>
<td>P/BF-01 PP-3B</td>
<td>P/BF-01 PP-3B</td>
</tr>
</tbody>
</table>

- **P: Current Pregnancy BF/PP: Last Pregnancy**
  - High maternal weight gain during 2nd and 3rd trimesters, singleton pregnancy:
    - Underweight women who gain > 5.2 lbs/month - 133f
    - Normal weight women who gain > 4 pounds/month - 133g
    - Obese (BMI ≥30) women who gain > 2.4 pounds/month - 133i

<table>
<thead>
<tr>
<th>Priority</th>
<th>Pregnant 3010</th>
<th>Postpartum 3010</th>
<th>Breastfeeding 3010</th>
</tr>
</thead>
<tbody>
<tr>
<td>371, 372</td>
<td>Alcohol and Substance Use (check all that apply)</td>
<td>P/BF-01 PP-3B</td>
<td>P/BF-01 PP-3B</td>
</tr>
</tbody>
</table>

- **371**
  - Any alcohol use in any form 371a
  - Any illegal substance use and/or abuse of prescription medications 371b

- **372**
  - Any daily smoking of cigarettes, pipes, cigars 372a
  - Any illegal drug use 372b
  - Any marijuana use in any form 372c

904 **Environmental Tobacco Smoke Exposure**  Exposure to products inside enclosed areas, secondhand, passive or involuntary smoke, includes exposure to the aerosol from electronic nicotine delivery systems P/BF-01 PP-3B

601a BF Infant/BF Woman at Nutritional Risk Breastfeeding infant has a nutritional risk which qualifies woman BF-01

601b BF Infant/BF Woman with Dietary Concerns Breastfeeding infant qualifies based on dietary concern which qualifies woman BF-04

602 **Breastfeeding Complications (BF woman only)** (check all that apply) BF-01

- **BF-01**
  - Severe engorgement
  - Mastitis (fever or flu-like symptoms with localized breast tenderness)
  - Failure of milk to come in by 4 days after delivery
  - Flat or inverted nipples
  - Tandem nursing (BF two siblings who are not twins)
  - Cracked, bleeding or severely sore nipples
  - ≥ 40 years old
  - Recurrent plugged ducts
### Pregnancy Induced Conditions - P/BF

- Hyperemesis Gravidarum - **P** only 301
- Gestational Diabetes - **P** only 302
- History of gestational diabetes 303
- Preeclampsia or history of 304

### Celiac Disease

- Recent Major Surgery, Trauma, Burns: 359
- Any occurrence within past two (≤ 2) months severe enough to compromise nutritional status.
- Occurrence > 2 months with continued need for nutrition documented by MD/DO/APRN/PA

### Recent Major Surgery, Trauma, Burns: 359

- P: History for any pregnancy
- BF/PP: Last pregnancy
- Fetal death (≥ 20 week gestation) 5013.321a
- Neonatal death (death within first 28 days of life) 5013.321b

### Infectious Diseases

- Recent Major Surgery, Trauma, Burns: 359
- P: History for any pregnancy
- BF/PP: Last pregnancy
- Fetal death (≥ 20 week gestation) 5013.321a
- Neonatal death (death within first 28 days of life) 5013.321b

### Nutritional Deficiency or Diseases

- Nutrient Deficiency or Diseases: 341
- Scurvy
- Hypocalcemia
- Iron Deficiency
- Rickets
- Cheilosis
- Beri Beri
- Pellagra
- Xerophthalmia
- Vitamin K Deficiency
- Osteomalacia
- Protein Energy Malnutrition (PEM)

### Inborn Errors of Metabolism

- Inborn Errors of Metabolism: 351
- Phenylketonuria
- Maple Syrup Urine disease
- Homocystinuria
- Tyrosinemia

### Carbohydrate Disorders

- Carbohydrate Disorders: G6PD Deficiency/Deficiency
- Galactosemia
- Glycogen Storage Disease type I
- Other

### Glucose Disorders

- Glucose Disorders: 341
- Diabetes Mellitus 343
- Hypoglycemia 356

### Thyroid Disorders

- Thyroid Disorders: 344a
- Hyperthyroidism 344a
- Hypothyroidism 344b
- Congenital Hyperthyroidism 344a
- Congenital Hypothyroidism 344b
- Postpartum Thyroiditis 344c

### Cancer

- Cancer: 347
- Cancer - Treatment for Cancer

### Hypertension

- Hypertension: 345a
- Chronic 345a
- Prehypertension (130/80-139/89) 345c
- Gestational Hypertension 345b

### Central Nervous System Disorders

- Central Nervous System Disorders: 348
- Cerebral Palsy
- Spina bifida
- Myelomeningocele
- Neural tube defects
- Parkinson's disease
- Multiple Sclerosis

### Renal disease

- Renal disease: 346
- Pyelonephritis
- Persistent proteinuria
- Any renal disease except UTI

### Genetic/Congenital Disorders

- Genetic/Congenital Disorders: 349
- Short bowel syndrome
- Sickle Cell Anemia
- Cleft lip/palate
- Gastrochisis
- Thalassemia Major
- Down's syndrome
- Omphalocele
- Intestinal atresia
- Esophageal atresia
- Diaphragmatic hernia
- Tracheo-esophageal fistula
- Hirschspring's Disease
- Muscular Dystrophy

### Infectious Diseases - Acute (present in last 6 mo.): 352a

- Infectious Diseases - Acute (present in last 6 mo.): 352a
- Parasitic infections
- Hepatitis A or E
- Listeriosis
- Pneumonia
- Meningitis (Viral or bacterial)
- Bronchitis (3 x in last 6 mo.)
- Tuberculosis Active infection
- Other

### Recent Major Surgery, Trauma, Burns: 359

- Recent Major Surgery, Trauma, Burns: 359
- P: History for any pregnancy
- BF/PP: Last pregnancy
- History of 2 or more spontaneous abortions (spontaneous termination of a gestation at < 20 weeks gestation or < 500 grams)

### Nutrition/Metabolic Conditions (check all that apply)

- Nutrition/Metabolic Conditions
- P: History for any pregnancy
- BF/PP: Last pregnancy
- P: History for any pregnancy
- BF/PP: Last pregnancy
- P: History for any pregnancy
- BF/PP: Last pregnancy
- P: History for any pregnancy
- BF/PP: Last pregnancy

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WIC 75 Woman, Page 1 of 3

Name:

ID Number:

Place PEI label here

Pregnant only: 321c
- History of 2 or more spontaneous abortions (spontaneous termination of a gestation at < 20 weeks gestation or < 500 grams)

General Obstetrical Risk

Pregnant/Breastfeeding/Postpartum

LGA infant ≥ 9 lbs./4000 grams or history of LGA infant 337

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**Recommended Section for the Document:**

**WIC 75 Woman, Page 1 of 3**

**Appendices:**

- Section 200 Appendices
- October 2021
902 Impaired Ability to Prepare Food (check all that apply) P/BF-04 PP-06

- ≤ 17 years of age 902a
- Mentally disabled/delayed/mental illness/clinical Depression/Post-Partum Depression 902b
- Physically disabled which restricts/limits food preparation abilities 902c
- Currently using or history of abusing alcohol/prescription drugs/marijuana/other Drugs 902d
- Intellectual disability 902e

361,362 Complications which Impair Nutrition (check all that apply) P/BF-01 PP-3B

- Minimal brain function
- Head trauma
- Brain damage
- Depression/Post-Partum Depression
- Pervasive development disorder (PDD)
- Difficulty accepting new foods/food selection
- Restricted food intake due to color/texture/temperature
- Delays/disabilities which restrict ability to chew/swallow/require tube feeding
- Difficulty taking multivitamin/mineral supplement
- Autism
- Difficulty with changes in mealtime environment

382 Fetal Alcohol Spectrum Disorder P/BF-01/PP-3A

- Fetal Alcohol Syndrome (FAS)
- Partial Fetal Alcohol Syndrome (pFAS)
- Alcohol-Related Birth Defects (ARBD)
- Alcohol-Related Neurodevelopmental Disorders (ARND)
- Neurobehavioral Disorders with Prenatal Alcohol Exposure (ND-PAE)

381 Dental Problems P/BF-01/PP-3B

- Tooth decay 381a
- Periodontal disease 381d
- Gingivitis of pregnancy (Pregnant only) 381b
- Missing more than 7 teeth or ineffectively replaced teeth which impair ability to ingest food 381c

401 Presumed Dietary Risk Only use this risk when no other risk is present P/BF-04 PP-06

Women who meet the eligibility requirements of income, category and residency may be presumed to be at nutrition risk based on failure to meet the Dietary Guidelines.

Dietary Assessment Woman

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you eat at least 6 servings of any of the following/day: bread, cereal, rice or pasta? (Encourage whole grain choices)</td>
<td>Do you eat at least 3 servings/day of vegetables?</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you eat at least 2 servings/day of any of the following: meat (beef, pork, chicken, or turkey), fish, soup beans, eggs or peanut butter?</td>
<td>Do you eat at least 2 servings/day of fruits?</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you eat at least 3 servings/day of any of the following: milk, cheese or yogurt? (Encourage low fat or fat free dairy choices.)</td>
<td></td>
</tr>
</tbody>
</table>

427 Feeding Practices P/BF-04 PP-06

Do you eat such foods as: (Pregnant only) 427.5a-j

- Yes
- No

If pregnant, do you take < 30 mg. iron each day? 427.4a

If pregnant or breastfeeding, do you take < 150 µg of iodine each day? 427.4c

- Yes
- No

Do you take > 1 dose/day of a multivitamin, single vitamin, mineral supplement, herbal teas/remedies not recommended by MD/DO/APRN/PA? 427.1

- Yes
- No

- If you eat ashes, baking soda, burnt matches, carpet fibers, chalk, cigarettes, clay, dirt, dust, laundry starch, cornstarch, large quantities of ice or freezer frost, paint chips or other non-food items? 427.3

- Yes
- No

If BF/PP do you take a multivitamin/supplement with 400 mcgs. Folic acid every day? 427.4b

427 Inappropriate Nutrient Intake P/BF-04 PP-06

427.2a Do you avoid all animal products – meat (beef, pork, chicken, turkey), fish, eggs, milk, cheese, yogurt or other dairy products? Yes No

427.2b Is your diet highly restrictive in calories or specific nutrients? Yes No

358 Eating Disorders a Anorexia Nervosa b Bulimia c Controls weight by self-starvation, vomiting, drugs, purgative abuse

901 Recipient of Abuse Battering, physical assault within the past six months.

903 Foster Care Determine if during the past six (6) months:
What concerns or questions does the participant have in regards to her nutrition?

Signature: ____________________________________________ Date: ____________

Rev. 10/20)
Medical Home:
Immunization UTD? Y or N (If not, refer and request copy at next visit).
Immunization Record on file? Y or N

Priority listed at end of line for each criterion.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>201g</td>
<td>Low Hematocrit/Low Hemoglobin: Hematocrit ≤ 32.8% or Hemoglobin ≤ 10.9 gm./dL. (9 months or older)</td>
</tr>
<tr>
<td>211</td>
<td>Elevated Blood Lead ≥ 5 μg/dL. within past 12 months Only if data is available from another source</td>
</tr>
<tr>
<td>152</td>
<td>Low Head Circumference ≤ 2.3rd percentile head circumference for age as plotted on CDC birth to 24 month growth chart (age adjusted) Only if data is available from another source.</td>
</tr>
<tr>
<td>142</td>
<td>Preterm (&lt; 36 6/7 weeks gestation) Early Term (≥ 37/0/7 and ≤ 38 6/7 weeks gestation)</td>
</tr>
<tr>
<td>141</td>
<td>Low Birth Weight/Very Low Birth Weight (age adjusted)</td>
</tr>
<tr>
<td>114</td>
<td>At Risk for Overweight</td>
</tr>
<tr>
<td>115</td>
<td>High Weight for Length ≥97.7th percentile weight/length on CDC Birth to 24 month growth chart</td>
</tr>
<tr>
<td>103a</td>
<td>At Risk for Underweight &gt;2.3rd to ≤ 5th percentile weight for length on CDC Birth to 24 month growth chart</td>
</tr>
<tr>
<td>103b</td>
<td>Underweight ≤ 2.3rd percentile weight for length on CDC Birth to 24 month growth chart</td>
</tr>
<tr>
<td>121a</td>
<td>At Risk for Short Stature &gt;2.3rd to ≤ 5th percentile length for age on CDC Birth to 24 month growth chart</td>
</tr>
<tr>
<td>121b</td>
<td>Short Stature ≤ 2.3rd percentile length for age on CDC Birth to 24 month growth chart (age adjusted)</td>
</tr>
<tr>
<td>151</td>
<td>Growth Problems Small for Gestational Age (SGA) (age adjusted) Large for Gestational Age (LGA) birth weight ≥ 9 lbs/4,000 gm</td>
</tr>
<tr>
<td>134,135</td>
<td>Inappropriate Weight Gain Pattern/Slowed or Faltering Growth Pattern</td>
</tr>
<tr>
<td>702a</td>
<td>Breastfeeding Dyad: Breastfeeding woman (mother) has a nutritional risk which qualifies breastfeeding infant</td>
</tr>
<tr>
<td>702b</td>
<td>Breastfeeding Dyad: Breastfeeding woman has a dietary concern which qualifies breastfeeding infant</td>
</tr>
<tr>
<td>602</td>
<td>Breastfeeding Complications (check all that apply)</td>
</tr>
<tr>
<td>602</td>
<td>Jaundice</td>
</tr>
<tr>
<td>602</td>
<td>Weak or ineffective suck</td>
</tr>
<tr>
<td>602</td>
<td>Inadequate stooling for age: ≤ 6 days old with &lt; 2 stools/day</td>
</tr>
<tr>
<td>602</td>
<td>7-28 days with &lt; 5 stools/day</td>
</tr>
<tr>
<td>602</td>
<td>29 days or older with &lt; 1 every 4 days</td>
</tr>
<tr>
<td>701</td>
<td>Infant of a WIC Mother/Mother at Risk Mother who had risk and could have qualified during this preg. (up to 6 mo. old)</td>
</tr>
</tbody>
</table>

WIC Certification
Infant

Name: ______________________
ID Number: ______________________

or
Place PEF label here

WIC 75 Infant, Page 1 of 4
Nutrition/Metabolic Conditions (check one of the following if appropriate)

- Lactose Intolerance 355
- Hypertension 345
- Prehypertension (90th-95th for blood pressure) 345d
- Glucose Disorders: Diabetes Mellitus 343
- Hypoglycemia 356
- Thyroid Disorders: Hyperthyroidism 344a
- Hypothyroidism 344b
- Congenital Hyperthyroidism 344a
- Congenital Hypothyroidism 344b
- Cancer: 347
- Treatment for Cancer

Nutritional status.

GI Disorders: 342
- Crohn’s disease
- Ulcerative colitis
- GER
- Liver disease
- Inflammatory bowel disease
- Pancreatitis
- Gallbladder disease
- Malabsorption syndromes
- Small bowel enterocolitis/syndrome
- Stomach/intestinal ulcers
- Peptic ulcers
- Post-bariatric surgery
- Biliary tract diseases

Genetic/Congenital Disorders 351
- Amino Acid Metabolism Disorders:
  - Phenylketonuria
  - Maple Syrup Urine disease
  - Homocystinuria
  - Tyrosinemia
- Carbohydrate Disorders: Galactosemia
- Glycogen Storage Disease type I
- Glycogen Storage Disease type II (Pompe Disease)
- Glycogen Storage Disease type III
- Glycogen Storage Disease type IV
- Glycogen Storage Disease type V
- Glycogen Storage Disease type VI

Fatty Acid Oxidation Defects: Medium-chain acyl-CoA dehydrogenase deficiency
- Long-Chain 3-hydroxyacyl-CoA dehydrogenase deficiency
- Trifunctional protein deficiency type 1 (LCHAD deficiency)
- Trifunctional protein deficiency type 2
- Carnitine uptake defect (primary carnitine deficiency)
- Very long-chain acyl-CoA dehydrogenase deficiency

Organic Acid Disorders:
- Isovaleric academia
- Methylcitronyl-CoA carboxylase deficiency
- Glutaric academia type I
- Glutaric academia type II
- 3-hydroxy-3-methylglutarlic coenzyme A lyase deficiency
- Multiple carboxylase deficiency
- Biotinidase deficiency
- Holocarboxylase synthetase deficiency
- Methy1malonic academia
- Propionic academia
- Beta-ketothiolase deficiency

Lysosomal Storage Disease: Fabry disease (a-galactosidase A deficiency)
- Gaucher disease (glucocerebrosidase deficiency)
- Pompe disease (glycogen storage disease Type II or Acid alpha-glucosidase deficiency)
- Mitochondrial disorders:
  - Leber hereditary optic neuropathy
  - Mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes (MELAS)
  - Mitochondrial neurogastrointestinal encephalopathy disease (MNGIE)
  - Myoclonic epilepsy with ragged red fibers (MERRF)
  - Neuropathy, ataxia, and retinitis pigments (NARP)
  - Pyruvate carboxylase deficiency

Peroxisomal Disorders: Zellweger Syndrome Spectrum
- Adrenoleukodystrophy (x-ALD)

Urea Cycle Disorders:
- Citrullinemia
- Argininosuccinic aciduria
- Carbamoyl phosphate synthetase I deficiency

Inborn Errors of Metabolism: 351

Central Nervous System Disorders: 348
- Epilepsy
- Cerebral Palsy
- Spina Bifida
- Myelomeningocele
- Neural tube defects
- Parkinson’s disease
- Multiple Sclerosis

Renal Disease: 346
- Pyelonephritis
- Persistent proteinuria
- Any renal disease except UTI

Infectious Diseases: Acute (present in last 6 mo.) 352a
- Parasitic infections
- Hepatitis A or E
- Listeriosis
- Pneumonia
- Meningitis
- Tuberculosis

Infectious Diseases Chronic 352b
- Hepatitis B
- Hepatitis C
- Hepatitis D
- Other Specify:
  - AIDS
  - HIV

Food Allergies – List: 353

Genetic/Congenital Disorders 349
- Short bowel syndrome
- Sickle Cell Anemia
- Cleft lip/palate
- Gastrochisis
- Thalassemia Major
- Down’s syndrome
- Omphalocele
- Intestinal atresia
- Esophageal atresia
- Diaphragmatic hernia
- Tracheo-esophageal fistula
- Hirschsprung’s Disease
- Muscular Dystrophy
- Pyloric Stenosis

Celiac Disease:
- Celiac Sprue
- Gluten Enteropathy

Drug/Nutrient Interactions – Specify: 357

Recent Major Surgery, Trauma, Burns: 359
- Any occurrence within ≤ 2 months severe enough to compromise nutritional status.
- Occurrence > 2 months with continued need for nutrition documented by MD/DO/APRN/PA

Other Medical Conditions: 360
- Lupus erythematosus
- Cardiorespiratory diseases
- Heart disease
- Cystic fibrosis
- Juvenile Rheumatoid Arthritis (JRA)
- Persistent asthma requiring daily medication

Neonatal Abstinence Syndrome 383

Others – State Agency approval

902 Impaired Ability to Prepare Food 04

Participant’s primary caregiver is (check all that apply):
- ≤ 17 years of age 902a
- Mentally disabled/delayed/mental illness/clinical depression/Post-Partum Depression 902b
- Currently using or history of abusing alcohol/precription drugs/marijuana/other Drugs 902d
- Intellectual disability 902e
- Physically disabled which restricts/limits food preparation abilities 902c

361,362 Complications which Impair Nutrition (check all that apply) 01

- Minimal brain function
- Head trauma
- Brain damage
- Birth injury
- Pervasive development disorder (PDD) depression 361
- Difficulty accepting new foods/food selection
- Restricted food intake due to color/texture/temperature
- Delays/disabilities which restrict ability to chew/swallow/require tube feeding 362
- Difficulty taking multivitamin/mineral supplement
- Autism
- Difficulty with changes in mealtime environment
### Feeding Practices

**Age Group**

<table>
<thead>
<tr>
<th>Less than 4 months</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-12 months old or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>As developmentally appropriate for the infant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 12 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Does baby consume:**

428

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Dietary Assessment

<table>
<thead>
<tr>
<th>Does the baby take formula?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, formula name:</td>
</tr>
</tbody>
</table>

**Type of formula:**

- Concentrate
- Ready-to-feed
- Powder
- Formula replacement (by prescription)
- Other

- **Failure to follow specific instructions accompanying prescription**

<table>
<thead>
<tr>
<th>Does the baby drink milk (fresh, whole, skim, 1%, 2%, low-fat, nonfat, goat, sheep, imitation (Vitamite, Toddler's Best, non-dairy creamer), substitute (Alba 77, Slim Fast, rice or soy based beverage, homemade formula), evaporated, sweetened condensed)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>411.1c</td>
</tr>
</tbody>
</table>

- **Milk substitute (Alba 77, Slim Fast, rice or soy based beverage, homemade formula) or other liquids?**

<table>
<thead>
<tr>
<th>Does the baby eat foods like hot dogs, pieces of fruit, nuts, raisins, hard candy, raw carrots?</th>
</tr>
</thead>
<tbody>
<tr>
<td>411.4a</td>
</tr>
</tbody>
</table>

- **Honey, sugar or syrup put in the foods or liquids which are fed to the baby or put on the baby's pacifier?**

<table>
<thead>
<tr>
<th>Is the baby fed less than 16 ounces of formula in 24 hours?</th>
</tr>
</thead>
<tbody>
<tr>
<td>411.4d</td>
</tr>
</tbody>
</table>

- **Are cereals or other foods added to the baby's bottle?**

<table>
<thead>
<tr>
<th>Does the baby drink more than 6 ounces of juice in a day?</th>
</tr>
</thead>
<tbody>
<tr>
<td>411.3</td>
</tr>
</tbody>
</table>

- **Does the baby eat high calorie/low nutrient foods such as desserts, cakes, cookies, candy, fried foods, lunch meat?**

<table>
<thead>
<tr>
<th>Does the baby eat foods like hot dogs, pieces of fruit, nuts, raisins, hard candy, raw carrots?</th>
</tr>
</thead>
<tbody>
<tr>
<td>411.4a</td>
</tr>
</tbody>
</table>

- **Is honey, sugar or syrup put in the foods or liquids which are fed to the baby or put on the baby's pacifier?**

<table>
<thead>
<tr>
<th>Is the baby fed only breastfeeding?</th>
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<tbody>
<tr>
<td>If no, continue to next box.</td>
</tr>
<tr>
<td>411.7a</td>
</tr>
</tbody>
</table>

- **Take formula?**

<table>
<thead>
<tr>
<th>Is the baby breastfed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking &lt;400 IU per day vitamin D (Exclusively breastfed infant or infant taking &lt;32 oz of formula per day)</td>
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<tr>
<td>411.1a</td>
</tr>
</tbody>
</table>

- **Is the baby fed human milk acquired directly from individuals other than mother or the internet (informal milk sharing)?**

<table>
<thead>
<tr>
<th>Is a bottle of water given in place of a bottle of formula or breastmilk or do you restrict the amount of foods?</th>
</tr>
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<tbody>
<tr>
<td>411.4c</td>
</tr>
</tbody>
</table>

- **Has a safe water supply (documented)?**

<table>
<thead>
<tr>
<th>Do you or the baby's caretaker:</th>
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<tbody>
<tr>
<td>Hold fresh breastmilk in refrigerator for &gt; 72 hours?</td>
</tr>
<tr>
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- **Add fresh breastmilk to already frozen breastmilk in a storage container?**

<table>
<thead>
<tr>
<th>Feed previously frozen breastmilk thawed in refrigerator for more than 24 hours?</th>
</tr>
</thead>
<tbody>
<tr>
<td>411.9k</td>
</tr>
</tbody>
</table>

- **Save breastmilk from a used bottle for another feeding?**

<table>
<thead>
<tr>
<th>Thaw breastmilk in the microwave?</th>
</tr>
</thead>
<tbody>
<tr>
<td>411.9l</td>
</tr>
</tbody>
</table>

- **Express breast milk from a pump that has not been cleaned per manufacturer's instructions?**

<table>
<thead>
<tr>
<th>Does the baby take a bottle:</th>
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<tr>
<td>Propped in a high chair?</td>
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<tr>
<td>411.2a</td>
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</table>

- **At nap or sleeps with bottle in mouth?**

<table>
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<th>With fruit juice?</th>
</tr>
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</tr>
</tbody>
</table>

- **Without restriction?**

<table>
<thead>
<tr>
<th>From a bottle that has not been properly cleaned?</th>
</tr>
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<td>411.9g</td>
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- **Does the baby drink more than a cup (8 ounces) of water in 24 hours?**

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<tr>
<th>If 6 months or older with a family history of food allergies, does the baby drink city water, take a fluoride supplement or drink fluoridated water?</th>
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<td>Have a safe water supply (documented)?</td>
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</table>

- **Have a stove for sterilizing bottles and water?**

<table>
<thead>
<tr>
<th>Have a refrigerator or freezer for storage of breastmilk or formula?</th>
</tr>
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<tbody>
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</tr>
</tbody>
</table>

- **Have limited knowledge on preparation, handling or storage of formula or breastmilk?**

<table>
<thead>
<tr>
<th>Feed the baby formula held at room temperature &gt; 2 hours?</th>
</tr>
</thead>
<tbody>
<tr>
<td>411.9e</td>
</tr>
</tbody>
</table>

- **Use leftover formula from an earlier feeding?**

<table>
<thead>
<tr>
<th>Give the baby vitamin, multi-vitamin or mineral supplements, herbal teas/remedies not recommended by MD/DO/APRN/PA?</th>
</tr>
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<tbody>
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<td>411.10</td>
</tr>
</tbody>
</table>

- **Wash hands with soap and water after using the bathroom, changing diapers, and before meals or before preparing formula or bottles of breastmilk?**

<table>
<thead>
<tr>
<th>Require the baby to eat a certain type and/or amount of food or ignore infant hunger cues?</th>
</tr>
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<tr>
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- ** Routinely fed a vegan diet, macrobiotic diet or diet very low in calories/essential nutrients?**

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- **Is the baby breastfed? If yes, formula name:**

<table>
<thead>
<tr>
<th>Low iron formula without iron supplement</th>
</tr>
</thead>
<tbody>
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</tr>
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</table>

- **Does the baby drink milk (fresh, whole, skim, 1%, 2%, low-fat, nonfat, goat, sheep, imitation (Vitamite, Toddler's Best, non-dairy creamer), substitute (Alba 77, Slim Fast, rice or soy based beverage, homemade formula), evaporated, sweetened condensed)?**

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<th>Is honey, sugar or syrup put in the foods or liquids which are fed to the baby or put on the baby's pacifier?</th>
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- **Does the baby eat high calorie/low nutrient foods such as desserts, cakes, cookies, candy, fried foods, lunch meat?**

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381a Dental Problem □ Baby Bottle Tooth Decay 01
382 Fetal Alcohol Spectrum Disorder □ 01
□ Fetal Alcohol Syndrome (FAS) □ Partial Fetal Alcohol Syndrome (pFAS)
□ Alcohol-Related Birth Defects (ARBD) □ Alcohol-Related Neurodevelopmental Disorders (ARND)
□ Neurobehavioral Disorders with Prenatal Alcohol Exposure (ND-PAE)
901 □ Recipient of Abuse Abuse (emotional or physical) and/or neglect within the past six months 04
903 Foster Care Determine if during the previous six (6) months:
□ a has entered the foster care system  □ b has been moving from one foster home to another 04
801 □ Homelessness Homeless 04
802 □ Migrancy Migrant 04
**What concerns or questions does the parent/caretaker have in regards to the infant’s nutrition/feeding the infant?**
___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________

Signature:______________________________ Date____________________

This institution is an equal opportunity provider.
Medical Home:
Immunization UTD?  Y  or  N  (If not, refer and request copy at next visit).  Immunization Record on file?  Y  or  N

Priority listed at end of line for each criterion.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>201</td>
<td>Low Hematocrit/Low Hemoglobin (check one of the following values if appropriate)</td>
<td>3A</td>
</tr>
<tr>
<td></td>
<td>Age 1 to 2 1010.201g</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Hematocrit ≤ 32.8% or Hemoglobin ≤ 10.9 gm./dl.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 2 to 5 1010.201h</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Hematocrit ≤ 32.8% or Hemoglobin ≤ 11.0 gm./dl.</td>
<td></td>
</tr>
<tr>
<td>211</td>
<td>Elevated Blood Lead (≥ 5 μg/dl) within the past 12 months (only if data is available from another source)</td>
<td>3A</td>
</tr>
<tr>
<td>152</td>
<td>Low Head Circumference ≤ 2.3rd percentile head circumference for age as plotted on CDC birth to 24 month growth chart (up to age 2, age adjusted) (Only if data is available from another source)</td>
<td>3A</td>
</tr>
<tr>
<td>161</td>
<td>Preterm (≤ 32 6/7 weeks gestation)</td>
<td>3A</td>
</tr>
<tr>
<td></td>
<td>Early Term (≥ 37/0/7 and ≤ 38 6/7 weeks gestation) (up to age 2, age adjusted)</td>
<td>3A</td>
</tr>
<tr>
<td>141</td>
<td>Low Birth Weight/Very Low Birth Weight (age adjusted)</td>
<td>3A</td>
</tr>
<tr>
<td></td>
<td>Birth weight ≤ 5 lb. 6 oz./2500 grams (LBW) (up to age 2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Birth weight ≤ 3 lb. 5 oz./1500 grams (VLBW) (up to age 2)</td>
<td>141b</td>
</tr>
<tr>
<td>114</td>
<td>At Risk for Overweight</td>
<td>3A</td>
</tr>
<tr>
<td></td>
<td>- biological mother reports BMI ≥ 30 (if mother is pregnant or had baby within the past 6 months, use her PPW BMI)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- biological father reports BMI ≥ 30</td>
<td></td>
</tr>
<tr>
<td>131,141,115</td>
<td>Obese/Overweight/High Weight for Length</td>
<td>3A</td>
</tr>
<tr>
<td></td>
<td>- Obese (Age 2-5): ≥ 95th percentile BMI as plotted on CDC 2-20 year growth chart (standing height measurement)</td>
<td>113</td>
</tr>
<tr>
<td></td>
<td>- Overweight (Age 2-5): &gt; 85th percentile or &lt; 95th percentile BMI as plotted on CDC 2-20 year growth chart (standing height measurement)</td>
<td>114</td>
</tr>
<tr>
<td></td>
<td>- High Weight for Length (up to age 2, age adjusted): ≥ 97.7th percentile weight/length on CDC Birth to 24 month growth chart</td>
<td>115</td>
</tr>
<tr>
<td>103</td>
<td>At Risk for Underweight</td>
<td>3A</td>
</tr>
<tr>
<td></td>
<td>- &lt;2.3rd to ≤ 5th percentile weight/length on CDC Birth to 24 month growth chart (up to age 2, age adjusted)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- &gt;5th to ≤ 10th percentile BMI for age as plotted on CDC 2-20 year growth chart (age 2 to 5)</td>
<td></td>
</tr>
<tr>
<td>103</td>
<td>Underweight</td>
<td>3A</td>
</tr>
<tr>
<td></td>
<td>- &lt; 2.3rd percentile weight for length on CDC Birth to 24 month growth chart (up to age 2, age adjusted)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- ≤ 5th percentile BMI for age as plotted on CDC 2-20 year growth chart (age 2 to 5)</td>
<td></td>
</tr>
<tr>
<td>121</td>
<td>At Risk for Short Stature</td>
<td>3A</td>
</tr>
<tr>
<td></td>
<td>- &lt;2.3rd to ≤ 5th percentile length for age on CDC Birth to 24 month growth chart (up to age 2, age adjusted)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- &gt;5th to ≤ 10th percentile height/stature for age as plotted on CDC 2-20 year growth chart (age 2 to 5)</td>
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</tr>
<tr>
<td>121</td>
<td>Short Stature</td>
<td>3A</td>
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<tr>
<td></td>
<td>- ≤ 2.3rd percentile length for age on CDC Birth to 24 month growth chart (up to age 2, age adjusted)</td>
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<tr>
<td></td>
<td>- ≤ 5th percentile height/stature for age as plotted on CDC 2-20 year growth chart (age 2 to 5)</td>
<td></td>
</tr>
<tr>
<td>151</td>
<td>Growth Problems Small for Gestational Age (SGA up to age 2) (age adjusted)</td>
<td>3A</td>
</tr>
<tr>
<td>134</td>
<td>Inappropriate Weight Gain Pattern Failure to Thrive (FTT) (age adjusted)</td>
<td>3A</td>
</tr>
<tr>
<td>904</td>
<td>Environmental Tobacco Smoke Exposure Exposure to tobacco products inside enclosed areas, secondhand, passive or involuntary smoke, includes exposure to the aerosol from electronic nicotine delivery systems</td>
<td>3A</td>
</tr>
</tbody>
</table>

Dietary Assessment

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Does the child eat at least 6 servings of any of the following/day: bread, cereal, rice or pasta? (Encourage whole grain choices)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes  No  Does the child eat at least 6 servings/day of vegetables?</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Does the child eat at least 2 servings/day of any of the following: meat (beef, pork, chicken, or turkey), fish, soup beans, eggs or peanut butter?</td>
</tr>
</tbody>
</table>
| Yes | No | Yes  No  Does the child eat at least 2 servings/day of fruits?  
| Yes | No | Does the child eat at least 3 servings/day of any of the following: milk, cheese or yogurt? (Encourage low fat or fat free dairy choices for children 2 and older) |  
| Yes | No | Yes  No  Does the child consume sugar sweetened beverages such tea, soda pop, Gatorade, Hi C, fruit punch, kool ase or drink more than 6 oz. of 100% juice per day? |
### Nutrition/Metabolic Conditions (check one of the following if appropriate)

- **Lactose Intolerance**
- **Hypertension**
- **Prehypertension** (90th-95th for blood pressure)
- **Diabetes Mellitus**
- **Hypoglycemia**
- **Thyroid Disorders**
  - Hypothyroidism
  - Hyperthyroidism
  - Congenital Hyperthyroidism
  - Congenital Hypothyroidism
- **Central Nervous System Disorders**
- **Cancer**
  - Cancer
  - Treatment for Cancer
- **Renal Disease**
  - Pyelonephritis
- **Genetic/Congenital Disorders**
  - Short bowel syndrome
  - Sickle Cell Anemia
  - Thalassemia Major
  - Intestinal atresia
  - Tracheo-esophageal fistula
  - Muscular Dystrophy
- **Infectious Diseases**
  - Acute (present in last 6 mo.)
  - Parasitic infections
  - Pneumonia
  - Bronchitis (3 x in last 6 mo.)
  - Other Specific:
- **Infectious Diseases-Chronic**
  - Hepatitis B
  - Hepatitis C
  - Hepatitis D
  - Other Specify:
  - AIDS
  - HIV
- **Food Allergies**
  - List: 353
- **Celiac Disease**
  - Celiac Sprue
  - Gluten Enteropathy
  - Non-tropical Sprue
- **Drug/Nutrient Interactions**
  - Specify:
- **Other Medical Conditions**
  - Cardiorespiratory diseases
  - Lupus erythematosus
  - Persistent asthma requiring daily medication
- **Others**
  - State Agency approval:
- **Recent Major Surgery, Trauma, Burns**
  - Any occurrence within ≤ 2 months severe enough to compromise nutritional status.
  - Occurrence > 2 months with continued need for nutrition documented by MD/APRN/PA

### Nutrient Deficiency or Diseases

- **GI Disorders**
  - Crohn’s disease
  - Ulcerative colitis
  - Liver disease
  - Inflammatory bowel disease
  - Pancreatitis
  - Gallbladder disease
  - Malabsorption syndromes
  - Small bowel enterocolitis/syndrome
  - Stomach/intestinal ulcers
  - Gastroesophageal reflux (GER)
  - Peptic ulcers
  - Post-bariatric surgery
  - Biliary tract diseases

### Inborn Errors of Metabolism

- **Amino Acid Metabolism Disorders**
  - Phenylketonuria
  - Maple Syrup Urine disease
  - Homocystinuria
  - Tyrosinemia
- **Carbohydrate Disorders**
  - Galactosemia
  - Glycogen Storage Disease type I
  - Glycogen Storage Disease type II (Pompe Disease)
  - Glycogen Storage Disease type III
  - Glycogen Storage Disease type IV (Andersen Disease)
  - Glycogen Storage Disease type V
  - Glycogen Storage Disease type VI
- **Fatty Acid Oxidation Defects**
  - Medium-chain acyl-CoA dehydrogenase deficiency
  - Long-Chain 3-hydroxyacyl-CoA dehydrogenase deficiency
  - Trifunctional protein deficiency type 1
  - (LCHAD deficiency)
  - Trifunctional protein deficiency type 2
  - (mitochondrial trifunctional protein deficiency)
  - Carnitine uptake defect
  - Very long-chain acyl-CoA dehydrogenase deficiency
- **Organic Acid Disorders**
  - Isovaleric academia
  - 3-methylcrotonyl-CoA carboxylase deficiency
  - Glutaric academia type I
  - Glutaric academia type II
  - 3-hydroxy-3-methylglutaryl-coenzyme A lyase deficiency
  - Multiple carboxylase deficiency
  - Biotinidase deficiency
  - Mitochondrial neurogastrointestinal encephalopathy disease (MNGIE)
  - Myoclonic epilepsy with ragged-red fibers (MERRF)
  - Neuruphathy, ataxia, and retinitis pigmentosa (NARP)
  - Pyruvate carboxylase deficiency
- **Lysosomal Storage Disease**
  - Fabry disease (a-galactosidase A deficiency)
  - Gaucher disease (glucocerebrosidase deficiency)
  - Pompe disease (glycogen storage disease Type II or Acid a-glucosidase deficiency)
- **Mitochondrial disorders**
  - Leber hereditary optic neuropathy
  - Mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes (MELAS)
  - Mitochondrial neurogastrointestinal encephalopathy disease (MNGIE)
  - Myoclonic epilepsy with ragged-red fibers (MERRF)
  - Neuropathy, ataxia, and retinitis pigmentosa (NARP)
  - Pyruvate carboxylase deficiency
- **Peroxisomal Disorders**
  - Zwiweger Syndrome Spectrum
  - Adrenoleukodystrophy (x-ALD)
  - Urea Cycle Disorders
  - Argininosuccinic aciduria
  - Carboxomyl phosphate synthetase I deficiency
### 902 Impaired Ability to Prepare Food

#### age 1-2 5A / age 2-5 5B

<table>
<thead>
<tr>
<th>Participant's primary caregiver is (check all that apply):</th>
</tr>
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<tbody>
<tr>
<td>☐ &lt;= 7 years of age 6020.902a</td>
</tr>
<tr>
<td>☐ Mentally disabled/delayed/mental illness/clinical Depression/Post-Partum Depression 6020.902b</td>
</tr>
<tr>
<td>☐ Currently using or history of abusing alcohol/ prescription drugs/ marijuana/other Drugs 902d</td>
</tr>
<tr>
<td>☐ Intellectual disability 902e</td>
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<tr>
<td>☐ Physically disabled which restricts/limits food preparation Abilities 6020.902c</td>
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#### Complications which Impair Nutrition (check all that apply)

| ☐ Minimal brain function |
| ☐ Head trauma |
| ☐ Brain damage |
| ☐ Birth Injury |
| ☐ Depression 361 |
| ☐ Pervasive development disorder (PDD) |
| ☐ Difficulty accepting new foods/ food selection |
| ☐ Restricted food intake due to color/texture/temperature |
| ☐ Delays/disabilities which restrict ability to chew/swallow/ require tube feeding 362 |
| ☐ Difficulty taking multivitamin/mineral supplement |
| ☐ Autism |
| ☐ Difficulty with changes in mealtime environment |

### 6040 Dental Problems

- ☐ Baby Bottle Tooth Decay 381a
- ☐ Tooth decay 381a
- ☐ Periodontal disease 381d
- ☐ Missing more than 7 teeth or ineffectively replaced teeth which impair ability to ingest food 381c

### 382 Fetal Alcohol Spectrum Disorder

- ☐ Fetal Alcohol Syndrome (FAS)
- ☐ Partial Fetal Alcohol Syndrome (pFAS)
- ☐ Alcohol-Related Birth Defects (ARBD)
- ☐ Alcohol-Related Neurodevelopmental Disorders (ARND)
- ☐ Neurobehavioral Disorders with Prenatal Alcohol Exposure (ND-PAE)

### 401 Presumed Dietary Risk

**Only use this risk when no other risk is present for age 2 and older**

| Children age 2 and older who meet the eligibility requirements of income, category and residency may be presumed at nutrition risk based on failure to meet the Dietary Guidelines |

### 7012 Feeding Practices

#### (will qualify with one or more of the following shaded answers)

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- ☐ Does your child eat high calorie/low nutrient foods such as desserts, cakes, cookies, candy, fried foods, lunch meat? 425.5b

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- ☐ Is the child(‘s):
- ☐ Made to eat a certain type and/or amount of food? 425.1c
- ☐ Request for appropriate foods when hungry ignored? 425.4d
- ☐ Consumption of nutritious meals limited each day? 425.4d
- ☐ Not allowed to feed themselves? 425.4a
- ☐ Food primarily pureed or liquid when able to tolerate texture? 425.4c

### INAPPROPRIATE NUTRIENT INTAKE

**AGE 1-2 5A / AGE 2-5 5B**

- ☐ Does the child take a bottle:
  - ☐ Propped in the mouth? 425.3a
  - ☐ At nap or sleeps with bottle in mouth? 425.3b
  - ☐ With sweetened drinks (tea, soda pop, Gatorade, Hi C, fruit punch, kool aid) or fruit juice, diluted cereal? 425.3c
  - ☐ Beyond 14 months of age? 425.3d
  - ☐ Without restriction or as a pacifier? 425.3e

- ☐ Does your child use a pacifier that has been dipped in sugar, honey or syrup? 425.3f

- ☐ Does your child eat or drink:
  - ☐ Raw fish or shellfish 425.5a
  - ☐ Raw or undercooked meat or poultry 425.5b
  - ☐ Raw or lightly cooked or undercooked egg products such as: sausages, homemade eggnog, cookie dough, cake batter 425.5c
  - ☐ Raw sprouts (alfalfa, clover, radish) 425.5d
  - ☐ Unpasteurized fruit or vegetable juices 425.5e
  - ☐ Raw sprouts or vegetables 425.5f
  - ☐ Unpasteurized milk or milk products, soft cheeses such as feta, Camembert, bleu cheese, Stilton, queso blanco, queso fresco or Panela 425.5g

- ☐ Does the child take a bottle:
  - ☐ Propped in the mouth? 425.3a
  - ☐ At nap or sleeps with bottle in mouth? 425.3b
  - ☐ With sweetened drinks (tea, soda pop, Gatorade, Hi C, fruit punch, kool aid) or fruit juice, diluted cereal? 425.3c
  - ☐ Beyond 14 months of age? 425.3d
  - ☐ Without restriction or as a pacifier? 425.3e

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- ☐ Does your child eat high calorie/low nutrient foods such as desserts, cakes, cookies, candy, fried foods, lunch meat? 425.5b

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- ☐ Is the child(‘s):
  - ☐ Made to eat a certain type and/or amount of food? 425.4f
  - ☐ Request for appropriate foods when hungry ignored? 425.4e
  - ☐ Consumption of nutritious meals limited each day? 425.4d
  - ☐ Not allowed to feed themselves? 425.4a
  - ☐ Food primarily pureed or liquid when able to tolerate texture? 425.4c

### 903 Foster Care

**Determine if during the previous six (6) months:**

| ☐ has entered the foster care system |
| ☐ has been moving from one foster home to another WIC 75 Child, Page 3 of 4 |

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**Page 63**

**Section 200 Appendices**

**October 2021**
801 ☐ Homelessness  Homeless  
age 1-2 5A  age 2-5 5B

802 ☐ Migrancy  Migrant  
age 1-2 5A  age 2-5 5B

501 ☐ Possibility of Regression- Priority III Certify to maintain health status based on last certification Priority III condition. **Can only be used every other certification** 03

501 ☐ Possibility of Regression- Priority IV Certify to maintain dietary status based on last certification Priority V condition.  
age 1-2 5A  age 2-5 5B  
**Can only be used every other certification.**

What concerns or questions does the parent/caretaker have in regards to the child’s nutrition, eating habits, growth?

_______________________________________________________________________________________________
_______________________________________________________________________________________________

This institution is an equal opportunity provider.