

Policy 701

Enrollment and Participation

POLICY

WIC Coordinators or designees shall review enrollment and participation on a monthly basis and ensure caseload management reports are being utilized.

PURPOSE

To serve the maximum level of eligible participants and maintain funding.

RELEVANT REGULATIONS

- 7 CFR 246.2 Definitions
- 7 CFR 246.12 Food delivery methods.
- 7 CFR 246.25 Records and reports.

PROCEDURES

Enrollment

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

- A. Eligible applicants are enrolled by creating or adding the applicant to the household record and completing the Patient Registration screen.
- B. Eligible infants that are fully breastfed and receive no formula from WIC must be certified and enrolled as soon as possible. These infants are referred to as Infant Fully Breastfed (IFB).
- C. Mothers who have continued to partially breastfeed after 6 months postpartum and who have requested more than the maximum amount of formula for a partially breastfed infant are continued on the program with a Woman Partially Breastfeeding (WPB) status.
- D. The system produces a monthly report of enrollment by status and priority. The system report is the number of persons enrolled at the time the report is produced. It reflects all certifications and termination actions as of the date and time of the report. Refer to Section 800 Appendices.
- E. Enrollment should be reviewed monthly as part of caseload management.

Participation

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

- A. A participant is:
 - 1. A woman, infant or child who receives at least one (1) food benefit issuance during a calendar month.
 - 2. An infant fully breastfed enrolled with an assigned BF1 food package who does not receive food benefits until 6 months of age.
 - 3. A breastfeeding woman who is 6 months or more postpartum, whose infant is receiving a full formula package, would no longer receive food benefits, but is continued to be counted as a WIC participant until the infant's 1st birthday as long as she continues to breastfeed at least an average of one time per day.
 - 4. A breastfeeding woman who is 6 months or more postpartum whose infant is receiving a partially breastfeeding formula package, continues to receive food benefits until the infant's 1st birthday as long as she continues to breastfeed and the infant remains on the partially breastfed formula package.
- B. Participation is determined by:
 - 1. Issued food benefits and the first day to use.
 - a. The computer system captures issuance by the first day to use on the food benefits and assigns the food benefits and the participant to the appropriate month.

- C. WIC funding is based on participation.
- D. All eligible persons are assigned an issue month and date. This date determines the first day to use food benefits. This date remains the same through the participant's continuous participation in WIC unless extenuating circumstances exist to change this date.
- E. Infants fully breastfed must be assigned the BF1 food package to count as participants.
- F. Women who continue to partially breastfeed after 6 months postpartum and who have requested more than the maximum amount of formula issued for a partially breastfed infant, shall continue on the program to receive the other benefits of WIC such as nutrition education.
- G. Continuous participation and obtaining food benefits for all months of the certification period shall be encouraged.
- H. A maximum of three (3) months of food benefits may be issued at one time. Three months issuance is encouraged to maximize benefits to the participant, to maximize participation, and to reduce participant time in clinic.
- I. Follow-up for missed appointments shall be made to encourage continued participation. Two reports are produced for this purpose: the 7 Day Late Benefit Issuance List and the 30 Day Late Benefit Issuance List. Refer to 704- Nonparticipation.
- J. Persons picking up food benefits late are issued benefits for the remainder of the issuance month. The quantity of food benefits issued may be reduced for late pick-up based on the number of days remaining in the issuance. The system automatically calculates the number of days remaining in the issuance cycle and issues the appropriate quantify food benefits. Refer to Policy 803- Issuance of Benefits and Assigning Issue Dates.
- K. Voided food benefits affect issuance and participation information. Voided food benefits must be entered in the system. Refer to Policy 804- WIC Food Benefit Replacement.
- F. The system produces a monthly report of participation by status and priority. The system report is the number of participants for the calendar month, from the first day to the last day of the month. Refer to Section 800 Appendices.
- L. Participation reports are produced in provisional and final numbers, beginning the month following the report month. Each report reflects data in the system at the time the report is produced.
- M. After a final participation report is produced, no additional data entered in the system affects the participation count for that month.
- N. Participation shall be reviewed monthly as part of caseload management. A participation rate can be determined by comparing enrollment to participation for a month, but is not precise due to the differences in time periods of the two reports.

Policy 702 Caseload Management – Participation

POLICY

The goals of caseload management and outreach is to identify the target population and any special populations, inform and enroll such populations in the WIC program and encourage consistent and continued participation. Local WIC agencies shall conduct outreach activities on a regular basis and at least annually through local media sources to inform potential participants about the availability of the WIC program. Participation is the basis of WIC funding.

PURPOSE

Local WIC agencies must make every effort to ensure current and potential participants access to WIC services by minimizing hardships and barriers to enrollment and participation.

DEFINITION

Participation – The number of participants who have received food benefits or supplemental foods during the reporting period plus the number of partial breastfeeding women and fully breastfed infants participating but not receiving food benefits or supplemental foods.

Participant Centered Services – Providing services based on participant needs. Including but not limited to nutrition education, appointment scheduling, and benefit issuance.

RELEVANT REGULATIONS

7CFR Ch. II (1 – 1 – 12 Edition) 246.2 Definitions

7CFR 246.4(a) (6), (7), and (20) – State Plan; Requirements;

7CFR 246.7(b) – Program Referral and Access

PROCEDURES

- A. Local WIC Agencies shall strive to serve all enrolled participants. An active caseload (high participation rate) is maintained by having a high number of enrolled participants issued food benefits and by completing actions (recertification and terminations) timely.
 1. Shall maintain a participation rate of 95% or higher. Participation rate is calculated by enrollment divided by participation multiplied by 100.
 2. Participation and Caseload Monitoring Reports are available for staff to work to achieve an active caseload via e-reports. WIC Coordinators or their designees shall review and work reports weekly to ensure an active caseload. For e-report access, contact the WIC.helpdesk@ky.gov
 3. The monthly enrollment report and participation report shall be reviewed to assess increases or decreases in numbers, i.e., total number, number in a specific status or priority, etc.
 4. All enrolled participants shall be encouraged to obtain food benefits for all months of their certification period to assure continued participation.
 5. The table below provides a list of reports available, intended use, and the frequency of availability.

| <u>Report Number</u> | <u>Title</u> | <u>Frequency</u> | <u>Use</u> |
|----------------------|---|------------------|--|
| 1902 | Enrollment by Status and Priority | Monthly | The report is to be used for caseload management and evaluation of enrollment. |
| 1930 | WIC Participation Report by Priority/Status | Monthly | This report is to be used for caseload management of active participation. |

| | | | |
|---------|--|---------|--|
| | | | |
| 274/110 | 7 Day Late Benefit Issuance List | Weekly | This report is to be used to contact non-participants to urge their participation. To mail a reminder, affix label to Reminder Postcard (WIC-51). |
| 275/111 | 30 Day Late Benefit Issuance List | Weekly | This report is to be used to contact non-participants to urge their participation. To mail a reminder, affix label to Reminder Postcard (WIC-51). |
| 562 | Actions Due Listing | Weekly | This report is a caseload management tool, which lists participant recertification and termination actions that are due and overdue. The report must be worked on a weekly basis to decrease inactive enrollment and increase participation. Overdue actions indicate an inactive caseload, which lowers the rate of participation to enrollment. |
| 587/588 | Automatic Terminations & Automatic Terminations labels | Weekly | The report is a listing of all participants whose next action due is termination and the action date is on or before the report date or those who have not received food benefit issuance for two (2) consecutive months (60 days) from expiration date (last day to use) of last set of food instruments issued. The reason for termination is listed on the report as non-participation or categorically ineligible. Affix label to participant's service report (CH-3A). |
| 1962 | Medicaid and SNAP recipients Not Enrolled in WIC | Weekly | Use this report to outreach to the appropriate Medicaid and SNAP recipients that are not enrolled in the WIC Program. |
| 1975 | Waiting List by Priority (if applicable) | Monthly | Use report to contact participants when benefits become available. |

*For a list of all reports, refer to Section 800 Food Delivery/Data Appendices.

- B. To ensure accurate reporting of participation:
1. Infants that are fully breastfed are eligible and receive no formula from WIC must be certified and added/enrolled with a BF1/F1 food package.
 2. Partially breastfeeding women who have requested more than the maximum amount of formula allowed for a partially breastfed infant, and do not receive a food package, shall continue on the program until breastfeeding ends or until one (1) year post-delivery.
 3. When adding newborns, to minimize participant time in clinic, both mom and baby may be certified during the same clinic visit. Ensure post-partum women who were enrolled while pregnant receive the 6 weeks of the pregnant food package after delivery.
 - a. This action decrease participant burden, staff time and better captures early breastfeeding status. Increased breastfeeding status increases WIC funding and WIC Breastfeeding Peer funding.
- C. To encourage continued participation and improve Program access:
1. Offer extended hours and lunch hour appointments. Refer to the AR, Section VIII: LHD Operations, Days and Hours of Operation.
 2. Offer participants the opportunity to designate proxies. Refer to Policy 213- Proxy and Policy 803- Issuance of Benefits and assigning issue date.
 3. Issue the maximum of three (3) months of food benefits. Three months issuance maximizes benefits to the participant, maximizes participation and reduces patient time in clinic. Policy 803- Issuance of Benefits and assigning issue date.
 4. Offer phone Nutrition Education or Online Nutrition education secondary visits and upload eWIC Benefits to address the participant barriers such as time away from work or transportation. Refer to Policy 805- Mailing and Uploading Benefits.
 5. Schedule appointments, taking into consideration needs of the applicant/participant/caretaker, particularly minimizing time away from work for working individuals and distances for travel for individuals who reside in rural areas. Scheduling WIC appointments with other services to minimize burden on the household. Refer to Policy 202- Processing Standards.
 6. If a participant misses an initial certification, subsequent certification or nutrition education appointment, make every attempt to reschedule the participant to ensure participant receives needed services.
 - a. In an attempt to reschedule appointments, follow up calls, reminder cards, text, or letters shall be used for participants that have missed their appointments.
 - b. Patients requesting “no home contact” or privacy restriction shall be excluded from contact/follow up.
 - c. Documentation of all appointments and contacts made or attempted must be in the participant’s medical record.
 7. Utilize the auto-dialer system. The auto-dialer automatically calls or texts the participant regarding upcoming appointments or when benefits are due to expire. Refer to Food Delivery/Data 800 Appendices.
 8. When a state authorized Wait List is imposed, utilize the waitlist report to offer benefits to highest priority participants. Refer to Policy 706- Waiting List.

Policy 703

Caseload Management – Outreach

POLICY

The goals of caseload management and outreach is to identify the target population and any special populations, inform and enroll such populations in the WIC program and encourage consistent and continued participation. Local WIC agencies shall conduct outreach activities on a regular basis and at least annually through local media sources to inform potential participants about the availability of the WIC program. Participation is the basis of WIC funding.

PURPOSE

Local WIC agencies must make every effort to ensure current and potential participants access to WIC services by minimizing hardships and barriers to enrollment and participation.

RELEVANT REGULATIONS

7CFR Ch. II (1 – 1 – 12 Edition) 246.2 Definitions
7CFR 246.4(a) (6), (7), and (20) – State Plan; Requirements;
7CFR 246.6 (f) – Outreach/Certification in Hospitals
7CFR 246.7(b) – Program Referral and Access
7CFR 246.14 (c) (3) – Program Costs; the Cost of Outreach Services

DEFINITION

Participation – The number of persons who have received food benefits or supplemental foods during the reporting period plus the number of partial breastfeeding women and fully breastfed infants participating but not receiving food benefits or supplemental foods.

Participant Centered Services – Providing services based on participant needs. Including but not limited to nutrition education, appointment scheduling, and benefit issuance.

PROCEDURES

Outreach efforts are required to inform eligible persons of the availability of the WIC program.

- A. Outreach shall be done for all categories of eligible persons on an annual basis. Emphasis shall be placed on reaching and enrolling:
 1. Pregnant women in the early months of pregnancy
 2. Priority I infants
 3. Migrant workers and their family members
 4. Homeless individuals
 5. Infants and children in foster care, protective services, or child welfare agencies
- B. At a minimum, information on WIC must be provided annually to the following agencies/organizations in the service area:
 1. Health and medical organizations, including private doctor offices
 2. Hospitals and clinics, including rural health clinics
 3. Welfare and unemployment offices
 4. Social service agencies, including foster care, protective services, and child welfare
 5. Migrant worker organizations
 6. Organizations/agencies serving homeless individuals
 7. Religious and community organizations
- C. Information on WIC shall be provided to other agencies/organizations in the area, such as:
 1. Child care centers
 2. Head Start
 3. Factories
 4. Military bases
 5. Schools, colleges, and universities

- D. At least annually, the local WIC agency shall publicly announce the availability of WIC services, including the eligibility criteria and the location of the agency/site. If homeless facilities are in the service area, information shall be included on the requirements for their residents to participate in WIC. Refer to Policy 208- Homeless participants
- E. Information about WIC, including the eligibility criteria and the location of the agency/site, shall be provided to other health agencies and to agencies and organizations that deal with persons possibly eligible for WIC.
- F. The following is a list of outreach materials provided by the State WIC office: Refer to Section 700 Appendices.
 - 1. WIC Helps Pamphlet
 - 2. Healthy Eating Habits Grow Healthy Families – WIC Proof Requirements – (WIC-PR)
 - 3. Health Care Providers and KY WIC Pamphlet
 - 4. Stretch Your Food Budget Poster
 - 5. Pregnant? New Baby? Poster
 - 6. Tell Your Friends and Family about WIC Flyer
- G. An agency/site may develop materials for outreach. When creating materials, local WIC agencies shall include the following information: Name of Program, location, operating hours, telephone number, types of benefits, eligibility criteria, use common language and dialect for target populations and the required non-discrimination statement. Materials must be submitted to the State WIC Office, Program Management Supervisor, for review and approval prior to use.
- H. An agency/site may develop an advertisement on Social Media, i.e. Facebook, Twitter, Local WIC Agency Website. Developed materials for WIC must include the required non-discrimination statement. Refer to the Administrative Reference, Section: Personnel, “Civil Rights Act of 1964” and Refer to CIO-061 Social Media Policy from the Office of the Chief Information Officer Enterprise Policy.
- I. All outreach materials and advertisements must include the required non-discrimination statement. This statement is included in the AR Section: Personnel, Civil Rights Act of 1964.
- J. Outreach efforts must be documented and maintained on file for review. Documentation shall include copies of correspondence, information provided to agencies and organizations, participation in health fairs and exhibits and presentations, etc.
- K. Items may be purchased for outreach and/or promotion of the WIC Program. Items specifically for WIC are allowable expenses to the agency’s allocated WIC budget. The following guidance shall be considered for WIC Program purchases:
 - 1. Program incentive items refers to a class of goods, usually of nominal value, that are given to participants, potential participants, or persons closely associated with the WIC Program (such as staff) for purposes of outreach, nutrition education, or breastfeeding promotion. Other terms that may be used to describe these items include memorabilia, souvenirs, or promotional items.
 - 2. Program incentive items for outreach shall:
 - a. Contain a WIC specific designation or message for the target population.
 - b. Normally be seen in public.
 - c. Contain the nondiscrimination statement if a publication or other printed material that includes program information.
 - d. Have value as outreach devices.
 - e. Include WIC contact information such as the agency name, address and/or telephone number.
 - f. Constitute (or show promise of) an innovative or proven way of encouraging WIC participation.
 - 3. Supporting documentation must be maintained for WIC purchases. Documentation must include the item purchased, quantity, where purchased, date, and cost.
 - 4. Cost over \$500 must be submitted to State WIC office for prior approval.
- L. WIC services must be made available to meet the need. Options available to meet varying needs are:
 - 1. Extended hours and lunch hour appointments

2. Scheduling appointments, particularly for employed individuals and individuals who reside in rural areas
3. Using proxies
4. Three (3) months issuance of WIC food instruments.
5. Opening a new service site.
6. Certification in the hospital

Policy 704 Nonparticipation

POLICY

A participant that has not picked up food benefits for two (2) consecutive months (60 days from the last valid date of the benefits) is considered nonparticipating and automatically terminated by the system for non-participation. Local WIC agencies must provide follow-up for missed appointments to promote continued participation.

PURPOSE

To ensure continuous participation for all months of a participant's certification period.

RELEVANT REGULATIONS

7CFR 246.7 (h) – Actions affecting participation in mid-certification
7CFR 246.7 (i)(10) – Certification Forms
7CFR 246.7 (j) – Notification of Participant Rights and Responsibilities
Kentucky WIC and Nutrition Manual, Policy 213 – Proxy

PROCEDURES

Notification is provided to the participant at certification in the eWIC Benefits Card pamphlet. The signature for WIC Rights and Responsibilities on the CH-5, CH-5WIC or CH-5B documents the patient was provided this policy. Participants that receive at least one food benefit issuance for a month are counted as participants. Participants picking up food benefits late keep their assigned issue date and are issued food benefits for the remainder of the issuance month. The quantity of food benefits may be reduced for late pick-up based on the number of days remaining in the issuance. The system automatically calculates the number of days remaining in the issuance and issues the appropriate food quantity. Refer to Policy 803- Issuance of Benefits and Assigning Issue Date.

Follow-Up

Follow-up shall be done for missed appointments/no-shows/overdue issuance to encourage continued participation.

- A. All no-shows shall be contacted at least once prior to termination unless no home contact or a privacy restriction has been requested.
- B. For agencies utilizing same day scheduling, participants who are overdue issuance shall be contacted at least once prior to termination unless no home contact or a privacy restriction has been requested. Agencies must have a methodology to track when issuance is due to ensure no gap in benefits.
- C. Follow-up may be any of the following: telephone call, letter, postcard, or contact through other agency services. A reminder postcard (WIC-51) is available for this purpose. Refer Section 700 Appendices.
- D. Documentation of follow-up efforts must be made in the medical record.
- E. A 7-Day Late Food Benefit List and a 30-Day Late Food Benefit List is provided for follow-up. If contact is made from the 7-Day Late report, it is possible for the participant to come to clinic to not lose one whole month of food benefits and to count as a participant for that month.
- F. An effort to contact the following participants with the specified risk(s) **is required** unless no home contact or a privacy restriction has been requested. Effort to contact these participants must be done no later than the receipt of the 7-Day Late Food benefit Pick-Up List.
 1. Pregnant Women
 - a. Age 17 or less
 - b. Whose last pregnancy resulted in a low birth weight or premature infant
 - c. Whose last pregnancy resulted in a fetal or neonatal death

- d. With a nutrition/metabolic condition
- 2. Infants
 - a. With low birth weight or prematurity
 - b. With a nutrition/metabolic condition
 - c. Who receive special formula
- 3. Children
 - a. With low birth weight (up to age 2)
 - b. With a nutrition/metabolic condition
 - c. Who receive special formula
- G. If the participant/caretaker is unable to come to clinic, other options may be considered. Refer to Policy 213, Proxy.

Termination

After two (2) months of nonparticipation, the participant is automatically terminated by the system. Refer to Section 800 Food Delivery/Data Appendix.

- A. A "T" label is produced for placement in the medical record. "Non-part." (Non-participation) is printed on the label to document the reason for termination.
 - 1. Automatic terminations are processed on a weekly basis.
 - 2. Automatic terminations are performed for:
 - a. All patients who are categorically ineligible (women that are six (6) months postpartum, breastfeeding women that are one (1) year from infant's birth and children that are five (5) years old).
 - b. All enrollees that have not received food benefits within two (2) months from expiration date (last day to use) of last set of food benefits issued.
 - 3. A termination is done when the Action Due Date is earlier than or the same as the date of weekly automatic terminations is processed.
 - a. The weekly process produces:
 - i. A "T" label for each participant for placement in each medical record; and
 - ii. A report listing participants that were terminated.
- B. If the person seeks WIC services after termination and the certification period has not expired, he/she shall be reinstated by completing information on the Reinstatement/Terminate screen.
- C. Participants whose next action due is termination shall receive all benefits due within a first day to use prior to the termination due date.
- D. Other terminations must be done by clinic staff. The reason for termination must be documented in the participant's medical record.
- E. Local WIC agencies may terminate participants in specific circumstances.
 - 1. Death
 - 2. Verified "Out of state" Verification of Certification (VOC)
 - 3. Above income guidelines more than 90 days left in the certification period
 - 4. Participant not eligible based on income or nutritional risk
 - 5. Participant choice

Policy 705 Ineligibility and Discontinuation of Benefits

POLICY

Applicants/Participant determined ineligible for the WIC program or who will no longer receive WIC benefits, must be notified by written notice of the reason for discontinuation/ineligibility. The written notice will include the right to a Fair Hearing. WIC Program Notice of Ineligibility (WIC-54) shall be used to provide required information to an applicant/participant.

Documentation of the reason for ineligibility and discontinuation of benefits, along with all supporting information, documentation, and a copy of the WIC-54 (Notice of Ineligibility) shall be completed and placed in the medical record.

PURPOSE

To ensure that WIC participants and applicants are fully informed of their program eligibility within the timeline designated by USDA Federal Regulation.

RELEVANT REGULATIONS

7 CFR 246.7 (j) (5) Notification of Participant Rights and Responsibilities
7 CFR 246.9 Fair Hearing Procedures for Participants

PROCEDURES

See table below for specific situations and the documentation requirements. For information and instructions on the WIC-54, refer to Section 200 Appendices.

| Reason for Ineligibility/Discontinuation of Benefits | Documentation Requirements |
|--|---|
| <p>Participant Status/Category- Participant does not meet the definition of Infant, Child, Pregnant, Breastfeeding, or Postpartum Woman</p> <p>Example: A child turning 5 years old; a mother is 6 months postpartum and not breastfeeding; a breastfeeding mother is one year postpartum</p> | <p>New Participant found to be ineligible at certification:</p> <ul style="list-style-type: none"> A. Staff must complete and provide a WIC-54. B. Staff must also complete a CH-5/CH-5B/CH-5WIC Registration Form. C. Voter registration must be offered if the applicant/participant is 18 years or older. D. Document the ineligibility and the reason for ineligibility in the applicant/participant's medical record. E. Complete a Patient Encounter Form (PEF) for the ineligibility determination. <p>Currently enrolled in the Program:</p> <ul style="list-style-type: none"> A. At Recertification: <ul style="list-style-type: none"> 1. Complete and provide the WIC-54 2. Complete the termination process in the system and document accordingly in the applicant/participant's medical record. <ul style="list-style-type: none"> a. A WIC-54 shall be provided when a child reaches age 5, a postpartum woman reaches 6 months postpartum, a breastfeeding woman discontinues breastfeeding and does not qualify as a postpartum woman, or a breastfeeding woman reaches one year postpartum. |

| | |
|---|--|
| | <ul style="list-style-type: none"> b. Provide notice of ineligibility and discontinuation of benefits at least 15 days prior to the certification expiration. 3. Provide food benefits for the month the participant becomes ineligible. 4. For breastfeeding women that discontinue breastfeeding after six (6) months postpartum: complete the termination (T) action. 5. All others becoming status/category ineligible will be terminated automatically by the system. A termination label will print and shall be placed in the medical record. |
| <p>Residence: Not a resident of Kentucky</p> | <p>New participant at Certification:</p> <ul style="list-style-type: none"> A. Complete and provide a WIC-54 <p>Currently enrolled in the program:</p> <ul style="list-style-type: none"> A. At recertification <ul style="list-style-type: none"> 1. Complete and provide a WIC-54 2. Complete a termination action B. During a Certification Period: <ul style="list-style-type: none"> 1. If staff is informed that a participant is moving to another WIC site, a VOC (Verification of Certification) must be provided to transfer eligibility to the receiving site. |
| <p>Does not meet income requirements:</p> <p>Example: Participant reports an increase in income or reports a loss of Medicaid eligibility. Staff would determine timeframe left in current WIC eligibility to determine if re-evaluation of income would need to be completed.</p> | <p>New participant at Certification</p> <ul style="list-style-type: none"> A. Complete and provide a WIC-54. <p>Currently enrolled in the program</p> <ul style="list-style-type: none"> A. At registration of a recertification: <ul style="list-style-type: none"> 1. Complete and provide a WIC-54 2. Complete a termination action B. During a certification period: <ul style="list-style-type: none"> 1. If new income information becomes available for a household, eligibility to continue on the program shall be evaluated. <ul style="list-style-type: none"> a. When income is re-evaluated and exceeds eligibility levels and adjunct eligibility does not apply: If there is more than 90 days remaining of the current certification period staff must complete a termination action, document the reason for ineligibility, and provide a WIC-54. b. Other household members on the program whose eligibility is no longer supported by the new income information must be terminated as well. c. An entry on the CH-3A (Service Record) must be made explaining the reason for termination, the participant (s) be terminated, and a termination action is required. |

| | |
|---|--|
| | <p>2. If the current certification period has less than 90 days remaining, the participant can continue enrollment in the program.</p> |
| <p>If the participant does not meet nutritional risk criteria:</p> | <p>New participant at Certification A. Complete and provide a WIC-54 Currently enrolled in the program A. Complete and provide a WIC-54 and complete a termination action.</p> |
| <p>Participant Violation</p> | <p>If a participant commits a program violation: A. Refer to Policy 303- Program Integrity- Participant Violations B. Complete and provide a WIC-54 C. Complete a termination action for the specific abuse.</p> |
| <p>Non-participation/Drop-Out</p> | <p>Does not receive food instruments for two consecutive months (60 days from the benefit ending date on the Benefits Shopping List issued) A. No written notification is required. B. If the applicant/participant seeks WIC services after being terminated, and eligibility remains in the certification period they can be re-instated. C. If the applicant/participant seeks WIC services after being terminated and the certification period has expired, a new certification must be started and a new date of initial contact entered in the system.</p> |
| <p>Proof not presented in the appropriate timeframe for a Hospital Certification (30 days)</p> | <p>A. Complete and provide a WIC-54 B. Complete a termination action and place the label generated by the system in the applicant/participant's medical record, and document the reason for the termination. C. If the applicant/participant presents with acceptable proof after being terminated, and the certification period has not expired they shall be re-instated. D. If the applicant/participant seeks WIC services after being terminated, and the certification period has expired, a new certification must be started and a new date of initial contact entered in the system.</p> |

Policy 706

Waiting List

POLICY

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

PURPOSE

To indicate when and how to use a waiting list to ensure service to the highest priority participants when the State agency has authorized that local WIC agencies cannot serve all participants based on funding.

RELEVANT REGULATIONS

7 CFR 246.7 (f)(1) Participant Eligibility- Certification of Participants

246.7 (k)(3) VOC

246.7(e)(4) Nutritional Risk Priority System

FNS Instruction 803-6 Rev. 1

Definition

Waiting List – A list of prioritized, eligible individuals who have visited the local WIC agency expressing interest in receiving benefits and who are likely to be served when caseload slots become available.

PROCEDURES

- A. A waiting list is implemented only when directed by the State WIC Office. The State WIC Office will direct a waiting list be initiated and maintained when it is determined that funding is inadequate to serve all eligible persons seeking WIC.
- B. A local WIC agency that is below its assigned caseload may not use a waiting list.
- C. A waiting list is a list of prioritized, eligible persons waiting to be enrolled or served by the WIC Program.
- D. Priority and risk may be determined by pre-assessing the person through a WIC screening or from the person's medical record.
- E. Migrants and participants transferring with a valid "Verification of Certification" (VOC) shall be placed on the waiting list ahead of all other persons. If the certification period has expired, the person shall be screened and if eligible, placed on the waiting list in the appropriate priority. Refer to Policy 204- Transfer/VOC.
- F. Persons placed on the waiting list must be notified in writing within twenty (20) days of their initial visit that they are on a waiting list. The notice must include:
 1. Reason placed on the waiting list.
 2. Right to a fair hearing.
 3. Priority is based on nutritional risk and status.
 4. Availability of other services at the agency/site and services from other agencies, such as food banks, SNAP, etc.
- G. The system produces a monthly waiting list report. Refer to Section 800 Food Delivery/Data Appendices.
- H. When caseload openings occur, persons must be added from the waiting list by priority order.
 1. Migrants and participants that transferred with a VOC shall be served ahead of all others on the waiting list.
 2. Highest priorities shall be served first, i.e., all priority I persons shall be served before any priority II persons, all priority II persons shall be served before any priority III persons, etc.
 3. Equal priorities within a priority shall be added to the Program by date placed on the waiting list (action date), i.e., a priority I placed on the waiting list on March 5 is added to the Program before a priority I placed on the waiting list on April 22.

4. Persons that are new enrollees and persons recertified must be served by priority with the highest priority served first. A priority one new enrollee, must be served before a priority III participant is recertified.
- I. The waiting list must be updated as needed.
 1. If the eligibility period has expired, eligibility must be again determined to remain on the waiting list.
 2. Persons who do not wish to remain on the waiting list shall be removed from the list. Documentation must be made in the medical record.

Policy 707

Request to Open, Relocate or Close Local Agency Site

POLICY

Local WIC Agency shall provide written notification and coordinate with the state agency prior to opening, relocating, or closing a clinic site.

PURPOSE

To provide guidance on required procedures for notification and coordination to open, relocate or close a clinic site.

RELEVANT REGULATIONS

7 CFR 246 Subpart E – State Agency Provisions
KDH Administrative Reference for Local Health Departments (AR)
902 KAR 8:160, Section 7
Civil Rights FNS-113-1, pages 20-21, C and D

DEFINITIONS

Local WIC Agency Site: The program's administrative site, generally co-located with the sponsoring agency. Offers a full range of regularly scheduled WIC services and is open full time with extended or non-standard hours.

Satellite Site: Any site that is not the main site and offers a full range of regularly scheduled WIC services: (re)certifications, nutrition education, referrals, etc. Sites can be full or part time, and may offer extended or non-standard hours.

PROCEDURES

Notify the State WIC Office a minimum of 45 days prior to the desired opening of a new site; a minimum of 90 days prior relocating a site. The State Agency will coordinate with the Local WIC Agency. Refer to Section 700 Appendices, Kentucky WIC Program Application for Proposed WIC Site.

Opening or relocating a clinic site

- A. When an existing site(s) cannot meet the needs of the population, a new site may be needed. Some factors to consider for a new site are number of persons to be served, services to be provided, staffing, and cost. A site may perform certification, issuance, counseling, or a combination of these services. A needs assessment must be conducted to evaluate, at a minimum, the following: number of persons to be served, services to be provided, staffing, budget, and equipment needs.
- B. A site must operate under all policies and procedures in the WIC and Nutrition Manual and the Administrative Reference (AR), and comply with Civil Rights FNS-113-1, pages 20-21, C and D.
- C. Site Requirements
 1. Location:
 - a. WIC sites shall be located within agencies that have other health and social services on site or near places where potential participants would seek community services (e.g., disability and unemployment offices, etc.).
 - b. Sites shall be accessible to public transportation or by car depending on the services available in the community. There shall be no other WIC sites within proposed location and/or its service area shall not overlap with another program's.
 2. Size:
 - a. Anticipated size for new sites shall be at least 100 participants (based on serving 95% of estimated eligible). If the proposed site is for less than 100 participants, justification must be provided.
 3. Accessibility:

- a. All sites must comply with the standards outlined in the American with Disabilities Act. Agencies must ensure that all program sites provide reasonable accommodations and program modifications for service access whenever a person with a disability requests such modifications, unless it can be demonstrated that the required accommodation would impose an undue burden or fundamental alteration to the program.
 - b. WIC sites must be sensitive to the access needs of participants, who are pregnant, have infants in strollers & infant carriers, and have young children.
4. Technology:
- a. Must have internet and telephone services in order to utilize web based WIC system and communicate effectively with participants.
 - b. The Local Health Operation (LHO) Branch must be notified via LocalHealth.HelpDesk@ky.gov. The Local Health Operations Branch of the Division of Administration and Finance must approve new online "site" addresses and security roles for the new site.
 - i. A service delivery site can operate in one of the following configurations:
 - ii. Automated on-line site with its own site number
5. Hours:
- a. WIC Clinic hours must support access for working parents and students.
 - b. Each local program shall have at least one site open during business hours.
6. Privacy:
- a. Privacy shall be provided whenever participants are asked to give sensitive information, especially at eligibility determination (income, residency, etc.) and during nutrition counseling. All participant information must be kept confidential.
7. Space:
- a. Space shall be adequate for all program operations including staff and participants.
 - b. Consideration shall be given for storage, the potential of expansion and the ability to conduct group appointments.
8. Security:
- a. If equipment and supplies are stored at the site, it must have locked storage space for eWIC Card stock, portable computers, printers, etc.
 - b. If eWIC cards are transported, they must be secure during transport.
9. Anthropometrics and Bloodwork:
- a. Each site must have the ability to collect heights and weights, and must have one of the following provisions to ensure that participants are not charged for bloodwork:
 - i. staff are trained to collect and analyze bloodwork,
 - ii. site's host agency collects and analyzes bloodwork and MOA is in place to share data.
10. Safety:
- a. Site shall meet all local health and safety codes, and be safe for small children (outlet covers, stairwell gates, etc.).
 - b. Electrical system must be able to support the WIC computers safely.
11. Environment:
- a. Heat, air conditioning, and maintenance services must be adequate, and sites must follow DPH contract guidelines for a smoke- and drug-free workplace. A baby changing station and breastfeeding/pumping area must be available.
12. Staffing:
- a. To prevent conflict of interest and assure separation of duties, WIC sites must have at least one health professional and one program staff member. Refer to Policy 708 staffing standards.
 - b. It is recommended that staff at satellite sites shall report directly there, rather than use work time to travel from the main site.
13. Medical Record:

- a. If the new site is to operate in a non-health department site/facility, a separate medical record must be maintained for WIC services.
- b. This record must comply with the AR and WIC and Nutrition Manual, and must remain the property of the local WIC agency.
- c. Automated on-line site operated under an existing site's number

Closing a Site

- A. When a site is no longer justified due to the number of participants seen and/or the number of services provided, the site may be closed or WIC services discontinued.
- B. Notify the State WIC Office at least ninety (90) days in advance of the closing. The Local WIC Agency must coordinate closing of a WIC Clinic with the State Agency. The local WIC agency must submit a completed Kentucky WIC Program Notification of Closing a WIC Service Site for approval 90 days prior to the proposed close date of the clinic site to the State Agency. Refer to Section 700 Appendices.
 1. Adequate time must be provided to notify participants of the site closing and provide for their transfer to another site without interruption of services.
 2. Issue food benefits to participants, up to a maximum of three (3) months.
 3. Transfer all participants to another site. Location of alternative WIC sites shall be reviewed with the participant/caretaker to determine the most appropriate WIC site for continued participation.
 4. A VOC must be issued for the transfer to another site. Refer to Transfer VOC Policy 204.
 5. All eWIC cards in inventory at the closing site must be accounted for as issued or voided. Remaining FMNP food instruments must be voided and submitted to the State WIC Office through routine procedures (refer to Policy 804 WIC Food Benefit Replacement.) These voided food instruments shall be submitted to the State WIC Office within one (1) week after closing the site.
 6. The agency stamp and void stamp must be transferred to another site or returned to the State WIC Office.
 7. All original WIC medical record documentation and information (income, certification, counseling, issuance, etc.) must be maintained by the local WIC agency. If this site operated in a non-health department facility, all WIC medical records (active and non-active) must be returned to the local WIC agency.
 8. All reports and information for this site must be transferred to one central location.
 9. Any participants remaining in the closing site must be terminated. Numbers will continue on the Enrollment report until this is completed.
 10. Certain reports will continue to be produced until all data is cleared or no longer pertinent. Reports must be reviewed to facilitate the closing process.
 11. The Local Health Operation (LHO) Branch must be notified via LocalHealth.HelpDesk@ky.gov.
 12. The local WIC agency shall retain written documentation regarding closing of the site.

Policy Number 708

Staffing Standards

POLICY

Local WIC agencies are required to have specific staff to carry out identified program functions and roles. WIC is committed to ensuring that all eligible WIC applicants/participants have access to WIC services.

PURPOSE

Local WIC programs are required to have specific staff to carry out identified program functions and roles. Staffing patterns and clinic hours shall be established to ensure an active caseload.

RELEVANT REGULATIONS

CFR 246.11 c (7) (ii) Nutrition Education
7 CFR 246 Subpart E – State Agency Provisions
KDH Administrative Reference for Local Health Departments (AR)
902 KAR 8:160, Section 7
2013 Nutrition Services Standards

PROCEDURES

Staffing Requirements

Local WIC agencies are required to have staff who are qualified and trained in the following positions to ensure the local WIC agency meets all state and federal regulations, and that all participants receive appropriate nutrition services, including breastfeeding promotion, education and support:

- A. **Certifying Health Professional**- A certifying health professional will determine eligibility, certify applicants/participants for the program and prescribe supplemental foods. A certifying health professional is a Physician, Nutritionist (bachelor's degree), Certified Nutritionist (master's degree and certified by the State Board of Certification), Dietitian (RD/LD or RDN/LD), Nurse (R.N., L.P.N., APRN) or a Physician's Assistant. WIC is a nutrition program; therefore, it is recommended that the certifying health professional be a Nutritionist, Certified Nutritionist or Dietitian.
- B. **WIC Coordinator**- Each local WIC agency shall designate a staff person to serve as WIC Coordinator. It is recommended that this staff person be a Dietitian, Certified Nutritionist, Nutritionist or Nurse (RN) who has experience in providing WIC services in an LHD. A list of duties for the WIC Coordinator is available in the Administrative Reference for Local Health Departments, Program Descriptions Section.
- C. **Breastfeeding Coordinator**- Each local WIC agency shall designate a staff person to serve as Breastfeeding Coordinator to coordinate breastfeeding promotion and support activities. This staff person must be a nutritionist or nurse who has experience in providing WIC services in a LHD and is trained in breastfeeding. An agency must request approval from the Nutrition Services Branch to designate a different classification for this function. A list of duties for the Breastfeeding Coordinator is available in the Administrative Reference for Local Health Departments, Program Descriptions Section.
- D. **Nutrition Education Coordinator**- Each local WIC agency shall designate a staff person who is a nutritionist or nurse to coordinate nutrition education activities. A list of duties for the Nutrition Education Coordinator is available in the Administrative Reference for Local Health Departments, Program Descriptions Section.
- E. Training Requirements are available in the Administrative Reference, Program Descriptions Section.

WIC Staffing Ratio

To deliver quality services and maximize available clinic time and staff, local WIC agencies shall strive to achieve a staff to participant ratio of 1: 1000 for clerical support and 1:1000 for certifying health professionals.

- A. The ratio is calculated by using the average participation divided by the total number of full time equivalent staff.

1. For example: An agency with 1000 participants would be expected to have 1 full time equivalent clerical support staff and 1 full time equivalent certifying health professionals on staff.
- B. In planning to appropriately staff your WIC Program, consider the following:
1. Clinic/site active participation
 2. Service hours open for participants
 3. Staff-nutrition and program roles
 4. Standard average appointment times, including groups education
 5. Caseload management reports

Clinic Hours

Per the Administrative Reference for Local Health Departments (LHD), Local Health Operations Section, local health department agencies normal working hours are Monday through Friday from 8:00 AM to 4:30 PM and LHDs may offer extended hours.

- A. In accordance with 902 KAR 8:160, Section 11, the LHD shall post the hours of operation near the main entrance. This posting shall also include when the LHD will close for lunch, if applicable. The posting shall be current and plainly visible from the outside. During emergencies, the LHD shall post, in a location visible from the outside, an emergency contact/phone number. If the LHD has a website, this information must also be available on the LHD site's main webpage.
- B. LHDs are expected to be open on all days except those listed in 902 KAR 8:120, Section 18, Holidays. Review AR: Local Health Personnel Section. The actual day the holiday is observed is routinely established by the Kentucky Governor's office or the Secretary of the Personnel Cabinet.
 1. The following are exceptions to the hours of operation:
 - a. Inclement weather that causes the LHD to close.
 - b. Staff meeting(s) and/or training session(s) that require attendance of all employees.
- C. In order to accommodate the working public, LHDs/Boards of Health shall assess the feasibility of offering extended hours. Early morning, late afternoon, evening and weekend hours shall be considered in addition to the DPH designated normal working hours. Extended hours shall be a decision of the governing Board of Health with input from LHD patients and a community assessment. The decision of the Boards of Health approving or disapproving extended hours shall be reflected in the Board's Minutes.
- D. Employee work schedules need to be adjusted (in conjunction with LHD management) to ensure adequate office coverage during all times of service activities.

Recommended WIC Clinic Coverage

- A. All sites with 2000+ participants and/or four staff members shall offer participant services, including all types of appointments and phone coverage, during lunchtime hours. Staff's lunch hours shall be staggered to allow for continuous phone and clinic coverage during standard clinic hours.
- B. To minimize time away from work, and best serve the participants in the community, local WIC agencies are encouraged to offer evening and/or weekend hours.

Clinic Evaluation

- A. Local WIC agencies are encouraged to conduct a clinic flow evaluation to identify any problems that could hinder customer service, such as appointment availability and access, staffing patterns, clinic procedures, and participant flow. Conducting this evaluation may help to:
 1. Identify problems in participant flow
 2. Measure the performance of individual or group sessions
 3. Determine staffing needs
 4. Initiate improvements in clinic service delivery
 5. Measure the effect of change in clinic design/flow

Section 700 Appendices Caseload Management

Index

| | |
|---|----|
| Kentucky WIC Program Application for Proposed WIC Site | 3 |
| Kentucky WIC Program Notification of Closing a WIC Site | 5 |
| Proof Requirements Reminder (WIC-PR)..... | 7 |
| WIC Helps Pamphlet (DPH-070) | 9 |
| Health Care Providers and Kentucky WIC Pamphlet | 10 |
| Stretch Your Food Budget Poster | 11 |
| Pregnant? New Baby? Poster | 12 |
| Sample Outreach Announcement..... | 13 |
| WIC Moving Poster | 15 |
| WIC Reminder Postcard (WIC-51)..... | 16 |
| WIC Is Growing Healthy Families Logo | 17 |
| Tell Your Friends and Family about WIC Flyer | 18 |
| KY WIC Referral Form..... | 19 |

PROPOSED WIC SITE APPLICATION

| | |
|--------------|---|
| Purpose | To apply for approval to establish a new WIC service site. |
| When To Use | When agency wants approval to establish new site. |
| Instructions | 1. Complete all fields on the form. Attach additional information if necessary. |
| Disposition | Submit application to the Program Management Section at the State WIC Office |
| Retention | Retain a copy for local files. |
| Ordering | Request from State WIC Office as needed. |

Kentucky WIC Program Application for Proposed WIC Site



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

Requesting Agency: _____ Purpose/Goal: _____

Benefit of Opening a New Site: _____

Location (address and county). If non-health department facility, specify name and type of facility. _____

Proposed Site Name: _____ Anticipated Opening Date: _____

Target Population: _____

County(s) of Residence for Target Population: _____

Potential Number to be Served: _____ Population of Area: _____

Days/hours of operation: _____

Staffing (specify discipline and function): _____

WIC services to be provided: _____

Other health department services to be provided: _____

Type of equipment involved: Terminal Printer Desktop PC Laptop PC

Other _____

Type(s) of Benefits to be issued: eWIC Cards Handwritten FIs Preprinted FIs

Street: _____

City: _____ Zip: _____

For State WIC Office Use Only

Site Approved By: _____ Dated added to System: _____

Site Number: _____ Site Name: _____

Street: _____

City: _____ Zip: _____

Date: _____

Rev. 06/14

CLOSING WIC SERVICE SITE FORM

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

Kentucky WIC Program Notification of Closing a WIC Service Site

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



Agency: _____

Site Number: _____ Site Name: _____

Street: _____

City: _____ Zip: _____

If non-health department facility, specify name and type of facility. _____

Anticipated Closing Date _____

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

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

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

If transfer, specify agency _____

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

WIC Coordinator Signature Date Public Health Director Signature Date

For State WIC Office Use Only

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

Date: _____

7/2014

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

| | |
|-------------|--|
| Purpose | To remind and/or inform persons of WIC requirements for proof. |
| When To Use | As needed. Use is optional. |
| Disposition | Given to participants, participants, and others for information. |
| Language | English on front with Spanish (WIC-PR) or Bosnian (WIC-PRB) on the back |
| Ordering | Order on the WIC Supply Requisition form –Forms are wrapped 200 per package. |

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...

*bring one of these for yourself and any other persons being screened:

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

Proof of your Residence...

*bring one of these:

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

Proof of your Household Income...

*bring for all sources of income for all household members:

- ✓ 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/award letter from Social Security
- ✓ Recent Leave and Earnings Statement (LES) for military
- ✓ Foster child placement/award letter
- ✓ Tax forms or accounting records for self-employed
- ✓ Copies of alimony or child support checks

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

Remember:

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

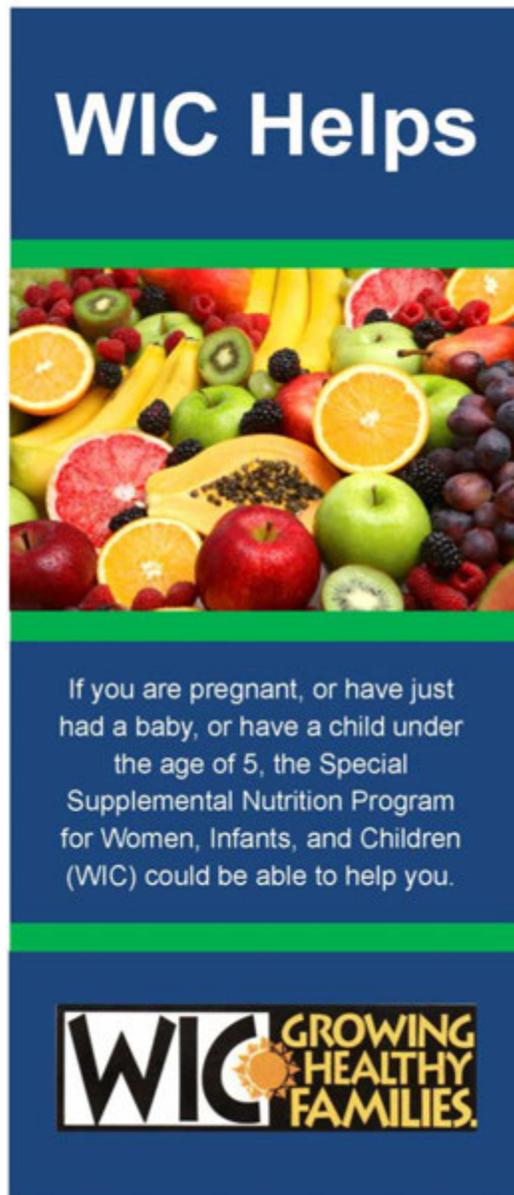


This institution is an equal opportunity provider.

WIC-PR Rev. 7/2016

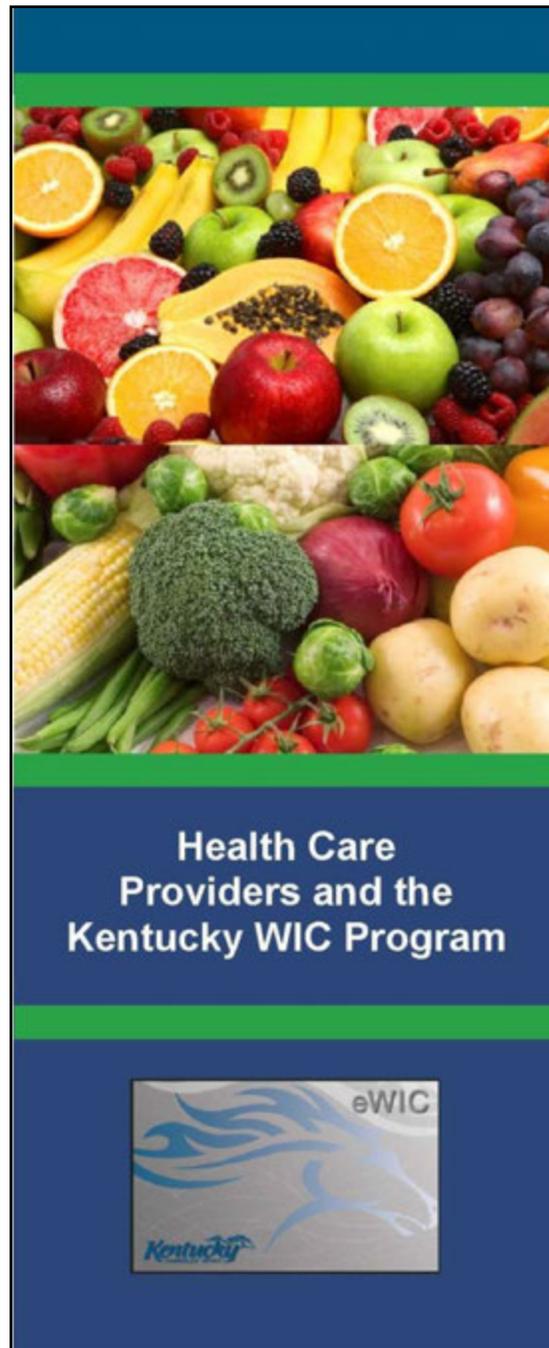
WIC Helps (DPH-070)

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



HEALTH CARE PROVIDERS AND KENTUCKY WIC PAMPHLET

| | |
|-------------|---|
| Purpose | To introduce the WIC Program to health care providers. Provides them with general information and a form to order pamphlets to distribute to their clients. |
| When To Use | For outreach to doctor's offices, clinics, health fairs. |
| Ordering | Ordered from Pamphlet Library. These are packed 50 per shrink-wrapped package. |



STRETCH YOUR FOOD BUDGET POSTER

| | |
|-------------|--|
| Purpose | General informational poster on the WIC Program. |
| When To Use | To provide basic WIC Program information to the public and for outreach to potential participants. |
| Ordering | Utilize the WIC Supply Requisition ordering form. Order quantity as needed. |

Need help feeding your family?

The WIC Program can help stretch your food budget!



WIC is a free food program to help families.

Are you...

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

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

For information call toll-free 1-800-452-6122
or call your county health department.



USDA is an equal opportunity provider and employer.

PREGNANT? NEW BABY? POSTER

| | |
|-------------|--|
| Purpose | General informational poster on the WIC Program. |
| When To Use | To provide basic WIC Program information to the public and for outreach to potential participants. |
| Ordering | Utilize the WIC Supply Requisition ordering form. Order quantity as needed. |

Pregnant? New Baby?
Children under age 5?
WIC
can help you feed your family.

**WIC provides
free foods to
help have
healthier
families.
Call your
county health
department or
the toll-free
number for a
clinic near you:
1-800-462-6122**



WIC is an equal opportunity provider.

SAMPLE OUTREACH ANNOUNCEMENT

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

Sample 1

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

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

Who is eligible for WIC? Pregnant, breastfeeding and postpartum women, infants and children up to age 5 are eligible for WIC. They must meet income guidelines, a state residency requirement, and be individually determined to be at risk by a health professional. To be eligible on the basis of income, an 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.

WIC MOVING POSTER

| | |
|-------------|---|
| Purpose | Informational poster about moving and the WIC Program. |
| When To Use | To remind participants to inform the WIC agency if they are moving. |
| Ordering | Utilize the WIC Supply Requisition ordering form. Order quantity as needed. |

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 REMINDER POSTCARD (WIC-51)

| | |
|--------------|---|
| Purpose | To remind a participant of a missed food instrument/cash value benefit pick-up appointment and to contact the clinic. |
| When To Use | When a food instrument 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. |
| Instructions | <p>Printed side of card:</p> <ol style="list-style-type: none"> 1. Check the box applicable to this missed appointment. 2. Record your clinic phone number. <p>Blank side of card:</p> <ol style="list-style-type: none"> 1. Record name and address of the participant on the card. 2. Record return address for the clinic. <p>This information may be written on the card or labels may be used.</p> |
| 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 on the WIC Supply Requisition form. Forms are packaged 100 per bundle. |

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!




This institution is an equal opportunity provider.
WIC-51 Rev. 08/19

WIC GROWING HEALTHY FAMILIES LOGO

| | |
|-------------|---|
| Purpose | Identify WIC outreach materials as WIC Program related; promote WIC Program Goals, Marketing WIC. |
| When To Use | To identify WIC outreach materials as WIC Program related; promote WIC Program Goals, Marketing of the WIC Program. The USDA Non-Discrimination Statement should also be included when utilizing the WIC Growing Healthy Families Logo. Local Agency developed materials should be sent to the State WIC Agency for approval. |
| Ordering | Contact the State WIC Office Program Management Section for an electronic copy of the logo. |



**TELL YOUR FRIENDS AND FAMILY ABOUT THE
WIC PROGRAM POSTER**

| | |
|-------------|--|
| Purpose | General informational poster on the WIC Program. |
| When To Use | To provide basic WIC Program information to the public and for outreach to potential participants. |
| Ordering | Utilize the WIC Supply Requisition ordering form. Order quantity as needed. |

Tell Your Friends and Family about the WIC Program!

**WIC is a Supplemental Nutrition Program
for Pregnant Women, Infants and
Children up to Age 5**

The WIC Program provides:

- Health Screenings and Nutrition Counseling
- Breastfeeding Counseling and Support
- Healthy Foods
- Referrals to Health Care Services



WIC Makes a Healthy Difference!





**For more information about WIC:
Call your local health department
or 1-877-597-0367**

Local Agency Address/Phone

Visit: <https://wic.fns.usda.gov/wps/pages/preScreenTool.xhtml>





This institution is an equal opportunity provider.



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: _____

| | |
|--|---|
| Clinic/Hospital/Medical Office Name: _____ | To Locate your County Health Department, please visit https://chfs.ky.gov/agencies/dph/dafm/Pages/lhd.aspx (select Listing of LHDs) OR call 1-877-597-0367 |
| Street Address: _____ | |
| City: _____ | |
| Zip Code: _____ | |
| Phone Number: _____ | |
| Fax Number: _____ | |

Infants/Children Referral Data: (Complete Applicable Information)

Date: _____ Length/Ht: _____ Wt: _____ lbs. _____ oz. Date: _____ Hgb/Hct: _____
 (Valid within 60 days of measurement) (Valid within 90 days of measurement)

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)

Date: _____ Length/Ht: _____ Wt: _____ lbs. _____ oz. Date: _____ Hgb/Hct: _____
 (Valid within 60 days of measurement) (Valid within 90 days of measurement)

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 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 newborn infants
- *Participant must be physically present for WIC certification appointments.**
 Contact the WIC Program for information regarding any exemptions to this requirement such as medically fragile.
- To prescribe a special formula or medical food for an infant, child, or woman, please contact the State WIC Office at (502) 564-3827 or your Local WIC Agency to obtain the Certificate for Medical Necessity for Formula and WIC Food Exceptions Form (WIC-200, WIC-300, WIC-400).

We appreciate your cooperation and partnership in serving the Kentucky WIC population.

This institution is an equal opportunity provider.