

# Policy 801

## Food Delivery Overview

### POLICY

Local WIC Agencies shall ensure WIC participants receive food benefits as appropriate.

### PURPOSE

To provide overall guidance for local WIC program staff on food delivery portion of the WIC Program.

### RELEVANT REGULATIONS

246.12 (r) – Issuance of food instruments, cash value vouchers and authorized supplemental foods.

246.7 (f)(2)(iv) – Processing Standards: Time frames for processing applicants

### DEFINITION:

**Food Instruments (FIs):** are defined in 7 CFR PART 246 as a voucher, check electronic benefits transfer card or any other document which is used by a participant to obtain supplemental foods.

**Food Benefit:** The foods a participant receives on WIC for a selected month. Depending on the participant category, food benefits provide specific amounts of WIC authorized foods, formulas, and/or a fixed-dollar amount for participants to obtain WIC authorized fruits and vegetables (referred to as a “Cash Value benefit” or “CVB”).

**Food Benefit Balance:** Unspent issued food benefits which are available for purchase by a cardholder during authorized benefit timeframe.

**eWIC card:** Magnetic stripe card used to purchase WIC authorized foods or formulas from a WIC family's Electronic Benefit Account (EBA). Each card has a 16-digit Primary Account Number (PAN).

### PROCEDURES

- A. These procedures shall be in effect to prevent any conflict of interest. Employees must not issue food instructions for family/household members.
- B. Participants who move out of the geographic area served by the agency/site are eligible to continue their certification period and receive food benefits at their new agency/site.
- C. Each site must have an adequate supply of eWIC cards to serve the caseload. Security and accountability for all eWIC cards shall be ensured.
- D. Agencies/sites shall schedule issuance to serve their caseload in a timely manner. Appointments to pick up food benefits must be scheduled so there is no lapse in benefits and shall be coordinated with other services when possible. Appointments must comply with the Administrative Reference, Section: LHD Operations, “Appointment and Scheduling Requirements for Personal Health Services”. See WIC and Nutrition Manual Policy 202 Processing Standards and Policy 702 Caseload Management- Participation.
- E. Participants shall receive WIC foods free of charge.
- F. A food package must be prescribed for each participant by a health professional, and must be appropriate for the person's status, age and nutritional needs.
- G. Only foods approved by the State WIC Office shall be issued. Approved foods are organized into food packages. Food benefits shall be issued only for participants determined eligible and certified for the Program.
- H. All participants must receive food benefits at the time of certification, except the exclusively breastfed baby and the partially breastfeeding woman who after six (6) months postpartum has requested more than the maximum amount of formula for a partially breastfeeding infant.
- I. Benefits shall not be retroactive for new participants added to WIC.
- J. Eligible participants receive a food package for each month of eligibility in their certification period provided all program rules are met. A maximum of three (3) months may be issued at one time.

- K. Participants/caretakers or their proxy shall personally pick up food benefits unless situations exist that justify mailing food benefits.
- L. Issuance must be clearly documented in the participant's medical record at the time of issuance. Documentation must be reviewed prior to subsequent issuance.
- M. Participants/caretakers must be provided instructions on the proper use of food benefits. Food benefits can only be redeemed at authorized stores. Participants are provided the approved Food List and a list of current authorized stores. Participants cannot be encouraged to shop at any specific store.
- N. When a participant becomes status ineligible, the participant is eligible to receive all food benefits with a "first day to use" prior to the date of ineligibility.
- O. Participants that fail to pick up food benefits for two (2) consecutive months are considered non-participating and are terminated from the Program.
- P. Participants shall not be denied WIC foods or food benefits for failure to attend or participate in nutrition education and/or other health services offered by the agency.
- Q. Food benefits that are replaced shall replicate the issue month and issue day of the original food benefits.

## **Security**

- A. Web-Based Programs/Applications
  - 1. Web-based programs/applications are secure and are only accessible by authorized participants.
  - 2. In order to receive access to the programs/applications, a person must be authorized by the appointed person at the local health department, Local Health Operations and CDP. See the procedures and forms on the Local Health website.
  - 3. Web-based programs/applications include:
    - a. CMS (Clinic Management System)
    - b. eWIC (Electronic Benefits Transfer)
    - c. Breastfeeding Peer Counselor
- B. E-Reports
  - 1. Reports are accessible only by authorized personnel.
  - 2. In order to receive access to the programs/applications, a person must be authorized by the appointed person at the local health department, Local Health Operations and CDP. See the procedures and forms on the Local Health website.
- C. Users will be deleted from web-based programs and applications after 60 days of non-use.

## **Policy 802**

### **eWIC Card Ordering and Receipt**

#### **POLICY**

Local programs shall be responsible for maintaining the inventory and security of all eWIC cards received from the contracted provider.

#### **PURPOSE**

To ensure the WIC Program Integrity and eWIC Card security.

#### **RELEVANT REGULATIONS**

7CFR 246.12 (p) – Food delivery systems

#### **PROCEDURES**

##### **Ordering and Receipt of eWIC cards**

###### **A. Ordering**

1. New Clinic Site: Appropriate amounts of eWIC cards will be supplied based upon the anticipated number of participants. Contact the State WIC Office for assistance in determining amounts.
2. Established Clinic Site: Agencies/sites are responsible for maintaining an adequate inventory of food instruments.

###### **B. Receipt of EBT Cards**

1. Immediately upon receipt: Compare numbers on the Food Instrument Order Form with serial numbers on the eWIC cards received. If the serial numbers on your order form and numbers on your cards do not agree, contact the WIC Help Desk for further instructions.
2. If correct, electronically acknowledge receipt in Portal. This must be done before any issuance from that series can be posted.
3. If the number of eWIC cards received or serial numbers do not match the Food Instrument Order Form, contact the WIC Help Desk for further instructions.

## **Policy 803**

### **Issuance of Food Benefits and Assigning of Issue Date**

#### **POLICY**

Local WIC Agencies shall to ensure WIC participants receive food benefits at their initial certification and at subsequent nutrition education and follow up appointments. Benefit issuance must be scheduled so there is no lapse in benefits and shall be coordinated with other services when possible.

#### **PURPOSE**

To ensure WIC participants receive food benefits in a timely manner and ensure household members issuance is coordinated.

#### **RELEVANT REGULATIONS**

**246.12 (r) – Issuance of food instruments, cash value vouchers and authorized supplemental foods.**

**246.7 (f)(2)(iv) – Processing Standards: Time frames for processing participants**

#### **PROCEDURES**

##### **Food Benefit Issuance**

###### **A. General Policies**

1. Food benefits shall be issued only for applicants/participants determined eligible and certified for the program.
2. Food benefits shall be issued when informing the participant or caretaker of eligibility and certification.
  - a. Extenuating circumstances may exist that preclude the immediate issuance of food benefits. Information shall be documented in the medical record to support why food benefits were not issued at the time of certification.
3. For initial certification, the food benefit(s) shall be redeemable immediately and shall be valid for the current month or the remaining portion of the month if coordinating household members.
4. All eligible participants must be assigned an issuance date and all household members must have coordinating dates. This date remains the same through the participant's continuous participation in WIC.
5. Eligible participants may receive a food package for each month of eligibility in their certification period provided all Program rules are met. A participant may receive a maximum of three (3) full month's packages or a combination of one (1) partial package and up to two (2) full packages at one time, at issuance. A partial package is issued to coordinate/catch up household members so all household members have the same issue date.
6. Food benefits shall not be withheld in order to provide other services.
7. Participants coming to clinic late to pick up food benefits may receive partial/reduced food package.
8. Proof of identity of the person picking up food benefits must be presented and documented at issuance. Documentation of identity at issuance is entered into the system. The proof will print on the issuance label, which is placed in the medical record.
9. Issuance must be documented in the participant's medical record at the time of issuance and must include the months issued. For eWIC issuance, the system generates a label for placement in the chart.
10. Documentation must be reviewed to determine if issuance is appropriate and is not being duplicated before subsequent issuance.
11. The PIN is the electronic signature for eWIC.

###### **B. Food Package Issuance Policies**

1. Types and quantities of foods are organized into food packages with a code for each package. The code is entered in the system and indicates an entire food package prescription and distribution of foods.
2. Food packages must be prescribed by a health professional.
3. The prescribed food package must be appropriate for the age and status of the participant.
4. Infants must receive a standard contract brand formula package unless there is a documented medical reason.
5. Infant and child packages are age appropriate. The system automatically adjusts the package for the infant's/child's age based upon date of birth, first full package issue month/date and status.
  - a. Food benefits with a first day to use before the infant turns one (1) must be issued as an infant package.
  - b. At 12 months of age, food benefits issued with a first day to use after age one (1) must be a child food package. This change is made in a recertification or an Infant/Child Transfer (ICT).
6. For all participants:
  - a. Enter identity proof code for person picking up food benefits.
  - b. Verify the proper number of months and the proper food package was issued.
7. An issuance label will be generated to be placed on the participant's CH-3. If the label does not print, it can be reprinted through CDP Report Viewer.

## **Assigning Issue Dates**

### **A. General Policies**

1. All eligible participants must be assigned an issue date.
2. All household members must be placed on the same issue date so issuance can be done for all members at the same time.
3. The assigned issue date is the date desired for the first full food package.
4. An issue day of 29, 30, or 31 can be used for first issuance. These dates are then automatically changed by the system to an issue date of 28. This change is made since all months have at least 28 days and to accommodate issuance in all months.
5. When a member is added to an existing household and issue dates are being coordinated with other household members, using the current date, the system will issue a partial food package. The system calculates the number of days and issues the appropriate food quantities.
6. The issue date remains the same through the household's continuous participation in WIC. For late pick up of food benefits, the system calculates the appropriate food quantities.

### **B. Assigning Issue Dates**

1. Issue Date for A New Household
  - a. The issue date for a new household and new member(s) shall be the date the participant(s) is added to WIC.
  - b. If there are other household members on WIC, issue dates must coordinate.
2. Issue Date for A Transfer/VOC
  - a. The issue date for a transfer/VOC from one Kentucky WIC clinic to another will be the existing issue date from the previous agency/site unless coordination with a household applies.
  - b. Using the existing issue date for a transfer may result in the issuance of a partial food package. The system calculates the number of days and issues the appropriate food benefits and food quantity.
  - c. The issue date for a transfer/VOC from out-of-state shall be the date the participant(s) is added at your site.
3. Issue Date for Exclusively/Partially Breastfed Infants
  - a. The issue date is the same as the rest of the members of the household.
4. Issue Date for Partially Breastfeeding Woman beyond six (6) months postpartum
  - a. A partially breastfeeding woman who continues to breastfeed after six (6) months postpartum and has requested more than the maximum amount of formula allowed

for a partially breastfed infant will have the same issue date as the rest of the household.

5. Issue Date for Reinstatement
  - a. The issue date for reinstatement to WIC is the participant's existing issue date.
  - b. Using the existing date for a reinstatement may result in issuance of a partial food package to catch up issuance for the participant. The system calculates the number of days and adds the appropriate food quantities to the eWIC card.

### Putting Household Members on the Same Issuance

When a new infant is added, or when participant(s) join a household, or additional household members qualify for benefits, issue dates within a household MUST coordinate.

- A. Initial Certification
  1. Pull the medical record(s) of an existing household member to review the issue date assigned to the household.
  2. Assign the new member to the household the same issue date as the household member(s) already on the program.
  3. A partially breastfeeding woman who continues to breastfeed after six (6) months postpartum and has requested more than the maximum amount of formula allowed for a partially breastfed infant will have the same issue dates as the rest of the household.
  4. Request at least two (2) months of food benefits. The first month is the appropriate quantity for the number of days to the full issuance and the second month is a full package. The appropriate amount of food will be calculated in the system to catch up the new participant to the other household member(s) full issuance date.
    - a. The initial food package for a woman, child or infant will be provided as outlined below.

### Partial and Reduced Issuance

- A. A participant's assigned issue date, the actual date of issuance, and the participants status determines the quantity of food the participant receives.
  1. Partial and Reduced Issuance Calculation
    - a. Reduced or Partial issued food packages are based on the number of days until the next issue date and the status of participant.
    - b. The following chart explains the number of days remaining in an issuance period and the quantity of food to be issued. See the food distribution, which appears in the Clinical Section, Food Package Distribution Charts. The issuance is in accordance with the category of the participant for partial or catch up issuance, and reduced packages for late pick up:
    - c. Infants

Number of Days to the First Full Package Issue Month/Day/Year	System will issue
<ul style="list-style-type: none"> <li>• 16 days or more</li> <li>• 15 days or less</li> </ul>	<ul style="list-style-type: none"> <li>• Full issuance</li> <li>• Partial issuance</li> </ul>

- d. Women and Children

Number of Days to the First Full Package Issue Month/Day/Year	System will issue
<ul style="list-style-type: none"> <li>• 16 days or more</li> <li>• 15 days or less</li> </ul>	<ul style="list-style-type: none"> <li>• Full issuance</li> <li>• Partial Issuance</li> </ul>

2. Issuance is not reduced for the breastfed infants receiving supplemental formula.
3. The participant's assigned issue date remains the same through continuous participation in WIC.
4. In order to issue an appropriate quantity of food, adjustments will be made by the system in the quantity of supplemental food issued. The system will issue a reduced or partial food package for the following:
  - a. To catch up a household member with another household member on WIC to coordinate issue dates.
  - b. Late pick up/issuance of food benefits.
5. The system calculates the number of days for the issuance and issues the appropriate food quantity.
6. An issuance label is generated for placement in the participant's medical record when food benefits are issued through eWIC and will indicate if a partial package is issued.

### **Issuance to Proxies**

- A. Proxies are allowed to pick up food benefits with authorization from the participant or parent/caretaker.
  1. In order to issue to a proxy, a properly completed WIC Proxy Authorization form must be in the Medical Record.
  2. Proxies must present proof of identity at issuance of food benefits, and the type of proof must be documented.
  3. See Policy 213 Proxy.

## **Policy 804**

### **WIC Food Benefit Replacement**

#### **POLICY**

Issued and/or redeemed formula food benefits may be replaced only under limited circumstances as described below.

#### **PURPOSE**

To ensure WIC Program Integrity and provide guidance on when it is appropriate to replace issued and/or redeemed formula benefits.

#### **RELEVANT REGULATIONS**

7 CFR 246.12 (u) – Participant Violations and Sanctions

7 CFR 246.12 (u) – Claims against participants

#### **PROCEDURES**

##### **Replacing**

###### **A. General Policies**

1. Food benefits may be replaced for:
  - a. A food package or formula change.
  - b. Other situations that affect the participant receiving the issued food, such as a change in a child's custody; i.e., mother's custody to fathers, move of infant/child to foster care.
  - c. When an eWIC card is reported lost, stolen, or damaged, it is to be immediately deactivated and a new card issued to the participant.
  - d. In the event of a Disaster
2. Formula that was purchased and is no longer appropriate for the participant must be returned to the site. An inventory of returned formula must be maintained and along with documentation of its destruction. See Policy 603 Handling of Returned Formula and Formula Benefit Replacement.
3. Replacement issuance shall replicate the issue month and issue date. All replacement issuance must be documented in the participant's medical record.
4. See the CMS Manual for "Replacing a Food Package with the Same Food Package" and "Replacing a Food Package with a Different Food Package".

###### **B. Replacing for Formula Changes**

1. The system will not issue replacement food for an infant food package after the infant status has turned one year of age.
2. Only unused formula is returned:
  - a. Document on the CH-3A in the participant's medical record that formula was returned, the quantity returned, and the reason for the return.
  - b. A health professional must prescribe the food package for a formula change. Refer to Policy 603 Handling of Returned Formula and Formula Benefit Replacement and 600 Food Package Assignment Policies. If the replacement is done on a day other than the original issuance, report an issuance code of WO209 on the Encounter Entry Screen.
  - c. The system will automatically calculate the appropriate quantity of formula to be issued.

###### **C. Replacing Food Benefits Lost, Stolen, Damaged or Destroyed**

1. Document on the CH-3A in the participant's medical record that the eWIC card was reported lost, stolen, destroyed and the reason for replacement. When an eWIC card is reported lost, stolen, or damaged, it is to be immediately deactivated and a new card issued to the participant as soon as possible, but no later than seven business days following the notice by the participant.
  - a. If the replacement is done on a day other than the original issuance, report an issuance code WO209 on the Encounter Entry Screen.

- b. See the CMS User Guide for Replacing eWIC card.
- D. Other situations may occur after food benefits have been issued that will affect the participant receiving the food, such as removal of a child from the home into foster care or when another parent/caretaker other than the one who received the food benefits obtains custody of a child. These situations will be handled on an individual basis with consideration of the specific circumstances.
- E. Replacing Food Benefits in the Case of Disaster
  1. Replace the eWIC card for unredeemed valid benefits for Kentucky participants from areas impacted by disaster when the card is lost or destroyed.
  2. Emergency situations occur from time to time due to natural disasters such as ice storms, flooding, etc. Participants will report that they have lost WIC Food Benefits and/or WIC foods due to the weather situations. WIC Foods that have been destroyed or damaged due to the weather conditions may be replaced. See policy 807, Food Delivery in Disaster Situations.
- F. Returned Formula Requirements
  1. Formula that was purchased and not used or is no longer appropriate for the participant must be returned to the site.
  2. Returned formula is not safe for human or animal consumption and must be destroyed. Returned formula must be properly disposed of and may not be distributed or reissued in any way including; another WIC participant, emergency food bank/pantry, charitable organization or another WIC agency.
  3. An inventory of all returned formula must be maintained by each site.
  4. The inventory shall include:
    - a. Date the formula was received in the site
    - b. Name of the formula
    - c. Can size
    - d. Quantity of formula received
    - e. Type of formula (powdered, concentrate, ready-to-feed)
  5. When formula is destroyed and discarded:
    - a. Date the formula is destroyed/discarded
    - b. Formula Name, Form and Size
    - c. Quantity
    - d. Initials of the staff discarding or destroying
  6. There must be an inventory form to document the required information. A sample inventory form is included in this section in Food Delivery Appendix 800.
  7. All returned formula must be kept secure and shall be stored in one location.
  8. When formula is returned, the quantity returned and the reason for the return must be documented in the participant's medical record.
- G. Voiding

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

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

## **Policy 805**

### **Mailing and Uploading Benefits**

#### **POLICY**

Food Benefits may be uploaded/mailed in certain circumstances as outlined below.

#### **PURPOSE**

To ensure program integrity and timely issuance of food benefits to participants.

#### **RELEVANT REGULATIONS**

246.12 (r) – Issuance of food instruments, cash value vouchers and authorized supplemental foods.

246.7(f)(2)(iv) – Processing Standards: Time frames for processing participants

#### **PROCEDURES**

##### **Uploading/Mailing Benefits**

There may be instances when uploading benefits is desirable and/or necessary.

- A. Uploading of EBT benefits on an individual participant basis shall be permitted if:
  - 1. If the participant is eligible and has completed online nutrition education.
  - 2. Upon Completion of a telephone nutrition education contact with a certifying health professional.
  - 3. Food Package Changes
    - a. Only after a full telephone assessment and assignment of new food package by the certifying health professional.
  - 4. The participant/caretaker cannot come to clinic due to:
    - a. Disability
    - b. Illness
    - c. Nearness to termination of pregnancy
    - d. Inclement weather
    - e. Distances to travel
    - f. High cost of travel
    - g. Inability to get to the agency during business hours
    - h. Other
  - 5. It is the health professional's discretion as to how many months of benefits are provided (1, 2, or 3 months), but the number of months shall be taken into consideration and other service needs and/or appointments.
- B. Uploading of EBT benefits on a site/clinic-wide basis is permitted if the site/clinic's computer system is not operational for an extended period of time; i.e. several hours.
- C. Documentation requirements:
  - 1. The reason for uploading of EBT benefits, the month(s) of issuance and the date the food benefits were mailed or benefits were uploaded must be documented in the patient's medical record.
  - 2. The Household WIC Shopping List shall be mailed. To protect privacy, the WIC Benefit List shall not be mailed.
  - 3. Proof of identity shall be coded as "other" code 50.

## **Policy 806**

### **eWIC Card Inventory and Security**

#### **POLICY**

Security and accountability for all eWIC cards shall be ensured.

#### **PURPOSE**

To ensure WIC Program Integrity and security/accountability of eWIC Cards.

#### **RELEVANT REGULATIONS**

7 CFR 246.12 (p) – Food delivery systems

246.12 (r) – Issuance of food instruments, cash value vouchers and authorized supplemental foods

#### **PROCEDURES**

##### **Inventory and Security Requirements**

- A. Security and accountability for all food benefits (eWIC cards) and returned formula shall be ensured.
- B. Receipt of food benefits (eWIC cards) from the State WIC Office must be verified immediately.
- C. A physical inventory must be made of all food benefits monthly:
  1. A person other than the person(s) that issue food benefits must do the inventory.
  2. Any method which reflects the actual number of food benefits on hand from the last month plus additional food benefits received during the current month minus all food benefits issued during the current month is acceptable.
  3. Account for all food benefits during this inventory by verifying that food benefits on hand match the FI Range Search.
  4. The actual number on hand, the name and signature of the person who did the physical count and date of verification must be maintained. All food benefits must be accounted for during this inventory.
  5. Documentation of inventory must be retained for one (1) year. A suggested inventory format is provided.
  6. Discrepancies must be reported to the State WIC Office as soon as possible.
- D. Issuance shall be performed accurately and all required information must be recorded at the time of issuance. Benefits issued through eWIC cannot be issued in advance.
  1. eWIC Cards Inventory
    - a. A site inventory shall be established for the clinic.
    - b. Cards must be kept in a locked room or file cabinet.
    - c. Site inventory must be tracked.
    - d. Cards received in a shipment must be logged received in Portal.
      - i. Cards issued out to card issuers must be logged.
      - ii. Cards removed from inventory for other reasons must be logged.
    - e. When cards are received, count and bundle into stacks of 20.
    - f. Site inventory totals and counts must be made once a month.
    - g. Establish a minimum amount for reorder.
    - h. One person that does not issue cards must be responsible for site inventory, with a back-up person designated.
  2. Card Issuers
    - a. Each card issuer (or issuance location) must maintain a box of cards.
    - b. Cards will be provided to card issuers from the site inventory with the total number of cards issued logged into the spreadsheet.
    - c. Cards for issuers shall be maintained in a box, ideally a small lock box.
    - d. Card boxes must be secured or returned to the site inventory location at the end of each day or end of issuance.
    - e. Cards shall be allocated to issuers in a quantity for up to a maximum of one (1) week.

- f. Cards shall remain bundled in stacks of 20 to facilitate using in order.
- E. Lost, Stolen, Damaged or Destroyed eWIC Cards
1. Food benefits (eWIC card) mailed from the State WIC Office and never received by the agency/site:
    - a. If ordered food benefits have not been received in a reasonable time, contact the State WIC Office or the WIC Help Desk.
    - b. The State WIC Office will investigate and advise the agency/site of appropriate action.
  2. Food benefits (eWIC card) lost, stolen, damaged or destroyed at the agency/site (stolen from agency/site, water/flood damage, fire, etc.)
    - a. Identify and prepare a list of all food benefit numbers lost, stolen, damaged or destroyed.
    - b. Contact the State WIC Office or the WIC Help Desk immediately and report the following:
      - i. The situation (lost, stolen, damaged, or destroyed).
      - ii. Card numbers of all affected food benefits.
      - iii. Total number of affected food benefits.
    - c. For lost, stolen, damaged or destroyed food benefits, enter the appropriate void reason code.
    - d. If food benefits reported lost or stolen are located, immediately contact the State WIC Office or WIC Help Desk. The State WIC Office will advise the agency/site of necessary action.
  3. Damaged Food Benefits
    - a. An eWIC card that is determined to be damaged shall be replaced.
  4. eWIC cards Reported Lost or Stolen
    - a. It is the responsibility of the participant, parent/caretaker or legal representative to report the eWIC card lost or stolen.
    - b. Replacement and transfer of remaining food benefits to a replacement card must be done as soon as possible to afford time for the participant, parent/caretaker, or legal representative to obtain WIC benefits for the month.
    - c. All participants, or their parent/caretaker or legal representative, must be informed of their WIC Rights and Responsibilities and the need to protect the card at all times and shall be provided information that selling or offering to sell WIC benefits including, eWIC cards, WIC issued breast pumps and/or supplemental foods in person, in print or on-line is a participant violation.
    - d. The local WIC agency will need to determine if additional research is needed to rule out any program abuse concerns. See Program Integrity Policies 300 and 303.
    - e. Upon receipt of a card reported lost or stolen:
      - i. Perform a household search and deactivate the reported card assigned to the household;
      - ii. Verify the cardholder's address;
      - iii. Issue the replacement card;
      - iv. The agency must verify that the benefits have appropriately transferred to the replacement card;
      - v. Print a current WIC shopping list;
      - vi. Documentation of the card replacement and action taken must be maintained in the medical record.
  5. System Reasons for eWIC Card Replacement/Deactivation:
    - a. Damaged - A card that has been reported damaged and will be replaced or deactivated
    - b. Lost – A card that has been reported lost and will be replaced or deactivated
    - c. New Association – A new card assigned to a new Household
    - d. New Household – A participant or existing member that has been placed in a new household
    - e. Not Available – N/A (DO NOT USE)

- f. Replaced – N/A (DO NOT USE)
  - g. Returned – An active/non-active card that is returned to the clinic or State WIC Office
  - h. Stolen – A card that has been reported stolen that will be replaced or deactivated
  - i. Stop Access – N/A (DO NOT USE)
  - j. Undeliverable – Card mailed to participant returned as unable to deliver
- F. Replacing Food Benefits in the Case of Disaster
- 1. Replace the eWIC card for unredeemed valid benefits for Kentucky participants from areas impacted by disaster when the card is lost or destroyed.
  - 2. Emergency situations occur from time to time due to natural disasters such as ice storms, flooding, etc.
    - a. See Policy 807 Food Delivery in Disasters

# Policy 807

## Food Delivery in Disaster Situations

### **POLICY**

In a disaster, the WIC Programs shall work to maintain regular benefit delivery to participants.

### **PURPOSE**

To ensure food benefits access to WIC Participants in disasters.

### **RELEVANT REGULATIONS**

**246.7 (o)(2)(i)(C) Certification** of participants

**246.7 (g) (3) Certification** of participants

WIC Policy Memorandum 95-9, WIC Disaster Policy and Coordination

### **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 benefit delivery to participants.

#### **Emergency Situations**

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

- A. eWIC Card Has Been Destroyed:
  1. Void the card and reissue the unredeemed benefits for the current month and for up to two (2) months in the future, as appropriate.
  2. Follow the guidance in the KY CMS User Manual for Food Package Replacement and Voiding Benefits.
- B. Foods that have been purchased and the foods that have been destroyed or contaminated:
  1. Emergency situations occur from time to time due to natural disasters such as ice storms, flooding, etc. Participants will report that they have lost WIC Food Benefits and/or WIC foods due to the weather situations. Current month's WIC Foods that have been destroyed or damaged due to the weather conditions/disaster may be replaced. The following general guidance applies:
    - a. Agencies may not issue replacement of food benefits in areas where mass care relief organizations, such as The American Red Cross, Federal Emergency Management Agency (FEMA) or the Salvation Army, are providing feeding services.
    - b. The system will not allow prior month's issuance to be replaced. Only current month's redeemed but damaged foods may be replaced.
    - c. The quantity of replacement food benefits must be the portion of food benefits for which the participant would still be eligible.
    - d. The participant/caregiver must sign a statement attesting to the fact that their food benefits have been destroyed as a result of a disaster.
    - e. Contact the State Agency WIC Help Desk for assistance with replacement of benefits due to a disasters.

2. Participants in this situation shall be directed to the local food distribution centers that are providing food.
  3. The health professional must prescribe the package based upon the individual needs e.g. contaminated water supply and refrigeration) of the infant.
- C. Sanitation is a major concern to prevent outbreaks of illness during times of emergencies.
1. The health professional must prescribe the package based upon the individual needs (e.g. contaminated water supply and refrigeration) of the infant.
  2. Contact the Food Safety Branch for assistance regarding food safety issues.
- D. Other situations will occur during times of emergencies, contact the State WIC Office for guidance.
- E. Emergency situations can occur whenever WIC benefits or the WIC certification system is unavailable to a participant, clinic or retailer for use to issue or redeem WIC benefits.
1. **If a KY WIC clinic** is unable to access the KY WIC certification system or issue WIC benefits because of a natural disaster or a prolonged system outage the clinic shall follow their county's health department disaster plan until a viable plan to access the WIC system is available.
  2. **Contact the State WIC Help Desk for assistance.**
    - a. In some instance, the state agency may be able to provide issuance remotely.
      - i New Participants to the program must be instructed to return to the clinic once the system is up to activate their eWIC card.
      - ii Existing participants within s valid certification period may be issued benefits remotely via the state agency. Agencies with multiple sites may issue remotely from another site.
      - iii Existing participants who are beyond the 30 day grace period for recertification must be recertified in the system in order to be eligible for WIC food benefits.
  3. Each clinic in conjunction with their health clinic shall keep on file accessible for review by KY WIC Program a disaster/prolonged outage plan to ensure continued access to KY WIC benefits.
    - 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.
  4. **If a KY WIC participant** is unable to access benefits with the Food Benefits provided because of a natural disaster or a prolonged system outage issue they shall be instructed to first contact the county from which benefits have been provided or if their issuing county is unavailable they shall contact the KY WIC Help Desk for further instructions to get access to KY WIC benefits.
    - a. A clinic shall follow replacement procedures. See Policy 804 WIC Food Benefits Replacement.
  5. **If a KY WIC Retailer** is unable to accept eWIC benefits because of a natural disaster or prolonged system outage they shall be instructed to contact KY WIC's EBT processor, Custom Data Processing (CDP) at (866) 237-4814 or contact the WIC Help Desk number for further instructions.

# **Section 800 Appendices**

## **Food Delivery and WIC Reports**



**Kentucky Public Health**

*Prevent. Promote. Protect.*  
Food Delivery and WIC Reports  
Revised October 2019

## FOOD DELIVERY FORMS AND FOOD INSTRUMENT SCREENS INDEX

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## LOCAL AGENCY BATCH CONTROL FORM

<b>When To Use:</b>	Use form when sending voided handwritten food instruments to the State WIC Office. Submit any remaining manual or preprinted Food Instruments immediately marked void.
<b>Instructions:</b>	<ol style="list-style-type: none"> <li>1. <b>Agency Name:</b> the name of the agency or site.</li> <li>2. <b>Health ID Agency Number:</b> the agency health ID number.</li> <li>3. <b>Location Clinic Number:</b> the clinic ID number.</li> <li>4. <b>Batch Control Number:</b> the batch number beginning with 0001 and continuing in numerical order.</li> <li>5. <b>Number Sent:</b> the number of voided handwritten food instruments sent to the State WIC Office. The <b>maximum</b> amount to be submitted with any batch is 100. THIS IS TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT.</li> <li>6. <b>Date Sent/Initials:</b> the date sent to the State WIC Office and the initials of the person completing the form. THIS IS TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT.</li> <li>7. <b>Account Number:</b> the account number received by the State WIC Office. THIS IS TO BE COMPLETED BY THE STATE WIC OFFICE.</li> <li>8. <b>Number Received:</b> the number received by the State WIC Office. THIS IS TO BE COMPLETED BY THE STATE WIC OFFICE.</li> <li>9. <b>Date Processed/Initials:</b> the date the State WIC Office processed the batch of handwritten food instruments and who processed them. THIS IS TO BE COMPLETED BY THE STATE WIC OFFICE.</li> </ol> <p><b>NOTE:</b> Copy WIC-31 form as needed. A revised copy of the WIC-31 can be obtained from the WIC Help Desk.</p>
<b>Disposition:</b>	File returned original WIC-31.
<b>Retention:</b>	Retain form for six (6) months.

## WIC Program Local Agency Batch Control Form

---

Agency Name: \_\_\_\_\_

Health ID/Agency Number		

Location Clinic Number			

Batch Control Number			

<u>THIS SECTION TO BE COMPLETED BY HEALTH DEPARTMENT</u>		↓ <u>TO BE COMPLETED BY STATE WIC OFFICE</u> ↓			
Number Sent (Max. 100/Batch)	Date Sent & Initials	Account Number	Food Instrument (FI)/Card Number	Number Received	Date Processed & Initials

*Any remaining manual/preprinted Food Instruments shall be stamped void returned to the State immediately.*

**Mail To:** WIC Program – Batch Control  
 Nutrition Services Branch  
 Division of Maternal and Child Health  
 Department for Public Health  
 275 East Main Street HS2W-D  
 Frankfort, KY 40621-0001

rev. 07/19

## MONTHLY COUNT OF UNUSED FOOD INSTRUMENTS INVENTORY FORM

**Purpose:** To account for all unused food instruments/cash value benefits and eWIC cards in inventory. Copy this form as needed.

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

Type of Food Instrument/ Cash Value Benefit	# FI Range Screen	# Per Physical Count	# Difference	Action Taken
Farmers Market Nutrition Program				
Type of Food Instrument/ Cash Value Benefit	# On Excel Spreadsheet	# Per Physical County	# Difference	Action Taken
eWIC Cards				

Comments: \_\_\_\_\_

\_\_\_\_\_

Count Done By: \_\_\_\_\_

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

Date of Count: \_\_\_\_\_



**SAMPLE NOTICE TO  
PARTICIPANT REGARDING  
REPLACEMENT CARD  
ISSUANCE**

**NOTICE TO PARTICIPANT REGARDING REPLACEMENT CARD ISSUANCE**

*(Use local WIC agency letterhead)*

TO: (Cardholder Member Name, HH#)  
(Address)  
(City), Kentucky (Zip Code)

Date: \_\_\_\_\_

Enclosed is the replacement eWIC card for the card you reported as lost/stolen on \_\_\_\_\_.

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

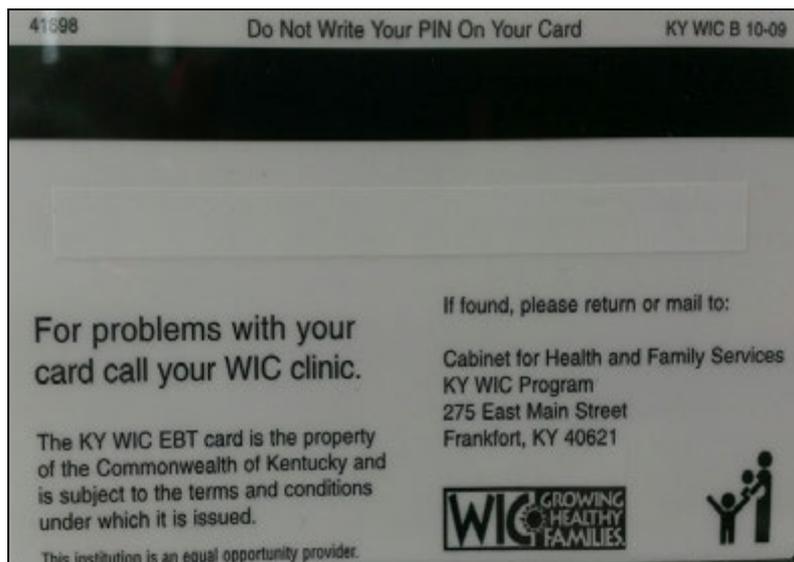
If you have any questions please contact: \_\_\_\_\_.

Sincerely,

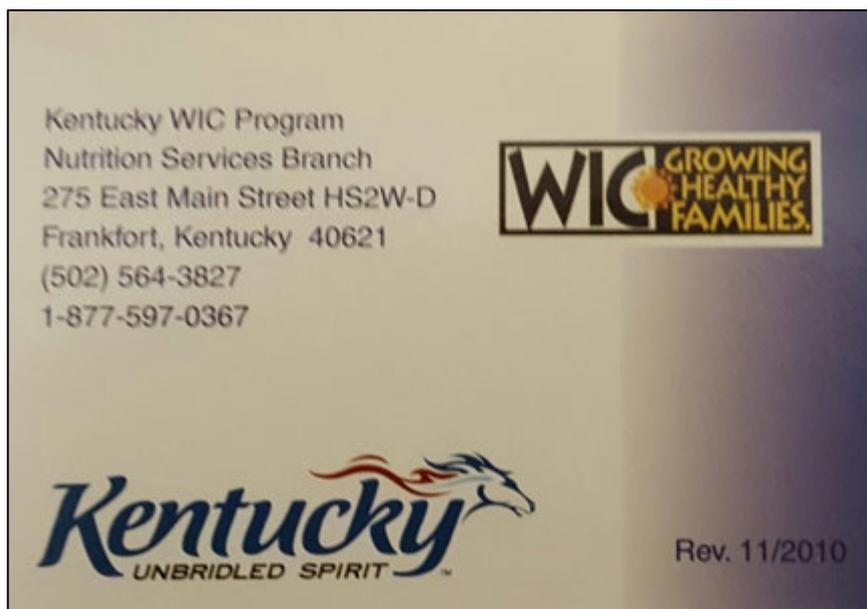
*(WIC Coordinator or Local Official)*

*\*\*Letter may be modified for local WIC agency needs.*

## EXAMPLE OF eWIC CARD



## EXAMPLE OF eWIC CARD SLEEVE



**WIC APPROVED FOOD LIST  
WIC-40**

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



## FORMULA INVENTORY FORM

<b>Purpose:</b>	For inventory of all formula returned to the site and issuance or disposal of returned formula.
<b>When To Use:</b>	Ongoing for formula returned and formula dispensed.
<b>Instructions:</b>	<p><b>It is recommended to use 1 sheet per Formula Brand, Type and Form</b></p> <ul style="list-style-type: none"> <li>• <b>Date:</b> the date the formula was received or dispensed</li> <li>• <b>Action:</b> Indicate if formula is being Received or Dispensed</li> <li>• <b>Formula Name:</b> specific brand and name of formula being returned or dispensed, (ex. Gerber Good Start Gentle)</li> <li>• <b>Product Form (Type):</b> Indicate the form of formula returned (Powder, Concentrate or RTF)</li> <li>• <b>Can Size:</b> the size of the can, typically in ounces</li> <li>• <b>Amount:</b> the amount of formula that is returned or dispensed</li> <li>• <b>Expiration Date:</b> the expiration date on the can of formula</li> <li>• <b>Staff Initials:</b> initials of the staff receiving or dispensing the formula.</li> </ul> <p><b>NOTE: Copy Formula Inventory Form as needed.</b></p>
<b>Retention:</b>	Maintain documentation of formula inventory for one (1) year.

## Formula Inventory Form

Name of Formula \_\_\_\_\_ (Recommended: Maintain a separate sheet for each formula brand and type)

Date	Action	Formula Name	Product Form (Type)	Can Size	Amount	Expiration Date	Patients Name/ Identifier	Balance On Hand	Staff Initials
	<input type="checkbox"/> Received <input type="checkbox"/> Discarded		<input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to feed						
	<input type="checkbox"/> Received <input type="checkbox"/> Discarded		<input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to feed						
	<input type="checkbox"/> Received <input type="checkbox"/> Discarded		<input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to feed						
	<input type="checkbox"/> Received <input type="checkbox"/> Discarded		<input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to feed						
	<input type="checkbox"/> Received <input type="checkbox"/> Discarded		<input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to feed						
	<input type="checkbox"/> Received <input type="checkbox"/> Discarded		<input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to feed						
	<input type="checkbox"/> Received <input type="checkbox"/> Discarded		<input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to feed						

## ONLINE/BRIDGE PRODUCED LABELS INDEX

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Certification Label	14
Fully Breastfeeding Infant Certification Only Label	14
Reinstatement Label	14
Termination Label	14
Benefit Issuance Label	15
Income Assessment Label	15
Infant To Child Transfer (ICT) Label	15



6. Label as a result of Benefit Issuance

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

7. Label as a result of Income Assessment

DEMO DALE E	07/31/2014	DED072014		
NAME	SOURCE	INCM	FQ	PRF
DEWEY DEMO	BIGG CONSTRUCTION	\$500.00	52	16
TOT ANNUAL INCOME:	\$26,000.00	PV 109.01%	WIC IEG Y	(4

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

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

## SYSTEM REPORTS INDEX

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275	30 Day Late Benefit Issuance List	19
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## 7/30 DAY LATE BENEFITS ISSUANCE LABEL

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

063063

Test Label  
275 East Main Street, HS2WD  
Frankfort, KY 40601

## 7 DAY LATE BENEFITS ISSUANCE LIST

<b>Report Title:</b>	7 Day Late Benefits Issuance List
<b>Report Number:</b>	274
<b>Frequency:</b>	Weekly (available Thursday)
<b>Distribution:</b>	Obtain electronically through clinic site E-reports folder.
<b>Description:</b>	A detailed listing of all eligible enrollees that have not received benefits in the last seven (7) days.
<b>Actions to be taken:</b>	This report is to be used to contact non-participants to urge their participation.
<b>Explanation of Report:</b>	<ol style="list-style-type: none"> <li>1. <b>HH Num:</b> the Household number</li> <li>2. <b>Participant ID:</b> the participant's identification number</li> <li>3. <b>Participant name:</b> the participant's name</li> <li>4. <b>FV Date of Last Benefit Issuance:</b> the first valid date of the last benefit that was issued to the participant.</li> </ol>
<b>Retention/ Disposal Period:</b>	N/A

 Report #0274		KENTUCKY CABINET FOR HEALTH SERVICES DEPARTMENT FOR PUBLIC HEALTH WIC 7 DAY LATE BENEFIT ISSUANCE LIST		
1	2	3	4	
HH NUM	PARTICIPANT ID	PARTICIPANT NAME	FV DATE OF LAST BENEFIT ISSUANCE	
<b>Health Department: 063 - LAUREL COUNTY H. D.</b>				
<b>CLINIC ID: 063 - LAUREL</b>				
4002	JPS15415455	SMITH, JANE PLUM	6/5/12	
3269	SAS32132100	SMITH, SANTA ANITA	6/4/12	
3824	JJO98765404	JONES, JIM ORCHARD	6/5/12	
3992	APJ6543210	APPLES, PAUL JONATHON	6/2/12	
<b>Clinic Total: 4</b>				
<b>Health Department Total: 4</b>				
<b>Report Total: 4</b>				

### 30 DAY LATE BENEFITS ISSUANCE LIST

<b>Report Title:</b>	30 Day Late Benefits Issuance List
<b>Report Number:</b>	275
<b>Frequency:</b>	Weekly (available Thursday)
<b>Distribution:</b>	Obtain electronically through clinic site E-reports folder.
<b>Description:</b>	A detailed listing of all eligible enrollees that have not received benefits in the last 30 days.
<b>Actions to be taken:</b>	This report is to be used to contact non-participant to urge their participation.
<b>Explanation of Report:</b>	<ol style="list-style-type: none"> <li>1. <b>HH Num:</b> the Household number.</li> <li>2. <b>Participant ID:</b> the participant's identification number.</li> <li>3. <b>Participant Name:</b> the participant's name.</li> <li>4. <b>FV Date of Last Benefit Issuance:</b> the first valid date of the last benefit that was issued to the participant.</li> </ol>
<b>Retention/ Disposal Period:</b>	If printed, shred or burn after report is worked.

	1	2	3	4
	HH NUM	PARTICIPANT ID	PARTICIPANT NAME	FV DATE OF LAST BENEFIT ISSUANCE
<div style="text-align: center;"> <b>KENTUCKY CABINET FOR HEALTH SERVICES DEPARTMENT FOR PUBLIC HEALTH</b>  <b>WIC</b>  <b>30 DAY LATE BENEFIT ISSUANCE LIST</b> </div>				
<b>Health Department: 063 - LAUREL COUNTY H. D.</b>				
<b>CLINIC ID: 063 - LAUREL</b>				
	4002	JPS15415455	SMITH, JANE PLUM	6/5/12
	3269	SAS32132100	SMITH, SANTA ANITA	6/4/12
	3824	JJO98765404	JONES, JIM ORCHARD	6/5/12
	3992	APJ6543210	APPLES, PAUL JONATHON	6/2/12
<b>Clinic Total: 4</b> <b>Health Department Total: 4</b>				
<b>Report Total: 4</b>				

## WIC VOTER REGISTRATION VERIFICATION

<b>Report Title:</b>	WIC Voter Registration Verification
<b>Report Number:</b>	495
<b>Frequency:</b>	Monthly (available 1 <sup>st</sup> Thursday)
<b>Distribution:</b>	Obtain electronically through clinic site E-reports folder.
<b>Description:</b>	A detailed listing of all women participants age 18 years old or older that applied, transferred, or certified for WIC services during the month.
<b>Actions to be taken:</b>	This report shall be used to verify that voter registration was offered to women 18 years old or older at WIC application, certification, and transfer. This report shall be compared to the Voter Registration Rights and Preferences Form (WIC-53) file to ensure the women completed a WIC-53 form when voter registration was offered.
<b>Explanation of Report:</b>	<ol style="list-style-type: none"> <li>1. <b>HH Num:</b> the Household number.</li> <li>2. <b>Participant ID:</b> the participant's identification number.</li> <li>3. <b>Participant Name:</b> the participant's name.</li> <li>4. <b>DOB:</b> the participant's date of birth.</li> <li>5. <b>Certification Date:</b> the date of certification.</li> <li>6. <b>WIC Status:</b> the status of the women at the certification date.</li> </ol>
<b>Retention/Disposal Period:</b>	If printed, shred or burn after report is worked.

WIC Report 495					
Kentucky Department for Public Health WIC Program Voter Registration Verification June 06, 2013					
<b>HH NUM</b>	<b>PARTICIPANT ID</b>	<b>PARTICIPANT NAME</b>	<b>DOB</b>	<b>CERTIFICATION DATE</b>	<b>WIC STATUS</b>
Clinic: 002002 – ALLEN COUNTY H.D.					
5432	10234567	Charlene Brown	01/02/1988	05/28/2013	Pregnant
4567	76543201	Lucy C. Smith	03/04/1994	05/04/2013	Fully Breastfeeding
4543	45678012	Peggy B. Hill	04/08/1992	05/24/2013	Pregnant
6789	67890123	Roberta Green	06/12/1994	05/12/2013	Postpartum
Clinic Total: 4					
Report Total: 4					
Run Date/Time: 06/06/2013 – 03:38 PM					
Page 1 of 1					

## ACTIONS DUE LISTING

<b>Report Title:</b>	Actions Due Listing
<b>Report Number:</b>	562
<b>Frequency:</b>	Weekly (available Thursday)
<b>Distribution:</b>	Obtain electronically through clinic site E-reports folder.
<b>Description:</b>	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.
<b>Actions to be taken:</b>	<p>Use this report as a caseload management tool to investigate overdue actions.</p> <ul style="list-style-type: none"> <li>• Contact all inactive people on the Actions Due Listing and offer program services.</li> <li>• Educate all participants on the health benefits of WIC, remaining on the Program and keeping recertification appointments.</li> <li>• Send a reminder notice to all participants that missed their appointments.</li> </ul>
<b>Explanation of Report:</b>	<ol style="list-style-type: none"> <li>1. <b>HH Num:</b> the Household number.</li> <li>2. <b>Participant ID:</b> the participant's identification number.</li> <li>3. <b>Participant Name:</b> the participant's name.</li> <li>4. <b>WIC Status:</b> the status of the women at the certification date.</li> <li>5. <b>Next Action Due:</b> is the next action that shall be performed for the participant.</li> <li>6. <b>Next Action Date:</b> is the date the next action is due to be performed.</li> <li>7. <b>Appt Date:</b> is the date of the participant's appointment.</li> <li>8. <b>Reasons:</b> is the space for agency use to document resolution to the action due.</li> </ol>
<b>Retention/Disposal Period:</b>	If printed, destroy by shredding or burning after receipt of next report.

<p>WIC Report 562</p>	<p>Kentucky Department for Public Health  <b>WIC Program</b>  <b>Actions Due Listing</b>  <b>Action Due Dates 5/16/2014 - 10/25/2014</b></p>												
Clinic: <span style="background-color: #cccccc; display: inline-block; width: 150px; height: 15px;"></span>													
<div style="display: flex; justify-content: space-around; font-size: small;"> <div style="text-align: center;"> <span style="border: 1px solid black; padding: 2px;">1</span> HH Num           </div> <div style="text-align: center;"> <span style="border: 1px solid black; padding: 2px;">2</span> Participant ID           </div> <div style="text-align: center;"> <span style="border: 1px solid black; padding: 2px;">3</span> Participant Name           </div> <div style="text-align: center;"> <span style="border: 1px solid black; padding: 2px;">4</span> WIC Status           </div> <div style="text-align: center;"> <span style="border: 1px solid black; padding: 2px;">5</span> Next Action Due           </div> <div style="text-align: center;"> <span style="border: 1px solid black; padding: 2px;">6</span> Next Action Date           </div> <div style="text-align: center;"> <span style="border: 1px solid black; padding: 2px;">7</span> Appt Date           </div> <div style="text-align: center;"> <span style="border: 1px solid black; padding: 2px;">8</span> Reasons           </div> </div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #cccccc; height: 15px;"></td> <td style="text-align: center;">Child</td> <td style="text-align: center;">Recertification</td> <td style="text-align: center;">10/23/14</td> </tr> <tr> <td style="background-color: #cccccc; height: 15px;"></td> <td style="text-align: center;">Child</td> <td style="text-align: center;">Recertification</td> <td style="text-align: center;">10/23/14</td> </tr> <tr> <td style="background-color: #cccccc; height: 15px;"></td> <td style="text-align: center;">Infant Fully Formula</td> <td style="text-align: center;">Recertification</td> <td style="text-align: center;">10/24/14</td> </tr> </table>		Child	Recertification	10/23/14		Child	Recertification	10/23/14		Infant Fully Formula	Recertification	10/24/14
	Child	Recertification	10/23/14										
	Child	Recertification	10/23/14										
	Infant Fully Formula	Recertification	10/24/14										
Run Date/Time: 10/17/2014 10:59:12 PM	Page 3 of 3	Rev. 10/20/2014											

## AUTOMATIC TERMINATIONS

<b>Report Title:</b>	Automatic Terminations
<b>Report Number:</b>	587
<b>Frequency:</b>	Weekly (available Thursday)
<b>Distribution:</b>	Obtain electronically through clinic site E-reports folder.
<b>Description:</b>	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.
<b>Actions to be taken:</b>	Report shall be used to document the termination of the participant. Print the automatic termination label and pull the participant's chart. Place the automatic termination label on the participant's service record (CH-3A).
<b>Explanation of Report:</b>	<ol style="list-style-type: none"> <li><b>Patient #:</b> the participant's identification number.</li> <li><b>Local User ID:</b> clinics that assign chart numbers.</li> <li><b>Participant Name:</b> the participant's name.</li> <li><b>Birth Date:</b> participant's date of birth.</li> <li><b>Reason:</b> reason for the automatic termination.</li> <li><b>Status:</b> status of the participant.</li> <li><b>Last Issuance:</b> first valid date of the last food benefits issued to the participant.</li> <li><b>Total Terminations:</b> total number of participant automatically terminated.</li> </ol>
<b>Retention/ Disposal Period:</b>	If printed, destroy by shredding or burning after receipt of next report.

WIC Report 587		Kentucky Department for Public Health WIC Program Automatic Terminations March 28, 2013				
Patient #	Local User ID	Participant Name	Birth Date	Reason	Status	Last Issuance
00A05011			08/05/1991	Non-Participation	Child	04/17/2012
00A05101			08/05/1991	Non-Participation	Program	10/20/2012
00181090			00/18/1990	Categorically Ineligible	Post Partum	5/28/2011
04787000			04/78/2000	Non-Participation	Child	5/20/2012
05282011			05/28/2011	Non-Participation	Infant Fully Formula	10/22/2012
082112011			08/21/2011	Non-Participation	Child	10/22/2012
08401990			08/40/1990	Categorically Ineligible	Post Partum	12/20/2012
10271994			10/27/1994	Categorically Ineligible	Post Partum	11/20/2012
04271994			04/27/1994	Categorically Ineligible	Post Partum	11/20/2012
11192011			11/19/2011	Non-Participation	Infant Fully Formula	10/14/2012
02402000			02/40/2000	Categorically Ineligible	Child	01/09/2013
07402000			07/40/2000	Non-Participation	Child	11/20/2012
11142011			11/14/2011	Non-Participation	Infant Fully Formula	10/14/2012
00161990			00/16/1990	Categorically Ineligible	Post Partum	03/05/2013
02762011			02/76/2011	Non-Participation	Child	11/20/2012
12081999			12/08/1999	Categorically Ineligible	Post Partum	11/20/2012
13081999			1/3/2000	Non-Participation	Program	08/29/2012
03091000			03/09/1000	Categorically Ineligible	Partially Breastfeeding	05/11/2012
05091000			05/09/1000	Categorically Ineligible	Post Partum	11/20/2012
61192000			6/19/2000	Non-Participation	Child	10/21/2012
03092000			03/09/2000	Categorically Ineligible	Child	10/19/2012
12051097			12/05/1097	Categorically Ineligible	Post Partum	12/16/2011
12212011			12/21/2011	Non-Participation	Infant Fully Formula	10/15/2012
03182000			03/18/2000	Categorically Ineligible	Child	04/10/2012
00222012			00/22/2012	Non-Participation	Infant Fully Formula	12/20/2012
11181997			11/18/1997	Categorically Ineligible	Post Partum	05/20/2013

Total Terminations: 28

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

## AUTOMATIC TERMINATION LABELS

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

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

## POSSIBLE DUAL PARTICIPATION IN WIC

<b>Report Title:</b>	Possible Dual Participation in WIC
<b>Report Number:</b>	1001
<b>Frequency:</b>	Monthly
<b>Distribution:</b>	Obtain electronically through clinic site E-reports folder. Report is produced only if there are participant matches.
<b>Description:</b>	A detailed listing of potential dual participants in WIC. The participant name will appear as a possible dual participant if the system matches specific items. The items include: local health department identification code, participant's ID number, participant's name, gender, birth date and status. The appearance of a person's name on the Possible Dual Participation report does not mean that he/she is a dual participant.
<b>Actions to be taken:</b>	Review all names appearing on the report. Investigate and take appropriate action as outlined in the <u>Participant Abuse</u> in the Certification and Management Section of the WIC and Nutrition Manual.  Document action taken in the participant's medical record.
<b>Explanation of Report:</b>	<ol style="list-style-type: none"> <li>1. <b>HLS:</b> local health department identification code.</li> <li>2. <b>Participant ID:</b> participant's identification number.</li> <li>3. <b>Participant Name:</b> participant's name.</li> <li>4. <b>Gender:</b> gender of the participant.</li> <li>5. <b>Birth Date:</b> participant's date of birth.</li> <li>6. <b>Status:</b> status of the participant.</li> <li>7. <b>Certification Date:</b> date the participant was certified.</li> <li>8. <b>First Valid Date:</b> first valid date of the most recent WIC issuance.</li> </ol>
<b>Retention/ Disposal Period:</b>	If printed, shred or burn after report is worked.

WIC Report 1001

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

Health Department:

Clinic ID:

2
3
4
5
6
7
8

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

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## BREASTFEEDING STATISTICS

<b>Report Title:</b>	Breastfeeding Statistics
<b>Report Number:</b>	1596
<b>Frequency:</b>	Monthly (first Monday after the first weekend of the month)
<b>Distribution:</b>	Obtain electronically through clinic site E-reports folder.
<b>Description:</b>	The report provides breastfeeding statistics for infants enrolled in the clinic. The statistics are provided by the number of weeks, number of infants, percentage of infants and percentage of all infants enrolled. The tables relate to any breastfeeding, currently breastfeeding, and currently/ever exclusively breastfed. Any breastfeeding statistics are provided by primary race and ethnicity.
<b>Actions to be taken:</b>	This report shall be reviewed to determine current breastfeeding initiation and duration rates.
<b>Explanation of Report:</b>	<ol style="list-style-type: none"> <li>1. <b>Total Number of Infants Enrolled:</b> the number of infants enrolled in the WIC Program at the report site.</li> <li>2. <b>Any Breastfeeding:</b> the amount of infants that initiated breastfeeding and continued to breastfeed at least one (1) time per day.</li> <li>3. <b>Number of Weeks:</b> the number of weeks the infant is breastfed.</li> <li>4. <b>Number of Infants:</b> the number of infants that breastfed.</li> <li>5. <b>% of Infants Ever Breastfed:</b> the percentage of infants that breastfed for the number of weeks based on the number of all enrolled infants.</li> <li>6. <b>% of All Infants Enrolled:</b> the percentage of infants that breastfed for the number of weeks based on the number of all enrolled infants.</li> <li>7. <b>Currently Breastfeeding:</b> the amount of infants that are currently breastfeeding at this point in time.</li> <li>8. <b>Number of Weeks:</b> the number of weeks the infant has currently been breastfeeding.</li> <li>9. <b>Number of Infants:</b> the number of infants that are currently breastfeeding.</li> <li>10. <b>% of Infants Currently Breastfeeding:</b> the percentage of infants that are currently breastfeeding, at this time, for the number of weeks based on the total number of infants that are currently breastfeeding.</li> <li>11. <b>% of All Infants Enrolled:</b> the percentage of infants that are currently breastfeeding this point in time for the number of weeks based on all enrolled infants.</li> <li>12. <b>Currently/Ever Exclusively Breastfed:</b> is the number of infants that currently or have ever only received breast milk with no supplementation of solid foods, formula, etc.</li> <li>13. <b>Number of Weeks:</b> the number of weeks the infant has currently/ever been breastfeeding.</li> <li>14. <b>Number of Infants:</b> the number of infants that are currently/ever breastfed.</li> <li>15. <b>% of Infants Exclusively Breastfed:</b> is the percentage of infants that exclusively breastfed for the number of weeks based on total number of exclusively breastfed infants.</li> <li>16. <b>% of All Infants Enrolled:</b> the number of infants exclusively breastfed for the number of weeks based on all enrolled infants.</li> <li>17. <b>Any Breastfeeding by Primary/Race/Ethnicity:</b> the number of infants that initiated breastfeeding based on race/ethnicity.</li> <li>18. <b>Race:</b> the race/ethnicity as categorized by USDA definitions and as entered into the system.</li> <li>19. <b>Number of Infants:</b> the number of infants that are reported as any breastfeeding.</li> <li>20. <b>% of Infant Ever Breastfed:</b> the percentage of infants that ever breastfed based on total number of infants that initiated breastfeeding.</li> </ol>
<b>Retention/ Disposal Period:</b>	If printed, shred or burn after report is worked.

Clinic: 056056C - DIXIE HEALTH CENTER  
Total Number of Infants Enrolled: 706

Any Breastfeeding			
Number of Weeks	Number of Infants	% of Infants Ever Breastfed	% of All Infants Enrolled
< 4	157	39.45%	22.24%
4 - 11	60	20.10%	11.33%
12 - 23	71	17.84%	10.06%
24 - 35	44	11.06%	6.23%
36 - 51	44	11.06%	6.23%
>= 52	2	0.50%	0.28%
Total	398	100.00%	56.37%

Currently Breastfeeding			
Number of Weeks	Number of Infants	% of Infants Currently Breastfeeding	% of All Infants Enrolled
< 4	5	2.61%	0.71%
4 - 11	28	15.73%	3.97%
12 - 23	58	32.58%	8.22%
24 - 35	41	23.03%	5.81%
36 - 51	44	24.72%	6.23%
>= 52	2	1.12%	0.28%
Total	178	100.00%	25.21%

Clinic: 056056C - DIXIE HEALTH CENTER  
Total Number of Infants Enrolled: 706

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

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

## PATIENTS ON BREASTFEEDING REPORT

<b>Report Title:</b>	Patients on Breastfeeding Report
<b>Report Number:</b>	1679
<b>Frequency:</b>	Monthly (first Monday after the first weekend of the month)
<b>Distribution:</b>	Obtain electronically through clinic site E-reports folder.
<b>Description:</b>	A listing of all infants that have ever breastfed, their status, race/ethnicity and length of time they have breastfed and whether they are currently breastfeeding.
<b>Actions to be taken:</b>	This report shall be reviewed to ensure that breastfeeding data is being entered correctly and the status is consistent with whether the infant is currently breastfeeding.
<b>Explanation of Report:</b>	<ol style="list-style-type: none"> <li>1. <b>Patient Name:</b> the patient's name.</li> <li>2. <b>Patient #:</b> the patient's identification number.</li> <li>3. <b>Birthdate:</b> the patient's date of birth.</li> <li>4. <b>Status:</b> the current status of the participant.</li> <li>5. <b>No. of Weeks:</b> the number of weeks that the patient's breastfed.</li> <li>6. <b>Cert Date:</b> the date of the certification.</li> <li>7. <b>Race/Ethnicity:</b> the patient's race/ethnicity.</li> <li>8. <b>Currently Breastfeeding:</b> whether the infant is currently receiving breast milk at least once per day.</li> </ol>
<b>Retention/ Disposal Period:</b>	If printed, shred or burn after report is worked.

WIC Report 1679

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

Health Department: 037 - FRANKLIN CO HEALTH DEPT  
Clinic: 037037 - FRANKLIN COUNTY HEALTH DEPT

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

Run Date/Time: 09/13/2014 - 06:55 PM

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Rev. 5/05/2014

## ENROLLMENT BY STATUS AND PRIORITY

<b>Report Title:</b>	Enrollment By Status and Priority
<b>Report Number:</b>	1902
<b>Frequency:</b>	Monthly
<b>Distribution:</b>	Obtain electronically through clinic site E-reports folder.
<b>Description:</b>	This report indicates the number enrolled by priority and by status as of the report run date. If WIC priority and/or status is not known, the person will be assigned to the "unknown" category.
<b>Actions to be taken:</b>	The report is to be used for caseload management and evaluation of enrollment.
<b>Explanation of Report:</b>	<ol style="list-style-type: none"> <li>1. <b>Reporting Period:</b> timeframe for which enrollment is being reported.</li> <li>2. <b>HID/Clinic:</b> identification of clinic.</li> <li>3. <b>Priority Assigned:</b> highest priority assigned based on risk assessment.</li> <li>4. <b>Status/Category:</b> status/category of the person enrolled.</li> <li>5. <b>Totals for Site:</b> total number of enrollees for site.</li> </ol> <p><b>*NOTE:</b> Districts and multiple-site agencies receive enrollment reports by site with a cumulative total for the district.</p>
<b>Retention/ Disposal Period:</b>	If printed, shred or burn after report is worked.

Report # 1902

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

002 - Allen Co Health Dept

	01	02	3A	3B	04	5A	5B	06	Unknown	Total
<b>002002 - Allen County Health Department</b>										
<b>Women</b>										
Pregnant	77	0	0	0	2	0	0	0	0	79
Fully Breastfeeding	18	0	0	0	1	0	0	0	0	19
Partially Breastfeeding	4	0	0	0	0	0	0	0	0	4
Post Partum	0	0	0	70	0	0	0	2	0	72
<b>Totals for Women</b>	<b>99</b>	<b>0</b>	<b>0</b>	<b>70</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>174</b>
<b>Infants</b>										
Partially Breastfed	5	0	0	0	0	0	0	0	0	5
Fully Breastfed	16	1	0	0	0	0	0	0	1	18
Fully Formula	117	30	0	0	1	0	0	0	0	148
<b>Totals for Infants</b>	<b>138</b>	<b>31</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>171</b>
<b>Totals for Children</b>	<b>0</b>	<b>0</b>	<b>467</b>	<b>0</b>	<b>0</b>	<b>28</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>515</b>
<b>Totals for Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>002002 - Allen County Health Department Totals</b>	<b>237</b>	<b>31</b>	<b>467</b>	<b>70</b>	<b>4</b>	<b>28</b>	<b>20</b>	<b>2</b>	<b>1</b>	<b>860</b>

Run Date/Time: 08/11/2014 04:02:09 PM

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Rev. 06/11/2013

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

<b>Report Title:</b>	Summary of Detail – Infants Prescribed Contract, Noncontract, Exempt Infant Formula and Medical Foods
<b>Report Number:</b>	1925
<b>Frequency:</b>	Monthly (first Monday after the first weekend of the month)
<b>Distribution:</b>	Obtain electronically through clinic site E-reports folder.
<b>Description:</b>	<p>This report is in three (3) parts:</p> <p><b>Part 1:</b> Provides the total number and percentage of infants by formula type (contract, noncontract, other noncontract, exempt infant formulas, medical foods and not receiving formula).</p> <p><b>Part 2:</b> Provides the number and percentage of infants by food package and type.</p> <p><b>Part 3:</b> Provides the names of the participant by agency and site who are receiving contract, noncontract, other noncontract, exempt infant formulas and medical foods.</p>
<b>Actions to be taken:</b>	This report shall be reviewed to determine current rates of contract, noncontract, exempt infant formula and medical foods. Use for quality assurance to ensure scripts are appropriate and challenge protocols have been followed.
<b>Explanation of Report:</b>	<p><b><u>Number and Percentage of Infants by Formula Type:</u></b></p> <ol style="list-style-type: none"> <li><b>Formula Type:</b> the classification of formula (i.e. Contract, noncontract). See the Clinical Nutrition Section for further definition.</li> <li><b>Total # of Infants:</b> the total number of infants receiving each type of formula.</li> <li><b>Percentage of Total of Infants:</b> the percentage of all infants enrolled receiving that type of formula.</li> </ol> <p><b><u>Number and Percentage of Infants by Food Package and Type:</u></b></p> <ol style="list-style-type: none"> <li><b>Formula Type:</b> the classification of formula (i.e. contract, noncontract). See the Clinical Nutrition Section for further definition.</li> <li><b>Package Code:</b> the infant formula food package code. See the Clinical Nutrition Section for the food package codes.</li> <li><b>Total # Infants:</b> the total number of infants receiving each type of food package by code. Detail Listings of Infants Assigned Noncontract, Other Noncontract, Exempt, and Medical Foods.</li> <li><b>Household:</b> the household number.</li> <li><b>Patient #:</b> the patient's identification number.</li> <li><b>Participant Name:</b> the participant's name.</li> <li><b>Birth Date:</b> the participant's date of birth.</li> <li><b>Assigned Date:</b> the date the participant was assigned the food package.</li> <li><b>Food Package:</b> the food package that the participant is currently assigned.</li> <li><b>Rx Exp Date:</b> the date that the current formula prescription expires.</li> </ol>
<b>Retention/ Disposal Period:</b>	If printed, shred or burn after report is worked.

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

037037 - FRANKLIN COUNTY HEALTH DEPT

## Number and Percentage of Infants by Formula Type

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

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

037037 - FRANKLIN COUNTY HEALTH DEPT

## Detail Listings of Infants Assigned Noncontract Formula Food Packages

Household	Patient #	Participant Name	Birth Date	Assigned Date	Food Package	Rx Exp Date
10619	JRC420714	COURTNEY, JAEDEN	02/07/2014	05/23/2014	A65	03/05/2015
Similac Advance Early Shield -12.4 oz. Powder- Full Formula - A65						
9441	B-D123013	DEWS, BRAYLEN	12/30/2013	04/14/2014	M71	08/10/2014
Enfamil Gentlease -12.4 oz Powder- Infant - Full Formula - M71						
11301	B-B430814	GOETTEL, BRIDGETT	03/08/2014	07/02/2014	M71	01/02/2015
Enfamil Gentlease -12.4 oz Powder- Infant - Full Formula - M71						
10466	ARH022414	HILBORN, APHILLIA	02/27/2014	06/20/2014	M71	09/03/2014
Enfamil Gentlease -12.4 oz Powder- Infant - Full Formula - M71						
10386	947155622	HOCKENSMITH, ZACHARY	02/27/2014	07/30/2014	M71	01/17/2015
Enfamil Gentlease -12.4 oz Powder- Infant - Full Formula - M71						
9250	R-S082013	SINGH, RANJOT	08/20/2013	03/17/2014	M30	05/14/2014
Enfamil Premium Infant -12.5 oz Powder - Infant - Full Formula - M30						
2418	K-S093013	SPAULDING, KENASEN	09/30/2013	04/07/2014	M71	07/28/2014

## WIC RETAILER VOLUME

<b>Report Title:</b>	WIC Retailer Volume
<b>Report Number:</b>	1928
<b>Frequency:</b>	Monthly (usually between the 10 <sup>th</sup> and the 15 <sup>th</sup> )
<b>Distribution:</b>	Obtain electronically through clinic site E-reports folder.
<b>Description:</b>	This report provides redemption amounts by month and year to date for each vendor. This information is provided for both in contracted agencies and outside contracted agencies.
<b>Actions to be taken:</b>	This report is for information purposes. Review report for any unusual redemption patterns. Contact the State WIC Office to report any unusual redemption activities.
<b>Explanation of Report:</b>	<ol style="list-style-type: none"> <li>1. <b>Agency:</b> the authorized agency number and name.</li> <li>2. <b>Retailer Number:</b> authorized WIC retailer number assigned by State Agency.</li> <li>3. <b>Transactions Month:</b> total number of transactions for the month.</li> <li>4. <b>Amount Month:</b> Total dollar amount of EBT transactions for the month.</li> <li>5. <b>Transaction FYTD:</b> total number of EBT transactions fiscal year to date.</li> <li>6. <b>Amount FYTD:</b> total dollar amount of EBT transactions fiscal year to date.</li> <li>7. <b>In Contract Sub Total:</b> total EBT transactions and dollar amounts redeemed with the contracted agency area.</li> <li>8. <b>Out of Contract Sub Total:</b> total EBT transactions and dollar amounts redeemed outside the contracted agency's area.</li> <li>9.</li> </ol>
<b>Retention/Disposal Period:</b>	If report is printed, destroy after receipt of next month's report.

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

Agency	Retailer Number	Transactions Month	Amount Month	Transactions FYTD	Amount FYTD
002 - Allen Co Health Dept	102007	386	\$8,543.44	847	\$18,784.20
	102012	668	\$15,320.74	1,399	\$32,539.95
	102013	302	\$4,505.64	598	\$9,415.37
	In Cont Sub Total: 002	1,356	\$28,369.82	2,842	\$60,739.52
	156410	1	\$21.13	1	\$21.13
	156887	1	\$6.07	1	\$6.07
	156902	0	\$0.00	1	\$5.98
	186015	0	\$0.00	2	\$27.33
	186020	5	\$156.07	9	\$293.93
	186021	7	\$49.82	14	\$125.79
	303125	7	\$68.77	20	\$272.00
	303276	1	\$3.99	3	\$22.59
	303304	1	\$70.76	1	\$70.76
	303305	0	\$0.00	1	\$5.68
	303306	3	\$15.56	8	\$64.45
	303318	7	\$108.50	11	\$192.09
	303325	4	\$39.20	10	\$109.11
	303327	3	\$45.84	8	\$183.22
	303337	3	\$47.06	8	\$415.98
	303343	13	\$380.91	23	\$597.81
	303344	43	\$971.99	83	\$1,779.03
	303346	0	\$0.00	6	\$75.72
	303354	79	\$2,187.07	152	\$4,346.73
	303361	10	\$369.10	16	\$564.28
	303362	15	\$297.97	43	\$780.77
	303364	2	\$28.11	3	\$31.90
	303369	7	\$81.95	11	\$115.34
	303370	4	\$40.32	10	\$147.71
	303372	3	\$26.12	9	\$157.03
	303373	3	\$33.12	4	\$36.81
	303374	47	\$1,117.94	91	\$2,134.72
	303391	10	\$494.46	18	\$760.15
	303395	17	\$305.45	33	\$548.45
	303397	34	\$1,867.85	75	\$4,058.50
	303398	2	\$28.40	5	\$74.78
	303406	0	\$0.00	1	\$1.89
	Out Cont Sub Total: Other	332	\$8,863.53	681	\$18,027.71
	- Total -	1,688	\$37,233.35	3,523	\$78,767.23

## WIC PARTICIPATION BY PRIORITY/STATUS

<b>Report Title:</b>	WIC Participation By Priority/Status
<b>Report Number:</b>	1930
<b>Frequency:</b>	Monthly (first Thursday after reconciliation)
<b>Distribution:</b>	Obtain electronically through clinic site E-reports folder.
<b>Description:</b>	The participation report is the number of participants reported as receiving food benefits for the reporting period. Participation is reported by priority and status. If WIC priority and/or status is not known, the participant will be assigned to the "unknown" category. The report is produced in two (2) phases: provisional and final.
<b>Actions to be taken:</b>	This report is to be used for caseload management of active participation.
<b>Explanation of Report:</b>	<p><b>Provisional:</b> This report is produced the month following the report month. (Example: data for the month of October is produced in November and is the provisional report).</p> <p><b>Final:</b> This report is produced two (2) months following the report month. (Example: data captured on the provisional report for October is again produced in December for the October reporting period. This data is the final participation report for the October reporting period.)</p> <ol style="list-style-type: none"> <li>1. <b>Reporting Period:</b> timeframe for which participation is being reported.</li> <li>2. <b>HID/Clinic:</b> identification of clinic.</li> <li>3. <b>Priority Assigned:</b> highest priority assigned to participant based on risk assessment.</li> <li>4. <b>Status/Category:</b> status/category of the WIC participant.</li> <li>5. <b>Status Assigned:</b> status assigned to the category of the WIC participant.</li> <li>6. <b>Priority Total:</b> total of each column for all categories/statuses.</li> <li>7. <b>Totals for site:</b> total number of participants receiving food benefits.</li> </ol> <p><b>NOTE:</b> Districts and multiple site agencies receive participation reports by site with a cumulative total for the district.</p>
<b>Retention/ Disposal Period:</b>	If printed, shred or burn after report is worked.

**KENTUCKY CABINET FOR HEALTH SERVICES  
DEPARTMENT FOR PUBLIC HEALTH  
WIC Participation Report By Priority/Status**

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

HID/Clinic	Priority Assigned 3*	01	02	3A	3B	04	5A	5B	06	Unknown	Priority Summary
2* 002002 Women 4*											
5* Pregnant		24	8	37	0	0	10	8	0	0	87
5* Fully Breastfeeding		7	1	0	0	0	4	1	0	0	18
5* Partially Breastfeeding		6	1	0	0	0	1	1	0	0	12
5* Post Partum		9	9	0	0	0	10	6	0	0	57
Status Assigned		46	19	0	0	0	25	16	0	0	174
Totals for Women											
5* Infant 4*											
5* Partially Breastfed		8	0	0	0	0	0	0	0	0	8
5* Infant Fully Breastfed		26	1	0	0	0	0	0	0	0	27
5* Infant Fully Formula		122	19	0	0	1	0	0	0	0	142
Totals for Infant		156	20	0	0	0	0	0	0	0	177
5* Children 4*											
5* Child		1	0	357	0	0	27	26	0	0	411
Totals for Children		1	0	357	0	0	27	26	0	0	411
Totals for											
		203	39	426	0	1	52	0	0	0	762
		6*									7*
		Priority Total									Totals for site

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

## WIC PARTICIPANT DETAIL LISTING

<b>Report Title:</b>	WIC Participant Detail Listing
<b>Report Number:</b>	1932
<b>Frequency:</b>	Monthly (first Thursday after reconciliation)
<b>Distribution:</b>	Obtain electronically through clinic site E-reports folder.
<b>Description:</b>	A detailed listing of participants enrolled in WIC at your agency.
<b>Actions to be taken:</b>	This report is to be used as a reference for the participants enrolled in WIC at your agency.
<b>Explanation of Report:</b>	<ol style="list-style-type: none"> <li>1. <b>Reporting Period:</b> timeframe for which enrollment is being reported.</li> <li>2. <b>HID/Clinic:</b> identification of clinic.</li> <li>3. <b>Name:</b> participants name.</li> <li>4. <b>ID Number:</b> participant's identification number.</li> <li>5. <b>Birth Date:</b> participant's date of birth.</li> <li>6. <b>Status:</b> status of the WIC participant.</li> <li>7. <b>Priority:</b> priority assigned to participant based on risk assignment.</li> <li>8. <b>Valid/Cert Date:</b> n/a at this time.</li> <li>9. <b>Source:</b> not applicable to clinic.</li> <li>10. <b>Report Totals:</b> total number of participants enrolled for each status.</li> <li>11. <b>Total for All Categories:</b> total number of participants enrolled.</li> </ol>
<b>Retention/Disposal Period:</b>	If printed, shred or burn after report is worked.

KENTUCKY CABINET FOR HEALTH SERVICES							
DEPARTMENT FOR PUBLIC HEALTH							
WIC Participation Report By Priority/Status							
Between 01/01/2013 And 01/31/2013							
38888 - BARREN CO HEALTH CENTER							
Name	ID Number	Birth Date	Status	Priority	Valid / Cert. Date	Source	
	03910208		Child	3A	01/29/2013	?	
	03290210		Child	3B	01/29/2013	?	
	119130208		Child	3A	01/29/2013	?	
	08020211		Child	3A	01/29/2013	?	
	05200211		Child	3A	01/29/2013	?	
	07620210		Child	3A	01/13/2013	?	
	04520211		Child	3A	01/29/2013	?	
	04090208		Child	3A	01/29/2013	?	
	10680208		Child	3A	01/28/2013	?	
	08180211		Child	3A	01/29/2013	?	
	01210211		Child	3A	01/28/2013	?	
	05690211		Child	3A	01/13/2013	?	
	06070208		Child	3A	01/29/2013	?	
	08670211		Child	3A	01/28/2013	?	
	09270210		Child	3A	01/13/2013	?	
	08290210		Child	3A	01/13/2013	?	
	04240211		Child	3A	01/14/2013	?	
	01180208		Child	3A	01/28/2013	?	
	03210211		Child	3A	01/22/2013	?	
	11280208		Child	3A	01/28/2013	?	
	01070208		Child	3A	01/18/2013	?	
	12990210		Child	3A	01/28/2013	?	
	07290211		Child	3A	01/13/2013	?	
	09170208		Child	3A	01/24/2013	?	
	03180208		Child	3A	01/24/2013	?	
	03150211		Child	3A	01/28/2013	?	
	04590211		Child	3A	01/14/2013	?	
	119130208		Child	3A	01/13/2013	?	
	01180210		Child	3A	01/23/2013	?	
	07990208		Child	3A	01/23/2013	?	
	07990211		Child	3A	01/13/2013	?	
	03620208		Child	3A	01/29/2013	?	
	05640208		Child	3A	01/29/2013	?	
	01280212		Child	3A	01/29/2013	?	
	11270211		Child	3A	01/24/2013	?	
	119130211		Child	3A	01/28/2013	?	
	07150208		Child	3A	01/28/2013	?	
	03170210		Child	3A	01/13/2013	?	
	08570211		Child	3A	01/23/2013	?	
	03910210		Child	3B	01/13/2013	?	
	07290210		Child	3A	01/19/2013	?	
	04670211		Child	3A	01/13/2013	?	
	07610210		Child	3A	01/13/2013	?	
	08690210		Child	3A	01/18/2013	?	
	05210210		Child	3A	01/23/2013	?	
	01680208		Child	3A	01/18/2013	?	
	08210208		Child	3A	01/17/2013	?	

## MEDICAID AND SNAP RECIPIENTS NOT ENROLLED IN WIC

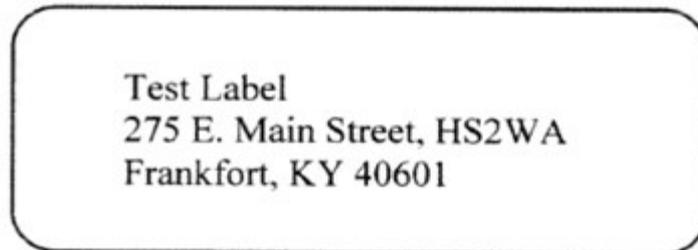
<b>Report Title:</b>	Medicaid and SNAP Recipients Not Enrolled in WIC
<b>Report Number:</b>	1962
<b>Frequency:</b>	Monthly (first Thursday)
<b>Distribution:</b>	Obtain electronically through clinic site E-reports folder.
<b>Description:</b>	Participants enrolled in the WIC Program are matched to the appropriate categories of Medicaid and SNAP recipients. Participants that do not appear to be in the WIC CMS System are listed on this report.
<b>Actions to be taken:</b>	Use this report to outreach to the appropriate Medicaid and SNAP recipients that are not enrolled in the WIC Program.
<b>Explanation of Report:</b>	<ol style="list-style-type: none"> <li>1. <b>Patient Name:</b> the patient's name.</li> <li>2. <b>ID #:</b> the patient's identification number.</li> <li>3. <b>Birth Date:</b> the patient's date of birth.</li> <li>4. <b>Address:</b> the patient's address.</li> <li>5. <b>Prev. WIC Date/HIDLOCS:</b> the previous date the patient was enrolled in the WIC Program and the local WIC agency where the participant was enrolled.</li> <li>6. <b>Matching Summary:</b> lists the number of patients in the county that are enrolled on Medicaid and SNAP but not on WIC.</li> </ol>
<b>Retention/ Disposal Period:</b>	If printed, shred or burn after report is worked.

Patient Name	ID #	Birth Date	Address	Prev. WIC Date/HIDLOCS
Smith, Jane	12345678	01/01/1970	456 Main St Anywhere KY 40123	
<b>TOTAL FOR COUNTY : 30</b>				
<b>Matching Summary</b>				
County	Matched	UnMatched	Total	
002 - Allen	13 92.31%	1 7.69%	14	

Run Date/Time: 4/10/2014 5:05:43 AM
Page 5 of 473
Rev. 01/24/2014

## MEDICAID AND SNAP RECIPIENTS NOT ON WIC MAILING LABELS

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



## WAITING LIST BY PRIORITY

<b>Report Title:</b>	Waiting List By Priority
<b>Report Number:</b>	1975
<b>Frequency:</b>	Monthly
<b>Distribution:</b>	Automatically printed overnight or obtained electronically through E-reports – Site and WIC Coordinator.
<b>Description:</b>	This report identifies all participants placed on the waiting list by the agency. The report is in priority and date placed on waiting list order.
<b>Actions to be taken:</b>	Use report to contact participants when benefits become available.
<b>Retention/ Disposal Period:</b>	If printed, shred or burn after receipt of next report.

HEALTH ID:		TO HEALTH DEPT		KENTUCKY CABINET FOR HEALTH SERVICES				PAGE: 1
CLINIC LOC:		TO HEALTH DEPT		DEPARTMENT FOR PUBLIC HEALTH				RPT: 1975
				WIC				
				WAITING LIST BY PRIORITY				
PARTICIPANT ID	PARTICIPANT NAME	ADDRESS	PHONE #	STATUS	PRIORITY	DATE ADDED TO WAIT LIST	DATE OF MEASURES	
				PREGNANT	01	12/19/2002	12/19/2002	
				PREGNANT	01	01/03/2003	01/03/2003	
				INFANT	01	02/11/2003	02/14/2003	
				PREGNANT	01	02/25/2003	02/25/2003	
				PREGNANT	01	02/28/2003	02/28/2003	
				INFANT	01	03/04/2003	03/04/2003	
				PREGNANT	01	03/14/2003	03/14/2003	
				INFANT	01	03/17/2003	03/17/2003	
				INFANT	01	03/18/2003	03/18/2003	
				PREGNANT	01	03/19/2003	03/19/2003	
				PREGNANT	01	03/19/2003	03/19/2003	
				INFANT	01	03/26/2003	03/26/2003	
				PREGNANT	01	03/26/2003	03/26/2003	
				INFANT	01	04/10/2003	04/10/2003	
				INFANT	01	04/16/2003	04/16/2003	
				INFANT	01	04/16/2003	04/16/2003	
				PREGNANT	01	04/21/2003	04/21/2003	
				PREGNANT	01	04/21/2003	04/21/2003	
				PREGNANT	01	04/23/2003	04/23/2003	
				PREGNANT	01	04/23/2003	04/23/2003	
				PREGNANT	01	04/25/2003	04/25/2003	
				PREGNANT	01	04/25/2003	04/25/2003	
				INFANT	01	04/28/2003	04/28/2003	
				INFANT	01	04/29/2003	04/29/2003	
				PREGNANT	01	04/29/2003	04/29/2003	
				INFANT	01	05/06/2003	05/06/2003	
				PREGNANT	01	05/09/2003	05/09/2003	
				PREGNANT	01	05/09/2003	05/09/2003	

## WAITING LIST BY PRIORITY/SUMMARY

<b>Report Title:</b>	Waiting List By Priority/Summary
<b>Report Number:</b>	1976
<b>Frequency:</b>	Monthly – only when directed by the State WIC Office.
<b>Distribution:</b>	Automatically printed overnight or obtained electronically through E-reports – Site and WIC Coordinator.
<b>Description:</b>	This report indicates the number on the Waiting List By Priority and by status as of the report run date.
<b>Actions to be taken:</b>	Use report for management of the Waiting List.
<b>Retention/ Disposal Period:</b>	If report is printed, destroy after receipt of next report.

MAR 19 108 05/22/2003 09:48:30      KENTUCKY CABINET FOR HEALTH SERVICES      PAGE: 1  
 SITE: 100      DEPARTMENT FOR PUBLIC HEALTH      RPT: 1976  
 WIC  
 WAITING LIST BY PRIORITY (SUMMARY)

HEALTH ID:            TO HEALTH DEPT  
 CLINIC LOC:         TO HEALTH DEPT

STATUS	PRIORITY									TOTAL
	11	12	12A	12B	14	15A	15B	16		
FREQUENCY										
BOO PCT										
COL PCT										
-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----										
PREGNANT	28	01	01	01	01	31	01	01	01	25
	91.43	.00	.00	.00	.00	8.57	.00	.00	.00	21.25
	71.11	.00	.00	.00	.00	21.43	.00	.00	.00	
-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----										
POSTPARTUM	01	01	01	01	11	01	01	01	01	11
	.00	.00	.00	.00	100.00	.00	.00	.00	.00	9.82
	.00	.00	.00	.00	78.57	.00	.00	.00	.00	
-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----										
BREASTFEEDING	01	01	01	01	01	01	01	01	01	0
	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
	.00	.00	.00	.00	.00	.00	.00	.00	.00	
-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----										
INFANTS	13	11	01	01	01	01	01	01	01	24
	54.17	45.83	.00	.00	.00	.00	.00	.00	.00	21.43
	28.89	100.00	.00	.00	.00	.00	.00	.00	.00	
-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----										
CHILDREN	01	01	26	01	01	01	11	5		42
	.00	.00	61.90	.00	.00	.00	28.19	11.90		27.50
	.00	.00	100.00	.00	.00	.00	100.00	100.00		
-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----										
TOTAL	45	11	28	01	14	01	11	5		112
	40.18	3.82	23.21	.00	12.50	.00	9.82	4.45		100.00

## WIC PARTICIPATION BY RACE/STATUS

<b>Report Title:</b>	WIC Participation By Race/Status
<b>Report Number:</b>	1986
<b>Frequency:</b>	Upon request
<b>Distribution:</b>	After request, obtain electronically through clinic site E-reports folder.
<b>Description:</b>	The number of patients reported as receiving food instruments by race, ethnicity and status.
<b>Actions to be taken:</b>	Use for caseload management, assessing clients served and outreach.
<b>Explanation of Report:</b>	<ol style="list-style-type: none"> <li>1. <b>Reporting Period:</b> timeframe for participation of each race/status is reported.</li> <li>2. <b>Race:</b> categories that can be selected on the Registration Screen. <ul style="list-style-type: none"> <li>• <u>White</u>: participants having origins in any of the original peoples of Europe, Middle East or North Africa.</li> <li>• <u>Black or African American</u>: participants having origins in any of the black racial groups of Africa.</li> <li>• <u>American Indian or Alaska Native</u>: participants having origins in any of the original peoples of North or South America (including Central America), and who maintain tribal affiliation or community attachments.</li> <li>• <u>Asian</u>: participants having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia Pakistan, the Philippine Islands, Thailand and Vietnam.</li> <li>• <u>Native Hawaiian or Other Pacific Islander</u>: participants having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.</li> </ul> </li> <li>3. <b>Native American/Indian – Hispanic or Latino and Hawaiian/Pacific Islander:</b> Hispanic or Latino is the ethnicity of the participant.</li> <li>4. <b>Women, Infants and Children:</b> the status of the participant. Unknown is used if the status is not known.</li> <li>5. <b>TOTAL:</b> the number of participants by race, ethnicity and status.</li> </ol>
<b>Retention/ Disposal Period:</b>	Retain as needed by agency/site.

WIC Report 1986

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

KENTUCKY STATE TOTAL

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

## WIC RETAILER LISTING

<b>Report Title:</b>	WIC Retailer Listing
<b>Report Number:</b>	1989
<b>Frequency:</b>	Monthly (usually between the 10 <sup>th</sup> and the 15 <sup>th</sup> )
<b>Distribution:</b>	Obtain electronically through clinic site E-reports folder.
<b>Description:</b>	This report provides a listing of WIC Authorized retailers for each agency.
<b>Actions to be taken:</b>	This report is to be used to provide the WIC Participant with a contracted Vendor Listing for that agency.
<b>Explanation of Report:</b>	<ol style="list-style-type: none"> <li>1. <b>Retailer Number:</b> the authorized retailer number assigned by the State WIC Office.</li> <li>2. <b>Retailer Name:</b> name of the authorized WIC retailer.</li> <li>3. <b>Retailer Address:</b> physical address of the authorized WIC retailer.</li> <li>4. <b>Phone Number:</b> area code and phone number of authorized WIC retailer.</li> </ol>
<b>Retention/ Disposal Period:</b>	Shred or destroy upon printing of next report.

Report # 1989	Kentucky Department for Public Health WIC Program Retailer Listing								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Retailer Number</th> <th style="width: 40%;">Retailer Name</th> <th style="width: 40%;">Retailer Address</th> <th style="width: 5%;">Phone Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Retailer Number	Retailer Name	Retailer Address	Phone Number				
Retailer Number	Retailer Name	Retailer Address	Phone Number						

## BREASTFEEDING STATUS EXCEPTIONS

<b>Report Title:</b>	Breastfeeding Status Exceptions
<b>Report Number:</b>	2001
<b>Frequency:</b>	Monthly (first Monday after the first weekend of the month)
<b>Distribution:</b>	Obtain electronically through clinic site E-reports folder.
<b>Description:</b>	This report provides the names of women and infants in the same household that have statuses that do not match, i.e. the women is listed as post-partum and the infant is partially breastfeeding.
<b>Actions to be taken:</b>	Review the report and determine appropriate status of the women and infants in the same household. Document action to be taken in Action Taken column. Correct the information in the system to ensure the status of individual is appropriate and matches.
<b>Explanation of Report:</b>	<ol style="list-style-type: none"> <li>1. <b>Household Number:</b> the household number.</li> <li>2. <b>Patient ID:</b> the patient's identification number.</li> <li>3. <b>Participant Name:</b> the participant's name.</li> <li>4. <b>Status:</b> the current status of the participant in the system.</li> <li>5. <b>Action Taken:</b> the place to provide comments about corrective action taken to ensure appropriate status are assigned.</li> </ol>
<b>Retention/ Disposal Period:</b>	Retain report for one (1) year.

WIC Report 2001

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

Health Department: 037 - FRANKLIN CO HEALTH DEPT  
Clinic: 037037 - FRANKLIN COUNTY HEALTH DEPT

Household Number	Patient ID	Participant Name	Status	Action Taken
1253	343868923	GLOVER, MIESHA	Post Partum	
	B-G450714	SMITH, KANIYLA	Infant Partially Breastfed	
1586	110899855	GATHOF, ISABEL	Infant Fully Formula	
	400377046	STAPLETON, DENISE	Partially Breastfeeding	
1766	JWD012014	DODD, JAXSON	Infant Fully Formula	
	545731672	MASCHMEYER, TINA	Partially Breastfeeding	
1983	XCB012414	BUENROSTRO, XIMENA	Infant Partially Breastfed	
1984	403290371	MITCHELL, APRIL	Post Partum	
	GLM030114	MITCHELL, GRACIE	Infant Partially Breastfed	
2109	HJM122613	MILLER, HAISLEY	Infant Partially Breastfed	
2705	402290705	CARMACK, AMBER	Post Partum	
	LBP041314	PARKER, LANE	Infant Partially Breastfed	
4715	MDL110513	LOGAN, MYLES	Infant Partially Breastfed	
5764	HJC010214	CASE, HALEY	Infant Fully Formula	
	406336715	CASE, LAURA	Partially Breastfeeding	
6013	WZC010414	CROTHERS, WILLIAM	Infant Fully Formula	
	404217705	HOWARD, GRETCHEN	Fully Breastfeeding	
6756	481831083	BALTAZAR MARTINEZ, LUIS	Infant Fully Formula	
	543779046	MARTINEZ ROSILLO, MARIA	Partially Breastfeeding	

Run Date/Time: 09/13/2014 - 09:17 PM

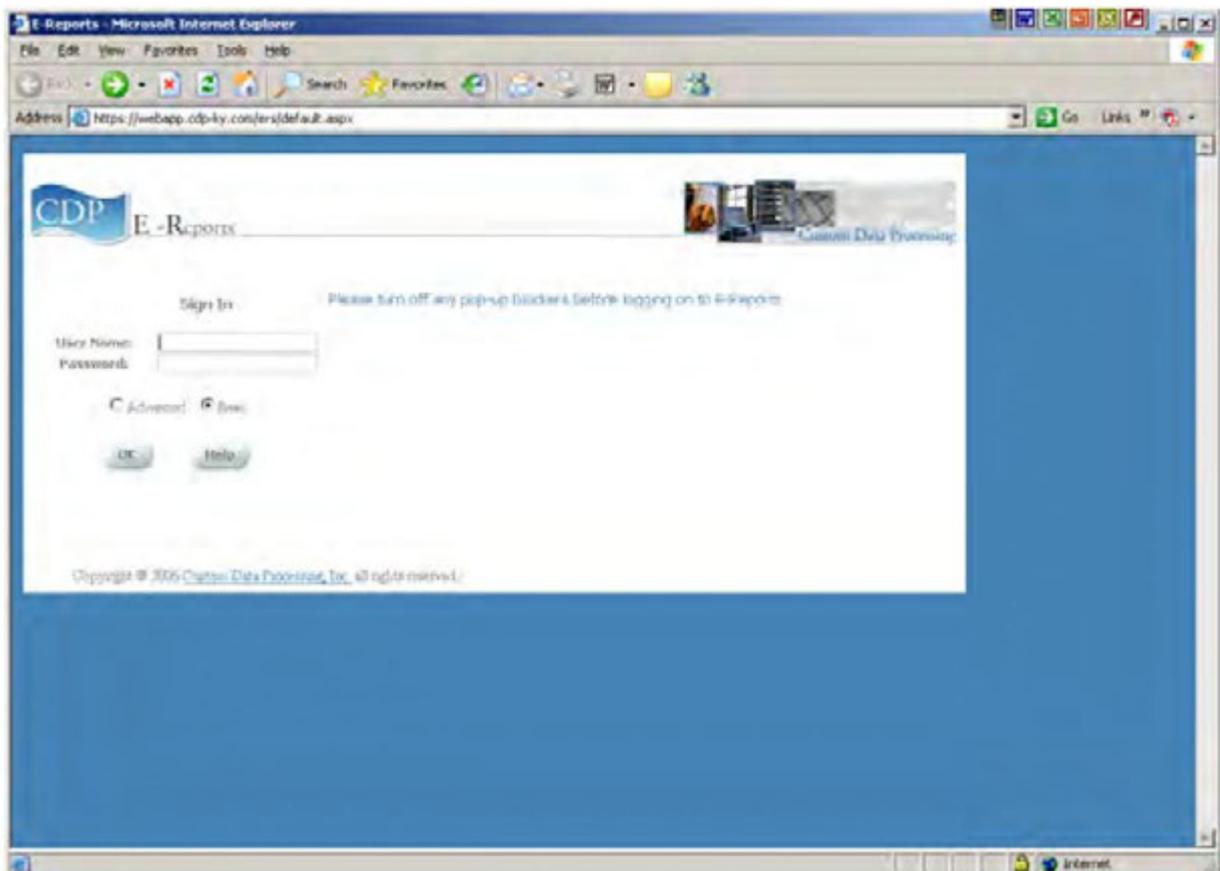
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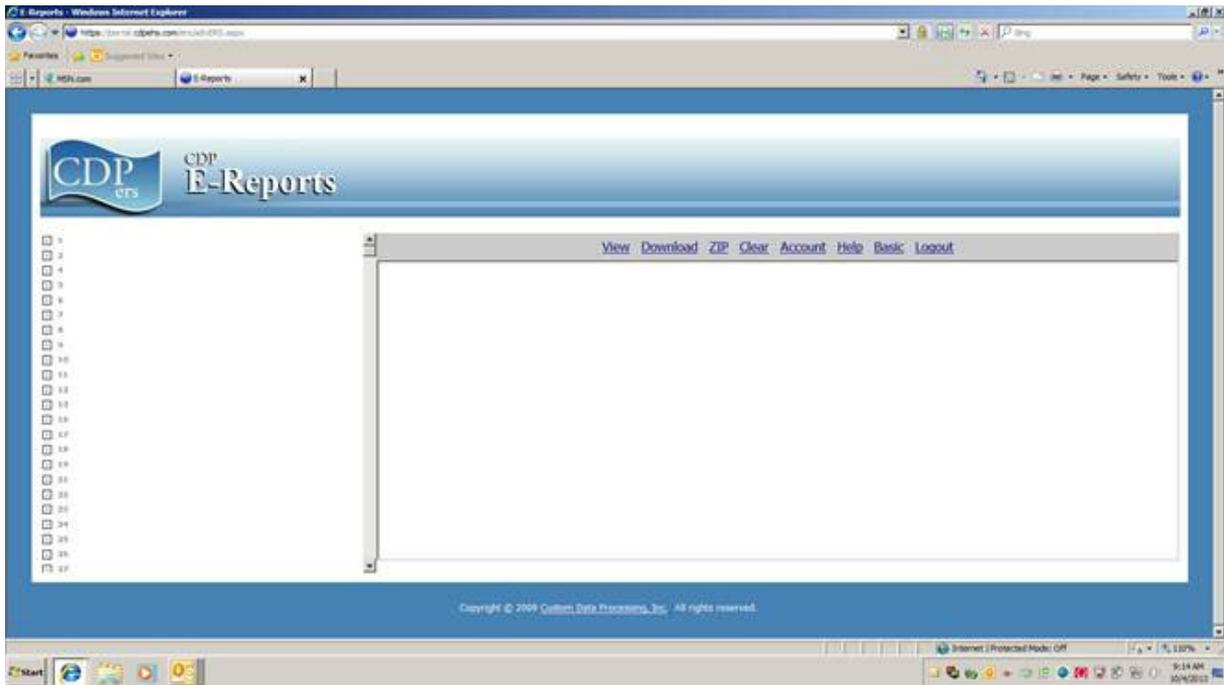
## INSTRUCTIONS FOR E-REPORTS

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

1. To sign into the reports system:
  - a. Enter user name as KY# and unique password assigned by CDP, Inc.
  - b. Click BASIC button.
  - c. Click OK button.



2. On the CDP E-reports screen:
  - a. Scroll and locate site number.
  - b. Verify the month and click.
  - c. On displayed reports, choose the desired report and click **DOWNLOAD**.



## WEB-BASED SYSTEMS/APPLICATIONS/E-REPORTS

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

1. Be employed by a local health department.
2. Be assigned a KY number.
3. In order to access web-based programs/applications/reports a user will in some instances:
  - a. Need to have a VPN Contivity client.
  - b. Complete the CDP-Report Server – WIC User Authorization request form for local WIC agency staff requesting access to E-reports for the WIC Program. See CDP-Report Server – WIC User Authorization Request form in SYSTEM REPORTS.
    - i. If access is granted, the form will be forwarded to CDP.
    - ii. The user will then be contacted by CDP via email with an attached excel document with active links to certain WIC folders.  
(ex: <\\172.25.2.178\cdpreports\site000\wicky>)
  - c. If the user is not on the CHSDPHLHD domain, CDP will create a username and password.
4. For further help, contact the WIC Helpdesk at (877) 597-0367.



## AUTODIALER

<b>Purpose:</b>	To contact participants through a call, text, or email for appointment reminders and benefit pick up.
<b>When To Use:</b>	Ongoing
<b>Instructions:</b>	<p>The participant's choice on how they prefer to be contacted is documented on the CMS Registration Screen.</p> <p>If a method of contact is not chosen, the participant will not receive appointment reminders.</p> <p>If a participant has chosen "no home contact", they will not receive appointment reminders.</p> <p>A daily autodialer report is generated which will show message date, message day, start hour, end hour, status, type, messenger, source, deliveries, remain, delivered, unmatched.</p>
<b>Retention:</b>	Destroy upon printing of the next report.



Welcome,

**Search Message Reports**

**Messenger Menu**

Change Group

Account Status & News

My Profile

Settings

Manage Group

Messaging

View Reports

Message Reports

Contacts Report

Member Activity Report

Contacts Export

Subgroup Report

Auto-initiator Log

Hot Transfer Reports

Contact Us

Help & Support

Training Webinars

Logout

**Search Criteria**

Select Date Range

Today  
  Last 30 Days  
  Future  
 Start Date:

Yesterday  
  Last 60 Days  
  Date Range  
 End Date:

Status: **Select All**      Source: **Select All**      Type: **Select All**

View Results

Message Date	Start Hour	Status	Messenger	Deliveries	Delivered			
Message Day	End Hour	Type	Source	Remain	Unreached			
<b>Canned Call Benefits Expiration-EN; Initiat</b>								
<b>8/3/2016 07:24 PM (ET);</b>								
8/3/2016	07:24 pm	Complete		2	2			
Wednesday	07:24 pm	Message Builder C		0	0			
8/3/2016	04:52 pm	Complete		2	1			
Wednesday		SMS	Canned Call	0	1			
<b>Canned Call Appointment Reminder-EN; Ir</b>								
<b>8/3/2016 16:40 PM (ET);</b>								
8/3/2016	04:10 pm	Complete		75	36			
Wednesday	05:25 pm	Message Builder Ca		0	39			
8/3/2016	04:10 pm	Complete		74	56			
Wednesday		SMS	Canned Call	0	18			
<b>Canned Call Appointment Reminder - FR; L</b>								
<b>8/3/2016 016 4:09 PM (ET);</b>								
8/3/2016	04:12 pm	Complete		1	0			
Wednesday	04:49 pm	Message Builder Ca		0	1			
8/3/2016	04:10 pm	Complete		1	0			
Wednesday		SMS	Canned Call	0	1			

Note: Delivery information for in progress messages is updated approximately every 5 minutes and may not reflect all the actual completed deliveries.