

REPLACING AND RETURNING eWIC BENEFITS

Effective March 12, 2012

Introduction

This PowerPoint presents the process for replacing eWIC formula benefits

All patient names and patient data in this power point are fictitious

CMS Changes Effective March 12, 2012

Two (2) new links on Patient Menu:

Replace Benefits Use to void and replace benefits

Return Purchased Formula

> Use to enter the amount of unused purchased formula returned to clinic

Growth Charts
Measures & Bloodwork History
Member
🛛 Patient Imms
Immunizations
🛛 Registration
Edit
Show
Return to Clinic
Scheduling
Seals Edit
■ WIC
Account Balance
Food Pkg Assignment
History
Inquiry
Print VOC
Replace Benefits
Return Purchased Formula
View Benefits
Void Benefits
PORTAL LOCOUT
PORTAL LOGODI

Replace Benefits Page

Replace Benefits content: Patient panel Void Benefits Use to void benefits Food Package Displays assigned food package **Issuance** Info Use to issue benefits



Return Formula Page

Return Formula content: Patient panel Month panel Use to enter number of cans of formula returned for current month

PORTAL LOGOUT	entucky Clinic I od Inventory	Manag	ement		Kentucky
RETURN FORMULA					
PATIENT					
Clinic 500500	Household # 1202	id # DED020112	_{Name} DANIEL E DAWSON	Birth Date 2/1/2012	
Current Patient Age 0 Years & 0 Months	_{Gender} Male	Chart #	Certification Date 02/20/2012	Status Infant Fully Formula	
Priority 1	^{Risk} 142, 903a	Food Package NF6	Next Issuance 04/20/2012	Next Action Due 02/02/2013	
MONTH 1 - FROM 2/20	/2012 TO 3/19,	/2012			
Quantity Issued Quantity 9 2	Purchased Qua	ntity Returned	Forr Good Start Gentle - 12	nula 2 oz. or 12.7 oz. Powde	er
		RETU	RN BENEFITS CAP	NCEL	
PORTAL LOGOUT					
KYCMS Food Inventory [v1.48.0 ©2009 Custom Data Processing	.0 02/07/2012] <u>Rel</u> , <u>Inc.</u> All rights rese	<u>ease Notes</u> erved.			

Scenarios for Replacing Benefits

 Replacing Patient Benefits When Formula Is Not Returned

 Replacing Patient Benefits When Unused Formula Is Returned

REPLACING BENEFITS WHEN FORMULA IS NOT RETURNED

Steps For Replacing Benefits When Formula Is Not Returned

- 1. Change the food package:
 - Health professional assigns a new food package
- 2. Void and replace patient's benefits
 - Support staff voids and replaces benefits

Step 1

Assign a Food Package

Health professional assigns a new food package

Health professional searches for the patient

PATIENT	EARCH	
County	Local Health V Birth Date	
Patient #	DED020112 Birth State	
Chart #	Birth Country	
Show Pat	ent Search Criteria	۲
Show Mo	ner Search Criteria	۲
Show Fat	er Search Criteria	۲
Show Gu	rdian Search Criteria	۲
SEA	CLEAR NEW REGISTRATION NEW HOUSEHOLD NEW APPOINTMENT	
Visit (ate: 02/24/2012	
PORTAL	LOGOUT	

When the search result returns, click the Patient Menu icon

PORTAL				
PATIENT SEARCH				
County Local Health Patient # DED020112	Birth Date Birth State			
Chart #	Birth Country	*		
Show Patient Search Criteria				8
Show Mother Search Criteria				(1)
Show Father Search Criteria				8
Show Guardian Search Criteria				(¥)
SEARCH CLEAR I	NEW REGISTRATION	NEW HOUSEHOLD	NEW APPOINTMENT	
• • • Page 1 of 1	🕟 Size: 10			
Patient #	<u>Chart #</u>	<u>Full Name</u>	<u>Birth Date</u>	Birth State
DED020112		DANIEL E DAWSON	2/1/2012	
PORTAL LC GOUT				

On Patient Menu, click Food Pkg Assignment

Growth Charts
Measures & Bloodwork History
Member
Patient Imms
Immunizations
Registration
Edit
Show
Return to Clinic
Scheduling
Seals Edit
∃ WIC
Account Balance
Food Pkg Assignment
History
Inquiry
Print VOC
Replace Benefits
Return Purchased Formula
View Benefits
Void Benefits

On Food Package Assignment, select the new food package then click Save

	Contract Formula/Food Package III
Description	(contains) FILTER
Food Package	NF6 - Good Start Soy 12.9 oz Powder - Infant - Fully Formula Fed- NF6
Rx Date Rx Expiration Date	
Approval Person Contacted	None Date Contacted
Subcategory Elimination 9.00 Good Start 9.00 C.Powder - cont Cont	e/Reduce New Qty Reason Eliminate/Reduce Comment
FB1X PACKAGE (PREGNANT SUPPLEMENTAL FOOD PACKAGE)
COMMENTS	
	SAVE & WIC 75 SAVE SAVE & PATIENT DETAIL CANCEL

Step 2

Void and Replace Benefits

Support Staff voids and replaces the benefits

Support staff searches for the patient's household

HOUSEHOLD SE	ARCH			
County	Local Health	SEARCH	CLEAR	
Number				
Household #	1202		OR	EBT Card #
Household Data				
Last Name Address Phone #				
Patient Data				
Patient # Last Name				First Name
Visit Date	02/24/2012			

On the Member page, check next to patient's name and click Patient Menu

			_		_											
1	Anni	ual In	come			N	umber in House	ehold *	1		Visit	Date 02/24	4/2012 🕅			
'	Last	Hous	ehold Ass	sessed Da	ate N/A											
	Hou	seho	ld Membe	rs												
	SA	VE &	THIRD P	ARTY	SAVE & I	Ю	E/PROOFS	SAVE	& ISSUANCE	SA	VE 8	HANGE BE	ENEFIT FO	ORM	SAVE & RE	INST
	AD	D	SAVE	DEL	ETE TR	ANSF	ER REGIS	TRATIO	LABEL	s P	ATIE	NT MENU	RTC			
			Membe	er *	Patient #	•	Last Name	*	First Nam	e *	MI	Birth Date *	Gender	* R	esponsible Party	Emerg
	•	Child	d		DED020	112	DAWSON	2	DANIEL	2	E	02/01/2012	Male	۷	$\mathbf{\nabla}$	Y
į	<															
F	POR	TAL	LOGOUT													

On Patient Menu, click Replace Benefits

E Growth Charts		
Measures & Bloodwork History		
Member		
Patient Imms		
Immunizations		
Registration		
Edit		
Show		
Return to Clinic		
Scheduling		
Seals Edit		
I WIC		
Account Balance		
Food Pkg Assignment		
History		
Inquiry		
Print VOC		
Replace Benefits	_	
Return Purchased Formula		
View Benefits		
Void Benefits		

Rev. 2/29/2012

PORTAL LOGOUT

On Replace Benefits, in Void Benefits, check the months to void and select the Void Reason

Void Entire Issuance		
Bank Acc	count #88888888 EBT #1018051	
Quantity Available	Subcategory	
	Octob Charles 10 and an 10 Z and Downlag	
7.00 MONTH 2 - FROM 3/: ▼ Void Entire Issuance	20/2012 TO 4/19/2012	
7.00 MONTH 2 - FROM 3/2 Void Entire Issuance Bank Acc	20/2012 TO 4/19/2012 count #8888888 EBT #1018052	
7.00 MONTH 2 - FROM 3/3 ✓ Void Entire Issuance Bank Acc Quantity Available	Count #8888888 EBT #1018052 Subcategory	
7.00 MONTH 2 - FROM 3/3 ✓ Void Entire Issuance Bank Acc Quantity Available 9.00	Count #8888888 EBT #1018052 Subcategory Good Start Gentle - 12 oz. or 12.7 oz. Powder	

Food Package shows assigned food package; in Issuance Info, select Clinic and Identification and click Replace Benefits

ISSUANCE INFO	
Print Benefit FIs	
Clinic *	500500 - LOCAL HEALTH TEST SITE
Bank Account	FI Number Check Previous FI
Identification *	Drivers License

Print issuance label for the chart Print benefits list for the patient

Issuance Label

ISSUANCE DANIEL E DAWSON D: 02/20/2012 ID: DED020112 RX EXP D: 1st VLD DT TYPE FP ID for PU 3 1st VLD DT TYPE FP BK ACT HH# 8888888 1202 02/20/2012 NF6 8888888 1202 03/20/2012 NF6

WIC Benefits List

	WIC BENEFITS LIST	Household No. 1202
VIC Benefits List for DAWSO	N Household Members	
lousehold Member: DANI	EL E DAWSON Birth Date: 02/01/2012	
Quantity Unit	Food Item Description	Receipt Description
Benefits For: 02/20/2012 - 0	3/19/2012 Issued on 02/20/2012	
7.00 cont	Good Start Soy - 12.9 oz. Powder	GS Soy Pwd
Benefits For: 03/20/2012 - 0	4/19/2012 Issued on 02/20/2012	
0.00 cont	Good Start Soy - 12.9 oz. Powder	GS Soy Pwd

REPLACING BENEFITS WHEN UNUSED FORMULA IS RETURNED

Steps For Replacing Benefits When Unused Formula Is Returned

- 1. Return purchased formula
 - Support staff enters quantity of returned formula
- 2. Change the food package
 - Health professional assigns a new food package
- 3. Void and replace patient's benefits
 - Support staff voids and replaces benefits

Step 1

Return Purchased Formula

Support Staff enters quantity of purchased formula returned to clinic

Support staff searches for the patient's household

HOUSEHOLD SE	ARCH			
County	Local Health 💌	SEARCH	CLEAR	
Number				
Household #	1166		OR	EBT Card #
Household Data				
Last Name Address Phone #				
Patient Data				
Patient # Last Name				First Name
Visit Date	02/24/2012			
PORTAL				

On the Member page, check next to the patient's name and click Patient Menu

Annual Income	N	umber in Household *	4	Visit	Date 02/24,	/2012		
Last Household Assessed Date	N/A				_			
Household Members								
SAVE & THIRD PARTY	AVE & INCOM	E/PROOFS SAVE	& ISSUANCE	SAVE &		NEFIT FORM	SAVE & RE	INST
ADD SAVE DELETE	TRANSE	RECISTRATIO	N LARELS	DATTE		RTC		
ADD SAVE DELETE	TRANSFE	REGISTRATIO		FAIIL	NT MENO	RIC		
Member *	Patient # *	Last Name *	First Name *	MI	Birth Date *	Gender *	Responsible Party	Emerg
	MEM110111	MAYS	MARK	E	11/01/2011	Male 💙	~	V
Cardholder Member 💌	MAM052589	MAYS	MARY	A	05/25/1989	Female 💌	*	~
<								

On Patient Menu, click Return Purchased Formula

Growth Charts	
Measures & Bloodwork History	
Member	
E Patient Imms	
Immunizations	
Registration	
Edit	
Show	
Return to Clinic	
Scheduling	
Seals Edit	
■ WIC	
Account Balance	
Food Pkg Assignment	
History	
Inquiry	
Print VOC	
Replace Benefits	
Return Purchased Formula	
View Benefits	
Void Benefits	
PORTAL LOGOUT	

On Return Formula, enter number of cans returned in Quantity Returned field and click Return Benefits

LTORN FORMULA					
PATIENT					
Clinic	Household #	ID #	Name	Birth Date	
500500	1166	MEM110111	MARK E MAYS	11/1/2011	
Current Patient Age	Gender	Chart #	Certification Date	Status	
Years & 3 Months	Male		11/17/2011	Infant Fully Formula	
Priority	Risk	Food Package	Next Issuance	Next Action Due	
1	701, 904	NF6	04/17/2012	11/02/2012	
MONTH 1 - FROM 2/17	/2012 TO 3/16	/2012			
			_		
9 5	Purchased Qua	intity Returned (Good Start Soy - 1	a 12.9 oz. Powder	
		RETU	RN BENEFITS	CANCEL	
		RETU	RN BENEFITS	CANCEL	

A message displays that benefits were successfully returned

RETURN FORMULA							
PATIENT							
Clinic	Household #	ID #	Name	Birth Date			
500500	1166	MEM110111	MARK E MAYS	11/1/2011			
Current Patient Age	Gender	Chart #	Certification Date	Status			
0 Years & 3 Months	Male		11/17/2011	Infant Fully Formula			
Priority	Risk	Food Package	Next Issuance	Next Action Due			
1	701, 904	NF6	04/17/2012	11/02/2012			
MONTH 1 - FROM 2/17,	/2012 TO 3/16	/2012					
			_				
Quantity Issued Quantity	Purchased Qua	antity Returned	Formu				
9 5	2		3000 Start Soy - 1	12.9 02. Powder			
S Benefits were successfully returned.							
↓			BACK				
ORTAL LOGO T							

After message displays, click Back to go back to Patient Menu or click Portal

RETURN FORMULA					
PATIENT					
Clinic 500500	Household # 1166	id # MEM110111	Name MARK E MAYS	Birth Date 11/1/2011	
Current Patient Age 0 Years & 3 Months	Gender Male	Chart #	Certification Date 11/17/2011	Status Infant Fully Formula	
Priority 1	Risk 701, 904	Food Package NF6	Next Issuance 04/17/2012	Next Action Due 11/02/2012	
MONTH 1 - FROM 2/17	/2012 TO 3/16	/2012			
Quantity Issued Quantity 9 5	Purchased Qua	antity Returned	Formu Good Start Soy - 1	la 12.9 oz. Powder	
Benefits were success	fully returned.				
		_	ВАСК		
RTAL LOGOUT		R	ev. 2/29/2012		

View of Patient's Benefits

Benefits Before Returning 2 Cans Formula

Benefits After Returning 2 Cans Formula

AVAILABLE BENEFITS							AVAILABLE BEN	EFITS					
PATIENT							PATIENT						
PATIENT MENU MEN	BER RTC						PATIENT MENU	MEMBER	RTC				
Clinic Househo 500500 116	ld# Number 6 MEM110111	Name MARK E MAYS	Birth Date	Patient Age 0 Years & 3 Months	PEF # 15616106		Clinic 500500	Household # 1166	Number MEM110111	_{Name} MARK E MAYS	Birth Date 11/01/2011	Patient Age O Years & 3 Months	PEF # 15616106
EBT Account State # Infant 5001166 Form	s Priority Fully 1 ula 1	Action Date	Action	Recertification/Terminate Due 11/02/2012			EBT Account # 5001166	Status Infant Fully Formula	Priority 1	Action Date 11/18/2011	Action	Recertification/Terminate Due 11/02/2012	
MONTH 1 - FROM 2/17 Bank Acco Quantity Available 4.00	MONTH 1 - FROM 2/17/2012 TO 3/16/2012 MONTH 1 - FROM 2/17/2012 TO 3/16/2012 Bank Account #8888888 EBT #1018058 Quantity Available Subcategory 4.00 Good Start Soy - 12.9 oz. Powder												
MONTH 2 - FROM 3/17 Bank Acco Quantity Available 10.00	2012 TO 4/16/2012 INT #88888888 Subcategory Good Start Soy - 12.9 oz. P	EBT #101805)				MONTH 2 - FR Bar Quantity Avail 10.00	DM 3/17/2012 T k Account #8 Ible Subcate Good S	0 4/16/2012 18888888 E egory Start Soy - 12.9 oz. Po	BT #1018059)		

Step 2

Assign a Food Package

Health professional assigns a new food package

Health professional searches for the patient

PATIENT SEARCH	
County Local Health V Birth Date	
Patient # MEM110111 Birth State	
Chart # Birth Country	
Show Patient Search Criteria	8
Show Mother Search Criteria	
Show Father Search Criteria	8
Show Guardian Search Criteria	8
SEARCH CLEAR NEW REGISTRATION NEW HOUSEHOLD NEW APPOINTMENT	
Visit Date: 02/24/2012	
PORTAL LOGOUT	

When the search result returns, click the Patient Menu icon

ORTAL								
PATIENT SEARCH								
County Local Health	Birth Date							
Patient # MEM110111	Birth State	*						
Chart # Birth Country								
Show Patient Search Criteria					۲			
Show Mother Search Criteria								
Show Father Search Criteria					۲			
Show Guardian Search Criteria					(>)			
SEARCH CLEAR	NEW REGISTRATION	NEW HOUSEHOLD	NEW APPOINTMENT					
Visit Date: 02/24/2012								
• • • • • • • • • • • • • • • • • • •	🕟 Size: 10 😡							
<u>Patient #</u>	<u>Chart #</u>	<u>Full Name</u>	<u>Birth Date</u>	Birth State				
📝 🖺 🧠 мемііоііі		MARK E MAYS	11/1/2011					
PORTAL LOG DUT								
		Rev 2/29/2012						

On Patient Menu, click Food Pkg Assignment

🖃 Growth Charts
Measures & Bloodwork History
Member
🖃 Patient Imms
Immunizations
Registration
Edit
Show
Return to Clinic
Scheduling
Seals Edit
■ WIC
Account Balance
Food Pkg Assignment
History
Inquiry
Print VOC
Replace Benefits
Return Purchased Formula
View Benefits
Void Benefits

On Food Package Assignment, select the new food package, enter Rx dates if required then click Save

	Contract Formula/Food Package III
Descrip	(contains) FILTER
Food Pack	age
m57 - Nutramigen AA	14.1 oz pwdr-Full Formula Fed Infant
Rx D Rx Expiration D Appro	late • 02/23/2012 III late • 08/23/2012 IIII
Person Contac	cted Date Contacted
Gty Subsciegory 5 Nutramigen AA Pewder 14. 02 cent	Iminate/Reduce New Qty Reason Eliminate/Reduce Comment
FB1X PACKA	GE (PREGNANT SUPPLEMENTAL FOOD PACKAGE)
COMMENTS	
(I)[
	SAVE & WIC 75 SAVE SAVE & PATIENT DETAIL CANCEL

Step 3

Void and Replace Benefits

Support Staff voids and replaces benefits

Support staff searches for the patient's household

HOUSEHOLD SE	ARCH			
County	Local Health 🛛 👻	SEARCH	CLEAR	
Number				
Household #	1166		OR	EBT Card #
Household Data				
Last Name Address Phone #				
Patient Data				
Patient # Last Name				First Name
Visit Date	02/24/2012			
PORTAL				

On the Member page, check next to the patient's name and click Patient Menu

Aı	nnual Income	N	umber in Household	* 4	Visit	Date 02/24	/2012		
La	ast Household Assessed	Date N/A							
Н	Iousehold Members								
1	SAVE & THIRD PARTY	SAVE & INCOM	E/PROOFS SAV	E & ISSUANCE	SAVE 8	HANGE BE	NEFIT FORM	SAVE & RE	INST
						•	_		
	ADD SAVE DE	TRANSF	REGISTRATI	ON	PATIE	INT MENU	RTC		
	Member *	Patient # *	Last Name *	First Name *	MI	Birth Date *	Gender *	Responsible Party	Emerg
E	Child	MEM110111	MAYS	MARK	E	11/01/2011	Male 💌	~	~
	Cardholder Member	MAM052589	MAYS	MARY	A	05/25/1989	Female 💌		~
_									
<									

On Patient Menu, click Replace Benefits

Growth Charts	
Measures & Bloodwork History	
Member	
Patient Imms	
Immunizations	
Registration	
Edit	
Show	
Return to Clinic	
Scheduling	
Seals Edit	
I WIC	
Account Balance	
Food Pkg Assignment	
History	
Inquiry	
Print VOC	
Replace Benefits	
Return Purchased Formula	
View Benefits	
Void Benefits	

On Replace Benefits, in Void Benefits, check the months to void and select the Void Reason

MONTH 1 - FROM 2/1	7/2012 TO 3/16/2012	2
Bank Acco	ount #88888888	EBT #1018058
Quantity Available	Subcategory	
6.00	Good Start Soy - 12.9	oz. Powder
MONTH 2 - FROM 3/12	7/2012 TO 4/16/2012	2
MONTH 2 - FROM 3/1 Void Entire Issuance Bank Acco	7/2012 TO 4/16/2012 Dunt #8888888	2 EBT #1018059
MONTH 2 - FROM 3/13	7/2012 TO 4/16/2012 Dunt #88888888 Subcategory (cond Start Sov 12 4)	2 EBT #1018059
MONTH 2 - FROM 3/17 Void Entire Issuance Bank Acco Quantity Available 10.00	7/2012 TO 4/16/2012 Dunt #88888888 Subcategory Good Start Soy - 12.9	2 EBT #1018059 oz. Powder
MONTH 2 - FROM 3/13	7/2012 TO 4/16/2012 Dunt #88888888 Subcategory Good Start Soy - 12.9	2 EBT #1018059 oz. Powder

Food Package shows assigned food package; in Issuance Info, select Clinic and Identification and click Replace Benefits

ISSUANCE INFO		
Print Benefit FIs		
Clinic *	500500 - LOCAL HEALTH TEST SITE	
Bank Account	FI Number Check Previous FI	
Identification *	Drivers License	

Print issuance label for the chart Print benefits list for the patient

Issuance Label

WIC Benefits List

D: 0 RX EXP D: 0 1st VLD DT T	2/17/2012 8/23/2012 YPE FP
02/17/2012 03/17/2012	m57 m57
	D: 00 RX EXP D: 00 1st VLD DT T 02/17/2012 03/17/2012

	WIC BENEFITS LIST	Household No. 1166
NIC Benefits List for MAYS Household N	Aembers	
Household Member: MARK E MAYS	Birth Date: 11/01/2011	
Quantity Unit	Food Item Description	Receipt Description
Benefits For: 02/17/2012 - 03/16/2012	Issued on 02/17/2012	
7.00 cont	Nutramigen AA Powder 14.1 Oz.	Nutramigen AA Powder
Benefits For: 03/17/2012 - 04/16/2012	Issued on 02/17/2012	
9.00 cont	Nutramigen AA Powder 14.1 Oz.	Nutramigen AA Powder
2012		42

System Messages

Return Formula Message Purchases Have Not Been Made

Message states: "Formula cannot be returned because none has been purchased for the current month"

Formula can only be returned after a purchase has been made

PATIENT					
Clinic	Household #	ID #	Name	Birth Date	
500500	1185	B-G110211	BOB GRANT	11/2/2011	
Current Patient Age	Gender	Chart #	Certification Date	Status	
Years & 3 Months	Male		12/26/2011	Infant Fully Formula	
Priority	Risk	Food Package	Next Issuance	Next Action Due	
1	103a, 701	NF3	03/26/2012	11/03/2012	
nantity Issued Quantity	Purchased Qua	ntity Returned F	Formula	t month	

Return Formula Message Purchased Amount is Exceeded

Message states: "Returned Quantity Can't Exceed Purchased Quantity"

To continue, reduce the quantity returned to not more than the number of cans purchased (Quantity Purchased displays number of cans purchased)

Clinic	Household #	ID #	Name	Birth Date	
500500	1202	DED020112	DANIEL E DAWSON	2/1/2012	
Current Patient Age	Gender	Chart #	Certification Date	Status	
0 Years & 0 Months	Male		02/20/2012	Infant Fully Formula	
Priority	Risk	Food Package	Next Issuance	Next Action Due	
1	142, 903a	NF6	04/20/2012	02/02/2013	
MONTH 1 - FROM 2/20	/2012 TO 3/19,	/2012			
MONTH 1 - FROM 2/20 Quantity Issued Quantity 9 2	/2012 TO 3/19, Purchased Qua	/2012 antity Returned	Forr Good Start Gentle - 12	nula 2 oz. or 12.7 oz. Powder	
MONTH 1 - FROM 2/20 Quantity Issued Quantity 9 2 You cannot save until	/2012 TO 3/19, Purchased Qua 4 the following va	/2012 antity Returned * (lidation errors hav	Forr Good Start Gentle - 12 ve been corrected:	nula 2 oz. or 12.7 oz. Powder	
MONTH 1 - FROM 2/20 Quantity Issued Quantity 9 2 You cannot save until 8 • Returned Quant	/2012 TO 3/19, Purchased Qua 4 the following va ity Can't Exceed	/2012 antity Returned * (lidation errors hav Purchased Quanti	Forr Good Start Gentle - 12 ve been corrected: ty	nula 2 oz. or 12.7 oz. Powder	

Replace Benefits Message Food Package Not Valid

Message states: "Patient does not have a valid food package assigned for the age or status. The patient must see the nutritionist or nurse."

In this example, the food package changed from an infant to child package for the Infant/Child Transfer

Refer to health professional to assign a new food package

Quantity Available	Subcetegory	
24.00	Infant Cereal w/o Fruit in 8 oz Boxes	
128.00	Infant Fruit & Vegetables in 4 oz Containers	
7.00	Good Start Gentle - 12 oz. or 12.7 oz. Powder	
ONTH 3 - FROM 4/	15/2012 TO 5/14/2012	
oid Entire Issuance		
Bank A	ccount #88888888 EBT #1018016	
36.00	Breakfast Cereal - hot and cold 10 oz or Larger	
1.00	Cheese in 8 or 16 oz Packages	
1.00	Eggs - In Dozen Cartons	
1.00	Dry or Can Beans/Peas 16 oz (1 Bag = 4 Cans)	
32.00	Bread 12, 16, 24 oz / Rice 14, 16 oz / Tortilia 16 oz	
6.00	Fruit and Vegetables - Cash Value Benefit	
3.25	Whole Milk	
2.00	64 oz. Julce	
DID REASON		
d Reason *		
DD PACKAGE	· · · · · · · · · · · · · · · · · · ·	
Se l'Atentide		

This completes the Replacing and Returning eWIC Benefits power point