

**WIC and Nutrition Manual**  
**200 Policy Group**  
**Certification Policies**

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**200 Policy Group**  
**Certification Policies**

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# Policy 200

## Certification Introduction

### POLICY

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

### PURPOSE

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

### RELEVANT REGULATIONS

[7CFR 246.7 \(f\)](#) Certification of participant Processing standards.

[DPH KY Administrative Reference](#) – Training Guidelines and Program Description Section, WIC Program

[DPH KY Administrative Reference](#) – Local Health Operations Section, Day and Hours of Operation

### DEFINITIONS

Certification – Certification is the process of determining whether or not an applicant qualifies for WIC services.

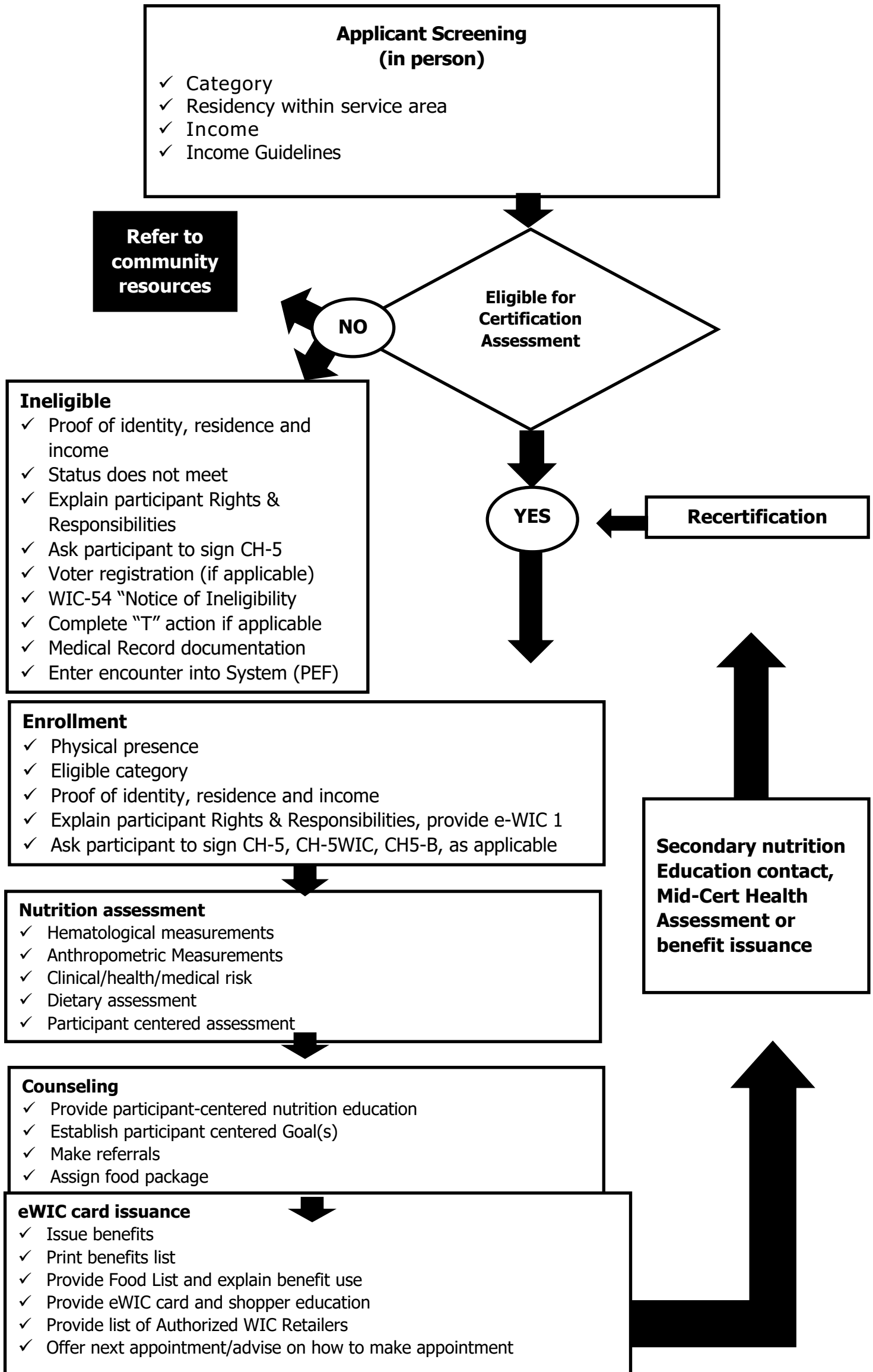
Certification period – The length of time a participant is eligible for receiving WIC services. A certification period depends on a participant's category and is defined by federal regulations.

Certifying Health Professional – An individual on staff of the local WIC agency authorized to determine nutritional risk, prescribe supplemental foods and determine eligibility for the WIC Program. The following persons are the only persons the State Agency may authorize to serve in this capacity: Physicians, Nutritionists (Bachelor's degree), Certified Nutritionists (Master's degree and certification by State Board of Certification and Licensure), Dietitians (RD/LD), Nurses (RN, LPN, APRN) and Physician's Assistants (certified by the National Committee on Certification of Physician's Assistants or certified by the State medical certifying authority). (See Administrative Reference, Training Guidelines and Program Descriptions)

### PROCEDURES

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

# Certification Process Flow Chart



# Policy 201

## Participant Status and Priority

### POLICY

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

### PURPOSE

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

### RELEVANT REGULATIONS

[7 CFR 246.7\(e\)](#) – Nutritional risk

[7 CFR 246.7\(i\)\(6-9\)](#) – Certification forms

### PROCEDURES

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

#### Status

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

A. Woman:

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

*\*The end of a pregnancy is the date the pregnancy terminates, e.g., date of delivery, miscarriage, abortion, etc.*

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

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

#### Status Changes

A. Status may change during a certification period that may not require recertification.

1. A fully or partially breastfeeding woman stops breastfeeding and is less than six (6) months post-delivery. The woman's status becomes postpartum.
  - a. A change of status must be completed.
  - b. The woman's food package must be changed to a postpartum package along with any changes in risk (if appropriate).
  - c. If the risk(s) identified for the breastfeeding woman do not apply to the postpartum status, a postpartum risk must be identified for the woman to continue on WIC.

- d. If a postpartum risk cannot be identified, the woman must be terminated from WIC. Refer to Policy 705- Ineligibility and Discontinuation of Benefits.
  - 2. A postpartum woman is in the system with postpartum status but is actually fully or partially breastfeeding. A recertification must be done to reflect the appropriate breastfeeding status. Her food package shall be changed to an appropriate breastfeeding package.
  - 3. An infant at twelve (12) months of age. The system provides an automatic change from infant to child status, referred to as an Infant/Child Transfer (ICT).
    - a. An infant at 12 months of age (1 year), has the status designation of child. Infant information in the system must be updated to child status, along with a child priority and a child food package.
    - b. This change of status, priority, and food package is referred to as an Infant/Child Transfer (ICT). This process allows issuance of a child food package without a recertification to change status.
- B. A participant who no longer meets a status definition becomes categorically ineligible for the WIC Program.

## Priority

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

- A. Priority Ranking
 

<i>Priority I</i>	Includes pregnant women, breastfeeding women, and infants with high risk conditions.
<i>Priority II</i>	Includes infants of mothers who were WIC participants during this pregnancy and infants whose mothers did not participate but who were eligible due to risk during this pregnancy.
<i>Priority III A</i>	Includes children with high-risk conditions.
<i>Priority III B</i>	Includes postpartum women with high-risk conditions.
<i>Priority IV</i>	Includes pregnant women, breastfeeding women, and infants with low risk conditions.
<i>Priority V A</i>	Includes children up to age two with low-risk conditions.
<i>Priority V B</i>	Includes children ages 2 to 5 with low-risk conditions.
<i>Priority VI</i>	Includes postpartum women with low-risk conditions.
- B. The computer system assigns the highest priority for the risk(s) entered. The participant's risk code with the highest priority must be entered to ensure the highest priority assignment.
- C. The assigned priority is listed on the certification record and certification label.
- D. Priority may change during a certification period. Situations when priority changes are:
  - 1. A change in risk. If a new risk is identified that is a higher priority than the current priority, the certification record (automated WIC-75) must be edited to add the new risk. The system will automatically assign the new priority.
  - 2. A change in status.
    - a. A change status, such as breastfeeding to postpartum, will result in the system automatically assigning priority based on risk and the new status. If the risk(s) identified for the participant does not apply to the new status, a risk must be identified for the new status.
    - b. An infant at 12 months of age whose status changes to child also changes priority to an applicable child priority. For specific situations, the system does an automatic Infant/Child Transfer (ICT).

### Status Changes That Require Recertification

From Status	Eligibility/Certification Schedule	To Status	Recertification Schedule
<b>Pregnant Woman or Pregnant with Multiples</b>	Duration of pregnancy up to six weeks post-delivery (computed based on EDC)	<b>Postpartum</b>	Recertify as postpartum.
<b>Pregnant Woman or Pregnant with Multiples</b>	Duration of pregnancy up to six weeks post-delivery (computed based on EDC)	<b>Any Breastfeeding Status:</b> <ul style="list-style-type: none"> <li>• <b>Partially Breastfeeding</b></li> <li>• <b>Partially Breastfeeding Multiples</b></li> <li>• <b>Fully Breastfeeding</b></li> <li>• <b>Fully Breastfeeding Multiples</b></li> </ul>	Recertify to appropriate Breastfeeding status.
<b>Postpartum Woman</b>	From certification to six (6) months from termination of Pregnancy (computed from the actual date of delivery)	<ul style="list-style-type: none"> <li>• <b>Pregnant</b></li> <li>• <b>Pregnant with Multiples</b></li> </ul>	Recertify to appropriate Pregnant status.
<b>Any Breastfeeding Status:</b> <ul style="list-style-type: none"> <li>• <b>Partially Breastfeeding</b></li> <li>• <b>Partially Breastfeeding Multiples</b></li> <li>• <b>Fully Breastfeeding</b></li> <li>• <b>Fully Breastfeeding Multiples</b></li> </ul>	Birth of infant up to one (1) year of age of child as long as Breastfeeding continues (computed from the actual date of delivery)**	<ul style="list-style-type: none"> <li>• <b>Pregnant</b></li> <li>• <b>Pregnant with Multiples</b></li> </ul>	Recertify to appropriate Pregnant status.
<b>Infants</b>	To one (1) year of age	<b>Child</b>	Recertify at one (1) year of age.
<b>Child (1 year to 5 years)</b>	For one (1) year periods up to five (5) years of age.	<b>N/A</b>	Recertify at one (1) year intervals.

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

Change Status From:	To:
Any breastfeeding status: <ul style="list-style-type: none"> <li>• Partially Breastfeeding</li> <li>• Partially Breastfeeding Multiples</li> <li>• Fully Breastfeeding</li> <li>• Fully Breastfeeding Multiples</li> </ul>	Postpartum (stops BF before 6 months postpartum, change status to postpartum must meet postpartum risk criteria). <i>NOTE:</i> If more than 6 months postpartum and stops Breastfeeding - Terminate.
<ul style="list-style-type: none"> <li>• Partially Breastfeeding</li> <li>• Partially Breastfeeding Multiples</li> <li>• Fully Breastfeeding</li> <li>• Fully Breastfeeding Multiples</li> </ul>	Any other breastfeeding status: (Partially Breastfeeding, Partially Breastfeeding Multiples, Fully Breastfeeding, Fully Breastfeeding Multiples)
<ul style="list-style-type: none"> <li>• Infant Fully Breastfed</li> <li>• Infant Partially Breastfed</li> <li>• Infant Fully Formula Fed</li> </ul>	Any other infant status: (Infant Fully Breastfed, Infant Partially Breastfed, Infant Fully Formula Fed)

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

# Policy 202

## Processing Standards

### POLICY

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

### PURPOSE

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

### RELEVANT REGULATIONS

[7CFR 246.7 \(f\)](#) Certification of participant Processing standards.

[DPH KY Administrative Reference](#) – Training Guidelines and Program Description Section, WIC Program

[DPH KY Administrative Reference](#) – Local Health Operations Section, Day and Hours of Operation  
Final WIC Policy Memorandum #2001-7 Immunization Screening and Referral in WIC

### DEFINITIONS

**Date of Initial Contact (DIC)/Initial Contact Date:** The date an applicant appears in person or telephones the local WIC agency to request WIC services during clinic office hours. The date of the first request is the start of the 10/20 day processing time frame.

**Migrant:** Means an individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.

### PROCEDURES

#### Initial clinic visit to request WIC services

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



1. Explain to the parent/caretaker the importance that WIC places on making sure that children are up to date on immunizations but assure applicants that immunization records are not required to obtain WIC benefits.
- F. To reduce barriers to participation in the WIC Program, participants should leave clinic with an appointment for the next WIC service.
  1. If appointments are not routinely scheduled, a policy and procedure must be in place to assure that appointments are scheduled for employed participants/caretakers to minimize time absent from work.
- G. Applicants/Participants that “walk-in” without an appointment should be seen, if possible.
- H. To minimize barriers, WIC Services are to be provided in coordination with public health and /or other health services. However, participation in other services must not be required in order to receive WIC benefits, nor can WIC benefits be withheld pending other services.
- I. Documentation of all appointments and contacts must be in the participant’s medical record.
- J. A request by the caretaker/participant for an appointment outside the timeframe must be documented in the medical record, i.e., appointment scheduled per participant’s request.

### **10 Calendar Day Processing Standard**

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

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

### **20 Calendar Day Processing Standard**

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

### **Appointments for employed individuals**

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

### **Recertification Scheduling**

- A. Recertification shall be scheduled prior to the end of the certification period to prevent interruption in or loss of benefits.
- B. When there is difficulty in scheduling the recertification visit, the recertification may be performed no more than 30-days prior to or 30-days after the certification period expiration date. The 30-day grace period cannot be used routinely. Food benefits must be provided when the 30-day grace is used.
- C. When certification is completed within the 30-day grace period prior to the expiration of the certification period, and the participant is ineligible, the remaining benefits for the current eligibility period shall be provided.
- D. Each participant/caretaker must be informed that the certification period is expiring a minimum of 15 days before the expiration. Verbal notice at the last food benefit pick-up appointment before the recertification due date is appropriate.

### **Scheduling for Food Benefit Issuance**

- A. Food benefit issuance shall be coordinated with WIC secondary nutrition education and Mid-Certification Health Assessment (MCHA) appointments/ other local health department services to reduce barriers to participation.
  - 1. Food benefit issuance must be scheduled prior to the last valid date of benefit issuance to prevent the participant from being without food benefits.
- B. WIC food benefits cannot be withheld to require the receipt of other services.

### **Missed Appointments/No shows**

- A. For applicants/participants who are marked “no show” for certification appointments, the processing time frame of 10 or 20 days ends with the missed appointment. The processing time frame begins again when the applicant/participant requests a new WIC appointment/service as outlined above. In the event of a cycle of making and missing appointments, the 10 or 20 day standard ends with each missed appointment.
- B. The local WIC agency must make additional appointments available to applicants/participants if the processing standards are not being met due to a lack of available appointment slots.
- C. Follow-up should be made for all missed appointments/no-shows to encourage continued services and participation. Applicants/participants requesting “no home contact” or a privacy restriction shall be excluded from follow-up. Refer to Caseload Management Policies 702 and 704 and Policy 704- Nonparticipation.
  - 1. Follow-up may be any of the following: telephone call, letter or postcard. The WIC -51 Reminder Post card is available for follow-up.
  - 2. Staff shall attempt to contact each pregnant woman who missed her initial WIC certification appointment in order to reschedule the appointment. Pregnant women that specify “no home” contact or a privacy restriction are excluded.
  - 3. Missed recertification appointments shall be rescheduled as soon as possible, but within the 30-day grace period to prevent loss of benefits (if possible, issue 30 days of benefits).
  - 4. A participant that missed their food benefit pick-up appointment but comes to clinic the same day, shall be provided a minimum of one (1) month of food benefits and scheduled for the next appropriate appointment.
  - 5. A participant that calls to reschedule an appointment or a missed appointment for food benefits, shall be issued benefits within one (1) week and rescheduled for the next appropriate appointment.

# Policy 203

## Required Proofs - Residence, Identity and Income

### POLICY

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

### PURPOSE

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

### RELEVANT REGULATIONS

[7 CFR 246.7 \(c\)\(2\)\(i\)](#) – Proof of Residency and Identity

[7 CFR 246.7 \(d\)\(2\)\(v\)](#) – Income Eligibility Documentation

[Administrative Reference](#), Patient Services Reporting System, Household Size and Household Income

[Administrative Reference](#), LHO, Overview of Patient Fees and Scheduling

### PROCEDURES

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

### General Policies

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

### Residence Requirements

A participant must reside within the geographic boundaries of the state of Kentucky. Applicants shall apply for WIC in the county where they reside. If circumstances justify participation in another county, such as receiving health care or working in another county, receiving WIC in that county is appropriate. Proof of residency must not constitute a barrier to participation.

- A. Proof of residency must be provided at initial certification, recertification, and at the time of transfer into a new agency/site.
  1. For an infant or child, proof of residency is for the person with whom the infant/child resides.
- B. Proof of residency must be current and may be provided in paper form or electronically.
- C. Length of residency is not a factor for eligibility.
- D. Residence is the location or street address where a participant routinely lives or spends the night. Situations determining residence:

1. Migrants are considered residents of the agency/site service area in which they apply for WIC benefits.
  2. Homeless persons are considered residents of the facility where they reside or of the area where they seek benefits.
  3. Military personnel's temporary duty station is their residence for WIC purposes.
- E. A post office box is not acceptable as proof of residence.
1. The exception to using a post office box is when it is on the eligibility documentation for Medicaid, KTAP, or SNAP since residence has already been verified in these cases. In other situations when a post office box is the only proof, residence may be established using an area map or by recording directions to the residence.
- F. A Verification of Certification (VOC) is not proof of residence.
- G. Applicants who do not meet the residence qualifications at a certification appointment are ineligible for the Kentucky WIC Program and must be provided written notice (WIC-54). Refer to Policy 705- Ineligibility and Discontinuation of Benefits.
- H. The type of proof presented must be documented in the applicant/participant's medical record.
1. Documentation is done by selecting the applicable type of residency proof in the system. Any type of proof not listed is reported as "Other". When "Other" is selected the actual type of proof seen by the interviewer must be documented in the applicant/participant's medical record.
  2. The system prints the proof code on the registration label. The registration label is placed on the CH-5 or CH-5 WIC in the applicant/participant's medical record.
  3. If printing problems prevent the codes from appearing on the label, the codes must be handwritten on the label and include staff initials and date.
  4. If system access is unavailable, the CH-5B must be completed with appropriate proof codes. Refer to Patient Services Reporting System (PSRS), "Patient Registration."
- I. Examples of acceptable proof of residence are:

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

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

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

## Identification Requirements

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

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

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

*\*Driver's license is for the identity of the person whose name is on it. It is NOT acceptable as proof of identity of infant or child.*

- F. Staff recognition (knowledge of who the person is) is not acceptable proof of identity at initial certification. Staff recognition at recertification is allowed once initial proof of identity has been presented and documented.
- G. For recertification and food benefit issuance only, the following items may be used for proof of identity, if proof has been provided and established at the initial WIC certification and there has been no change.
  - 1. Staff recognition (knowledge of who the participant is)
  - 2. eWIC Cardholder
  - 3. Medical Record

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

### **Income Requirements**

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

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

*Exceptions to income screening are:*

- a. Transfer Participant/VOC - A transfer is not screened for income eligibility nor required to show proof of income until the certification period expires and he/she is screened for eligibility again. Refer to Policy 204- Transfer/VOC.
- b. Migrant - Income eligibility shall be determined for a migrant once every twelve (12) months. A VOC will provide income eligibility for up to one (1) year for a migrant. If the timeframe of the migrant's income determination is unknown, income eligibility must be done at certification.
 

*Note:* Migrants must be assessed for nutritional risk at every certification regardless of income eligibility.
- c. Hospital Certification - Mothers and newborn infants certified at the hospital are not required to show proof of income at the time of certification. Accept self-reported income and if eligible, certify and issue food benefits for thirty (30) days. Proof of adjunct eligibility or household income must be provided within thirty (30) days. Refer to Policy 214- Hospital Certification

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

D. Examples of acceptable proof of income are:

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

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

- E. Income eligibility must be determined before nutritional risk.
- F. Participants whose household income is at or below 185% of the federal poverty income guidelines issued annually by the Department of Health and Human Services are eligible for WIC services. Income guidelines are effective from April 1 to March 30 (unless otherwise noted) each year. Refer to Income Eligibility Guidelines chart. The system is programmed to perform the following conversion factor procedures:
  - 1. If a household only has one income source, or if all sources have the same frequency, the system is programmed to compare the income, or the sum of the separate incomes, to the published IEGs (Income Eligibility Guidelines) for the appropriate frequency and household size to make the WIC income eligibility determination.
  - 2. If a household reports income sources at more than one frequency, the system has been programmed to perform the following calculations:
    - a. Annualize all income by multiplying weekly income by 52, income received every two weeks by 26, income received twice a month by 24, and income received monthly by 12.
    - b. Add together all the unrounded, converted values.
    - c. Compare the total to the published IEGs (annual income for the appropriate household size) to make the final income eligibility determination.
    - d. Modifications have been made to the fourth income label to assist agencies in determining if a WIC participant meets eligibility requirements.
- G. Applicants/participants determined ineligible due to income must be provided written notice of the ineligibility (WIC-54), the reason for ineligibility, and the right to a fair hearing.
- H. If household income has been documented, proof of income presented, and the type of proof documented for the household within the last thirty (30) days and there is no change in household size or income, this information can be used for other household members being certified for WIC within that thirty (30) day period. All eligibility and documentation requirements for WIC must be met for the new participant.
- I. Income eligibility is applicable for the certification period. Local WIC agencies are not required to reassess eligibility during a certification period and participants are not required to report income or household changes during the certification period. However, if new income or household information is obtained, WIC eligibility must be reassessed for all household members who have more than 90 days remaining in their certification period. When the time remaining in the

certification period is 90 days or less, reassessment is not required since this is insufficient time to effect change. Refer to Policy 206- Determining Household Size and Household Income, New Income Information.

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



# Policy 204

## Verification of Certification (VOC)

### **POLICY**

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

### **PURPOSE**

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

### **RELEVANT REGULATIONS**

[7 CFR 246.7](#) – Certification of participants, (k) Transfer of certification

[7 CFR 246.7 \(j\)\(4\)](#) – Notification of participant rights and responsibilities

### **DEFINITIONS**

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

### **PROCEDURES**

#### **General Policies**

- A. Notification of the right to transfer
  1. Describe VOC availability, process, and purpose. Refer to Kentucky eWIC Benefits Pamphlet, eWIC-1 (Rights and Responsibilities).
  2. Post signage (WIC Moving poster) reminding participants to ask for a VOC if they will be moving.
  
- B. VOC Issuance
  1. A VOC must be issued to any participant with remaining eligibility in the certification period that needs to transfer in state, out of state, or overseas.
  2. The transferring site issues a VOC so that the receiving site can enroll the participant without screening for income or risk and issue food benefits.
  3. A VOC shall be issued for each household member.
  4. Food benefits must be issued until the end of the certification expiration date on the VOC or the end of the food benefit cycle to prevent a lapse in benefits and to reduce visits to the clinic. If Kentucky certification policy allows for a longer certification period, the person must receive benefits according to Kentucky policy.
  5. The VOC shall be produced by the system unless the system is unavailable in which case a WIC-17 Handwritten VOC is available. Refer to Section 200 Certification Appendices, Verification of Certification (VOC) (WIC-17).
  6. A VOC (WIC-17) is to be issued at certification to any person identified as a migrant.
  
- C. Validity
  1. A valid VOC must contain the three following items:
    - a. Participant's name
    - b. Certification date
    - c. Certification ending date

2. A person with a valid VOC from another state or overseas cannot be denied participation because the person does not meet Kentucky nutritional risk criteria and the length of the certification period may be different.
3. If a VOC is determined invalid, the transferring site may be contacted for necessary information. If information cannot be obtained, the person must be screened as a new participant in the receiving site.
  - a. If you have difficulty reaching a transferring site, please refer to the FNS website <https://www.fns.usda.gov/wic/wic-contacts> that identifies each State's point of contact for VOC information.

#### D. Receiving a VOC

1. If the VOC is valid and caseload slots are available, the site must immediately add the participant. If slots are not available, the person must be placed on the waiting list ahead of all state approved waiting list individuals. Refer to Policy 706- Waiting List.
2. Support staff can perform all procedures and actions for a Transfer/VOC within Kentucky without needing to see a health professional. Contact with a health professional is only required if a food package change is needed, a formula prescription is needed, or an out of state food package does not convert to a Kentucky food package.
  - a. A new prescription is not required for an exempt infant formula/WIC nutritional's documented on the VOC.
3. A VOC represents proof of income and nutritional risk only. Participants must show proof of residency and identity. Proof of identity is also required for the person picking up food instruments on behalf of the transferring participant.
4. Transferring WIC participants that are age 18 or over must be offered voter registration.
5. An in-state transfer/VOC participant with valid food benefits from the transferring site shall use those food benefits as long as they are still appropriate.
  - a. Transferring participants must surrender to the receiving WIC agency any unused food instruments or Electronic Benefit Transfer (EBT) card from the sending agency, in their possession.
  - b. It is unacceptable to void valid food benefits issued by the transferring site and reissue the same food package at the receiving site.
6. Terminated participants may still be transferred. If terminated within their certification period they must be reinstated. If their certification period has expired, they may still be transferred but will need to be recertified for continued eligibility on the program.
7. If a migrant's certification period has expired on his/her VOC, the VOC may still serve as income documentation, if the VOC shows that an income determination was done within the last twelve (12) months.

#### E. Enrolling a participant without a VOC

1. In-state
  - a. Conduct "VOC Search" in system.
  - b. Request proof of residence and identity. If proof cannot be provided, refer to Policy 207- Required Proofs Not Present.
  - c. After a VOC search is completed, and the participant information cannot be obtained, contact the previous site, and inform them the person is seeking WIC at your site. Request and document the information listed below:
    - i. Date of Certification
    - ii. Recertification or next action due
    - iii. First full package issue month/date
    - iv. Food package code
    - v. Prescription expiration date if applicable
    - vi. Valid dates of the last food benefit issued
2. Out of State
  - a. Conduct "VOC Search" in system.

- b. Request proof of residence and identity. If proof cannot be provided, refer to Policy 207- Required Proofs Not Present.
- c. Contact the previous site and inform them the person is seeking WIC at your site. Document information obtained. If information cannot be obtained or the certification has expired, screen the applicant as a new participant.

\*For step-by-step instructions on how to process an in-state or out of state VOC, please reference the CMS User Manual at: <https://chfs.ky.gov/agencies/dph/dafm/lhob/Pages/cmsdocs.aspx>

# Policy 205

## Adjunct Eligibility

**POLICY**

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

**PURPOSE**

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

**RELEVANT REGULATIONS**

[7CFR 246.7 \(d\)\(vi\)](#) Adjunct or automatic income eligibility

**PROCEDURES**

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

- A. An participant with current eligibility in one of the following programs is adjunct income eligible:
  - 1. Medicaid, including Medicaid Presumptive Eligibility (MPE), Medicaid Breast and Cervical Cancer Treatment Program (MBCCTP), Medicaid that is issued under the Affordable Care Act (ACA), Kentucky Children’s Health Insurance Program (KCHIP) Phase I, and KCHIP Phase II, or
  - 2. Supplemental Nutrition Assistance Program (SNAP) or
  - 3. Kentucky Transitional Assistance Program (KTAP).
- B. If a WIC household member’s eligibility is being used for the participant, proof/verification of current eligibility for the household member must be seen or obtained.
- C. The following situations qualify as WIC Household (WH) eligibility: (see also chart below)
  - 1. A newborn deemed eligible under his/her mother’s Medicaid eligibility (an infant born to a woman on Medicaid at delivery is automatically eligible for Medicaid), or
  - 2. Member of a household which includes a pregnant woman that is currently eligible for Medicaid, including Medicaid Presumptive Eligibility and Medicaid Breast and Cervical Cancer Treatment Program, or
  - 3. Member of a household which includes an infant that is currently eligible for Medicaid, or
  - 4. Member of a household that includes anyone that is currently eligible for KTAP.

	<b>Medicaid</b>	<b>SNAP</b>	<b>KTAP</b>
<b>Pregnant Woman</b>	Self and household members	Self if name is on letter	Self and household members
<b>BF/PP Woman</b>	Self only	Self if name is on letter	Self and household members
<b>Infant</b>	Self and household members	Self if name is on letter	Self and household members
<b>Child</b>	Self only	Self if name is on letter	Self and household members

- D. When adjunct eligible, the participant:
  - 1. Must be status eligible and meet the residency and nutritional risk criteria to qualify for WIC.

2. Is not screened for income eligibility; however, self-reported household income is documented.
  3. Must not be denied WIC eligibility based on self-reported household size or income.
- E. For applicants presenting as Medicaid eligible, current Medicaid eligibility must be verified and the type of coverage must be determined. **For WIC adjunct eligibility, verification must be obtained through the KYHealth-Net System, the Voice Response system (800 number), or the local Department for Community Based Services (DCBS) office.**
- F. Individuals enrolled in a participating Managed Care Organization (MCO) provider are not automatically income eligible for WIC. It must be determined first if the individual is eligible for Medicaid by verifying eligibility through the KYHealth-Net system, the Voice Response system (800 number), or the local Department for Community Based Services (DCBS) office.
- G. Applicants eligible for KCHIP Phase III are not adjunct income eligible. It must be determined if the individual is eligible for KCHIP III.
- Important:** Individuals that have KCHIP III are identified in the KYHealth-Net system with an assigned status code of P7. These individuals must be screened for household size and household income.
- H. Applicants that qualify based on WIC Household (WH) eligibility, Medicaid Presumptive Eligibility, or Medicaid Breast and Cervical Cancer Treatment Program must present proof of residence and identity.
- I. Examples of acceptable proof for adjunct eligibility are below. Proof must show eligibility on the date of the certification.
1. Verification of current Medicaid eligibility\* for the participant.
  2. Verification of current Medicaid eligibility\* for the pregnant woman or infant that the participant lives with.
  3. Verification of Medicaid eligibility\* for the newborn's mother at the time of delivery.  
*\* For WIC adjunct eligibility, verification of current Medicaid eligibility must be obtained through the KYHealth-Net system, the Voice Response system, or the local DCBS office.*
  4. Identification Sheet for Medicaid Presumptive Eligibility or Medicaid Breast and Cervical Cancer Treatment Program, Medicaid Eligibility Verification.
  5. Verification of current Medicaid Presumptive Eligibility by the health care provider that determined it.
  6. Letter confirming KTAP eligibility or a KTAP check stub for the participant or a household member.
  7. General Notice of Action letter with the participant's name as an active member.  
*NOTE: The SNAP EBT card cannot be used as proof of eligibility.*
  8. Verification of current MBCCTP eligibility by the health department staff that determined it.
- J. The type of proof must be documented in the participant's medical record.
1. Documentation is done by selecting the appropriate type of proof on the Income/Proofs Screen, and then placing the printed registration label on the CH-5/CH-5WIC in the medical record. If eligibility is based on another household member, proof of adjunct eligibility for this member must be seen and the type of proof presented, then selected from the adjunct eligibility proof drop down on the Income/Proofs Screen.
  2. If printing problems prevent the codes from appearing on the label, the codes must be handwritten on the label and include staff initials and date.
  3. If system access is unavailable, the CH-5B must be completed with appropriate proof codes.

## Documenting Self-Reported Income with Adjunctive Eligible WIC Participants in Portal

As a reminder, income **must** be documented for those who are adjunctively eligible. This is for federal reporting purposes and not used for income assessment for the WIC Program.

### For Adjunct Eligible Applicants:

- **Self-reported income is to be entered on the Household Member Screen and the Registration Screen.**
  - Note once entered on Household Member Screen, you will *only* have to enter the date on the Registration Screen, not the income amount.
- **Self-reported income is not entered on the “Save & Income/Proofs” screen in Portal.**
- **See below for screen shots of the Household Member Screen and Registration Screen for the estimated household income documentation for Adjunct Eligible Participants. (See yellow boxes)**

### 1. Household Member Screen

- Enter self-reported (can be estimated) annual income, number in household and visit date on the Household Member Screen.

Household

Status	Active	County	LOCAL HEALTH	Household #	31
Name	MOUSE	EBT Account #	50031	<a href="#">EDIT</a> <a href="#">HH SEARCH</a> <a href="#">EBT ACCT</a> <a href="#">WIC INQUIRY</a> <a href="#">ONLINE EDUC</a>	
Address	456 MAGIC LANE	City/State/Zip	Frankfort, KY 40601	Phone #	(502) 695-9999

Responsible Party

There are no records to display.

Emergency Name

There are no records to display.

Medical Home

There are no records to display.

Member Reason For Visit

[EDIT](#)

There are no records to display.

Annual Income  Number in Household \*  Visit Date

Last Household Assessed Date 2/3/2023

Household Members

### 2. Registration Screen

- Go to the Registration Screen for the member and under the income section
- Enter the date in the Income Assessed Date field (this is the day that the certification/recertification is done) and is listed under the box.
- Leave the Annual Income field blank and it will auto-populate after saving, as long as the date is entered for Income assessed Date.

Marital  Migrant?  Special Program?

Hisp/Latino? \*  Current Migrant?

Patient will not answer race (FP pts only)

Race Code(s) \* Available Codes: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander. Assigned Codes: White

Income

Annual Income  Number in Household \*  Income Assessed Date  Household Assessed Date 2/3/2023

Third Party

Medicaid Eligible?  Medicaid #  Presumptive Date

VFC  Medicaid MCO  MCO Member #

Kenpac Eligible?  Kenpac Phy / #

Medicare Eligible?  Medicare #

KTAP?  Food Stamps?

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

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

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

### **Hospital Certification**

If WIC certification is performed in the hospital, refer to Policy 214- Hospital Certification.

# Policy 206

## Determining Household Size and Household Income

### **POLICY**

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

### **PURPOSE**

To comply with the federal WIC income eligibility guidance.

### **RELEVANT REGULATIONS**

[7CFR 246.7 \(d\)\(2\)\(ii\)](#) – Definition of income

[7CFR 246.7 \(d\)\(2\)\(iv\)](#) – Income exclusions

FNS Instruction 803-3, Rev. 1 – Certification: Income Eligibility

USDA MEMO 803-L – Lump Sum Payments as Income (7/13/92)

### **PROCEDURES**

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

- A. Household size and household income must be documented for each individual and is valid for the length of the certification period. However, if new income or household information is obtained WIC eligibility must be reassessed.
  1. Documentation is done by completing registration information in the Management Information System (MIS), printing registration/income labels and completing the applicable Registration, Authorizations, Certifications, and Consents form (CH-5 or CH-5WIC). If the automated system is unavailable, the Patient Registration and Income Determination form (CH-5B) must be completed and filed in the medical record, and data subsequently entered in the system.
- B. Current household income (income received by the household during the month {30 days} prior to the date of the application) or the household income during the past twelve (12) months may be considered to determine which more accurately reflects the status.
  1. If Income assessment is being done prospectively (i.e. the sole support of that family has just been laid off but has been authorized to receive unemployment benefits for the next six months), “current” refers to income that will be available to the family in the next 30 days.
- C. WIC Income Eligibility Guidelines are calculated based on the individual’s frequency of pay. The system is programmed to compare the weekly, bimonthly, semi-monthly, or monthly income to the WIC Income Eligibility Guidelines.
- D. Income for persons who are unemployed shall be the income during the period of unemployment.
- E. Persons who are on leave that they themselves requested (i.e., maternity leave or a teacher not being paid during the summer) are not considered unemployed. Therefore, the person’s income earned during the regular employment period must be averaged to determine annual income.
- F. Household income does not have to be reassessed at mid-certification health assessment (MCHA) visits.

### **Determining Household Size**

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

- A. Household members share economic resources and consumption of goods and/or services.



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

*Separate Economic Unit:*

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

Questions to Ask:

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

*Pregnant Woman:*

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

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

*Unmarried Couple:*

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

*Child:*

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

*Foster Child:*

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

Question to Ask:

- Is the child the legal responsibility of the Commonwealth or social service agency? If yes, the participant is a household of one.

*Joint Custody:*

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

*Child Residing with Caretaker:*

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

*Adopted Child:*

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

*Student:*

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

*Non-Citizen/Foreign Individual:*

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

*Military:*

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

*Military Family in Temporary Residence of Friends/Relatives:*

When military personnel are deployed or assigned to a military base and temporarily absent from home, their family (children of deployed parents, children and one parent, or spouse) may temporarily move in with friends or relatives. In this situation, flexibility is allowed to ensure minimal impact on military family member's eligibility and/or receipt of services. The "military family" household size is determined through the following options:

- Count the "military family" as it was prior to the deployment/assignment of the military person(s) as a separate economic unit. This option counts the deployed person(s) and gross income. Use of this option is dependent on whether the total gross income for this economic unit can be reasonably determined.
- Count the "military family" as it is now as a separate economic unit without the deployed person(s). This

option does not count the deployed person(s). To consider as a separate economic unit, the unit must have its own source of income, e.g., allotment to the spouse and/or children.

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

*Homeless:*

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

Questions to Ask:

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

### **Determining Household Income Sources**

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

- A. Local WIC agency staff must assess all sources of income for a household to determine which will be included or excluded from household income calculations.
- B. The determination of the amount of a household’s gross income shall not be reduced for hardships, high medical bills, childcare payments, taxes, child support, alimony, insurance, or other deductions.
- C. Local WIC agency staff shall use net income to determine income eligibility for farmers and self-employed persons only. Net income is determined by subtracting the operating expenses from the gross income.
- D. Income earned or received by all members of the household includes:
  1. Gross Income
    - a. Monetary compensation for services, including wages, salary, commissions, fees, and overtime.
    - b. Public assistance or welfare payments (KTAP, Supplemental Security Income [SSI], etc.).
    - c. Pensions or retirement.
    - d. Black lung or other disability payment.
    - e. Social Security benefits.
    - f. Government civilian employee or military retirement or pensions or veterans’ payments/benefits.
    - g. Unemployment compensation or worker’s compensation.
    - h. Alimony and child support payments.
    - i. Payment from the military including food and clothing allowance. Do not include housing allowance.
    - j. Regular contributions from person not living in the household.
    - k. Dividends or interest on savings or bonds, income from estates, trusts, or investments.
    - l. College or university scholarships, grants, fellowships, and assistance (except as excluded – see “E. 11. under Exceptions”).
    - m. Strike benefits.

- n. Payments or winnings from gaming, gambling, lottery, and bingo.
  - o. Cash received or withdrawn from any source, including savings, investments, trusts.
  - p. Lump sum payments:
    - i. Lump sum payments that represent new money intended for income is counted as income. Examples include gifts, inheritance, lottery winnings, worker's compensation for lost wages, severance pay, and insurance payments for "pain and suffering." Lump sum payments for winnings and proceeds from gaming, gambling, and bingo are also counted as income.
    - ii. Lump sum payments that represent reimbursement for lost assets or injuries shall not be counted as income. Examples include amounts received from insurance companies for loss or damage of personal property, such as home or auto; payments that are intended for a third party to pay for a specific expense incurred by a household, such as a payment of medical bills resulting from an accident or injury.
    - iii. The lump sum payment may be counted as annual income or may be divided by 12 to estimate a monthly income, whichever is most applicable.
2. Net Income for self-employed and farm (determine net by subtracting operating expenses from the total amount made) only for:
    - a. Net royalties.
    - b. Net rental income.
    - c. Net income from farm (money from tobacco, crops, etc.) or non-farm self-employment.
- E. **Exceptions:** The following are exceptions to income determination sources and shall **NOT** be considered as an income source.
1. Non-cash benefits, in-kind housing, and in-kind benefits such as employer paid, or union-paid portion of health insurance or other employee fringe benefits, food, or housing received in lieu of wages.
  2. Capital gains, the sale of property, a house, or a car.
  3. One-time payments from a state agency to a family or person who is in temporary financial difficulty.
  4. Tax refunds.
  5. Federal non-cash benefits programs: Medicare, Medicaid, National School Lunch Act, Child Nutrition Act of 1966, and Food Stamp Act of 1977 (SNAP).
  6. Payments or allowances from the Home Energy Assistance Act of 1981.
  7. Reimbursements from the Home Energy Assistance Act of 1981.
  8. Payment to volunteers under Title I (VISTA and others) and Title II (RSVP foster grandparents and others) of the Domestic Volunteer Service Act.
  9. Payment to volunteers of the Small Business Act (SCORE and ACE).
  10. Payments received under the Job Training Partnership Act (JTPA).
  11. Student loans and grants that are not counted as income:
    - a. Pell Grant
    - b. Supplemental Educational Opportunity Grant (SEOG)
    - c. State Student Incentive Grants
    - d. National Direct Student Loans
    - e. Stafford Loans
    - f. Perkins Loans
    - g. PLUS
    - h. Supplemental Loans for Students
    - i. College Work Study
    - j. Byrd Honor Scholarships
  12. Cash or non-cash payments from a Child Care and Development Block Grant or other purchase of childcare subsidy
  13. Earned Income Tax Credit (EITC) payment/refund.
  14. Loans to which the participant does not have constant or unlimited access.

15. Family Subsistence Supplemental Allowance (FSSA). This is a payment made to certain members of the Armed Forces and their families by the Department of Defense.
16. For military personnel:
- Military Housing allowance (off base and on-base housing allowances). Such housing allowances include Basic Allowance for Housing (BAH), Family Separation Housing (FSH) and Overseas Housing Allowance (OHA).
  - Overseas Continental United States cost of living allowance (OCONUS COLA) provided to military personnel in high cost of living areas outside the contiguous United States.  
 Note: Veteran’s Educational Assistance Program or GI Bill is not an exclusion and MUST be included in income determination.
  - Combat Pay: refer to Guidance for the Exclusion of Combat Pay from WIC Eligibility Determination in this section.
17. Restrictions apply to the use of the dollar value of WIC benefits provided to a participant. Any requests or any information concerning the value of WIC benefits shall have the following restrictions:
- The value of WIC benefits shall not be considered income or resources for any purpose under any Federal or State laws including, but not limited to, laws relating to taxation, welfare, and public assistance programs.
  - Benefits from state and local sources for food programs shall not be reduced as a result of WIC benefits.
  - Sponsors of qualified aliens (sponsors have signed an affidavit of support) are not required to reimburse the state or federal government for WIC Program benefits provided to sponsored aliens.

What Military Pay or Allowance to <u>Include</u> in Income Determination	What Military Pay or Allowance to <u>Exclude</u> in Income Determination
<ul style="list-style-type: none"> <li>✓ Base pay – the soldier’s regular rate of pay</li> <li>✓ Basic Allowance for Subsistence (BAS)</li> <li>✓ Foreign Language Proficiency Pay (FLPP) *</li> <li>✓ Family Separation Allowance (FSA) *</li> <li>✓ Jump Pay, Drive Pay, Sea Pay , Flight Pay, etc. (unless service member is deployed to a combat zone)</li> <li>✓ Clothing Maintenance Allowance (CMA) – can be averaged for the year.</li> <li>✓ Bonus Pay (Bonus) – can be averaged for the year</li> <li>✓ Continental United States Cost of Living Allowance (CONUS COLA)</li> </ul> <p style="text-align: center;"><b>*See below for exceptions</b></p>	<ul style="list-style-type: none"> <li>X Basic Allowance for Housing (BAH or BAQ)</li> <li>X Family Separation Housing (FSH)</li> <li>X Overseas Housing Allowance (OHA)</li> <li>X Overseas Continent United States Cost of Living Allowance (OCONUS COLA)</li> <li>X Combat pay as a result of the service member being deployed to a declared combat zone. (May be Hostile Fire Pay/Imminent Danger Pay or Hazardous Duty Pay (HZD Pay))</li> <li>X Combat-Related Injury Rehabilitation Pay (CIP)</li> <li>X Special Duty Assignment Pay (SDAP) *</li> </ul>

\*Family Separation Allowance (FSA) is **excluded** if the service member is end route to a training location prior to deployment to a designated combat zone or on deployment orders to designated combat zone.

\* Foreign Language Proficiency Pay (FLPP) and Special Duty Assignment Pay (SDAP) that was not received prior to the time of deployment to a designated combat zone shall be **excluded** from the WIC income eligibility determination.

**Follow the guidance below for payments made by the military.**

- A. Any combat pay received directly by a participant employed by the military while serving in an area that has been designated as a combat zone is **not** counted as income when determining WIC eligibility. Combat pay is excluded if it is:
  - 1. Received in addition to the service member's basic pay;
  - 2. Received as a result of the service member's deployment to or service in an area that has been designated as a combat zone; **and**
  - 3. Not received by the service member prior to his/her deployment to or service in the designated combat zone.
- B. For service members receiving one-time bonus or clothing allowances, consider income averaging for the year.

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

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

**Computing Household Income**

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

- A. Consider the current household income or the household income during the past 12 months to determine which indicator more accurately reflects the status. If assessing annual income, exceptions are:
  - 1. Unemployed person (including laid-off workers), use income that will be available to the household member in the next 30 days.
  - 2. Self-employed or seasonally employed person whose household income fluctuates through the year, use annual.
  - 3. Person on temporary leave (maternity, family leave, extended vacation), use annual. (This is not considered unemployed.)
  - 4. Teacher paid on ten (10) month basis, use annual.
  - 5. Person on strike, use income that will be available to the household member in the next 30 days, including any strike benefits.
  - 6. Individuals that receive frequent and consistent overtime pay, use annual.
- B. If a participant indicates that they are paid weekly, it would be reasonable to look at four paystubs from the past four weeks (30 days). The table below indicates the number of pay stubs recommended to review for each type of pay period.

<u>Pay Period</u>	<u>Number of Pay Stubs to Request/Review</u>
Monthly	1
Weekly	4
Bi-Weekly (twice a month)	2
Semi-Monthly (every 2 weeks)	2

- C. Sources of income for the household may not be the same timeframe (weekly, monthly, etc.), so the income must be converted to common terms to determine total household income.
  - 1. The system is programmed to convert income to common terms to determine the total household income.
  - 2. If system access is not available, the CH-5B must be completed.
    - a. Calculate total income (see table for manual calculations).

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

- b. When all sources of household income have been converted to common terms, compare the total to the published Income Eligibility Guidelines (IEG) (annual income for the appropriate household size to make the final income eligibility determination).
  - c. If a household has only one income source, or if all sources have the same frequency (i.e. all household members are paid weekly) do not use the conversion factors in the above table. Compare the income, or the sum of the separate incomes to the published IEG for the appropriate frequency and household size to make the WIC income eligibility determination.
3. If the income assessment is being done prospectively (e.g. a household member has been laid off but has been authorized to receive unemployment benefits for the next six months), "current" refers to income that will be available to the household member in the next 30 days.

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

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

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

- A. When a participant reports income as zero a signed statement must be provided.
- B. The statement must include why written/electronic proof of income cannot be provided and an explanation of how living expenses are met. The Statement of No Proof (WIC-NP) is available for this purpose. Refer to Section 200 Certification Appendices.
- C. The statement is applicable only to the certification period for which it was provided. At recertification, if the person still has no proof of income, another statement must be obtained for this certification period.
- D. The statement must be filed in the patient's medical record.
- E. When the interviewer is satisfied that the person's income is zero, obtain the participant's signature on the CH-5/CH-5-WIC/CH-5B as documentation that income has been reported accurately.

### **WIC Exceptions to Income Screening**

- A. Transfer Participant/VOC-A transfer is not screened for income eligibility nor required to show proof of income until the certification period expires and he/she is again screened for eligibility.

- B. Migrant – Income eligibility shall be determined for a migrant once every twelve (12) months. A VOC will provide income eligibility for up to one (1) year for a migrant. If the timeframe of the migrant’s income determination is unknown, income eligibility must be done at certification.
- C. Hospital Certification – Mothers and newborn infants certified at the hospital are not required to show proof of income at the time of certification. Accept self-reported income and if eligible, certify and issue food instruments for thirty (30) days. Proof of adjunct eligibility or household income must be provided within thirty (30) days. Refer to Policy 214- Hospital Certification.
- D. Adjunctively Eligible – These persons are excluded from providing proof of income but must show proof of adjunct eligibility. Refer to Policy 205- Adjunct Eligibility.

### **Verification of Reported Household Income**

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

- A. Reasons for seeking verification may include but are not limited to:
  - 1. Complaint made by another individual.
  - 2. Contradictory information given by a participant.
  - 3. Information WIC staff may have about the financial situation of the individual.
- B. The following are acceptable as verification:
  - 1. Current pay stubs.
  - 2. Statement from the employer or any responsible person who can verify income if the employer refuses to do so.
  - 3. For self-employment income – ongoing records or tax returns.
- C. No person may be denied participation of services solely because the employer refuses to verify income.
- D. If the verification does not support WIC eligibility, WIC services shall be terminated for all household members affected. A payback of benefits will be requested if it is determined to be cost efficient.

### **New Income Information**

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

- A. Reassessment may result when:
  - 1. Local WIC agency staff has reason to believe that income information or household size provided at the certification was not accurate or complete.
  - 2. A household member is assessed for income and is over the guidelines.
  - 3. Income is required for other health services.
  - 4. A participant/caretaker reports a change in income or Medicaid status.
- B. When more than 90 days remains in a current certification period, reassessment is required.

Procedures for reassessment are:

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



3. Termination must be appropriately documented in the medical record and include the reason for termination.

**KY WIC Guidance for Determining Household Size**

Situation	Question to Ask	Household Size
<b>Separate Household/Economic Unit</b>	Does the household provide you with free food, clothing, or shelter, etc. with no expectation of payment or in-kind benefits?	<b>If YES</b> – include in the household size, it is NOT a separate household.
	Do you pay the household for living in their home and have your own source of income to support yourself?	<b>If YES</b> – separate household.
	Do you share income and expenses with other people you live with?	<b>If YES</b> – count as one household. <b>If NO</b> – must have sufficient income to sustain a separate household.
<b>Foster Child</b>	Is the child the legal responsibility of the Commonwealth or social service agency?	<b>If YES</b> – household of one <b>If NO</b> – include in household size
<b>Institutionalized/Student Household Member</b>	Do you pay financial support for the institutionalized person or student living away from home?	<b>If YES</b> – include in household size <b>If NO</b> – do not include in household size
<b>Child Residing in Another Home</b>	Is there court-ordered custody?	<b>If YES</b> – child is member of court-ordered household <b>If NO</b> – ask the next question
	Do you have court-ordered joint custody?	<b>If YES</b> – the child is a member of only one household, the parent seeking services <b>If NO</b> – child is member of custodial parent’s household
<b>Any Individual</b>	Do you live with parents/others and are you supported by them?	<b>IF YES</b> – include all in household
	Do you live with parents/others but are working, support yourself, and paying for room and board?	<b>If YES</b> – it is separate household
	Do you live with parents/others and do chores in exchange for room and board?	<b>If YES</b> - is a member of the household, must have income to sustain a separate household <b>If NO</b> – include in household
	Do you live apart from parents and work?	<b>If YES</b> - it is a household, plus other contributors to the household <b>If NO</b> – see above
<b>Homeless</b>	Do you lack a fixed and regular nighttime residence?	<b>If YES</b> – a separate household <b>If NO</b> – ask next question
	Is your primary nighttime residence: <ul style="list-style-type: none"> <li>• A supervised public or privately operated shelter (including a state or congregate shelter) designed to provide temporary living accommodations?</li> <li>• An institution that provides a temporary residence for individuals intended to be institutionalized?</li> </ul>	<b>If YES</b> – count as separate household

Income Guidelines for the WIC Program  
185% of Poverty  
**Effective May 2022 through June 2023**

	Household Size								
	1	2	3	4	5	6	7	8	
Weekly	\$484	\$652	\$820	\$988	\$1156	\$1,324	\$1,492	\$1,659	+168
Bi-Weekly	\$967	\$1,303	\$1,639	\$1,975	\$2,311	\$2,647	\$2,983	\$3,318	+\$336
Twice-Monthly	\$1,048	\$1,412	\$1,776	\$2,140	\$2,503	\$2,867	\$3,231	\$3,595	+\$364
Monthly	\$2,096	\$2,823	\$3,551	\$4,279	\$5,006	\$5,734	\$6,462	\$7,189	+\$728
Annual	\$25,142	\$33,874	\$42,606	\$51,338	\$60,070	\$68,802	\$77,534	\$86,266	+\$8,732
<b>Persons who receive Medicaid or SNAP Automatically meet the income requirements for the WIC Program.</b>									

Income Guidelines for the WIC Program  
185% of Poverty  
**Effective May 2022 through June 2023**

	Household Size								
	9	10	11	12	13	14	15	16	
Weekly	\$1,827	\$1,995	\$2,163	\$2,331	\$2,499	\$2,667	\$2,835	\$3,003	+\$168
Bi-Weekly	\$3,654	\$3,990	\$4,326	\$4,662	\$4,998	\$5,333	\$5,669	\$6,005	+\$336
Twice-Monthly	\$3,959	\$4,323	\$4,686	\$5,050	\$5,414	\$5,778	\$6,142	\$6,506	+\$364
Monthly	\$7,917	\$8,645	\$9,372	\$10,100	\$10,828	\$11,555	\$12,283	\$13,011	+\$728
Annual	\$94,998	\$103,730	\$112,462	\$121,194	\$129,926	\$138,658	\$147,390	\$156,122	+\$8,732

**Persons who receive Medicaid or SNAP  
May automatically meet the income requirements for the WIC Program.**

**Pautas de ingresos para el programa WIC**  
 185% de pobreza  
**Vigente desde mayo del 2022 hasta junio del 2023**

	Número de personas en el hogar								
	1	2	3	4	5	6	7	8	
Semanal	\$484	\$652	\$820	\$988	\$1156	\$1,324	\$1,492	\$1,659	+168
Cada dos semanas	\$967	\$1,303	\$1,639	\$1,975	\$2,311	\$2,647	\$2,983	\$3,318	+\$336
Dos veces al mes	\$1,048	\$1,412	\$1,776	\$2,140	\$2,503	\$2,867	\$3,231	\$3,595	+\$364
Mensual	\$2,096	\$2,823	\$3,551	\$4,279	\$5,006	\$5,734	\$6,462	\$7,189	+\$728
Anual	\$25,142	\$33,874	\$42,606	\$51,338	\$60,070	\$68,802	\$77,534	\$86,266	+\$8,732
<b>Las personas que reciben Medicaid o SNAP automáticamente cumplen con los requisitos de ingresos para el Programa WIC.</b>									

**Pautas de ingresos para el programa WIC**  
 185% de pobreza  
**Vigente desde mayo del 2022 hasta junio del 2023**

	Número de personas en el hogar								
	9	10	11	12	13	14	15	16	
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Anual	\$94,998	\$103,730	\$112,462	\$121,194	\$129,926	\$138,658	\$147,390	\$156,122	+\$8,732

**Las personas que reciben Medicaid o SNAP automáticamente cumplen con los requisitos de ingresos para el Programa WIC.**

## **Guidance for the Exclusion of Combat Pay from WIC Eligibility Determination**

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

### **Allowable Exclusions**

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

- A. must have been received in addition to the service member's basic pay; (*Note: A service member, who is currently serving as a member of the armed forces and is paid a monthly salary, is eligible to receive any of the additional pay associated with combat pay.*)
- B. must have been received as a result of the service member's deployment to or service in an area that has been designated as a combat zone; (*Note: a service member who is put on deployment orders to deploy to an area that has been designated by an Executive Order from the President as areas which U.S. Armed Forces are engaging or have engaged in combat is eligible to receive combat pay.*)
- C. must not have been received by the service member prior to his/her deployment to or service in the designated combat zone. (*Note: a service member who is paid only basic entitlements, such as Basic pay, Basic Subsistence Allowance (BAS), and Basic Housing Allowance (BAH), will receive additional entitlement pay, i.e. combat pay, once the service member is put on deployment orders. These pays will show as an additional payment in the entitlements column on a service member's Leave and Earning Statement (LES).* )

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

### **Types of Combat Pay**

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

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

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

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

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

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

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

### **Other Allowances**

In addition, there are other allowances for which service members are eligible while serving in a combat zone, but which are not directly related to being in combat, although they may be eligible for exclusion as income for WIC purposes. The local WIC agency will need to explore the circumstances under which a participant's household is receiving each additional allowance in

more detail before the decision to include or exclude this particular payment from the WIC household eligibility determination assessment is made.

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

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

3. What is FSA and who is entitled to receive it?

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

4. What is FLPP and who is entitled to receive it?

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

5. What is SDAP and who is entitled to receive it?

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

6. What is CIP and who is entitled to receive it?

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

7. What is HDIP and who is entitled to receive it?

Service members who perform any of the following duties can earn Hazardous Duty Incentive Pay (HDIP):

- ✓ Parachute Duty
- ✓ Flight Deck Duty
- ✓ Demolition Duty
- ✓ Experimental Stress Duty
- ✓ Toxic Fuels (or Propellants) Duty
- ✓ Toxic Pesticides Duty
- ✓ Dangerous Viruses (or Bacteria) Lab Duty
- ✓ Chemical Munitions Duty
- ✓ Maritime Visit, Board, Search and Seizure (VBSS) Duty
- ✓ Polar Region Flight Operations Duty

A Service member can receive up to two different types of HDIPs during the same period if s/he performs more than one of these duties as required by the mission. HDIP begins on the day the member reports for duty and ceases on the termination date published in the orders or when the member is no longer required to perform the hazardous duty, whichever occurs first. The HDIP entitlement(s) is prorated based on the number of days the member spends performing these duties during a month. HDIP that was not received by a service member prior to deployment to a designated combat zone shall be excluded from the WIC income eligibility determination.



**Appendix A: Sample Marine Corps Leave and Earnings Statement, with explanatory notes**

MARINE CORPS TOTAL FORCE LEAVE AND EARNINGS STATEMENT																													
A ID INFO		1 NAME (LAST, FIRST, MI)		2 SSN *****		3 RANK LCPL		4 SERV USMC		5 PLT CODE UTIL		6 DATE PREP 20070401		7 PRD COVERED 1-31 MAR		8 PEBD 20060503		9 YRS 00		10 EAD		11 ECC		12 MCC DIST RUC SAL 01 00540					
B FORECAST AMOUNTS		13 DATE		14 DATE		15 START DATE		16 AMOUNT		17 BALANCE		18 POF		C DIRECT DEPOSIT/LEFT ADDRESS FORT SILL NATIONAL BANK PO BOX 33009 FORT SILL OK 73030000															
E LEAVE INFORMATION														F AVIATION PAY INFORMATION															
19 LV BF		20 EARNED		21 USED		22 EXCESS		23 BAL		24 MK ADJURAL		25 LOOT		26 SOLD AS OF 7.5 20060729		27 CRT LV BAL		28 AED		29 DRFP TOTAL		30 PRIOR DRFP START		31 PRIOR DRFP STOP		32 DRFP DATE INFORMATION			
G TAX INFORMATION														H RIGHTS OF MARINES INDEBTED TO THE GOVERNMENT YOU HAVE THE RIGHT TO:															
33 STATE TAX				34 FEDERAL TAX				35 FICA (SOCIAL SECURITY TAX)				-INSPECT AND COPY RECORDS PERTAINING TO DEBT -QUESTION VALIDITY OF A DEBT AND SUBMIT REPUTING EVIDENCE -NEGOTIATE A REPAYMENT SCHEDULE -REQUEST A WAIVER OF DEBT MORE INFORMATION ABOUT YOUR RIGHTS CAN BE OBTAINED FROM YOUR COMMANDING OFFICER VIA YOUR CHAIN OF COMMAND.																	
STATE CODE CT		EXEMPTIONS		WAGES THIS PRD \$245.70		WAGES YTD \$697.93		SSEC TAX YTD \$25.57		MEDICARE TAX YTD \$37.91		MEDICARE WAGES THIS PRD \$245.70		MEDICARE WAGES YTD \$697.93		MEDICARE TAX YTD \$13.02													
I ADDITIONAL BAH INFORMATION														J CAREER SEA PAY				K EDUCATION DEDUCTION				L ADMIN PFO							
36		37 BAH ZP		38		39		40		41		42		43 DATE TOTAL CAREER SEA PAY YRS MO DA				44 TYRE		45 MONTHLY AMT		46 TOTAL		47 PAY STATUS 7700					
M RESERVE DRILL INFORMATION														N RESERVE RETIREMENT INFORMATION															
50 RES PYTD		51 RES ANYYTD		52 ADD PYTD		53 ADD ANYYTD		54 ACQ THIS PRD		55 DRILL THIS PRD		56 OTHER THIS PRD		57 MBE THIS PRD		58 END BAL ANYYTD		59 TOTAL SRT YRS		60 TOTAL NET PTD		61 RESERVE ECC		62 DSN 20130801 6102					
50 AFASND 00000000		57 DRFP 00000000		58 TOP TAX DEFERRED \$ .00		59 TOP TAX EXEMPT \$ .00																							
O REMARKS																													
BROUGHT FORWARD														.00				20070228											
ENTITLEMENTS														RUC				AMT				DATES							
BAH W/O DEPN														00540				13.57				20070305-20070305							
BAH PARTIAL														00540				1.04				20070301-20070304							
BAS (MONTHLY)														00540				46.65				20070301-20070305							
BAH PARTIAL														00540				1.30				20070301-20070305							
BASIC PAY														00540				255.70				20070301-20070305							
TOTAL																		318.26											
DEDUCTIONS														RUC				AMT				DATES							
SGLI FULL TIME 400,000														00540				28.00											
FED TAX																		13.95											
SOCIAL SECURITY																		15.85											
MEDICARE																		3.71											
STATE TAX																		.10											
BAH PARTIAL														00540				1.30				20070301-20070305							
RES FULL TIME TSGLI														99999				1.00				20070301							
TOTAL																		63.91											
PAYMENTS																		AMT				DATE		YOU/PRNO		DSSN			
PMTS-REGULAR																		254.35				20070319		00087		6102			
TOTAL																		254.35											
CARRIED FORWARD																		.00											
REMEMBER TO FILE YOUR FEDERAL AND STATE TAX RETURN ON TIME. *OUR NATION IS AT WAR - OUR CORPS IS AT WAR - FIGHTING A DETERMINED ENEMY BENT ON TERROR AND DOMINATION. NOW, MORE THAN EVER, YOUR MARINE CORPS NEEDS YOU. MANY OF YOU HAVE ALREADY SACRIFICED A GREAT DEAL - AND HAVE ALREADY SERVED YOUR COUNTRY IN A COURAGEOUS AND HONORABLE MANNER. AMERICA AND YOUR CORPS																													

**Section A - Identification Information.**

**Box 1** – NAME. Last name, first name, and middle initial.

**Box 2** – SSN. Social Security Number.

**Box 3** – RANK. Pay grade (Rank) for which basic pay is determined.

**Box 4** – SERV. Branch of service (e.g., “USMC” or “USMCR”).

**Box 5** - PLT Code. The section, which assigned.

**Box 6** - DATE PREP. Date Prepared. This is the date the LES was prepared by DFAS in Kansas City.

**Box 7** - PRD COVERED. Period covered. Used to specify the span of days covered by this leave and earnings statement.

**Box 8** – PEBD. Pay entry base date.

**Box 9** – YRS. Years of service for pay purposes.

**Box 10** – EAS. Expiration of active service.

**Box 11** – ECC. Expiration of current contract.

**Box 12** - MCC-DIST-RUC. Monitor command code, district, and Reporting Unit Code (MCC- RUC for USMC, DIST-RUC for USMCR).

**Section B - Forecast Amounts.**

**Box 13** - DATE AND AMOUNT.

1. DATE. Date of midmonth payday.

2. AMOUNT. Forecast of amount due on midmonth payday of the upcoming month.

**Box 14** - DATE AND AMOUNT.

1. DATE. Date of end-of-month payday.

2. AMOUNT. Forecast of amount due on end-of-month payday of the upcoming month.

**Section C - Split Pay Date.**

**Box 15** - START DATE. The date Split Pay Started.

**Box 16** – AMOUNT. The amount of Split Pay Elected.

**Box 17** – BALANCE. The balance of Split Pay not received.

**Box 18** – POE. Payment Option Election. The POE code is used to designate distribution of monthly pay.

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

**Section E - Leave Information.**

**Box 19** - LV BF. Leave brought forward. The number of days leave accrued at the end of the preceding period.

**Box 20** – EARNED. Number of days leave earned during the period covered. Normally this will be 2.5 days.

**Box 21** – USED. Number of days leave charged since the previous LES was prepared.

**Box 22** – EXCESS. Number of days leave charged without entitlement to pay and allowance, in excess of leave that can be earned prior to ECC.

**Box 23** – BAL. Balance. The number of days of accrued leave due or advanced.

**Box 24** - MAX ACCRUAL. Total number of days that can accrue based upon the ECC date. Value is obtained by using the 1st day of the month following the period covered, up to and including the ECC date.

**Box 25** – LOST. Number of days in excess of 60 days dropped due to the change in the fiscal year.

**Box 26** - SOLD/AS OF. Number of lump sum leave sold during the career and the last date leave was sold.

**Box 27** - CBT LV BAL. Reserved for future use.

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

**Section G - Tax Information.**

**Box 33** - STATE TAX.

1. STATE CODE. State tax code. An alphanumeric code is used to identify the state (or territorial possession) designated by the member as his/her legal residence.

2. EXEMPTIONS. State tax exemptions. Marital status and number of exemptions claimed for state tax purposes.

3. WAGES THIS PRD. Total state taxable income for the period covered.

4. WAGES YTD. State taxable income year to date. This is the amount of taxable income earning by the Marine from the date of entry into service or from 1 January of the current year through the last day of the period covered.

5. STATE TAX YTD. State taxes year-to-date. Total amount of State income tax withheld for the year.

**Box 34** - FEDERAL TAX.

1. EXEMPTIONS. Federal tax exemptions. Marital status and number of exemptions claimed for federal tax purposes.
2. WAGES THIS PRD. Total federal taxable income for the period covered.
3. WAGES YTD. Federal taxable income year to date. This is the amount of taxable income earned from the date of entry into service or from 1 January of the current year through the last day of the period covered.
4. FED TAX YTD. Federal taxes year-to-date. Total amount of Federal income tax withheld for the year.

**Box 35 - FICA (SOCIAL SECURITY TAX).**

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

**Section H - Rights of Marines Indebted to The Government.**

**Section I - Additional BAH Information**

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

**Section J - Career Sea Pay.**

**Box 43.**

1. DATE. The date career sea duty ended.
2. TOTAL CAREER SEA SVC. The total number of years, months, and days served on sea duty.

**Section K - Education Deduction.**

**Box 44 – TYPE.** The educational program enrolled.

**Box 45 - MONTHLY AMT.** The monthly amount being deducted for the educational program.

**Box 46 – TOTAL.** The total amount that has been deducted for the educational program; this amount includes the current month.

**Section L - Administrative Information.**

**Box 47 - PAY STATUS.** This code identifies the particular pay status on the last day covered by the LES.

**Box 48 - PAY GROUP.** A three-digit code that identifies if an officer or enlisted.

**Box 49 - CRA DATE.** Clothing Replacement Allowance date for active duty enlisted.

**Box 50 - RESERVE ECC.** Reserve Expiration of Current Contract.

**Box 51 – DSSN.** Disbursing Station Symbol Number. A number used to identify the servicing disbursing/finance officer account.

**Section M - Reserve Drill Information.**

**Box 52 – REG.** Total regular and EIOD drills performed this period.

**Box 53 - REG FYTD.** Total regular and EIOD drills performed this fiscal year.

**Box 54 - REG ANNYTD.** Total regular and EIOD drills performed this anniversary year.

**Box 55 – ADD.** Total additional drills performed this period.

**Box 56 - ADD FYTD.** Total additional drills performed this fiscal year.

**Box 57 - ADD ANNYTD.** Total additional drills performed this for anniversary year.

**Section N - Reserve Retirement Information.**

**Box 58** - BF ANNYTD. Ending balance of retirement credit points for anniversary year from prior month.

**Box 59** - ACDU THIS PRD. Total days active duty this period.

**Box 60** - DRILL THIS PRD. Total drills this period.

**Box 61** - OTHER THIS PRD. Total all other credit points awarded this period.

**Box 62** - MBR THIS PRD. Total membership points awarded this period.

**Box 63** - END BAL ANNYTD. Total retirement credit points after this period for anniversary year-to-date.

**Box 64** - TOTAL SAT YRS. Total satisfactory years credited for retirement purpose.

**Box 65** - TOTAL RET PTS. Career total retirement credit points.

**Section O – Remarks.**

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

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

- Basic Pay.
- Pro/Sep Rations.
- Clothing Replacement Allowance.
- BAH.
- Other types of special pay.

**Deductions.** This portion in section O, gives an itemized listing of what was deducted from your entitlements. Again, there will be an annotation for starting and stopping amounts as necessary, such as when you start, stop, or change and Allotment. If a Marine takes advanced pay, such as when he PCS's, the amount of the monthly will be noted here. These deductions can include:

- Allotments.
- Bonds.
- Medicare.
- Serviceman Group Life Insurance (SGLI).
- Other special deductions based on the individual or Government needs.
- FITW (Fed Tax).
- Dental.
- Social Security.
- Medicare.
- SGLI/TSGLI/Spouse SGLI.
- USN/MC Retirement Home.
- Check ages.

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

**Explanatory Remarks.** This includes information that is not found on other parts of the LES, as well as information messages.

**Appendix B: Sample Army, Air Force, Coast Guard, and Navy Leave and Earnings Statement, with explanatory notes**

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT																				
ID	NAME (LAST, FIRST, MI)			SOC. SEC. NO.	GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED									
	1			2	3	4	5	6	7	8	9									
ENTITLEMENTS				DEDUCTIONS				ALLOTMENTS				SUMMARY								
TYPE		AMOUNT		TYPE		AMOUNT		TYPE		AMOUNT		+								
A B C D E F G H I J K L M N O	10				11				12				- AMT FWD 13							
													- TOT ENT 14							
													- TOT DED 15							
													- TOT ALMT 16							
													= NET AMT 17							
													- CR FWD 18							
													= EOM PAY 19							
													DIEMS		RET PLAN					
	TOTAL 20				21				22				23 24							
	LEAVE		BF BAL	ERND	USED	CR BAL	ETS BAL	LV LOST	LV PAID	USE LOSE	FED TAXES		WAGE PERIOD	WAGE YTD	M/S	EX	ADD'L TAX	TAX YTD		
		25	26	27	28	29	30	31	32	33		34	35	36	37		38			
FICA TAXES		WAGE PERIOD		SOC WAGE YTD		SOC TAX YTD		MED WAGE YTD		MED TAX YTD		STATE TAXES		ST	WAGE PERIOD	WAGE YTD	M/S	EX	TAX YTD	
		39		40		41		42		43		44		45	46	47	48	49		
PAY DATA		BAQ TYPE		BAQ DEPN		VHA ZIP		RENT AMT		SHARE	STAT	JFTR	DEPN	ID JFTR	BAS TYPE		CHARITY YTD		TPC	PACIDN
		50		51		52		53		54	55	56	57	58	59		60		61	62
Thrift Savings Plan (TSP)		BASE PAY RATE		BASE PAY CURRENT		SPEC PAY RATE		SPEC PAY CURRENT		INC PAY RATE		INC PAY CURRENT		BONUS PAY RATE		BONUS PAY CURRENT				
		63		64		65		66		67		68		69		70				
CURRENTLY NOT USED				TSP YTD DEDUCTIONS				DEFERRED				EXEMPT				CURRENTLY NOT USED				
71				72				73				74				75				
REMARKS		YTD ENTITLE				YTD DEDUCT														
76		77				78														

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**Fields 1 - 9 contain the identification portion of the LES.**

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

**Fields 10 through 24 contain the entitlements, deductions, allotments, their respective totals, a mathematical summary portion, date initially entered military service, and retirement plan.**

- **10 ENTITLEMENTS:** In columnar style the names of the entitlements and allowances being paid. Space is allocated for fifteen entitlements and/or allowances. If more than fifteen are present, the overflow will be printed in the remarks block. Any retroactive entitlements and/or allowances will be added to entitlements and/or allowances.
- **11 DEDUCTIONS:** The descriptions of the deductions are listed in columnar style. This includes items such as taxes, SGLI, Mid-month pay and dependent dental plan. Space is allocated for fifteen deductions. If more than fifteen are present, the overflow will be printed in the remarks block. Any retroactive deductions will be added to like deductions.
- **12 ALLOTMENTS:** In columnar style the type of the actual allotments being deducted. This includes discretionary and non-discretionary allotments for savings and/or checking accounts, insurance, bonds, etc. Space is allocated for fifteen allotments. If a member has more than one of the same type of allotment, the only differentiation may be that of the dollar amount.
- **13 AMT FWD:** The amount of all unpaid pay and allowances due from the prior LES.
- **14 TOT ENT:** The figure from Field 20 that is the total of all entitlements and/or allowances listed.
- **15 TOT DED:** The figure from Field 21 that is the total of all deductions.
- **16 TOT ALMT:** The figure from Field 22 that is the total of all allotments.
- **17 NET AMT:** The dollar value of all unpaid pay and allowances, plus total entitlements and/or allowances, minus deductions, and allotments due on the current LES.
- **18 CR FWD:** The dollar value of all unpaid pay and allowances due to reflect on the next LES as the +AMT FWD.
- **19 EOM PAY:** The actual amount of the payment to be paid to the member on End-of-Month payday.
- **20 - 22 TOTAL:** The total amounts for the entitlements and/or allowances, deductions and allotments respectively.
- **23 DIEMS:** Date initially entered military service: This date is used SOLELY to indicate which retirement plan a member is under. For those members with a DIEMS date prior to September 8, 1980, they are under the FINAL PAY retirement plan. For those members with a DIEM's date of September 8, 1980 through July 31, 1986, they are under the HIGH-3 retirement plan. For those members with a DIEMS date of August 1, 1986 or later, they were initially under the REDUX retirement plan. Law changed this in October 2000, when they were placed under the HIGH-3 plan, with the OPTION to return to the REDUX plan. In consideration of making this election, they become entitled to a \$30,000 Career Service Bonus.
- The data in this block comes from PERSCOM. DFAS is not responsible for the accuracy of this data. If a member feels that the DIEMS date shown in this block is erroneous, they must see their local servicing Personnel Office for corrective action.
- **24 RET PLAN:** Type of retirement plan, i.e. Final Pay, High 3, REDUX; or CHOICE (CHOICE reflects members who have less than 15 years' service and have not elected to go with REDUX or stay with their current retirement plan).

**Fields 25 through 32 contain leave information.**

- **25 BF BAL:** The brought forward leave balance. Balance may be at the beginning of the fiscal year, or when active duty began, or the day after the member was paid Lump Sum Leave (LSL).
- **26 ERND:** The cumulative amount of leave earned in the current fiscal year or current term of enlistment if the member reenlisted/extended since the beginning of the fiscal year. Normally increases by 2.5 days each month.
- **27 USED:** The cumulative amount of leave used in the current fiscal year or current term of enlistment if member reenlisted/extended since the beginning of the fiscal year.
- **28 CR BAL:** The current leave balance as of the end of the period covered by the LES.

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

**Fields 33 through 38 contain Federal Tax withholding information.**

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

**Fields 39 through 43 contain Federal Insurance Contributions Act (FICA) information.**

- **39 WAGE PERIOD:** The amount of money earned this LES period that is subject to FICA.
- **40 SOC WAGE YTD:** The wages earned year-to-date that are subject to FICA.
- **41 SOC TAX YTD:** Cumulative total of FICA withheld throughout the calendar year.
- **42 MED WAGE YTD:** The wages earned year-to-date that are subject to Medicare.
- **43 MED TAX YTD:** Cumulative total of Medicare taxes paid year-to-date.

**Fields 44 through 49 contain State Tax information.**

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

**Fields 50 through 62 contain additional Pay Data.**

- **50 BAQ TYPE:** The type of Basic Allowance for Quarters being paid.
- **51 BAQ DEPN:** A code that indicates the type of dependent. A - Spouse C -Child D - Parent G Grandfathered I -Member married to member/own right K - Ward of the court L - Parents in Law R - Own right S - Student (age 21-22) T - Handicapped child over age 21 W - Member married to member, child under 21
- **52 VHA ZIP:** The zip code used in the computation of Variable Housing Allowance (VHA) if entitlement exists.
- **53 RENT AMT:** The amount of rent paid for housing if applicable.
- **54 SHARE:** The number of people with which the member shares housing costs.
- **55 STAT:** The VHA status, i.e., accompanied, or unaccompanied.
- **56 JFTR:** The Joint Federal Travel Regulation (JFTR) code based on the location of the member for Cost-of-Living Allowance (COLA) purposes.
- **57 DEPNS:** The number of dependents the member has for VHA purposes.

- **58 2D JFTR:** The JFTR code based on the location of the member's dependents for COLA purposes.
- **59 BAS TYPE:** An alpha code that indicates the type of Basic Allowance for Subsistence (BAS) the member is receiving, if applicable. This field will be blank for officers.
  - B - Separate Rations
  - C - TDY/PCS/Proceed Time
  - H - Rations-in-kind not available
  - K - Rations under emergency conditions
- **60 CHARITY YTD:** The cumulative amount of charitable contributions for the calendar year.
- **61 TPC:** This field is not used by the active component of any branch of service.
- **62 PACIDN:** The activity Unit Identification Code (UIC). This field is currently used by Army only.

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

- **63 BASE PAY RATE:** The percentage of base pay elected for TSP contributions.
- **64 BASE PAY CURRENT:** Reserved for future use.
- **65 SPECIAL PAY RATE:** The percentage of Specialty Pay elected for TSP contribution.
- **66 SPECIAL PAY CURRENT:** Reserved for future use.
- **67 INCENTIVE PAY RATE:** Percentage of Incentive Pay elected for TSP contribution.
- **68 INCENTIVE PAY CURRENT:** Reserved for future use.
- **69 BONUS PAY RATE:** The percentage of Bonus Pay elected towards TSP contribution.
- **70 BONUS PAY CURRENT:** Reserved for future use.
- **71** Reserved for future use.
- **72 TSP YTD DEDUCTION (TSP YEAR TO DATE DEDUCTION):** Dollar
- **73 DEFERRED:** Total dollar amount of TSP contributions that are deferred for tax purposes.
- **74 EXEMPT:** Dollar amount of TSP contributions that are reported as tax exempt to the Internal Revenue Service (IRS).
- **75** Reserved for future use

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

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

**78 YTD DEDUCT:** The cumulative total of all deductions for the calendar year.



## Policy 207

### Required Proofs Not Present

#### **POLICY**

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

#### **PURPOSE**

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

#### **RELEVANT REGULATIONS**

[7 CFR 246.7 \(c\)\(2\)\(i\)](#) – Proof of Residency and Identity

[7 CFR 246.7 \(d\)\(2\)\(v\)](#) – Income Eligibility Documentation

#### **PROCEDURES**

##### **Participant Did Not Bring Appropriate Proof**

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

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

##### **Participant Unable to Provide Appropriate Proof**

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

Statement of No Proof (WIC-NP), is available for this purpose. Refer to Section 200 Certification Appendices.

2. The statement applies to the entire certification period for which it was provided. At recertification, if the person still has no proof of identity, another statement must be obtained for this certification period.
  3. The statement must be filed in the patient's medical record.
  4. The appropriate proof for statement of no proof must be entered in the identity proof field on the Income/Proofs screen.
- C. *Income*: A participant who has no written proof of income, such as a migrant, a homeless person, or a person who works for cash, or who reports income as zero, can self-declare income and must provide a signed statement. A participant, where military service personnel are temporarily absent from home and proof of gross military income cannot be produced, may self-declare income, and provide a signed statement.
1. The statement must include why written proof of income cannot be provided, (i.e., homeless, migrant), the date, and the participant's signature. For zero income, an explanation of how living expenses are met must be included. An optional form, Statement of No Proof (WIC-NP), is available for this purpose. Refer to Section 200 Certification Appendices.
  2. The statement applies to the entire certification period for which it was provided. At recertification, if the person still has no proof of income, another statement must be obtained for this certification period.
  3. The statement must be filed in the patient's medical record.
  4. The appropriate proof for statement of no proof must be entered in the identity proof field on the Income/Proofs screen.

# Policy 208

## Homeless Participants

### POLICY

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

### PURPOSE

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

### RELEVANT REGULATIONS

[7CFR 246.7 \(e\)\(2\)\(iv\)](#) – Nutritional Risk

[7CFR 246.7 \(e\)\(4\)\(vii\)](#) – Nutrition Risk Priority System

[7CFR 246.7 \(m\)](#) – Certification of persons in homeless facilities and institutions

### Attachment

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

### PROCEDURES

#### Homeless Individuals

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

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

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

#### Certification

- A. Homeless participants living in situations described below, shall be screened for certification using regular procedures and all eligibility requirements must be met. Refer to Policy 206 Determining Household Size and Household Income.
  1. A temporary accommodation for no more than 365 days in the residence of another individual.

2. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (such as parked cars, park benches, abandoned buildings, or campgrounds).
- B. If homeless participant is living in a shelter or institution as described above:
1. Contact the homeless shelter or institution to ensure it meets all of the following requirements:
    - a. WIC program services will benefit the participant, not the facility (WIC participants will be able to store and prepare WIC foods for their own consumption);
    - b. WIC foods will not be used in communal feeding;
    - c. The facility will not restrict the participants use of WIC services, for example, attending classes or shopping at WIC authorized vendors; and
    - d. No financial or in-kind benefit shall be accrued from a person's participation in WIC Program, e.g., by reducing its expenditures for food service because its residences are receiving WIC foods.
  2. If shelter or institution meets the requirements, screen and certify the participant for the full certification period for which the individual is eligible.
  3. All people in a homeless shelter, institution or group home cannot be considered members of one household for income eligibility.
  4. Factors such as lack of cooking facilities or storage space shall have no bearing on the eligibility determination process.
- C. Documentation
- Keep a record of any type of contact with a facility or institution:
1. Document the conversation, including the date and name of the person representing the facility if contact was by phone.
  2. Ask for a written response from the facility if contact was by letter. Refer to Attachment A for a sample of Memo of Understanding (MOU).

## Compliance

- A. To ensure compliance, the WIC agency/site shall:
1. Assure eligible WIC participants from that facility are certified for the full period for which they are eligible if caseload slots are available, if not, the participant shall be placed on waiting list. Refer to Policy 706- Waiting List.
  2. The facility does not need to be contacted for each new participant from the facility.
  3. Shall contact the facility periodically to assure they are still in compliance with the agreed upon requirements.
  4. Request the facility to notify the WIC agency if the facility ceases to meet any of the WIC requirements.
- B. If it is determined that a facility does not comply:
1. Continue WIC benefits and services to any residents of that facility who are **already** certified for WIC for that certification period.
  2. Inform those participants that their WIC food benefits will cease after their current certification period, and refer them to other homeless facilities where they could continue to receive WIC food benefits.
  3. If the participant refuses to move to another facility that meets WIC requirements, or arrangements are not possible by the time next certification is due, the participant may be recertified, but no further WIC food benefits will be issued.
  4. Exceptions: Recertify residents of non-compliant facilities only for nutrition or breast feeding education services but not for WIC food benefits, the only exception is for infants, who may continue to receive infant foods and formula.

## **Referral/Outreach**

- A. The agency shall maintain a complete up-to-date referral list of facilities and institutions in the area that comply with the requirements so referrals can be made.
- B. The agency shall include in its outreach efforts that availability of the WIC Program to homeless and institutional individuals. Provide information on participant eligibility requirements and the location to apply for WIC. Facility requirements shall be provided to organizations and agencies serving these individuals. Refer to Policy 703- Caseload Management- Outreach.

**Attachment A: Sample Memo of Understanding (MOU)  
Between the Local WIC Agency and the Shelter or Homeless Facility**

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

**To:** \_\_\_\_\_  
Facility/Shelter Name

**From:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Local WIC Agency/WIC Coordinator  
Address/Phone #

**RE: WIC Services for your Residents**

The Women, Infants, & Children Program (WIC) provides nutrition education, breastfeeding support, referrals and supplemental foods to lower-income mothers and children. Those on WIC can get foods such as eggs, fruit, vegetables, milk, cereal, cheese and more, which help these participants meet special dietary needs. Residents of your facility/shelter, who are pregnant women, or children up to five years of age, may be eligible for WIC services. Federal regulations require that WIC services benefit the WIC participant, not the facility that is housing them. This means:

1. The WIC participant will be able to store and prepare WIC foods for their own consumption.
2. WIC foods will not be used in communal feeding but shall be available exclusively to the WIC participant for whom they were issued.
3. No restrictions will be placed on the WIC participant's use of WIC services. (WIC participants will be able to attend WIC nutrition education classes, shop or have authorized person shop, for them at WIC authorized stores.

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

\_\_\_\_\_  
**Local WIC Agency**

\_\_\_\_\_  
**Name of Facility & Address**

\_\_\_\_\_  
**WIC Program Coordinator**

\_\_\_\_\_  
**Authorized Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

# Policy 209

## Physical Presence Requirements

### POLICY

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

### PURPOSE

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

### RELEVANT REGULATIONS

[7 CFR 246.7 \(i\)\(3\)](#) – Certification forms

[7 CFR 246.7 \(o\)](#) – Physical present at certification

### PROCEDURES

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

#### General Policies

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

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

#### Exceptions

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

- A. Disabilities (Code 1). A participant or parent/caretaker of a participant with a physical or mental disability that creates a current barrier to coming to the clinic.  
Disabilities include:
  1. Impaired functions such as caring for oneself, walking, seeing, hearing, speaking, breathing, learning, and working;
  2. A medical condition that necessitates the use of medical equipment that is not easily transportable;
  3. A medical condition that requires confinement to bed rest;
  4. A serious illness or medical condition that may be worsened by coming to the clinic;
  5. A serious illness that may be exacerbated by coming into the WIC clinic (i.e. an individual with compromised immunity such as an individual undergoing cancer treatment);
  6. A contagious illness that may be transmitted to others by coming to the clinic.
- B. Receiving ongoing health care (Code 2). An infant or child who was present at his/her initial certification and is receiving documented ongoing healthcare.
- C. Working parents or Caretakers (Code 3). An infant or child who was present at his/her initial certification and at a recertification within the past year and whose parent(s)/caretaker(s) work status presents a barrier to bringing the infant or child to the clinic.
- D. Newborn infant (Code 4). An infant under eight (8) weeks of age who cannot be present at certification due to an appropriate reason. Although physical presence is not required under 8 weeks of age, the health professional shall determine that the infant is receiving health care from

an appropriate provider. The health professional shall use professional discretion in whether to request the infant be brought to clinic during the certification period.

- E. A participant exempt from physical presence at certification must still meet all other WIC Program requirements for eligibility. The parent/caretaker must provide all information required to determine eligibility including proof of residence, identity, income eligibility and required medical data.
  - 1. If the situation still applies at the Mid-Certification Health Assessment, the reason for the exception must be documented.
- F. An exception to the physical presence requirement is applicable only for the certification period for which it was provided for short-term situations or conditions. At recertification, physical presence must be reassessed. A long-term or permanent condition may require an extended exception to the physical presence requirement.



# Policy Number 210

## Certification Periods

### POLICY

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

### PURPOSE

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

### RELEVANT REGULATIONS

[7 CFR 246.7\(g\)](#) – Certification Periods

Kentucky Administrative Regulations [902 KAR 18:021](#) Eligibility, Certification Periods, and time frames for processing participants

### PROCEDURES

#### General Policies

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

6. Participants found to be ineligible for WIC services or participants who are placed on waiting lists will be given referrals to other appropriate services.

## **Certification Periods**

### Women

- A. Pregnant women are certified for the duration of their pregnancy up to six (6) weeks post-partum. Six weeks post-partum is computed from the EDC (expected date of confinement for delivery) entered in the system for pregnant women. At six weeks postpartum, women must be recertified as either postpartum or breastfeeding to continue on WIC.
- B. Postpartum women are certified until six (6) months postpartum. Six months postpartum is computed from the actual date of delivery entered in the system. At 6 months postpartum, women not breastfeeding are no longer categorically eligible to continue on WIC.
- C. Breastfeeding women are certified until the infant's first birthday as long as they continue to breastfeed. Twelve months is computed from the actual date of delivery entered in the system.
  1. If the woman stops breastfeeding before six (6) months postpartum, she may continue on WIC as a postpartum woman if she meets postpartum risk criteria. If she is more than six (6) months postpartum and stops breastfeeding, she is no longer categorically eligible and must be terminated.
  2. If the infant has not had his/her first birthday and the breastfeeding woman is not receiving food benefits, but the infant is receiving a full formula package, continue certification as breastfeeding. Terminate when breastfeeding ends or at the infant's first birthday.

### Infants

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

### Children

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

### Transfers

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

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

## Eligibility Certification Schedule

Ages/Status	Eligibility/Certification Schedule	Recertification Schedule
<b>Pregnant Woman</b>	<ul style="list-style-type: none"> <li>From certification up to six (6) weeks post-delivery</li> </ul>	<ul style="list-style-type: none"> <li>Recertify as postpartum or breastfeeding woman</li> </ul>
<b>Postpartum Woman</b>	<ul style="list-style-type: none"> <li>From certification to six (6) months from termination of Pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>No recertification</li> </ul>
<b>Breastfeeding Woman</b>	<ul style="list-style-type: none"> <li>Birth of infant to one (1) year of age of child as long as breastfeeding</li> <li>Breastfeeding Certification Process</li> </ul>	<ul style="list-style-type: none"> <li>No recertification as certification period is one year post-delivery as long as breastfeeding the infant one time per day.</li> <li>Mid-Certification Health Assessment (MCHA) provided between the fifth and seventh month of certification period.</li> <li>If breastfeeding is discontinued and woman is:                             <ul style="list-style-type: none"> <li>&lt; six (6) months post-delivery, change to Postpartum woman,</li> <li>≥ six (6) months post-delivery, terminate from the program</li> </ul> </li> </ul> <p><b>Note:</b> Infant medical record must be reviewed. Determine if fully breastfed, supplemental or full formula package needs to be issued.</p>
<b>Infants</b> Birth to < 6 months  ≥ 6 months old	<ul style="list-style-type: none"> <li>To one (1) year of age</li> <li>For six (6) months</li> </ul>	<ul style="list-style-type: none"> <li>Recertify at one (1) year of age</li> <li>Mid-Certification Health Assessment (MCHA) provided between the fifth and seventh month of certification period.</li> <li>Recertify as child after six (6) months</li> </ul>
<b>Child</b> 1 year to 5 years	<ul style="list-style-type: none"> <li>For twelve (12) month periods up to five (5) years of age</li> </ul>	<ul style="list-style-type: none"> <li>Recertify at twelve (12) month intervals</li> <li>Mid-Certification Health Assessment (MCHA) provided between the fifth and seventh month of certification period</li> </ul>

## Status Changes That Require Recertification

From Status	Eligibility/Certification Schedule	To Status	Recertification Schedule
<b>Pregnant Woman or Pregnant with Multiples</b>	<ul style="list-style-type: none"> <li>Duration of pregnancy up to six weeks post-delivery (computed based on EDC)</li> </ul>	<b>Any Breastfeeding Status:</b> <ul style="list-style-type: none"> <li><b>Partially Breastfeeding</b></li> <li><b>Partially Breastfeeding Multiples</b></li> <li><b>Fully Breastfeeding</b></li> <li><b>Fully Breastfeeding Multiples</b></li> </ul>	<ul style="list-style-type: none"> <li>Recertify to appropriate Breastfeeding status.</li> </ul>
<b>Pregnant Woman or Pregnant with Multiples</b>	<ul style="list-style-type: none"> <li>Duration of pregnancy up to six weeks post-delivery (computed based on EDC)</li> </ul>	<ul style="list-style-type: none"> <li><b>Postpartum</b></li> </ul>	<ul style="list-style-type: none"> <li>Recertify as postpartum</li> </ul>
<b>Any Breastfeeding Status:</b> <ul style="list-style-type: none"> <li><b>Partially Breastfeeding</b></li> <li><b>Partially Breastfeeding Multiples</b></li> <li><b>Fully Breastfeeding</b></li> <li><b>Fully Breastfeeding Multiples</b></li> </ul>	<ul style="list-style-type: none"> <li>Birth of infant up to one (1) year of age of child as long as Breastfeeding continues (computed from the actual date of delivery)**</li> <li>Mid-Certification Health Assessment (MCHA) provided between the fifth and seventh month of certification period.</li> </ul>	<ul style="list-style-type: none"> <li><b>Pregnant</b></li> <li><b>Pregnant with Multiples</b></li> </ul>	<ul style="list-style-type: none"> <li>Recertify to appropriate Pregnant status.</li> </ul>
<b>Postpartum Women</b>	<ul style="list-style-type: none"> <li>From certification to six (6) months from termination of Pregnancy (computed from the actual date of delivery)</li> </ul>	<ul style="list-style-type: none"> <li><b>Pregnant or Pregnant with Multiples</b></li> </ul>	<ul style="list-style-type: none"> <li>Recertify to appropriate Pregnant status.</li> </ul>
<b>Infants</b> Birth to < 6 months  ≥ 6 months old	<ul style="list-style-type: none"> <li>To one (1) year of age</li> <li>Mid-Certification Health Assessment (MCHA) provided between the fifth and seventh month of certification period.</li> <li>For six (6) months</li> </ul>	<ul style="list-style-type: none"> <li><b>Child</b></li> <li><b>Child</b></li> </ul>	<ul style="list-style-type: none"> <li>Recertify at one (1) year of age.</li> <li>Recertify as child after six (6) months.</li> </ul>
<b>Child</b> 1 year to 5 years	<ul style="list-style-type: none"> <li>For twelve (12) month periods up to five (5) years of age.</li> <li>Mid-Certification Health Assessment (MCHA) provided between the fifth and seventh month of certification period.</li> </ul>	<b>N/A</b>	<ul style="list-style-type: none"> <li>Recertify at twelve (12) month intervals.</li> </ul>

### Status Changes That Do Not Require Recertification

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

Change Status From:	To:
Any breastfeeding status: <ul style="list-style-type: none"> <li>• Partially Breastfeeding</li> <li>• Partially Breastfeeding Multiples</li> <li>• Fully Breastfeeding</li> <li>• Fully Breastfeeding Multiples</li> </ul>	<ul style="list-style-type: none"> <li>• Postpartum (stops BF before 6 months postpartum, change status to postpartum must meet postpartum risk criteria).</li> <li>• NOTE: If more than 6 months postpartum and stops breastfeeding-Terminate.</li> </ul>
<ul style="list-style-type: none"> <li>• Partially Breastfeeding</li> <li>• Partially Breastfeeding Multiples</li> <li>• Fully Breastfeeding</li> <li>• Fully Breastfeeding Multiples</li> </ul>	<ul style="list-style-type: none"> <li>• Any other breastfeeding status: (Partially Breastfeeding, Partially Breastfeeding Multiples, Fully Breastfeeding, Fully Breastfeeding Multiples)</li> </ul>
<ul style="list-style-type: none"> <li>• Infant Fully Breastfed</li> <li>• Infant Partially Breastfed</li> <li>• Infant Fully Formula Fed</li> </ul>	<ul style="list-style-type: none"> <li>• Any other infant status: (Infant Fully Breastfed, Infant Partially Breastfed, Infant Fully Formula Fed)</li> </ul>

### Breastfeeding DYAD Certification Process

Situation	Action
Exclusively Breastfeeding  (no formula feeding)	<ul style="list-style-type: none"> <li>• Certify <b>woman</b> as Fully Breastfeeding woman. See WIC Policies for Prescribing Food Packages.</li> <li>• Certify <b>infant</b> as Fully Breastfed - no WIC food is to be issued to the infant until the appropriate age. See Recommendations For Food Package Selection.</li> </ul>
Breast and Formula Feeding  Birth to 6 months post-delivery	<ul style="list-style-type: none"> <li>• Certify <b>woman</b> as Partially Breastfeeding. See WIC Policies for Prescribing Food Packages and provide appropriate woman package based upon amount of formula the infant is receiving.</li> <li>• Certify <b>infant</b> as Partially Breastfed and provide partial or full formula package based on name of product and appropriate policies. See Recommendations for Food Package Selection.</li> </ul>
Breast and Formula Feeding  ≥ 6 months post-delivery	<ul style="list-style-type: none"> <li>• <b>Infant receiving partially breastfeeding formula package</b> <ul style="list-style-type: none"> <li>➤ Continue infant certification as Partially Breastfed infant until breastfeeding ends or at 1 year post-delivery. See Recommendations for Food Package Selection.</li> <li>➤ Continue certification of woman as Partially Breastfeeding and continue food benefits for breastfeeding mother until breastfeeding ends or at 1 year post delivery. See Recommendations for Food Package Selection.</li> </ul> </li> <li>• <b>Infant receiving full formula package</b> <ul style="list-style-type: none"> <li>➤ Continue infant certification as partially breastfed infant until breastfeeding ends or at 1 year post-delivery. See Recommendations for Food Package Selection.</li> <li>➤ Continue certification of woman as partially breastfeeding until breastfeeding ends or at 1 year post-delivery. <b>Mother will not receive food benefits at 6 months or more post-delivery. Mother will continue to receive nutrition education.</b></li> </ul> </li> </ul>

# Policy 211

## Rights and Responsibilities

### POLICY

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

### PURPOSE

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

### RELEVANT STATUTES, REGULATIONS, AGREEMENTS AND GUIDANCE

#### Statutes:

Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d at 7 C.F.R. § 15.1)

Department of Justice Guidelines for the Enforcement of Title VI of the Civil Rights Act of 1964 at 28 C.F.R. § 50.3

Title IX of the Education Amendments of 1972, as amended (Public Law 92-318, 20 U.S.C. § 1681 *et seq.* at 7 C.F.R. § 15a)

Section 504 of the Rehabilitation Act of 1973, as amended (Public Law 93-112, 29 U.S.C. § 701 at 7 C.F.R. § 15b)

Age Discrimination Act of 1975 (Public Law 94-135, 42 U.S.C. § 6101 at 45 C.F.R. Part 91 and 7 C.F.R. § 15c)

Civil Rights Restoration Act of 1987 (Public Law 100-259)

Americans with Disabilities Act of 1990 (ADA) and the ADA Amendments Act of 2008 (42 U.S.C. § 12101 *et seq.*, Title II at 28 C.F.R. Part 35 and Title III at 28 C.F.R. Part 36

#### Regulations:

7 C.F.R. 15 – USDA Nondiscrimination in Federally Assisted Programs of the USDA

7 C.F.R. § 246.6 Agreements with local agencies

7 C.F.R. § 246.7(j) Notification of participant rights and responsibilities

7 C.F.R. § 246.7(j)(4) Explanation of Food Delivery System and Health Services Available

7 C.F.R. § 246.7(i)(10) Certification Forms and Supporting Information

7 C.F.R. § 246.8 *et seq.* Nondiscrimination

7 C.F.R. § 246.10(b)(2)(ii)(D) Supplemental Foods

7 C.F.R. § 246.25(b)(3)(ii) Records and Reports, Civil Rights

7 C.F.R. Part 16 Equal Opportunity for Religious Organizations

28 C.F.R. Part 35 Nondiscrimination on the Basis of Disability in State and Local Government Services

28 C.F.R. Part 36 Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities

USDA Departmental Regulation (DR) 4300-003, Equal Opportunity Public Notification Policy, October 17, 2019

USDA Departmental Regulation (DR) 4330-002 Nondiscrimination in Programs and Activities Receiving Federal Financial Assistance from the USDA, July 27, 2021

[902 KAR 1:400](#) KY Administrative Hearings, Chapter 18 WIC Program: 040 Fair hearing procedures for participants

#### Agreements:

Federal-State Supplemental Nutrition Programs Agreement (Form FNS – 339)  
FNS – KY CHFS Complaints Processing Memorandum of Understanding, October 3, 2016

#### Program Guidance:

USDA Guidance to Federal Financial Assistance Recipients Regarding the Title VI Prohibition Against National Origin Discrimination Affecting Persons With Limited English Proficiency (79 F.R. No. 299, p. 70771-70784, November 28, 2014).

FNS Instruction 113-1: Civil Rights Compliance and Enforcement, November 8, 2005

#### Administrative Reference for Local Health Departments

[Administrative Reference](#) Section: Training Guidelines and Program Descriptions: WIC Program  
[Administrative Reference](#), Patient Services Reporting System, Form CH-5 and CH-5WIC and Form CH-5B

## PROCEDURES

At every certification local program staff must inform all applicants, participants or their parent/caretaker of their rights and responsibilities in the WIC Program in a language that they can understand.

Documentation of informing the applicants/participants of their rights and responsibilities must be maintained in the person's medical record.

### General Policies

- A. Applicants and participants, or their parent/caretaker, must be informed of the rights and responsibilities during a certification. Refer to Kentucky eWIC Benefits Pamphlet, eWIC-1 (Rights and Responsibilities) and Section 200 Certification Appendices, Participant Rights and Responsibilities Info Sheet.
- B. Inform persons with LEP about their right to free language assistance services. Inform persons with disabilities about their right to free reasonable modifications and auxiliary aids and services.
- C. Documentation of informing applicants and participants of their rights and responsibilities must be in the medical record.
- D. Any applicant/participant determined ineligible, denied WIC services, disqualified or suspended from WIC, or asked to repay the cash value of improperly redeemed WIC food instruments must be provided a hearing to appeal the decision if desired and must be provided the WIC Program Fair Hearing Procedures. The WIC Program Fair Hearing Procedures are included on the "WIC Program Notice of Ineligibility" (WIC 54). Refer to Policy 705 Ineligibility and Discontinuation of Benefits.
- E. Procedures for Fair Hearings are in the Administrative Reference Section: Training Guidelines and Program Descriptions: WIC Program, WIC Program Fair Hearing Procedures are also part of Administrative Regulation 902 KAR 4:040.
- F. WIC Fair Hearing procedures must be displayed in the clinic and/or waiting area. A fair Hearing Procedures Poster is available from the State WIC office. Refer to Section 200 Certification Appendices.
- G. Each agency must have a current list of WIC contracted vendors and provide the list to eligible participants to inform them where food benefits can be redeemed.
- H. WIC program services and operations shall comply with the Civil Rights regulations, statutes, agreements, and Program Guidance.
- I. The WIC Participation by Race/Status report shall be reviewed to ensure appropriate racial representation.

## **Participant Notification and Documentation Requirement**

- A. All applicants, participants, or their parent/legal representative/caretaker, must read or have read to them, the WIC Rights and Responsibilities section on the Registration/Authorization/Certifications and Consents form (CH-5 or CH-5WIC). Refer to Administrative Reference, Patient Services Reporting System (PSRS), Form CH-5 and CH-5WIC and Form CH-5B.
- B. All applicants, participants, or their parent/legal representative/caretaker must sign and date this section of the completed Registration/Authorization/Certifications and Consents form (CH-5 or CH-5WIC) at each certification. If the computer system is not available the Rights and Responsibilities section on the CH-5B must be read, signed and dated. Refer to Administrative Reference, Patient Services Reporting System (PSRS), Form CH-5 and CH-5WIC and Form CH-5B.
- C. All applicants/participants determined eligible, or the parent/legal representative/caretaker must be provided the Kentucky eWIC Benefits Pamphlet, eWIC-1 (Rights and Responsibilities) and the information contained within explained to them. The eWIC Benefits Pamphlet includes the rights and responsibilities and how to use the eWIC card/food instrument. Refer to Section 200 Certification Appendices.
- D. At initial certification, all applicants determined eligible or the parent/legal representative or caretaker, must be provided the Kentucky WIC Approved Food List and a current list of approved vendors where food instruments are accepted. Refer to the 800 Food Delivery Data Section Appendices. The rights and responsibilities are available as an information sheet for use when the eWIC Benefits Pamphlet is not appropriate. Refer to the 200 Certification Appendices.
- E. All applicants/participants determined ineligible, denied or discontinued WIC, or imposed a claim must be provided a completed "Notice of Ineligibility" (WIC 54). The copy of the WIC-54 must be filed in the medical record. Refer to Policy 705- Ineligibility and Discontinuation of Benefits and the 200 Certification Appendices.
- F. The "And Justice for All" poster shall be prominently displayed in a clinic location visible to all applicants and participants. The poster is available from the State WIC Office. Refer to Section 200 Certification Appendices and the Administrative Reference, Section: Personnel, Civil Rights.

## **Confidentiality**

All rules for confidentiality and protection of patient information shall be followed for WIC information. Refer to the Administrative Reference, Section: Personnel, "Health Insurance Portability and Accountability Act of 1996 (HIPAA)"; Section: LHO Operations, Information Technology, and Section: Medical Records Management, "Guidelines of Medical Records."



## PARTICIPANT RIGHTS AND RESPONSIBILITIES INFO SHEET

Purpose	To inform participants of their rights and responsibilities in the WIC Program and WIC FMNP Program.
Languages	Available in English and Spanish. Use a qualified interpreter or qualified bilingual staff to explain the information on this form for non-Spanish speaking LEP individuals. This must be provided to <b>all</b> applicants and participants at certification visit.
When To Use	Must provide to <b>all</b> applicants and participants at certification visit. Distribute as needed. Copy as needed. Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at <a href="mailto:WIC.Helpdesk@ky.gov">WIC.Helpdesk@ky.gov</a> . Bundled in packages of 100.



# Kentucky WIC & WIC Farmers Market Program Rights and Responsibilities

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

## My Rights:

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

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

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

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

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

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

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

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

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

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

## My Responsibilities:

### Provide Correct Information:

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

### WIC Program Participation:

- If I do not participate (pick up/keep my appointment or request) my/my child's food benefits for two months in a row, I/my child will be removed from the WIC Program. I may contact my WIC office to request to be reinstated if I have eligibility left in my certification period or to be re-certified.
- If I receive my/my child's food benefits late, I may not be receive all the food benefits for that month, the food benefits may be reduced based on the number of days remaining in my/my child's benefit cycle.

### eWIC Card:

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

### WIC Abuse:

- If I misrepresent, conceal, or withhold facts in order to get WIC, I may be asked to repay the value of the food received and be removed from the WIC Program.
- Disruptive behavior, threatening to abuse, or physically abusing any staff and vendor or farmer's market personnel is a violation of WIC Program regulations and may result in disqualification from the program.
- I understand that the following violations may result in disqualification from the program and repayment of food benefits issued to me and subject me to civil or criminal prosecution under state and federal law:
  - Exchanging supplemental foods for cash, credit, or non-WIC food items
  - Purchasing non-WIC foods or unauthorized food items;
  - Purchasing supplemental food items in excess of what was issued to me; and
  - Selling or offering to sell my WIC foods or WIC benefits, or WIC issued breast pump, either verbally, in print, or online or allowing someone else to do so.
  - Participating in more than one WIC Program and/or Commodities Special Food Program (CSFP) at the same time.
- If I give someone my eWIC card and PIN and they misuse my food benefits, the foods will not be replaced.

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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

¿Necesita ayuda? Si le es difícil entender o leer el inglés, o si tiene alguna discapacidad, puede recibir ayuda con el idioma u otros apoyos y servicios sin costo alguno para usted, basta con solicitarlos. Por favor contacte a la clínica de WIC en su localidad o a la Oficina Estatal de WIC al 1-877-597-0367. Si tiene alguna discapacidad y necesita ayuda para llamarnos, contacte al Número Estatal de Retransmisión llamando al 711; o, para el servicio de voz a TDD, llame al 800-648-6057; para el servicio de TDD a voz, llame al 800-648-6056.

### Mis derechos:

**Alimentos WIC:** Si yo o mi hijo somos elegibles para WIC, recibiré una tarjeta eWIC para comprar alimentos saludables en el supermercado. Los alimentos saludables de WIC me ayudarán a mí o a mi hijo a comer sano, pero no proporcionarán todos los alimentos que yo o mi hijo necesitamos cada mes. Se me proporcionará información sobre mi paquete de alimentos WIC y dónde comprarlos.

**Educación nutricional y apoyo a la lactancia materna:** Recibiré información sobre temas de nutrición que me interesen. WIC me ayudará y apoyará con la lactancia.

**Información y referidos de atención médica:** WIC compartirá información sobre vacunas, búsqueda de un médico y otros servicios que pueda necesitar o que me interesen.

**Cortesía común:** WIC y el personal de la tienda me tratarán de manera justa y con igualdad, con cortesía y respeto, a cambio, trataré al personal del Programa WIC y de la tienda con cortesía. Si tengo inquietudes con mi experiencia de compra de WIC, me comunicaré con mi oficina de WIC o con la oficina estatal de administración de proveedores de WIC al 1-877-597-0367.

**Información sobre la transferencia en WIC:** Puedo transferirme a otra oficina de WIC en o fuera de Kentucky. Puedo pedirle al personal de WIC que me brinde información necesaria para la transferencia con el fin de proporcionarla en mi nueva oficina de WIC. (Verificación de Certificación también llamada VOC).

### Mis responsabilidades:

#### Proporcionar información correcta:

- Al firmar el formulario CH-5 de Registro, Autorizaciones, Certificaciones y Consentimiento, certifico que la información que proporcioné para mi determinación de elegibilidad de WIC es correcta, según mi leal saber y entender. Esto incluye la identidad, el estado de embarazo, la dirección, el tamaño del hogar, los ingresos del hogar y elegibilidad para Medicaid, SNAP (Programa de Asistencia Nutricional Suplementaria), TANF (Asistencia Temporal para Familias Necesitadas)
- Le informaré al personal de WIC si cambian los ingresos, la dirección o el número de teléfono de mi hogar.

#### Participación en el programa de WIC:

- Si no participo (recoger/cumplir con mi cita o solicitar) durante dos meses seguidos, mi hijo o yo seremos eliminados del Programa WIC. Puedo comunicarme con mi oficina de WIC para solicitar que me reintegren si sigo siendo elegible en mi período de certificación o para que me vuelvan a certificar.
- Si recibo mis beneficios de alimentos o los de mi hijo tarde, es posible que no reciba todos los beneficios de alimentos para ese mes, los beneficios de alimentos pueden reducirse según la cantidad de días restantes en el ciclo de beneficios mío o de mi hijo.

#### Tarjeta eWIC:

- Es mi responsabilidad mantener mi tarjeta eWIC segura y mi PIN confidencial. (Solo comparte su tarjeta o PIN con las personas que haya identificado como apoderado)
- Si pierdo, me roban o se me daña la tarjeta eWIC, debo llamar a la oficina de WIC para obtener ayuda.

**Trato justo/Derecho a presentar una queja:** Los estándares de elegibilidad y participación en el Programa de WIC son los mismos para todos sin importar raza, color, origen nacional, sexo, discapacidad o edad. Tengo derecho a presentar una queja si siento que el personal de WIC o el personal de la tienda me han tratado injustamente.

**Audiencia justa:** Puedo solicitar una audiencia justa si no estoy de acuerdo con alguna decisión sobre mi elegibilidad para WIC. Los procedimientos de audiencias justas están publicados en mi oficina de WIC.

**Ayuda gratuita con la comunicación:** Entiendo que si tengo dificultades para entender o leer inglés o tengo una discapacidad; dispongo de ayuda gratuita con el idioma u otros servicios y están disponibles a pedido.

**Privacidad:** Mi información es privada. Entiendo que los datos de WIC de mi hijo pueden compartirse con otros programas del Departamento de Salud Pública de Kentucky, como sus vacunas. Si me investigan por abuso del Programa de WIC, mi información puede ser compartida.

**Apoderado:** Entiendo que puedo designar a apoderados para que actúen en mi nombre para los servicios de WIC. Todos los apoderados deben cumplir con estos derechos y responsabilidades.

#### Abuso de WIC:

- Si tergiverso, escondo o retengo hechos para obtener WIC, se me puede pedir que reembolse el valor de los alimentos recibidos y se me retire del programa de WIC.
- El comportamiento perturbador, amenaza de abuso o abusar físicamente de cualquier miembro del personal y de venta o del personal del mercado de granjeros es una infracción de las normas del Programa de WIC y puede resultar en la descalificación del programa.
- Entiendo que las siguientes infracciones pueden resultar en la descalificación del programa y el reembolso de los beneficios de alimentos que se me otorgaron y me someten a un proceso civil o penal según las leyes estatales y federales:
  - Intercambio de alimentos complementarios por efectivo, crédito o alimentos que no sean de WIC
  - Comprar alimentos que no son de WIC o alimentos no autorizados;
  - Comprar alimentos suplementarios en exceso a lo que se me entregó; y
  - Vender u ofrecer vender mis alimentos de WIC o los beneficios de WIC, o el extractor de leche dado por WIC, ya sea verbalmente, por escrito o en línea, o permitir que otra persona lo haga.
  - Participar en más de un Programa de WIC y/o Programa de Alimentos Especiales (CSFP) al mismo tiempo.
- Si le doy a alguien mi tarjeta eWIC y mi PIN y hace un mal uso de mis beneficios de alimentos, los alimentos no serán reemplazados.

De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles.

La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

**(1) correo:**

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

**(2) fax:**

(833) 256-1665 o (202) 690-7442; o

**(3) correo electrónico:**

[program.intake@usda.gov](mailto:program.intake@usda.gov)

Esta entidad es un proveedor que brinda igualdad de oportunidades.

# Policy 212

## Voter Registration

### POLICY

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

### PURPOSE

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

### RELEVANT REGULATIONS

[PL 103-31](#) – National Voter Registration Act of 1993

[KRS Chapter 116](#) – Voter Registration

### PROCEDURES

#### General NVRA Information

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

\*Furthermore, The NVRA sets forth criminal penalties for noncompliance with these mandates.

#### Clinic Staff Responsibilities

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

- F. WIC staff must provide the same amount of assistance to a potential voter completing the voter registration form as they would to someone completing WIC forms, unless the applicant/participant refuses it.
- G. If the individual refuses to read the WIC 53 form, designate preference, or sign the form, staff shall record the applicant/participant's name, and note the refusal date on the WIC 53. Two (2) staff shall sign and date the form.
- H. Voter Registration applications and WIC 53 forms shall be kept confidential and used for no purpose other than voter registration.

### **Completed Voter Registration Forms**

- A. Completed voter registration forms shall be sent at least weekly, except prior to an election when forms shall be sent within five (5) days of the deadline for registration (typically 28 days prior to the election). Refer to Section 200 Certification Appendices.
- B. Forms may be mailed to the county clerk if the clerk accepts them without regard to the participant's residence. If not, completed voter registration forms must be sent to the State Board of Elections, 140 Walnut Street, Frankfort, Kentucky 40601.
- C. If you are unsure about the validity or accurateness of the information on the completed voter registration form, send to the local elections office and let them make the decision about the validity of the registration.
- D. Staff shall not determine if an individual is eligible to complete a voter registration application form. The State Board of elections is responsible on whether to approve or deny a voter registration application and notify the person.

### **System Procedures for Voter Registration**

- A. If the applicant/participant's date of birth and reason for visit code of WIC/Cert/Recert/ WIC VOC is in the system, a message returns if voter registration is required within the calendar year. Refer to Patient and Services Reporting System "Reason for Visit Codes."
- B. If this information is not in the system or the system is not available, voter registration must be offered at application, certification, recertification and VOC transfer.
- C. If the system is unavailable, and the applicant/participant request to complete the voter registration application, provide the State Board of Elections form, the SBE 01. Enter NO for printing the form.
- D. On the registration screen, complete "Apply to Vote" field with the applicant/participant's preference as indicated on the WIC 53- Y for yes or N for no. If the applicant/participant refused to complete the WIC 53, put "NO" in the field.
  - 1. If Apply to Vote is No, the process is complete. See number 4 below.
  - 2. If Apply to Vote is Yes, put Y in the "Print Form" field to print the system voter registration application form. The system form is printed with the applicant/participant's name, social security number, date of birth, county of residence, mailing address, sex, phone number and date. If a post office box is provided, a residential address shall be included in the secondary field. Refer to Section 200 Certification Appendices.
  - 3. Give the system form to the applicant/participant to complete party affiliation, residence address if different from mailing address, read and sign.
  - 4. Provide a copy of the WIC 53 to the applicant/participant. File a copy in the Voter Registration file.

# Policy 213

## Proxy

### POLICY

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

### PURPOSE

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

### RELEVANT REGULATIONS

7CFR 246.2 – Proxy Definition

7CFR 246.12 (r) – Issuance of food instruments, cash-value, and authorized supplemental foods.

7CFR 246.12 (r) (1) – Food Delivery Systems

### PROCEDURES

#### Proxy

- A. The woman participant, parent, legal representative, or caretaker shall be informed of the right to a proxy and of the proxy responsibilities during the certification visit.
  1. Proxies may be designated by the woman participant, parent, legal representative, or caretaker:
    - a. At the time of certification and reviewed annually, recommended at certification or when a change is indicated.
    - b. By completing the WIC Proxy Authorization form which is filed in participant medical record
    - c. Upon presentation of a letter/note signed and dated by woman participant, parent, legal representative, or caretaker indicating the name of the individual designated as the proxy.
    - d. Proxy designee(s) may be updated at any time.
    - e. Designated proxies have the same level of responsibility as the participant, parent, legal representative, or caretaker and will be held to the same standard of conduct.
    - f. Refusal to designate a proxy must be documented in the participant's medical record.
- B. A person presenting at the local WIC agency as a proxy shall be asked to show identification to assure that he/she is the authorized proxy, prior to providing services including the issuance of benefits.
- C. A proxy cannot be issued a WIC electronic benefits transfer (EBT) card or assigned their own pin number. The participant, parent, legal representative, and caretaker are the only authorized individuals to receive WIC EBT cards and pin numbers.
- D. For persons presenting to clinic not authorized on the Kentucky WIC Proxy Authorization form, a verbal proxy authorization from the woman participant, parent, legal representative, or caretaker can be obtained in order for the person to be designated as a proxy.
  1. The verbal proxy authorization must be documented on the Kentucky WIC Program Authorization form in the "verbal authorization" section.
  2. The individual granting verbal proxy authorization must be informed that the intent of the authorization will allow the said proxy to obtain WIC benefits, nutrition education and shop for WIC approved foods.
- E. The woman participant, parent, legal representative, or caretaker is responsible for proper use of food benefits, is liable for any resulting sanctions, and understands that WIC will be unable to replace any food benefits used improperly or not made available to the WIC participant by the



proxy. Refer to Policy 303- Program Integrity- Participant Violation and refer to the Proxy Form in the 200 Certification Appendices.

# **Policy Number 214**

## **Hospital Certification Requirements**

### **POLICY**

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

### **PURPOSE**

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

### **RELEVANT REGULATION**

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

### **ELIGIBILITY REQUIREMENTS**

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

### **PROCEDURES**

- A. Identification of the applicant/participant being certified must be requested. If proof of identity is presented, the appropriate proof code shall be documented on the CH-5, CH-5WIC or CH5-B. The hospital record, birth card, crib card, or identification bracelet is acceptable. If no documentation of identity is seen, the hospital certification code of 24 is used for the identity proof code on the CH5-B. If the situation exists that proof of identity for the woman being certified cannot be provided, follow procedures as outlined in Policy 207- Required Proofs Not Present.
- B. Income eligibility must be determined and documented on the CH-5, CH-5WIC or CH5-B. Determine if the applicant qualifies due to adjunct eligibility. If so, document the appropriate code on the CH-5, CH-5WIC or CH5-B. If the applicant/participant states she is Medicaid eligible, verify this through KY Health-Net, Voice Response, or DCBS. If adjunct eligibility does not apply, household income information must be gathered to determine income eligibility. If proof of income is presented, document the proof code(s) on the CH-5, CH-5WIC or CH5-B. If proof is not presented, the participant/caretaker must self-declare household income. The hospital certification code 24 is used as the proof code. If the situation exists that proof of household income cannot be provided, follow procedures as outlined in Policy 207- Required Proofs Not Present.
- C. Residence must be documented on the CH-5, CH-5WIC, or CH5-B and residence requirements must be met. Proof of residence shall be obtained if possible, i.e., if the participant/caretaker has proof with her or if staff has access to the hospital record. In this situation, the appropriate proof code shall be recorded on the CH-5, CH5WIC or CH5-B. If no documentation of residence can be presented, the participant must self-declare the address. The hospital certification code of 24 is used for the type of proof for residence as documented on the CH-5, CH-5WIC or CH5-B. If

the situation exists that proof of residence cannot be provided, follow procedures as outlined in Policy 207- Required Proofs Not Present.

- D. Physical presence must be documented. Since the health professional is at the hospital, the participant shall be seen and physical presence answered “yes.” Refer to Policy 209- Physical Presence Requirements.
- E. A hospital certification done without the required proof for residence, identity, and/or income is for thirty (30) days. Proof must be presented in this 30-day period to continue the certification.
  - 1. The applicant/participant/caretaker must be informed that the certification is for 30 days and that proof must be presented in the 30-day period to continue the certification.
  - 2. If all proof was presented, the certification is treated the same as any other certification.
  - 3. It is the responsibility of the site to track hospital certifications done without proof and ensure proof is presented prior to issuing food benefits past the 30 days.
  - 4. If proof is not presented within the thirty (30) day period or proof does not support eligibility, the participant shall be determined ineligible and terminated from WIC with no further food benefits. Refer to Policy 705- Ineligibility and Discontinuation of Benefits.
  - 5. If the participant was terminated for not bringing proof within the thirty (30) day period and later brings the proof that supports eligibility, he/she shall be reinstated if eligibility remains in the certification period. Refer to Food Delivery/Data Section.
- F. Initial certification at the hospital for women age 18 and over must include voter registration. Refer to Policy 212- Voter Registration.
- G. Nutritional risk must be determined and documented. If the health professional has access to the hospital record, information may be obtained from that record. All required medical and nutritional information must be documented in the medical record. If any data cannot be obtained, document the reason in the medical record.
- H. Issue food benefits. Coordinate issue dates with household members if applicable. If all required proof was seen, issue food benefits for the appropriate number of months. If the certification is pending any proof requirement, a maximum of one month of benefits can be issued. The person receiving the food benefits must present proof of identity if proof was not previously presented. The type of proof presented must be reviewed and documented in the system. Food benefit issuance must be documented in the medical record. Refer to Policy 803 Issuance of Benefits and Assigning Issue Dates.
- I. All appropriate forms must be completed and filed in the participant medical record. Medical record documentation must be completed and all labels placed in the participant medical record in a timeframe not to exceed one week.
- J. If the system is down or unavailable, procedures must be established and in place for data entry. Data entry must be done as soon as possible, but must not exceed one (1) week. WIC services are reported the same as in clinic, but with the appropriate service data and place of service.

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

- A. Patients in the hospital may live outside the agency service area.
  - a. If hospital patients outside the local WIC agency’s service area are certified, only one (1) month of food benefits can be issued.
    - i. Upon certification a VOC must also be issued to the participant.
    - ii. The participant shall be instructed to contact the local service agency in the area where they reside.
  - b. If hospital patients outside the local WIC agency’s service area are not certified, they shall be provided information about WIC and referred to the agency in their county of residence.

- B. Women and infants who are initially certified in a hospital must be transferred to a receiving clinic if applicable, for follow-up WIC appointments and services at the clinic of their choice. Any food package changes made after a participant's hospital discharge will be made at the receiving clinic. It is the responsibility of the receiving clinic to provide breastfeeding follow-up according to state and district standards. Refer to Policy 204- Transfer/VOC.

### **Storage and Security of Food Benefits**

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

### **Separation of Duties/Conflict of Interest**

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

### **Quality Assurance**

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

### **Civil Rights**

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

# Policy Number 215

## Certification Risk Assessment

### POLICY

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

### PURPOSE

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

### RELEVANT REGULATIONS

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

### PROCEDURES

#### Overview

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

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

#### Data Collection and Evaluation

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

#### Referral Data

##### Using Previous Data

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

##### When to Obtain Data

- A. Federal regulations allow blood work to be collected within 90 days after the certification date if the applicant has at least one qualifying risk factor at the time of certification.
- B. Data for pregnant women must be obtained during the pregnancy.
- C. Data for postpartum and breastfeeding women must be collected after the delivery.
- D. Data for infants must be collected during infancy.

- E. Data for a child must be collected while the participant is a child, although anthropometric measures taken at 11 months of age may be used to certify a 12 or 13 month old child.

### **Anthropometric Assessment**

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

### **Hemoglobin/Hematocrit Assessment**

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

### **Health Assessment**

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

### **Immunization Assessment**

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

### **Documentation of Medical Home**

Document participant's Medical Home or Primary Care Physician, referral shall be made as appropriate.

### **Diet Assessment**

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

### **Self-reporting Diagnosis**

A diagnosis by a medical professional may be self-reported by the applicant/participant/ caregiver unless otherwise indicated.

A self-reported medical diagnosis may prompt the health professional to ask more probing questions (whether condition is managed by medical professional, how to contact the professional, is condition controlled by diet or medication, what has been prescribed) for determining risk.

A referral diagnosis from a medical professional of an allowed nutritional risk shall be assumed to meet the definition.

### **Food Package Assignment/Nutrition Counseling**

A Certifying Health Professional must assign a food prescription in compliance with Policies for Prescribing Food Packages and provide nutrition education counseling.

### **Ineligibility**

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

### WIC Certification Assessment Policies

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

# Policy 216

## Anthropometric Screening

### POLICY

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

### PURPOSE

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

### RELEVANT REGULATIONS

246.7(e)(1)(i)(A) and (B) – Required nutritional risk data

246.7(e)(1)(ii)(A) – Weight and height or length

246.7(e)(2)(i)(A) – Nutritional Risk Criteria

### PROCEDURES

#### Allowable Equipment

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

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

#### Equipment Maintenance

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

#### Appropriate Measuring Techniques

##### Height

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

##### Weight



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

### **Medical Data Requirements by Status**

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

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

\*Referral data may be from outside source or services in clinic. The Kentucky Referral Form in the 200 Certification Appendices is available to provide participants to collect referral data.

If the health professional determines referral data does not reflect current health status, measures may be repeated.

### **Growth Chart Requirements by Status**

Retain the most current CDC growth chart in the medical record.

- A. Pregnant Woman
  - 1. No Growth chart
- B. Breastfeeding or Post-Partum Woman
  - 1.  $\leq 20$  years old – Computer system will plot for age, weight, and BMI for age on CDC 2-20-year growth chart.\*
  - 2.  $\geq 20$  years old – No Growth Chart
- C. Child – 12 months to  $\leq 24$  months
  - 1. Computer system will plot length for age, weight for age, and weight for length on CDC 0-24-month growth chart \*
    - a. Automated growth chart will plot age adjusted based on the date of birth and expected delivery date up to age 2 years.
- D. Child- 24 months to 36 months

1. If child's height is measured recumbent (lying down) then document that measurement was recumbent in the computer system. The computer system will plot length for age, weight for age and weight for length on CDC 0-36-month growth chart. \*
- E. Child-2 years to ≤5 years of age
1. Computer system will plot standing height for age, weight for age, and BMI for age on CDC 2-20-year growth chart. \*
- F. Infant – Birth to ≤12 months
1. Computer system will plot length for age, weight for age, and weight for length on CDC 0-24-month growth chart. \*
    - a. Automated growth chart will plot age adjusted based on the date of birth and expected delivery date (gestational age). Automated growth chart will NOT plot for measures less than 40 weeks gestation, age adjusted.
- G. If the computer system is not available at the time measurements are taken, then measurements are to be entered into the computer system when it is operational. The growth chart must be printed and filed in the participant's medical record.

### Growth Chart Requirements

Plotting of the growth chart is required as outlined below.

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

\*Note: Based on World Health Organization Standards (WHO)

# Policy 217

## Hemoglobin and Hematocrit Screening in WIC

### **POLICY**

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

### **PURPOSE**

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

### **RELEVANT REGULATIONS**

246.7(e)(1)(i)(A) and (B) – Required nutritional risk data

246.7(e)(1)(ii)(B) – Hematological test for anemia

USDA Policy Memo #140-26

### **PROCEDURES**

#### **Screening Guidelines**

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

#### **A. Pregnant Women**

##### **1. Certification**

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

##### **2. Follow-up**

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

#### **B. Breastfeeding Women**

##### **1. Certification/mid-certification health assessment**

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

#### **C. Postpartum Women**

##### **1. Certification**

- a. Must have hgb./hct. taken after termination of pregnancy,
- b. Hgb./hct. may be performed at certification or may be referral data if reflective of current status. Bloodwork data must be collected within 90 days of certification, so long as the participant is determined to have at least one qualifying nutritional

risk at the time of certification and the agency has implemented procedures to ensure receipt of data.

2. Follow-up

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

D. Infants

1. Certification/mid-certification health assessment

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

E. Children

1. Certification/mid-certification health assessment

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

**Example for an infant certified at birth:**

<b>Age at Service</b>	<b>Hgb/Hct conducted</b>
Infant less than 9 months of age	N/A
Infant Mid-Certification health assessment	N/A
Child Certification at 12 months of age	Yes, meets the 9-12 month infant requirement
Child Mid-Certification health assessment at 18 months of age	Yes, meets the 15-24 months child requirement
Child Certification at 24 months	<ul style="list-style-type: none"> <li>• Yes, if low at 18 months</li> <li>• N/A if normal at 18 months</li> </ul>
Child Mid-Certification at 30 months	<ul style="list-style-type: none"> <li>• Yes, if low at 24 months or not performed at 24 months to meet the annual requirement.</li> <li>• No if normal at 24 months.</li> <li>• Will be conducted at least annually from this point.</li> </ul>

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

**Referral Data**

If the participant, parent or caregiver has a documented result of a hemoglobin or hematocrit performed by a medical provider within 90 days of the date of certification or mid-certification health assessment, it is not necessary to repeat the hematological test. Enter the referral data and date of measurement in the system. The Kentucky WIC Referral Form in the Forms and Supporting Documentation Appendix of this section is available to provide participants to take to their healthcare provider to collect referral data.

## Unable to Complete Bloodwork during WIC Certification or Mid-Certification Health Assessment Visit

If unable to complete to obtain hemoglobin or hematocrit test on date of WIC Certification or MCHA, the certification may be conducted as long as at least 1 qualifying nutrition risk code criteria has been identified and a procedure is in place to ensure collection of data within 90 days (referral data or collected next scheduled WIC visit).

## Blood Collecting Exceptions

Do not do a blood test in the following situations

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

## Tests Results

Normal and Abnormal Ranges of Hemoglobin

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

Referrals may be made based on hemoglobin test results.

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

## Approved Equipment for Hematological Screening

Approved equipment for hematological screening for the WIC Program include:

- A. HemoCue Hb 201 analyzer
- B. HemoCue Hb 301 analyzer
- C. Pronto Plus Co Oximeter/Hemoglobin Analyzer (Non-Invasive)
- D. Contact the State Agency for use of any other hematological analyzers

**Use of Non-Invasive Device**

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

Status	Certification Age	Hgb./Hct. Required	May Utilize Pronto Machine
Infant	Birth- < 9 months old	No	No
	9 months-12 months (Including 11 month old child certification)	Yes	No
Child	1 Year	Yes	No
	18 months old	Yes	No
	2 Years-5 Years	Yes	Yes
Women	N/A	Yes	Yes

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

**Tips for Use of Pronto Non-Invasive Device**

- A. Client needs to sit quietly for approximately 1 minute while the test is being completed.
- B. Dark fingernail polish may interfere with the test results.
- C. Cold fingers may interfere with the test results.

# Policy 218

## Risk Criteria Codes and Descriptions

### **POLICY**

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

### **PURPOSE**

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

### **RELEVANT REGULATIONS**

7 CFR 246.7 – Nutritional Risks

USDA, FNS, WIC Nutrition RISK Criteria, WIC Policy Memorandum 2011-5; May 2011.

USDA, FNS, Value Enhanced Nutrition Assessment (VENA) - WIC Nutrition Assessment Policy, WIC Policy Memorandum 2006-5; March 2006.

USDA, FNS, Nutrition Risk Criteria, WIC Policy Memorandum 98-9; June 1998.

USDA, FNS, Transmittal of Revised and Corrected Nutrition Risk Criteria, May 2017.

### **DEFINITIONS**

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

### **PROCEDURES**

#### **Assigning nutrition risks**

A. The following must be done at each certification:

1. Review health and lifestyle data from the medical record (i.e. height, weight, hemoglobin, etc.). Interview the applicant/caretaker/proxy using Value Enhanced Nutrition Assessment methodology for all other applicable criteria. Apply the information to nutrition risk criteria.
2. One NRCC makes the applicant eligible for WIC. Although one NRCC qualifies the applicant, assessment must be conducted to determine all eligible risks and all eligible risks must be assigned and documented. (See “B. Nutrition Risk Assessment” for more information.)
3. Document all risk criteria applicable to the participant electronically in the system, print appropriate certification form and place in the participant’s medical record.\*
4. Sign and date the WIC 75 and place in the participant’s medical record.

\*When system is down use manual WIC forms and enter information in system within 48 hours. The Manual WIC-75 forms can be found in the 200 Certification Appendices.

B. Nutrition Risk Assessment:

1. Serves as the foundation on which other nutrition services are planned and provided.
2. Begins with Value Enhanced Nutrition Education (VENA) and includes:
  - a. Participant centered nutrition education and counseling; and
  - b. Open ended questions to determine participant’s concerns or questions.
    - i. May be appropriate to gather more information to determine management of a condition by asking questions such as:
      - Is the condition managed by a medical professional?
      - Is the condition controlled by diet or medication?
      - What was medication prescribed?
      - How may contact be made with the professional (if further information for care is needed)?
3. Beyond determining WIC eligibility, the nutrition assessment is utilized to:
  - a. Enhance the interaction between the Certifying Health Professional and WIC participant;

- b. Link the collected health and diet information to the delivery of participant centered relevant nutrition education;
- c. Make referrals; and
- d. Assign and tailor the food package.



C. Nutrition Risk Code by Status and Priority Table

Nutrition Risk Criteria	Code	Pregnant Priority	Breastfeeding Priority	Postpartum Priority	Infant Priority	Child Priority
Low Hct./Hgb.	201	01	01	3B	01	3A
Elevated Blood Lead	211	01	01	3B	01	3A
Low Head Circumference	152				01	3A*
Preterm/Early Term Birth	142				01	3A*
Low Birth Weight/Very Low Birth Weight	141				01	3A*
At Risk for Overweight	114				01	3A
Overweight/Obesity/High Wt for Length	111, 113-115	01	01	3B		3A
At Risk for Underweight	103				01	3A
Underweight	101 & 103	01	01	3B	01	3A
At Risk for Short Stature	121				01	3A
Short Stature	121				01	3A
Growth Problems	151 & 153				01	3A♦
Inappropriate Weight Gain Pattern	131,132,133,134 & 135	01	01	3B	01	3A
Alcohol and Substance Use	371 08 & 372	01	01	3B		
Environmental Tobacco Smoke Exposure	904	01	01	3B	01	3A
BF Infant/BF Woman at Nutritional Risk	601	01	01		01	
BF Complications	602	01	01		01	
BF Infant/BF Woman with Feeding Practices	601	01	04		04	
Infant of WIC Mother/Mother at Risk	701				02	
Pregnancy Induced Conditions	301,302,303 & 304	01	01	3B		
Delivery of Preterm/Early Term/ LBW Infant	311 & 312	01	01	3B		
Fetal or Neonatal Death	321	01	01	3B		
General Obstetrical Risk	331-337, & 339	01	01	3B		
Nutrition/Metabolic Conditions	341-357, 359, 360, 363	01	01	3B	01	3A
Impaired Ability to Prepare Food	902	04	04	06	04	5A** 5B***
Complications which Impair Nutrition	361 & 362	01	01	3B	01	3A
Dental Problems	381	01	01	3B	01	3A
Fetal Alcohol Spectrum Disorder	382	01	01	3A	01	3A
Neonatal Abstinence Syndrome	383				01	
Presumed Dietary Risk☹	401	04	04	06		5B***
Feeding Practices	411, 425, & 427	04	04	06	04	5A** 5B***
Inappropriate Nutrient Intake	425 & 427	04	04	06		5A** 5B***
Eating Disorders	358	01	01	3B		
Recipient of Abuse	901	04	04	06	04	5A** 5B***
Foster Care	903	04	04	06	04	5A** 5B***
Homelessness	801	04	04	06	04	5A** 5B***
Migrancy	802	04	04	06	04	5A** 5B***
Possibility of Regression-Priority III	501					3A
Possibility of Regression-Priority IV	501					5A** 5B***
Transfer of Certification	502	01	01	3B	01	3A

### Nutrition Risk Code by Status and Priority

#### D. Nutrition Risk Criteria Allowed for WIC Program Certification

USDA Code	Risk Criteria	Definition/Cutoff	Categories and Priorities
<b>Anthropometric</b>			
101	Underweight (Women)	<ul style="list-style-type: none"> <li>• Pregnant women-pre-pregnancy body mass index (BMI) &lt; 18.5</li> <li>• Postpartum women and breastfeeding women who are &lt; 6 months postpartum-pre-pregnancy or current BMI &lt;18.5</li> <li>• Breastfeeding women who are ≥ 6 months postpartum-current BMI &lt;18.5</li> </ul>	Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-04
103	Underweight (Infants and Children)	<ul style="list-style-type: none"> <li>• Underweight:                             <ul style="list-style-type: none"> <li>○ Birth to &lt;24 months: ≤ 2% weight for length</li> <li>○ 2-5 years: ≤ 5% BMI for age</li> </ul> </li> <li>• At Risk for Underweight                             <ul style="list-style-type: none"> <li>○ Birth to &lt; 24 months: &gt; 2% and ≤ 5% weight for length</li> <li>○ 2-5 years: &gt; 5% and ≤ 10% BMI for age</li> </ul> </li> </ul>	Infant-01 Child-03
111	Overweight (Women)	<ul style="list-style-type: none"> <li>• Pregnant women-pre-pregnancy BMI ≥ 25</li> <li>• Postpartum women and breastfeeding women who are &lt; 6 months postpartum-pre-pregnancy BMI ≥ 25</li> <li>• Breastfeeding women who are ≥ 6 months postpartum-current BMI ≥ 25</li> </ul>	Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-04
113	Overweight (Children 2-5 years of age)	<ul style="list-style-type: none"> <li>• ≥ 24 months to 5 years: ≥ 95% BMI for age</li> </ul>	Child-03
114	At Risk for Overweight (Child 2-5 years of age)	<ul style="list-style-type: none"> <li>• ≥ 24 months to 5 years: ≥ 85% and 95% BMI for age</li> </ul>	Child-03
115	High Weight for Length (Infants and Children <	<ul style="list-style-type: none"> <li>• Birth to &lt; 24 months: ≥ 98% weight for length</li> </ul>	Infant-01 Child-03

	24 months of age)		
121	Short Stature	<ul style="list-style-type: none"> <li>• Short Stature: <ul style="list-style-type: none"> <li>○ Birth to &lt; 24 months: 2% length for age</li> <li>○ 2-5 years: ≤ 5% height for age</li> </ul> </li> <li>• At Risk for Short Stature: <ul style="list-style-type: none"> <li>○ Birth to &lt; 24 months: &gt;2% and ≤5% length for age</li> <li>○ 2-5 years: &gt;5% and ≤10% height for age</li> </ul> </li> </ul>	Infant-01 Child-03
131	Low Maternal Weight Gain	<ul style="list-style-type: none"> <li>• In the 2<sup>nd</sup> and 3<sup>rd</sup> trimesters, singleton pregnancies, weight gain: <ul style="list-style-type: none"> <li>○ Underweight &lt; 1 pound per week</li> <li>○ Normal &lt; 0.8 pounds (12.8 oz.) per week</li> <li>○ Overweight &lt; 0.5 pounds (8 oz.) per week</li> <li>○ Obese &lt; 0.4 pounds (6.4 oz.) per week</li> </ul> </li> <li>• Low weight gain at any point in pregnancy based on the following total weight gain ranges: <ul style="list-style-type: none"> <li>○ Underweight-28-40 pounds</li> <li>○ Normal Weight-25-35 pounds</li> <li>○ Overweight-15-25 pounds</li> <li>○ Obese-11-20 pounds</li> </ul> </li> </ul>	Woman Pregnant-01
133	High Maternal Weight Gain	<ul style="list-style-type: none"> <li>• In the 2<sup>nd</sup> and 3<sup>rd</sup> trimesters, singleton pregnancies weight gain: <ul style="list-style-type: none"> <li>○ Underweight &gt; 5.2 pounds per month</li> <li>○ Normal &gt; 4 pounds per month</li> <li>○ Overweight &gt; 2.8 pounds per month</li> <li>○ Obese &gt; 2.4 pounds per month</li> </ul> </li> </ul>	Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-04
134	Failure to Thrive	<ul style="list-style-type: none"> <li>• Presence of Failure to Thrive diagnoses by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders. Base diagnosis on failure to thrive for premature infants on gestation age adjustment for low birth weight or very low birth weight.</li> </ul>	Infant-01 Child-03
135	Slowed or Faltering Growth Patterns	<ul style="list-style-type: none"> <li>• Infants from birth to 2 weeks of age <ul style="list-style-type: none"> <li>○ Excessive weight loss after birth defined as ≥7% of birth weight</li> <li>○ Not back to birth weight by 2 weeks</li> </ul> </li> <li>• Infants from 2 weeks to 6 months of age</li> </ul>	Infant (<6 months)-01

		<ul style="list-style-type: none"> <li>○ Any weight loss. Use 2 separate weights taken at least 8 weeks apart.</li> </ul>	
141	Low Birth Weight	<ul style="list-style-type: none"> <li>• For infants and children &lt;24 months of age</li> <li>• Birth weight ≤5 lbs. 8 oz./2500g. (LBW)</li> <li>• Birth weight ≤3 lbs. 5 oz./1500 grams (VLBW)</li> </ul>	Infant-01 Child-03
142	Preterm or Early Term Delivery	<ul style="list-style-type: none"> <li>• For infants and children &lt;24 months of age</li> <li>• Preterm delivery: Delivery on or before 36 weeks 6 days gestation</li> <li>• Early term delivery: Delivery between 37 weeks 0 days and 38 weeks 6 days gestation</li> </ul>	Infant-01 Child-03
151	Small for Gestational Age (SGA)	<ul style="list-style-type: none"> <li>• For infants and children &lt; 24 months of age</li> <li>• Presence as diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</li> </ul>	Infant-01 Child-03
152	Low Head Circumference	<ul style="list-style-type: none"> <li>• For infants and children &lt; 24 months of age: ≤ 2.3<sup>rd</sup> percentile head circumference for age.</li> <li>• Note: premature infants and children with a history of prematurity, base assignment on adjusted for gestational age.</li> </ul>	Infant-01 Child-03
153	Large for Gestational Age (LGA)	<ul style="list-style-type: none"> <li>• Birthweight ≥ 9 lbs (≥4000g)</li> <li>• Presence as diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</li> </ul>	Infant-01
<b>Biochemical</b>			
201	Low Hematocrit/Low Hemoglobin	<ul style="list-style-type: none"> <li>• Hemoglobin or Hematocrit that is below the normal levels.</li> <li>• Cut off values are included Policy 217- Hemoglobin and Hematocrit Screening.</li> </ul>	Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-04 Infant-01 Child-03
211	Lead Poisoning	<ul style="list-style-type: none"> <li>• Blood lead levels ≥ 5 µg/dL within the past 12 months for women and infants</li> <li>• Blood lead levels ≥ 3.5 µg/dL within past 12 months for children.</li> </ul>	Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01

			Woman Postpartum-01 Infants-01 Child-03
<b>Clinical/Health/Medical Conditions</b>			
301	Hyperemesis Gravidarum	<ul style="list-style-type: none"> <li>Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic.</li> <li>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. Self-reporting a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis.</li> </ul>	Woman Pregnant-01
302	Gestational Diabetes	<ul style="list-style-type: none"> <li>Presence of gestational diabetes diagnosed by physician as self-reported by applicant/participant /caregiver, or as reported or documented by a physician, or someone working under physician orders</li> </ul>	Woman Pregnant-01
303	History of Gestational Diabetes	<ul style="list-style-type: none"> <li>History of diagnosed gestational diabetes. May or may not have been insulin dependent.</li> </ul>	Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-04
304	History of Preeclampsia	<ul style="list-style-type: none"> <li>History of diagnosed preeclampsia.</li> <li>Presence of condition diagnosis, documented or reported by a physician or someone working under a physician's orders or as self-reported by applicant/participant/caregiver.</li> </ul>	Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-03
311	History of Preterm or Early Term Delivery	<ul style="list-style-type: none"> <li>Birth of an infant at/or before 38 weeks 6 days gestation in any pregnancy for a pregnant woman or during most recent pregnancy only for a postpartum or breastfeeding woman.</li> </ul>	Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-04
312	History of Low Birthweight	<ul style="list-style-type: none"> <li>Birth of an infant weighing ≤5 lb 8 oz. Any pregnancy for woman pregnant, most recent pregnancy for postpartum or breastfeeding woman.</li> </ul>	Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01

			Woman Postpartum-04
321	History of fetal or neonatal loss	<ul style="list-style-type: none"> <li>• A fetal death (death at <math>\geq 20</math> weeks gestation) or a neonatal death (0-28 days of life)</li> <li>• Pregnant-any history of fetal or neonatal death</li> <li>• Postpartum-most recent pregnancy</li> <li>• Breastfeeding-most recent pregnancy with one or more infants still living</li> </ul>	Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-04
331	Pregnancy at a young age	<ul style="list-style-type: none"> <li>• Conception <math>\leq 20</math> years of age.</li> <li>• Current pregnancy for pregnant woman</li> <li>• Most recent pregnancy for postpartum or breastfeeding woman.</li> </ul>	Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-04
332	Closely spaced pregnancy	<ul style="list-style-type: none"> <li>• Conception before 18 months postpartum.</li> <li>• Pregnancy-current pregnancy</li> <li>• Breastfeeding or postpartum-most recent pregnancy only</li> </ul>	Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-04
333	High parity and young age	<ul style="list-style-type: none"> <li>• Woman <math>&lt; 20</math> years old at time of conception who have had 3 or more previous pregnancies of <math>\geq 20</math> weeks gestation regardless of birth outcome</li> <li>• Pregnancy-current pregnancy</li> <li>• Breastfeeding or postpartum woman-most recent pregnancy only</li> </ul>	Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-04
334	Lack or inadequate prenatal care	<ul style="list-style-type: none"> <li>• Prenatal care beginning after 13<sup>th</sup> week of pregnancy or 1<sup>st</sup> prenatal visit in third trimester</li> </ul>	Woman Pregnant-01
335	Multiple fetus pregnancy	<ul style="list-style-type: none"> <li>• More than 1 fetus in a current pregnancy (Woman Pregnant) or the most recent pregnancy (postpartum or breastfeeding woman)</li> </ul>	Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-04
336	Fetal Growth Restriction (FGR)	<ul style="list-style-type: none"> <li>• Fetal Growth Restriction may be diagnosed by a physician with serial measurement of fundal height, abdominal girth and can be confirmed with ultrasound.</li> <li>• Defined a fetal growth below the 10<sup>th</sup> percentile for gestational age.</li> </ul>	Woman Pregnant-01

		<ul style="list-style-type: none"> <li>• May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician's orders.</li> </ul>	
337	History of birth of a large for gestational age infant	<ul style="list-style-type: none"> <li>• History of birth of an infant weighing <math>\geq 9</math>lbs.</li> <li>• Pregnant-any pregnancy</li> <li>• Postpartum or breastfeeding-most recent pregnancy only</li> </ul>	<p>Woman Pregnant,  Woman Fully Breastfeeding, Woman Partially Breastfeeding-01  Woman Postpartum-04</p>
338	Pregnant woman currently breastfeeding	<ul style="list-style-type: none"> <li>• Pregnant woman who is currently breastfeeding.</li> </ul>	<p>Woman Pregnant-01</p>
339	History of birth with nutrition related congenital birth defects	<ul style="list-style-type: none"> <li>• A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake (i.e. inadequate zinc, folic acid or excessive vitamin A).</li> <li>• Pregnant-any pregnancy</li> <li>• Postpartum or breastfeeding-most recent pregnancy only</li> </ul>	<p>Woman Pregnant,  Woman Fully Breastfeeding, Woman Partially Breastfeeding-01  Woman Postpartum-04</p>
341	Nutrient deficiency disease	<ul style="list-style-type: none"> <li>• Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro- and micronutrients. Diseases include but are not limited to: Protein Energy Malnutrition, Scurvy, Rickets, Berberi, Hypocalcemia, Osteomalacia, Vitamin K deficiency, Pellagra, Cheilosis, Menkes Disease, xerophthlamia.</li> <li>• May be diagnosed by physician as self-reported by applicant/participant /caregiver, or as reported or documented by a physician, or someone working under physician orders</li> </ul>	<p>Woman Pregnant,  Woman Fully Breastfeeding, Woman Partially Breastfeeding-01  Woman Postpartum-01  Infants-01  Child-03</p>
342	Gastro-intestinal disorders	<ul style="list-style-type: none"> <li>• Diseases on conditions that interfere with the intake or absorption of nutrients.</li> <li>• These conditions include but are not limited to: <ul style="list-style-type: none"> <li>○ Stomach or intestinal ulcers, small enterocolitis or short bowel syndrome, malabsorption syndrome, inflammatory bowel disease (ulcerative colitis or Crohn's Disease), liver disease, pancreatitis, biliary tract and gallbladder disease, gastroesophageal reflux disease (GERD), post bariatric surgery.</li> </ul> </li> </ul>	<p>Woman Pregnant,  Woman Fully Breastfeeding, Woman Partially Breastfeeding-01  Woman Postpartum-01  Infants-01  Child-03</p>

		<ul style="list-style-type: none"> <li>• May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician's orders.</li> </ul>	
343	Diabetes mellitus	<ul style="list-style-type: none"> <li>• May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician's orders.</li> </ul>	<p>Woman Pregnant,  Woman Fully Breastfeeding, Woman Partially Breastfeeding-01  Woman Postpartum-01  Infants-01  Child-03</p>
344	Thyroid disorders	<ul style="list-style-type: none"> <li>• May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician's orders.</li> <li>• These include but are not limited to hyperthyroidism, hypothyroidism, congenital hyperthyroidism, congenital hypothyroidism or postpartum thyroiditis.</li> </ul>	<p>Woman Pregnant,  Woman Fully Breastfeeding, Woman Partially Breastfeeding-01  Woman Postpartum-01  Infants-01  Child-03</p>
345	Hypertension and prehypertension	<ul style="list-style-type: none"> <li>• Hypertension is defined as high blood pressure which may eventually cause health problems and includes chronic hypertension during pregnancy, preeclampsia, eclampsia, chronic hypertension with superimposed preeclampsia and gestational hypertension.</li> <li>• Prehypertension is defined as being at high risk for developing hypertension, based on blood pressure levels.</li> <li>• May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician's orders.</li> </ul>	<p>Woman Pregnant,  Woman Fully Breastfeeding, Woman Partially Breastfeeding-01  Woman Postpartum-03  Infants-01  Child-03</p>
346	Renal disease	<ul style="list-style-type: none"> <li>• Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.</li> <li>• May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician's orders</li> </ul>	<p>Woman Pregnant,  Woman Fully Breastfeeding, Woman Partially Breastfeeding-01  Woman Postpartum-01  Infants-01  Child-03</p>



347	Cancer	<ul style="list-style-type: none"> <li>• May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician's orders</li> <li>• The current condition or treatment for the condition, must be severe enough to affect nutritional status.</li> </ul>	<p>Woman Pregnant,          Woman Fully Breastfeeding, Woman Partially Breastfeeding-01          Woman Postpartum-01          Infants-01          Child-03</p>
348	Central nervous system disorders	<ul style="list-style-type: none"> <li>• Conditions that alter nutrition status metabolically and/or mechanically, which affect energy requirements and may affect the individuals' ability to feed him/herself.</li> <li>• These include but are not limited to epilepsy, cerebral palsy (CP), neural tube defects such as spina bifida or myelomenigocele.</li> <li>• May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician's orders</li> </ul>	<p>Woman Pregnant,          Woman Fully Breastfeeding, Woman Partially Breastfeeding-01          Woman Postpartum-01          Infants-01          Child-03</p>
349	Genetic and congenital disorders	<ul style="list-style-type: none"> <li>• May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician's orders</li> <li>• Hereditary condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically or both.</li> <li>• These may include but are not limited to cleft lip or palate, Down Syndrome, Thalassemia, sickle cell anemia.</li> </ul>	<p>Woman Pregnant,          Woman Fully Breastfeeding, Woman Partially Breastfeeding-01          Woman Postpartum-01          Infants-01          Child-03</p>
351	Inborn errors of metabolism	<ul style="list-style-type: none"> <li>• May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician's orders</li> <li>• Gene mutations or gene deletions that alter metabolism in the body.</li> <li>• These may include but are not limited to phenylketonuria (PKU), maple syrup urine disease, galactosemia, myperlipoprotenurea, homocystinuria, tyrosinemia, histidinemia, urea cycle disorders, gluatric aciduria, methylmalonic academia, glycogen storage disease, galactokinase deficiency, fructoaldolase deficiency, propionic academia, hypermethionemia.</li> </ul>	<p>Woman Pregnant,          Woman Fully Breastfeeding, Woman Partially Breastfeeding-01          Woman Postpartum-01          Infants-01          Child-03</p>

352A	Infectious diseases-Acute	<ul style="list-style-type: none"> <li>An infection disease characterized by a single or repeated episode of rapid onset and short duration caused by bacteria, viruses, parasites or fungi. These may include but are not limited to Hepatitis A, pneumonia, meningitis, parasitic infection, bronchitis (3 episodes in last 6 months), Hepatitis E, listeriosis.</li> </ul>	<p>Woman Pregnant,          Woman Fully Breastfeeding, Woman Partially Breastfeeding-01          Woman Postpartum-01          Infants-01          Child-03</p>
352B	Infectious diseases-Chronic	<ul style="list-style-type: none"> <li>An infectious disease likely lasting a lifetime required long-term management of symptoms caused by bacteria, viruses, parasites or fungi. Conditions include but are not limited to HIV, AIDS, Hepatitis B, Hepatitis C, and Hepatitis D.</li> <li>May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician's orders</li> </ul>	<p>Woman Pregnant,          Woman Fully Breastfeeding, Woman Partially Breastfeeding-01          Woman Postpartum-01          Infants-01          Child-03</p>
353	Food Allergies	<ul style="list-style-type: none"> <li>An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction.</li> <li>May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician's orders</li> </ul>	<p>Woman Pregnant,          Woman Fully Breastfeeding, Woman Partially Breastfeeding-01          Woman Postpartum-01          Infants-01          Child-03</p>
354	Celiac disease	<ul style="list-style-type: none"> <li>Also known as Celia Sprue, Gluten Enteropathy, Non-tropical Sprue inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic makeup.</li> <li>May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician's orders</li> </ul>	<p>Woman Pregnant,          Woman Fully Breastfeeding, Woman Partially Breastfeeding-01          Woman Postpartum-01          Infants-01          Child-03</p>
355	Lactose intolerant	<ul style="list-style-type: none"> <li>Lactose intolerance occurs when there is insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestines producing nausea, bloating, diarrhea, cramps, etc. Lactose intolerance varies among and within individuals and ranges from mild to severe.</li> </ul>	<p>Woman Pregnant,          Woman Fully Breastfeeding, Woman Partially Breastfeeding-01          Woman Postpartum-01</p>

		<ul style="list-style-type: none"> <li>• May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician's orders</li> <li>• Documentation shall include that the ingestion of dairy products causes the above symptoms and the avoidance of such dairy products eliminates them.</li> </ul>	<p>Infants-01 Child-03</p>
356	Hypoglycemia	<ul style="list-style-type: none"> <li>• May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician's orders</li> </ul>	<p>Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-01 Infants-01 Child-03</p>
357	Drug nutrient interactions	<ul style="list-style-type: none"> <li>• Use of prescription or over-the counter drugs or medications that have been shown to interfere with nutrient intake, absorption, distribution, metabolism, or excretion, to an extent that nutritional status is compromised.</li> <li>• These medications include midamor, tums, hugroton, Cipro, Lasix, prevacid, Prilosec, synthroid, levothroid, levoxly, metformin, methadone, Zofran, phenobarbital, predisone, zantac, Zoloft, and sulfasalazine.</li> </ul>	<p>Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-03 Infants-01 Child-03</p>
358	Eating Disorders	<ul style="list-style-type: none"> <li>• May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician's orders</li> <li>• Eating disorders (anorexia nervosa and bulimia) characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms include but are not limited to self-induced vomiting, purgative abuse, alternating periods of starvation, use of drugs to lose weight (appetite suppressants, thyroid preparations or diuretics) and self-induced marked weight loss.</li> </ul>	<p>Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-01 Infants-01 Child-03</p>
359	Recent major surgery, physical trauma, burns	<ul style="list-style-type: none"> <li>• Major surgery (including c-section), physical trauma or burns severe enough to compromise nutritional status.</li> <li>• Any occurrence: <ul style="list-style-type: none"> <li>○ Within the past two months may be self-reported.</li> <li>○ More than two months previous must have the continued need for nutritional support diagnosed by a physician or health care provider working under the orders of a physician.</li> </ul> </li> </ul>	<p>Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding-01 Woman Postpartum-01 Infants-01 Child-03</p>

360	Other medical conditions	<ul style="list-style-type: none"> <li>Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect the nutritional status. These include but are not limited to juvenile rheumatoid arthritis, lupus erythematosus, cardiorespiratory disease, heart disease, cystic fibrosis, persistent asthma requiring daily medication.</li> </ul>	<p>Woman Pregnant,          Woman Fully Breastfeeding, Woman Partially Breastfeeding-01          Woman Postpartum-01          Infants-01          Child-03</p>
361	Depression	<ul style="list-style-type: none"> <li>May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician's orders.</li> </ul>	<p>Woman Pregnant,          Woman Fully Breastfeeding, Woman Partially Breastfeeding-01          Woman Postpartum-01          Infants-01          Child-03</p>
362	Developmental delay, sensory or motor delay interfere with ability to eat	<ul style="list-style-type: none"> <li>Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. This includes but is not limited to minimal brain function, feeding problems due to developmental disability such as pervasive development disorder, which includes autism, birth injury, head trauma, brain damage or other disabilities.</li> </ul>	<p>Woman Pregnant,          Woman Fully Breastfeeding, Woman Partially Breastfeeding-01          Woman Postpartum-01          Infants-01          Child-03</p>
363	Prediabetes	<ul style="list-style-type: none"> <li>May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician's orders.</li> </ul>	<p>Woman Fully Breastfeeding, Woman Partially Breastfeeding-01          Woman Postpartum-04</p>
371	Nicotine and Tobacco Use	<ul style="list-style-type: none"> <li>Any use of products that contain nicotine and/or tobacco to include but not limited to cigarettes, pipes, cigars, electronic nicotine delivery systems (e-cigarettes, vaping devices), hookahs, smokeless tobacco (chewing tobacco, snuff, dissolvable), or nicotine replacement therapies (gum, patches).</li> </ul>	<p>Woman Pregnant,          Woman Fully Breastfeeding, Woman Partially Breastfeeding-01          Woman Postpartum-04</p>

372	Alcohol and illegal and/or illicit drug use	<ul style="list-style-type: none"> <li>• Pregnancy-any alcohol use, illegal substance use and/or abuse of prescription medications, or any marijuana use in any form.</li> <li>• Breastfeeding and Postpartum Women-Alcohol Use-High Risk Drinking-routine consumption of <math>\geq 8</math> drinks per week or <math>\geq 4</math> drinks on any day. Binge Drinking-routine consumption of <math>\geq 4</math> drinks within 2 hours. Any illegal substance use and/or abuse of prescription medications. Any Marijuana use in any form. (Breastfeeding women only).</li> </ul>	<p>Woman Pregnant,          Woman Fully Breastfeeding, Woman Partially Breastfeeding-01          Woman Postpartum-04</p>
381	Oral health conditions	<ul style="list-style-type: none"> <li>• May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician's orders.</li> <li>• This includes but is not limited to gingivitis, periodontitis, tooth loss, oral infections or ineffectively replaced teeth.</li> </ul>	<p>Woman Fully Breastfeeding, Woman Partially Breastfeeding-01          Woman Postpartum-04          Infant-01          Child-03</p>
382	Fetal Alcohol Spectrum Disorders	<ul style="list-style-type: none"> <li>• Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy. FASDs is an overarching phrase that encompasses a range of possible diagnoses, including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorders (ARND) and neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE).</li> <li>• Presence of condition diagnosis, documented, or reported by physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</li> </ul>	<p>Woman Pregnant-01          Woman Fully Breastfeeding, Woman Partially Breastfeeding-01          Woman Postpartum-03          Infants-01          Child-03</p>
383	Neonatal Abstinence Syndrome (NAS)	<ul style="list-style-type: none"> <li>• May be diagnosed by a physician as self-reported by applicant/participant/caretaker or as reported or documented by a physician or someone working under physician's orders.</li> <li>• Drug withdrawal symptoms that occur after delivery when an infant is exposed to drugs during pregnancy. Conditions must be present during the first 6 months after birth.</li> </ul>	<p>Infant-01</p>
Diet			
401	Presumed dietary eligibility for woman and	<ul style="list-style-type: none"> <li>• Woman and children age two to five years may be presumed to be a nutritional risk based on the inability to meet the Dietary Guidelines for Americans as defined by consuming fewer than the recommended number of servings from one or more of the basic food groups.</li> </ul>	<p>Woman Pregnant,          Woman Fully Breastfeeding, Woman</p>

	children age 2 years and older	<ul style="list-style-type: none"> <li>This risk may only be assigned after a complete nutrition assessment has been performed and no other risks have been identified.</li> </ul>	Partially Breastfeeding, Woman Postpartum-04 Child-05
<b>Diet-Infant</b>			
411.1	Use of substitutes for breastmilk or formula	<ul style="list-style-type: none"> <li>Routinely using substitutes for breastmilk or FDA approved iron-fortified formula as the primary nutrient source during the first year of life. Examples include but is not limited to low iron formula without iron supplementation, cows milk, goat milk, sheep milk, canned evaporated or sweetened condensed milk, imitation or substitute milk such as rice or soy beverages, non-dairy creamer or homemade concoction.</li> </ul>	Infants-04
411.2	Inappropriate use of bottle or cup	<ul style="list-style-type: none"> <li>Routinely using nursing bottles or cups improperly. Examples include but are not limited to using a bottle to feed juice, feeding any sugar-containing fluids such as soda, corn syrup solution, sweet tea, allowing infant to fall asleep or be put to bed with a bottle at naps or bedtime, allowing infant to use a bottle without restriction such as walking around house with it, using bottle as a pacifier, propping bottle while feeding, allowing infant to drink for cup all day, adding foods such as cereal to infant bottle.</li> </ul>	Infant-04
411.3	Early introduction to solid foods	<ul style="list-style-type: none"> <li>Routinely offering complimentary foods or other substances that are inappropriate in type of timing. This may include but are not limited to introducing any food other than breastmilk or formula before 6 months of age, adding sweet agents such as sugar, honey or syrup to any beverage.</li> </ul>	Infant-04
411.4	Inappropriate feeding practices	<ul style="list-style-type: none"> <li>Routinely using feeding practices that disregard the developmental needs or stage of the infant. These include but are not limited to inability to recognize, insensitivity to infants feeding cues, feeding foods of inappropriate consistency size or shape that are choking hazards, not support an infant need for growth independence such as using utensils or cups, feeding infant foods with an inappropriate texture based on developmental stage.</li> </ul>	Infants-04
411.5	Feeding potentially harmful foods	<ul style="list-style-type: none"> <li>Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins. These may include but are not limited to unpasteurized fruit or vegetable juice, unpasteurized dairy products, soft cheese (brie, feta, blue), honey added to liquids or use in cooking, raw or undercooked meat, raw or undercooked eggs, raw vegetables sprouts, deli meat or hot dogs not heated until steaming hot, feeding donor human milk acquired directly from individuals or internet.</li> </ul>	Infants-04

411.6	Incorrect dilution of formula	<ul style="list-style-type: none"> <li>Routinely feeding inappropriately diluted formula. Failure to follow manufacturer's instructions or physician instructions.</li> </ul>	Infants-04
411.7	Infrequent breastfeeding	<ul style="list-style-type: none"> <li>Routinely limiting the frequency of nursing of the exclusively breastfed infant when breastmilk is the sole source of nutrition. Examples include scheduled feedings instead of on demand or less than 8 feedings in 24 hours if less than 2 months of age.</li> </ul>	Infants-04
411.8	Feeding low calorie or low nutrient diets	<ul style="list-style-type: none"> <li>Routinely feeding a diet very low in calories and/or essential nutrients. Examples include but are not limited to vegan diet, macrobiotic diet, etc.</li> </ul>	Infants-04
411.9	Improper handling of expressed breastmilk or formula	<ul style="list-style-type: none"> <li>Routinely using in appropriate sanitation in preparation, handling and storage of expressed breastmilk or formula. Examples include: limited or no access to safe water, heat source for sterilization or refrigeration or freezer for storage, failure to properly prepare, handle and store breastmilk or formula.</li> </ul>	Infants-04
411.10	Inappropriate use of dietary supplements	<ul style="list-style-type: none"> <li>Feeding dietary supplements with potentially harmful consequences. Examples of dietary supplements which, if fed in excess of recommended dosage, may be harmful include single or multi-vitamins, mineral supplements, herbal or botanical supplements or teas.</li> </ul>	Infants-04
411.11	Inadequate fluoride and Vitamin D supplementation	<ul style="list-style-type: none"> <li>Routinely not providing dietary supplements recognized as essential by national public health policy when infants diet alone cannot meet nutrient requirements.</li> <li>Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3ppm fluoride.</li> <li>Infants consuming less than one quart of vitamin D formula and not receiving 400 IU Vitamin D supplement.</li> </ul>	Infants-04
<b>Diet-Child</b>			
425.1	Use of inappropriate beverages as milk source	<ul style="list-style-type: none"> <li>Routinely feeding inappropriate beverages as the primary milk source.</li> <li>Examples include but are not limited to non-fat or reduced fat milk between 12-24 months (unless assigned by health professional for concerns of obesity), sweetened condensed milk, substitute milk (soy, rice, homemade), non-dairy creamer, unfortified goat or sheep milk</li> </ul>	Child-05

425.2	Feeding sweetened beverages	<ul style="list-style-type: none"> <li>Routinely feeding a child sugar-containing beverage. Some examples include sweet tea, soda, gelatin water, corn syrup solution.</li> </ul>	Child-05
425.3	Inappropriate use of bottles or cups	<ul style="list-style-type: none"> <li>Routinely using nursing bottles, cups or pacifiers improperly. Examples include but are not limited to using bottle for feeding beyond 14 months of age, allowing bottle to feed juice, cereal, solids, allowing child to take bottle to bed or nap, allowing child to use bottle without restriction, allowing child to use cup without restriction.</li> </ul>	Child-05
425.4	Inappropriate feeding practices	<ul style="list-style-type: none"> <li>Routinely using feeding practices that disregard the developmental needs or stage of the child. These may include inability to recognize feeding cues, feeding inappropriate size or shape foods, not supporting the need for growth (self-feeding, using utensils), feeding inappropriate textures based on developmental readiness.</li> </ul>	Child-05
425.5	Feeding potentially harmful foods	<ul style="list-style-type: none"> <li>Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins. These may include but are not limited to unpasteurized fruit or vegetable juice, unpasteurized dairy products, soft cheese (brie, feta, blue), honey added to liquids or use in cooking, raw or undercooked meat, raw or undercooked eggs, raw vegetables sprouts, deli meat or hot dogs not heated until steaming hot, feeding donor human milk acquired directly from individuals or internet.</li> </ul>	Child-05
425.6	Feeding low calorie or low nutrient diets	<ul style="list-style-type: none"> <li>Routinely feeding a diet very low in calories and/or essential nutrients. Examples include but are not limited to vegan diet, macrobiotic diet, etc.</li> </ul>	Child-05
425.7	Inappropriate use of dietary supplements	<ul style="list-style-type: none"> <li>Feeding dietary supplements with potentially harmful consequences. Examples of dietary supplements which, if fed in excess of recommended dosage, may be harmful include single or multi-vitamins, mineral supplements, herbal or botanical supplements or teas.</li> </ul>	Child-05
425.8	Inadequate fluoride and vitamin D supplementation	<ul style="list-style-type: none"> <li>Routinely not providing dietary supplements recognized as essential by national public health policy when infants diet alone cannot meet nutrient requirements.</li> <li>Providing children under 36 months less than 0.25 mg fluoride daily when the water supply contains less than 0.3ppm fluoride.</li> <li>Providing children 36-60 months of age less than 0.50 mg fluoride daily when the water supply contains less than 0.3ppm fluoride.</li> </ul>	Child-05



		<ul style="list-style-type: none"> <li>• Providing children less than 400 IU Vitamin D supplement if drinking less than one quart Vitamin D fortified milk daily.</li> </ul>	
425.9	Pica	<ul style="list-style-type: none"> <li>• Routine ingestion of non-food items. Examples include: ashes, carpet fibers, cigarettes, chalk, clay dust, foam rubber, paint chips, soil, or starch.</li> </ul>	Child-05
<b>Diet-Women</b>			
427.1	Inappropriate use of dietary supplements	<ul style="list-style-type: none"> <li>• Feeding dietary supplements with potentially harmful consequences. Examples of dietary supplements which, if fed in excess of recommended dosage, may be harmful include single or multi-vitamins, mineral supplements, herbal or botanical supplements or teas.</li> </ul>	Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding, Woman Postpartum-04
427.2	Consuming very low calorie diets	<ul style="list-style-type: none"> <li>• Routinely feeding a diet very low in calories and/or essential nutrients. Examples include but are not limited to vegan diet, macrobiotic diet, etc.</li> </ul>	Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding, Woman Postpartum-04
427.3	Pica	<ul style="list-style-type: none"> <li>• Routine ingestion of non-food items. Examples include: ashes, carpet fibers, cigarettes, chalk, clay dust, foam rubber, paint chips, soil, or starch.</li> </ul>	Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding, Woman Postpartum-04
427.4	Inadequate iron, iodine or folic acid supplementation	<ul style="list-style-type: none"> <li>• Inadequate vitamin-mineral supplementation recognized as essential by national public health policy.</li> <li>• Consumption of less than 27 mg of iron as a supplement daily by pregnant women.</li> <li>• Consumption of less than 150 mcg of supplemental iodine per day by pregnant and breastfeeding women.</li> <li>• Consumption of less than 400 mcg of folic acid from fortified foods or supplements daily by non-pregnant women.</li> </ul>	Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding, Woman Postpartum-04
427.5	Eating potentially harmful foods	<ul style="list-style-type: none"> <li>• Pregnant women ingesting foods that could be contaminated with pathogenic microorganisms. Examples include raw fish or shellfish, refrigerated smoked seafood, raw or undercooked meat or poultry, hot dogs, lunch meat, fermented dry sausage not heated until steaming hot, refrigerated pate or meat spreads, unpasteurized milk, soft cheeses (brie, blue cheese, feta), raw or undercooked meat or eggs, raw sprouts, or unpasteurized fruit or vegetable juice.</li> </ul>	Woman Pregnant-04

Diet-Presumed			
428	Presumed dietary eligibility for infants and children age 4 to 23 months	<ul style="list-style-type: none"> <li>This risk may only be assigned to infants from 4-12 months of age and children 13-23 months of age after a complete nutrition assessment has been performed and no other risk have been identified. An infant or child who has begun to consume complementary foods and beverage, eat independently, wean from breastmilk or formula is transition form a diet on infant/toddler foods to one based on the Dietary Guidelines.</li> </ul>	Infants-04 Child-04
Other Risks			
501	Possibility of Regression	<ul style="list-style-type: none"> <li>A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the health professional determines there is a possibility of regression in nutritional status without the benefits that the WIC program provides. Not every nutrition risk criterion leads to regression. This risk cannot be used for two consecutive certification periods.</li> </ul>	Woman Fully Breastfeeding, Woman Partially Breastfeeding, Woman Postpartum, Child, Infant-04
502	Transfer of Certification	<ul style="list-style-type: none"> <li>Applicant presently with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid until the certification period expires, and shall be accepted as proof of eligibility for program benefits. If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants.</li> <li>This criterion would be used primarily when the VOC document does not reflect another (more specific) nutrition risk condition at the time of the transfer or if the participant was initially certified based on a nutrition risk condition not in use by the receiving State agency.</li> </ul>	N/A
601	Breastfeeding mother or infant at nutritional risk	<ul style="list-style-type: none"> <li>A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.</li> </ul>	Woman Pregnant, Woman Fully Breastfeeding, Woman Partially breastfeeding-01,02,04 Must be at same priority as at-risk infant.
602	Breastfeeding complications or potential	<ul style="list-style-type: none"> <li>A breastfeeding women with any of the following complications or potential complications: severe breast engorgement, recurrent plugged ducts, mastitis,</li> </ul>	Woman Pregnant, Woman Fully

	complications (woman)	flat or inverted nipples, cracked, bleeding or severely sore nipples, age $\geq 40$ years, failure of milk to come in by 4 days postpartum, tandem nursing.	Breastfeeding, Woman Partially Breastfeeding-01
603	Breastfeeding complications or potential complications (infant)	<ul style="list-style-type: none"> <li>A breastfeeding infant with any of the following complications or potential complications: jaundice, weak or infective suck, difficulty latching onto mother breast, inadequate stooling or wet diapers.</li> </ul>	Infant-01
701	Infant up to 6 months of age of WIC mother or of a woman who would have been eligible during pregnancy	<ul style="list-style-type: none"> <li>An infant &lt; 6 months of age whose mother was a WIC participant during pregnancy or whose mother's medical record document shall that show would be been eligible during pregnancy.</li> </ul>	Infant-02
702	Breastfeeding infant of woman at nutritional risk	<ul style="list-style-type: none"> <li>Breastfeeding infant of woman at nutritional risk.</li> </ul>	I-01,02-04 Must be at the same priority as at-risk mother.
703	Infant born with mental retardation or alcohol drug abuse in most recent pregnancy	<ul style="list-style-type: none"> <li>Infant born of a woman diagnosed with mental retardation or using alcohol or drugs.</li> </ul>	Infant-01
801	Homelessness	<ul style="list-style-type: none"> <li>A woman, infant or child who lacks a fixed regular nighttime residence or whose primary residence is a shelter, institution, temporary accommodation, or residence not designed for regular sleeping accommodations.</li> </ul>	Woman Pregnant, Woman Fully Breastfeeding, Woman Partially Breastfeeding, Woman Postpartum, Infant-04 Child-05

802	Migrancy	<ul style="list-style-type: none"> <li>Categorically eligible women, infant and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months and who established for the purpose of employment temporary housing.</li> </ul>	<p>Woman Pregnant,          Woman Fully Breastfeeding, Woman Partially Breastfeeding,          Woman Postpartum,          Infant-04          Child-05</p>
901	Recipient of Abuse	<ul style="list-style-type: none"> <li>Battering or child abuse/neglect within past 6 months as self-reported, reported or documented by social worker, health care provider or other appropriate personnel.</li> </ul>	<p>Woman Pregnant,          Woman Fully Breastfeeding, Woman Partially Breastfeeding,          Woman Postpartum,          Infant-04          Child-05</p>
902	Pregnant woman, mother or infant or child of primary caregiver with limited ability to prepare food	<ul style="list-style-type: none"> <li>Woman or infant/child whose primary caregiver is assess to have a limited ability to make appropriate feeding decisions and/or prepare food.</li> <li>This may include: ≤17 years of age, mentally disabled, mental illness, depression, physical disability, currently using or history of abusing alcohol, prescription drugs, marijuana or other drugs, r intellectual disability.</li> </ul>	<p>Woman Pregnant,          Woman Fully Breastfeeding, Woman Partially Breastfeeding,          Woman Postpartum,          Infant-04          Child-05</p>
903	Foster Care	<ul style="list-style-type: none"> <li>Entering the foster care system during the previous six months or moving from one foster care home to another during the previous six months. Cannot be used two times in a row while the child remains in the same foster home. It shall be used as the sole risk criterion only if careful assessment has been done.</li> </ul>	<p>Woman Pregnant,          Woman Fully Breastfeeding, Woman Partially Breastfeeding,          Woman Postpartum,          Infant-04          Child-05</p>
904	Environmental Tobacco Exposure	<ul style="list-style-type: none"> <li>Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside enclosed areas, like the home, place of child care, etc.</li> <li>ETS is also known as secondhand, passive or involuntary smoke.</li> </ul>	<p>Woman Pregnant,          Woman Fully Breastfeeding, Woman Partially Breastfeeding-01          Woman Postpartum-04          Infant-01</p>

		<ul style="list-style-type: none"><li>• The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.</li></ul>	Child-03
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# **Policy 219**

## **Mid-Certification Health Assessment**

### **POLICY**

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

### **PURPOSE**

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

### **RELEVANT REGULATIONS**

7 CFR 246.7(g)(1)(iv) – Certification periods

USDA Policy Guidance – Guidance for Providing Quality WIC Nutrition Services During Extended Certification Periods

FNS Instruction 803-4, Rev.1

### **DEFINITIONS**

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

### **PROCEDURES**

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

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

### **MCHA Requirements**

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

- h. Referrals as appropriate (e.g. FindHelpNowKY.Com, Medical Nutrition Therapy, Lactation Support, KY Quit line, etc.)
    - i. Support and encouragement for continued breastfeeding when appropriate.
- B. Infants
  - 1. If an infant is certified before four months of age, a MCHA is not required if the infant has a medical home and is obtaining routine well-child checks. Document the health care provider name and the date of the 6-month well-child check in the participant's medical record.
    - a. WIC Staff shall provide follow-up nutrition education based on Policy 405 - WIC Low Risk Secondary Nutrition Education.
  - 2. If the infant does not have a healthcare provider or does not have an appointment for a 6 month well-child check, WIC staff shall schedule and provide a MCHA.

## Documentation

- A. Document the MCHA information in the computer system at the time of the visit. This is completed by entering new measurements, plotting growth charts, reviewing, and updating the WIC-75.
  - 1. Documentation must include:
    - a. Length/height and weight measurements
    - b. Hemoglobin or hematocrit test results, if obtained
    - c. Additional risk factors, if applicable
    - d. Diet assessment questionnaire
    - e. Health assessment questionnaire
    - f. Food package changes
    - g. Nutrition education provided
    - h. Referrals made
  - 2. "Mid-Certification nutrition education provided per protocol" or "MC-NEPP" may be documented when information provided to the participant is according to the existing counseling protocols to reduce time documenting the service. If the protocol is not followed, or "MC-NEPP" is not documented, then documentation must be made of the counseling that is provided and any supporting materials/handouts that were provided.

## Referral Data

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

## Scheduling

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

## Missed/Refused MCHA Appointments

- A. Benefits **cannot** be withheld if the MCHA is not completed on time or if the participant refused the appointment, since the MCHA is not a certification.

- B. If the initial MCHA appointment is missed, local WIC staff may issue one month of benefits and schedule the MCHA appointment.
- C. If the participant/parent/caretaker refuses the MCHA appointment and completes another type of nutrition education activity, up to three months of benefits may be issued.
  - 1. MCHA appointment refusal must be documented in the participant's medical record.



# **Policy 220**

## **Program Access in Disaster Situations**

### **POLICY**

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

### **PURPOSE**

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

### **RELEVANT REGULATIONS**

7 CFR 246.7 (o)(2)(I)(C) – Certification of participants

7 CFR 246.7 (g)(3) – Certification of participants

7 CFR 246.7 (e)(B) – Nutritional Risk

7 CFR 246.7 (d)(2)(v)(C) – Are applicants required to document income eligibility- exceptions

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

WIC Policy Memorandum 2016-4, “Verification of Certification”

### **PROCEDURES**

#### **WIC’s Role in Disasters**

Ensuring access to nutrition assistance is a critical and immediate focus for disaster response teams.

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

#### **WIC Certification During a Disaster**

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

- a. If documentation cannot be obtained, contact the State WIC Office for additional guidance.
    3. Participants who are medically fragile and or require non-contract, exempt infant formula or WIC nutritionals must be referred to a local medical provider to ensure the participant is linked to the health care system during the disaster and displacement.
    4. Contact the State WIC Office for any additional guidance.
  2. Disaster-related evacuee applicants must be notified of eligibility or ineligibility within 10 days of the date of the first request of WIC Program benefits. Refer to Policy 202 Processing Standard.
    - a. If residing with family or friends, the displaced individuals may be treated as a separate economic unit.
      - i. Income documentation for Disaster Related Evacuees does not apply to a woman or child for whom the agency determines the requirement would present an unreasonable barrier to participation.
        - a) Disaster-related evacuee applicants must sign a statement specifying why he/she cannot provide documentation of income. Refer to Policy 206- Determining Household Income, Policy 207- Required Proofs Not Present, Policy 208 Homeless Participants.
        - b) See policy 209 regarding physical presence requirements and exemptions.
        - c) If Proof of Residency or Identity may be lost, destroyed or damaged in disaster situations. In this case, the statement of no Proof must be utilized to document their residency or identity. See Policy 207- Required Proofs Not Present.
      - b. The displaced individuals are considered homeless.
        - i. The Health Professional should assess if the homeless food package is the most appropriate food package for issuance. When issuing the homeless food package, the displaced participant food list insert must be provided.
        - ii. The Health professional must assess and determine if Ready to Feed infant formula is appropriate for issuance due to unsanitary water supply. See Section 600 for further guidance regarding food package assignment.
        - iii. For homeless participants, the 801 homeless risk code must be assigned. The applicant must be assessed for all risks. See Policy 216 Anthropometric Screening, 215 Certification Risk Assessment, 217 Hemoglobin and Hematocrit Screening, and 218 Risk Code Criteria and Descriptions.
    - c. All disaster-related evacuees shall be issued a VOC upon certification to assure continuation of benefits when he/she returns to his/her home State.
  3. A VOC shall be provided by the local WIC agency to WIC participants when a disaster-related evacuation is anticipated.
- B. Other Emergency/Disaster Situations
 

Emergency situations can occur whenever WIC benefits or the WIC certification system is unavailable to a participant, clinic or retailer for use to issue or redeem WIC benefits.

  1. If a Local WIC Agency is unable to access the WIC System (CMS/Portal) or issue WIC benefits because of a natural disaster or a prolonged system outage, the agency shall follow their county's health department disaster plan until a viable plan to access the WIC system is available.
    - a. It might include a plan to issue KY WIC from neighboring counties KY WIC clinics or mobile health clinics that have access to the KY WIC online system.
    - b. A plan shall also contain continual contact with the KY WIC Help Desk for any assistance needed. The Help Desk number is accessible 24 hours a day at (877) 597-0367.

- c. Each local agency shall maintain on file and have accessible for review, their disaster/prolonged outage plan to ensure continued access to Kentucky WIC benefits.
  2. Local WIC Agencies shall utilize available paper resources to maintain regular certification and benefit delivery to participants.
    - a. The CH-5B is available in English and Spanish for patient registration and documentation of residence and income proofs and receipt of Rights and Responsibilities.
    - b. Paper WIC Certification Forms (WIC-75s) are available for documentation of WIC Nutrition Risk Assessment including anthropometric and hematological measures. See Section 200 Certification Appendices.
    - c. Paper CDC Growth charts may be utilized for plotting and assessing growth. [https://www.cdc.gov/growthcharts/clinical\\_charts.htm](https://www.cdc.gov/growthcharts/clinical_charts.htm)
    - d. Notify the Kentucky WIC Help Desk.
      - a. In some instance, the state agency may be able to provide issuance remotely. See Policy 807 – Food Delivery in Disaster Situations.
  3. There may be disasters or emergencies for which the State WIC Office will need to request Waivers to the Program from USDA.
    - a. The waivers are short term and require report of use and impact on the program participation.
    - b. For example, at the onset of the COVID-19 Pandemic, due to shortages in milk supply, the State received a waiver which allowed the purchase of 2% milk in place of 1% or less milk when 1% or less was not available on store shelves as well as the ability to waive physical presence and defer measurements.
    - c. The WIC Office will provide policy guidance to local agencies when such waivers are received from USDA.

Rev. 10/20

## **Policy 221**

### **Remote Certification During COVID-19 Pandemic**

#### **POLICY**

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

#### **PURPOSE**

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

#### **RELEVANT REGULATIONS**

7 CFR 246.7 (o)(2)(I)(C) – Certification of participants

7 CFR 246.7 (g)(3) – Certification of participants

7 CFR 246.7 (e)(B) – Nutritional Risk

7 CFR 246.7 (d)(2)(v)(C) – Are applicants required to document income eligibility-exemptions

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

WIC Policy Memorandum 2016-4, “Verification of Certification”

The Families First Coronavirus Response Act March 2020

#### **PROCEDURES**

##### **WIC’s Role in a Pandemic**

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

**WIC Certification/Recertification During COVID-19 pandemic**  
**The majority of the WIC Policies and Procedures remain full effect.**  
**Below is guidance for Certifications during COVID-19 pandemic.**

- A. Refer to Policy 201 for status and Priority, no changes due to COVID-19
- B. Refer to Policy 202 for Processing Standards, no changes due to COVID-19
- C. Refer to Policy 203, 205, 206 & 207 regarding Proof Codes and income eligibility  
**See below for specific guidance related to COVID-19, changes have been implemented or flexibilities of current policy emphasized.**
  1. Participant Unable to Provide Proofs due to No Face-to -Face WIC Services
    - a. Document the following on the Statement of No Proof Form (WIC- NP)
      1. Residence: participant’s address
      2. ID: participants name, driver’s license number if available, and date of birth

3. Income: self-reported income unless adjunctive eligibility is able to be verified
  - b. Document “self-reported via phone due to COVID-19” with staff member’s name
- D. Physical presence requirement has been waived due to COVID-19 pandemic.
1. Document in the medical record “Remote Cert due to COVID-19”
  2. Document in the most appropriate Physical Presence Exception the CMS Portal system from the drop down. Below is a listing and description of the of the approved exceptions
  3. For participants who do not meet any of the below exceptions, use Disability and document COVID-19 Pandemic in the medical record
    - a) Disabilities. A participant or parent/caretaker of a participant with a physical or mental disability that creates a current barrier to coming to the clinic.
      - 1) Impaired functions such as caring for oneself, walking, seeing, hearing, speaking, breathing, learning, and working
      - 2) A medical condition that necessitates the use of medical equipment that is not easily transportable
      - 3) A medical condition that requires confinement to bed rest;
      - 4) A serious illness or medical condition that may be worsened by coming to the clinic
      - 5) A serious illness that may be exacerbated by coming into the WIC clinic (i.e. an individual with compromised immunity such as an individual undergoing cancer treatment)
      - 6) A contagious illness that may be transmitted to others by coming to the clinic**
    - b) Receiving ongoing health care
      - 1) An infant or child who was present at his/her initial certification and is receiving documented ongoing healthcare
    - c) Working parents or Caretakers
      - 1) An infant or child who was present at his/her initial certification and at a recertification within the past year and whose parent(s)/caretaker(s) work status presents a barrier to bringing the infant or child to the clinic
    - d) Newborn infant
      - 1) An infant under eight (8) weeks of age who cannot be present at certification due to an appropriate reason. Although physical presence is not required under 8 weeks of age, the health professional shall determine that the infant is receiving health care from appropriate provider
- E. Refer to Policy 210 for Certification Periods, no changes due to COVID-19
- F. Refer to Policy 211 for Rights and Responsibilities.  
**See below for specific guidance related to COVID-19, changes have been implemented or flexibilities of current policy emphasized.**
1. Applicants, participants, or their parent/legal representative /caretaker, must have read to them, the WIC Rights and Responsibilities section on the Registration/ Authorization/ Certifications and Consents form (CH-5/CH-5B or CH-5WIC)

2. Refer to Administrative Reference Section Consent for Services, General Consent when Parent or Legal Representative cannot be Present at Visit for guidance on documenting verbal consent. Document in the medical record on the CH-5 or CH-5B that verbal consent was obtained and Right and Responsibilities read to the participant.
3. The following should be mailed or emailed to participants at certification:
  - a. Kentucky eWIC Benefits pamphlet (eWIC-1)
  - b. The Household WIC Shopping List. To protect privacy, the WIC Benefit List shall **not** be mailed
  - c. Kentucky Approved Food List (initial certifications, also available in the KY WIC shopper App)
  - d. List of KY WIC Approved Vendors (initial certifications, also available in the KY WIC shopper App)
  - e. See Policy 808 Food Delivery During COVID-19 and eWIC Cards regrading issuance of new eWIC Cards
4. All applicants/participants determined ineligible, denied or discontinued WIC, or imposed a claim must be provided a completed "Notice of Ineligibility" (WIC 54) in person, via mail or email

G. Refer to Policy 212 for Voter Registration.

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

1. Voter Registration must continue to be offered to all individuals who are 18 years old or older at certification, recertification and when an address change and/or VOC transfer occurs
2. The Voter Registration Rights and Preference form (WIC 53) form shall be completed each time voter registration is offered. This form provides their rights concerning registering to vote and documents the opportunity to register
3. This should be read to the participant and the staff shall document provided verbally, dated and signed
4. A copy of the form must be emailed or mailed to the participant
5. A Voter Registration Application (SBE01) form shall be mailed to every applicant/participant who answers "YES" to the Voter Preference Question. The applicant should be encouraged to mail or drop at their local county clerk's office and offered the website <https://vrsws.sos.ky.gov/ovrweb/> to register or update registration online if preferred

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

I. Refer to Policy 216 for Anthropometric Screening

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

1. During the COVID-19, if anthropometric data is not available, this requirement is waived
  - a. Indicate in the system the measures are unknown, if unknown.
  - b. Document on the WIC-75 the reason measures are unknown such as “No height or weight-remote cert- COVID-19”
2. If anthropometric data is available, it must be documented, growth charts plotted as appropriate and risk codes assigned as appropriate

J. Refer to Policy 217 for Hemoglobin and Hematocrit Screening

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

1. During the COVID-19, if hematological data is not available, this requirement is waived
  - a. Indicate in the system the measures are unknown, if unknown.
  - b. Document on the WIC-75 the reason measures are unknown such as “No Hgb-remote cert- COVID-19”
2. If anthropometric data is available, it must be documented, and risk codes assigned as appropriate

L. Refer to Policy 219 for Mid Cert Health Assessments

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

1. May be deferred for up to 3 months or provided via phone. Anthropometric and hematological measures may be waived during the COVID-19 pandemic.

Dev. 03/2020

# Section 200 Appendices Certification



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## INSTRUCTIONS FOR ORDERING WIC FORMS AND SUPPLIES

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

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

WIC PROGRAM SUPPLY REQUISITION FORM PROGRAM MANAGEMENT		
<i>Email the completed form to: WIC.Helpdesk@ky.gov</i>		
<b>DATE REQUESTED:</b>		
<b>NAME OF REQUESTOR:</b>		
<b>DELIVER TO:</b> <i>{ Local health department/Agency address }</i>		
<b>FORM #</b>	<u>Quantity Requested</u>	<u>Issued</u>
WIC-51 REMINDER POST CARD		
WIC-52 ISSUANCE STICKY SHEET		
WIC-53 VOTER REG RIGHT & PREF		
WIC-54 NOTICE OF INELIGIBILITY		
WIC 54S SPANISH NOTICE OF INELIGIBILITY		
FILLED BY:	DATE:	<i>{State WIC office use}</i>
<b>WIC FORMS - ENGLISH</b>		
WIC-SBE01 VOTER REG 8X5 CARDS		
WIC-SBE01 VOTER REG MAIL IN FRM		
WIC-17 VERIFICATION OF CERT (VOC)		
EWIC-4 ISSUANCE REFERENCE		
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ETHNICITY/RACE CARD		
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JUSTICE FOR ALL POSTER		
FAIR HEARING POSTER		
MOVING? VOC REMINDER POSTER		
PREGNANT/NEW BABY? POSTER		
FOOD BUDGET POSTER		
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WIC-51S SPANISH REMINDER CARD		
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DHS-070S SPANISH WIC HELPS		
WIC-53S SPANISH VOTER RIGHTS		
ETHNICITY/RACE CARD-SPANISH		
CLERICAL CHECKLIST-SPANISH		
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PREGNANT/NEW BABY? POSTER-SPANISH		
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WIC-NPB BOSNIAN NO PROOF FORM		
DPH-111B BOSNIAN PART FOLDER		
WIC-PRB BOSNIAN PROOF REQUIREMENTS		
WIC-53B BOSNIAN VOTER RIGHTS		
FILLED BY:	DATE:	<i>{State WIC office use}</i>
**Nutrition Education Materials & KY WIC Approved Food List may be ordered via Pamphlet Library. Pamphlet Library order form may be found on DPH website		
**Vendor supplies should be requested by emailing KYWICVENDOR@KY.GOV.		
		<b>Rev. 7.22</b>

## PAMPHLET LIBRARY MATERIALS AND ORDER FORM

The following items are available to order at the Frankfort Habilitation pamphlet library. These include:

WIC MATERIALS	FORM NUMBER
WIC Helps Pamphlet-English	DPH-070
eWIC Benefits Card Pamphlet English & Spanish	EWIC-1
WIC Approved Food List -English	WIC-40
WIC Approved Food List-Spanish	WIC-40S
Friends and Family Handout English & Spanish	
Heath Care Provider & KY WIC Pamphlet	
WIC Nutrition Education Materials (infant feeding guides, trimester guides, child feeding guides, etc.)	

Materials at the pamphlet library may be ordered by sending a fax to (502) 227-7191 using the CHFS-1210 form. Please include the item name, quantity needed, and the complete mailing address. The CHFS-1210 ordering form with instructions may be found on the Department for Public Health website: <https://chfs.ky.gov/agencies/dph/dafm/Pages/lhd.aspx>

### CHFS -1210 PAMPHLET LIBRARY ORDERING FORM

CHFS-1210  
(R. 01/2011)

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

Order Shipped:

**PUBLICATION REQUEST**

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

**Mail or Fax to:**

(NO Phone Requests Accepted)

Pamphlet Library  
Frankfort Habilitation  
3755 Lawrenceburg Road  
Frankfort, KY 40601-8412

Business Phone: (502) 227-9529  
Fax Number: (502) 227-7191

Date of Request:

Person Ordering Pamphlet Material (Full Name)

Health Department, Organization, Agency, School:

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

City:

State: (2 characters)  ZIP:

Phone Number: ( )  Extension:

Purpose for Request:

To be completed by Requestor:		For Pamphlet Library Staff to complete: <small>(Requestor do NOT write in spaces below)</small>			
Quantity Requested:	Title of Pamphlet:	Quantity Shipped to Requestor:	Supply <u>NOT</u> available for full shipment: <small>(see note below)</small>	Please call Pamphlet Library to Discuss Order	Initials of Staff Processing Order:
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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

A copy of this request form will be returned to requestor to confirm correct shipment.

**NOTE** If a large volume of pamphlets are ordered and supply is not available, the requestor will be sent up to five (5) and the requestor will need to submit another order at a later date, if the pamphlet is needed.

## PROOF OF RESIDENCE, IDENTITY, AND INCOME CARD (WIC-PC)

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

WIC Proof of Residence, Identity and Income				
Label Code	Type of Proof	Residence	Identity	Income
01	Current Medicaid <sup>1</sup> eligibility (KY Health-Net, Voice Response, DCBS) / Presumptive Eligibility ID/ Medicaid BCCTP ID	Yes <sup>4</sup>	Yes <sup>4</sup>	Yes (See other side)
02	Food Stamp Letter DCBS Verification	Yes	Yes	Yes
03	Drivers License	Yes	Yes for adult	
04	Immunization Record		Yes	
05	Birth Certificate		Yes	
06	School ID or Record	Yes	Yes	
07	Hospital Record/Birth Card	Yes with address	Yes	
08	Voter Registration Card	Yes	Yes	
09	Current Mail/Bill	Yes	Yes	
10	Photo ID	Yes with address	Yes	
11	Social Security Card		Yes	
12	Property Tax Bill/Receipt	Yes	Yes with name	
13	Current Rent/Mortgage Lease/Receipt	Yes	Yes with name	
14	Statement of No Proof <sup>2</sup>	Yes	Yes	Yes
15	Staff Recognition <sup>3</sup>	Yes for recert. and Fls <sup>2</sup>	Yes for recert. and Fls <sup>2</sup>	
16	Current Pay Check/Stub	Yes with address	Yes with name	Yes if gross income
17	Tax Return/W-2 Form	Yes with address	Yes with name	Yes
18	Unemployment Letter	Yes with address	Yes with name	Yes
19	Social Security Earnings	Yes with address	Yes with name	Yes
20	Leave and Earnings (Military)	Yes with address	Yes with name	Yes
21	eWIC Cardholder <sup>3</sup>		Yes for recert. and Fls <sup>2</sup>	
22	Medical Record <sup>3</sup>		Yes for recert. and Fls <sup>2</sup>	
23	Adjunct Eligibility based on Household Member	Yes with pt. address		Yes (See other side)
24	Hospital Certification	Proof required in 30 days	Proof required in 30 days	Proof required in 30 days
50	Other – Must document type of proof in patient chart	Yes with address	Yes with name	Yes if amount and time frame specified

1 Persons eligible for KTAP receive Medicaid. Any other proof for KTAP, use "other" code.  
 2 Statement is good for the certification period.  
 3 Acceptable proof must have been presented and documented before use.  
 4 Proof of residence and identity must be seen for Presumptive Eligibility and BCCTP.

WIC-PC 3/2012

WIC Adjunct Income Eligibility Proof Requirements and Documentation					
Situation	Proof Required	Qualifies (Income only)	Label Field/Code	Adjunct Eligibility/Down Selection	Label Field/Down Selection
Pregnant (P) Woman Receives Medicaid (including MPE, MBOCTP)	• Verification of current Medicaid eligibility* • MBOCTP or MPE Identification Sheet • Verification by MPE Provider	Pregnant Woman	Medicaid-Y Medicaid-E for MPE	Receives Medicaid	Health-Net/DCBS/ID for pt-01**
Breastfeeding/Postpartum (B/P) Woman Receives Medicaid (including MPE, MBOCTP)	• Verification of current Medicaid eligibility* • MBOCTP or MPE Identification Sheet • Verification by MPE Provider	BF/PP Woman	Medicaid-Y Medicaid-E for MPE	Receives Medicaid	Health-Net/DCBS/ID for pt-01**
Infant Receives Medicaid	• Verification of current Medicaid eligibility*	Infant	Medicaid-Y	Receives Medicaid	Health-Net/DCBS/ID for pt-01**
Newborn Infant's Mother Received Medicaid at Delivery	• Verification of mom's Medicaid eligibility*	Household Members	Medicaid-N VH-Y	Lives w/Infant receiving Medicaid	Health-Net/DCBS/ID for HH member-23***
Infant/Child Receives Medicaid	• Verification of current Medicaid eligibility*	Child Only	Medicaid-Y	Receives Medicaid	Health-Net/DCBS/ID for pt-01
KCHIP Phase III Infant/Child Receives Medicaid	• Not Adjunct Eligible	No one	Medicaid-K	None	Not Applicable
PG/FP/PP Woman/Infant/Child Receives Food Stamps	• General Notice of Action Letter with Applicant Name • DCBS Verification	Person Listed on Letter	Food Stamps-Y	Receives Food Stamps	Food Stamp Letter/DCBS-02 or Other-50
PG/FP/PP Woman/Infant/Child Receives KTAP	• KTAP Letter • KTAP Check Stub • DCBS Verification	Woman Infant/Child Household Members	KTAP-Y KTAP-N VH-Y	Receives KTAP Lives w/HH member receiving KTAP	Other-50

\* Verification through KY Health-Net, Voice Response, or local DCBS is acceptable.  
 \*\* Women adjunct eligible based on MPE or MBOCTP must show proof of residence and identity.  
 \*\*\* Persons adjunct eligible based on another person's eligibility must show proof of residence and identity.  
 MPE = Medicaid Presumptive Eligibility  
 MBOCTP = Medicaid Breast and Cervical Cancer Treatment program

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

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

**Healthy Eating Habits Grow Healthy Families**

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



**Proof of your Identity...**

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

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

**Proof of your Residence...**

\*bring one of these:

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

**Proof of your Household Income...**

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

- ✓ SNAP Letter
- ✓ Current pay stub (last 30 days)
- ✓ W-2 forms
- ✓ Signed statement from employer
- ✓ Income tax forms for most recent year
- ✓ Unemployment letter/notice
- ✓ Check stub/award letter from Social Security
- ✓ Recent Leave and Earnings Statement (LES) for military
- ✓ Foster child placement/award letter
- ✓ Tax forms or accounting records for self-employed
- ✓ Copies of alimony or child support checks

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

**Remember:**

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



Place local agency information here.



Need help? If you have difficulty understanding or reading English or have a disability, free language assistance or other aids and services are available upon request. Please contact your local WIC clinic or the State WIC Office at 1-877-597-0367. If you have a disability and need assistance calling us, contact the State Relay Number at 711 or for TTY to voice, call 800-648-6056.

**This institution is an equal opportunity provider. WIC-PR 7.22**

**STATEMENT OF NO PROOF (WIC-NP)  
STATEMENT NO PROOF-HOSTIAL (WIC NP/HOSP)**

Purpose	For a participant to provide a written statement of their residence, identity, and/or income, and the reason proof cannot be provided.
When To Use	When the participant does not have and/or cannot provide proof/documentation of residence, identity, and/or income. Completed form is good for the certification period. At recertification, if there still is no proof, another statement must be obtained. Use is optional.
Instructions	<ol style="list-style-type: none"> <li>1. Attach a patient label or write the patient's name and ID number in the space provided.</li> <li>2. Ask the participant to read the policy and warning (or read to the participant if they are unable to read).</li> <li>3. Check the item(s) for which the participant is unable to provide proof. (One, two, or three items may be checked.)</li> <li>4. Participant (or staff if participant is unable to write) writes a detailed statement explaining why he/she is unable to provide proof.</li> <li>5. Participant signs and dates on the line provided.</li> </ol>
Disposition	File completed form in person's medical record.
Retention	Per medical record requirements.
Language(s)	English (WIC-NP), Spanish (WIC-NPS), and Bosnian (WIC-NPB) versions are available. Use a qualified interpreter or qualified bilingual staff to explain the information on this form for non-Spanish speaking LEP individuals.
Ordering	Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at <a href="mailto:WIC.Helpdesk@ky.gov">WIC.Helpdesk@ky.gov</a> Order quantity as needed.

# STATEMENT OF NO PROOF (WIC-NP)



**Kentucky WIC Program  
Statement of No Proof**

The WIC Program requires each applicant to show proof of residence (address), identification, and household income to be eligible for the WIC Program. Complete this form if no proof of income, residence or identity is available. If reporting zero income, explain how your household expenses are being met below. This form must be signed and dated by the applicant and WIC Staff Member.

Need help? If you have difficulty understanding or reading English or have a disability, free language assistance or other aids and services are available upon request. Please contact your local WIC clinic or the State WIC Office at 1-877-597-0367. If you have a disability and need assistance calling us, contact the State Relay Number at 711 or for voice to TDD call 800-648-6057, for TDD to voice call 800-648-6056.

Participant Name: \_\_\_\_\_  
 Participant ID #: \_\_\_\_\_  
 Household #: \_\_\_\_\_

**Proof of Income**

I declare my total gross household income is \$ \_\_\_\_\_ per \_\_\_\_\_

*(Circle the reason no proof is available)*

**I cannot provide proof of income because I am:**  
 a disaster victim                      a migrant farm worker  
 homeless                                      paid in cash  
 have zero income *(must explain how household expenses are being met)*  
 other: \_\_\_\_\_

**Proof of Residence**

I declare my current address is: \_\_\_\_\_

*(Circle the reason no proof is available)*

**I cannot provide proof of address/residence because I am:**  
 a disaster victim                      a migrant farm worker  
 homeless  
 other (explain): \_\_\_\_\_

**Proof of Identity**

*(Circle the reason no proof is available)*

**I cannot provide proof of identity because I am:**  
 a disaster victim                      a migrant farm worker  
 homeless  
 other (explain): \_\_\_\_\_

**Please read and sign**

I understand that by completing, signing and dating this form, I am certifying that the information I have provided is correct. I understand that if I give false information on purpose it is considered abuse of the program and I may be required to pay back WIC for the amount of my WIC food benefits.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

This institution is an equal opportunity provider. WC-NP Rev. 10.22

Statement of No Proof Form Instructions

The purpose of this form is to document the reason proof of residency (address), identification, and/or total household income cannot be provided. This form should not be used on a routine basis.  
 To complete this form:

1. Attach a patient label or write the patient's name, patient's ID and household number in the space provided.
2. Ask the applicant to read the policy and warning (or read to the applicant if they are unable to read).
3. In the appropriate section, circle the item(s) for which the applicant is unable to provide proof. (One, two, or three items may be circled.)
4. Applicant (or staff if applicant is unable to write) writes a detailed statement explaining why he/she is unable to provide proof. If applicant reports zero household income, the statement should include how basic living necessities such as food, shelter, medical care, and clothing are obtained.
5. Applicant signs and dates on the line provided.
6. Staff signs and dates on the line provided.
7. The proof code for **Statement of No Proof (14)** must be entered in the appropriate proof field.
8. The Statement of No Proof must be filed in the patient's medical record and applies to the entire certification period for which it was provided.

**Applicant Unable to Provide Proof of Residency, Identity or Income/Adjunct Eligibility at WIC Certification**

• An applicant who has no current proof of residency or identity, such as a victim of theft, loss, or disaster, a homeless individual, a migrant, or a person with a valid VOC, must provide a signed statement attesting to his/her residency or identity. The statement must include the applicant's address or name, why written proof cannot be provided (i.e., theft, homeless), the date, and the applicant's signature.

• An applicant who has no written proof of income, such as a migrant, a homeless person, or a person who works for cash, or who reports income as zero, can self-declare income and must provide a signed statement. The statement must include why written proof of income cannot be provided, (i.e., homeless, migrant), the date, and the person's signature. An applicant where military service personnel are temporarily absent from home and proof of gross military income cannot be produced, may self-declare income and must provide a signed statement.

• For zero income, an explanation of how living necessities such as food, shelter, medical care and clothing are obtained, must be provided.

• Verification of current eligibility through **Health-Net**, Voice Response, MDID, the DCBS Office, or the provider determining Medicaid Presumptive Eligibility is acceptable as proof. Verification by the health department staff that determined MBCCTP eligibility is acceptable proof.

• If eligibility cannot be verified through the above procedures for the applicant who has proof but fails to bring it to the WIC certification/certification, inform the applicant of the requirement for proof and make a new certification appointment within the timeframe for appointment scheduling. If the person has proof of household income with him/her, assess income for eligibility at this visit.

**Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language) should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17FaxMail.pdf>, from any USDA office, by calling (800) 632-9892, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
 U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410; or
2. **fax:**  
 (833) 256-1865 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

WC NP-Rev. 10.22

# STATEMENT NO PROOF-HOSTIAL (WIC NP/HOSP)



Participant Name: \_\_\_\_\_  
 Participant ID #: \_\_\_\_\_  
 Household #: \_\_\_\_\_

**Kentucky WIC Program  
 Statement of No Proof - HOSPITAL**

The WIC Program requires each applicant to show proof of residence (address), identification, and household income to be eligible for the WIC Program. A hospital certification may be done without the required proofs, but certification is only good for 30 days. The applicant must initial the box next to the temporary proof(s) presented to acknowledge understanding. The form must be signed and dated by the applicant and WIC Staff Member.

Need help? If you have difficulty understanding or reading English or have a disability, free language assistance or other aids and services are available upon request. Please contact your local WIC clinic or the State WIC Office at 1-877-597-0367. If you have a disability and need assistance calling us, contact the State Relay Number at 711 or for voice to TDD call 800-648-6057, for TDD to voice call 800-648-6056.

**Proof of Income**

I declare my total gross household income is \$ \_\_\_\_\_ per \_\_\_\_\_

I do not have proof of income today. The income information I am declaring is correct. This is a temporary certification pending presentation of the appropriate proof required. **I must bring proof of our household income within 30 days of today or my certification will end, and I will not get any more WIC benefits.**  
 \_\_\_\_\_ (initial)

**Proof of Residence**

I declare my current address is: \_\_\_\_\_

I do not proof of address today. The address information I am declaring is correct. This is a temporary certification pending presentation of the appropriate proof required. **I must bring proof of our address within 30 days of today or my certification will end, and I will not get any more WIC benefits.**  
 \_\_\_\_\_ (initial)

**Proof of Identity**

I do not have proof of identity for \_\_\_\_\_ today.

The name I am providing is correct. This is a temporary certification pending presentation of the appropriate proof required. **I must bring proof of identity within 30 days of today or my certification will end, and I will not get any more WIC benefits.**  
 \_\_\_\_\_ (initial)

**Please read and sign**

I understand that by completing, signing and dating this form, I am certifying that the information I have provided is correct. I understand that if I give false information on purpose, it is considered abuse of the program and I may be required to pay back WIC for the amount of my WIC food benefits.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

WIC-NP/HOSP rev 7.22

This institution is an equal opportunity provider

**Statement of No Proof – HOSPITAL Form Instructions**

The purpose of this form is to document the reason proof of residency (address), identification, and/or total household income cannot be provided when performing services at a hospital. This is a temporary certification and is valid for 30 days. The applicant must bring the required proofs within 30 days to continue to be eligible for the WIC Program.  
 To complete this form:

1. Attach a patient label or write the patient's name, patient's ID and household number in the space provided.
2. Ask the applicant to read the policy and warning (or read to the applicant if they are unable to read).
3. In the appropriate section, the applicant must initial the item(s) for which he/she is unable to provide proof. (One, two, or three items may be marked.) He/She must write the information requested in the section(s) initialed.
4. Applicant signs and dates on the line provided.
5. Staff signs and dates on the line provided.
6. The proof code for **Statement of No Proof (14)** must be entered in the appropriate proof field.

**Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (800) 832-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:  
 U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410; or
2. fax:  
 (833) 256-1065 or (202) 690-7442; or
3. email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)


This institution is an equal opportunity provider.

WIC-NP/HO § 7.22



## WIC CLERICAL CHECKLIST

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



**Clerical Checklist**

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

**Explain and Collect Ethnic and Racial Data:**

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

**Explain Rights and Responsibilities:**

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

This institution is an equal opportunity provider.

Rev. 1/022

## KENTUCKY EWIC BENEFITS CARD PAMPHLET (eWIC-1)

Purpose	To inform the participant of their rights and responsibilities, how to use WIC food instruments/cash value benefits and other important information, and to keep the card secure.
When To Use	At initial certification, recertification, and a participant needs to be informed of the information.
Instructions	Must provide a pamphlet to each new WIC Program participant.
Disposition	Give to participant/caretaker.
Retention	None. Not retained by agency/site.
Language	English and Spanish versions are available. <b>Use a qualified interpreter or qualified bilingual staff to explain the information on this handout for non-Spanish speaking LEP individuals.</b>
Ordering	Ordered from Pamphlet Library. Pamphlets are packaged 100 per bundle.



## EWIC ISSUANCE REFERENCE/ITEMS TO REVIEW WITH PARTICIPANT (eWIC-4)

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

### ISSUANCE REFERENCE

#### ISSUING eWIC CARD AND WIC BENEFITS FOR HOUSEHOLD

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

#### ISSUING eWIC BENEFITS WHEN HOUSEHOLD HAS AN eWIC CARD

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

eWIC-4 Rev. 3/2012

## VOTER REGISTRATION RIGHTS AND PREFERENCE FORM (WIC-53)

Purpose	To provide the person their rights concerning registering to vote and to document that the opportunity to register to vote was provided.
When To Use	Every time voter registration is offered
Instructions	<ol style="list-style-type: none"> <li>1. Complete person's name or affix label with name.</li> <li>2. Give the form to the person to read.</li> <li>3. The person indicates yes or no to register to vote.</li> <li>4. The person signs and dates the form. If the person refuses to read the form, designate her preference, or sign the form, staff shall record the person's name, note the refusal and date on the form. Two (2) staff persons shall sign and date the form.</li> </ol>
Disposition	Provide the copy of the completed form to the person. File the original in a Voter Registration file by calendar year.
Retention	Two (2) calendar years.
Language	English (WIC-53), Spanish (WIC-53S) and Bosnian (WIC-53B) versions are available. Use a qualified interpreter or qualified bilingual staff to explain the information on this form for non-Spanish speaking LEP individuals.
Ordering	Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at <a href="mailto:WIC.Helpdesk@ky.gov">WIC.Helpdesk@ky.gov</a> . Bundled in packages of 100.

**Kentucky WIC Program**

**Voter Registration Rights and Preference**

Affix label or complete

(Applicant or Recipient Name)

(Patient ID)

**RIGHTS**

- APPLYING TO REGISTER OR DECLINING TO REGISTER TO VOTE WILL NOT AFFECT THE AMOUNT OF ASSISTANCE THAT YOU MAY RECEIVE OR ARE PROVIDED BY THIS AGENCY.**
- If you register to vote or decline to register to vote, this decision and any information regarding the office to which the application was submitted remains confidential and is used only for voter registration purposes.
- If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may complete the application form in private.
- If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register, or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint by calling 1-800-246-1399.

**PREFERENCE**


**If you are not registered to vote where you live now, would you like to apply to register to vote here today? If you do not check any box, you will be considered to have decided not to register to vote at this time.**

**Yes.** I have read, or have had read to me, and understand my rights concerning registering to vote. I understand I will receive a copy of this completed form.

*The voter registration application you completed will go to your local county clerk, who will assign you a voting precinct. A confirmation notice with your precinct and voting location will be mailed to you by the county clerk. If you do not receive this notice within three weeks, please call your county clerk.*

**No.** I have read, or have had read to me, and understand my rights concerning registering to vote. I understand that my decision to decline will be kept confidential and used only for voter registration purposes. I understand I will receive a copy of this completed form.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant or Recipient)




Kentucky Public Health

This institution is an equal opportunity provider.

WIC-53  
Rev. 3/2019

# STATE BOARD OF ELECTIONS VOTER REGISTRATION APPLICATION (SBE01)

Purpose	For a person to apply to register to vote.
When To Use	When the system generated form is not appropriate or available. Do not copy the form below to use for voter registration. Photocopies are not allowed by SBE.
Instructions	<ol style="list-style-type: none"> <li>1. The participant completes the form.</li> <li>2. Provide assistance in completion if requested.</li> </ol>
Disposition	<ol style="list-style-type: none"> <li>1. The person may take the form for completion and forwarding to the election official or the completed form may be left at the site for transmittal.</li> <li>2. Completed voter registration forms left at the site must be transmitted weekly to the State Board of Elections, 140 Walnut Street, Frankfort, Kentucky 40601. Forms may be sent to the county clerk if accepted regardless of participant's residence.</li> </ol>
Retention	None. Not retained by agency/site.
Version	A flat card version and a fold-and-mail version are available.
Ordering	Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at <a href="mailto:WIC.Helpdesk@ky.gov">WIC.Helpdesk@ky.gov</a> . Bundled in packages of 200.

<b>SBE 01 (09/09)</b>		<b>You MUST answer questions A &amp; B below before completing this form.</b>			<b>3545093</b>
<b>A. Are you a citizen of the United States of America?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO		<i>If you checked "no" in response to either of these questions, do not complete this form.</i>	
<b>B. Will you be 18 years of age on or before election day?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO			
Check one:		FOR CLERK USE ONLY			
<input type="checkbox"/> New Registration	<input type="checkbox"/> Address Change	PRECINCT CODE	PRECINCT NAME	TOWN	OTHER CODE
<input type="checkbox"/> Party Change	<input type="checkbox"/> Name Change				
Social Security Number		Date of Birth (M-D-Y)	County (where you live)	Work Phone	Home Phone
<input type="checkbox"/> Female <input type="checkbox"/> Male	Last Name	First Name	Middle Name	Suffix (circle one) Jr. Sr. II III IV	
Address where you live (do not give PO Box address):		Apt #	City	Zip Code	
Address where you get your mail (if different from above):		Apt #	City	Zip Code	
<b>Party Registration – check one box</b>		<b>WARNING:</b> If you sign this statement even though you know it is untrue, you can be convicted and fined up to \$500 and/or jailed up to 12 months. <b>Voter Declaration – read and sign below</b> I swear or affirm that: <ul style="list-style-type: none"> <li>I am a U.S. citizen</li> <li>I live in Kentucky at the address listed above</li> <li>I will be at least 18 years of age on or before the next general election</li> <li>I am not a convicted felon, or if I have been convicted of a felony, my civil rights must have been restored by executive pardon</li> <li>I have not been judged "mentally incompetent" in a court of law</li> <li>I do not claim the right to vote anywhere outside Kentucky</li> </ul>			
<input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> Other _____ <small>(write name above)</small>					
If you select "Other" as your party affiliation, you are eligible to vote for only nonpartisan offices in any primary election. You may vote for any candidate in all general or special elections. Only persons timely registered shall have the right to vote.					
NOTE: You may change your political party affiliation at any time on or before December 31 <sup>st</sup> to remain eligible to vote in the following primary election.		<b>X</b> Signature		Date	
		<b>TWO WITNESSES REQUIRED IF "MARK" IS USED</b>			
		Witnessed By:		Witnessed By:	

## VOTER REGISTRATION APPLICATION (SYSTEM GENERATED FORM)

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

VOTER REGISTRATION APPLICATION 354509

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ County: \_\_\_\_\_

PRECINCT CODE / NAME OTHER

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Phone: \_\_\_\_\_

PARTY REGISTRATION - CHECK ONE

DEMOCRATIC   
  REPUBLICAN   
 \_\_\_\_\_ OTHER  
(Write Name Above)

**WARNING:** If you sign this statement even though you know it is untrue, you can be convicted and fined up to \$500 and/or jailed up to 12 months.

**VOTER DECLARATION - READ AND SIGN BELOW**

I SWEAR OR AFFIRM THAT:

- I AM A U.S. CITIZEN
- I LIVE IN KENTUCKY AT THE ADDRESS LISTED ABOVE
- I WILL BE AT LEAST 18 YEARS OF AGE ON OR BEFORE THE GENERAL ELECTION
- I AM NOT A CONVICTED FELON OR IF I HAVE BEEN CONVICTED OF A FELONY MY CIVIL RIGHTS HAVE BEEN RESTORED BY EXECUTIVE PARDON
- I HAVE NOT BEEN JUDGED MENTALLY INCOMPETENT IN A COURT OF LAW
- I DO NOT CLAIM THE RIGHT TO VOTE ANYWHERE OUTSIDE OF KENTUCKY

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

## FAIR HEARING PROCEDURES & CIVIL RIGHTS POSTER

Purpose	To inform participants of their fair hearing rights and the procedures for a fair hearing as well as inform participants of Civil Rights Procedures.
When To Use	Must be posted in WIC Clinic in a visible location. When the Notice of Ineligibility (WIC-54) is not appropriate and as needed. Copy as needed.
Languages	English, Spanish.
Ordering	Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at <a href="mailto:WIC.Helpdesk@ky.gov">WIC.Helpdesk@ky.gov</a> . Order quantity as needed.

### WIC Program Fair Hearing & Civil Rights

#### Fair Hearings Procedures

If you have been denied WIC or had your WIC services discontinued or if you are being asked to pay for benefits received, you have a right to a hearing. Civil Rights Violations are not handled via the WIC Fair Hearing Process. See below regarding Civil Rights Violations.

#### For a Hearing:

Contact the State WIC Agency within sixty (60) days of the date you were denied WIC services or told to repay benefits and request a hearing.

- A hearing will be scheduled within twenty-one (21) days of when your request was received.
- You will be notified in writing at least ten (10) days before the hearing of the date, time, and place.
- You may be helped or represented by an attorney or other persons such as a friend or relative.
- Before the hearing you or your representatives may look at the documents and records to be presented.

#### Hearing Procedures:

You or a representative must come to the hearing.

- During the hearing you or your representative may:
  - Bring witnesses to testify for you.
  - Look at the records presented by the local agency.
  - Tell your story and submit supporting information or evidence.
  - Question or deny information or evidence presented and question other person's testimony.

#### While Waiting for the Hearing Decision:

If you have been receiving WIC, benefits will continue if you request a hearing within fifteen (15) days of the notice to stop services. Benefits can be received only until your certification expires.

- If you have been asked to pay for benefits received, collection efforts will stop.
- WIC benefits will not continue if:
  - Your certification has expired or expires.
  - You were not categorically eligible (pregnant, breastfeeding, or postpartum woman or child below age 5.)
  - You were denied WIC at a new eligibility determination.

#### Hearing Decisions

You will be told in writing of the decision on your case within forty-five (45) days from the date the State WIC Agency received your request for a hearing.

- You or your representative can copy or review all hearing records.
- If the decision is in your favor, WIC services will begin immediately or will continue.
- If the decision is not in your favor, WIC services will stop or the local agency may begin collection efforts for payment of benefits.
- If the decision is in favor of the local agency, you can appeal to the State WIC Agency within fifteen (15) days of the mailing date of the decision.
- The decision of the local hearing is binding on both parties unless overturned by the State WIC Agency.

**Need help?** If you have difficulty understanding or reading English or have a disability, free language assistance or other aids and services are available upon request. Please contact your local WIC clinic or the State WIC Office at 1-877-597-0387. If you have a disability and need assistance calling us, contact the State Relay Number at 711 or for TTY to voice, call 1-800-648-8056.

Rev. 10/22

### Civil Rights Complaint Procedures

If you believe you have experienced discrimination, you may file a complaint with your local WIC Agency staff, the State WIC Program or by contacting United States Department of Agriculture (USDA) using the contact information below.

- Complaints of discrimination may be made directly to USDA. Discrimination complaints that are accepted at the state or local WIC level will be forwarded to USDA for review and investigation.
- Complaints should be submitted within 180 days from the alleged act of discrimination.
- Complaints may be written, verbal or anonymous.
- Complaints will be kept confidential.

#### Complaints should include the following information:

- Name, Address, and telephone number of the complainant
- The location and name of the organization or location where the alleged act of discrimination occurred.
- The nature of the incident or action
- The names, title, and business addresses of person who may have knowledge of the alleged discriminatory action.
- The date(s) the alleged discriminatory actions occurred.
- The basis for the alleged discrimination (race, color, national origin, sex, disability, age or reprisal or retaliation of prior civil rights activity).

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

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

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form \(AD-3027\)](#) found online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9952. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

# KENTUCKY WIC PROGRAM VERIFICATION OF CERTIFICATION (VOC) AUTOMATED SYSTEM PROFILE (VOC PROFILE TO TRANSFER A PARTICIPANT)

Purpose	To transfer a currently eligible participant/enrollee to another agency/site.
When To Use	When a transfer of eligibility is requested or indicated. This format is the profile, which shall be used when a printer with blank paper is available at the on-line site.
System Procedure to Obtain	Request the system VOC according to the instruction in the Kentucky CMS User Manual.
Disposition	Provide to the participant to give to the new agency/site. This VOC can be done and mailed to the participant or the receiving agency/site with appropriate authorization. Receiving agency/site must file in the person's medical record.
Retention	Not retained by issuing agency/site. Receiving agency/site retains per medical records requirements.

Kentucky WIC Program Verification of Certification	
<b>Patient Information</b>	
HH#	Certification Date 01/11/2012
Name	Certification End Date 07/11/2012
Gender Male	Age 1 Years 4 Months 4 Days
Birth Date 09/27/2010	Status Child
EDC	Priority 5A
<b>Height &amp; Weight</b>	
Date of Measures 01/11/2012	Date of Measures 01/11/2012
Height 0 ft. 32 in.	Hemoglobin 11.8 gm/dL
Weight 24 lbs. 13 oz.	Hematocrit %
BMI 17.03	Lead Count µg/dL
Gestational Age	
PPV 0 lbs. 0 oz.	
<b>Additional Information</b>	
Breastfeeding	Ever Breastfed How Long
Age in Weeks Formula or Other Food Given	
Hours per day watching TV 1 Hour	
<b>Risk Assessment</b>	
Risk Code	Priority Referral
425.6b - Eats high calorie/low nutrient foods such as desserts, cakes, cookies, candy, fried foods, lunchmeat	5A
425.5f - Eats hot dogs, cold cuts, deli meats that have not been heated until steaming hot	5A
<b>Food Package</b>	
CB - child with cheese	
<b>Issuance Information</b>	
Last Issuance	
Next Issuance	
Agency	
Clinic	
Phone #	
Signature: _____	Date: 05/06/2012



## KENTUCKY WIC PROGRAM VERIFICATION OF CERTIFICATION (VOC) (WIC-17)

Purpose	To transfer a currently eligible participant/enrollee to another agency/site.
When To Use	When a transfer of eligibility is requested or indicated. Shall be issued at certification to migrants, and for other transfers at on-line sites that have a label printer only or if the system is down or slow or if the site is not on-line.
Instructions	<p>1. Complete appropriate part of the form:</p> <p>Part 1 – Must be completed with use of the system VOC label.</p> <ol style="list-style-type: none"> <li>1. Place system generated VOC label in indicated section. See VOC Label (to transfer).</li> <li>2. Indicate the status of the participant by checking the appropriate box.</li> <li>3. Complete transferring agency/site name and address.</li> <li>4. Complete staff name of person doing the transfer.</li> <li>5. Complete signature of person doing the transfer.</li> <li>6. Enter date that form was completed.</li> </ol> <p>Part 2 – Must be completed when the system VOC label is not used.</p> <ol style="list-style-type: none"> <li>1. Enter patient's name.</li> <li>2. Enter patient's ID number.</li> <li>3. Enter date person was certified for this eligibility period.</li> <li>4. Enter participant's date of birth.</li> <li>5. Enter date participant must be recertified.</li> <li>6. Enter current food package code.</li> <li>7. Enter date of most recent income assessment.</li> <li>8. Enter nutritional risk(s) for which person qualifies. Use name(s) rather than code(s) if transfer is out-of-state.</li> <li>9. Indicate status of the participant.</li> <li>10. Enter date of last food instrument/cash value benefit issued to the participant.</li> <li>11. Enter full package issue month/date for the next issuance due.</li> <li>12. Complete transferring agency name and address or apply label with information.</li> <li>13. Print name of person doing the transfer.</li> <li>14. Complete signature of person doing the transfer.</li> <li>15. Enter date form was completed.</li> </ol> <p>Part 3 – Option for completion to provide additional data for receiving site.</p> <ol style="list-style-type: none"> <li>1. Enter race of participant.</li> <li>2. Enter sex of participant.</li> <li>3. Enter height/length and weight and date measures were taken.</li> <li>4. Enter hemoglobin/hematocrit and date measures were taken.</li> <li>5. If participant is a woman, complete expected delivery date <u>or</u> actual delivery date.</li> <li>6. Enter date of last nutrition education counseling visit.</li> <li>7. Enter type of formula if participant is on formula.</li> <li>8. Enter date prescription expires if applicable.</li> <li>9. Indicate other services patient is receiving.</li> </ol> <p>2. Give the VOC to the participant/caretaker and instruct to give the VOC to the new agency/site.</p>
Disposition	<p>Provide to the participant to give to the new agency/site. This VOC can be completed and mailed to the participant or the receiving agency/site with proper authorization.</p> <p>The WIC-17 contains serial numbers. An inventory must be maintained to record serial numbers received and serial numbers issued. (A suggested inventory format is provided following the form. Copy as needed.)</p> <p>Receiving agency/site must file the WIC-17 in the person's medical record.</p>
Retention	<p>Not retained by issuing agency/site.</p> <p>Receiving agency/site retains per medical records requirements.</p>
Ordering	Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at <a href="mailto:WIC.Helpdesk@ky.gov">WIC.Helpdesk@ky.gov</a> . Form number WIC-17. Bundled in packages of 50.



### Kentucky WIC Program Verification of Certification (VOC)



<b>Part 1</b> Use with VOC Label	<b>Affix VOC Label Here</b> or complete part 2 below		<b>Status:</b> <input type="checkbox"/> Pregnant <input type="checkbox"/> Woman Fully Breastfeeding <input type="checkbox"/> Woman Partially Breastfeeding <input type="checkbox"/> Postpartum <input type="checkbox"/> Infant Fully Breastfed <input type="checkbox"/> Infant Partially Breastfed <input type="checkbox"/> Infant Fully Formula Fed <input type="checkbox"/> Child	
	Affix label or complete	<b>Transferring Agency:</b> _____		
	<b>Address:</b> _____			
	<b>Staff Name:</b> _____			
	<b>Signature:</b> _____		<b>Date:</b> /    /	
<b>Part 2</b> Complete Only if VOC Label is Not Used	<b>Patient Name:</b> _____			
	<b>Patient ID Number:</b> _____		<b>Certification Date:</b> /    /	
	<b>Birth Date:</b> /    /		<b>Next Recertification Date:</b> /    /	
	<b>Food Package:</b> _____		<b>Date of Last Income Assessment:</b> /    /	
	<b>Type of formula (Infants/Food Package III):</b> _____		<b>Prescription expires:</b> _____	
	<b>Nutritional Risks:</b> _____			
	<b>Status:</b> <input type="checkbox"/> Pregnant <input type="checkbox"/> Woman Fully Breastfeeding <input type="checkbox"/> Woman Partially Breastfeeding <input type="checkbox"/> Postpartum <input type="checkbox"/> Infant Fully Breastfed <input type="checkbox"/> Infant Partially Breastfed <input type="checkbox"/> Infant Fully Formula Fed <input type="checkbox"/> Child			
	<b>Date of Last FI:</b> /    /		<b>First full package issue month/date:</b> /    /	
	Affix label or complete	<b>Transferring Agency:</b> _____		
	<b>Address:</b> _____			
<b>Staff Name:</b> _____				
<b>Signature:</b> _____		<b>Date:</b> /    /		
<b>Part 3</b> Optional Data	<b>Race:</b> _____		<b>Sex:</b> _____	
	<b>Height/Length:</b> _____		<b>Weight:</b> _____	
	<b>Hemoglobin:</b> _____		<b>Hematocrit:</b> _____	
	<b>Date taken:</b> /    /		<b>Date taken:</b> /    /	
	<b>For a woman —</b>		<b>Actual</b>	
	<b>Expected Delivery Date:</b> /    /		<b>Delivery Date:</b> /    /	
	<b>Date of last nutrition education:</b> /    /			
<b>Other services received:</b> <input type="checkbox"/> Well Child <input type="checkbox"/> Immunizations <input type="checkbox"/> Family Planning <input type="checkbox"/> Prenatal <input type="checkbox"/> Other: _____				

Remember to take proof of residence and identity to your new WIC clinic.  
This institution is an equal opportunity provider.

Serial No. \_\_\_\_\_

WIC-17  
Rev. 7.2022

Agency\_\_\_\_\_

Site\_\_\_\_\_

### VOC (WIC-17) INVENTORY

VOCs Received		
Date	Beginning Serial Number	Ending Serial Number

VOC Forms Issued			
Date	Serial Number	Participant	Staff Person

## VOC Email Alert

Report Title	VOC Email Alert
Report Number	None
Frequency	Auto-generated when a VOC is processed in the portal.
Distribution	Electronically generated via user email.
Description	<b>Email alert to WIC Coordinator</b> - Shows the participant(s) that transferred to another clinic through a Verification of Certification (VOC) in the CMS system.
Actions to be Taken	WIC Coordinator shall forward email alert to the appropriate clinic person.
Explanation of Report	<ol style="list-style-type: none"> <li>1. <b>County</b>-County of the "losing" agency.</li> <li>2. <b>Household Number</b>- Household number of the transferred participant.</li> <li>3. <b>Clinic</b>-Clinic in the county that transferred the participant.</li> <li>4. <b>Member Date of Birth</b> - Transferring participant's date of birth.</li> <li>5. <b>Date of Transfer</b> – Date the participant transferred to the receiving agency.</li> <li>6. <b>Agency Received</b> – Clinic that received the transferring participant.</li> </ol>
Retention/Disposal Period	If printed, shred or burn after worked.

### Sample County to County Transfer Alert

**Participant(s) have been transferred to a new clinic**

**No action is required from you at this time.**

**The patient will be included in your next report of automatic terminations.**

**County:** 034 - FAYETTE

**Household Number:** 35662

**Clinic:** 034034C - LEXINGTON FAYETTE CO HEALTH DEPARTMENT

**Member Date of Birth:** 3/17/2016

**Date of Transfer:** 6/6/2016 10:36:59 AM

**Agency Received:** 316088 - MORGAN COUNTY HEALTH CENTER - (606) 743-3744




## VOC LABEL (VOC LABEL TO RECEIVE A PARTICIPANT WITHOUT A VOC)

Purpose	To receive and enroll a currently eligible in-state participant without a VOC from another agency/site.
When To Use	When a participant presents at your agency for enrollment without a VOC.
System Procedure to Obtain	<ol style="list-style-type: none"> <li>1. Request the system VOC.</li> <li>2. Print Label.</li> </ol>
Instructions	<p>The label is compiled and printed by the system.</p> <p>Description of Data Elements</p> <p>Data is most current information as entered in the system for this certification.</p> <p>Patient ID: Assigned identification number for the patient.  VOC: Indicates type of label.  Name: Participant's name.  1<sup>st</sup> FP Iss. M/D: Abbreviation for First Full Package Issue Month/Day. The assigned date and adjusted month for the next issuance due, i.e., date would be 5/28 when last food instruments/cash value benefits issued were for 4/28 through 5/27 (last issuance plus one month).  Cert Dt/Exp Dt: Abbreviation for certification date and expiration date. Date of most recent certification and ending date of that certification.  Food Pkg: Assigned food package code.  NRCC Codes: Nutritional risk criteria codes for which the person qualifies. Maximum of three (3) codes listed.  RX EX DT: Abbreviation for prescription expiration date. Date the prescription for the assigned food package expires. If applicable, complete for the food package and date is still valid.  Prior Agency: Agency and site number where the participant was enrolled.  Serial Number: Serial number assigned by the system for accountability purposes.  Last Inc Assess Dt: Abbreviation for Last Income Assessment Date. Date household income was last assessed in clinic.  Last Issued Pkg Dt: Beginning and ending dates of the last food instruments/cash value benefits issued to the participant. This information may be verified with the issuing agency if needed.</p>
Disposition	File in the participant's medical record in chronological order on the CH-3. Notify the previous agency/site of the transfer.
Retention	Per medical records requirements.

<pre> Patient ID:   F-L121798                               VOC Name: ██████████                               1st FP Iss M/D: 09/10/2002 Cert Dt/Exp Dt: 06/06/2002 12/06/2002       Food Pkg: C NRCC Codes: 2060 7010                       RX EX DT: Prior Agency: 034034A-LEXINGTON-FAYETTE CO. H. DEPT. Serial Number: 90602 Last Inc Assess Dt: 06/06/2002 Last Issued Pkg Dt: 08/10/2002 TO 09/09/2002 </pre>
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# WIC PROGRAM NOTICE OF INELIGIBILITY (WIC-54)

Purpose	To provide required written notice for ineligibility or discontinuation of benefits, and the fair hearing rights.
When To Use	When a participant is determined ineligible, or WIC benefits are discontinued. The system will generate an automated WIC-54 form if the participant is deemed ineligible. If the system is down or unavailable, a hard copy WIC-54 must be used.
Instructions	<ol style="list-style-type: none"> <li>1. Enter today's date in box.</li> <li>2. Enter participant name on the line.</li> <li>3. Indicate appropriate reason(s) for action. If disqualified, complete reason and number of months the disqualification is effective.</li> <li>4. Enter date notice is effective. Provide fifteen (15) day notice when required.</li> <li>5. Indicate any other services offered.</li> <li>6. Complete your agency address and phone number.</li> </ol>
Disposition	<ol style="list-style-type: none"> <li>1. Provide the original to the participant.</li> <li>2. File the copy in the participant's medical record.</li> </ol>
Retention	Per medical records requirements.
Language	English (WIC-54) and Spanish (WIC-54S) versions are available. Use a qualified interpreter or qualified bilingual staff to explain the information on this form for non-Spanish speaking LEP individuals.
Ordering	Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at <a href="mailto:WIC.Helpdesk@ky.gov">WIC.Helpdesk@ky.gov</a> . Bundled in packages of 100.

<h3>WIC Program Notice of Ineligibility</h3> <p style="text-align: right;">Local Agency Address/Phone Number</p> <p>Today's Date: _____</p> <p>We are sorry that _____ is not currently eligible to receive WIC services. This is due to:</p> <p> <input type="checkbox"/> Being above income guidelines    <input type="checkbox"/> Not having a nutritional risk    <input type="checkbox"/> Not pregnant  <input type="checkbox"/> Not providing required proof for eligibility    <input type="checkbox"/> More than six (6) months postpartum and not breastfeeding    <input type="checkbox"/> More than one (1) year postpartum  <input type="checkbox"/> Over 5 years of age    <input type="checkbox"/> Not a Kentucky resident         </p> <p><input type="checkbox"/> Being disqualified for _____ Your period of disqualification is for _____ months.</p> <p>The effective date of this notice is: _____</p> <p>If you did not qualify due to income or risk, please reapply if your income, household size or health/nutrition changes. Proof of household income must be provided.</p> <p>As an applicant/participant in the WIC Program, you are ensured of the following:</p> <ol style="list-style-type: none"> <li>1. Standards for eligibility and participation are the same for everyone, regardless of race, color, national origin, sex, age, or disability.</li> <li>2. You may appeal any decision made by the Local Agency regarding your eligibility for the Program. The Fair Hearing Procedures are on the back of this notice.</li> <li>3. The Local Agency will make health services and nutrition education available to you. You are encouraged to participate in these services. Services may include check-ups for children, shots, prenatal care, counseling for diet and family planning.</li> </ol> <p>You also need to know that it is illegal for a person to be receiving food benefits from more than one WIC Program and/or CSFP at the same time.</p> <p>There are other services available to you in the community. The following are based on meeting specific requirements. If interested, apply at your local Community Based Services office.</p> <ul style="list-style-type: none"> <li>• <b>SNAP (Supplemental Nutrition Assistance Program)</b> Provides assistance to purchase foods.</li> <li>• <b>Child Support Enforcement Program</b> Helps locate absent parents to obtain financial and medical support for their children. Contact your local county attorney or area Child Support Enforcement office. Or call 1-800-248-1163.</li> <li>• <b>Medicaid</b> Helps pay certain medical expenses of pregnant women or families with dependent children</li> <li>• <b>KTAP (Kentucky Transitional Assistance Program)</b> Provides money payments to families which meet certain requirements.</li> </ul> <p>Additional information on these services is available. Please ask any staff for more information.</p> <p>This agency can provide information and assistance about the dangers of the use of drugs and other harmful substances (alcohol, tobacco, prescription drugs and over-the-counter medications). If you or someone you know has questions or would like information, please ask or call.</p> <p>Other Services: _____</p> <p>Applicant Signature: _____ Date: _____</p>	<h3>WIC Program Fair Hearing Procedures</h3> <p>If you have been denied WIC or had your WIC services discontinued or if you are being asked to pay for benefits received, you have a right to a fair hearing. Civil Rights complaints are not handled via the Fair hearing process. See Nondiscrimination Statement.</p> <p><b>For a Hearing:</b></p> <ul style="list-style-type: none"> <li>• Contact the State WIC Agency within sixty (60) days of the date you were denied WIC services or told to repay benefits and request a hearing.</li> <li>• A hearing will be scheduled within twenty-one (21) days of when your request was received.</li> <li>• You will be notified in writing at least ten (10) days before the hearing of the date, time, and place.</li> <li>• You may be helped or represented by an attorney or other persons such as a friend or relative.</li> <li>• Before the hearing you or your representatives may look at the documents and records to be presented.</li> </ul> <p><b>Hearing Procedures:</b></p> <ul style="list-style-type: none"> <li>• You or a representative must come to the hearing.</li> <li>• During the hearing you or your representative may:             <ul style="list-style-type: none"> <li>- Bring witnesses to testify for you.</li> <li>- Look at the records presented by the local agency.</li> <li>- Tell your story and submit supporting information or evidence.</li> <li>- Question or deny information or evidence presented and question other person's testimony.</li> </ul> </li> </ul> <p><b>While Waiting for the Hearing Decision:</b></p> <ul style="list-style-type: none"> <li>• If you have been receiving WIC, benefits will continue if you request a hearing within fifteen (15) days of the notice to stop services. Benefits can be received only until your certification expires.</li> <li>• If you have been asked to pay for benefits received, collection efforts will stop.</li> <li>• WIC benefits will not continue if:             <ul style="list-style-type: none"> <li>- Your certification has expired or expires.</li> <li>- You were not categorically eligible (pregnant, breastfeeding, or postpartum woman or child below age 5.)</li> <li>- You were denied WIC at a new eligibility determination.</li> </ul> </li> </ul> <p><b>Hearing Decisions</b></p> <ul style="list-style-type: none"> <li>• You will be told in writing of the decision on your case within forty-five (45) days from the date the State WIC Agency received your request for a hearing.</li> <li>• You or your representative can copy or review all hearing records.</li> <li>• If the decision is in your favor, WIC services will begin immediately or will continue.</li> <li>• If the decision is not in your favor, WIC services will stop, or the local agency may begin collection efforts for payment of benefits.</li> <li>• If the decision is in favor of the local agency, you can appeal to the State WIC Agency within fifteen (15) days of the mailing date of the decision.</li> <li>• The decision of the local hearing is binding on both parties unless overturned by the State WIC Agency.</li> </ul>
  	<h3>Nondiscrimination Statement</h3> <p>In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.</p> <p>Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.</p> <p>To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <a href="https://www.usda.gov/sites/default/files/documents/USDA-ASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf">https://www.usda.gov/sites/default/files/documents/USDA-ASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf</a>, from any USDA office, by calling (866) 832-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:</p> <ol style="list-style-type: none"> <li>1. mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-6410; or</li> <li>2. fax: (833) 256-1665 or (202) 690-7442; or</li> <li>3. email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a></li> </ol> <p>This institution is an equal opportunity provider.</p> <p><b>Free Communication Assistance/Auxiliary Aids and Services Available</b></p> <p>Need help? If you have difficulty understanding or reading English or have a disability, free language assistance or other aids and services are available upon request. Please contact your local WIC clinic or the State WIC Office at 1-877-597-0387. If you have a disability and need assistance calling us, contact the State Relay Number at 711 or for voice to TDD, call 800-648-0057, for TDD to voice, call 800-648-0056.</p> <p style="text-align: right;">Rev. 7.22</p>

## WIC REMINDER POSTCARD (WIC-51)

Purpose	To remind a participant of a missed appointment and reminder to contact the WIC clinic.
When To Use	When a food instrument and/or cash value benefit, pick-up appointment is missed. May be used for contact prior to termination for dropout. Do not use if the client has requested no home contact or privacy/confidentiality restrictions.
Instructions	<p>Printed side of card:</p> <ol style="list-style-type: none"> <li>1. Check the box applicable to this missed appointment.</li> <li>2. Record your clinic phone number.</li> </ol> <p>Blank side of card:</p> <ol style="list-style-type: none"> <li>1. Record name and address of the participant on the card.</li> <li>2. Record return address for the clinic.</li> </ol> <p>This information may be written on the card or labels may be used.</p>
Disposition	Mail to the participant. Documentation that the postcard was mailed must be made in the person's medical record.
Retention	Not retained.
Language	English (WIC-51) and Spanish (WIC-51S) versions are available.
Ordering	Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at <a href="mailto:WIC.Helpdesk@ky.gov">WIC.Helpdesk@ky.gov</a> . Bundled in packages of 100.

### WIC Program Appointment Reminder

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

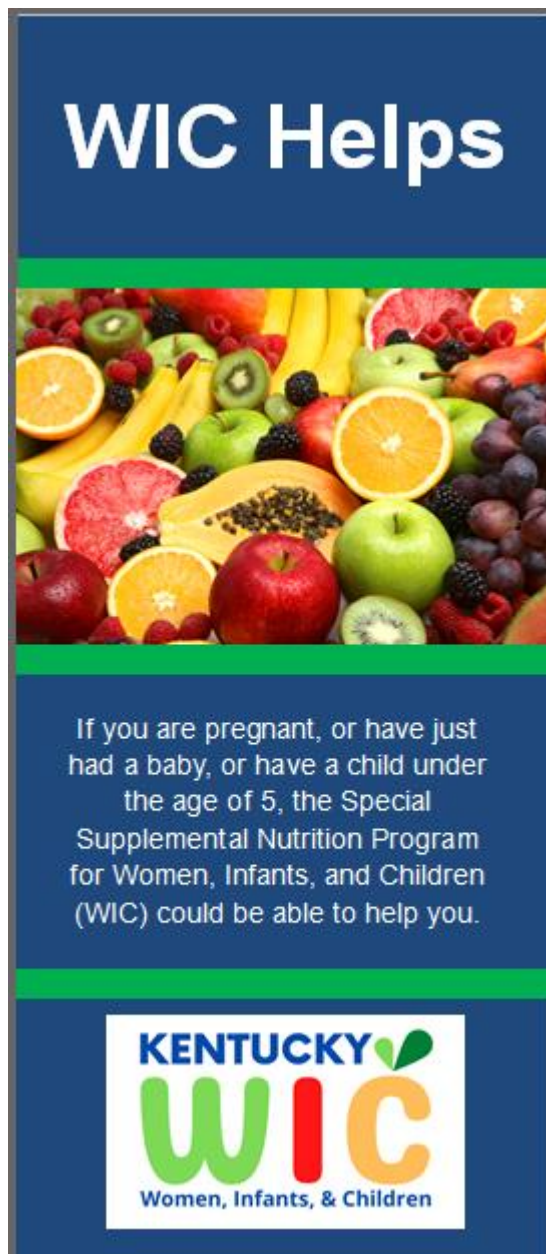
Contact your WIC Clinic today!



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WIC-51 Rev. 7.22

## WIC HELPS PAMPHLET (DPH-070)

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





## HEALTH CARE PROVIDERS AND KENTUCKY WIC PAMPHLET

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



## “AND JUSTICE FOR ALL” POSTER

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

**USDA**  
United States Department of Agriculture

FNS USE ONLY      SOLO PARA FNS

# AND JUSTICE FOR ALL

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In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), age, disability, and reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 726-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, at [www.usda.gov/sites/default/files/document/usda-program-discrimination-complaint-form.pdf](https://www.usda.gov/sites/default/files/document/usda-program-discrimination-complaint-form.pdf) from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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

**fax:**  
(833) 256-1665 or (202) 690-7442; or

**email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov).

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Conforme a la ley federal y las políticas y regulaciones de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación de sexual), edad, discapacidad, venganza o represalia por actividades realizadas en el pasado relacionadas con los derechos civiles.

La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieren medios de comunicación alternativos para obtener información sobre el programa (por ejemplo, Braille, letra agrandada, grabación de audio y lenguaje de señas americano) deben comunicarse con la agencia estatal o local responsable que administra el programa o con el TARGET Center del USDA al (202) 726-2600 (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe completar un formulario AD-3027, Formulario de queja por discriminación del programa del USDA, que se puede obtener en línea, en <https://www.usda.gov/sites/default/files/document/usda-program-discrimination-complaint-form.pdf>, en cualquier oficina del USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre, la dirección y el número de teléfono del reclamante, y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR, por sus siglas en inglés) sobre la naturaleza y la fecha de la presunta violación de los derechos civiles. La carta o el formulario AD-3027 completado debe enviarse al USDA por medio de:

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

**fax:**  
(833) 256-1665 o (202) 690-7442; o

**correo electrónico:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov).

Esta institución ofrece igualdad de oportunidades.

Form 3027 (7-9) - Revised Poster Revised May 2022

## STRETCH YOUR FOOD BUDGET POSTER

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

### Need help feeding your family?

**The WIC Program can help  
Stretch your food budget!**



**WIC is a free food and nutrition program to help families.**

**ARE YOU....**

**Pregnant, Breastfeeding, a parent/guardian of an infant or child under five years of age?**

**You or your child may qualify for the WIC Program!**

**Families must meet income guidelines and have a nutritional risk.**

**For Information, call toll free 1-877-564-3827 or call your local health department.**

**This institution is an equal opportunity provider.**



## PREGNANT? NEW BABY? POSTER

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

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


# WIC Welcomes You



**MANY WORKING FAMILIES QUALIFY!**


**WIC Offers:**


- Breastfeeding Support
- Nutrition Education
- Healthy Foods
- Referrals for Health Care



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

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









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## SAMPLE OUTREACH ANNOUNCEMENT

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

### Sample 1

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

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

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

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

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## Sample 2

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

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

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

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

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

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

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## Sample 2 – Alternate Wording

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

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

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

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# KENTUCKY WIC PROGRAM ETHNICITY AND RACE HANDOUT

Purpose	For clinic staff to use for assistance in gathering race and ethnicity. The card may be shared to the participant at registration for her/him to review and select race and ethnicity.
When To Use	As needed at registration of a new patient. Use is optional.
Disposition	Used by clinic staff. May be given to participants for review and selection of race and ethnicity.
Language	English, Spanish Use a qualified interpreter or qualified bilingual staff to explain the information on this card for non-Spanish speaking LEP individuals or if the Spanish-speaking LEP individual is illiterate.
Ordering	Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at <a href="mailto:WIC.Helpdesk@ky.gov">WIC.Helpdesk@ky.gov</a> . Order quantity as needed.

## Kentucky Department of Public Health

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

### 1. Are you Hispanic or Latino?

This means a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.

### 2. Select all races from the list below that apply to you if you are the patient or that apply to the patient.

#### American Indian or Alaska Native

This means a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

#### Asian

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

#### Black or African American

This means a person having origins in any of the black racial groups of Africa.

#### Native Hawaiian or Other Pacific Islander

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

#### White

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

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 832-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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Rev. 7/22

## KENTUCKY WIC PROXY AUTHORIZATION FORM

Purpose	To describe the policy for designation of a proxy for the purpose of obtaining and sharing nutritional information, WIC benefits, and purchasing WIC approved foods.
Overview	To allow the woman participant, parent, legal representative or caretaker to designate another person to bring their child to WIC appointments.
Languages	English and Spanish. Use a qualified interpreter or qualified bilingual staff to explain the information on this card for non-Spanish speaking LEP individuals or if the Spanish-speaking LEP individual is illiterate.
Designation of Proxy	All areas of the Kentucky WIC Proxy Authorization Form must be completed. A separate proxy form must be completed for each household member requiring proxy authorization. Proxy designation must be reviewed at each certification.
Instructions for Woman Participant, Parent, Legal Representative or Caretaker completing	<ol style="list-style-type: none"> <li>1. Woman participant, parent, legal representative or caretaker shall write the name of the WIC participant on the 1st blank line.</li> <li>2. Woman participant, parent, legal representative or caretaker shall write the name of the infant/child on the 2<sup>nd</sup> line.</li> <li>3. Woman participant, parent, legal representative or caretaker shall write the full legal name of self or child on 3<sup>rd</sup> blank line.</li> <li>4. Woman participant, parent, legal representative or caretaker shall list names of proxies and their relationship to the WIC participant in the spaces provided.</li> <li>5. Woman participant, parent, legal representative or caretaker shall sign, date, and indicate their current physical address on the lines provided.</li> <li>6. Notify the woman participant, parent, legal representative or caretaker the proxy authorization is valid for the length of the certification period.</li> <li>7. The proxy authorization form must be reviewed at recertification for changes or updates.</li> </ol>
Instructions for Completion when Obtaining Verbal Authorization	<p>If the local health agency is obtaining verbal proxy consent, the following applies to completion of the form.</p> <p>Write the name of the woman participant, parent, legal representative or caretaker on the 1st blank line.</p> <ol style="list-style-type: none"> <li>1. Write the name of the infant/child on the 2<sup>nd</sup> line.</li> <li>2. Write the full legal name of the WIC participant on 3<sup>rd</sup> blank line.</li> <li>3. List the full name(s) of proxies (as indicated by the woman participant, parent, legal representative or caretaker) and their relationship to the WIC participant in the spaces provided.</li> <li>4. In the signature line for woman participant, parent, legal representative or caretaker document "Refer to Verbal Authorization." Complete the current physical address on the lines provided.</li> <li>6. Notify the woman participant, parent, legal representative or caretaker of the intent of the proxy authorization and review the content of the form with them.</li> <li>7. Notify the woman participant, parent, legal representative or caretaker the proxy authorization is valid for the length of the certification period.</li> <li>8. Sign and date on indicated line as staff person who obtained verbal authorization.</li> <li>9. The proxy authorization form must be reviewed at recertification for changes or updates.</li> </ol>
Disposition	Retain this form in the patient's medical record and document on the CH-3a Service Record. (i.e., 10/01/13 – Refer to KY-Proxy form.)
Retention	Per medical records requirements.



# KENTUCKY WIC PROXY AUTHORIZATION FORM



## Kentucky WIC Notice of Proxy Authorization

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

I give permission to the person(s) listed as proxy (ies) to obtain nutrition education, WIC benefits, and WIC approved foods on the behalf of \_\_\_\_\_.

(Name of Infant/Child or Woman)

**I confirm that:**

- I understand that this person(s) must follow all program rules and I am responsible for any designated proxy I authorize.
- I understand the WIC Program will not reissue any benefits that are lost, stolen or misplaced by my designated proxy(ies).
- I understand my designated proxy(ies) cannot be provided a replacement eWIC card or change the eWIC card PIN.
- I understand this person(s) can pick up benefits, attend nutrition education contacts, shop for WIC and when applicable bring infant or child for recertification after the initial certification is completed.
- I understand my designated proxy (ies) cannot name other Proxies.
- I understand I can change or cancel a Notice of Proxy at any time and in the event I would like to change or cancel my Notice of Proxy, I **MUST** notify the clinic.
- I understand this Notice of Proxy is effective for the length of the participant's certification period and must be reviewed at each recertification.

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

1. \_\_\_\_\_ Relationship: \_\_\_\_\_
2. \_\_\_\_\_ Relationship: \_\_\_\_\_
3. \_\_\_\_\_ Relationship: \_\_\_\_\_
4. \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of Participant/Parent/Legal Representative/Caretaker \_\_\_\_\_ Date: \_\_\_\_\_

**Verbal Proxy Authorization**

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

Name of person giving authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Signature/Title/Date of person obtaining: \_\_\_\_\_ Date: \_\_\_\_\_

Participant/parent/legal representative/caretaker must review the Notice of Proxy at each recertification. If there are no changes, please initial and date. If changes are required, a new Notice of Proxy should be completed.

Initials: _____	Date: _____	Initials: _____	Date: _____
Initials: _____	Date: _____	Initials: _____	Date: _____

(Patient Name: \_\_\_\_\_)

**Place Chart Label Here**

(Patient ID: \_\_\_\_\_ HD,DC: \_\_\_\_\_)

## Proxy Addendum Section

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

5. \_\_\_\_\_ Relationship: \_\_\_\_\_
6. \_\_\_\_\_ Relationship: \_\_\_\_\_
7. \_\_\_\_\_ Relationship: \_\_\_\_\_
8. \_\_\_\_\_ Relationship: \_\_\_\_\_

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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## WIC PROGRAM ABUSE POSTER “ATTENTION WIC PARTICIPANTS”

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

# ***ATTENTION WIC PARTICIPANTS***



- ✓ ***Offering to sell WIC formula or your eWIC card verbally, in printed classifieds, on-line web sites, or social media is a program violation and could possibly disqualify you or your child from receiving WIC Program Benefits.***
- ✓ ***WIC foods are for the person for whom they are prescribed. Misuse of benefits may result in removal from WIC or you may be asked to repay the value of the foods received.***
- ✓ ***Be informed - Read the eWIC Benefits Card pamphlet provided to you at your WIC certification visit.***

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## **WIC PROGRAM ABUSE LETTER TEMPLATE**

Purpose	Template letter for clinic use when participant abuse is suspected or proven.
When To Use	To provide written warning of WIC Program abuse.
Instructions	The letter template may be modified for agency/clinic use.
Retention	Must be maintained in the participant's medical record.
Language	English
Ordering	Electronic template may be obtained from Program Management Section.

## SAMPLE WIC PROGRAM ABUSE LETTER

*(Use local WIC agency letterhead)*

*(Date)*

*(Name)*

*(Address)*

*(City), Kentucky (Zip)*

Dear *(Participant Name)*:

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

*(Please check all that apply)*

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

#### DETAILS OF EVENT/ALLEGATION:

*(Please provide specific details of situation/event in this space)*

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

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

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

Sincerely,

*(WIC Coordinator or Local Official)*

Enclosure (MUST INCLUDE English NONDISCRIMINATION STATEMENT) Nondiscrimination Statement is located in Policy 306.

## SAMPLE WIC PROGRAM ABUSE LETTER (SPANISH)

*(Use local WIC agency letterhead)*

*(Date)*

*(Name)*

*(Address)*

*(City), Kentucky (Zip)*

Apreciado/a *(Participant Name)*:

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

*(Favor seleccionar las que apliquen a usted)*

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

DETALLES DEL EVENTO/ALEGACION:

*(Favor describa los detalles específicos de la situación o el evento en este espacio)*

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

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

Si tiene preguntas llamar al *(phone number)*.

Sinceramente,

*(WIC Coordinator or Local Official)*

Enclosure (MUST INCLUDE Spanish NONDISCRIMINATION STATEMENT) Nondiscrimination Statement is located in Policy 306.

## WIC MOVING POSTER

Purpose	Informational poster about moving and the WIC Program.
When To Use	To remind participants to inform the WIC agency if they are moving.
Ordering	Order from the State WIC Office utilizing the WIC Program Supply Requisition Form, Email WIC Program Requisition Form to the Ky WIC Help Desk at WIC.Helpdesk@ky.gov. Order quantity as needed. Contact the State WIC Office for other languages.

# Moving?



Take your WIC with you.  
Ask for a Transfer Paper (VOC).  
(Verification of Your Current WIC Certification)

The VOC paper ensures your family member enrolled in Kentucky WIC can easily transfer to your new WIC site.




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## Kentucky WIC Referral Form

### Referrals for Breastfeeding Support and WIC Services

Patient's First & Last Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_  
 (For Infants/Children) Parent/Caregiver's First and Last Name: \_\_\_\_\_

Clinic/Hospital/Medical Office Name: _____ Street Address: _____ City: _____ Zip Code: _____ Phone Number: _____ Fax Number: _____	To Locate your County Health Department, please visit <a href="https://chfs.ky.gov/agencies/dph/dafm/Pages/lhd.aspx">https://chfs.ky.gov/agencies/dph/dafm/Pages/lhd.aspx</a> (select Listing of LHDs) OR call 1-877-597-0367
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#### Infants/Children Referral Data: (Complete Applicable Information)

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

Birth weight: \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Birth Length: \_\_\_\_\_ in. If premature, weeks gestation at birth: \_\_\_\_\_

Breastfeeding?:  Yes  No

Referral data provided by: (signature) \_\_\_\_\_ Date: \_\_\_\_\_

#### Women Referral Data: (Complete Applicable Information)

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

EDC: \_\_\_\_\_ Last Wt. Prior to Pregnancy: \_\_\_\_\_ lbs. Multiple Gestation?:  Yes  No

Delivery Date: \_\_\_\_\_ Last Wt. Prior to Delivery: \_\_\_\_\_ lbs. Breastfeeding?:  Yes  No

If Currently Breastfeeding:  Exclusively  Partially  Unknown

Breastfeeding follow up needed?:  Yes  No  Mother/baby separation

Latch-on issues  Milk supply concerns  Other: \_\_\_\_\_

Additional Comments/Details \_\_\_\_\_

Referral data provided by: (signature) \_\_\_\_\_ Date: \_\_\_\_\_

#### Instructions & Resources for Use of This Form:

- This form is intended for use as...
- A medical data referral form for infants, children and women for the Kentucky WIC Program
  - A breastfeeding support referral form for the Kentucky WIC Program
  - A proof of identification for hospitalized newborn infants
- To prescribe a special formula or medical food for an infant, child, or woman please visit  
<https://chfs.ky.gov/agencies/dph/dmch/nsb/Pages/wic.aspx> (select "Health Care Provider Information").

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

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Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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**WIC Certification**

- Pregnant
- Postpartum
- Breastfeeding

Name: \_\_\_\_\_  
 ID Number: \_\_\_\_\_  
 or  
 Place PEF label here

**Medical Home:**

**Priority listed at end of line for each criterion.**

201 Low Hematocrit/Low Hemoglobin (check one of the following values if appropriate) Priority P/BF-01 PP-3B

Pregnant	Postpartum/Breastfeeding
<input type="checkbox"/> a Hematocrit ≤ 32.9% or Hemoglobin ≤ 10.9 gm./dL. (1 <sup>st</sup> trimester) 0-13 wks <input type="checkbox"/> b Hematocrit ≤ 31.9% or Hemoglobin ≤ 10.4 gm./dL. (2 <sup>nd</sup> trimester) 14-26 wks <input type="checkbox"/> c Hematocrit ≤ 32.9% or Hemoglobin ≤ 10.9 gm./dL. (3 <sup>rd</sup> trimester) 27-40 wks	<input type="checkbox"/> d Hematocrit ≤ 35.6% or Hemoglobin ≤ 11.7 gm./dL. (Age 12-15) <input type="checkbox"/> e Hematocrit ≤ 35.8% or Hemoglobin ≤ 11.9 gm./dL. (Age 15-18) <input type="checkbox"/> f Hematocrit ≤ 35.6% or Hemoglobin ≤ 11.9 gm./dL. (Age >18)

211  Elevated Blood Lead (≥ 5 µg/dL) within the past 12 months P/BF-01 PP-3B

111 Overweight  a Overweight = PPW BMI ≥ 25.0 P/BF-01 PP-3B  
 c Current BMI ≥ 25.0 (**BF ≥ 6 months delivery**)

101 Underweight  a Underweight = PPW BMI or Current BMI < 18.5 P/BF-01 PP-3B

131,132,133 Inappropriate Weight Gain Pattern P/BF-01 PP-3B

131 Low maternal weight gain during 2 <sup>nd</sup> and 3 <sup>rd</sup> trimesters, singleton pregnancy: ( <b>P only</b> ) <input type="checkbox"/> Underweight women who gain < 4 lbs./month <input type="checkbox"/> Normal weight women who gain < 3.2 pounds/month <input type="checkbox"/> Overweight women who gain < 2 pounds/month <input type="checkbox"/> Obese (BMI ≥30) women who gain < 1.6 pounds/month <b>Gravida:      Para:</b>	<p style="text-align: center;"><b>P: Current Pregnancy    BF/PP: Last Pregnancy</b></p> High maternal weight gain during 2 <sup>nd</sup> and 3 <sup>rd</sup> trimesters, singleton pregnancy: <input type="checkbox"/> Underweight women who gain > 5.2 lbs./month - 133f <input type="checkbox"/> Normal weight women who gain > 4 pounds/month - 133g <input type="checkbox"/> Overweight women who gain > 2.8 pounds/month- 133h <input type="checkbox"/> Obese (BMI ≥30) women who gain > 2.4 pounds/month- 133i
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371, 372 Alcohol and Substance Use (check all that apply) P/BF-01    PP-3B

Pregnant 3010	Postpartum 3010	Breastfeeding 3010
<input type="checkbox"/> Any daily smoking of cigarettes, pipes cigars electronic nicotine delivery system, hookahs, smokeless tobacco or nicotine replacement therapies 371a <input type="checkbox"/> Any alcohol Use 372a <input type="checkbox"/> Any illegal drug use 372b <input type="checkbox"/> Any marijuana use in any form 372c	<input type="checkbox"/> Any daily smoking of cigarettes, pipes cigars electronic nicotine delivery system, hookahs, smokeless tobacco or nicotine replacement therapies 371c <input type="checkbox"/> Routine use of ≥ 4 drinks per day: 1 drink = 1 (12 oz.) can beer <b>or</b> 5 oz. wine <b>or</b> 1 ½ oz. liquor (1 jigger) 372c <input type="checkbox"/> Binge drinking ≥ 4 drinks within 2 hours 372d <input type="checkbox"/> Any illegal substance use and/or abuse of prescription medications 372b	<input type="checkbox"/> Any daily smoking of cigarettes, pipes cigars electronic nicotine delivery system, hookahs, smokeless tobacco or nicotine replacement therapies 371b <input type="checkbox"/> Routine use of ≥ 4 drinks per day: 1 drink = 1 (12 oz.) can beer <b>or</b> 5 oz. wine <b>or</b> 1 ½ oz. liquor (1 jigger) 372c <input type="checkbox"/> Binge drinking ≥ 4 drinks within 2 hours 372d <input type="checkbox"/> Any illegal substance use and/or abuse of prescription medications 372b <input type="checkbox"/> Any marijuana use in any form 372f

904  Environmental Tobacco Smoke Exposure Exposure to products inside enclosed areas, secondhand, passive or involuntary smoke, includes exposure to the aerosol from electronic nicotine delivery systems P/BF-01    PP-3B

601a BF Infant/BF Woman at Nutritional Risk Breastfeeding infant has a nutritional risk which qualifies woman BF-01

601b  BF Infant/BF Woman with Dietary Concerns Breastfeeding infant qualifies based on dietary concern which qualifies woman BF-04

602 Breastfeeding Complications (BF woman only) (check all that apply) BF-01

<input type="checkbox"/> Severe engorgement <input type="checkbox"/> Mastitis (fever or flu-like symptoms with localized breast tenderness)	<input type="checkbox"/> Failure of milk to come in by 4 days after delivery <input type="checkbox"/> Flat or inverted nipples <input type="checkbox"/> Tandem nursing (BF two siblings who are <b>not</b> twins)	<input type="checkbox"/> Cracked, bleeding or severely sore nipples <input type="checkbox"/> ≥ 40 years old <input type="checkbox"/> Recurrent plugged ducts
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301, 302, 303 Pregnancy Induced Conditions P/BF-01 PP-3B 311, 312 Delivery of Premature/LBW Infant P/BF-01 PP-3B

<input type="checkbox"/> Hyperemesis Gravidarum - <b>P only</b> 301 <input type="checkbox"/> Gestational Diabetes - <b>P only</b> 302 <input type="checkbox"/> History of gestational diabetes 303 <input type="checkbox"/> Preeclampsia or history of 304	<b>P: History for any pregnancy BF/PP: Last pregnancy</b> <input type="checkbox"/> Preterm Delivery ( $\leq 36$ 6/7 weeks) 311 <input type="checkbox"/> Early Term Delivery ( $\geq 37/0/7$ and $\leq 38$ 6/7 weeks) 311 <input type="checkbox"/> LBW $\leq 5$ lb. 8 oz. (wt. _____) 312
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321 Fetal or Neonatal Death P/BF-01 PP-3B

<b>P: History for any pregnancy BF/PP: Last pregnancy</b> <input type="checkbox"/> Fetal death (death $\geq 20$ week gestation) 5013.321a <input type="checkbox"/> Neonatal death (death within first 28 days of life) 5013.321b	<b>Pregnant only: 321c</b> <input type="checkbox"/> History of 2 or more spontaneous abortions (spontaneous termination of a gestation at $< 20$ weeks gestation or $< 500$ grams)
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331, 332, 333, 334, 335, 336, 337, 338, 339 General Obstetrical Risk P/BF-01 PP-3B

<b>P: Current Pregnancy BF/PP: Last Pregnancy</b> <input type="checkbox"/> Conception $\leq$ age 20 331 <input type="checkbox"/> Conception before 18 mo. Postpartum 332 <input type="checkbox"/> Age $< 20$ at conception with 3 or more previous pregnancies of $\geq 20$ weeks duration 333 <input type="checkbox"/> Infant with congenital or birth defect 339a <input type="checkbox"/> Multiple births 335	<b>Pregnant only</b> <input type="checkbox"/> Prenatal care beginning after 13 <sup>th</sup> week 334a <input type="checkbox"/> Breastfeeding woman now pregnant 338 <input type="checkbox"/> Fetal Growth Restriction 336 <input type="checkbox"/> History of Infant/Child with congenital or birth defect 339c	<b>Pregnant only 334b</b> <input type="checkbox"/> Prenatal care based on the following index: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Weeks gestation</th> <th style="text-align: left;"># prenatal visits</th> </tr> </thead> <tbody> <tr> <td>14-21</td> <td>0 or unknown</td> </tr> <tr> <td>22-29</td> <td>1 or less</td> </tr> <tr> <td>30-31</td> <td>2 or less</td> </tr> <tr> <td>32-33</td> <td>3 or less</td> </tr> <tr> <td><math>\geq 34</math></td> <td>4 or less</td> </tr> </tbody> </table>	Weeks gestation	# prenatal visits	14-21	0 or unknown	22-29	1 or less	30-31	2 or less	32-33	3 or less	$\geq 34$	4 or less
Weeks gestation	# prenatal visits													
14-21	0 or unknown													
22-29	1 or less													
30-31	2 or less													
32-33	3 or less													
$\geq 34$	4 or less													
<b>Pregnant/Breastfeeding/Postpartum</b> <input type="checkbox"/> LGA infant $\geq 9$ lbs./4000 grams or history of LGA infant 337														

Nutrition/Metabolic Conditions (check all that apply) P/BF-01 PP-3B

<input type="checkbox"/> <b>Lactose Intolerance 355</b> <b>Glucose Disorders:</b> <input type="checkbox"/> Pre-Diabetes <b>363 (PP/BF only)</b> <input type="checkbox"/> Diabetes Mellitus <b>343</b> <input type="checkbox"/> Hypoglycemia <b>356</b> <b>Thyroid Disorders:</b> <input type="checkbox"/> Hypothyroidism <b>344a</b> <input type="checkbox"/> Hyperthyroidism <b>344b</b> <input type="checkbox"/> Congenital Hypothyroidism.344a <input type="checkbox"/> congenital Hypothyroidism <b>344b</b> <input type="checkbox"/> Postpartum Thyroiditis.344c <b>Cancer: 347</b> <input type="checkbox"/> Cancer <input type="checkbox"/> Treatment for Cancer <b>Hypertension:</b> <input type="checkbox"/> Chronic <b>345a</b> <input type="checkbox"/> Prehypertension (130/80-139/89) <b>345c</b> <input type="checkbox"/> Gestational Hypertension <b>345b</b> <b>Central Nervous System Disorders:</b> <b>348</b> <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Epilepsy <input type="checkbox"/> Myelomeningocele <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Neural tube defects <input type="checkbox"/> Multiple Sclerosis <b>Renal disease:</b> <input type="checkbox"/> Pyelonephritis <input type="checkbox"/> Persistent proteinuria <b>346</b> <input type="checkbox"/> Any renal disease <b>except</b> UTI <b>Genetic/Congenital Disorders: 349</b> <input type="checkbox"/> Short bowel syndrome <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Cleft lip/palate <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Thalassemia Major <input type="checkbox"/> Down's syndrome <input type="checkbox"/> Omphalocele <input type="checkbox"/> Intestinal atresia <input type="checkbox"/> Esophageal atresia <input type="checkbox"/> Diaphragmatic hernia <input type="checkbox"/> Tracheo-esophageal fistula <input type="checkbox"/> Hirschsprung's Disease <input type="checkbox"/> Muscular Dystrophy <b>Infectious Diseases- Acute (present in last 6 mo.):352 a</b> <input type="checkbox"/> Parasitic infections <input type="checkbox"/> Hepatitis A or E <input type="checkbox"/> Listeriosis <input type="checkbox"/> Pneumonia <input type="checkbox"/> Meningitis (Viral or bacterial) <input type="checkbox"/> Bronchitis (3 x in last 6 mo.) <input type="checkbox"/> Tuberculosis Active infection <input type="checkbox"/> <b>Other Specify:</b> <b>Infectious Diseases Chronic 352 b</b> <input type="checkbox"/> <b>Hepatitis B</b> <input type="checkbox"/> <b>Hepatitis C</b> <input type="checkbox"/> <b>Hepatitis D</b> <input type="checkbox"/> <b>Other Specify:</b> <input type="checkbox"/> <b>AIDS</b> <input type="checkbox"/> <b>HIV</b> <b>Recent Major Surgery, Trauma, Burns: 359</b> <input type="checkbox"/> Any occurrence within past two ( $\leq 2$ ) months severe enough to compromise nutritional status. <input type="checkbox"/> Occurrence $> 2$ months with continued need for nutrition documented by MD/DO/APRN/PA <input type="checkbox"/> <b>Food allergies</b> - 353 List: <input type="checkbox"/> <b>Drug/Nutrient Interactions</b> – Specify: <b>357</b> <b>Celiac Disease:</b> <input type="checkbox"/> Celiac Sprue <input type="checkbox"/> Gluten Enteropathy <b>354</b> <input type="checkbox"/> Non-tropical Sprue <b>Recent Major Surgery, Trauma, Burns: 359</b> <input type="checkbox"/> Any occurrence within past two ( $\leq 2$ ) months severe enough to compromise nutritional status. <input type="checkbox"/> Occurrence $> 2$ months with continued need for nutrition documented by MD/DO/APRN/PA <b>Other Medical Conditions: 360</b> <input type="checkbox"/> Juvenile Rheumatoid Arthritis (JRA) <input type="checkbox"/> Cardiorespiratory diseases <input type="checkbox"/> Heart disease <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Lupus erythematosus <input type="checkbox"/> Persistent asthma requiring daily medication	<b>Nutrient Deficiency or Diseases: 341</b> <input type="checkbox"/> Scurvy <input type="checkbox"/> Hypocalcemia <input type="checkbox"/> Iron Deficiency <input type="checkbox"/> Rickets <input type="checkbox"/> Cheilosis <input type="checkbox"/> Beri Beri <input type="checkbox"/> Pellagra <input type="checkbox"/> Xerophthalmia <input type="checkbox"/> Vitamin K Deficiency <input type="checkbox"/> Osteomalacia <input type="checkbox"/> Protein Energy Malnutrition (PEM) <b>GI Disorders: 342</b> <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Ulcerative colitis <input type="checkbox"/> Liver disease <input type="checkbox"/> Inflammatory bowel disease <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Gallbladder disease <input type="checkbox"/> Malabsorption syndromes <input type="checkbox"/> Small bowel enterocolitis/syndrome <input type="checkbox"/> Stomach/intestinal ulcers <input type="checkbox"/> Gastroesophageal reflux (GER) <input type="checkbox"/> Peptic ulcers <input type="checkbox"/> Post-bariatric surgery <input type="checkbox"/> Biliary tract diseases <b>Inborn Errors of Metabolism: 351</b> <input type="checkbox"/> <b>Amino Acid Metabolism Disorders:</b> •Phenylketonuria •Maple Syrup Urine disease •Homocystinuria •Tyrosinemia <input type="checkbox"/> <b>Carbohydrate Disorders:</b> Galactosemia •Glycogen Storage Disease type I •Glycogen Storage Disease type II (Pomp Disease) •Glycogen Storage Disease type III •Glycogen Storage Disease type IV (Andersen Disease) •Glycogen Storage Disease type V •Glycogen Storage Disease type VI <input type="checkbox"/> <b>Fatty Acid Oxidation Defects:</b> •Medium-chain acyl-CoA dehydrogenase deficiency • Long-Chain 3-hydroxyacyl-CoA-dehydrogenase deficiency •Trifunctional protein deficiency type 1 (LCHAD deficiency) •Trifunctional protein deficiency type 2 (mitochondrial trifunctional protein deficiency) •Carnitine uptake defect (primary carnitine deficiency) •Very long-chain acyl-CoA dehydrogenase deficiency <input type="checkbox"/> <b>Organic Acid Disorders:</b> •Isovaleric academia •3-methylcrotonyl-CoA carboxylase deficiency •Glutaric academia type I •Glutaric academia type II •3-hydroxy-3-methylglutaryl-coenzyme A lyase deficiency •Multiple carboxylase deficiency (Biotinidase deficiency, Holocarboxylase synthetase deficiency) •Methylmalonic academia •Propionic academia •Beta-ketothiolase deficiency <input type="checkbox"/> <b>Lysosomal Storage Disease:</b> •Fabry disease( $\alpha$ -galactosidase A deficiency) •Gauchers disease (glucocerebrosidase deficiency) •Pompe disease (glycogen storage disease Type II or Acid $\alpha$ -glucosidase deficiency) <input type="checkbox"/> <b>Mitochondrial disorders:</b> •Leber hereditary optic neuropathy •Mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes (MELAS), •Mitochondrial neurogastrointestinal encephalopathy disease (MNGIE) •Myoclonic epilepsy with ragged-red fibers (MERRF) •Neuropathy, ataxia, and retinitis pigmentosa (NARP) •Pyruvate carboxylase deficiency <input type="checkbox"/> <b>Peroxisomal Disorders:</b> •Zwilerweger Syndrome Spectrum •Adrenoleukodystrophy (x-ALD) <input type="checkbox"/> <b>Urea Cycle Disorders:</b> •Citrullinemia •Argininosuccinic aciduria •Carbamoyl phosphate synthetase I deficiency
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902 Impaired Ability to Prepare Food (check all that apply) P/BF-04 PP-06

- ≤ 17 years of age 902a
- Mentally disabled/delayed/mental illness/clinical Depression/Post-Partum Depression 902b
- Physically disabled which restricts/limits food preparation abilities .902c
- Currently using or history of abusing alcohol/prescription drugs/ marijuana/other Drugs 902d
- Intellectual disability 902e

361,362 Complications which Impair Nutrition (check all that apply) P/BF-01 PP-3B

- Minimal brain function
- Head trauma
- Brain damage
- Depression/Post-Partum Depression
- Pervasive development disorder (PDD)
- Difficulty accepting new foods/↓ food selection
- Restricted food intake due to color/texture/temperature
- Delays/disabilities which restrict ability to chew/swallow/require tube feeding
- Difficulty taking multivitamin/mineral supplement
- Autism
- Difficulty with changes in mealtime environment

382 Fetal Alcohol Spectrum Disorder P/BF 01/PP-3A

- Fetal Alcohol Syndrome (FAS)
- Partial Fetal Alcohol Syndrome (pFAS)
- Alcohol-Related Birth Defects (ARBD)
- Alcohol-Related Neurodevelopmental Disorders (ARND)
- Neurobehavioral Disorders with Prenatal Alcohol Exposure (ND-PAE)

381 Dental Problems P/BF 01/PP-3B

- Tooth decay 381a
- Periodontal disease 381d
- Gingivitis of pregnancy (**Pregnant only**) 381b
- Missing more than 7 teeth or ineffectively replaced teeth which impair ability to ingest food 381c

401 Presumed Dietary Risk **Only use this risk when no other risk is present** P/BF-04 PP-06

Women who meet the eligibility requirements of income, category and residency may be presumed to be at nutrition risk based on failure to meet the Dietary Guidelines.

Dietary Assessment Woman

Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you eat at least 6 servings of any of the following/day: bread, cereal, rice or pasta? (Encourage whole grain choices)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you eat at least 3 servings/day of vegetables?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you eat at least 2 servings/day of any of the following: meat (beef, pork, chicken, or turkey), fish, soup beans, eggs or peanut butter?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you eat at least 2 servings/day of fruits?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you eat at least 3 servings/day of any of the following: milk, cheese or yogurt? (Encourage low fat or fat free dairy choices.)		

427 Feeding Practices P/BF-04 PP-06

Do you eat such foods as: ( <b>Pregnant only</b> ) 427.5a-j Yes No <input type="checkbox"/> <input type="checkbox"/> raw fish or shellfish <input type="checkbox"/> <input type="checkbox"/> smoked seafood that has not been cooked <input type="checkbox"/> <input type="checkbox"/> raw or undercooked meat or poultry <input type="checkbox"/> <input type="checkbox"/> refrigerated paté or meat spreads <input type="checkbox"/> <input type="checkbox"/> lightly cooked egg products, ie., sauces, homemade egg <input type="checkbox"/> <input type="checkbox"/> raw sprouts (alfalfa, clover, radish) <input type="checkbox"/> <input type="checkbox"/> unpasteurized fruit or vegetable juices <input type="checkbox"/> <input type="checkbox"/> hot dogs, cold cuts, deli meats that have not been heated <input type="checkbox"/> <input type="checkbox"/> raw/undercooked eggs such as in cookie dough or cake batter <input type="checkbox"/> <input type="checkbox"/> unpasteurized milk/milk products or soft cheeses such as Camembert, bleu cheese, Stilton, queso blanco, queso fresco or Panela	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If pregnant, do you take < 30 mg. iron each day? 427.4a
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If pregnant or breastfeeding, do you take < 150 µg of iodine each day? 427.4c
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you take > 1 dose/day of a multivitamin, single vitamin, mineral supplement, herbal teas/remedies not recommended by MD/DO/APRN/PA? 427.1
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you eat ashes, baking soda, burnt matches, carpet fibers, chalk, cigarettes, clay, dirt, dust, laundry starch, cornstarch, large quantities of ice or freezer frost, paint chips or other non-food items? 427.3
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If BF/PP do you take a multivitamin/supplement with 400 mcgs. Folic acid every day? 427.4b

427 Inappropriate Nutrient Intake P/BF- 04 PP-06

- 427.2a Do you avoid all animal products – meat (beef, pork, chicken, turkey), fish, eggs, milk, cheese, yogurt or other dairy products?  Yes  No
- 427.2b Is your diet highly restrictive in calories or specific nutrients?  Yes  No

358 Eating Disorders  a Anorexia Nervosa  b Bulimia  c Controls weight by self-starvation, vomiting, drugs, purgative abuse P/BF-1 PP-3B

901  Recipient of Abuse Battering, physical assault within the past six months. P/BF-04 PP-06

903 Foster Care Determine if during the previous six (6) months: P/BF-04 PP-06

- has entered the foster care system 903a
- has been moving from one foster home to another 903b

801  Homelessness Homeless P/BF-04 PP-06

802  Migrancy Migrant P/BF-04 PP-06

\* What concerns or questions does the participant have in regard to her nutrition?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ WIC 75 Woman, Page 3 of 3  
 Rev. 10/20



**WIC Certification  
Infant**

Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
or  
Place PEF label here

**Medical Home:**

**Immunization UTD? Y or N (If not, refer and request copy at next visit). Immunization Record on file? Y or N**

**Priority listed at end of line for each criterion.**

	<b>Priority</b>
201g <input type="checkbox"/> Low Hematocrit/Low Hemoglobin -Hematocrit $\leq$ 32.8% or Hemoglobin $\leq$ 10.9 gm./dL. (9 months or older)	01
211 <input type="checkbox"/> Elevated Blood Lead $\geq$ 5 $\mu$ g/dL. within past 12 months Only if data is available from another source	01
152 <input type="checkbox"/> Low Head Circumference $\leq$ 2.3rd percentile head circumference for age as plotted on CDC birth to 24 month growth chart (age adjusted) Only if data is available from another source.	01
142 <input type="checkbox"/> Preterm ( $\leq$ 36 6/7 weeks gestation) <input type="checkbox"/> Early Term ( $\geq$ 37/0/7 and $\leq$ 38 6/7 weeks gestation)	01
141 Low Birth Weight/Very Low Birth Weight ( <b>age adjusted</b> )	01
<input type="checkbox"/> Birth weight $\leq$ 5 lb. 8 oz./2500 grams (LBW) 141a <input type="checkbox"/> Birth weight $\leq$ 3 lb. 5 oz./1500 grams (VLBW) 2050.141b	
114 At Risk for Overweight	01
<input type="checkbox"/> biological mother reports BMI $\geq$ 30 at conception or during 1 <sup>st</sup> trimester <input type="checkbox"/> biological father reports BMI $\geq$ 30	
115 <input type="checkbox"/> High Weight for Length $\geq$ 97.7 <sup>th</sup> percentile weight/length on CDC Birth to 24 month growth chart	01
103a <input type="checkbox"/> At Risk for Underweight $>$ 2.3 <sup>rd</sup> to $\leq$ 5th percentile weight for length on CDC Birth to 24 month growth chart	01
103b <input type="checkbox"/> Underweight $\leq$ 2.3 <sup>rd</sup> percentile weight for length on CDC Birth to 24 month growth chart	01
121a <input type="checkbox"/> At Risk for Short Stature $>$ 2.3 <sup>rd</sup> to $\leq$ 5th percentile length for age on CDC Birth to 24 month growth chart	01
121b <input type="checkbox"/> Short Stature $<$ 2.3 <sup>rd</sup> percentile length for age on CDC Birth to 24 month growth chart ( <b>age adjusted</b> )	01
151 Growth Problems <input type="checkbox"/> a Small for Gestational Age (SGA) ( <b>age adjusted</b> ) <input type="checkbox"/> b Large for Gestational Age (LGA) birth weight $\geq$ 9 lbs/4,000 gm	01
134,135 Inappropriate Weight Gain Pattern/ Slowed or Faltering Growth Pattern	01
<input type="checkbox"/> Failure to Thrive (FTT) ( <b>age adjusted</b> ) 134 <input type="checkbox"/> Not back to birth weight by 2 weeks 135 <input type="checkbox"/> Lost $>$ 7% birthweight any time from birth to 2 weeks 135b <input type="checkbox"/> Any weight loss from 2 weeks to 6 months of age (weight measurements taken at least 8 weeks apart) 135c	
904 <input type="checkbox"/> Environmental Tobacco Smoke Exposure Exposure to tobacco products inside enclosed areas, secondhand, passive or involuntary smoke, includes exposure to the aerosol from electronic nicotine delivery systems.01	
702a <input type="checkbox"/> Breastfeeding Dyad- Breastfeeding woman (mother) has a nutritional risk which qualifies breastfeeding infant	01
702b <input type="checkbox"/> Breastfeeding Dyad- Breastfeeding woman has a dietary concern which qualifies breastfeeding infant	04
602 Breastfeeding Complications (check all that apply)	01
<input type="checkbox"/> Jaundice <input type="checkbox"/> Weak or ineffective suck	Inadequate stooling for age: <input type="checkbox"/> $\leq$ 6 days old with $<$ 2 stools/day <input type="checkbox"/> 7-28 days with $<$ 5 stools/day <input type="checkbox"/> 29 days or older with $<$ 1 every 4 days
<input type="checkbox"/> $<$ 6 wet diapers per day <input type="checkbox"/> Difficulty latching onto breast	
701 <input type="checkbox"/> Infant of a WIC Mother/Mother at Risk Mother who had risk and could have qualified during this pregnancy. (up to 6 mo. old) 02	

Nutrition/Metabolic Conditions (check one of the following if appropriate)		01
<input type="checkbox"/> <b>Lactose Intolerance 355</b> <input type="checkbox"/> <b>Hypertension 345</b> <input type="checkbox"/> <b>Prehypertension</b> (90th-95th for blood pressure) <b>345d</b> <b>Glucose Disorders:</b> <input type="checkbox"/> Diabetes Mellitus <b>343</b> <input type="checkbox"/> Hypoglycemia <b>356</b> <b>Thyroid Disorders:</b> <input type="checkbox"/> Hypothyroidism <b>344a</b> <input type="checkbox"/> Hyperthyroidism <b>344b</b> <input type="checkbox"/> Congenital Hyperthyroidism <b>344a</b> <input type="checkbox"/> congenital Hypothyroidism <b>344b</b> <b>Cancer: 347</b> <input type="checkbox"/> Cancer <input type="checkbox"/> Treatment for Cancer	<b>Nutrient Deficiency or Diseases: 341</b> <input type="checkbox"/> Scurvy <input type="checkbox"/> Hypocalcemia <input type="checkbox"/> Iron Deficiency <input type="checkbox"/> Rickets <input type="checkbox"/> Cheilosis <input type="checkbox"/> Beri Beri <input type="checkbox"/> Pellagra <input type="checkbox"/> Xerophthalmia <input type="checkbox"/> Vitamin K Deficiency <input type="checkbox"/> Osteomalacia <input type="checkbox"/> Protein Energy Malnutrition (PEM)	
<b>Central Nervous System Disorders: 348</b> <input type="checkbox"/> Epilepsy <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Myelomeningocele <input type="checkbox"/> Neural tube defects <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Multiple Sclerosis	<b>GI Disorders: 342</b> <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Ulcerative colitis <input type="checkbox"/> GER <input type="checkbox"/> Liver disease <input type="checkbox"/> Inflammatory bowel disease <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Gallbladder disease <input type="checkbox"/> Malabsorption syndromes <input type="checkbox"/> Small bowel enterocolitis/syndrome <input type="checkbox"/> Stomach/intestinal ulcers <input type="checkbox"/> Peptic ulcers <input type="checkbox"/> Post-bariatric surgery <input type="checkbox"/> Biliary tract diseases	
<b>Renal Disease: 346</b> <input type="checkbox"/> Pyelonephritis <input type="checkbox"/> Persistent proteinuria <input type="checkbox"/> Any renal disease <b>except UTI</b>	<b>Inborn Errors of Metabolism: 351</b> <input type="checkbox"/> <b>Amino Acid Metabolism Disorders:</b> •Phenylketonuria •Maple Syrup Urine disease •Homocystinuria •Tyrosinemia <input type="checkbox"/> <b>Carbohydrate Disorders:</b> Galactosemia •Glycogen Storage Disease type I •Glycogen Storage Disease type II (Pomp Disease) •Glycogen Storage Disease type III •Glycogen Storage Disease type IV (Andersen Disease) •Glycogen Storage Disease type V •Glycogen Storage Disease type VI) <input type="checkbox"/> <b>Fatty Acid Oxidation Defects:</b> •Medium-chain acyl-CoA dehydrogenase deficiency • Long-Chain 3-hydroxyacyl-CoA-dehydrogenase deficiency •Trifunctional protein deficiency type 1 (LCHAD deficiency) •Trifunctional protein deficiency type 2 (mitochondrial trifunctional protein deficiency) •Carnitine uptake defect (primary carnitine deficiency) •Very long-chain acyl-CoA dehydrogenase deficiency <input type="checkbox"/> <b>Organic Acid Disorders:</b> •Isovaleric academia •3-methylcrotonyl-CoA carboxylase deficiency •Glutaric academia type I •Glutaric academia type II •3-hydroxy-3-methylglutaryl-coenzyme A lyase deficiency •Multiple carboxylase deficiency (Biotinidase deficiency, Holocarboxylase synthetase deficiency) •Methylmalonic academia •Propionic academia •Beta-ketothiolase deficiency <input type="checkbox"/> <b>Lysosomal Storage Disease:</b> •Fabry disease(α-galactosidase A deficiency) •Gauchers disease (glucocerebrosidase deficiency) •Pompe disease (glycogen storage disease Type II or Acid α-glucosidase deficiency) <input type="checkbox"/> <b>Mitochondrial disorders:</b> •Leber hereditary optic neurophathy •Mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes (MELAS), •Mitochondrial neurogastrointestinal encephalopathy disease (MNGIE) •Myoclonic epilepsy with ragged-red fibers (MERRF) •Neuropathy, ataxia, and retinitis pigmentosa (NARP) •Pyruvate carboxylase deficiency <input type="checkbox"/> <b>Peroxisomal Disorders:</b> •Zwilleweger Syndrome Spectrum •Adrenoleukodystrophy (x-ALD) <input type="checkbox"/> <b>Urea Cycle Disorders:</b> •Citrullinemia •Argininosuccinic aciduria •Carbamoyl phosphate synthetase I deficiency	
<b>Infectious Diseases- Acute (present in last 6 mo.):352 a</b> <input type="checkbox"/> Parasitic infections <input type="checkbox"/> Hepatitis A or E <input type="checkbox"/> Listeriosis <input type="checkbox"/> Pneumonia <input type="checkbox"/> Meningitis (Viral or bacterial) <input type="checkbox"/> Bronchitis (3 x in last 6 mo.) <input type="checkbox"/> Tuberculosis Active infection <input type="checkbox"/> <b>Other Specify:</b>		
<b>Infectious Diseases Chronic 352 b</b> <input type="checkbox"/> <b>Hepatitis B</b> <input type="checkbox"/> <b>Hepatitis C</b> <input type="checkbox"/> <b>Hepatitis D</b> <input type="checkbox"/> <b>Other Specify:</b> <input type="checkbox"/> <b>AIDS</b> <input type="checkbox"/> <b>HIV</b>		
<input type="checkbox"/> <b>Food Allergies – List: 353</b>		
<b>Genetic/Congenital Disorders:349</b> <input type="checkbox"/> Short bowel syndrome <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Cleft lip/palate <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Thalassemia Major <input type="checkbox"/> Down's syndrome <input type="checkbox"/> Omphalocele <input type="checkbox"/> Intestinal atresia <input type="checkbox"/> Esophageal atresia <input type="checkbox"/> Diaphragmatic hernia <input type="checkbox"/> Tracheo-esophageal fistula <input type="checkbox"/> Hirschsprung's Disease <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Pyloric Stenosis		
<b>Celiac Disease: 354</b> <input type="checkbox"/> Celiac Sprue <input type="checkbox"/> Gluten Enteropathy <input type="checkbox"/> Non-tropical Sprue		
<input type="checkbox"/> <b>Drug/Nutrient Interactions – Specify: 357</b>		
<b>Recent Major Surgery, Trauma, Burns: 359</b> <input type="checkbox"/> Any occurrence within ≤ 2 months severe enough to compromise nutritional status. <input type="checkbox"/> Occurrence > 2 months with continued need for nutrition documented by MD/DO/APRN/PA		
<b>Other Medical Conditions: 360</b> <input type="checkbox"/> Lupus erythematosus <input type="checkbox"/> Cardiorespiratory diseases <input type="checkbox"/> Heart disease <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Juvenile Rheumatoid Arthritis (JRA) <input type="checkbox"/> Persistent asthma requiring daily medication		
<input type="checkbox"/> <b>Neonatal Abstinence Syndrome 383</b>		
<input type="checkbox"/> <b>Others – State Agency approval</b>		

902 Impaired Ability to Prepare Food	04
Participant's primary caregiver is (check all that apply):	
<input type="checkbox"/> ≤ 17 years of age 902a	
<input type="checkbox"/> Mentally disabled/delayed/mental illness/clinical Depression/Post-Partum Depression 902b	
<input type="checkbox"/> Currently using or history of abusing alcohol/prescription drugs/ marijuana/other Drugs 902d	
<input type="checkbox"/> Intellectual disability 902e	
<input type="checkbox"/> Physically disabled which restricts/limits food preparation abilities 902c	

361,362 Complications which Impair Nutrition (check all that apply)	01
<input type="checkbox"/> Minimal brain function <input type="checkbox"/> Difficulty accepting new foods/↓ food selection <input type="checkbox"/> Head trauma <input type="checkbox"/> Restricted food intake due to color/texture/temperature <input type="checkbox"/> Brain damage <input type="checkbox"/> Delays/disabilities which restrict ability to chew/swallow/require tube feeding 362 <input type="checkbox"/> Birth Injury <input type="checkbox"/> Pervasive development disorder (PDD) <input type="checkbox"/> Difficulty taking multivitamin/mineral supplement <input type="checkbox"/> depression 361 <input type="checkbox"/> Autism <input type="checkbox"/> <input type="checkbox"/> Difficulty with changes in mealtime environment	

Feeding Practices (will qualify with one or more of the following shaded answers) / Dietary Assessment				04	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby take formula? If yes, formula name: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the baby breastfed? Taking <400 IU per day vitamin D (Exclusively breastfed infant or infant taking <32 oz of formula per day) 411.11a Is the baby fed human milk acquired directly from individuals other than mother or the internet (informal milk sharing) 411.4, 411.9
<input type="checkbox"/>	<input type="checkbox"/>	Iron-fortified formula 411.1a	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the baby fed only breastmilk? If no, continue to next box. If under 2 months old, does the baby eat less than 8 times in 24 hours? 411.7a If 2 months old or older, does the baby eat less than 6 times in 24 hours? 411.7b Fed on a schedule rather than on demand?
<input type="checkbox"/>	<input type="checkbox"/>	Low iron formula without iron supplement 411.1a	<input type="checkbox"/>	<input type="checkbox"/>	
		Type of formula: <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready-to-feed <input type="checkbox"/> Powder How is formula mixed? 411.6a <input type="checkbox"/> Overdilution <input type="checkbox"/> Underdilution <input type="checkbox"/> By prescription <input type="checkbox"/> Failure to follow specific instructions accompanying prescription	<input type="checkbox"/>	<input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the baby fed less than 16 ounces of formula in 24 hours? 411.4d	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is a bottle of water given in place of a bottle of formula or breastmilk or do you restrict the amount of foods? 411.4c
<input type="checkbox"/>	<input type="checkbox"/>	Are cereals or other foods added to the baby's bottle? 411.2e			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby drink milk (fresh, whole, skim, 1%, 2%, low-fat, nonfat, goat, sheep, imitation (Vitamite, Toddler's Best, nondairy creamer), substitute (Alba 77, Slim Fast, rice or soy based beverage, homemade formula), evaporated, sweetened condensed)? 411.1c	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you or the baby's caretaker: • Hold fresh breastmilk in refrigerator for > 72 hours? 411.9i • Add fresh breastmilk to already frozen breastmilk in a storage container? 411.9j • Feed previously frozen breastmilk thawed in refrigerator for more than 24 hours? 411.9k • Save breastmilk from a used bottle for another feeding? 411.9l • Thaw breastmilk in the microwave? 411.9 • Express breast milk from a pump that has not been cleaned per manufacturer's instructions? 411.9
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby drink sweetened drinks or other liquids: fruit juice, tea, kool aid, soda pop, jello water, Gatorade, Hi C, fruit punch, sweetened water (sugar, corn syrup, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Does the baby drink more than 6 ounces of juice in a day? 411.3	<input type="checkbox"/>	<input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby eat high calorie/low nutrient foods such as desserts, cakes, cookies, candy, fried foods, lunch meat? 411.8c	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby take a bottle: • Propped in the mouth? 411.2a • At nap or sleeps with bottle in mouth? 411.2b • With fruit juice? 411.2c • Without restriction? 411.2d • From a bottle that has not been properly cleaned? 411.9
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby eat foods like hot dogs, pieces of fruit, nuts, raisins, hard candy, raw carrots? 411.4a	<input type="checkbox"/>	<input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is honey, sugar or syrup put in the foods or liquids which are fed to the baby or put on the baby's pacifier? 411.5h	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby drink more than a cup (8 ounces) of water in 24 hours?
<b>Age Group</b>	<b>Yes</b>	<b>No</b>	<b>Does baby consume: 428</b>		
Less than 4 months	<input type="checkbox"/>	<input type="checkbox"/>	Solid food such as cereals, mashed potatoes, eggs, gravy?		
6-12 months old or more  As developmentally appropriate for the infant	<input type="checkbox"/>	<input type="checkbox"/>	Solid food from a spoon introduced by 6 months?		
	<input type="checkbox"/>	<input type="checkbox"/>	Infant cereal?		
	<input type="checkbox"/>	<input type="checkbox"/>	Meats?		
	<input type="checkbox"/>	<input type="checkbox"/>	Vegetables?		
	<input type="checkbox"/>	<input type="checkbox"/>	Does the baby use fingers when eating? 411.4d		
	<input type="checkbox"/>	<input type="checkbox"/>	Fruits? 411.4d		
Less than 12 months	<input type="checkbox"/>	<input type="checkbox"/>	Iron & Zinc source introduced by 6 months of age (meat or cereal)?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby eat: • Undercooked or raw tofu? 411.5a • Deli meats, hot dogs not cooked until steaming hot? 411.5b • Raw vegetable sprouts (alfalfa, bean, clover, radish)? 411.5c • Raw or undercooked meat, fish, poultry or eggs? 411.5d • Unpasteurized milk or milk products? 411.5e • Soft cheeses such as Camembert, bleu cheese, Stilton, queso blanco, queso fresco or Panela 411.5f • Unpasteurized fruit or vegetable juices 411.5g • Honey added to liquids, solid foods, used in cooking, in processed foods, or on pacifier?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 6 months or older with a family history of food allergies, does the baby drink city water, take a fluoride supplement or drink fluoridated water? 428
<input type="checkbox"/>	<input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you or the baby's caretaker: Have a safe water supply (documented)? 411.9a Have a stove for sterilizing bottles and water? 411.9b Have a refrigerator or freezer for storage of breastmilk or formula? 411.9c
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Have limited knowledge on preparation, handling or storage of formula or breastmilk? 7012.411.9d
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Feed the baby formula held at room temperature > 2 hours? 411.9e
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Feed the baby formula left in refrigerator >48 hours? 411.9f
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Use leftover formula from an earlier feeding? 411.9g
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Give the baby vitamin, multi-vitamin or mineral supplements, herbal teas/remedies not recommended by MD/DO/APRN/PA? 411.10
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Wash hands with soap and water after using the bathroom, changing diapers, and before meals or before preparing formula or bottles of breastmilk? 411.9h
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Require the baby to eat a certain type and/or amount of food or ignore infant hunger cues? 411.4b
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Routinely fed a vegan diet, macrobiotic diet or diet very low in calories/essential nutrients? 411.8
<input type="checkbox"/>	<input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the baby getting Well Child check-ups? If yes, list Doctor or facility:

Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
or  
Place PEF label here

381a Dental Problem  Baby Bottle Tooth Decay 01

382 Fetal Alcohol Spectrum Disorder 01

Fetal Alcohol Syndrome (FAS)  Partial Fetal Alcohol Syndrome (pFAS)

Alcohol-Related Birth Defects (ARBD)  Alcohol-Related Neurodevelopmental Disorders (ARND)

Neurobehavioral Disorders with Prenatal Alcohol Exposure (ND-PAE)

901  Recipient of Abuse Abuse (emotional or physical) and/or neglect within the past six months 04

903 Foster Care Determine if during the previous six (6) months: 04

a has entered the foster care system  b has been moving from one foster home to another

801  Homelessness Homeless 04

802  Migrancy Migrant 04

**\*\*What concerns, or questions does the parent/caretaker have in regards to the infant's nutrition/feeding the infant?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

This institution is an equal opportunity provider.

WIC 75 Infant, page 4 of 4 (Rev. 10/18)



### WIC Certification Child Age 1-5

Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
or  
Place PEF label here

#### Medical Home:

Immunization UTD? **Y** or **N** (If not, refer and request copy at next visit). Immunization Record on file? **Y** or **N**

#### Priority listed at end of line for each criterion.

#### Priority

201 Low Hematocrit/Low Hemoglobin (check one of the following values if appropriate) <span style="float:right">3A</span>	
Age 1 to 2 1010.201g <input type="checkbox"/> Hematocrit $\leq$ 32.8% or Hemoglobin $\leq$ 10.9 gm./dL.	Age 2 to 5 1010.201h <input type="checkbox"/> Hematocrit $\leq$ 32.9% or Hemoglobin $\leq$ 11.0 gm./dL.
211 <input type="checkbox"/> Elevated Blood Lead ( $\geq$ 3.5 $\mu$ g/dL) within the past 12 month (only if data is available from another source) <span style="float:right">3A</span>	
152 <input type="checkbox"/> Low Head Circumference $\leq$ 2.3rd percentile head circumference for age as plotted on CDC birth to 24 month growth chart (up to age 2, age adjusted), (Only if data is available from another source). <span style="float:right">3A</span>	
142 <input type="checkbox"/> Preterm ( $\leq$ 36 6/7 weeks gestation) <input type="checkbox"/> Early Term ( $\geq$ 37/0/7 and $\leq$ 38 6/7 weeks gestation) (up to age 2, age adjusted) <span style="float:right">3A</span>	
141 Low Birth Weight/Very Low Birth Weight (age adjusted) <span style="float:right">3A</span>	
<input type="checkbox"/> Birth weight $\leq$ 5 lb. 8 oz./2500 grams (LBW)(up to age 2) <b>141a</b>	<input type="checkbox"/> Birth weight $\leq$ 3 lb. 5 oz./1500 grams (VLBW) (up to age 2) <b>141b</b>
114 At Risk for Overweight <span style="float:right">3A</span>	
<input type="checkbox"/> biological mother reports BMI $\geq$ 30 (if mother is pregnant or had baby within the past 6 months, use her PPW BMI)	<input type="checkbox"/> biological father reports BMI $\geq$ 30
113,114,115 Obese/Overweight/High Weight for Length <span style="float:right">3A</span>	
<input type="checkbox"/> Obese (Age 2-5): $\geq$ 95 <sup>th</sup> percentile BMI as plotted on CDC 2-20 year growth chart (standing height measurement) 113	
<input type="checkbox"/> Overweight (Age 2-5): $>$ 85 <sup>th</sup> percentile or $<$ 95 <sup>th</sup> percentile BMI as plotted on CDC 2-20 year growth chart (standing height measurement) 114	
<input type="checkbox"/> High Weight for Length (up to age 2, age adjusted) : $\geq$ 97.7 <sup>th</sup> percentile weight/length on CDC Birth to 24 month growth chart 115	
103 At Risk for Underweight <span style="float:right">3A</span>	
<input type="checkbox"/> $>$ 2.3 <sup>rd</sup> to $\leq$ 5 <sup>th</sup> percentile weight/length on CDC Birth to 24 month growth chart (up to age 2, age adjusted)	<input type="checkbox"/> $>$ 5 <sup>th</sup> to $\leq$ 10 <sup>th</sup> percentile BMI for age as plotted on CDC 2-20 year growth chart (age 2 to 5)
103 Underweight <span style="float:right">3A</span>	
<input type="checkbox"/> $\leq$ 2.3 <sup>rd</sup> percentile weight for length on CDC Birth to 24 month growth chart (up to age 2, age adjusted)	<input type="checkbox"/> $\leq$ 5 <sup>th</sup> percentile BMI for age as plotted on CDC 2-20 year growth chart (age 2 to 5)
121 At Risk for Short Stature <span style="float:right">3A</span>	
<input type="checkbox"/> $>$ 2.3 <sup>rd</sup> to $\leq$ 5 <sup>th</sup> percentile length for age on CDC Birth to 24 month growth chart (up to age 2, age adjusted)	<input type="checkbox"/> $>$ 5 <sup>th</sup> to $\leq$ 10 <sup>th</sup> percentile height/stature for age as plotted on CDC 2-20 year growth chart (age 2 to 5)
121 Short Stature <span style="float:right">3A</span>	
<input type="checkbox"/> $\leq$ 2.3 <sup>rd</sup> percentile length for age on CDC Birth to 24 month growth chart (up to age 2, age adjusted)	<input type="checkbox"/> $\leq$ 5 <sup>th</sup> percentile height/stature for age as plotted on CDC 2-20 year growth chart (age 2 to 5)
151 <input type="checkbox"/> Growth Problems Small for Gestational Age (SGA up to age 2) (age adjusted) <span style="float:right">3A</span>	
134 <input type="checkbox"/> Inappropriate Weight Gain Pattern Failure to Thrive (FTT) (age adjusted) <span style="float:right">3A</span>	
904 <input type="checkbox"/> Environmental Tobacco Smoke Exposure Exposure to tobacco products inside enclosed areas, secondhand, passive or involuntary smoke, includes exposure to the aerosol from electronic nicotine delivery systems.3A	

#### Dietary Assessment

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Does the child eat at least 6 servings of any of the following/day: bread, cereal, rice or pasta? (Encourage whole grain choices)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Does the child eat at least 3 servings/day of vegetables?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Does the child eat at least 2 servings/day of any of the following: meat (beef, pork, chicken, or turkey), fish, soup beans, eggs or peanut butter?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Does the child eat at least 2 servings/day of fruits?
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Does the child eat at least 3 servings/day of any of the following: milk, cheese or yogurt? (Encourage low fat or fat free dairy choices for children 2 and older)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Does the child consume sugar sweetened beverages such tea, soda pop, Gatorade, Hi C, fruit punch, kool ade or drink more than 6 oz. of 100% juice per day?



Name: \_\_\_\_\_  
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 Place PEF label here

Nutrition/Metabolic Conditions (check one of the following if appropriate)		3A
<input type="checkbox"/> <b>Lactose Intolerance 355</b> <input type="checkbox"/> <b>Hypertension 345</b> <input type="checkbox"/> <b>Prehypertension</b> (90th-95th for blood pressure) <b>345d</b>		<b>Nutrient Deficiency or Diseases: 341</b> <input type="checkbox"/> Scurvy <input type="checkbox"/> Hypocalcemia <input type="checkbox"/> Iron Deficiency <input type="checkbox"/> Rickets <input type="checkbox"/> Cheilosis <input type="checkbox"/> Beri Beri <input type="checkbox"/> Pellagra <input type="checkbox"/> Xerophthalmia <input type="checkbox"/> Vitamin K Deficiency <input type="checkbox"/> Osteomalacia <input type="checkbox"/> Protein Energy Malnutrition (PEM)
<b>Glucose Disorders:</b> <input type="checkbox"/> Diabetes Mellitus 343 <input type="checkbox"/> <b>Hypoglycemia 356</b>		
<b>Thyroid Disorders:</b> <input type="checkbox"/> Hypothyroidism <b>344a</b> <input type="checkbox"/> <b>Hyperthyroidism 344b</b> <input type="checkbox"/> Congenital Hyperthyroidism <b>344a</b> <input type="checkbox"/> congenital Hypothyroidism <b>344b</b>		
<b>Cancer: 347</b> <input type="checkbox"/> Cancer <input type="checkbox"/> Treatment for Cancer		<b>GI Disorders: 342</b> <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Ulcerative colitis <input type="checkbox"/> Liver disease <input type="checkbox"/> Inflammatory bowel disease <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Gallbladder disease <input type="checkbox"/> Malabsorption syndromes <input type="checkbox"/> Small bowel enterocolitis/syndrome <input type="checkbox"/> Stomach/intestinal ulcers <input type="checkbox"/> Gastroesophageal reflux (GER) <input type="checkbox"/> Peptic ulcers <input type="checkbox"/> Post-bariatric surgery <input type="checkbox"/> Biliary tract diseases
<b>Central Nervous System Disorders: 348</b> <input type="checkbox"/> Epilepsy <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Myelomeningocele <input type="checkbox"/> Neural tube defects <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Multiple Sclerosis		
<b>Renal Disease: 346</b> <input type="checkbox"/> Pyelonephritis <input type="checkbox"/> Persistent proteinuria <input type="checkbox"/> Any renal disease <b>except UTI</b>		<b>Inborn Errors of Metabolism: 351</b> <input type="checkbox"/> <b>Amino Acid Metabolism Disorders:</b> •Phenylketonuria •Maple Syrup Urine disease •Homocystinuria •Tyrosinemia <input type="checkbox"/> <b>Carbohydrate Disorders:</b> Galactosemia •Glycogen Storage Disease type I •Glycogen Storage Disease type II (Pomp Disease) •Glycogen Storage Disease type III •Glycogen Storage Disease type IV (Andersen Disease) •Glycogen Storage Disease type V •Glycogen Storage Disease type VI) <input type="checkbox"/> <b>Fatty Acid Oxidation Defects:</b> •Medium-chain acyl-CoA dehydrogenase deficiency • Long-Chain 3-hydroxyacyl-CoA-dehydrogenase deficiency •Trifunctional protein deficiency type 1 (LCHAD deficiency) •Trifunctional protein deficiency type 2 (mitochondrial trifunctional protein deficiency) •Carnitine uptake defect (primary carnitine deficiency) •Very long-chain acyl-CoA dehydrogenase deficiency <input type="checkbox"/> <b>Organic Acid Disorders:</b> •Isovaleric acidemia •3-methylcrotonyl-CoA carboxylase deficiency •Glutaric acidemia type I •Glutaric acidemia type II •3-hydroxy-3-methylglutaryl-coenzyme A lyase deficiency •Multiple carboxylase deficiency (Biotinidase deficiency, Holocarboxylase synthetase deficiency) •Methylmalonic acidemia •Propionic acidemia •Beta-ketothiolase deficiency <input type="checkbox"/> <b>Lysosomal Storage Disease:</b> •Fabry disease(α-galactosidase A deficiency) •Gauchers disease (glucocerebrosidase deficiency) •Pompe disease (glycogen storage disease Type II or Acid α-glucosidase deficiency) <input type="checkbox"/> <b>Mitochondrial disorders:</b> •Leber hereditary optic neuropathy •Mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes (MELAS), •Mitochondrial neurogastrointestinal encephalopathy disease (MNGIE) •Myoclonic epilepsy with ragged-red fibers (MERRF) •Neuropathy, ataxia, and retinitis pigmentosa (NARP) •Pyruvate carboxylase deficiency <input type="checkbox"/> <b>Peroxisomal Disorders:</b> •Zwllweger Syndrome Spectrum •Adrenoleukodystrophy (x-ALD) <input type="checkbox"/> <b>Urea Cycle Disorders:</b> •Citullinemia •Argininosuccinic aciduria •Carbamoyl phosphate synthetase I deficiency
<b>Genetic/Congenital Disorders: 349</b> <input type="checkbox"/> Short bowel syndrome <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Cleft lip/palate <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Thalassemia Major <input type="checkbox"/> Down's syndrome <input type="checkbox"/> Omphalocele <input type="checkbox"/> Intestinal atresia <input type="checkbox"/> Esophageal atresia <input type="checkbox"/> Diaphragmatic hernia <input type="checkbox"/> Tracheo-esophageal fistula <input type="checkbox"/> Hirschsprung's Disease <input type="checkbox"/> Muscular Dystrophy		
<b>Infectious Diseases- Acute (present in last 6 mo.):352 a</b> <input type="checkbox"/> Parasitic infections <input type="checkbox"/> Hepatitis A or E <input type="checkbox"/> Listeriosis <input type="checkbox"/> Pneumonia <input type="checkbox"/> Meningitis (Viral or bacterial) <input type="checkbox"/> Bronchitis (3 x in last 6 mo.) <input type="checkbox"/> Tuberculosis Active infection <input type="checkbox"/> <b>Other Specify:</b>		
<b>Infectious Diseases Chronic 352 b</b> <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Hepatitis D <input type="checkbox"/> <b>Other Specify:</b> <input type="checkbox"/> AIDS <input type="checkbox"/> HIV		
<input type="checkbox"/> <b>Food Allergies - List: 353</b>		
<b>Celiac Disease: 354</b> <input type="checkbox"/> Celiac Sprue <input type="checkbox"/> Gluten Enteropathy <input type="checkbox"/> Non-tropical Sprue		
<input type="checkbox"/> <b>Drug/Nutrient Interactions – Specify: 357</b>		
<b>Other Medical Conditions: 360</b> <input type="checkbox"/> Heart disease <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Cardiorespiratory diseases <input type="checkbox"/> Juvenile Rheumatoid Arthritis (JRA) <input type="checkbox"/> Lupus erythematosus <input type="checkbox"/> Persistent asthma requiring daily medication		
<input type="checkbox"/> <b>Others – State Agency approval:</b>		
<b>Recent Major Surgery, Trauma, Burns: 359</b> <input type="checkbox"/> Any occurrence within ≤ 2 months severe enough to compromise nutritional status. <input type="checkbox"/> Occurrence > 2 months with continued need for nutrition documented by MD/APRN/PA		

Name: \_\_\_\_\_  
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<b>902 Impaired Ability to Prepare Food</b> age 1-2 5A/age 2-5 5B	<b>Complications which Impair Nutrition (check all that apply)</b> 3A	
Participant's primary caregiver is (check all that apply) : <input type="checkbox"/> ≤ 17 years of age 6020.902a <input type="checkbox"/> Mentally disabled/delayed/mental illness/clinical Depression/Post-Partum Depression 6020.902b <input type="checkbox"/> Currently using or history of abusing alcohol/prescription drugs/ marijuana/other Drugs 902d <input type="checkbox"/> Intellectual disability 902e <input type="checkbox"/> Physically disabled which restricts/limits food preparation Abilities 6020.902c	<input type="checkbox"/> Minimal brain function <input type="checkbox"/> Head trauma <input type="checkbox"/> Brain damage <input type="checkbox"/> Birth Injury <input type="checkbox"/> Depression 361 <input type="checkbox"/> Pervasive development disorder (PDD)	<input type="checkbox"/> Difficulty accepting new foods/↓ food selection <input type="checkbox"/> Restricted food intake due to color/texture/temperature <input type="checkbox"/> Delays/disabilities which restrict ability to chew/swallow/require tube feeding 362 <input type="checkbox"/> Difficulty taking multivitamin/mineral supplement <input type="checkbox"/> Autism <input type="checkbox"/> Difficulty with changes in mealtime environment

<b>6040 Dental Problems</b>	3A
<input type="checkbox"/> Baby Bottle Tooth Decay 381a <input type="checkbox"/> Tooth decay 381a <input type="checkbox"/> Periodontal disease 381d <input type="checkbox"/> Missing more than 7 teeth or ineffectively replaced teeth which impair ability to ingest food 381c	

<b>382 Fetal Alcohol Spectrum Disorder</b>	3A
<input type="checkbox"/> Fetal Alcohol Syndrome (FAS) <input type="checkbox"/> Partial Fetal Alcohol Syndrome (pFAS) <input type="checkbox"/> Alcohol-Related Birth Defects (ARBD) <input type="checkbox"/> Alcohol-Related Neurodevelopmental Disorders (ARND) <input type="checkbox"/> Neurobehavioral Disorders with Prenatal Alcohol Exposure (ND-PAE)	

<b>401 Presumed Dietary Risk</b> Only use this risk when no other risk is present for age 2 and older	age 2-5 5B
Children age 2 and older who meet the eligibility requirements of income, category and residency may be presumed at nutrition risk based on failure to meet the Dietary Guidelines	

<b>7012 Feeding Practices</b> (will qualify with one or more of the following shaded answers)			age 1-2 5A	age 2-5 5B	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child eat or drink: <ul style="list-style-type: none"> <li>• Raw fish or shellfish 425.5a</li> <li>• Raw or undercooked meat or poultry 425.5b</li> <li>• Raw or lightly cooked or undercooked egg products such as: sauces, homemade eggnog, cookie dough, cake batter 425.5c</li> <li>• Raw sprouts (alfalfa, clover, radish) 425.5d</li> <li>• Unpasteurized fruit or vegetable juices 425.5e</li> <li>• Hot dogs, cold cuts, deli meats that have not been heated until steaming hot 425.5f</li> <li>• Unpasteurized milk or milk products, soft cheeses such as feta, Camembert, bleu cheese, Stilton, queso blanco, queso fresco or Panela 425.5g</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the child take a bottle: <ul style="list-style-type: none"> <li>• Propped in the mouth? 425.3a</li> <li>• At nap or sleeps with bottle in mouth? 425.3b</li> <li>• With sweetened drinks (tea, soda pop, Gatorade, Hi C, fruit punch, kool aid) or fruit juice, diluted cereal? 425.3c</li> <li>• Beyond 14 months of age? 425.3d</li> <li>• Without restriction or as a pacifier? 425.3e</li> </ul>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If under 2 years old - drinks fresh milk, goat, sheep milk 425.1a or skim, 1%, 2%, lowfat, when overweight or obesity is <u>not</u> a concern? 425.1c	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child use a pacifier that has been dipped in sugar, honey or syrup? 425.3f
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child drink more than 24 ounces of milk in a day? 428b	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child eat high calorie/low nutrient foods such as desserts, cakes, cookies, candy, fried foods, lunch meat? 425.6b
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child carry a training cup or bottle and drink from this all day long? 425.3g	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the child('s): <ul style="list-style-type: none"> <li>• Made to eat a certain type and/or amount of food? 425.4f</li> <li>• Request for appropriate foods when hungry ignored? 425.4e</li> <li>• Consumption of nutritious meals limited each day? 425.4d</li> <li>• Not allowed to feed themselves? 425.4a</li> <li>• Food primarily pureed or liquid when able to tolerate texture? 425.4c</li> </ul>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the child drink city water, take a fluoride supplement or drink fluoridated water? 7012.425.8a	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the child take > 1 dose each day of a children's single vitamin, multivitamin, mineral supplement, and/or herbal teas/remedies not prescribed by MD/DO/APRN/PA? 425.6a
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the child eat foods like hot dogs, pieces of fruit, nuts, raisins, hard candy, raw carrots? 7012.425.4g	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child take a multivitamin or Vitamin D supplement? 425.8c
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child drink imitation milk (Vitamite, Toddler's Best, nondairy creamer), substitute milk (Alba 77, Slim Fast), evaporated or sweetened condensed milk as the primary milk? 425.1b	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the child take a training cup or bottle and drink from this all day long? 425.3g
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the child eat clay, dirt, laundry starch, cornstarch, paint chips, ashes, baking soda or large quantities of ice or other non-food item? 425.9	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child take a multivitamin or Vitamin D supplement? 425.8c

<b>7015 INAPPROPRIATE NUTRIENT INTAKE</b>	AGE 1-2 5A	AGE 2-5 5B
425.6c Does the child avoid all animal products - meat (beef, pork, chicken, turkey), fish, eggs, milk, cheese, yogurt/dairy products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
425.6d Is the diet highly restricted in calories or specific nutrients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>901 Recipient of Abuse</b> Abuse (emotional and/or physical) or neglect within past six months	age 1-2 5A	age 2-5 5B
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<b>903 Foster Care</b> Determine if during the previous six (6) months:	age 1-2 5A	age 2-5 5B
<input type="checkbox"/> has entered the foster care system <input type="checkbox"/> has been moving from one foster home to another		

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

ID Number: \_\_\_\_\_

or

Place PEF label here

801  Homelessness Homeless age 1-2 5A age 2-5 5B

802  Migrancy Migrant age 1-2 5A age 2-5 5B

501  Possibility of Regression- Priority III Certify to maintain health status based on last certification Priority III condition. **Can only be used every other certification**  
03

501  Possibility of Regression- Priority IV Certify to maintain dietary status based on last certification Priority V condition. age 1-2 5A age 2-5 5B  
**Can only be used every other certification.**

**What concerns or questions does the parent/caretaker have in regard to the child's nutrition, eating habits, growth?**

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**This institution is an equal opportunity provider.**

**WIC 75 Child, Page 4 of 4 (Rev 10/22)**