

**Nevada WIC
NV WISH User Guide: Clinic Services
February 2022**

NV WISH User Help is accessed by clicking the F1 key on any screen in NV WISH and provides additional info on the screen you are currently

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Section I: New Enrollments

Section I: Enrolling a New Family/ Participant

Verbally screen for eligibility prior to making appointment.

- ✓ Categorical -pregnant, postpartum/breastfeeding, child under age 5
- ✓ Nevada residency
- ✓ Income
- ✓ Past enrollment in Nevada WIC

Complete the following steps when scheduling/enrolling a new certification appointment.

I. Create a new family record in NV WISH

1. Open **Clinic Services** Click **New Family** to go to the **New Family Screen**.
 1. Click **New Member/Proxy** hyperlink. Complete New Member/Proxy screen. The first member entered must be the Head of Household (HOH). If HOH will not be a participant, click "Close." If HOH will be a participant, click **Make Participant**.
 2. Click **New Member/Proxy** hyperlink again to enter child (ren), proxies or additional head of household. Click **Make Participant if applicable**.

II. Dual Participant Search

3. To determine if the participant/family is in NV WISH, complete Dual Participant Search Screen, click **Search** button.

To avoid duplicates in NV WISH, while creating a New Family or adding a New Member, use the Wild Card function. Wild Card will help you identify names that may have been spelled differently or incorrectly in our files.

- a. To determine if the Family or Participant is already in NV WISH, when completing the **Dual Participant Search** screen, check **Wild Card** (the top box is for First Name, the 2nd is for Last Name), and click the **Search** button.

Dual Participant Search

First Name: Daisie Wild Card First Name begins with D%
 Middle Name: And
 Last Name: Tester Wild Card And
 Date of Birth: 08/29/1994 Include Last Name begins with Tes%
 *Sex: Female Include

Search

Search Results (State Wide Dual Participation)

Family ID	Person ID	Name	Category
603028	605086	Tester, Daisy	Breastfeeding Daisy Tester

Back Next

Participation status noted at the bottom of the screen. Click **Next** if no dual participants are found. If this is the same person that you are trying to add, make note of the Family and Person ID. Exit out of the Dual Participant Search screen by clicking **Back**. Then **Delete** the Member/Proxy you started entering to avoid creating a duplicate.

4. Complete/Select **Participant Category**. Click **next**.
5. If not Pre-certifying or a VOC click **next on the Application screen**. (Complete Application Screen if VOC or Pre-certifying. – see Section II Transfers, and Section IV-A Pregnancy Certification: Presumptive/Pre-certify for complete instructions).

III. Ethnicity and race data

6. On the Enrollment Screen, collect ethnicity and race data.

Enrollment

Name: Junebug Smith
 Date of Birth: 01/10/1989
 Expected DOB:
 *Sex: Female
 *Hispanic/Latino:
 Mother:

*Race

White
 Black
 Asian
 American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander

Make Foster Child
 No Longer Foster Child

Foster Care

Entered Foster Care Date:
 Changed Foster Families Date:

Back Finish

- a. When a WIC appointment is scheduled for a new applicant by phone, verbally ask the head of household to self-identify race and ethnicity after explaining why the data is collected in

WIC (for statistical reporting requirements only and has no effect on determining eligibility). If the family declines to identify race and ethnicity over the phone for any applicant, enter non-Hispanic white for ethnicity and race in the Enrollment pop up. Also enter an alert in NV WISH to remind staff to collect race and ethnicity data in person when the applicant is seen in clinic.

- b. At the certification appointment, if the applicant declines to verbally provide race and ethnicity, the applicant must be informed that a visual identification of his or her race and ethnicity will be made and recorded in the data system to determine race and ethnicity. Staff can make this determination and enter the data on the NV WISH Enrollment pop-up panel for each family member.
7. Complete other required family data on the **New Family Screen** (required fields: Mother's education level, referral information, etc.).
2. Click **Family/Intake: Contact/Address**.
 1. Click **+New** in box with Physical Address and Mailing Address. Complete and go to top and enter phone number, email address, privacy information. Skip Proof of Residency until family arrives for appointment.
 2. If the family reports they are homeless and does not have a physical/ mailing address, check the homeless box and enter the address of the WIC office as a placeholder. NV WISH requires an entry in the physical address section.

NOTE: Enter the person's primary phone number, then select appropriate phone type, i.e., Landline or Cell/Mobile. Ask participants if they wish to allow calls and/or text messages.

3. Open **Scheduler**
 1. Select appointment date and time. Right click and select New Appointment. Click in drop down to select appointment type. **WIC Appointment** is the default.
 2. Click **WIC Appt. Type** (field following the applicant's name) and select **Certification** from the drop-down box.
 3. Click **OK**.
 4. Return to **Clinic Services** by right clicking on the appointment and choosing "Open Family".
 5. From the **Preferred Spoke Language Dropdown**, select preferred spoken language, American Sign Language is included in this list to assist with scheduling interpreters. Do not leave blank, enter English if that is their primary language. (Note: new languages can be added if there is ever a need.)
 6. If interpreter is needed, check **Needs Interpreter** box.
 7. Update the **Mother's Ed Level** and **Referred to WIC By Dropdowns**.
 8. **Save**.

Section II: Verification of Certification (VOC) / Transfers

Note: VOC steps can be completed by any staff person.

VOC / Transfers

A Verification of Certification (VOC) is a document that is issued to WIC participants as proof of income and nutrition risk factor eligibility for the program. A VOC must be issued to participants transferring out of state. Instate transfers are handled within the NV WISH computer system and do not require a VOC.

I. Transfer a Family to another State

A hard copy VOC must be issued to any participant who notifies the clinic they are moving out of state.

- a. At the request of a WIC family who reports they will be moving out of state, issue a hard copy of the VOC (must be done prior to terminating the family). If possible, provide contact information for the WIC office in the new state (clinic address and phone number).
- b. Prior to terminating the family, deactivate the EBT card. Cards that are not deactivated can be used to purchase any foods remaining on the account.
- c. All participants affiliated with the military who are transferred overseas may also receive a VOC. Military participants transferring overseas should be instructed that there is no guarantee the WIC Overseas Program will be in operation at the site where they will be transferred. By law only certain individuals are eligible for the WIC Overseas Program, and issuance of a WIC VOC does not guarantee continued eligibility and participation in the WIC Overseas Program.
- d. A hard copy VOC can be issued from the NV WISH system printouts (print prior to terminating the family). The document contains the participant's name, person ID number, date of birth, category, height, weight, hematocrit/hemoglobin, priority, certification and termination dates, income determination date, nutrition risk factors and benefit issuance dates. There is also space for clinic staff to sign and date the form. If a VOC is needed after the family has been terminated, complete the VOC template.
- e. For participants on medical formula, a copy of the medical documentation form and the number of months non-contract or special formula is approved must be attached to all VOCs for participants who are transferring out of state. For Instate transfers, scan and send a copy of the medical documentation form to the receiving office. Since printing from the scanned document is not possible, do a "snip" of the document and print that to attach to VOC or to send to instate office.

Note: Make sure you print a VOC before terminating the family or else the VOC printout will be blank.

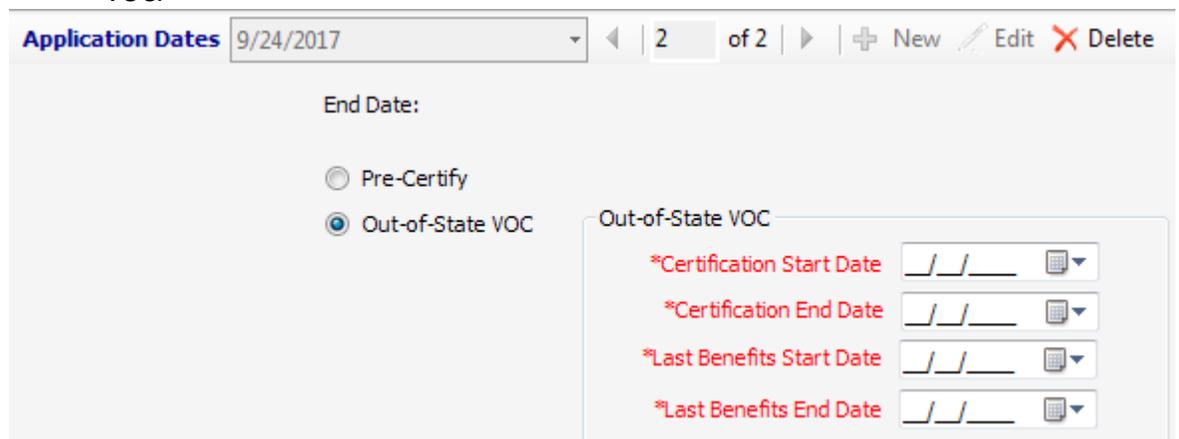
II. Accepting a VOC Transfer from another State

A Transfer from another state is handled by inputting the VOC information into NV WISH.

- a. All VOC documents must be accepted as proof of income and nutrition risk factor eligibility, even if they are incomplete. A new income record or nutrition assessment is not required.
- b. If the VOC is not available, it will be necessary to do a regular certification if they have the required proofs. After determining the needs of the client, staff may do whatever is most convenient for the client.
- c. A VOC is a physical document received either in person, through the mail, by FAX or by email. A verbal verification over the phone is not acceptable. If a VOC is not available, a full certification appointment is required.
- d. Out of State VOCs must contain, at a minimum:
 - the participant's name.
 - the certification start date.
 - certification expiration date.
 - and may also contain:
 - date that income was determined.
 - nutrition risk criteria (transferring state may have different nutrition risk factors or eligibility standards); if no risk criteria listed, use code 502 Transfer of Certification.
 - name and address of certifying local agency from transferring state.
 - signature and printed name of certifying local agency official.
- e. VOCs cannot be expired.

I. Enroll a family that is transferring from out of state with a VOC.

- a. Create a new Family and add all family members that are transferring with a VOC, and any proxy.
- b. Complete the *Identity*, *Contact Address* and *Voter Registration* panels.
- c. For each participant, complete the *Application* panel as follows:
 - i. Click  and select the Out-of-State VOC radio button.
 - ii. Enter the Certification Start and End Dates.
 - iii. Enter the Start and End Dates of the Last Benefits issuance as printed on the VOC.



The screenshot shows the 'Application Dates' panel in the NV WISH system. At the top, there is a dropdown menu for 'Application Dates' set to '9/24/2017'. To the right of this are navigation buttons: '< 2 of 2 >' and '+ New Edit X Delete'. Below this, there is a section for 'End Date:' with two radio buttons: 'Pre-Certify' (unselected) and 'Out-of-State VOC' (selected). To the right of the 'Out-of-State VOC' radio button is a sub-panel titled 'Out-of-State VOC' containing four date input fields, each with a calendar icon: '*Certification Start Date', '*Certification End Date', '*Last Benefits Start Date', and '*Last Benefits End Date'. All date fields are currently empty.

- II. For transfers from out of state, use the drop-down calendar to enter the Certification Start and End Dates, and the Start and End Dates of the Last Benefits issuance as printed on the VOC.
 - a. Certification End Date for an Out-of-State VOC must always be the last day of the month
*Certification end dates may be extended to the end of the month to convert to static month eligibility (versus rolling month used by some other states).
 - b. Last Benefits Start Date- is the start date of the last benefits issued
 - c. Last Benefits End Date: is the end date of last issued benefits from the previous State – If the family surrenders their vouchers/EBT card from the previous state, the Last Benefits End Date is the last day of the previous month (see also section III, e, ii below).

- III. All VOC forms received must be scanned into NV WISH.
 - a. All applicants transferring into the clinic from out of state using a VOC who are pregnant, or breastfeeding must have a pregnancy record created and a nutrition interview completed before being certified and issued benefits. A Nutrition Interview record with a BF Description is required in order to create the proper food packages for the infant and breastfeeding mother.
 - b. Input ethnicity, race and language preferences along with any other required information. Transfer the risk criteria from the VOC into NV WISH and complete the pregnancy screen for pregnant and postpartum women.
 - c. All transfers (in state or out of state) must provide proof of residency and identity. Neither a VOC nor an EBT card can be used to prove identity or residency. Provisional Certification is not possible nor allowed for transfers.
 - d. All participants transferring into the clinic must be issued a Nevada WIC card and must read and sign the Rights and Responsibilities Form.
 - e. The NV WISH system will issue benefits for the current month. After the 10th day of the month the system will prorate to a 2/3 package, after the 20th the system will prorate to a 1/3 package.
 - i. If the client has checks from the previous state these should be collected from the client and destroyed or mailed back to the issuing state.
 - ii. If the client does not have checks to turn in, the client must be asked if full benefits for the current month have already been redeemed in the previous state. If so, benefits cannot be issued for the current month. Otherwise, allow the system to issue prorated benefits for the current month. (Last Benefits End Date on the Application screen in NV WISH must be end of previous month for NV WISH to issue benefits in current month).
 - iii. Staff are not required to contact other states to determine if benefits for the current month have been redeemed.
 - iv. WIC participants who fraudulently redeem full benefits in two states during the same month are guilty of dual participation.
 - f. All newly transferred participants will receive information about NV WIC and instructions and resources about using the EBT card in Nevada.

III. In state Transfers between Local Agencies

In state transfers are handled within the NV WISH system and do not require a VOC.

- a. Choose **Transfer Family** from the **Activity** branch of the Clinic Services tree. This panel allows you to transfer a family from another clinic, including clinics where you do not have update authority, to a clinic where you do have update authority.
- b. The **Transfer Family** panel can also be used to view a family's history of clinic transfers.
- c. When you access the family, the family's most recent transfer record is displayed. If the family has never been transferred to another clinic or agency, the panel will reflect the original agency, clinic, and date that the family was established.
- d. The **Local Agency/Clinic** field is populated with the transfer-to local agency and clinic each time a new transfer record is saved.
- e. All EBT cards associated with the family's economic units are included in the transfer.
- f. Transfer records are displayed by transfer **Effective Date**.

Steps:

1. Click  in the record bar to create a record. The **Effective Date** is set to today's date and cannot be changed.
2. Under **Transfer Destination**, select the Local Agency and clinic in ***Local Agency** and ***Clinic**. Only the Local Agencies and clinics where you have update authority are displayed.
3. The **Effective Date** is the date that the family joined the **Local Agency/Clinic** displayed in the record selector. For a new record, **Effective Date** indicates the date the family is transferred to the new agency/clinic. The **End Date** is blank for a new record. When the transfer is performed, the **End Date** on the previous Transfer record is set to the day before the new effective date.
4. Perform a save.
5. If a Breastfeeding Peer Counselor was assigned, that information is cleared when a transfer is done, and they will need to be reassigned in the receiving office if peer counseling is available.
6. Local Agencies can review the families that have been transferred out of them by accessing the **Transfer Out** report in the **Reports** functional area.
7. Update the address panel using the link to the **Contact/Address** panel.

Note: when transferring a family to another Local Agency, call the new clinic to ensure they cancel all future appointments on their schedule.

Section III: Intake for all Participant Types

Identity/Residency/Income/Voter Registration

1. Open **Scheduler**.

Find appointment time and right click and choose Set Status. Select Arrived. Right click and choose Open Family. The **Family Screen** will appear.

I. Identity.

2. Click **Family/Intake: Identity**. Each applicant/participant name is listed in the **Participant** field at the top of the screen.

1. Click  **New**

2. Select **Proof of Identity** from dropdown box.

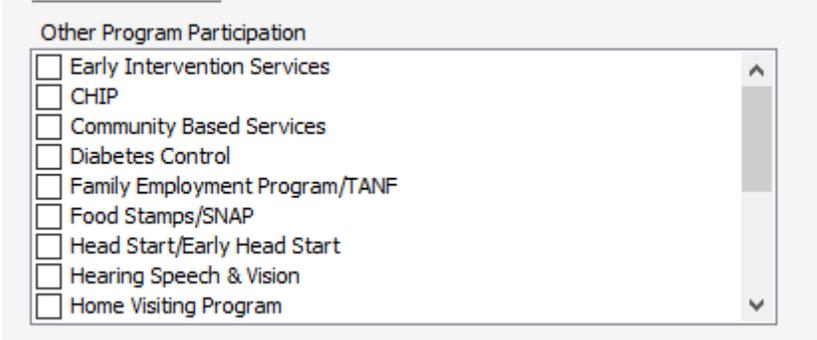
1. If any participant in the family can provide proof of identity but simply forgot to bring it to the appointment, leave this blank- do not select a proof from dropdown. This participant will be provisionally certified and will need to provide the missing proof by the end of the current month. See Section VII, Provisional Certification.

- a. Complete the other parts of the Identity screen: Physical Presence, Other Program Participation.

2. If the applicant does not have proof of identity today and cannot provide one (such as victims of theft, loss, or disaster), select: **Affidavit** and select **ID Affidavit Reason**. Click **Signature** button and have applicant sign signature pad.

3. Select ***Physically Present**: Yes or No. If No is selected, select **Reason. Confirmation Date** auto fills.

4. Complete **Other Program Participation** box. **Do not skip this box**. Even if you have already put Medicaid card as Proof of Identity (and/or as Proof of Residency), or entered Medicaid, 3Squares and/or TANF for Adjunctive Eligibility, you still need to mark the programs in **Other Program Participation** in the **Identity** screen. Check **None** if a participant does not participate in any of these other programs.



Other Program Participation

- Early Intervention Services
- CHIP
- Community Based Services
- Diabetes Control
- Family Employment Program/TANF
- Food Stamps/SNAP
- Head Start/Early Head Start
- Hearing Speech & Vision
- Home Visiting Program

NOTE: Referrals for these other programs will need to be documented in the **Referrals** screen later, even if the participant/family declined the referral.

5. Repeat for each applicant.

II. Residency

3. Click **Family/Intake: Contact/Address**

1. Verify/update phone numbers, email address and privacy information. If family has not given permission to receive text messages, ask if they would like to accept this service.

Note: If the family can provide proof of residency but simply forgot to bring it to the appointment, SKIP the Proof of Residency section of the screen- do not create a new Proof of Residency record. This participant will be provisionally certified and will need to provide the missing proof by the end of the current month. See Section VII, Provisional Certification.

2. Click  to document family's **Proof of Residency**.
3. If the family does not have proof of residency today and cannot provide one (such as victims of theft, loss, or disaster), select **Affidavit** as Proof of Residency, click **Affidavit Reason** from the drop-down box and obtain participant's signature.
4. Verify/update the mailing and physical address information.
5. A physical address is required, even when selecting: Homeless, Migrant, or Refugee. If the family reports they do not have a physical/ mailing address, check the homeless box and enter the address of the WIC office as a placeholder. NV WISH requires an entry in the address section.

Note: if the family has not previously given permission to receive texts, ask if they would like to receive this service.

III. Income

4. Click **Family/Intake: Income**

Note: If the family can provide proof of income but simply forgot to bring it to the appointment, do not complete the income determination section of the screen. This participant will be provisionally certified and will need to provide the missing proof by the end of the current month. See Section VII, Provisional Certification.

1. Click .
2. Enter **Household Size**
3. If family has Medicaid, click **Adjunct Eligibility** hyperlink. Select Medicaid as the proof from the drop-down list, check the MA box, and enter the Medicaid number in **MA ID** box if available. Close Adjunctive Eligibility.
 - a. Proof of participation in SNAP and TANF may also be used for adjunct eligibility. Family must provide letter confirming current enrollment. Verification request can also be requested from the State Office.
4. Click **Add Row** to complete income determination. Select a **Source** and a **Proof** from the drop-down boxes. If family has Medicaid, a self-declared amount must be documented in NV WISH. Fill-in **Amount** and select a **Period** from the drop-down box.
5. If the family has zero income, **"No Income"** is selected as the source, and **"Affidavit"** is documented as the proof. A zero "0" is entered as the amount, the period is monthly. Click

Affidavit Reason, select **Zero Income** from the drop-down box and obtain participant's signature.

- a. **Assess how family is getting food** and meeting other daily living expenses (e.g., savings, help from family) and **briefly document in the Note column**. Also indicate if/when the family expects to receive income again. Remind family to contact WIC if their income changes.
 - b. **Add a comment/Alert** to follow up with the participant at each subsequent appointment until additional information is provided.
6. If the family has income but does not have proof today and cannot provide it (such as victims of theft, loss, disaster, pain in cash), select **Affidavit** as Proof of Income, click the appropriate **Affidavit Reason** from the drop-down box and obtain participant's signature. Document in the **notes column** the affidavit reason.
7. Click **Check Income Eligibility**. The Check Eligibility box will appear indicating eligibility.
8. *Not to be served at this time* means that the applicant is over income to receive benefits and are therefore considered Ineligible. The following steps should be taken:
- a. Click the Action box next to the name of the person over income.
 - b. When you close the Check Eligibility screen, the signature box will pop up.
 - c. Ineligible applicants must be asked to sign the signature pad indicating that they understand that they are not eligible for the program at the current time.
 - d. Ineligible applicants must be issued a Notice of Ineligibility printed from the NV WISH system. Choose the Notice of Ineligibility from the Printouts drop down menu (it doesn't print automatically after the signature capture).
 - e. A copy of the Notice of Ineligibility must be uploaded to NV WISH. A copy must be provided to the participant in person or mailed as necessary.

IV. Voter Registration

5. Click **Family/Intake: Voter Registration**
 - a. Click  New.
 - b. Complete questions.

NOTE: IF the applicant is missing any of the 3 proofs of Identity, Residency or Income, this participant will be provisionally certified, and will need to provide the missing proof before the end of the current month. See Section VII, Provisional Certification.

To continue, go to the specific section of this Guide for each participant type or action. For families who can provide missing proofs but forgot to bring them, complete all other required elements for certification and refer to Section VII: Provisional Certification.

Section IV: Certification

I. Pregnancy Certification: Presumptive/Pre-Certify

Complete the following steps to enroll a prenatal woman when an appointment cannot be scheduled within ten days of the application to WIC.

Open **Clinic Services**.

1. For a woman who is already listed as a household member in NV WISH, open her record on the family screen, and click **Edit**. For a new participant, click **New Family**, go to the **New Family Screen** and enter the required information.
 1. Click **Make Participant**.
 2. Complete **Dual Participant Search** Screen. Click next.
 3. Select **Participant Category: Pregnant**. Click next.
 4. On the Application Screen, **select the radio button for Pre-certify**. Click Next.
 5. On the enrolment screen, click Finish.
 6. Return to the **Family Screen** and enter the required information at the bottom if new. (Required fields: Mother's education level, referral information, etc.).
2. Open **Scheduler** and schedule her for the next available certification appointment. To return to **Clinic Services**, right click on the appointment you just made and select **Open Family**.
3. In **Clinic Services**, click **Family/Intake: Contact/Address**.
 1. Enter/update phone number, email address, privacy information. Click New in box with Physical Address and Mailing Address and enter/update information. If the family reports they are homeless and does not have a physical/ mailing address, check the homeless box and enter the address of the WIC office as a placeholder. NV WISH requires an entry in the physical address section.
 2. Click  **New** and enter a Proof of residency.

*TIPS: Enter the person's primary phone number into the field labeled "Home." Click **Alternate Phone Number** and select Text if the participant wants to receive Text messages. Click **Alternate Phone Number** and select Cell if the participant does not want to receive text messages.

Note: A Voter Registration reminder box will pop-up. Click Ok. However, you do not need to go to the actual voter registration screen for a pre-certify application.

4. Click **Family/Intake: Identity**
 1. Click  **New**.
 2. Select **Proof of Identity** from dropdown box.
 3. If the applicant does not have proof of identity, select: **Affidavit** and select **ID Affidavit Reason**. Click **Signature** button and have applicant sign signature pad.

4. Select ***Physically Present:** Yes

5. Click **Family/Intake: Income-**
 1. Click  **New**
 2. Enter **Household Size**
 3. If family has Medicaid, click **Adjunct Eligibility** hyperlink. Select proof from the drop-down list, check the MA box, and enter the Medicaid number in **MA ID** box, if available. Close Adjunctive Eligibility.
 4. Click **Add Row** to complete income determination. Select a **Source** and a **Proof** from the drop-down boxes. Fill-in **Amount** and select a **Period** from the drop-down box.
 5. If choosing **Affidavit** as Proof of Income, click **Affidavit Reason** from the drop-down box and obtain participant's signature.
 6. Click **Check Income Eligibility**. The Check Eligibility box will appear indicating eligibility. Note: *Not to be served at this time* means that the applicant is over income to receive benefits.

6. Click **Assessment: Pregnancy**
 1. Click  **New**.
 2. Complete required fields: Expected Delivery Date (EDD), pre-pregnancy weight. Expected number of babies refers only to multifetal pregnancy.

7. Click **Assessment: Risk**
 1. Click  **New**.
 2. Manually assign risk **503 "Presumptive Eligibility for Pregnant Women"** under the **Available Risk Options: Other** box.

8. Click **Certification/Termination: Certification**
 1. Click the **Certify** button.
 2. A pop-up box will display **Certified** or **Failed**. If **failed**, a pop-up box will display missing required information. After errors have been resolved go back to the **Certification/Termination: Certification** and click the **Certify** button.
 3. Have Participant read the **Rights and Responsibilities** laminated document. Click **Signature** button to capture participant's signature.

Note: The HOH can sign the Rights and Responsibilities one time for the entire family. This can also be done by going to File in the top left corner, then R&R signature capture at the beginning of the appointment. If you select this option, you will not be able to exit out of this screen without a signature.

9. Click **Foods: Food Package**
 1. Click  **New**.
 2. Click the **Model Food Package** drop-down box. Select food package.

10. Click **Foods: Issuance Summary**

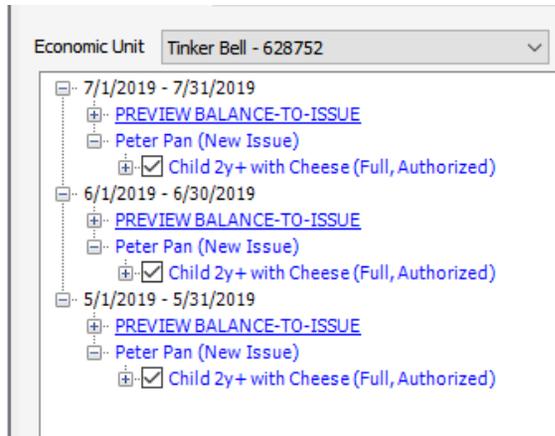
1. View the food benefits available for issuance.

11. For a **new** family - Click **Foods: Card Operations**

1. Click **Initial Set-up Button**. Swipe NEW WIC card through the card reader or enter number manually. Pan pop-up box will appear with participant's PAN number. Click on **Search** button.

12. Click **Foods: Food Benefits**

1. Checked box(es) indicate benefits are ready to be issued. Click on Preview Balance to Issue to see what will be issued.



Economic Unit Balance-to-Issue

PAN: 61035080-00453808
 Economic Unit: Tinker Bell
 EU Number: 628752

Issuance Period: 5/1/2019 - 5/31/2019

Food Item Cat / Subcat / Description	UOM	Actual Food Package Quantity	Returned Formula	ABC Quantity	Purchased Quantity	Current Balance	Quantity to be Issued
02 001 Cheese	LB	1.0	0.0	0.0	0.0	0.0	1
03 000 Eggs-All Authorized	DOZ	1.0	0.0	0.0	0.0	0.0	1
05 000 Cereal-All Authorized	OZ	36.0	0.0	0.0	0.0	0.0	36
06 000 PB/Beans & Peas-All Auth	JBG	1.00	0.00	0.00	0.00	0.00	1
16 000 Whole Grains-All Auth	OZ	32	0	0	0	0	32
19 000 Fruits and Vegetables	\$\$\$	9.00	0.00	0.00	0.00	0.00	9

Reason:

Comment:

Note: If the full certification appointment has been scheduled in the current month, issue benefits through the end of the current month.

If the full certification appointment is not until the following month, issue benefits to extend into the following month.

1. Click **Issue Benefits** button.
2. Signature pop-up box opens, complete required fields.
3. Close screen. The **Family Food Benefits** will automatically print

Note: In the family screen, their status will be Active- Pre, and the certification end date will be 30 days, extended to the end of the month.

HOH: pregnant tester	Category: Pregnant	EDD: 12/25/2015	Edit
Date of Birth: 11/18/1986 (29 y)	Wks 36	WIC Status: Active - Pre	Cert. End: 12/2015
		*FB Issuance	Last FB: <input type="text" value="1 Month"/>

NOTE: When a participant who has been pre-certified arrives for their full certification appointment, you must terminate them first, and then create a new pending application. This is referred to as **TAP (Termination, Application, Participant Category)**.

1. **T (Termination):** Click Certification/Termination: *Certification*
 1. Select mother's **Participant Record** at the top of the screen.
 2. In the **Termination** box, click .
 3. Select **Termination Reason:** *Terminate for Recertification*.
 4. Change date to **Today's Date** in Effective Date box.
2. **A (Application):** Click **Family/Intake: Application**
 1. Click . This creates a pending record.
3. **P (Participant Category):** Click **Family/Intake: Participant Category**
 1. Click .
 2. Select **Pregnant**.
4. Then proceed with the Pregnancy Certification

II. Pregnancy Certification

1. Open **Scheduler**

Find appointment time and right click on appointment and choose Set Status. Select Arrived. Right click and choose Open Family. The **Family Screen** will appear.

Note: See [Section II](#) for guide on Identity/Residency/Income/Voter Registration

2. Click **Assessment: Pregnancy**

1. Complete (or update) required fields: Expected Delivery Date (EDD), pre-pregnancy weight.
2. **Expected number of babies** refers only to multifetal pregnancy.
3. **Assessment: BF PC Documentation** is for Peer Counselor use only.

3. Click **Assessment: Anthropometrics**

1. Click **+New**.
2. Enter today's measurements.

Note: If Prenatal Weight Gain chart is unavailable, be sure sequence of Application, Participant Category and Anthropometric Record are created in that order. If the application has expired, and you create a new one, you also need to do a new Participant Category after the new Application.

4. Click **Assessment: Blood**

1. Click **+New**.
2. For **Blood Work Taken**, click Yes or No.
3. Complete required fields as indicated. Note: if bloodwork was taken by the healthcare provider prior to the appointment enter the date taken. If results are unknown, check **Results Deferred**.
4. If bloodwork was not taken, you must select a choice from the **No Test Performed Reason** drop-down box.
5. **Print notice button:** will generate an abnormal bloodwork notice.
6. If participant is a smoker, check **Currently Smokes** and enter **Packs/Day** in the drop-down box.

5. Click **Assessment: Nutrition Interview**

1. Click **+New**. This will automatically open the Health/Medical screen
2. You must enter **Health Care Provider** or check **No Health Care Provider** to move forward.
3. Record information obtained during the nutrition assessment portion of the certification appointment in the following sections: Health/Medical, Nutrition Practices, Lifestyle, BF Preparation, and Social Environment, as appropriate.

Note: Text Box information will display in the subjective section of the Care Plan. It is important to be specific and concise.

4. Do not click New when moving between these screens. New is only used when updating a screen at another appointment.

6. Click **Assessment: Risk**
 1. Click  **New**.
 2. Click **Determine Risk** button. If no risk has been assigned a pop-up box will open indicating the participant will not be served at this time and an error code will display at the bottom of the screen indicating that “assigned risks is incomplete”. Certifier must assign a risk(s) under the **Available Risk Options** box before continuing. Staff can manually assign risk for any risk that is not auto assigned.

7. Click **Certification/Termination: Certification**
 1. Click the **Certify** button.
 2. A pop-up box will display **Certified** or **Failed**. If **failed**, a pop-up box will display missing required information. After errors have been resolved go back to the **Certification/Termination: Certification** and click the **Certify** button.
 3. Have Participant read the **Rights and Responsibilities** laminated document. Click **Signature** button to capture participant’s signature.

8. Click **Education and Care**

9. Click Referrals, either participant or family.
 1. Open **Referrals**, either participant or family. Select **Add row**. Select **Organization Type** and **Organization**.
 - a. Reminder, all participants need referrals to Medicaid/SNAP/TANF, Lead Screenings, and Immunizations at each certification.
 2. **Staff Member** will auto-populate with your name.
 3. If you offered any referrals, in the **Follow-up** column, choose either Accepted or Declined from the drop down.

Category: Pregnant	EDD: 07/15/2016	HR	
Date of Birth: 08/30/1987 (28 y)	Weeks Gest: 43	WIC Status: Active	Cert. End: 08/2016 Last FB: Jul 16
Referrals - Participant			
<input type="button" value="Add Row"/>	Referred To - Participant Referrals from WIC		
<input type="button" value="Remove Row"/>	Date	Organization Type	Organization
<input type="button" value="Signature"/>	08/05/2016	No referrals	A. Assessed: no referrals needed
<input type="button" value="Print"/>			Lynne Bortree
			Follow-up

Category: Pregnant EDD: 07/15/2016 HR
 Date of Birth: 08/30/1987 (28 y) Weeks Gest: 43 WIC Status: Active Cert. End: 08/2016 Last FB: Jul 16

Referrals - Participant

Add Row
 Remove Row
 Signature

Referred To - Participant Referrals from WIC				
Date	Organization Type	Organization	Staff Member	Follow-up
08/05/2016	Dental Services		Lynne Bortree	Declined

Family: 601309 Momma Test 82 - 1 Rutland

Participant Momma Test 1 of 1

Category: Pregnant EDD:
 Date of Birth: 08/09/1981 (34 y) Weeks Gest: NA WIC Status: Ineligible Cert. End: Last FB:

Referrals - Participant

Add Row
 Remove Row
 Signature
 Print

Referred To - Participant Referrals from WIC				
Date	Organization Type	Organization	Staff Member	Follow-up
08/08/2016	Economic Services		Jen Woodard	Accepted

10. Click **Education and Care: Nutrition Education**

1. Click  New.
2. Complete the **Nutrition Education** screen to record the education and pamphlets provided. Check appropriate boxes.
3. Major headings are the same for **Nutrition Education Covered** and **Pamphlets Provided**. Choose subtopics by clicking nodes as appropriate under each heading node. The more you drill-down in topic areas the stronger the care plan.

Click **Education and Care: Care Plan – Participant**

Required for all participants. All participants require a minimum of 1 Nutrition related goal. For lactation consults, you must use the Family Care Plan.

Subjective: WIC staff will document follow-up on previous goals and referral in the open text box. Additional subjective information not captured by Assessment panels should also be added by WIC staff.

Objective: Additional objective information, such as special formula, special dietary needs tailored food package information, should be added to the Objective open text box.

Assessment: Risk Codes will auto-populate in the Assessment box. WIC staff need to add additional assessment information into the Assessment open text box, such as information justifying risk codes.

**** When a sometimes high-risk (H*) code is being referred to an RD/Nutritionist, ensure that the High-Risk box in NV WISH Risk Code panel is checked.****

Goal: NV WISH requires one goal to complete the Participant Care Plan. WIC staff will assist participants with setting at least one nutrition goal. The first goal must be nutrition-related based on the education and counseling provided.

Counseling/Education: WIC Clinic staff should summarize the nutrition education and counseling provided based on the nutrition assessment and nutrition education topics. Any additional counseling and nutrition education details not captured by previous panels can be added, such as more specific details. Additional pamphlets and referrals not captured in previous panels should also be added.

1. Click **Education and Care: Care Plan – Family**

All participants require a minimum of 1 nutrition related goal. The **Family Care Plan** is used for our Lactation Specialists.

2. Click  **New**.
 - a. Subjective, Objective, Assessment boxes do not auto-populate. No documentation required. Refer to the individual participant's record.
 - b. Counseling Plan and Pamphlets auto-populate from the Nutrition Assessment.
 - c. A minimum of one Goal needs to be completed.
 - d. Counseling/Education is not auto assigned. Enter any additional notes in the text box.
3. **Plan**: Include any necessary follow-up.

11. Click **Foods: Food Package**

1. Click  **New**.
2. Click the **Model Food Package** drop-down box. Select food package.
3. Issue benefits for up to 3 months. 3 months is standard, but you may choose to issue benefits for a shorter period as needed.

12. Click **Foods: Issuance Summary**

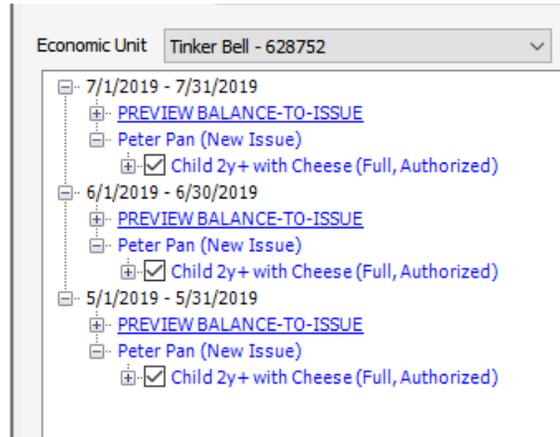
1. View the food benefits available for issuance.

13. For a **new** family - Click **Foods: Card Operations**

1. Click **Initial Set-up Button**. Swipe NEW WIC card through the card reader or enter number manually. Pan pop-up box will appear with participant's PAN number. Click on **Search** button.

14. Click **Foods: Food Benefits**

1. Checked box(es) indicate benefits are ready to be issued. Click on Preview Balance to Issue to see what will be issued.



Economic Unit Balance-to-Issue

PAN: 61035080-00453808
 Economic Unit: Tinker Bell
 EU Number: 628752

Issuance Period: 5/1/2019 - 5/31/2019

Food Item Cat / Subcat / Description	UOM	Actual Food Package Quantity	Returned Formula	ABC Quantity	Purchased Quantity	Current Balance	Quantity to be Issued
02 001 Cheese	LB	1.0	0.0	0.0	0.0	0.0	1
03 000 Eggs-All Authorized	DOZ	1.0	0.0	0.0	0.0	0.0	1
05 000 Cereal-All Authorized	OZ	36.0	0.0	0.0	0.0	0.0	36
06 000 PB/Beans & Peas-All Auth	JBG	1.00	0.00	0.00	0.00	0.00	1
16 000 Whole Grains-All Auth	OZ	32	0	0	0	0	32
19 000 Fruits and Vegetables	\$\$\$\$	9.00	0.00	0.00	0.00	0.00	9

Reason:
 Comment:

1. Click **Issue Benefits** button.
 2. Signature pop-up box opens, complete required fields.
 3. Close screen. The **Family Food Benefits** will automatically print
15. Review **Family Foods Benefit** list with mother and give it to her to take home. Offer to share shopping tips:
- Before you head for the store: Review your food benefits list and use The WIC Shopping Guide to identify your favorite WIC brands. Plan menus and make your grocery list.
 - Things to take with you to the store: Shopping Guide, WIC card, coupons or store card, reusable bags, grocery list.
 - Shop throughout the month and use all your benefits as they don't carry over to the next month.
 - Save your receipt which shows your WIC balance to plan your next shopping trip.

16. Discuss options for nutrition education to be completed within 3 months. Plan for Mid-Pregnancy visit. The Mid-Pregnancy visit ideally occurs at 24 - 28 weeks. If Mom is already \geq 28 weeks at enrollment, schedule visit for 1 - 4 weeks after initial certification visit.
 1. Open **Scheduler** and schedule an individual appointment. This appointment will count as the Second Nutrition Contact for the next quarter. (See **Second Nutrition Contact** section for more information).
 2. Print out Appointment Notice from NV WISH **for Nutrition Education** appointment, write in month of next WIC appointment, and give to mother.

NOTE: Do not schedule a post-partum appointment at this time. Instruct mother to call soon after the baby is born to enroll the baby and to schedule a post-partum and infant appointment.

III. Miscarriage/Pregnancy Termination: No Live Birth

When a pregnant woman calls to report a miscarriage or other fetal loss, follow these steps:

- √ offer sympathy and condolences
- √ assess support network
- √ make referrals as needed
- √ continue WIC prenatal benefits up to 6 weeks postpartum
- √ schedule postpartum WIC certification appointment

1. Open **Clinic Services**.

1. Access simple or advanced **Search** and to find and open family.

2. Open **Family/Intake: Participant Category**.

1. Click  and re-select **Pregnant** from the Participant Category dropdown. **Check the Miscarriage checkbox.**

3. Click **Assessment: Pregnancy**. In the mother's record, enter the following **Postpartum** information.

1. Click  **Edit**.
2. Check the box **Pregnancy Termination with No Live Birth (321c)** on the postpartum side of the screen.
3. Enter the date of the miscarriage/loss in the **Actual Delivery Date** box.
4. Perform a **SAVE**. The system will automatically adjust the CED (Certification End Date) to be + 6 weeks from the Actual Delivery Date and will then automatically advance the CED to the end of the month.

Note: The participant's category remains Pregnant. The system will automatically terminate her on the CED if she does not attend a postpartum certification appointment before her CED. There is no need to open or make changes in the Participant Category or Certification/Termination sections.

4. Optional: Open **Education and Care**.

1. Click **Referrals- Participant** to generate any referral letters.
2. Click **Care Plan –Participant** to make any desired updates.

5. The system will display a **Family Alert**

System Messages Family Alerts

Exclusive tester

- 10006 - Is the Infant still breastfeeding?

Lynn Tester

- 10023 - A recent Miscarriage is indicated for the Participant.

IV. Birth Announcement/New Baby Certification

Option 1: Exclusively Breastfeeding, Partially (Mostly/Some) Breastfeeding, Fully Formula Feeding

Use when:

- ✓ **there are no barriers to certifying mom and baby in clinic within the first few weeks after birth**
- ✓ **the infant is fully breastfeeding, or the family does not need formula from WIC before their postpartum/infant certification appointment**

Follow these steps to:

- ✓ add the new infant to the family record
- ✓ assess level of breastfeeding, signs breastfeeding is going well, formula intake, baby behavior cues
- ✓ provide early support, education, and referrals as appropriate
- ✓ schedule next appointments

Note: Steps 1-4 are completed via phone by any WIC staff type. Step 5 is completed via phone by a Certifier.

Birth Announcement Phone Call

1. WIC receives notification of birth. Open family record in **Clinic Services**. Add the new infant. Be sure to review and update additional HOH and Proxy information.

1. Click **New Member/Proxy** hyperlink. Enter required fields for new infant(s). Click **Make Participant**.
2. Complete Dual Participant Search Screen (be sure to use Wild Card and DOB checkboxes to help identify duplicates), click **Search** button. Participation status noted at the bottom of the screen. Click **Next**.
3. Complete/Select **Participant Category**. Infant category populates. Click **Next**.
4. **Application screen opens**. Skip screen and Click **Next**.
5. **Enrollment screen** opens. Complete required fields. Click **Finish**. The infant's WIC status is "Pending".

2. Open **Scheduler**

1. Schedule a **Postpartum/Infant WIC appointment** as soon as possible, and before mom's Certification End Date (CED). For the WIC Appointment Type, select **Certification** from the dropdown.

3. Click **Family/Intake: Contact/Address**

1. Verify/update contact information and address information.
2. Enter any new information as needed.

4. Open family record in **Clinic Services**. Click **Assessment: Anthropometrics**

1. Select the Infant's Record at the top of the screen.
2. Click  **New**. **Measurement Date** will automatically populate infant's date of birth. **Birth measurement box** will auto-check.
3. Enter **Birth Weight** and **Length**. **Save**.

Note: The Nutrition Interview must be completed by a Certifier: CPA/Nutritionist/Registered Dietitian.

5. Open family record in **Clinic Services**. Click **Assessment: Nutrition Interview**

1. Select the **Infant's Record** in the **Participant** box at the top of the screen.
2. Click  **New**.
3. Answer **Yes or No** in the **"Is Infant Breastfeeding"** pop-up box.
4. Enter the name of **Health Care Provider**. This is a required field.
5. Assess for signs breastfeeding (or formula feeding) is going well, and for the parent's knowledge of baby behavior cues (refer to You Can Do It protocol and/or Birth Announcement Worksheet for assessment questions).
6. Complete the appropriate **Nutrition Practices** questions. These will be different depending on the breastfeeding status.

	Breastfeeding: Exclusive and Primarily Exclusive	Partially Breastfeeding: Mostly and Some	Not Breastfeeding
Follow the Mother Baby Protocol	√	√	
Questions that must be completed	<p style="text-align: center;">1.d and 1.l</p> <p>1d. How often has [baby] received other foods?</p> <p>1h. Breastfeeding Description, to generate the mother's correct food package.</p>	<p style="text-align: center;">1.d - 1.g</p> <p>1d. How often has [baby] received other foods?</p> <p>1e. How much formula has [baby] received?</p> <p>1f. What was your main reason for starting formula?</p> <p>1g. What led to [baby] getting something other than breastmilk?</p> <p>1h. Breastfeeding Description, to generate the mother's correct food package.</p>	<p style="text-align: center;">2.a, and 2.d - 2.h</p> <p>2a. Breastfeeding Description</p> <p>2d. Has [baby] received anything other than breast milk?</p> <p>2e. How often has [baby] received other foods?</p> <p>2f. How much formula has [baby] received?</p> <p>(2g & 2h not required Qs anymore)</p>
Complete Assessment Text Boxes	√	√	√
Assign risk(s), as appropriate	√	√	√

7. Click **Save**.
8. Do not do anything in the mother's record.

Close the record. The infant will remain in “Pending” status until the Postpartum/Infant Certification appointment. No formula can be issued while the infant's WIC status is Pending.

Option 2: Partially (Mostly/Some) Breastfeeding, Fully Formula Feeding

Use when all the following apply:

- ✓ **There are barriers to certifying the mother and baby together within the first few weeks after birth**
- ✓ **Infant is not exclusively breastfeeding and the family needs formula from WIC before their postpartum/infant appointment**
- ✓ **Mother was an active WIC participant during her pregnancy (cannot use for brand new families)**
- ✓ **Proof of identity, residency and income for the infant is provided (if mom was on Medicaid during her pregnancy, this can count for residency and income).**

Follow these steps to:

- ✓ add the new infant to the family record
- ✓ assess level of breastfeeding, signs breastfeeding is going well, formula intake, baby behavior cues
- ✓ provide early support, education and referrals
- ✓ certify the infant and issue infant formula
- ✓ schedule next appointments

Note: Steps 1-5 are completed via phone by any WIC staff type. Steps 6 and 7 are completed via phone by a Certifier. Steps 8 – 14 must be completed in person with the HOH or designated alternate and a Certifier.

Birth Announcement Phone Call

1. WIC receives notification of birth. Open family record in **Clinic Services**. Add the new infant. Be sure to review and update additional HOH and Proxy information.
 6. Click **New Member/Proxy** hyperlink. Enter required fields for new infant(s). Click **Make Participant**.

7. Complete Dual Participant Search Screen (be sure to use Wild Card and DOB checkboxes to help identify duplicates), click **Search** button. Participation status is noted at the bottom of the screen. Click **Next**.
8. Select **Participant Category**. Infant category **auto**-populates. Click **Next**.
9. **Application screen opens**. Skip screen and Click **Next**.
10. **Enrollment screen** opens. Complete required fields. Click **Finish**. The infant's WIC status is "Pending".

2. Open **Scheduler**

1. Schedule a 30- minute **WIC appointment** within 10 days. For the WIC Appointment Type, select **Certification** from the dropdown.
2. Schedule a **Postpartum/Infant WIC appointment** before mom's Certification End Date (CED). For the WIC Appointment Type, select **Certification** from the dropdown. **Both mom and baby will need to attend**, unless either participant qualifies for an exception as outlined in policy CT: 3.

Open family record in **Clinic Services**. Skip the **Identity** and **Income** screens.

3. Click **Family/Intake: Contact/Address**

1. Verify/update contact information and address information.
2. Enter any new information as needed.
3. Do not make a new Proof of Residency record.

4. Click **Family/Intake: Voter Registration**

1. Click **+New**. Enter **No** and **No** in the required fields.

5. Click **Assessment: Anthropometrics**

1. Select the Infant's Record at the top of the screen.
2. Click **+New**. **Measurement Date** will automatically populate infant's date of birth. **Birth measurement box** will auto-check.
3. Enter **Birth Weight** and **Length**. **Save**.
4. Do not do anything in the mother's record.

Note: The Nutrition Interview and Risk Assessment must be completed by a Certifier: HOS/Nutritionist/Nurse.

6. Click **Assessment: Nutrition Interview**

1. Select the **Infant's Record** in the **Participant** box at the top of the screen.
2. Click **+New**.

3. Answer **Yes or No** in the “**Is Infant Breastfeeding**” pop-up box.
4. Enter the name of **Health Care Provider**. This is a required field.
5. Assess for signs breastfeeding (or formula feeding) is going well, and for the parent’s knowledge of baby behavior cues (refer to You Can Do It protocol and/or Birth Announcement Worksheet for assessment questions).
6. Complete the required **Nutrition Practices** questions. These will be different depending on the breastfeeding status.

	Breastfeeding: Exclusive and Primarily Exclusive	Partially Breastfeeding: Mostly and Some	Not Breastfeeding
Follow the Mother Baby Protocol	√	√	
Questions that must be completed	<p style="text-align: center;">1.d and 1.l</p> <p>1d. How often has [baby] received other foods?</p> <p>1h. Breastfeeding Description, to generate the mother’s correct food package.</p>	<p style="text-align: center;">1.d - 1.g</p> <p>1d. How often has [baby] received other foods?</p> <p>1e. How much formula has [baby] received?</p> <p>1f. What was your main reason for starting formula?</p> <p>1g. What led to [baby] getting something other than breastmilk?</p> <p>1h. Breastfeeding Description, to generate the mother’s correct food package.</p>	<p style="text-align: center;">2.a, and 2.d - 2.h</p> <p>2a. Breastfeeding Description</p> <p>2d. Has [baby] received anything other than breast milk?</p> <p>2e. How often has [baby] received other foods?</p> <p>2f. How much formula has [baby] received?</p> <p style="color: red; font-size: small;">(2g & 2h are no longer required Qs)</p>
Complete Assessment Text Boxes	√	√	√
Assign risk(s), as appropriate	√	√	√

7. Click **Save**.
8. Do not do anything in the mother’s record.

7. Click Assessment: Risk

1. Select the Infant’s Record at the top of the screen.
2. Click +New.
3. Click **Determine Risk** button. If there are no auto-assigned risks, pull Risk 701 or 702 A from the **Available Risk/Other Risks** Box.
4. Do not do anything in the mother’s record.
5. Click **Save**.

The following steps must be completed in person with WIC staff. Please assure separation of duties. The HOH or designated alternate (additional HOH or Proxy named in NV WISH) must attend this appointment; the infant does not need to be physically present.

In-Person New Infant Appointment (allow 30 minutes)

8. Open family record in **Clinic Services**. Click **Family/Intake: Identity**

1. Select the Infant's Record at the top of the screen.
2. Click **+New**.
3. Select the infant's **Proof of Identity** from dropdown box.
4. Click **Physically Present** and select YES (if the infant is not present, select No and select a Reason. Example: Click **Reason** in the drop-down box. Select **Newborn < 8 weeks with length & weight info**.

The screenshot displays the 'Identity' record for a newborn infant in the NV WISH system. The record is dated 09/27/2016. The 'Proof Of Identity' is set to 'Birth certificate/hospital ID bracelet/crib card'. The 'ID Affidavit Reason' is blank. The '*Physically Present' status is 'No'. The '*Reason' is 'Newborn infant < 8 wks with length & wt info'. The '*Confirmation Date' is 09/27/2016. The 'Other Program Participation' section includes checkboxes for 'Other WIC Clinic', 'Medicaid / Dr Dynasaur', '3SquaresVT / SNAP', 'Reach Up / TANF', and 'Home Visit'. The user 'Lynne Bortree' is logged in on 09/27/2016.

6. Do not do anything in the mother's record.

9. Residency and Income Screens

NOTE: If mom was certified prenatally using traditional income (e.g., pay stubs), she/her designated alternate will need to provide pay stubs from the previous month and proof of residency, and you will need to complete new **Residency and **Income** screens in NV WISH and enter the new information.**

1. Click **+New** to document family's **Proof of Residency**.

- a. Select Residency Proof.

2. Click **+New** to document family's **Proof of Income**.
 - a. Enter Household Size

Click the **Adjunct Eligibility** hyperlink. In the row with the infant's name, select Medicaid

➤ New Baby Call Tester	Infant	Medicaid / Dr Dy...	<input checked="" type="checkbox"/>	pending	<input type="checkbox"/>	<input type="checkbox"/>
------------------------	--------	---------------------	-------------------------------------	---------	--------------------------	--------------------------

Adjunct Eligibility						
Participant	Category	Proof	MA(Title ...	MA ID	3Squares...	TANF

3. On the front screen, click **Add Row** and re-enter the information from the previous front screen. Close.

10. Click *Assessment: Anthropometrics*

1. Select the Infant's Record at the top of the screen.
2. Click **+New**. The measurement date will default to today's date. **Use the calendar icon and change the date to the date of birth** and re-enter **Birth weight and length**.
3. **SAVE**.
4. Do not do anything in the mother's record.

11. Click *Certification/Termination: Certification*

1. Select the Infant's Record at the top of the screen.
2. Click the **Certify** Button.
3. A pop-up box will display **Certified**. If error messages appear you will need to return to fix those until the **Certified** button is activated.

Note: In situations where a new infant is not physically present, please refer to CT: 3 in the Nevada Policy & Procedures.

4. Close box.

5. Have HOH/Proxy read the **Rights and Responsibilities** laminated document. Click **Signature** button and capture signature.
6. Close box.

Assigning Food Packages

12. Click **Foods: Food Package**

4. Select the **Infant's Record** at the top of the screen.
5. Click **+New**.
6. Click the **Model Food Package** drop-down. Select the desired food package. For mostly breastfeeding, chose a 0–1-month MBF or 1-3 months MBF package, depending on the age of the baby. For some breastfeeding or fully formula feeding, choose a 0-3 month FF/SBF package.
7. For mostly/some breastfeeding infants, tailor the amount of formula to what the infant is currently consuming. Do not automatically provide the full amount. (For mostly breastfed infants, 1 can of powder is the only allowed package during the first month of life). **The goal is to provide the appropriate amount of formula to last until the clinic appointment.**
 - a. If applicable (e.g., today's date is > the 10th), click the **View 2/3** and /or **View 1/3** radio buttons. The Food Package grid displays the proration values (these will be based on the full amount, not tailored package you just created). If the proration values are greater than the tailored amount you want to issue, enter the lower tailored amount in the **QTY** column.
8. Change the **FB Issuance** block to issue 1 or 2 months of benefits; issue benefits only through the mother's Certification End Date (CED).

Participant: Lucy Testerosa

Category: Infant (Female) Never BF BW

Date of Birth: 10/30/2016 (0 m 24 d) WIC Status: Active Cert. End: 10/2017 Last FB:

Food Package

Effective Date: 11/23/2016

End Date: Do Not Auto-Update Full Formula

Verified Special Diet (Prescribed Formula/Food, Religious Reason) Documentation

Self-Reported Details

Model Food Package: Infants 0-3m - FF/SBF - Similac Adv PWD

View: Full 2/3 1/3 ***FB Issuance 1 Month** 1st Day: 1

Food Package Name: Infants 0-3m - FF/SBF - Similac Adv PWD (Contract)

Category	Subcategory	Qty	UOM	Month	Doc ID	Direct
21 Standard Infant Formula	082 Similac Adv Pwd 12.4oz	9	Can	All		

9. Verify the tailored package by clicking **Verify**.

13. Click **Foods: Issuance Summary**

10. View the food benefits available for issuance to confirm you are issuing correctly. For the mother, her pregnancy food benefits should not appear available for issuance since these were

issued previously. Her benefits will remain unchanged until the end of her current certification period.

14. Click **Foods: Food Benefits**

1. Checked box(es) indicate benefits are ready to be issued. Click on the + to open the details of the food package and check to see that the number of cans is correct for either the full, prorated or tailored package.

2. For fully formula fed infants, the system automatically determines if proration should occur, based on the current date. Full is displayed after the food package name if it is not prorated, and 2/3 or 1/3 is displayed after a food package name that is prorated, depending on the day of the month.

DO NOT override the system proration for new participants.

15. Click **Issue Benefits** button.

11. Signature pop-up box opens, complete required fields.

12. Close screen. The **Family Food Benefits** will automatically print

V. Postpartum Certification with Infant Death

Follow these steps to:

- ✓ Enroll, provisionally certify, and terminate a deceased infant who has died before infant has been certified (allows infant to be viewed as a Hidden Member)
- ✓ assess mom's state of mind and her support network
- ✓ provide referrals and resources
- ✓ continue the mother's prenatal food package for up to 6 weeks

1. Open **Clinic Services**.

1. Access simple or advanced **Search** and to find and open family.
2. Click [New Member/Proxy](#) hyperlink. Enter required fields for deceased infant.
3. Click **Make Participant**.
4. Complete Dual Participant Search Screen, click Search button. Participation status noted at the bottom of the screen. Click next.
5. Complete/Select **Participant Category**. Infant category populates. Click next.
6. **Application screen opens**. Skip screen and Click **Next**.
7. **Enrollment screen** opens. Complete required fields. Click **Finish**.

2. Click **Family/Intake: Identity**

1. Select the Infant's Record at the top of the screen.
2. Click **+New**.
3. Click **Physically Present** and select **YES**.

3. Click **Family/Intake: Contact/Address**

1. Verify/update contact information and address information.
2. Enter any new information as needed.
3. Do not make a new Proof of Residency record.

NOTE: Skip the **Income** screen.

4. Click **Family/Intake: Voter Registration**

1. Click **+New**. Answer questions appropriately.

5. Click **Assessment: Anthropometrics**

1. Select the Infant's Record at the top of the screen.

2. Click **+**New. **Measurement Date** will automatically populate infant’s date of birth. **Birth measurement box** will auto-check.
 3. Enter **Birth Weight** and **Length** if provided by hospital; otherwise enter any biologically plausible newborn weight and length (e.g., 7 lbs., 20 inches) if you feel uncomfortable asking parent for this information.
 4. Click **+**New again and re-enter **Birth weight and length** for today’s date.
 5. Do not do anything in the mother’s record.
6. Click **Assessment: Nutrition Interview (not required w/infant death)**
1. Select the **Infant’s Record** in the **Participant** box at the top of the screen.
 2. Click **+**New.
 3. Click **Yes** or **No**, in the “Is **Infant Breastfeeding**” pop-up box, depending on the baby’s status when she/he died.
 4. Enter the name of **Health Care Provider**. This is a required field.
 5. Complete **Nutrition Practices**, as shown in the following table: enter any plausible information if you feel uncomfortable asking parent for this information.

	Breastfeeding: Exclusive and Primarily Exclusive	Partially Breastfeeding: Mostly and Some	Not Breastfeeding
Questions that must be completed	<p>1.d and 1.l</p> <p>1d. How often has [baby] received other foods?</p> <p>1h. Breastfeeding Description,</p>	<p>1.d - 1.g</p> <p>1d. How often has [baby] received other foods?</p> <p>1e. How much formula has [baby] received?</p> <p>1f. What was your main reason for starting formula?</p> <p>1g. What led to [baby] getting something other than breastmilk?</p> <p>1h. Breastfeeding Description,</p>	<p>2.a, and 2.d - 2.h</p> <p>2a. Breastfeeding Description</p> <p>2d. Has [baby] received anything other than breast milk?</p> <p>2e. How often has [baby] received other foods?</p> <p>2f. How much formula has [baby] received?</p> <p>(2g & 2h are no longer required Qs)</p>

Optional: Enter any relevant notes in the available text boxes.

6. Click **Save**.
 7. Do not do anything in the mother’s record.
7. Click **Assessment: Risk**
1. Select the Infant’s Record at the top of the screen.
 2. Click **+**New.
 3. Click **Determine Risk** button. If there are no auto-assigned risks pull **Risk 701** from the **Available Risk** Box.
8. Click **Certification/Termination: Certification**
1. Select the Infant’s Record at the top of the screen.
 2. Click the **Certify** Button.

3. A pop-up box will display **Failed**. The error messages “Proofs of Income, Identity and Residency are Required” should appear in the box, and the **Certify Provisional** button should be activated. If other error messages appear, you will need to return to fix those until the **Certify Provisional** button appears.

Note: Error messages related to missing proofs of Income, Identity and Residency do not need to be corrected in order to Provisionally Certify the infant.

4. Click the **Certify Provisional** box. “Certified Provisional” should appear.
5. Close box.
6. A signature is required. Click **Signature** button. Check **No signature available**. Click **Reason**. Select **HOH not available**. Close box.
7. Do not do anything in the mother’s record.
8. Click **Save**.
9. **Terminate the infant**. If not already opened, Click **Certification/Termination: Certification** and select the infant’s record.
 1. In the **Termination** box, click **+New**.
 2. Select **Termination Reason: Deceased**.
 3. Change date to **Today’s Date** in Effective Date box (even though the infant died earlier, the system won’t let you select a date earlier than today).
 4. **Save**. The infant will become a **Hidden Member**. To view, click **View** on the top menu bar and check the box **Show Hidden Member**. The infant will not display in the family panel, unless the **Show Hidden Member** box is checked. Uncheck the box to hide the Hidden Member.
10. Optional: Open the mother’s record, and open **Education and Care**.
 1. Click **Referrals- Participant** to generate any referral letters.
 2. Click **Care Plan –Participant** to make any desired updates.
11. Offer to certify the mother by phone as a post-partum participant. Follow the steps outlined in **Section V Postpartum/ Infant Certification**. Be very careful with your questions and conversation as you advance through the screens. You may accept verbal information for proofs and measurements.

Note: The system will automatically re-calculate the mother’s CED if appropriate and will terminate the mother on her CED if she chooses not to remain enrolled and be certified as a post-partum woman.

VI. Postpartum/Infant Certification

1. Open **Scheduler**
 1. Find appointment time and right click and choose **Set Status**. Select **Arrived**.
 2. Right click on appointment and choose **Open Family**. The **Family Screen** will appear in **Clinic Services**.
2. Change mother's participant category from Pregnant to either Breastfeeding or Not breastfeeding. This process is called **TAP (Termination, Application, Participant Category)**.
 1. **T (Termination)**: Click **Certification/Termination: Certification**
 1. Select the mother's **Participant Record** at the top of the screen.
 2. In the **Termination** box, click **+New**.
 3. Select **Termination Reason: Women's Category Change**
 4. Change date to **Today's Date** in Effective Date box.
 2. **A (Application)**: Click **Family/Intake: Application**
 1. In the mother's record, click **+New**. This creates a pending record.
 3. **P (Participant Category)**: Click **Family/Intake: Participant Category**
 1. In the mother's record, click **+New**.
 2. Select the appropriate category (Breastfeeding or Not Breastfeeding)

NOTE: If there was no live birth, be sure to check the **Miscarriage** box if not already checked.

3. Click **Check Category Eligibility** box to assure that mother's name appears in the **Eligible** box.
4. Click **Close** and save.

Continue on to certify the mother, and to certify the infant if the infant was not certified as part of the Birth Announcement/ New Baby Certification process. In situations where the infant is already certified, complete all steps listed for the infant, except Identity and Certification.

4. Complete screens for **Identity/Residency/Income/Voter Registration**. See [Section II Intake](#)
5. Click **Assessment: Pregnancy**
 1. Select the **Mother's Record** at the top of the screen. Complete required fields: **Infants Born From this Pregnancy**, and the **Postpartum** information on the left side of the screen. Update any pregnancy changes in the **Prenatal** box.
6. Click **Assessment: Anthropometrics**
 1. Select **Infant's Record** at the top of the screen.
 2. Click **+New**. Enter today's measurements.
 3. Select **Mother's Record** at the top of the screen.

4. Click **+New**. Enter today's measurements.

7. Click **Assessment: Blood**
 1. Select **Infant's Record** at the top of the screen.
 2. Click **+New**. For **Blood Work Taken**, click **No**.
 3. Since bloodwork was not taken, must select choice from the **No Test Performed Reason** drop-down box - "Infant younger than 11 months of age".
 4. Select **Mother's Record** at the top of the screen.
 5. Click **+New**. For **Blood Work Taken**, click **Yes** or **No**.
 - a. Complete required fields as indicated.
 - b. **If bloodwork was taken by the healthcare provider** prior to the appointment, enter the date taken. If results are unknown, check **Results Deferred**.
 - c. **If bloodwork was not taken**, select a choice from the **No Test Performed Reason** drop-down box.
 6. **Print notice button**: will be available to generate an **abnormal bloodwork notice**.
 7. If Mother is a smoker, check **Currently Smokes** and enter **Packs/Day** in the drop-down box.

8. Click **Assessment: Nutrition Interview**
 1. Complete a Nutrition Interview for the baby, and one for the mother. Use the record selector at the top of the screen.
 2. Click **+New**. This will automatically open the **Health/Medical** screen.
 3. Enter **Health Care Provider** or check **No Health Care Provider** to move forward.
 4. Record information obtained during the nutrition assessment portion of the certification appointment in the following sections, as appropriate:
 - a. For Infant - Nutrition Practices, Health/Medical, Immunizations, Oral Health, Lifestyle, Mom's WIC Participation.
 - b. For Mother - Breastfeeding Support, Health/Medical, Nutrition Practices, Lifestyle, and Social Environment.

Note: Text Box information entered here will automatically display in the subjective section of the Care Plan. It is important to be specific and concise.

 5. Do not click **New** when moving between these screens. **New** is only used when updating a screen at another appointment.

9. Click **Assessment: Risk**
 1. Click **+New**.
 2. Click **Determine Risk** button. If no risk has been assigned, a pop-up box will open indicating the participant will not be served at this time and an error code will display at the bottom of the screen indicating that "assigned risks is incomplete." Certifier must assign risk(s) under the **Available Risk Options** box before continuing. Staff can manually assign any risk that is not auto assigned.

3. **Assign risk** for mother and add any new risks identified for the infant.
10. Click **Certification/Termination: Certification**
 1. Click the **Certify** button (skip for babies who were certified during the New Baby Certification process).
 2. A pop-up box will display **Certified** or **Failed**. If **failed**, a pop-up box will display missing required information. After errors have been resolved go back to the **Certification/Termination, Certification** and click the **Certify** button.
 3. Have Participant read the Rights and Responsibilities laminated document.
 4. Click **Signature** button to capture participant's signature.
 5. Repeat for both mother and infant.
 11. Click **Education and Care**
 1. Access **Referrals**, either participant or family. Print as needed.
 2. Open **Referrals**, either participant or family. Select **Add row**. Select **Organization Type** and **Organization**.
 3. Reminder, all participants need referrals to Medicaid/SNAP/TANF, Lead Screenings, and Immunizations at each certification. **Staff Member** will auto-populate with your name.
 4. If you offered any referrals, in the **Follow-up** column, choose either Accepted or Declined from the drop down.
 12. Click **Education and Care: Nutrition Education**
 1. Click **+New**.
 2. Complete the **Nutrition Education** screen to record the education and pamphlets provided. Check appropriate boxes.
 3. Major headings are the same for **Nutrition Education Covered** and **Pamphlets Provided**. Choose subtopics by clicking nodes as appropriate under each heading node. The more you drill-down in topic areas the stronger the care plan. There will not be a pamphlet for every nutrition education topic.
 4. When switching from mother to infant (or vice versa) you can Click **+New** and hit the **Copy** button to copy over topics/pamphlets.
 13. Click **Education and Care: Care Plan – Participant**

Required for all WIC participants. **All** participants require a minimum of 1 **nutrition related goal**. Click **+New**.

Subjective: WIC staff will document follow-up on previous goals and referral in the open text box. Additional subjective information not captured by Assessment panels should also be added by WIC staff.

Objective: Additional objective information, such as special formula, special dietary needs tailored food package information, should be added to the Objective open text box.

Assessment: Risk Codes will auto-populate in the Assessment box. WIC staff need to add additional assessment information into the Assessment open text box, such as information justifying risk codes.

**** When a sometimes high-risk (H*) code is being referred to an RD/Nutritionist, ensure that the High-Risk box in NV WISH Risk Code panel is checked.****

Goal: NV WISH requires one goal to complete the Participant Care Plan. WIC staff will assist participants with setting at least one nutrition goal. The first goal must be nutrition-related based on the education and counseling provided.

Counseling/Education: WIC Clinic staff should summarize the nutrition education and counseling provided based on the nutrition assessment and nutrition education topics. Any additional counseling and nutrition education details not captured by previous panels can be added, such as more specific details. Additional pamphlets and referrals not captured in previous panels should also be added.

14. Click **Education and Care: Care Plan – Family**

All participants require a minimum of 1 nutrition/breastfeeding related goal.

Family Care Plan will only be available to lactation specialists to document encounters and conversations with breastfeeding mothers, including high risk mother/baby dyads. This will allow other staff to quickly find notes regarding breastfeeding assessments and care plans.

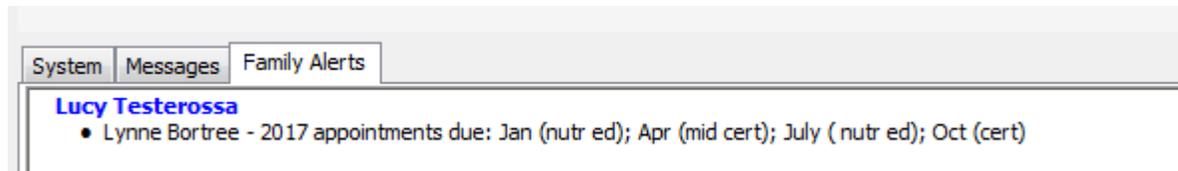
1. Click **+New**.
 - a. Subjective, Objective, Assessment boxes do not auto-populate. No documentation required. Refer to the individual participant’s record.
 - b. Counseling Plan and Pamphlets auto-populate from the Nutrition Assessment.
 - c. A minimum of one Goal needs to be completed.
 - d. Counseling/Education is not auto assigned. Any additional notes can be entered in the text box.
 - e.

15. Click **Foods: Food Package**

Mother and Baby are a dyad, and their food packages must be aligned. **Assign the infant’s food package first**, as this determines which packages will be available to the mother. **NOTE:** There is no food package to assign for a fully breastfeeding infant 0-5 months.

1. Select the **Infant’s Record** at the top of the screen, (unless fully breastfeeding then go to Mother’s Record).
2. Click **+New**.
3. Click the **Model Food Package** drop-down box. Select the desired food package. **Review the FB (Food Benefit) Issuance block;** if it was changed to 1- or 2-months’ issuance during the New Baby Certification, re-set if needed, keeping mind when nutrition education and the mid-certification assessments are due. Standard issuance is 3 months. adjust as needed to keep mom and baby “on schedule” for future appointments.

Best Practice Tip: Note months due for future appointment in the Comments box. For example:



4. Select the **Mother's Record** at the top of the screen.
5. Click **+New**.
6. Click the **Model Food Package** drop-down box. Select the desired food package. If she has current benefits for this month, set the **Effective Date** to the first of the next month.

NOTE: For fully formula fed babies, the amount of formula automatically increases on the first of the month after the infant has turned age 4 months. The automatic increases DO NOT apply to partially (mostly or some) breastfed infants. You will need to manually create future food packages in order to increase the amount of formula a partially breastfed baby receives at ages 4 and 5 months. Be sure to provide only enough supplemental formula to match actual intake.

For fully formula fed babies, the amount of formula automatically decreases on the first of the month after the infant has turned age 6 months; for example, the amount of Similac Advance 12.4-ounce powder decreases to 7 cans.

For partially breastfed babies (mostly or some), the amount of formula automatically decreases to the amount a Mostly breastfed baby would receive on the first of the month after the infant has turned age 6 months; for example, the amount of Similac Advance 12.4-ounce powder decreases to 3 cans. You may need to manually adjust the amount of formula a partially breastfed baby receives, to match the infant's current intake.

On the first of the month after the infant has turned age 6 months, infant cereal, fruits and vegetables (and meats for fully breastfed infants) are automatically added for all breastfeeding and not breastfeeding infants. The exception to this is when an infant or child's date of birth is on the first of the month. In this case, the changed food package takes effect in their birth month.

Food package tips:

After assigning an infant food package, the name of that food package carries over even after infant's foods are automatically added by NV WISH. For example, when an infant with the food package "Infant 0-3m – FF/SBF Similac Advance" reaches age 6 months and foods are automatically added by NV WISH, the title remains the same with "changed" in front of it: "Changed Infant 0-3m – FF/SBF Similac Advance".

Note: To keep women who are doing "some breastfeeding" after 6 months postpartum from being termed in NV WISH (which will happen automatically after not receiving Food Benefits for 2 months), it is important to change the *FB Issuance to "No Food Benefits" either on the Family screen:

Family: 605827 Sunny Summer 15 - 1 Burlington

Family

<p>HOH: Sunny Summer Date of Birth: 06/21/1990 (27 y) 6/30/2017, BF to 1 yr</p>	<p>Category: Breastfeeding WIC Status: Active Cert. End: 11/2017 Last FB:</p>	<p>*FB Issuance No Food Benefits</p>
<p>Participant: Rainy Summer Date of Birth: 11/21/2016 (7 m 9 d) 6/30/2017, BF to 1 yr</p>	<p>Category: Infant (Female) Part BF WIC Status: Active Cert. End: 11/2017 Last FB:</p>	<p>*FB Issuance 3 Months</p>

Or on the Food Package screen:

Family: 605827 Sunny Summer 15 - 1 Burlington

Participant Sunny Summer 1 of 2

Category: **Breastfeeding**
Date of Birth: 06/21/1990 (27 y) WIC Status: Active Cert. End: 11/2017 Last FB:

Food Package

Effective Date 06/30/2017 1 of 1 New Edit Delete

End Date: Do Not Auto-Update Partial BF Out of Range

Verified Special Diet (Prescribed Formula/Food, Religious Reason) [Documentation](#)

Verify Self-Reported Details

Copy Model Food Package Women - SB/PP with Cheese + Yogurt

View Full 2/3 1/3 *FB Issuance No Food Benefits 1st Day: 1

Food Package Name: Women - SB/PP with Cheese + Yogurt

Category	Subcategory	Qty	UOM	Month	Doc ID
02 Cheese or Tofu	000 Cheese-All authorized	1.0	Pound	All	
03 Eggs	000 Eggs-All Authorized	1.0	Dozen	All	
05 Breakfast Cereal	000 Cereal-All Authorized	36.0	Ounce	All	
06 Legumes	000 PB/Beans & Peas-All Auth	1.00	Jar / Bag	All	
19 Fruits and Vegetables ...	000 Fruits and Vegetables	11.00	Cash Val...	All	
50 Yogurt	002 Yogurt - Lowfat	32	Ounce	All	

Comments

It is also important to **NOT** terminate women who are “some breastfeeding” after 6 months postpartum. NV WISH will automatically terminate these women after 1-year postpartum.

These “some breastfeeding” women remain eligible for many WIC benefits, such as nutrition education, up to 1-year postpartum – they are just no longer eligible to receive a food package for themselves after 6 months postpartum.

16. Click **Foods: Issuance Summary**

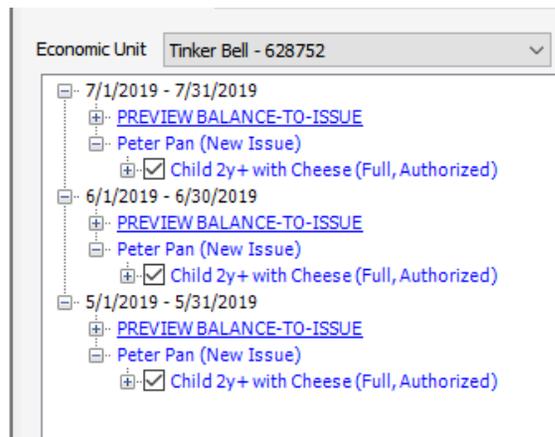
1. View the food benefits available for issuance to confirm food package assignments are correct.

17. For a new family - Click **Foods: Card Operations**

1. Click **Initial Set-up Button**. Swipe NEW WIC card through the card reader or enter number manually. Pan pop-up box will appear with participant’s PAN number. Click on **Search** button.

18. Click **Foods: Food Benefits**

1. Checked box(es) indicate benefits are ready to be issued. Click on Preview Balance to Issue to see what will be issued.



Economic Unit Balance-to-Issue

PAN: 61035080-00453808
 Economic Unit: Tinker Bell
 EU Number: 628752

Issuance Period: 5/1/2019 - 5/31/2019

	Food Item Cat / Subcat / Description	UOM	Actual Food Package Quantity	Returned Formula	ABC Quantity	Purchased Quantity	Current Balance	Quantity to be Issued
▶	02 001 Cheese	LB	1.0	0.0	0.0	0.0	0.0	1
	03 000 Eggs-All Authorized	DOZ	1.0	0.0	0.0	0.0	0.0	1
	05 000 Cereal-All Authorized	OZ	36.0	0.0	0.0	0.0	0.0	36
	06 000 PB/Beans & Peas-All Auth	JBG	1.00	0.00	0.00	0.00	0.00	1
	16 000 Whole Grains-All Auth	OZ	32	0	0	0	0	32
	19 000 Fruits and Vegetables	\$\$\$\$	9.00	0.00	0.00	0.00	0.00	9

Reason

Comment

2. Click **Issue Benefits** button.
 3. Signature pop-up box opens, complete required fields.
 4. Close screen. The **Family Food Benefits** will automatically print.
19. Review **Family Foods Benefit** list with mother and give it to her to take home. Offer to share shopping tips:
- Before you head for the store: Review your food benefits list and use The WIC Shopping Guide to identify your favorite WIC brands. Plan menus and make your grocery list.
 - Things to take with you to the store: Shopping Guide, WIC card, coupons or store card, reusable bags, grocery list.
 - Shop throughout the month and use all your benefits as they don't carry over to the next month.
 - Save your receipt which shows your WIC balance to plan your next shopping trip.

20. Discuss options for nutrition education to be completed within 3 months, and for recertification in 6 months.
 1. **Open scheduler** and schedule **Nutrition Education** if mom chooses a WIC-offered class or an individual appointment. NOTE: High risk participants must have an individual appointment.
 2. Also schedule the next **Certification Appointment**, due in 6 months.
 3. Print out appointment reminder from NV WISH **for Nutrition Education** appointment and write in the date and time of the next **Certification** appointment and give to mother.

VII. Infant to Child Certification

Following this best practice will ensure the “Child” Nutrition Interview, Risk, Nutrition Education Topics/Pamphlets, and Food Package screens are displayed. It will also ensure a certification period of one year.

NOTE: When scheduling 1-year certification appointments for currently active infants, best practice is to schedule the appointment **after the first birthday**. For participants whose date of birth is early to mid-month, schedule their one-year appointment toward the end of their birth month. For participants whose date of birth is late in the month, schedule their one-year appointment in the next (13th) month. You may need to extend the infant’s current Certification End Date (CED) by one month. This should be done at the 6-month Infant Health Assessment.

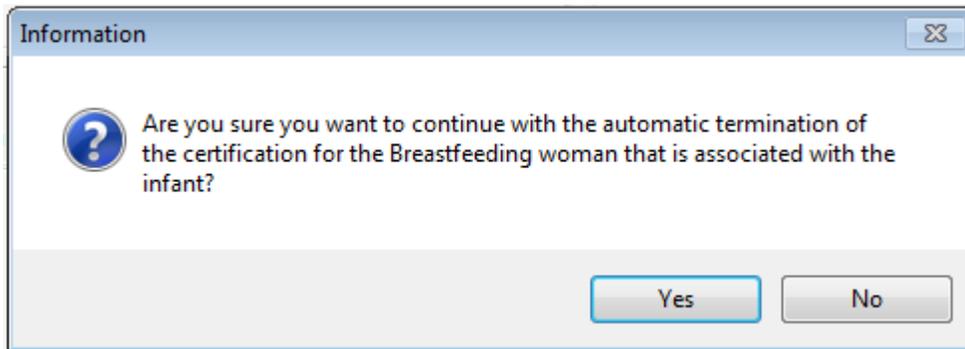
If you have scheduled the 1-year appointment in the birth month but it is **before the participant has reached their 1-year birthday**, there are several steps you will need to take to assure the correct Nutrition Interview, Risk, Nutrition Education Topics/Pamphlets, and Food Package screens are displayed. **NOTE:** The certification period will be only 6 months.

1. Check the **BF Description** of their most recent **Nutrition Interview** record. Ask the parent if this is still correct.
2. If the BF Description has changed, for example the infant was fully breastfeeding and is now partially or no longer breastfeeding, and you will need to make a new infant food package for the current month:

1. Click  **New** on the **Nutrition Interview** panel. The system will ask **Do you want a Child Certification?**



2. Select . An infant’s interview is displayed. Enter the name of the doctor and select the appropriate breastfeeding description from the dropdown. Answer all required breastfeeding questions. You will not have access to the Child Nutrition Interview Questions. As you scroll through the Infant interview, use your critical thinking and modify the questions so your nutrition assessment is age appropriate. Make a note in the **Nutrition Practices** text box that this assessment is for the 1-year certification. At the next visit, you will be able to complete the **Child Nutrition Interview**.
3. Select the appropriate infant food package for the current month, effective date today. This may prompt a message asking if mom should be terminated.



Answer if the infant is no longer breastfeeding. Answer if mom is “some breastfeeding” and delete any future months’ food packages. Answer if mom is “mostly breastfeeding” and change any future months’ food packages to mostly breastfeeding. DO NOT change any of mom’s food benefits for the current month if they have already been issued.

1. Create toddler packages for future months.
2. CED is the end of the month of Certification Start Date + 5 months.
3. If the BF description has not changed and you will not need to make a new infant food package for the current month:
 1. Click  **New** on the **Nutrition Interview** panel. The system will ask **Do you want a Child Certification?**



2. Select . A child’s interview is displayed. Enter all the normal information to complete the nutrition assessment.
3. Create toddler packages for future months.
4. CED is the end of the month of Certification Start Date + 5 months.

NOTE: In the upper left corner of the **Certification** panel, the user will see **Certification Category: Child** or **Certification Category: Infant**. The participant category will remain **Infant** until the first birthday when a batch job will automatically change the participant category to **Child**.

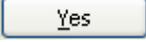
Be careful! Once you’ve chosen infant or child interview and saved, there’s no turning back.

If you are adding a **brand-new participant** to the system that happens to be 11-months old, the first **Nutrition Interview** you create will automatically be an infant interview.

1. If you would like to certify the infant using a child interview, create a **second Nutrition Interview**.

1. Immediately click  again (before saving the Infant interview); the system will display the prompt **Do you want a Child Certification?**



2. Select  to activate and complete the child's interview. When assigning food packages, select an Infant package for the current month and create Toddler packages for future months. **NOTE:** The certification period will be only 6 months.

2. If you do not create a Child's Interview and complete only the Infant Nutrition Interview, when you open the **Determine Risk** screen, you will be asked if you want a child certification. You may answer Yes or No, depending on which set of risk criteria you NV WISH to use. Your answer has no impact on food package choices or length of certification (certification period will be 6 months whether you select Yes or No).

NOTE: When an infant or child's date of birth is on the first of the month, the changed food package takes effect in their birth month, rather than in the month after their birth month, which is usually the case. This is important when there are milestones for transitions in the WIC Food Package, such as at 6 months (adding infant foods), 1 year (toddler package), and 2 years (low-fat milk/child package).

VIII. Child Certification

Complete the following steps to certify a child at clinic.

Note: If the information entered in the nodes does not appear to be processed, Click **Tab** to clear the error code at the bottom of the screen.

1. Open **Scheduler**
2. Find appointment time and right click and choose **Set Status**. Select **Arrived**. Right click and choose **Open Family**. The **Family Screen** will appear.

See [Section II](#) for guide on Identity/Residency/Income/Voter Registration

3. Click **Assessment: Anthropometrics**
 1. Select **Child's Record** in the **Participant** field at the top of the screen.
 2. Click **+New**.
 3. Child's date of birth auto fills. Enter birth measurements for child <2 years. Click **Unknown** for child ≥2 years.
 4. Click **+New again**.
 5. Today's date auto fills in Measurement Date – if entering MD measurements enter the date manually.
 6. Enter weight, length/height, and head circumference (up to age 2).
4. Click **Assessment: Blood**
 1. Click **+New**.
 2. For **Blood Work Taken**, click **Yes** or **No**. Complete required fields as indicated.
 3. Note: if bloodwork was taken by the healthcare provider prior to the appointment enter the date taken. If results are unknown, check **Results Deferred**.
 4. If bloodwork was not taken, must select a choice from the **No Test Performed Reason** drop-down box.
 5. **Print notice button**: will generate an abnormal bloodwork notice.
5. Click **Assessment: Nutrition Interview**
 1. Click **+New**. This will automatically open the Health/Medical screen.
 2. Must enter **Health Care Provider** or check **No Health Care Provider** to move forward.
 3. Record information obtained during the nutrition assessment portion of the certification appointment in the following sections:
 - a. Health/Medical
 - b. Immunization
 - c. Oral Health

- d. Lifestyle
- e. Nutrition Practices
- f. Social Environment, as appropriate

Do **not** click New when moving between these sections. **+New** is only used when updating a screen at another appointment.

Note: Text Box information entered here will display in the subjective section of the Care Plan. It is important to be specific and concise.

6. Click **Assessment: Risk**

- 1. Click **+New**.
- 2. Click **Determine Risk** button. If no risk has been assigned a pop-up box will open indicating the participant will not be served at this time and an error code will display at the bottom of the screen indicating that “assigned risks is incomplete”. Certifier must assign a risk(s) under the **Available Risk Options** box before continuing. Staff can manually assign risk for any risk that is not auto assigned.

7. Click **Certification/Termination: Certification**

- 1. Click the **Certify** button.
- 2. A pop-up box will display **Certified** or **Failed**. If **failed**, a pop-up box will display missing required information. After errors have been resolved go back to the **Certification/Termination: Certification** and click the **Certify** button.
- 3. Have Participant read the Rights and Responsibilities laminated document.
- 4. Click **Signature** button to capture participant’s signature. Close screen.

8. Click **Education and Care**

- 1. Access **Referrals**, either participant or family. Print as needed.
- 2. Open **Referrals**, either participant or family. Select **Add row**. Select **Organization Type** and **Organization**.
 - a. If no referrals are needed, select **No referrals** from the list of organization types, and select **Assessed: no referrals needed** from the list of organizations.
- 3. **Staff Member** will auto-populate with your name.
- 4. If you offered any referrals, in the **Follow-up** column, choose either Accepted or Declined from the drop down.

9. Click **Education and Care: Nutrition Education**

- 1. Click **+New**.
- 2. Complete the **Nutrition Education** screen to record the education and pamphlets provided. Check appropriate boxes.

3. Major headings are the same for **Nutrition Education Covered** and **Pamphlets Provided**. Choose subtopics by clicking nodes as appropriate under each heading node. The more you drill-down in topic areas the stronger the care plan. There will not be a pamphlet for every nutrition education topic.
4. If more than one child in family, you can Click **+New** and hit the **Copy** button to copy over topics/pamphlets.

10. Click **Education and Care: Care Plan – Participant**

Required for all WIC participants. All participants require a minimum of 1 nutrition related goal.

1. Click **+New**.

Subjective: WIC staff will document follow-up on previous goals and referral in the open text box. Additional subjective information not captured by Assessment panels should also be added by WIC staff.

Objective: Additional objective information, such as special formula, special dietary needs tailored food package information, should be added to the Objective open text box.

Assessment: Risk Codes will auto-populate in the Assessment box. WIC staff need to add additional assessment information into the Assessment open text box, such as information justifying risk codes.

**** When a sometimes high-risk (H*) code is being referred to an RD/Nutritionist, ensure that the High-Risk box in NV WISH Risk Code panel is checked.****

Goal: NV WISH requires one goal to complete the Participant Care Plan. WIC staff will assist participants with setting at least one nutrition goal. The first goal must be nutrition-related based on the education and counseling provided.

Counseling/Education: WIC Clinic staff should summarize the nutrition education and counseling provided based on the nutrition assessment and nutrition education topics. Any additional counseling and nutrition education details not captured by previous panels can be added, such as more specific details. Additional pamphlets and referrals not captured in previous panels should also be added.

11. Click **Foods: Food Package**

1. Click **+New**.
2. Click the **Model Food Package** drop-down box. Select food package.

12. Click **Foods: Issuance Summary**

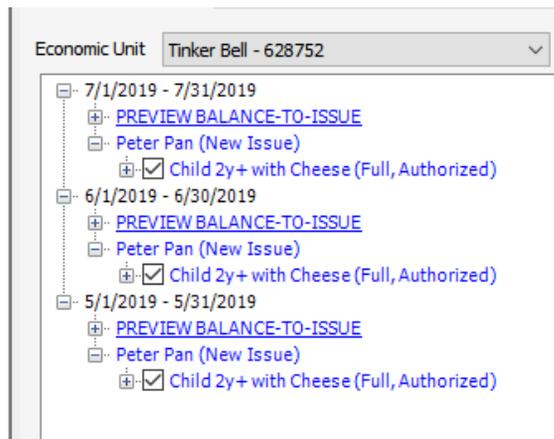
1. View the food benefits available for issuance.

13. For a **new** family - Click **Foods: Card Operations**

1. Click **Initial Set-up Button**. Swipe NEW WIC card through the card reader or enter number manually. Pan pop-up box will appear with participant's PAN number. Click on **Search** button.

14. Click **Foods: Food Benefits**

1. Checked box(es) indicate benefits are ready to be issued. Click on Preview Balance to Issue to see what will be issued.



Economic Unit Balance-to-Issue

PAN: 61035080-00453808
 Economic Unit: Tinker Bell
 EU Number: 628752

Issuance Period: 5/1/2019 - 5/31/2019

Food Item Cat / Subcat / Description	UOM	Actual Food Package Quantity	Returned Formula	ABC Quantity	Purchased Quantity	Current Balance	Quantity to be Issued
02 001 Cheese	LB	1.0	0.0	0.0	0.0	0.0	1
03 000 Eggs-All Authorized	DOZ	1.0	0.0	0.0	0.0	0.0	1
05 000 Cereal-All Authorized	OZ	36.0	0.0	0.0	0.0	0.0	36
06 000 PB/Beans & Peas-All Auth	JBG	1.00	0.00	0.00	0.00	0.00	1
16 000 Whole Grains-All Auth	OZ	32	0	0	0	0	32
19 000 Fruits and Vegetables	\$\$\$	9.00	0.00	0.00	0.00	0.00	9

Issue Benefits Reason:

Verify Comment:

Cancel

1. Click **Issue Benefits** button.
2. Signature pop-up box opens, complete required fields.
3. Close screen. The **Family Food Benefits** will automatically print.

NOTE: When an infant or child's date of birth is on the first of the month, the changed food package takes effect in their birth month, rather than in the month after their birth month, which is usually the case. This is important when there are milestones for transitions in the WIC Food Package, such as at 6 months (adding infant foods), 1 year (toddler package), and 2 years (low-fat milk/child package). Children who have a birthday on the first of month still receive WIC food benefits through the end of the month of their 5th birthday.

15. Review **Family Foods Benefit** list with caregiver and give to take home. Offer to share shopping tips:

- Before you head for the store: Review your food benefits list and use The WIC Shopping Guide to identify your favorite WIC brands. Plan menus and make your grocery list.
- Things to take with you to the store: Shopping Guide, WIC card, coupons or store rewards card, reusable bags, grocery list.
- Shop throughout the month and use all of your benefits before the last day, your benefits will not carry over to the next month. Don't wait until the last day to ensure you don't have issues redeeming your benefits, WIC is unable to restore benefits. Save your receipt which shows your WIC balance to plan your next shopping trip.
- Download the WICShopper App to help you identify WIC approved foods.

16. Discuss options for nutrition education to be completed within 3 months.

1. **Open scheduler** and schedule **Nutrition Education** if mom chooses a WIC-offered class or an individual appointment. NOTE: High risk participants must have an individual appointment.
2. Also schedule the next **Certification Appointment**, due in 6 months.
3. Print out appointment reminder from NV WISH for the **Nutrition Education** appointment and write in the date and time of the next **Certification** appointment and give to mother.

IX. Provisional Certification

Use the Provisional Certification option when participants can provide proofs of identity, residency and income, but forgot to bring one or more of these to their certification appointment today. A Provisional Certification is good until the end of the month in which they are certified and allows food benefits to be issued for the current month if needed. Future month's benefits cannot be issued when a participant is provisionally certified.

1. After completing all other required elements for certification, click **Certification/Termination: Certification**.

1. Select the record for each participant with missing proofs.
2. Click the **Certify** Button.
3. A pop-up box will display **Failed**. The error messages "Proofs of Income, Identity and Residency are Required" should appear in the box, and the **Certify Provisional** button should be activated. If other error messages appear, you will need to return to fix those until the **Certify Provisional** button appears.

Note: Error messages related to missing proofs of Income, Identity and Residency do not need to be corrected in order to Provisionally Certify the participant.

4. Click the **Certify Provisional** box. "**Certified Provisional**" should appear. Close box.
5. Capture signature.
6. Select the food package and issue benefits for the current month if needed. (If the participant already has benefits issued for the current month, do not re-issue them!).

Note: The CED will be set to the appropriate end date (e.g., 1 year for infants and children), but only the current month of food benefits will be available for issuance.

II. Subsequently, you will need to fulfill the provisional certification before the end of the current month, in order to provide the remaining months of food benefits.

1. In **Clinic Services- Family/Intake**: for each missing proof, create a new record and select the provided proofs. If entering proof of ID and the participant was physically present at the certification appointment, select **Yes** for physically present. If not, select **No**, and then select appropriate reason from the dropdown.

2. Click **Certification/Termination: Certification**

1. For each participant with missing proofs, click the **Fulfill Provisional** button.
2. A pop-up box will display **Certified** or **Failed**. If **failed**, a pop-up box will display missing required information. After errors have been resolved go back to the **Certification/Termination, Certification** and click the **Fulfill Provisional** button.
3. Click **Signature** button to capture participant's signature.
4. Issue the remaining months of benefits that were not issued because of the provisional certification.

III. If the missing proofs are not provided by the end of the current month and the participant is terminated by the system, contact the family to provide the proofs.

1. **If proofs are provided between 30, you do not need to schedule a new certification appointment.**
 - a. Create a new application, and re-enter the following information from the most recent certification appointment:
 - i. Identity, residency, income (add the missing proofs)
 - ii. Voter registration
 - iii. Weight, height, blood work
 - iv. Risk (re-assign the most current risks)
 - v. Breastfeeding description for infants
 - b. Open the Certification panel and click the Certify button.
 - c. Issue the next set of benefits (up to 3 months).

Note: You do not need to update the Nutrition Interview or Care Plan screens. Update the Nutrition Education screen if new education was provided.

2. **If proofs are provided after 60 days, you will need to schedule a new appointment and complete a full certification with new information.**

X. Infant/Child Health Assessments

Note: Infant/Child Health Assessment appointments are scheduled 6 months from the full certification appointment. Included are all elements of a full certification appointment, **except Income Determination is not required. It is the responsibility of the family to inform WIC of any income changes. HOH or Proxy will need to bring proof of ID in order to sign for benefits.**

1. Open **Scheduler**
 1. Find appointment time, right click and choose Set Status. Select **Arrived**. Right click and choose **Open Family**. The **Family Screen** will appear.
2. Click **Family/Intake**: **You do not need to make new proof of identity, residency or income records; however, ID is still needed when signing for benefits.**
3. **Contact/Address**
 1. Verify contact information. Only make changes if telephone number or address has changed.
4. Click **Assessment: Pregnancy (for prenatal participants)**
 1. If applicable, document/update a woman's pregnancy information such as Expected Due Date (EDD), pre-pregnancy weight.
5. Click **Assessment: Anthropometrics**
 1. Click **+New**. Today's date auto fills in Measurement Date – if entering MD measurements enter the date manually.
 2. Enter weight, length/height, and head circumference (up to age 2).
6. Click **Assessment: Blood**
 1. If bloodwork required, click **+New** and complete the screen.
7. Click **Assessment: Nutrition Interview**
 1. Record information obtained during the counseling portion of the appointment. Note: Information entered in text boxes automatically appears in the Care Plan. It is important to be concise and specific.
 2. Update the Nutrition Interview with any changes to breastfeeding information for infants and children.
8. Click **Assessment: Risk**
 1. Click **+New**.
 2. Click **Determine Risk** button to update the participant's risk factors. Manually assign any factors that do not auto-fill.

NOTE: Risk codes from the previous certification will carry over until the next certification end date (CED). At the mid-cert assessment, you should add any new risks, but **do not remove any risks** that were assigned at the previous visit. If any risks have been resolved, make a note in the Assessment Section of the Care Plan.

9. Click **Education and Care: Referrals**

1. Access **Referrals**, either participant or family. Print as needed.
2. Open **Referrals**, either participant or family. Select **Add row**. Select **Organization Type** and **Organization**.
 - a. If no referrals are needed, select **No referrals** from the list of organization types, and select **Assessed: no referrals needed** from the list of organizations.
3. **Staff Member** will auto-populate with your name.
4. If you offered any referrals, in the **Follow-up** column, choose either Accepted or Declined from the drop down.

10. Click **Education and Care: Nutrition Education**

1. Click **New** and select nutrition education topics covered and/or pamphlets provided.
2. For a High Risk Follow up appointment, also check the box called “High Risk Follow Up Appointment.”

11. Click **Education and Care: Care Plan – Participant**

12. **All** participants are required to have a minimum of 1 nutrition related goal and a plan related to their goal.

13. All High and Low risk participants are required to have a **Participant Care Plan**.

Subjective: WIC staff will document follow-up on previous goals and referral in the open text box. Additional subjective information not captured by Assessment panels should also be added by WIC staff.

Objective: Additional objective information, such as special formula, special dietary needs tailored food package information, should be added to the Objective open text box.

Assessment: Risk Codes will auto-populate in the Assessment box. WIC staff need to add additional assessment information into the Assessment open text box, such as information justifying risk codes.

**** When a sometimes high-risk (H*) code is being referred to an RD/Nutritionist, ensure that the High-Risk box in NV WISH Risk Code panel is checked.****

Goal: NV WISH requires one goal to complete the Participant Care Plan. WIC staff will assist participants with setting at least one nutrition goal. The first goal must be nutrition-related based on the education and counseling provided.

Counseling/Education: WIC Clinic staff should summarize the nutrition education and counseling provided based on the nutrition assessment and nutrition education topics. Any additional counseling and nutrition education details not captured by previous panels can be added, such as more specific details. Additional pamphlets and referrals not captured in previous panels should also be added.

1.

14. Click **Foods: Food Package**

1. Assess food package issuance and make changes as needed.
2. Click **+**New.
3. Click the **Model Food Package** drop-down box. Select new food package, if applicable.

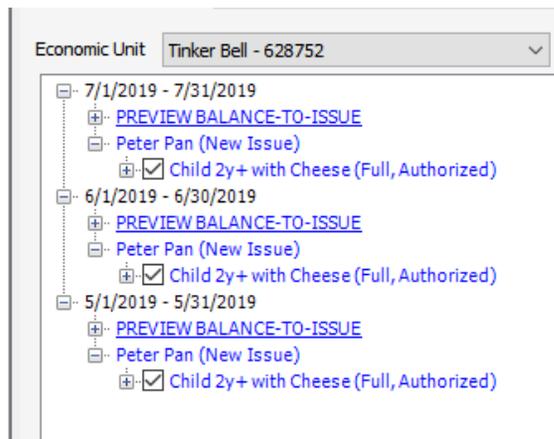
NOTE: At the Infant 6-month mid-cert, discuss progression of infant foods and whether family would like to change to the Infant CVV Fruit/Vegetable benefit at 9 months.

15. Click **Foods: Issuance Summary**

1. View the food benefits available for issuance.

16. Click **Foods: Food Benefits**

1. Checked box(es) indicate benefits are ready to be issued. Click on Preview Balance to Issue to see what will be issued.



Economic Unit Balance-to-Issue

PAN: 61035080-00453808
 Economic Unit: Tinker Bell
 EU Number: 628752

Issuance Period: 5/1/2019 - 5/31/2019

Food Item Cat / Subcat / Description	UOM	Actual Food Package Quantity	Returned Formula	ABC Quantity	Purchased Quantity	Current Balance	Quantity to be Issued
02 001 Cheese	LB	1.0	0.0	0.0	0.0	0.0	1
03 000 Eggs-All Authorized	DOZ	1.0	0.0	0.0	0.0	0.0	1
05 000 Cereal-All Authorized	OZ	36.0	0.0	0.0	0.0	0.0	36
06 000 PB/Beans & Peas-All Auth	JBG	1.00	0.00	0.00	0.00	0.00	1
16 000 Whole Grains-All Auth	OZ	32	0	0	0	0	32
19 000 Fruits and Vegetables	\$\$\$\$	9.00	0.00	0.00	0.00	0.00	9

Issue Benefits Reason:

Verify Comment:

Cancel

1. Click **Issue Benefits**.
2. Signature pop-up box opens, complete required fields. Close screen. The **Family Food Benefits** will automatically print.

17. Discuss options for nutrition education to be completed within 3 months, and for recertification in 6 months.

1. **Open scheduler** and schedule **Nutrition Education** if mom chooses a WIC-offered class or an individual appointment. NOTE: High risk participants must have an individual appointment.
2. Also schedule the next **Certification Appointment**, due in 6 months.

Section V: Nutrition Education Contacts

Note: Participants have 3 options for nutrition education:

- an in-person counseling session
 - a nutrition education class or
 - an on-line lesson using wichealth.org.
-

Complete the following steps for documenting in-person and group Second Nutrition Contacts and for Issuing Food Benefits. For both types of contacts, start by locating the participant's record in NV WISH, using **Search: Advanced Search**.

I. In-Person Nutrition Counseling Session

For high-risk participants, a Nutrition Interview may be completed at the RD/Nutritionist discretion.

3. Click **Assessment: Nutrition Interview**
 - a. Click **+New**. This will automatically open the Health/Medical screen.
 - b. Must enter **Health Care Provider** or check **No Health Care Provider** to move forward.
 - c. Update information: (Do **not** click New when moving between these screens.)
 - a. Health/Medical
 - b. Nutrition Practices
 - c. Lifestyle
 - d. BF Preparation
 - e. Social Environment.

Note: Text Box information entered here will display in the subjective section of the Care Plan. It is important to be specific and concise.

4. Update risk. Click **Assessment: Risk**
 - a. Click **+New**.
 - b. Click **Determine Risk** button. Staff can manually assign risk for any risk that is not auto assigned.
5. Click **Education and Care: Referrals**
 - a. Click Add row. Select **Organization Type** and **Organization**. Print as needed.
6. Click **Education and Care: Nutrition Education**
 - a. Click **+New**.
 - b. Complete the **Nutrition Education** screen to record the education and pamphlets provided. Check appropriate boxes.

Note: When completing an individual follow up appointment for a high-risk participant, either in person or by phone, indicate this on the **Nutrition Education** screen by checking the **High Risk Follow Up Appointment** box. By doing so, these participants will show up on the NV WISH **High Risk Nutrition Education Report** as receiving **HR F/UP** (High Risk Follow Up).

- c. Some of the major headings are the same for **Nutrition Education Covered** and **Pamphlets Provided**. Choose subtopics by clicking nodes as appropriate under each heading node. The more you drill-down in topic areas the stronger the care plan. There will not be a pamphlet for every nutrition education topic.

7. Click **Education and Care: Care Plan – Participant**

- ✓ **All** participants are required to have a minimum of 1 nutrition related goal and a plan related to their goal.
- ✓ All High and Low risk participants are required to have a **Participant Care Plan**.

Subjective: WIC staff will document follow-up on previous goals and referral in the open text box. Additional subjective information not captured by Assessment panels should also be added by WIC staff.

Objective: Additional objective information, such as special formula, special dietary needs tailored food package information, should be added to the Objective open text box.

Assessment: Risk Codes will auto-populate in the Assessment box. WIC staff need to add additional assessment information into the Assessment open text box, such as information justifying risk codes.

**** When a sometimes high-risk (H*) code is being referred to an RD/Nutritionist, ensure that the High-Risk box in NV WISH Risk Code panel is checked.****

Goal: NV WISH requires one goal to complete the Participant Care Plan. WIC staff will assist participants with setting at least one nutrition goal. The first goal must be nutrition-related based on the education and counseling provided.

Counseling/Education: WIC Clinic staff should summarize the nutrition education and counseling provided based on the nutrition assessment and nutrition education topics. Any additional counseling and nutrition education details not captured by previous panels can be added, such as more specific details. Additional pamphlets and referrals not captured in previous panels should also be added.

Note: Certifiers may decide to change a participant's food benefit issuance time period. Click the **Family Screen** (or Food Package screen) and select 1, 2, or 3 months in the food benefit issuance box, ***FB Issuance**. If you change the issuance to less than 3 months. Ask whether the family needs to make any food package changes. If you are changing the model, food package, click **Foods: Food Package**. If not, skip this and go to step 7.

- a. Click **New**.
- b. Click the **Model Food Package** drop-down box. Select food package.
8. Click **Foods: Issuance Summary**
 - a. View the food benefits available for issuance.
9. Click **Foods: Food Benefits**
 - a. Checked box(es) indicate benefits are ready to be issued. Click on Preview Balance to Issue to see what will be issued.

Economic Unit: Tinker Bell - 628752

- 7/1/2019 - 7/31/2019
 - [PREVIEW BALANCE-TO-ISSUE](#)
 - Peter Pan (New Issue)
 - Child 2y+ with Cheese (Full, Authorized)
- 6/1/2019 - 6/30/2019
 - [PREVIEW BALANCE-TO-ISSUE](#)
 - Peter Pan (New Issue)
 - Child 2y+ with Cheese (Full, Authorized)
- 5/1/2019 - 5/31/2019
 - [PREVIEW BALANCE-TO-ISSUE](#)
 - Peter Pan (New Issue)
 - Child 2y+ with Cheese (Full, Authorized)

Economic Unit Balance-to-Issue

PAN: 61035080-00453808
 Economic Unit: Tinker Bell
 EU Number: 628752

Issuance Period: 5/1/2019 - 5/31/2019

	Food Item Cat / Subcat / Description	UOM	Actual Food Package Quantity	Returned Formula	ABC Quantity	Purchased Quantity	Current Balance	Quantity to be Issued
▶	02 001 Cheese	LB	1.0	0.0	0.0	0.0	0.0	1
	03 000 Eggs-All Authorized	DOZ	1.0	0.0	0.0	0.0	0.0	1
	05 000 Cereal-All Authorized	OZ	36.0	0.0	0.0	0.0	0.0	36
	06 000 PB/Beans & Peas-All Auth	JBG	1.00	0.00	0.00	0.00	0.00	1
	16 000 Whole Grains-All Auth	OZ	32	0	0	0	0	32
	19 000 Fruits and Vegetables	\$\$\$\$	9.00	0.00	0.00	0.00	0.00	9

Issue Benefits

Reason: ▼

Comment:

Verify
Cancel

- b. Click **Issue Benefits** button.
- c. Signature pop-up box opens, complete required fields.
- d. Close screen. The **Family Food Benefits** will automatically print.
10. **Schedule** the family for their next appointment in the month their current food benefit period ends.

II. Nutrition Education Class

Note: If the nutrition education class has been set up in Scheduler and the participants have been noted as Attended, Step 14 below will not be necessary - the information will auto-populate from Scheduler.

Complete the following steps for each participant the class was relevant to in NV WISH as soon as possible after the group has ended:

11. Scheduler

To document group nutrition education attendance, staff must first add the participant to a scheduled group class in the NV WISH scheduler.

To add the participant to the group class:

- 1) Navigate to the Scheduler panel in NV WISH. Click on the desired date on the calendar.
- 2) Double click on the selected class to display the Nutrition Education Class pop-up.
- 3) Click on the participant by clicking on the Add Recent Family drop down or enter family ID in the Family ID Search box.
- 4) After adding the family to the class, remove all family members who will not be receiving credit for attending the class by selecting the participants row and click Remove Row.
- 5) A Delete Confirmation pop-up will display a message asking to confirm the deletion. Click Yes.

After the class is complete, indicate whether the participant attended the class by:

- 1) Double clicking on the Status within the participant's row.
- 2) Select: Attended, Not Attended or Refused.

Nutrition Education Panel

NV WISH will automatically create a *Nutrition Education* record once a participant is marked as 'Attended' in the Scheduler. Click 'Edit' to complete the Pamphlets Provided list, if pamphlets were provided.

12. **Note:** Certifiers may decide to change a participant's food benefit issuance time period. Click the **Family Screen** (or Food Package screen) and select 1, 2, or 3 months in the food benefit issuance box, ***FB Issuance**. If you change the issuance to less than 3 months.
13. If the family needs to make any food package changes, click **Foods: Food Package**. If not, skip this and go to step 4.
 - a. Click +New.

b. Click the Model Food Package drop-down box. Select food package.

14. Click **Foods, Food Benefits**

a. Checked box(es) indicate benefits are ready to be issued. Click on Preview Balance to Issue to see what will be issued.

Economic Unit: Tinker Bell - 628752

- 7/1/2019 - 7/31/2019
 - [PREVIEW BALANCE-TO-ISSUE](#)
 - Peter Pan (New Issue)
 - Child 2y+ with Cheese (Full, Authorized)
- 6/1/2019 - 6/30/2019
 - [PREVIEW BALANCE-TO-ISSUE](#)
 - Peter Pan (New Issue)
 - Child 2y+ with Cheese (Full, Authorized)
- 5/1/2019 - 5/31/2019
 - [PREVIEW BALANCE-TO-ISSUE](#)
 - Peter Pan (New Issue)
 - Child 2y+ with Cheese (Full, Authorized)

Economic Unit Balance-to-Issue

PAN: 61035080-00453808
 Economic Unit: Tinker Bell
 EU Number: 628752

Issuance Period: 5/1/2019 - 5/31/2019

Food Item Cat / Subcat / Description	UOM	Actual Food Package Quantity	Returned Formula	ABC Quantity	Purchased Quantity	Current Balance	Quantity to be Issued
02 001 Cheese	LB	1.0	0.0	0.0	0.0	0.0	1
03 000 Eggs-All Authorized	DOZ	1.0	0.0	0.0	0.0	0.0	1
05 000 Cereal-All Authorized	OZ	36.0	0.0	0.0	0.0	0.0	36
06 000 PB/Beans & Peas-All Auth	JBG	1.00	0.00	0.00	0.00	0.00	1
16 000 Whole Grains-All Auth	OZ	32	0	0	0	0	32
19 000 Fruits and Vegetables	\$\$\$\$	9.00	0.00	0.00	0.00	0.00	9

Reason:

Comment:

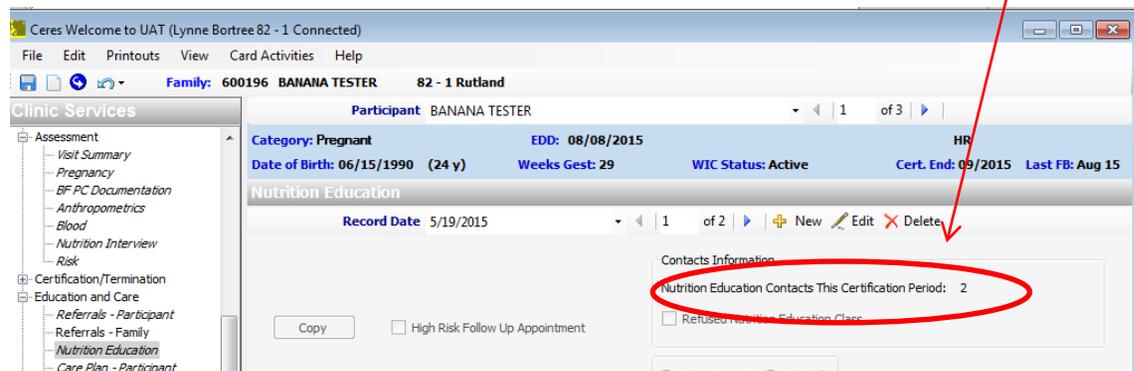
b. Click **Issue Benefits** button.

c. Signature pop-up box opens, complete required fields.

d. Close screen. The Family Food Benefits will automatically print. Mail print-out to the family (optional).

WIChealth.org Lesson

For participants completing an online lesson using **wichealth.org**, the **Nutrition Education Contacts** this Certification Period box will automatically update.



To Issue Benefits for the next 3 months.

Note: Certifiers may decide to change a participant's food benefit issuance time period. Click the **Family Screen** (or Food Package screen) and select 1, 2, or 3 months in the food benefit issuance box, ***FB Issuance**. If you change the issuance to less than 3 months, be sure to schedule the family for additional nutrition education!

5. If the family needs to make any food package changes, click **Foods: Food Package**. If not, skip this and go to step 6.
 - e. Click **+New**.
 - f. Click the Model Food Package drop-down box. Select food package.
6. Click **Foods: Issuance Summary**
 - a. View the food benefits available for issuance.
7. Click **Foods: Food Benefits**

- a. Checked box(es) indicate benefits are ready to be issued. Click on Preview Balance to Issue to see what will be issued.

Economic Unit: Tinker Bell - 628752

- 7/1/2019 - 7/31/2019
 - [PREVIEW BALANCE-TO-ISSUE](#)
 - Peter Pan (New Issue)
 - Child 2y+ with Cheese (Full, Authorized)
- 6/1/2019 - 6/30/2019
 - [PREVIEW BALANCE-TO-ISSUE](#)
 - Peter Pan (New Issue)
 - Child 2y+ with Cheese (Full, Authorized)
- 5/1/2019 - 5/31/2019
 - [PREVIEW BALANCE-TO-ISSUE](#)
 - Peter Pan (New Issue)
 - Child 2y+ with Cheese (Full, Authorized)

Economic Unit Balance-to-Issue

PAN: 61035080-00453808
 Economic Unit: Tinker Bell
 EU Number: 628752

Issuance Period: 5/1/2019 - 5/31/2019

Food Item Cat / Subcat / Description	UOM	Actual Food Package Quantity	Returned Formula	ABC Quantity	Purchased Quantity	Current Balance	Quantity to be Issued
02 001 Cheese	LB	1.0	0.0	0.0	0.0	0.0	1
03 000 Eggs-All Authorized	DOZ	1.0	0.0	0.0	0.0	0.0	1
05 000 Cereal-All Authorized	OZ	36.0	0.0	0.0	0.0	0.0	36
06 000 PB/Beans & Peas-All Auth	JBG	1.00	0.00	0.00	0.00	0.00	1
16 000 Whole Grains-All Auth	OZ	32	0	0	0	0	32
19 000 Fruits and Vegetables	\$\$\$\$	9.00	0.00	0.00	0.00	0.00	9

Reason:
 Comment:

- b. Click **Issue Benefits** button.
- c. **Signature** pop-up box opens, complete required fields.
- d. Close screen. The **Family Food Benefits** will automatically print. Mail the print-out to the family (optional).

Section VI: Food Packages (Change, Re-Issue, Remove Future Benefits)

I. General instructions for pregnant women, children and formula-fed infants.

(For breastfeeding mother/baby pairs, refer further down this section for specific instructions.)

Note: Except for changing an infant formula or medical formula, do not make food package changes for the current month. Start the new package with an effective date of the next month. If future benefits have already been issued, change the Effective Date to start one day greater (e.g., the second day of the month instead of the first. The new benefits will still become available on the 1st day of the month.)

18. Click **Foods: Food Package**

1. Click **+New**.
2. Click the **Model Food Package** drop-down box. Select food package. If special medical formula is needed, check **Special Diet** and complete required documentation before accessing drop down box. **Verify** food package if needed.
3. To choose a benefit issuance less than 3 months, choose **FB Issuance** drop down and select desired issuance length.
4. If you made an error and need to choose a different food package, simply click **Delete** and delete that food package and select a different one.

19. Click **Foods: Issuance Summary**

1. View the food benefits available for issuance.

20. Click **Foods: Food Benefits**

1. Checked box(es) indicate benefits are ready to be issued.
2. Click **Issue Benefits**.
3. **Signature** pop-up box opens, complete required fields. Close screen. The family food benefits will automatically print.

Tip: if food package issuance will cross the 1-year milestone you will need to create a food package that will cover the future time.

II. Change Full BF (FBF) Food Package to a Mostly BF (MBF) Food Package

21. Go into **Assessment: Nutrition Interview**

1. Select the Infant's Record
2. Click **+New**.
3. Is the Infant Currently Breastfeeding? **Select Yes**.
4. Type in the Health Care Provider. Answer the questions in NV WISH from the guidance below.

	Partially Breastfeeding: Mostly and Some	Answers
Questions that <i>must be completed</i>	<p>1.d - 1.g</p> <p>1d. How often has [baby] received other foods?</p> <p>1e. How much formula has [baby] received?</p> <p>1f. What was your main reason for starting formula?</p> <p>(Not required Q.)1h. Breastfeeding Description, to generate the mother's correct food package.</p>	<p>1.d - 1.g</p> <p>1d. Rarely or regularly; Put Age (Weeks) or Select a Date</p> <p>1e. Rarely or Regularly; Put in the Age (Weeks) or Select a Date</p> <p>1f. (Select from drop down list)</p>

5. Click **SAVE**.
- ### 22. Click Foods: *Food Package*
1. Select the Infant.
 2. Click **+New**.
 3. Click the **Model Food Package** drop-down box. Select desired food package with **MBF** in the title. If special medical formula is needed, check **Special Diet & Complete the Documentation** before accessing drop down box.
 4. Ensure for the number of months foods will be issued, the infant's age does not exceed the age on the food package. If it does, create a **+New Food Package** for the month the infant will turn the desired age.
 5. Click **SAVE**.
 6. Select the mother.
 7. Click **+New**.
 8. Click the **Model Food Package** drop-down box. Select desired food package with **MB** in the title.
 9. Click **SAVE**.
- ### 23. Click Foods: Issuance Summary
1. View the food benefits available for issuance. Be sure not to issue more months than the family is entitled to.

24. Click Foods: *Food Benefits*

1. Checked box(es) indicate benefits are ready to be issued.
2. Click **Issue Benefits**.

25. Signature pop-up box opens, complete required fields.

26. Close screen. The **Family Food Benefits** will automatically print.

III. Change FBF or MBF Food Package to a Some BF (SBF) Food Package

27. Go into Assessment: *Nutrition Interview*

1. Select the Infant's Record
2. Click +New.
3. Is the Infant Currently Breastfeeding? **Select Yes**.
4. Type in the Health Care Provider. Answer the questions in NV WISH from the guidance below.

	Partially Breastfeeding: Mostly and Some	Answers
Questions that <i>must be</i> completed	1.d - 1.g 1d. How often has [baby] received other foods? 1e. How much formula has [baby] received? 1f. What was your main reason for starting formula? 1h. Breastfeeding Description , to generate the mother's correct food package.	1.d - 1.g 1d. Rarely or Regularly; Put in the Age (weeks) or Select a Date 1e. Rarely or Regularly; Put in the Age (weeks) or Select a Date 1f. (select from drop down list)

5. Click **SAVE**.

28. Click Foods: *Food Package*

1. Select the Infant.
2. Click +New.
3. Click the **Model Food Package** drop-down box. Select desired food package with **FF/SBF** in the title. If special medical formula is needed, check **Special Diet & Complete the Documentation** before accessing drop down box.
4. Ensure for the number of months foods will be issued, the infant's age does not exceed the age on the food package. If it does, create a +New Food Package for the month the infant will turn the desired age.
5. Click **SAVE**.
6. Select the mother.

7. Click **+**New.
 8. Click the **Model Food Package** drop-down box. Select desired food package with **SB/PP** in the title.
 9. If the Infant is **> 6 months**:
 - a. Do not create a new food package for the mother. Go to the Family Screen and select **FB Issuance: No Food Benefits** for the mother.
 - b. Remove future month food benefits for the mother by going to the Food Benefits screen, clicking Adjust Benefits and unchecking future months.
 10. Click **SAVE**.
-
29. Click Foods: Issuance Summary
 1. View the food benefits available for issuance.
 - a. If the Infant is **> 6 months** there should be no food benefits available to issue for the mother.
-
30. Click Foods: *Food Benefits*
 1. Checked box(es) indicate benefits are ready to be issued.
 2. Click **Issue Benefits**.
-
31. Signature pop-up box opens, complete required fields.
 32. Close screen. The **Family Food Benefits** will automatically print.

IV. Change FBF, MBF, or SBF Food Package to a Full Formula Food Package

33. Go into **Assessment: Nutrition Interview**

1. Select the Infant's Record
2. Click **+New**.
3. Is the Infant Currently Breastfeeding? **Select No**.
4. Are you sure you want to continue with the automatic participant category update for the breastfeeding woman associated with the infant? **Select Yes**.
5. Type in the Health Care Provider. Answer the questions in NV WISH from the guidance below.

	Partially Breastfeeding: Mostly and Some	Answers
Questions that <u>must be completed</u>	<p>2.a – 2g.</p> <p>2a. Breastfeeding Description</p> <p>2b. How old was [baby] when he/she completely stopped breastfeeding or being fed breast milk?</p> <p>2c. What was your main reason for stopping breastfeeding?</p> <p>2d. Has baby received anything other than breast milk?</p> <p>2e. How often has baby received other foods??</p> <p>2f. How much formula has [baby] received?</p>	<p>2.a – 2g.</p> <p>2a. No Longer BF</p> <p>2b. Put in the Age (Weeks) or Select a Date</p> <p>2c. Select most appropriate reason</p> <p>2d. Answer Yes or No</p> <p>2e. Rarely or Regularly; Put in the Age (Weeks) or Select a Date</p> <p>2f. Rarely or Regularly; Put in the Age (Week) or Select a Date</p> <p>(2g & 2h are not require Q's)</p>

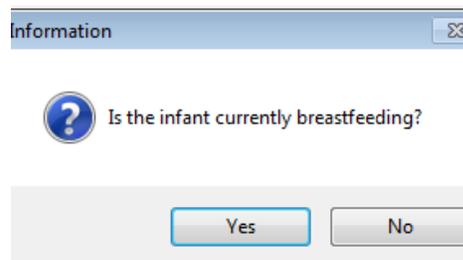
6. Click **SAVE**.
34. Click Foods: *Food Package*
1. Select the Infant.
 2. Click **+New**.
 3. Click the **Model Food Package** drop-down box. Select desired food package with **FF/SBF** in the title. If special medical formula is needed, check **Special Diet & Complete the Documentation** before accessing drop down box.
 4. Ensure for the number of months foods will be issued, the infant's age does not exceed the age on the food package. If it does, create a **+New Food Package** for the month the infant will turn the desired age.
 5. Click **SAVE**.
 6. **If the infant is < 6 months old, select the mother's food package record**
 7. Click **+New**.

8. Click the **Model Food Package** drop-down box. Select desired food package with **SB/PP** in the title.
 9. Click **SAVE**.
 35. Click Foods: Issuance Summary
 1. View the food benefits available for issuance.
 36. Click Foods: *Food Benefits*
 1. Checked box(es) indicate benefits are ready to be issued.
 2. Click **Issue Benefits**.
 37. Signature pop-up box opens, complete required fields.
 38. Close screen. The **Family Food Benefits** will automatically print.
- &. If the Infant is > **6 months** go to **Certification/Termination: Certification**
- a. Select the mother's record. Under **Termination** Click **+New**.
 - b. Select **Not BF 6-12 month Postpartum**. Select 'today's' date as the date for termination. Send Notice of Termination Letter from NV WISH.

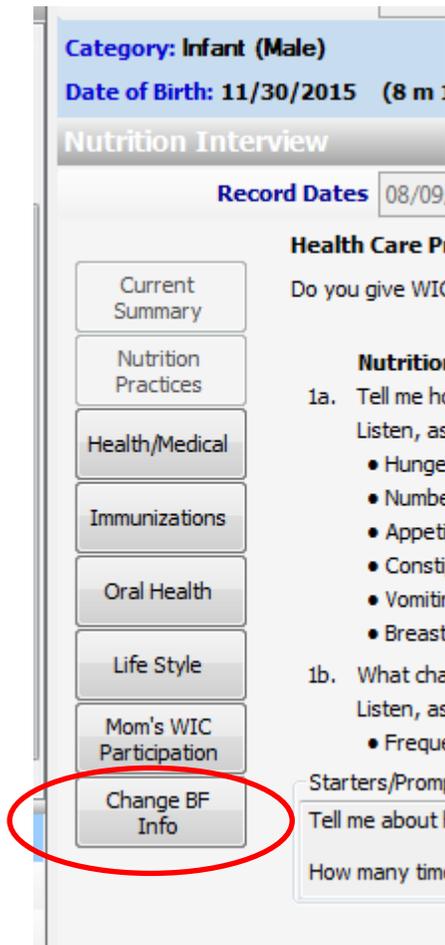
V. Change MBF or SBF Food Package to FBF Food Package (infant <6 months) **

(**See Note at the end of this section if the baby is \geq age 6 months)

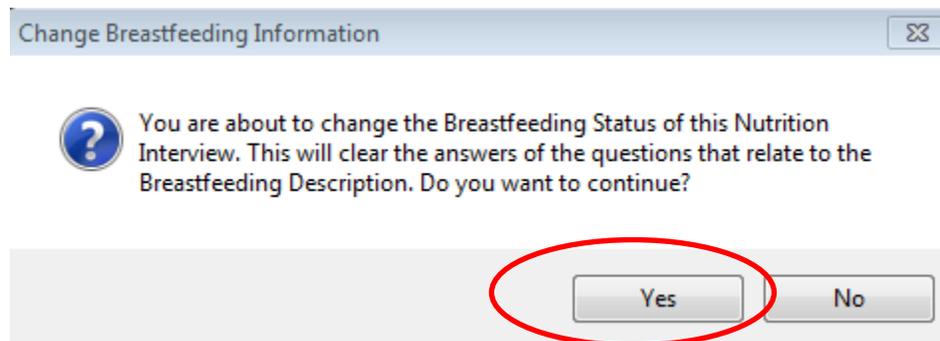
1. Update the infant's breastfeeding description. Open **Assessment: Nutrition Interview**
 1. Select the Infant's Record
 2. Click **+New**.
 3. In the pop-up *Information*, **select Yes**.



4. Select **Change Bf Info** from the left menu panel.



5. In the pop-up *Change Breastfeeding Information*, **select Yes.**



6. Type in the name of the Health Care Provider.

7. Complete the Nutrition Practices questions as shown in the following table

	Breastfeeding: Exclusive and Primarily Exclusive
<i>Questions that <u>must</u> be completed</i>	<p>1.d and 1.l</p> <p>1d. What besides breastmilk has baby received?</p> <p>Something else, rarely</p> <p>1. Answer 1e</p> <p>2. 1g. How much formula has [INFANT] received?</p> <p>Select: 'some formula, rarely' or 'None'</p> <p>3. Answer 1h</p> <p>1.l. Breastfeeding Description</p> <p>Prim Excl/No F Pkg</p>

8. Click **Save**. You do not need to update the mother's Nutrition Interview.

9. Assign a Fully Breastfeeding food package to the mother. Click **Foods: Food Package**

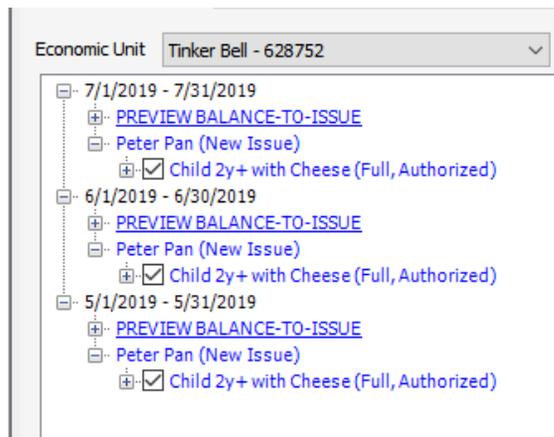
1. Select the **Mother's Record** at the top of the screen.

2. Click **+New**.

3. Click the **Model Food Package** drop-down box. Select the desired fully breastfeeding food package and set the Effective Date to the 1st following month, unless there are no benefits issued for the current month. (You may need to set a later Effective Date if there is already a food package for that date.)

10. Issue the new food package benefits. Click **Foods: Food Benefits**

1. Checked box(es) indicate benefits are ready to be issued. Click on Preview Balance to Issue to see what will be issued.



Economic Unit Balance-to-Issue

PAN: 61035080-00453808
 Economic Unit: Tinker Bell
 EU Number: 628752

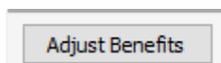
Issuance Period: 5/1/2019 - 5/31/2019

	Food Item Cat / Subcat / Description	UOM	Actual Food Package Quantity	Returned Formula	ABC Quantity	Purchased Quantity	Current Balance	Quantity to be Issued
▶	02 001 Cheese	LB	1.0	0.0	0.0	0.0	0.0	1
	03 000 Eggs-All Authorized	DOZ	1.0	0.0	0.0	0.0	0.0	1
	05 000 Cereal-All Authorized	OZ	36.0	0.0	0.0	0.0	0.0	36
	06 000 PB/Beans & Peas-All Auth	JBG	1.00	0.00	0.00	0.00	0.00	1
	16 000 Whole Grains-All Auth	OZ	32	0	0	0	0	32
	19 000 Fruits and Vegetables	\$\$\$\$	9.00	0.00	0.00	0.00	0.00	9

Reason:
 Comment:

4. Click **Issue Benefits** button.
5. Signature pop-up box opens, complete required fields.
6. Close screen. The **Family Food Benefits** will automatically print

11. Remove any previously issued formula food packages for the infant for future months. Do not remove benefits for the current month. In **Foods: Food Benefits:**



1. Click the **Adjust Benefits** button. This causes the system to re-display the Food Benefits panel as though all participants have been given a new food package. It will appear that the system is reissuing benefits for all participants in the family.

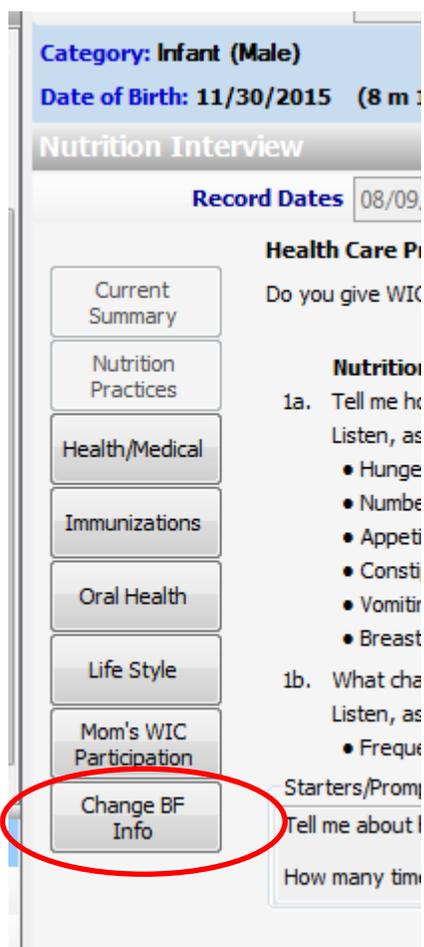
2. After the benefits are re-displayed, **clear the checks boxes of the future infant's benefits you want to remove.** DO NOT clear the check boxes from the mother's benefits.

12. Select **Issue Benefits**.
13. Open **Audit Trail** and confirm that the balances are correct.

****NOTE:** If the baby is age 6 months or greater, assign the *fully breastfeeding with infant foods* package to the infant before assigning the mother's package, and issue new packages for both mom and infant.

VI. Change full formula to MBF, SBF or full breastfeeding

1. Update the infant's breastfeeding description. Open **Assessment: Nutrition Interview**
 1. Select the Infant's Record
 2. Click **+New**.
 3. In the pop-up box indicating you will change the interview questions from not breastfeeding to breastfeeding, **select Yes**.
2. Select **Change Bf Info** from the left menu panel.



3. Answer all the required breastfeeding questions and change the breastfeeding description field to the appropriate choice from the dropdown.

4. Change mother's participant category from Not Breastfeeding to Breastfeeding. This process is called **TAP (Termination, Application, Participant Category)**.

5. **T (Termination)**: Click **Certification/Termination: Certification**

1. Select the mother's **Participant Record** at the top of the screen.
2. In the **Termination** box, click **+New**.
3. Select **Termination Reason: Women's Category Change**
4. Change date to **Today's Date** in Effective Date box.

6. **A (Application)**: Click **Family/Intake: Application**

1. In the mother's record, click **+New**. This creates a pending record.

7. **P (Participant Category)**: Click **Family/Intake: Participant Category**

1. In the mother's record, click **+New**.
2. Select Breastfeeding.

8. In the mother's record only, click **Certification/Termination: Certification**

1. Click the **Certify** button.
2. A pop-up box will display **Certified** or **Failed**. If **failed**, a pop-up box will display missing required information. After errors have been resolved go back to the **Certification/Termination, Certification** and click the **Certify** button. (See Section V Post-partum/infant Certification if needed).

9. Assign a breastfeeding food package to the mother. Click **Foods: Food Package**

1. Select the **Mother's Record** at the top of the screen.
3. Click **+New**.
4. Click the **Model Food Package** drop-down box. Select the desired fully breastfeeding food package and set the Effective Date to 'Today'.

9. Issue the new food package benefits. Click **Foods: Food Benefits**

1. Checked box(es) indicate benefits are ready to be issued. Click on Preview Balance to Issue to see what will be issued.

Economic Unit: Tinker Bell - 628752

- 7/1/2019 - 7/31/2019
 - PREVIEW BALANCE-TO-ISSUE
 - Peter Pan (New Issue)
 - Child 2y+ with Cheese (Full, Authorized)
- 6/1/2019 - 6/30/2019
 - PREVIEW BALANCE-TO-ISSUE
 - Peter Pan (New Issue)
 - Child 2y+ with Cheese (Full, Authorized)
- 5/1/2019 - 5/31/2019
 - PREVIEW BALANCE-TO-ISSUE
 - Peter Pan (New Issue)
 - Child 2y+ with Cheese (Full, Authorized)

Economic Unit Balance-to-Issue

PAN: 61035080-00453808
 Economic Unit: Tinker Bell
 EU Number: 628752

Issuance Period: 5/1/2019 - 5/31/2019

	Food Item Cat / Subcat / Description	UOM	Actual Food Package Quantity	Returned Formula	ABC Quantity	Purchased Quantity	Current Balance	Quantity to be Issued
▶	02 001 Cheese	LB	1.0	0.0	0.0	0.0	0.0	1
	03 000 Eggs-All Authorized	DOZ	1.0	0.0	0.0	0.0	0.0	1
	05 000 Cereal-All Authorized	OZ	36.0	0.0	0.0	0.0	0.0	36
	06 000 PB/Beans & Peas-All Auth	JBG	1.00	0.00	0.00	0.00	0.00	1
	16 000 Whole Grains-All Auth	OZ	32	0	0	0	0	32
	19 000 Fruits and Vegetables	\$\$\$\$	9.00	0.00	0.00	0.00	0.00	9

Reason:
 Comment:

2. Click **Issue Benefits** button.
3. Signature pop-up box opens, complete required fields.
4. Close screen. The **Family Food Benefits** will automatically print

VII. Change a mother's category from Breastfeeding to Pregnant

- ✓ If a woman is exclusively or partially breastfeeding and becomes pregnant, recertify her in the pregnant category.

1. Change mother's participant category from Breastfeeding to Pregnant. This process is called **TAP (Termination, Application, Participant Category)**.

2. **T** (Termination): Click **Certification/Termination: Certification**

1. Select the mother's **Participant Record** at the top of the screen.

2. In the **Termination** box, click **+New**.
3. Select **Termination Reason: Women's Category Change**
4. Change date to **Today's Date** in Effective Date box.

3. **A (Application):** Click **Family/Intake: Application**

1. In the mother's record, click **+New**. This creates a pending record.

4. **P (Participant Category):** Click **Family/Intake: Participant Category**

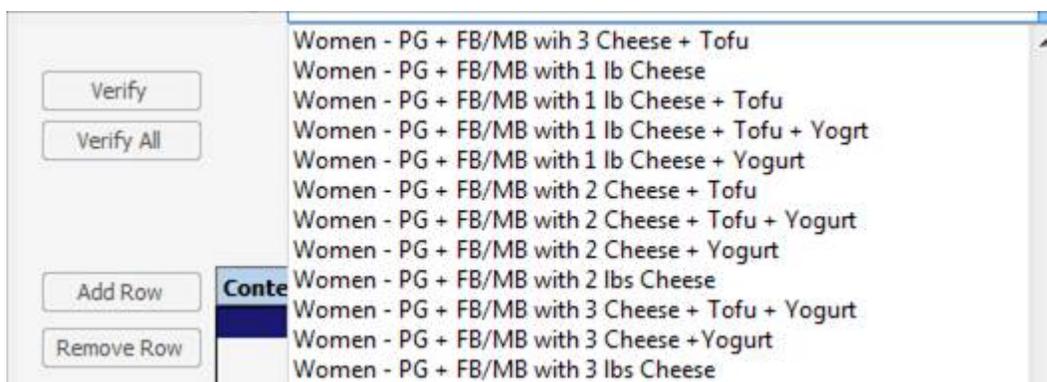
1. In the mother's record, click **+New**.
2. Select **Pregnant**.

5. Complete the steps for a Prenatal Certification (see Section III Pregnancy Certification).

NOTE: In the mother's *Assessment: Nutrition Interview* be sure to complete Question 4g. in the Breastfeeding Preparation section of the mother's nutrition interview. This will allow issuance of the correct food package. A pregnant woman, whose infant from the previous pregnancy is partially breastfeeding (mostly/in range) or is exclusively/primarily exclusively breastfeeding, is to receive the fully breastfeeding package (VII).

6. Assign a Pregnant plus breastfeeding food package to the mother. Click **Foods: Food Package**

1. Select the **Mother's Record** at the top of the screen.
2. Click **+New**.
3. Click the **Model Food Package** drop-down box. Select the desired food package and set the Effective Date to the first of the next month, unless there are no benefits issued for the current month.



7. Issue the new food package benefits. Click **Foods: Food Benefits**

1. Checked box(es) indicate benefits are ready to be issued. Click on Preview Balance to Issue to see what will be issued.

Economic Unit Balance-to-Issue

PAN: 61035080-00453808
Economic Unit: Tinker Bell
EU Number: 628752

Issuance Period: 5/1/2019 - 5/31/2019

Food Item Cat / Subcat / Description	UOM	Actual Food Package Quantity	Returned Formula	ABC Quantity	Purchased Quantity	Current Balance	Quantity to be Issued
02 001 Cheese	LB	1.0	0.0	0.0	0.0	0.0	1
03 000 Eggs-All Authorized	DOZ	1.0	0.0	0.0	0.0	0.0	1
05 000 Cereal-All Authorized	OZ	36.0	0.0	0.0	0.0	0.0	36
06 000 PB/Beans & Peas-All Auth	JBG	1.00	0.00	0.00	0.00	0.00	1
16 000 Whole Grains-All Auth	OZ	32	0	0	0	0	32
19 000 Fruits and Vegetables	\$\$\$\$	9.00	0.00	0.00	0.00	0.00	9

Issue Benefits Reason
Verify Comment
Cancel

2. Click **Issue Benefits** button.

8. Signature pop-up box opens; complete required fields.

Close screen. The **Family Food Benefits** will automatically print.

VIII. Tailor a Food Package

Tailoring may occasionally be necessary to:

- ✓ Add additional tofu
- ✓ Add a medical formula for which there is no model food package already made.
- ✓ Remove an entire food category for which there are no acceptable substitutions (e.g., documented allergy to eggs)
- ✓ Replace the cash-value fruit and veggie benefit with infant fruits and vegetables for children and women with medical need
- ✓ Provide additional formula to older infants with medical need in lieu of infant foods

1 To **add additional tofu**:

2. Click **Foods: Food Package**
 - a. Click **+New**.
 - b. From the **Model Food Package** drop down, select a model food package that is as close as possible to the tailored package you want (e.g., if you want a food package that includes cheese *and* tofu, select the package which contains cheese and tofu).
 - c. To increase number of pounds of tofu, click in the **Qty** (quantity) column for tofu and change the amount to the desired number up to maximum of 8 pounds per month allowed for women and children.
 - d. Decrease the amount of milk, accordingly, using a substitution rate of 1 quart of milk for 1 pound of tofu. Click **Qty** (quantity) column for milk and change the amount to the correct number of gallons. Click the **Verify** button. Package verifies. Note that the food package name includes the word "Tailored."
3. Click **Foods: Issuance Summary**
 - a. View the food benefits available for issuance.
4. Click **Foods: Food Benefits**

- a. Checked box(es) indicate benefits are ready to be issued. Click on Preview Balance to Issue to see what will be issued.

Economic Unit: Tinker Bell - 628752

7/1/2019 - 7/31/2019
 PREVIEW BALANCE-TO-ISSUE
 Peter Pan (New Issue)
 Child 2y+ with Cheese (Full, Authorized)

6/1/2019 - 6/30/2019
 PREVIEW BALANCE-TO-ISSUE
 Peter Pan (New Issue)
 Child 2y+ with Cheese (Full, Authorized)

5/1/2019 - 5/31/2019
 PREVIEW BALANCE-TO-ISSUE
 Peter Pan (New Issue)
 Child 2y+ with Cheese (Full, Authorized)

Economic Unit Balance-to-Issue

PAN: 61035080-00453808
 Economic Unit: Tinker Bell
 EU Number: 628752

Issuance Period: 5/1/2019 - 5/31/2019

Food Item Cat / Subcat / Description	UOM	Actual Food Package Quantity	Returned Formula	ABC Quantity	Purchased Quantity	Current Balance	Quantity to be Issued
02 001 Cheese	LB	1.0	0.0	0.0	0.0	0.0	1
03 000 Eggs-All Authorized	DOZ	1.0	0.0	0.0	0.0	0.0	1
05 000 Cereal-All Authorized	OZ	36.0	0.0	0.0	0.0	0.0	36
06 000 PB/Beans & Peas-All Auth	JBG	1.00	0.00	0.00	0.00	0.00	1
16 000 Whole Grains-All Auth	OZ	32	0	0	0	0	32
19 000 Fruits and Vegetables	\$\$\$\$	9.00	0.00	0.00	0.00	0.00	9

Issue Benefits Reason
 Verify Comment
 Cancel

- b. Click **Issue Benefits**.
- c. Signature pop-up box opens, complete required fields. Close screen. The **Family Food Benefits** will automatically print.

2. To add a medical formula to a food package:

1. Click **Foods: Food Package**

- a. Click **+New**.
- b. Check the **Special Diet** box.
- c. Click on **Documentation** then click **New**. Complete required fields based on written medical documentation received from Health Care Provider. **Doc ID** is required, can use the number 1. Tab out of **Doc ID** and hit **Close**.
- d. From the **Model Food Package** drop down, select a model food package to start with (e.g., if you want a food package that includes cheese, select a package which contains cheese).

- e. To add formula, click on **Add Food**. The Category column highlights. Click the drop-down arrow and select the formula category.
 - ✓ Category 21 contains standard formulas
 - ✓ Category 31 contains exempt formulas
 - ✓ Category 41 contains WIC-eligible nutritional.
 - f. Click in the **Subcategory** field. Continue to click until you see the drop-down arrow and click the arrow. Select the formula needed.
 - (a) Select the applicable DS model food package. DS model food packages and category/subcategory are as follows:
 - (i) DS Infant Formula food package: '21 Infant Formula' category and '999 DS Infant Formula' subcategory
 - (ii) DS Toddler Formula food package: '41-WIC Eligible Nutritional' category and '901 DS Toddler Formula' subcategory
 - (iii) DS Child Formula food package: '41-WIC Eligible Nutritional' category and '902 DS Child Formula' subcategory
 - (iv) DS Woman Formula food package: '41-WIC Eligible Nutritional' category and '903 DS Woman Formula' category
 - (v) DS Woman Pregnant or Nursing Multiples Formula food package: '41-WIC Eligible Nutritional' and '904 DS Woman Pregnant or Nursing Multiples' subcategory
 - g. Click into the **Qty** (quantity) column and fill in the number of cans, up to the maximum allowed. (Refer to the Medical Food Breakdown in the Policy and Procedure Manual Appendix FD: F)
 - h. Tab into **Month** column. Continue to click until you see the drop-down arrow, click the arrow and choose **All**.
 - i. Click or Tab into the **Doc ID** column and enter the same Doc ID number from Documentation.
 - j. Click or Tab out of Doc ID. Click on **Verify** button. Package verifies.
 - k. NOTE: If it is a direct ship formula, check the 'Direct' checkbox. In comments, enter name of the formula, ounces per day, number of cans requested.
2. Click Foods: Issuance Summary
 - a. View the food benefits available for issuance.
 3. Click **Foods: Food Benefits**

- a. Checked box(es) indicate benefits are ready to be issued. Click on Preview Balance to Issue to see what will be issued.

Economic Unit: Tinker Bell - 628752

- 7/1/2019 - 7/31/2019
 - PREVIEW BALANCE-TO-ISSUE
 - Peter Pan (New Issue)
 - Child 2y+ with Cheese (Full, Authorized)
- 6/1/2019 - 6/30/2019
 - PREVIEW BALANCE-TO-ISSUE
 - Peter Pan (New Issue)
 - Child 2y+ with Cheese (Full, Authorized)
- 5/1/2019 - 5/31/2019
 - PREVIEW BALANCE-TO-ISSUE
 - Peter Pan (New Issue)
 - Child 2y+ with Cheese (Full, Authorized)

Economic Unit Balance-to-Issue

PAN: 61035080-00453808
Economic Unit: Tinker Bell
EU Number: 628752

Issuance Period: 5/1/2019 - 5/31/2019

Food Item Cat / Subcat / Description	UOM	Actual Food Package Quantity	Returned Formula	ABC Quantity	Purchased Quantity	Current Balance	Quantity to be Issued
02 001 Cheese	LB	1.0	0.0	0.0	0.0	0.0	1
03 000 Eggs-All Authorized	DOZ	1.0	0.0	0.0	0.0	0.0	1
05 000 Cereal-All Authorized	OZ	36.0	0.0	0.0	0.0	0.0	36
06 000 PB/Beans & Peas-All Auth	JBG	1.00	0.00	0.00	0.00	0.00	1
16 000 Whole Grains-All Auth	OZ	32	0	0	0	0	32
19 000 Fruits and Vegetables	\$\$\$\$	9.00	0.00	0.00	0.00	0.00	9

Issue Benefits Reason
Verify Comment
Cancel

- b. Click **Issue Benefits**.
- c. Signature pop-up box opens, complete required fields. Close screen. The **Family Food Benefits** will automatically print.
4. The system will automatically prorate a formula/food item when the item is added to a model food package. The system will not automatically prorate a formula/food item that currently exists in the model food package when the amount of that formula/food item is adjusted. It is important to check the 2/3 and 1/3 package grids when tailoring, particularly when increasing or decreasing formula, to ensure the amounts in these packages are correct and to make adjustments, if needed.

NOTE: Some exempt formulas/medical foods can be purchased by the family at the store with their WIC card. These formulas have UPC codes entered in the Nevada Approved Product List (APL), which allows the EBT system to accept them for purchase. Others must be picked up at the office. These formulas do not have a UPC code in the APL, and thus cannot be accepted for purchase. In either case, the formula will print out on the Family Food Benefit list. Check NV WISH to see if an exempt formula/medical food package is available. If not, the exempt formula/medical food needs to be ordered through the state office and picked up at the office by the family; if it does, be sure to explain the process for picking up formula to the family.

3. **To remove an entire food category.** Nevada’s model food packages allow many choices at the store level within each food category (“all authorized”). Families are encouraged to “self-tailor” in cases of a specific food category they do not want, by simply not purchasing that category. However, you may occasionally need to remove an entire food category. For example, if a participant has a stated allergy to eggs, remove eggs from the selected model food package.

1. Click **Foods: Food Package**

1. Click **+New**.
2. Click the calendar icon and set the **Effective Date** to the next month, unless there are no benefits issued for the current month.
3. Click the **Model Food Package** drop-down box. Select the correct food package.
4. Under **“Category”** move the arrow to the row you NV WISH to remove by clicking on that row.
5. Click the button to the left **Remove Row** (In the pop-up, click **yes**, you want to remove this item)
6. **Verify** food package.
7. Repeat for any future months, setting the effective dates to one day greater.

2. Click Foods: Issuance Summary

8. View the food benefits available for issuance.

5. Click Foods: *Food Benefits*

1. Checked box(es) indicate benefits are ready to be issued. Click on Preview Balance to Issue to see what will be issued.

Economic Unit: Tinker Bell - 628752

- 7/1/2019 - 7/31/2019
 - PREVIEW BALANCE-TO-ISSUE
 - Peter Pan (New Issue)
 - Child 2y+ with Cheese (Full, Authorized)
- 6/1/2019 - 6/30/2019
 - PREVIEW BALANCE-TO-ISSUE
 - Peter Pan (New Issue)
 - Child 2y+ with Cheese (Full, Authorized)
- 5/1/2019 - 5/31/2019
 - PREVIEW BALANCE-TO-ISSUE
 - Peter Pan (New Issue)
 - Child 2y+ with Cheese (Full, Authorized)

Economic Unit Balance-to-Issue

PAN: 61035080-00453808
 Economic Unit: Tinker Bell
 EU Number: 628752

Issuance Period: 5/1/2019 - 5/31/2019

	Food Item Cat / Subcat / Description	UOM	Actual Food Package Quantity	Returned Formula	ABC Quantity	Purchased Quantity	Current Balance	Quantity to be Issued
▶	02 001 Cheese	LB	1.0	0.0	0.0	0.0	0.0	1
	03 000 Eggs-All Authorized	DOZ	1.0	0.0	0.0	0.0	0.0	1
	05 000 Cereal-All Authorized	OZ	36.0	0.0	0.0	0.0	0.0	36
	06 000 PB/Beans & Peas-All Auth	JBG	1.00	0.00	0.00	0.00	0.00	1
	16 000 Whole Grains-All Auth	OZ	32	0	0	0	0	32
	19 000 Fruits and Vegetables	\$\$\$\$	9.00	0.00	0.00	0.00	0.00	9

Issue Benefits Reason:

Verify Comment:

Cancel

2. Open all the + to view what you are issuing and check to make sure the food category has been removed.
3. Click **Issue Benefits**.
4. **Signature** pop-up box opens, complete required fields. Close screen. The family food benefits will automatically print. It's optional whether staff mail the new benefit list.

4. To replace the Fruit and Vegetable Cash-Value benefit and/or breakfast cereal with infant fruits and veggies and/or infant cereal for children and women with medical need:

5. Click **Foods: Food Package**
 - a. Click **+New**.
 - b. Check the Special Diet box. Click on **Documentation** then click **+New**. Complete required fields based on written medical documentation received from Health Care Provider. Doc ID is required; you can use the number 1. Tab out and **Close**.

- c. From the **Model Food Package** drop down, select a model food package that is as close as possible to the tailored package you want (e.g., if you want a food package that includes cheese *and* yogurt, select the package that contains cheese and yogurt).
 - d. Highlight the row category *19 Fruits and Vegetables* (you will see a white triangle in the left-hand blue column) then click **“Remove Food”** button. Answer **Yes** in the pop-up box and that line will be removed.
 - e. Now click the **“Add Food”** button. A new row will be highlighted. Under Category, choose *12 Infant Fruits and Vegetables*. Then under Subcategory choose *Infant Fruits & Veggies*. Under Qty put in **128 for children or 160 for women**, then tab over to Months and choose **“All”**. Tab out. Click **“Verify”**.
 - f. Highlight the row category *05 Breakfast Cereal* (you will see a white triangle in the left-hand blue column) then click **“Remove Food”** button. Answer **Yes** in the pop-up box and that line will be removed.
 - g. Now click the **“Add Food”** button. A new row will be highlighted. Under Category, choose *09 Infant Cereal*. Then under Subcategory choose *Infant Cereal – All Authorized*. Under Qty put in **32**, then tab over to Months and choose **“All”**. Tab out. Click **“Verify”**.
6. Click **Foods: Issuance Summary**
 - a. View the food benefits available for issuance.
 7. Click **Foods: Food Benefits**

- a. Checked box(es) indicate benefits are ready to be issued. Click on Preview Balance to Issue to see what will be issued.

Economic Unit: Tinker Bell - 628752

7/1/2019 - 7/31/2019
 PREVIEW BALANCE-TO-ISSUE
 Peter Pan (New Issue)
 Child 2y+ with Cheese (Full, Authorized)

6/1/2019 - 6/30/2019
 PREVIEW BALANCE-TO-ISSUE
 Peter Pan (New Issue)
 Child 2y+ with Cheese (Full, Authorized)

5/1/2019 - 5/31/2019
 PREVIEW BALANCE-TO-ISSUE
 Peter Pan (New Issue)
 Child 2y+ with Cheese (Full, Authorized)

Economic Unit Balance-to-Issue

PAN: 61035080-00453808
 Economic Unit: Tinker Bell
 EU Number: 628752

Issuance Period: 5/1/2019 - 5/31/2019

Food Item Cat / Subcat / Description	UOM	Actual Food Package Quantity	Returned Formula	ABC Quantity	Purchased Quantity	Current Balance	Quantity to be Issued
02 001 Cheese	LB	1.0	0.0	0.0	0.0	0.0	1
03 000 Eggs-All Authorized	DOZ	1.0	0.0	0.0	0.0	0.0	1
05 000 Cereal-All Authorized	OZ	36.0	0.0	0.0	0.0	0.0	36
06 000 PB/Beans & Peas-All Auth	JBG	1.00	0.00	0.00	0.00	0.00	1
16 000 Whole Grains-All Auth	OZ	32	0	0	0	0	32
19 000 Fruits and Vegetables	\$\$\$\$	9.00	0.00	0.00	0.00	0.00	9

Issue Benefits Reason
 Verify Comment
 Cancel

- b. Click **Issue Benefits**.
- c. Signature pop-up box opens, complete required fields. Close screen. The **Family Food Benefits** will automatically print.

5. In lieu of infant foods, (cereal, fruits, veggies), infants 6 months and older with medical documentation may receive formula at the same maximum monthly allowance as infants ages 4-5 months.

6. Click **Foods: Food Package**

1. Click **+New**.
2. Check the **Special Diet** box. Click on **Documentation** then click **+New**. Complete required fields based on written medical documentation received from Health Care Provider. **Doc ID** is required: use the number 1. Tab out of **Doc ID** and hit **Close**.
3. Click the **Model Food Package** drop-down box. From the drop-down, **select desired food package for ages 6 -11 months – no foods** which includes the formula required.

a. Enter the number 1 in the Doc ID column. Tab out.

b. Click **“Verify”**.

Example:

4. Click **Foods: Food Benefits**

a. **Issue Benefits.**

a. Checked box(es) indicate benefits are ready to be issued. Click on Preview Balance to Issue to see what will be issued.

Economic Unit Balance-to-Issue

PAN: 61035080-00453808
Economic Unit: Tinker Bell

EU Number: 628752

Issuance Period: 5/1/2019 - 5/31/2019

Food Item Cat / Subcat / Description	UOM	Actual Food Package Quantity	Returned Formula	ABC Quantity	Purchased Quantity	Current Balance	Quantity to be Issued
02 001 Cheese	LB	1.0	0.0	0.0	0.0	0.0	1
03 000 Eggs-All Authorized	DOZ	1.0	0.0	0.0	0.0	0.0	1
05 000 Cereal-All Authorized	OZ	36.0	0.0	0.0	0.0	0.0	36
06 000 PB/Beans & Peas-All Auth	JBG	1.00	0.00	0.00	0.00	0.00	1
16 000 Whole Grains-All Auth	OZ	32	0	0	0	0	32
19 000 Fruits and Vegetables	\$\$\$	9.00	0.00	0.00	0.00	0.00	9

Issue Benefits

Verify

Cancel

Reason

Comment

- b. Signature pop-up box opens, complete required fields.
- c. Close screen. The **Family Food Benefits** will automatically print

IX. Remove Food Benefits

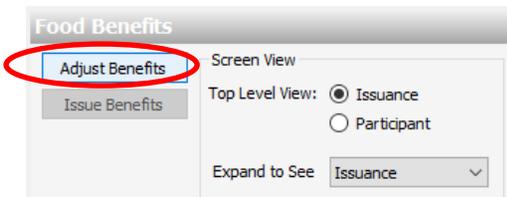
You may occasionally need to remove food benefits that have already been issued. Food benefits issued for the current month may be removed, and you may remove future month's benefits in order to:

- ✓ Remove benefits when a participant in that family leaves the household. For example, when a child is removed from the family and placed in a different family.
- ✓ Remove benefits from a participant that remains in the family. For example, food benefits have been issued due to staff error. This is a less common use of this function.

A. Open **Food Benefits**.

B. Select **Adjust Benefits**.

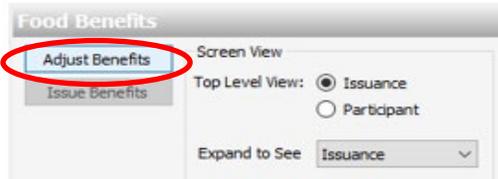
NOTE: This button is only enabled when no participants in the Economic Unit have benefits that are available for issuance. If needed, go to Family Screen, and change the FB Issuance to 1 or 2 months. This will remove the future issuance from displaying when you return to the Food Benefits screen.



1. Future benefits available for issuance will be checked.

2. After the benefits are re-displayed, **clear the checks boxes of the benefits you want to remove**. DO NOT clear the check boxes from benefits you want to keep. (If the function is being performed because a participant was removed from the family, there will be no check boxes to uncheck). Only the benefits for the specific participant will be removed; other participants will not have their balances affected.

3. Select Issue Benefits.



5. Open the **Audit Trail** and confirm there are no benefits available for the months you removed.
6. 5. Return to Family screen and reset the FB Issuance to 3 months.

X. Food Package Proration

NV WISH prorates food packages according to the date of issuance of Food Benefits. Adjustments are based on 3, 10-day periods for the month, depending on the number of days in the month (for more information, please see below*). NV WISH will automatically determine whether a **full package** (no proration), **2/3 proration** or **1/3 proration** package will be issued.

Examples of the proration amounts for **2/3** and **1/3** are shown below. All items that are one unit stay one unit, such as cheese, eggs and peanut butter/beans, and the fruit and vegetable cash value benefit (CVB) remain at the same amount even with proration. Items that are reduced still remain as whole units, such as bread/whole grains (16 ounce), breakfast cereal (18 ounce), juice (1), even at the 1/3 proration.

You can **View** the prorated amounts on the **Food Package** screen by clicking the radio buttons for **2/3**:

Participant: Amora Valentine | 2 of 3

Category: Child (Female) | HR | BW
 Date of Birth: 02/14/2014 (2 y 10 m) | WIC Status: Active | Cert. End: 12/2017 | Last FB:

Food Package

Effective Date: 01/10/2017 | 1 of 1 | New | Edit | Delete

End Date: Do Not Auto-Update

Verified Special Diet (Prescribed Formula/Food, Religious Reason) [Documentation](#)

Self-Reported Details

Verify Copy

Model Food Package: Child 2y+ with Cheese + Yogurt

View Full 2/3 1/3 | FB Issuance: 3 Months | 1st Day: 1

Food Package Name: Child 2y+ with Cheese + Yogurt

Category	Subcategory	Qty	UOM	Month	Doc ID
02 Cheese or Tofu	000 Cheese-All authorized	1.0	Pound	All	
03 Eggs	000 Eggs-All Authorized	1.0	Dozen	All	
05 Breakfast Cereal	000 Cereal-All Authorized	24.0	Ounce	All	
06 Legumes	000 PB/Beans & Peas-All Auth	1.00	Jar / Bag	All	
16 Bread/Whole Grains	000 Whole Grains-All Auth	32	Ounce	All	
19 Fruits and Vegetables ...	000 Fruits and Vegetables	8.00	Cash Val...	All	

Comments

and 1/3:

Participant Amora Valentine | 2 of 3

Category: Child (Female) | HR | BW
 Date of Birth: 02/14/2014 (2 y 10 m) | WIC Status: Active | Cert. End: 12/2017 | Last FB:

Food Package

Effective Date: 01/10/2017 | 1 of 1 | New | Edit | Delete

End Date: | Do Not Auto-Update

Verified Special Diet (Prescribed Formula/Food, Religious Reason) | Documentation

Verify Self-Reported Details

Copy

Model Food Package: Child 2y+ with Cheese + Yogurt

View: Full 2/3 1/3 | FB Issuance: 3 Months | 1st Day: 1

Food Package Name: Child 2y+ with Cheese + Yogurt

Category	Subcategory	Qty	UOM	Month	Doc ID
02 Cheese or Tofu	000 Cheese-All authorized	1.0	Pound	All	
03 Eggs	000 Eggs-All Authorized	1.0	Dozen	All	
05 Breakfast Cereal	000 Cereal-All Authorized	18.0	Ounce	All	
06 Legumes	000 PB/Beans & Peas-All Auth	1.00	Jar / Bag	All	
16 Bread/Whole Grains	000 Whole Grains-All Auth	16	Ounce	All	
19 Fruits and Vegetables ...	000 Fruits and Vegetables	8.00	Cash Val...	All	

Comments

*For more information, the proration cut-offs are determined by how many days are in the month. The calculation is:

- Number of Days Remaining = Issuance End Date - Today's date + 1
- If Number of Days Remaining <= 10 then issue 1/3 package for the issuance period
- If Number of Days Remaining >10 and <=20 then issue a 2/3 package for the issuance period
- If Number of Days Remaining >20 then issue a full package for the issuance period
- No proration then issue a full package

The following table shows how this works in various calendar months:

Proration Table for All Food Packages			
Days in a Month - Month	Days to Issue a "Full" Package	Days to Issue a "Two-Thirds" Package	Days to Issue a "One-Third" Package
28 Days - February	1, 2, 3, 4, 5, 6, 7, 8	9, 10, 11, 12, 13, 14, 15, 16, 17, 18	19, 20, 21, 22, 23, 24, 25, 26, 27, 28
29 Days - February	1, 2, 3, 4, 5, 6, 7, 8, 9	10, 11, 12, 13, 14, 15, 16, 17, 18, 19	20, 21, 22, 23, 24, 25, 26, 27, 28, 29
30 Days - April, June, September, November	1, 2, 3, 4, 5, 6, 7, 8, 9, 10	11, 12, 13, 14, 15, 16, 17, 18, 19, 20	21, 22, 23, 24, 25, 26, 27, 28, 29, 30
31 Days - January, March, May, July, August, October, December	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11	12, 13, 14, 15, 16, 17, 18, 19, 20, 21	22, 23, 24, 25, 26, 27, 28, 29, 30, 31

Section VII: Assign Medical Formula

7. Click **Foods: Food Package**
 1. Click **+New**.
 2. Check the **Special Diet** box. Click on **Documentation** then click **+New**. Complete required fields based on written medical documentation received from Health Care Provider. **Doc ID** is required, you can use the number 1. Tab out of **Doc ID** and hit **Close**.
 3. Click the **Model Food Package** drop-down box. Select desired food package which includes the medical formula required or DS food package for formula that will be directly shipped to the clinic. Enter the number 1 in the Doc ID column. Tab out. Verify food package.
8. Directions for Entering Direct Ship Formulas Not included in the Drop-Down List
 1. Select the correct participant.
 2. Go to the Food Package panel and click the “Special Diet” checkbox.
 3. Click the blue underlined “Documentation” link and enter the “Food Package Documentation” fields from the participant’s completed Medical Documentation Form.
 4. Select the appropriate “Model Food Package” from the drop-down list. When “DS Infant Formula” is selected this will specify Category as “21 Infant Formula” and the Subcategory as “999 DS Infant Formula”. When “DS Toddler Formula” is selected this will specify Category as “41-WIC Eligible Nutritional” and the Subcategory as “901 DS Toddler Formula”. When “DS Child Formula” is selected this will specify Category as “41-WIC Eligible Nutritional” and the Subcategory as “902 DS Child Formula”. When “DS Woman Formula” is selected this will specify Category as “41-WIC Eligible Nutritional” and the Subcategory as “903 DS Woman Formula”. When “DS Woman Pregnant or Nursing Multiples Formula” is selected this will specify Category as “41-WIC Eligible Nutritional” and the Subcategory as “904 DS Woman Pregnant or Nursing Multiples”.
 5. Select the appropriate “Doc ID” number. CHECK MARK the “Direct” checkbox.
 6. Enter name of the formula; ounces per day; number of cases requested in the Comments section.
3. Issue the new food package benefits. Click **Foods: Food Benefits**
 1. Checked box(es) indicate benefits are ready to be issued.
 2. Click **Issue Benefits** button.
 3. Signature pop-up box opens, complete required fields. Close screen. The **Family Food Benefits** will automatically print.
 4. Scan written Medical Documentation form into the participant/family record and shred original.
 - a. Open NV WISH
 - a. Open Clinic Services
 - b. Select family either by most recent or “advanced search”
 - c. Select “File” from toolbar; in drop down box select, “Document scanned”
 - d. Click “Existing document” button

- e. Locate file (where you saved it)
- b. Double click document to upload (document should upload below in “Family Scanned Documents”)
- c. Choose the participant the document belongs to in the dropdown menu.
- d. Click, “Close”
- e. Shred documents as appropriate

Section VIII: Return and Exchange Formula

- ✓ Complete the Returned Formula screen when - and only when - you have the returned formula in hand.
- ✓ Update the nutrition interview if needed to change breastfeeding status.

Formula returns must always be done in this order:

9. Click **Foods: Returned Formula**

1. At the top of the screen, select the family member who is returning formula. Click Get **Balance**. The grid displays a row for the formula for current month.
2. In the **Quantity** column enter the number of cans being returned. This should be the number of actual cans the participant has in their hand and must be formula for the current month. Tab out of quantity.
3. Staff must document the number of cans of formula returned in the Returned Formula Log. All returned formula must be destroyed by the Clinic Manager/Supervisor.

10. Click **Foods: Food Package**

1. Click **+New**.
2. If applicable, check the **Special Diet** box and complete **Documentation**
3. Click the **Model Food Package** drop-down box. Select desired food package which includes the new formula.

Note: the new food package will be the full amount regardless of the day of the month. The prorated amount does not appear until you issue benefits.

11. Issue the new food package benefits. Click **Foods: Food Benefits**

1. On the Economic Unit Balance-to-Issue Pop Up, verify that the correct formula will be issued in current and future months.
2. Click **Issue Benefits** button.
3. Signature pop-up box opens, complete required fields. Close screen. The **Family Food Benefits** will automatically print.

Section IX: Replace a Lost Card/Unlock or Reset a PIN/Card Deactivation with Foster Child

XI. Replace a lost or damaged card

1. If a family calls to report a **lost, damaged or stolen WIC card**
 1. Open **Clinic Services**.
 - a. Find the participant using the **Advanced** search screen.
 2. Open **Foods: Card Operations**
 - a. Select a reason for deactivation from the **Replacement Card Setup – Reason** drop down list.
 - b. Click the **Replace Setup** button.
 - c. Swipe the new card through the magnetic stripe reader or enter the new PAN on the **Select PAN** pop-up
 - d. Click on the **Search** button to make sure card is not already assigned to another participant.
 3. Mail the new WIC card to the family

Notes:

- Staff can write the family's name on their EBT card with a Sharpie after it is assigned, as all EBT cards look alike!
- The participant's PIN is still stored in their account. Therefore, there is no need to create a new PIN unless the participant forgot their PIN.

XII. Unlock a participant PIN

Notes:

- A PIN will lock if it is entered incorrectly 3 times.
 - Customer Service, also known as the **Interactive Voice Response (IVR)** system, is not able to unlock a PIN.
 - The NV WISH system automatically unlocks PINs every night.
-

1. Open **Clinic Services**.
 - a. Find the participant by accessing the **Advanced** search screen.
2. Click **Card Activities** menu on the top of the screen
 - a. Click **Unlock PIN** in the drop-down box
 - b. The system displays the **Select PAN** pop-up
 - a. Swipe participant's card through the card reader (participant in clinic) or enter the participant's PAN number (participant not in clinic)
 - b. Click the **Search** button to find the card linked to the participant.
 - c. An **Unlock PIN** operation pop-up message displays. (The system sends an Unlock message to NV WISH).

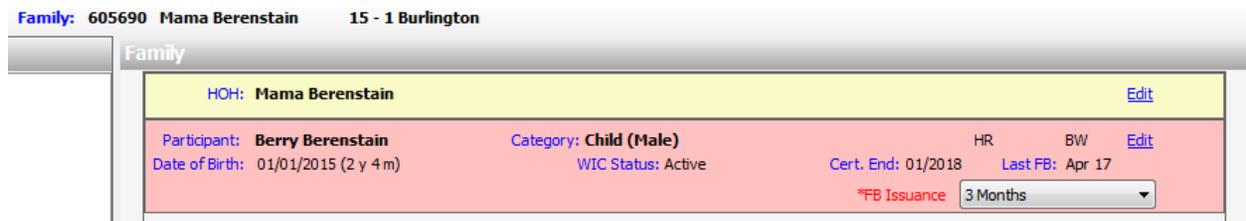
XIII. Change or Replace a PIN

- Participant calls WIC Direct - Interactive Voice Response (IVR) and provides the following:
 - Participant account number (PAN)
 - Date of Birth for HOH (if Foster Child with his/her own card – use child’s DOB)
 - Zip code

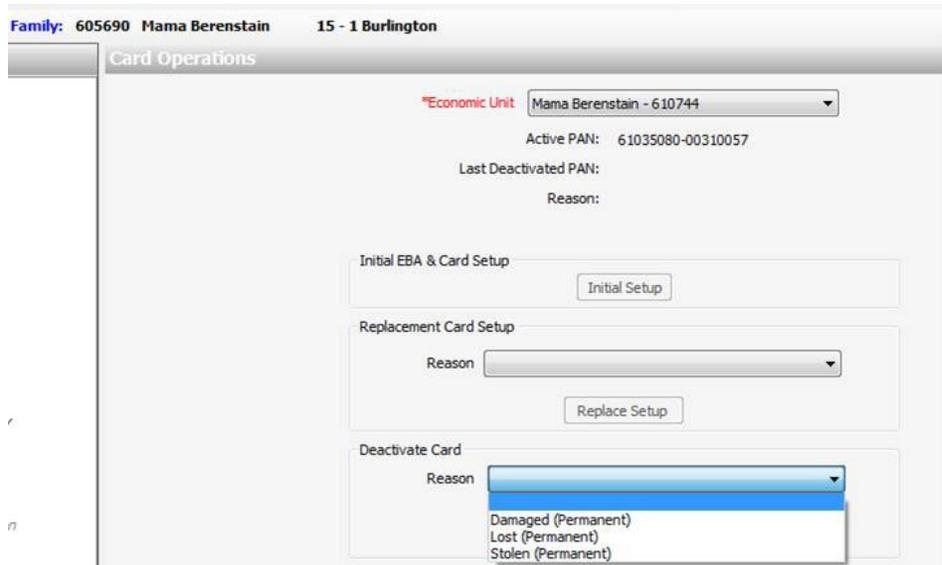
XIV. Retrieve Participant and Card Deactivation with Foster Child

When a child moves from one family into another, such as in the case of a foster child, and there are no other active participants in the original family, you can deactivate the original family’s EBT card, especially if it has current or future benefits that you no longer want to be available. **Note: the order in which this is done is important to be able to deactivate the card.**

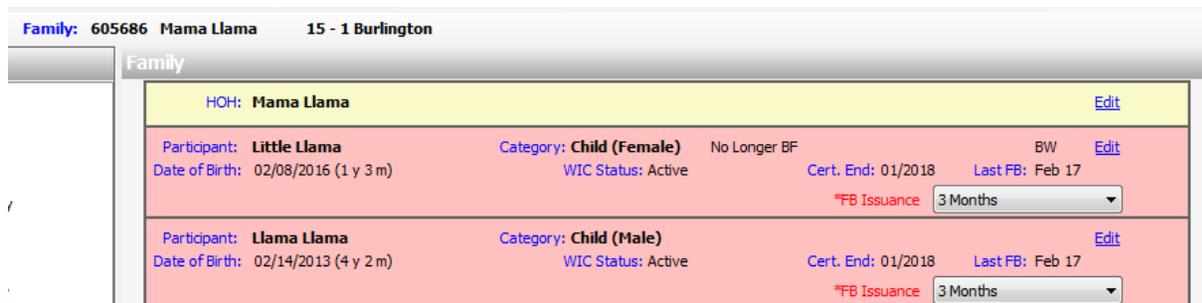
Example: Berry Berenstain is a child going into foster care. Here is his original family’s **Family** screen:



Before retrieving Berry into the foster family, deactivate the card issued to his original family in **Card Operations**:



This is the foster family Berry is moving into **Family** screen:



Retrieve Berry into his foster family on the **Activity - Retrieve Participant** screen:

Family: 605686 Mama Llama 15 - 1 Burlington

Retrieve Participant

Simple
 Advanced

Choose one of the following

Family ID
 Person ID
 Old Participant ID

Person ID:

Search Results (Simple)

Family ID	LA-Clinic	Person ID	Name	Category	DOB	WIC Status	ZIP
<input checked="" type="checkbox"/> 605690	15-1	610745	Berry Berenstain	Child	01/01/2015	Active	05401 (802) 123-4444

Berry is now in the foster family. Enter his foster child status – **Edit, Enrollment, Make Foster Child** and **Entered Foster Care Date**.

Family: 605686 Mama Llama 15 - 1 Burlington

Family

HOH: Mama Llama	Edit	
Participant: Little Llama Date of Birth: 02/08/2016 (1 y 3 m)	Category: Child (Female) WIC Status: Active	No Longer BF Cert. End: 01/2018 Last FB: Feb 17 *FB Issuance: 3 Months
Participant: Berry Berenstain Date of Birth: 01/01/2015 (2 y 4 m)	Category: Child (Male) WIC Status: Active	HR Cert. End: 01/2018 Last FB: Mar 17 *FB Issuance: 3 Months
Participant: Llama Llama Date of Birth: 02/14/2013 (4 y 2 m)	Category: Child (Male) WIC Status: Active	Cert. End: 01/2018 Last FB: Feb 17 *FB Issuance: 3 Months

Member/Proxy

Person ID: 610745

Old Participant ID:

Jen Woodard 05/11/2017

Enrollment

Name: Berry Berenstain

Date of Birth: 01/01/2015

Expected DOB: / /

*Sex: Male

*Hispanic/Latino: No

Mother: / /

05/11/2017

/ /

Jen Woodard 02/10/2017

Berry now shows up as a **Foster** child in the foster family's **Family** screen:

Family: 605686 Mama Llama 15 - 1 Burlington Foster=1

HOH: Mama Llama		Edit	
Participant: Little Llama	Category: Child (Female)	No Longer BF	BW
Date of Birth: 02/08/2016 (1 y 3 m)	WIC Status: Active	Cert. End: 01/2018	Last FB: Feb 17
		*FB Issuance	3 Months
Participant: Berry Berenstain	Category: Child (Male)	Foster HR	BW
Date of Birth: 01/01/2015 (2 y 4 m)	WIC Status: Active	Cert. End: 01/2018	Last FB: Apr 17
		*FB Issuance	3 Months
Participant: Llama Llama	Category: Child (Male)		
Date of Birth: 02/14/2013 (4 y 2 m)	WIC Status: Active	Cert. End: 01/2018	Last FB: Feb 17
		*FB Issuance	3 Months

A new card can now be issued for Berry in his foster family under **Card Operations**. Remember that a foster child is his/her own **Economic Unit** and will need their own EBT card assigned. Select Berry from the Economic Unit drop down and issue a new card using Initial EBA & Card Setup.

Family: 605686 Mama Llama 15 - 1 Burlington Foster=1

Card Operations

*Economic Unit: Mama Llama - 610732
Mama Llama - 610732
Berry Berenstain - 610745

Last Deactivated PAN:
Reason:

Initial EBA & Card Setup
Initial Setup

Replacement Card Setup
Reason: [Dropdown]
Replace Setup

Deactivate Card
Reason: [Dropdown]
Deactivate Card

Berry now has an EBT card assigned to his **Economic Unit**:

Family: 605686 Mama Llama 15 - 1 Burlington Foster=1

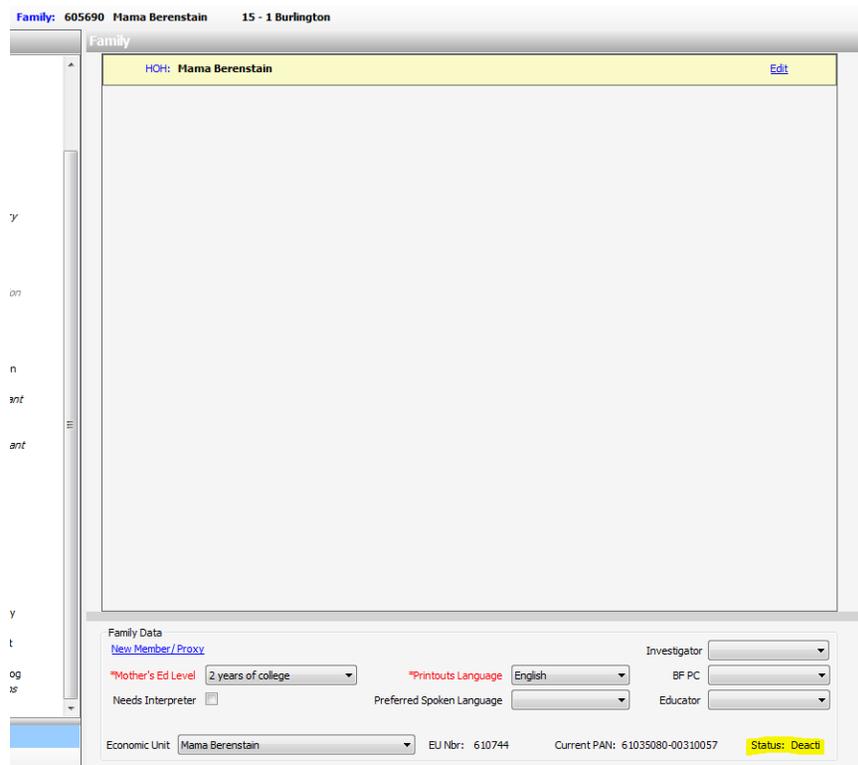
Card Operations

*Economic Unit: Berry Berenstain - 610745

Active PAN: 61035080-00320841

Last Deactivated PAN:
Reason:

His original family's **Family** screen no longer has any participants and shows that the original EBT card is deactivated:



**If these steps are not followed, you may not be able to deactivate the original card. In that case, if there are benefits still available on the card, please send to the WIC Helpdesk so we can remove any benefits.

Note: Foster family situations may vary by case. Contact the WIC Help Desk with specific issues or questions.

Section X: Terminations Prior to End of Certifications

I. 60 Day Participant Inactivity

1. Participants will get terminated after 60 days of inactivity. This will be done automatically by a NV WISH monthly batch job.
2. Inactivity includes those participants who have missed their WIC appointments and benefits were not issued.
3. These participants will show as terminated, see example below:

The screenshot displays a user interface for managing WIC certifications. At the top, a header bar shows the participant's category as 'Infant (Female)', status as 'Never BF', date of birth as '09/20/2021 (4 m 12 d)', and 'WIC Status: Terminated'. It also indicates the certification end date as '09/2022' and the last food benefit issued as 'Nov 21'. Below this, a 'Certification' section shows the current certification dates as '09/23/2021' and '09/30/2022', with an application type of 'Regular'. A 'Termination' section is active, showing a 'Record Date' of '01/31/2022' and a 'Termination Reason' of 'No recent Food Benefit pickup'. The 'Effective Date' is also '01/31/2022'. A 'Reinstate' button is visible, along with fields for 'Date', 'Reason', and 'Staff Member'.

Per our current CT:13 Policy and Procedure:

Failure to Participate If a participant fails to be contacted after missing a scheduled appointment and/or subsequently have their EBT card revalidated for purchase of supplemental foods for two consecutive months (60 days), s/he will be automatically inactivated in the WISH system. Automatic Inactivation will occur two consecutive months from the end of their most recent issued food package expiration date (refer to NE: 1, NE: 6, CT: 1).

Example 1: A participant does not attend a scheduled NED, HR, IHA/CHA, or Recertification appointment, the local agency will document multiple, attempts to contact the participant to either reschedule their WIC appointment (HR, IHA, CHA, ReCert), or complete the NED requirement in person (reschedule appointment), online (e.g. WICHealth.org class) or over the phone if needed. If the local agency is unable to reach the participant, the participant will be automatically deactivated in WISH 60 days from the last day of their most recent food benefits, or until the time they contact the local agency for reinstatement or recertification.

If the participant reaches out to the WIC clinic, staff are to re-instate the participant, issue one month of benefits and reschedule their missed appointment. Reinstatement is done as follows in NV WISH:

1. Open the family and select the participant who has been terminated
2. Go to the 'Certification/Termination' Panel
3. Select 'Edit' on the Termination section
4. Click 'Reinstate'
5. Add 'Today's date'
6. Reason- 'Benefit Reactivation'

The screenshot displays the NV WISH system interface for managing a participant's certification and termination. At the top, a header bar shows the participant's details: **Category: Infant (Female)**, **Never BF**, **BW**, **Date of Birth: 09/20/2021 (4 m 12 d)**, **WIC Status: Active**, **Cert. End: 09/2022**, and **Last FB: Nov 21**.

The main section is titled **Certification** and shows a **Certification Dates** table with one entry for **09/23/2021**. A sidebar on the left contains buttons for **Certify**, **Summary**, **Fulfill Prov**, and **Modify Cert End Date**.

The **Termination** section is active, showing a **Record Date** of **01/31/2022**. It includes a **Reinstate** button and a form with the following fields:

- *Termination Reason**: No recent Food Benefit pickup
- *Effective Date**: 01/31/2022
- Staff Member**: System System
- *Date**: 02/01/2022
- *Reason**: Benefit Reactivation
- Staff Member**: Blanca Ayala

Section XI: Hidden Member

- ✓ **Use when** there is at least one Infant or Child participant that is over five years of age, designated as deceased, or no longer in the family.
- ✓ A **Hidden Member** displays in red font when **Show Hidden Members** is not selected in **View**.
- ✓ You can also use **Hidden Member** in cases where the child is no longer with the family, for example, when a child moves out of a family, but you do not know where the child is placed, such as in a foster care situation.

Example: Original **Family** screen:

View Card Activities Help

Family: 605579 Sun Flower 15 - 1 Burlington

Family

HOH: Sun Flower [Edit](#)

Participant: Lily Flower Category: Infant (Female) Never BF BW [Edit](#)
Date of Birth: 02/14/2016 (11 m 23 d) WIC Status: Active Cert. End: 05/2017 Last FB: Feb 17
*FB Issuance: 3 Months

Participant: Wild Flower Category: Child (Female) Never BF HR BW [Edit](#)
Date of Birth: 09/30/2015 (1 y 4 m) WIC Status: Active Cert. End: 11/2017 Last FB: Mar 17
*FB Issuance: 3 Months

Family Data
[New Member / Proxy](#) Investigator:
*Mother's Ed Level: 12th grade *Printouts Language: English BF PC:
Needs Interpreter: Preferred Spoken Language: Educator:
Economic Unit: Sun Flower EU Nbr: 610499 Current PAN: 61035080-00309299 Status: Active

On the **Certification/Termination** screen, use “No longer in family” in the **Termination Reason** dropdown, to make the participant a **Hidden Member**:

ew Card Activities Help

Family: 605579 Sun Flower 15 - 1 Burlington

Participant: Wild Flower < 1 of 2 >

Category: Child (Female) Never BF HR BW
Date of Birth: 09/30/2015 (1 y 4 m) WIC Status: Active Cert. End: 11/2017 Last FB: Mar 17

Certification

Certification Dates: 12/15/2016 < 1 of 1 >

Certify Certification End Date: 11/30/2017 Initial Certification Date: 12/15/2016
Summary Application Type: Regular Modified CED: 11/30/2017
Signature Categorical Elig End Date: 09/30/2020
Fulfill Prov Termination Record Date: 02/06/2017 < 1 of 1 > New Edit Delete
Modify Cert End Date

*Termination Reason:

*Effective Date: Terminate for recertification
Voluntary Withdrawal
Staff Member: Failure to provide proof
Dual Participation
Reinstate
Date: No Longer in Family
Moved or Transferred Out
Woman's Category Change
Reason: VOC Certification Ended
Deceased
Staff Member: Not BF 6 - 12 month Postpartum
Abuse of the WIC Program
Misrepresentation
Exceeds Income Limit
Dual Participation with CSFP
No recent FB pickup
Duplicate person

System Messages Family Alerts

Error Code	Description
9001	Termination Reason is a required field.
9001	Effective Date is a required field.

In the **Family** screen, this participant's ribbon turns orange:

The screenshot shows the 'Family' screen for household 605579, Sun Flower, 15 - 1 Burlington. It lists two participants:

- Lily Flower** (pink ribbon): Category: Infant (Female), Never BF, BW, Date of Birth: 02/14/2016 (11 m 23 d), WIC Status: Active, Cert. End: 05/2017, Last FB: Feb 17, *FB Issuance: 3 Months.
- Wild Flower** (orange ribbon): Category: Child (Female), Never BF, Date of Birth: 09/30/2015 (1 y 4 m), WIC Status: Terminated - No Lon..., Cert. End: 11/2017, Last FB: Mar 17, *FB Issuance: [dropdown].

Then under **View**, uncheck **Show Hidden Members** and the participant becomes a **Hidden Member** of the household:

This screenshot shows the same family screen, but the 'View' menu is circled in red, and the text 'Hidden Member' is also circled in red, indicating the participant's status change.

You can still search for the person by name in **Advanced Search** – the **Hidden Member** doesn't show up in the **Search Results**, but you can click on the **Family ID** to see them:

The screenshot shows the 'Advanced Search' interface. Search criteria include: Last Name (empty), First Name: Wild, Date of Birth (empty), ZIP Code (empty), Home Phone Number (empty), and Statewide Sketch (unchecked). The 'Search' button is highlighted. Below the search criteria, the 'Show All Family Members' checkbox is checked.

Search Results (Advanced)

Family ID	LA-Clinic	Person ID	Name	Category	DOB	WIC Status	ZIP
605579	15-1	610500	Flower, Lily	Infant	02/14/2016	Active	05402
605579	15-1	610499	Flower, Sun		08/12/1992		05402

NOTE: Remember when terminating a participant who is no longer in the family, if they have current and/or future food benefits, go to the **Food Benefits** screen and reissue benefits for the family, if needed, to remove benefits for the participant who is no longer in the family.

Section XII: Making a Proxy or HOH Inactive and Hiding the Name

- ✓ Use this when there has been a change in the family, and you would like to hide the name of the former proxy or head of household on the **Family Screen**
- ✓ This option might be useful in cases with domestic violence or custody issues where viewing the name might be triggering for the head of household
- ✓ Use the **Special Needs** field to record the former proxy or head of household and/or reason and reason for making them inactive, if desired

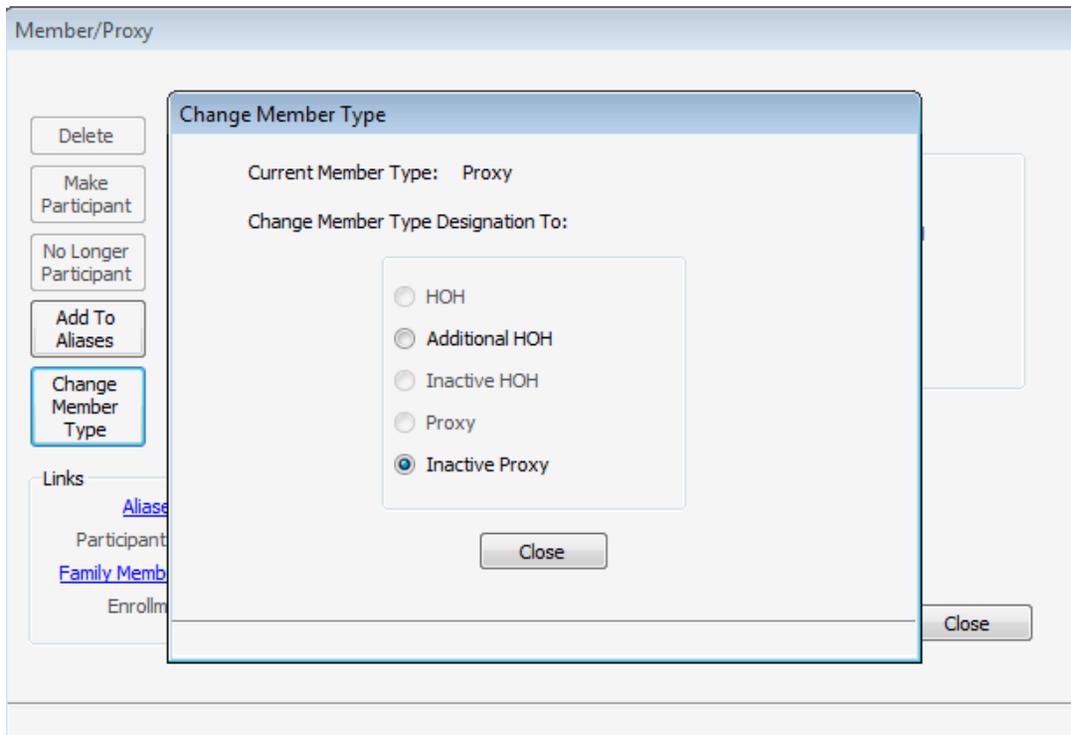
Click **Edit** on the Proxy or Additional Head of Household (HOH) you would like to make inactive:

family	
HOH: Lottie Janie Date of Birth: 06/01/1990 (27 y) 8/25/2017, Increase water intake	Category: Breastfeeding WIC Status: Active Cert. End: 06/2018 Last FB: Oct 17 *FB Issuance: 3 Months
Participant: Gracie Law Date of Birth: 06/27/2017 (2 m 30 d) 8/25/2017, Nurse every 2-3 hours	Category: Infant (Female) Prim Excl/No F Pkg WIC Status: Active Cert. End: 06/2018 Last FB: *FB Issuance: 3 Months
Participant: Jack Foster Date of Birth: 08/07/2014 (3 y 1 m) 8/25/2017, Play everyday	Category: Child (Male) WIC Status: Active Cert. End: 07/2018 Last FB: Oct 17 *FB Issuance: 3 Months
Proxy: Mike Janie	Edit

Change First Name to “Inactive” and Last Name to “Proxy” (or Last Name “HOH” for Additional Head of Household). Type former proxy’s or Additional Head of Household name in the Special Needs field.

The screenshot shows two overlapping windows of the 'Member/Proxy' edit form. The background window shows the current state: Person ID: 611116, First Name: Mike, Last Name: Janie, Date of Birth: 09/26/1980, Age: 37 y. The foreground window shows the form after editing: First Name: Inactive, Last Name: Proxy, Date of Birth: 09/26/1980, Age: 37 y, and Special Needs: Former Proxy name is Mike Janie. A blue arrow points from the 'Change Member Type' button in the foreground window to the 'Member Type' radio buttons on the right, where 'Inactive Proxy' is selected.

Click on **Change Member Type** and choose the **Inactive Proxy** (or Inactive HOH) radio button.



Click Close, then Close again. Final screen should show:

Family	
HOH: Lottie Janie Date of Birth: 06/01/1990 (27 y) 8/25/2017, Increase water intake	Category: Breastfeeding WIC Status: Active Cert. End: 06/2018 *FB Issuance 3 Months
Participant: Gracie Law Date of Birth: 06/27/2017 (2 m 30 d) 8/25/2017, Nurse every 2-3 hours	Category: Infant (Female) WIC Status: Active Cert. End: 06/2018 *FB Issuance 3 Months
Participant: Jack Foster Date of Birth: 08/07/2014 (3 y 1 m) 8/25/2017, Play everyday	Category: Child (Male) WIC Status: Active Cert. End: 07/2018 *FB Issuance 3 Months
Proxy: Sammy Proxy	
Inactive Proxy: Inactive Proxy	

Or for an Inactive HOH:

Family	
HOH: Lottie Janie Date of Birth: 06/01/1990 (27 y) 8/25/2017, Increase water intake	Category: Breastfeeding WIC Status: Active Cert. End: 06/2018 *FB Issuance 3 Months
Participant: Gracie Law Date of Birth: 06/27/2017 (3 m 0 d) 8/25/2017, Nurse every 2-3 hours	Category: Infant (Female) WIC Status: Active Cert. End: 06/2018 *FB Issuance 3 Months
Participant: Jack Foster Date of Birth: 08/07/2014 (3 y 1 m) 8/25/2017, Play everyday	Category: Child (Male) WIC Status: Active Cert. End: 07/2018 *FB Issuance 3 Months
Proxy: Sammy Proxy	
Inactive HOH: Inactive HOH	

NOTE: The WIC Helpdesk has the ability to delete inactive proxies, so another option is to send a request through Elementool.

Section XIII: Breast Pumps

I. Issue/Reauthorize/Return a Breast Pump

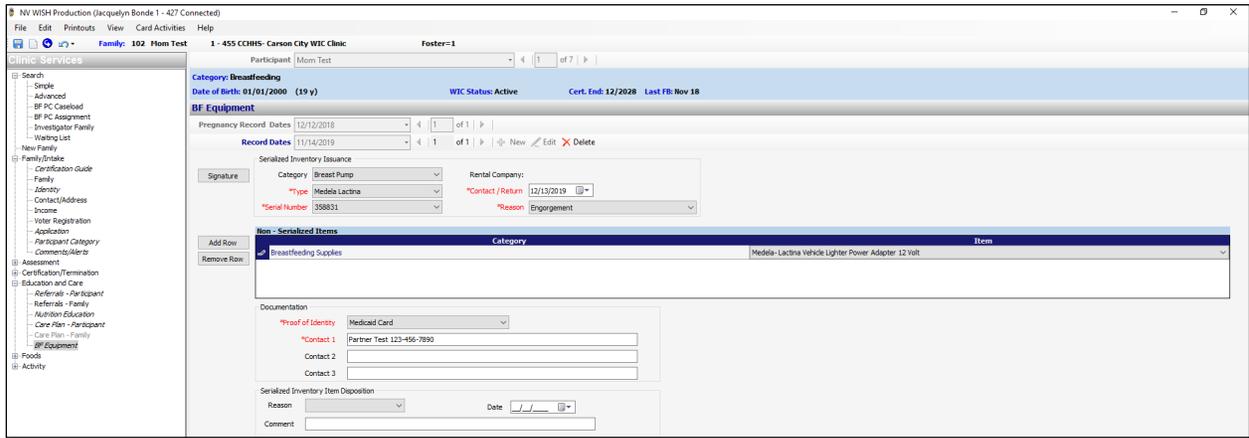
1. To issue a **multi-user electric breast pump (MU pump)** to a participant:
 1. Open **Clinic Services**.
 - a. Find the participant using the **Advanced** search screen.
 2. Open **Education and Care: BF Equipment**.
 - a. Click **+New** to create a new record date.
 - b. In **Serialized Inventory Issuance**, use pull down menus to complete the required fields.
 - c. In the **Contact/Return Date** field, enter the date WIC staff must contact the participant to continue authorized use of the breast pump. For more information on breast pump follow-up procedures, please refer to BF:3.
 - d. Under **Non-Serialized Items**, click **Add Row**. Complete fields to indicate the breast pump accessory kits or breastfeeding aids given to participant.
 - e. Complete the **Documentation** section.
 - f. Obtain a **Signature** from the participant.
 - g. Provide participant with a copy of the *Breast Pump Agreement* form, review, and have them sign for their records. Provide the participant with Human Milk Storage Guidelines and the CDC handout, How to Keep Your Breast Pump Clean.

The screenshot displays the Ceres software interface for a participant named Elderberry Tester. The main window is titled "Participant: Elderberry Tester" and shows the "BF Equipment" section. The interface includes a navigation tree on the left with categories like "Clinic Services", "Family/Intake", "Assessment", and "Education and Care". The main area contains the following fields and sections:

- Category:** Breastfeeding
- Date of Birth:** 03/12/1980 (35 y)
- WIC Status:** Active - VOC
- Cert. End:** 08/2015
- Last FB:** Jun 15
- Pregnancy Record Dates:** 04/13/2015
- Record Dates:** 04/16/2015
- Serialized Inventory Issuance:**
 - Signature: [Field]
 - Category: VDH Breastpump - Hygeia
 - Rental Company: [Field]
 - *Type: Enjoye (electric)
 - *Contact / Return: 05/31/2015
 - *Serial Number: 34348895
 - *Reason: Return to work/school
- Non - Serialized Items:**

Category	Item
Breast Pump Supplies	Hygeia Accessory Pump Kit
- Documentation:**
 - *Proof of Identity: Medicaid card
 - *Contact 1: Partner
 - Contact 2: [Field]
 - Contact 3: [Field]
- Serialized Inventory Item Disposition:**
 - Reason: [Field]
 - Date: / /

The bottom status bar shows "Mulberry Tester" and a message: "10006 - Is the Infant still breastfeeding?".



2. To **Issue** a Personal Double Electric Breast Pump or Single User **Manual Breast Pump** to a participant:
 3.
 1. Open **Clinic Services**.
 - a. Find the participant using the **Advanced** search screen.
 2. Open **Education and Care: BF Equipment**.
 - a. Click **+New** to create a new record date.
 - b. Under **Non-Serialized Items**, click **Add Row**. Choose manual pump from the dropdown menu. Add another row if other supplies or breastfeeding aids are provided.
 - c. Complete the **Documentation** section.
 - d. Obtain a **Signature** from the participant.
 - e. Provide participant with a copy of the *Breast Pump Agreement* form, review, and have them sign for their records. Provide participant with USDA's Human Milk Storage Guidelines and the CDC handout, How to Keep Your Breast Pump Clean.
 4. To Reauthorize a breast pump:

The local agency must follow-up with the participant monthly to assess how breastfeeding is going and if the use of a MU pump is still warranted or to replace with a Personal pump should the participant meet the criteria. Please see BF: 3 for guidance.

Note: If a participant has a breast pump out past their due date, a *red* "BP" will appear in the upper right corner of their "Family" panel; if the pump is not overdue the "BP" will remain *black*.



If reauthorization of the MU breast pump is indicated due to continued participant need, follow these steps:

1. Open **Clinic Services**.
 - a. Find the participant by accessing the **Advanced** search screen.
2. Open **Education and Care: BF Equipment**.
3. Click  **Edit** and adjust the **Contact/Return Date**. Perform a **Save**.
4. Document any notes regarding the breast pump re-authorization in the participant's chart:
 - a. Peer Counselors and Peer Supervisors should document breast pump re-authorization notes in Assessment >> BF PC Documentation. CPAs, dieticians or nutritionists should document breast pump re-authorization notes in **Education and Care: Care Plan- Family**.

Note:

The local agency should contact the participant monthly to assess pumping and breastfeeding and to determine the need to reauthorize the participant's breast pump for another month; see BF: 3 for additional guidance. All CPAs, Peers, dieticians or nutritionists should be trained to first review the number of Nutrition Education contacts a participant has before calling the participant to check on their need for a MU breast pump. If the family will lose food benefits due to lack of Nutrition Education contacts, the Peer should refer the breast pump authorization follow-up call to a CPA, nutritionist or dietician to ensure the family receives the appropriate number of contacts to prevent the loss of food benefits.

-
5. When a participant **returns** a MU breast pump, the pump is damaged, no longer works, is stolen, lost, etc.:
 1. Open **Clinic Services**.
 - a. Find the participant by accessing the **Advanced** search screen.
 2. Open **Education and Care: BF Equipment**. Complete the **Serialized Inventory Item Disposition** field at the bottom of the panel
 - a. Click  **Edit**
 - b. If the participant no longer needs the pump, complete the field using pull down menu for Reason and completing the Date. (Completing this field will return the pump to the Breast Pump inventory in NV WISH and allow the pump to be issued to another participant.)
 - c. If the pump is being returned because it was damaged or does not work, or the participant reports the pump as stolen or lost, select the appropriate Reason in the pull-down menu, and complete the date. (This will remove the pump from the NV WISH Breast Pump inventory.) If indicated, issue another pump to the participant using the process in subsection "A" above. Note: Never select "Other" as a reason- this will remove the pump from your inventory.

Note: Please review policy BF: 3 for breast pump follow-up guidance.

II. Managing Breast Pump Inventory

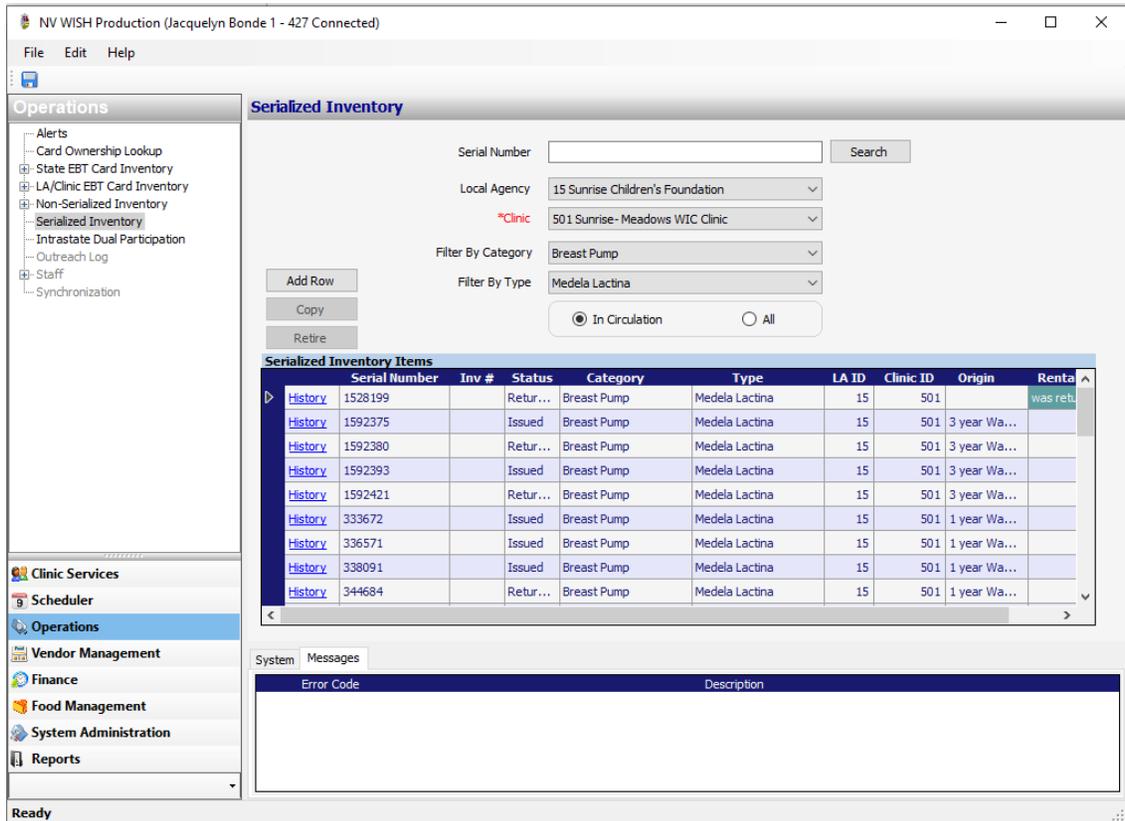
Open Operations

(Note: Security access to perform this function is typically given to Directors and Supervisors only)

1. Click on: **Serialized Inventory**

1. **Add a new breast pump to inventory**

- Click on **Add Row**.
- Filter by **Category** and filter by **Type** (this is not required, but if chosen will auto-fill those fields).
- A unique serial number is required. Indicate category and type (if you did not filter). The pump "Origin" will display the breast pump's warranty period.



d.

2. **Manage breast pump inventory – Re-adding or retiring pumps**

- Use the pull-down menu to select pump category and type. Click on **History** to open **Serialized Inventory History** box for that pump.
- Click on **Add Row**.
- Select current **date**
- In the Transaction column, from the pull-down menu select one of the following: returned, retired, lost, stolen, damaged, re-added, or other. **Returned** or **Re-added** will return the pump to circulation. Retired will remove the pump from the agency's inventory.

III. Review Report: BF Equipment Due

To view what Breast Pump equipment is due for return to clinic

1. Open **Reports**

- Open **Clinic Services Reports: Breastfeeding Equipment Due**

- Select Local Agency and click **View Report** for a list of participants and dates pumps should be reauthorized or returned.

The screenshot shows the 'Breastfeeding Equipment Due' report in the NV WISH Production software. The report is generated for the local agency '15 Sunrise Children's Foundation'. The table below represents the data shown in the report:

Local Agency/Clinic	Contact/Return Date	Date Issued	HOH Name	Family ID	Home Phone	Equip Type	Serial #	Reason Issued
15 Sunrise Children's Foundation								
501 Sunrise-Meadows WIC Clinic								
	10/24/2019	09/24/2019				Medela Lactina	361745	Hospitalization
	11/07/2019	07/23/2019				Medela Lactina	694283	Low Milk Production
	11/08/2019	10/23/2019				Medela Lactina	913243	Low Milk Production
	11/11/2019	10/10/2019				Medela Lactina	336571	Hospitalization
	11/14/2019	08/15/2019				Medela Lactina	919016	Medical Condition
	11/15/2019	07/25/2019				Medela Lactina	944153	Work
	11/15/2019	08/30/2019				Medela Lactina	902526	Work

1. Report includes all issued serialized breastfeeding equipment:

- Which has a Contact/Return Date and
- A blank Serialized Inventory Item Disposition Date where the Contact/Return Date is in the current month or past due.

The report does not include serialized inventory which lists a return date in a future month.

Section XIV: Breastfeeding Peer Counseling

I. View BF PC Caseload

- To view or print a list of active participants assigned to a specific Peer Counselor:
 - Open **Clinic Services**.
 - Click **Search: BF PC Caseload**
 - Enter the name of the Peer Counselor and click on **Search**. Search results will display the participants assigned to the Peer. The table will show dates for next contact and phone numbers.
- To view or print a list of all participants assigned to all Peer Counselors at a specific clinic:
 - Open **Clinic Services**.
 - Click **Search: BF PC Caseload**
 - Enter LA ID, Clinic ID, and click **Search** for a complete list of active peers and their current caseload.
- To view the Peer Counselor to whom a specific participant is assigned:
 - Open **Clinic Services**.
 - Click **Search: BF PC Caseload**
 - Enter the name of the Participant, select Category and Status, and click on **Search**. Search results will display the Peer Counselor, if one is assigned.

BF Peer Counselor	Family ID	LA-Clinic	Person ID	Participant	Category	EDD/ADD	Next Contact	Phone	WIC Status	ZIP
Sylvia Rosales						05/17/2019			Active	89030
Marisol Olivarez-Rodri...						05/17/2019			Active	89012
Lucia Harger						05/18/2019			Active	89110
Claudia Abrego						05/18/2019			Active	89122
Lucia Harger						05/18/2019	12/04/2019		Active	89103
Mania Beronica						05/19/2019			Active	89101
Lucia Harger						05/19/2019			Active	89145

II. BF PC Assignment

To assign a participant to a Peer Counselor:

1. Open **Clinic Services**.
2. Click **Search: BF PC Assignment**
3. Enter **LA ID** and **Clinic ID**. Click **Search** for a list of all pregnant or breastfeeding women.
4. Narrow the Search results by using drop down menus in the **Participant** section, to choose **Category** and/or **WIC Status**. Click **Search** for updated list.
5. You may also narrow the Search results by choosing **No BF PC Assigned** or **BF PC Currently Assigned**. Click **Search** for updated list.
6. In the Search Results table, in the Row for the participant, go to the **BF PC** field, and select Peer Counselor from drop down menu. Click **Assign**.

Note: If a Local agency needs to reassign a BFPC's caseload to another BFPC due to reallocation of participants, or staff termination, this may be done through the BFPC Assignment panel. To reassign participants to a different BFPC, staff will need to double click the current BFPC assigned to the participant and select the new BFPC from the drop-down menu. Once you have completed reassignment of all participants, complete Appendix GP I- NV WISH and WIC Direct User Application and submit to wicgeneral@health.nv.gov to have the peer removed.

The screenshot shows the 'BF PC Assignment' window in the NV WISH Production software. The interface includes a search section with fields for 'LA ID' and 'Clinic ID', and a 'Participant' section with dropdown menus for 'Category' and 'WIC Status'. There are radio buttons for 'No BF PC Assigned' and 'BF PC Currently Assigned'. Below the search filters is a table titled 'Search Results (BF PC Assignment) 417 record(s) matched the criteria'. The table has columns: Family ID, Participant, Category, EDD/ADD, Age (yrs), Language, Ever BF, and BF PC. The table contains several rows of data for breastfeeding participants. An 'Assign' button is located at the bottom left of the table.

Family ID	Participant	Category	EDD/ADD	Age (yrs)	Language	Ever BF	BF PC
		Breastfeeding	12/27/2015	23	English	No	Sheralee Rivera
		Breastfeeding	09/13/2017	23	English	Yes	Sheralee Rivera
		Breastfeeding	10/16/2017	29	Other - Call Stat...	Yes	Sheralee Rivera
		Breastfeeding	10/31/2017	35		Yes	Sheralee Rivera
		Breastfeeding	11/17/2017	31		Yes	Sheralee Rivera
		Breastfeeding	12/07/2017	27	English	Yes	Sheralee Rivera
		Breastfeeding	01/03/2018	42	Other - Call Stat...	No	Sheralee Rivera

III. BF PC Documentation

Note: The **BF PC Documentation** screen will be used by BFPCs and BFPC Supervisors at local agencies with Peer Counselors. Certifiers at local agencies without Peer Counselors may need to review past documentation for participants who transferred from another local agency.

Peer Counselor will document contacts:

1. Open **Clinic Services**.
 1. Find the participant by accessing the **Advanced** search screen.
2. Open **Assessment: BF PC Documentation**.
 1. Click **+New** to create a new record date.

2. Complete the required fields: name of Peer Counselor and **Type of Contact**.
 - **No Answer** – Left voice mail, sent email or text with no reply from participant *on the date of documentation*.
 - If mom responds to text or email on the same day that you document in NV WISH, open the record and **edit**. Change the type of contact from “No Answer” to “Telephone support”. Select the tic box for phone, email, or text message. Check off topics discussed and document the content of your communication with mom.
 - If mom responds to text or email *on a subsequent day*, make a **new** contact, choose “Telephone support” as Type of Contact. Select the tic box for phone, email, or text message, and document your communication.
 - If family answers and mother is not available, add “DID NOT REACH MOM” in your notes.
 - **Mailing** – Class or group invitations, etc. sent by postal mail. If mom responds to a mailing and you have a two-way conversation by phone, email, or text, note the contact as “Telephone support” and select the appropriate tic box for phone, email, or text.
 - **Other** – Most likely, we will not have any contacts listed as “Other”.
3. Under **Prenatal Topics** or **Postpartum Topics**, note the topics discussed.
 - Check “Phone Call”, “Email”, or “Text”.
4. Add narrative notes in the **Notes** section. If your Supervisor directs you, include time spent at the end of the note. Example: (10-minute phone call)
 - Include “Left voice mail”, “No answer – could not leave voice mail”, “Sent text (or email)” for attempted contacts as necessary.
5. Add **Next Contact Date**. (Do not leave blank.) This should be the actual date you plan to contact the participant; do not use a generic next contact date such as last day of the month.
6. Perform a **Save**.

NV WISH Production (Jacquelyn Bonde 1 - 427 Connected)

File Edit Printouts View Card Activities Help

Family: 102 Mom Test 1 - 455 CCHHS- Carson City WIC Clinic Foster=1

Clinic Services

- Simple
- Advanced
- BF PC Caseload
- BF PC Assignment
- Investigator Family
- Waiting List
- New Family
- Family/Intake
 - Certification Guide
 - Family
 - Identity
 - Contact/Address
 - Income
 - Voter Registration
 - Application
 - Participant Category
 - Comments/Alerts
- Assessment
 - Visit Summary
 - Pregnancy
 - BF PC Documentation**
 - Anthropometrics
 - Blood
 - Nutrition Interview
 - Risk
- Certification/Termination
 - Certification
- Education and Care
 - Referrals - Participant
 - Referrals - Family
 - Nutrition Education
 - Care Plan - Participant
 - Care Plan - Family
 - BF Equipment
- Foods
- Activity

Participant Mom Test 1 of 7

Category: Breastfeeding

Date of Birth: 01/01/2000 (19 y) **WIC Status: Active** **Cert. End: 12/2028** **Last FB: Nov 18**

BF PC Documentation

Pregnancy Record Date 12/12/2018 1 of 1

Record Date 11/14/2019 1 of 1 **New** **Edit** **Delete**

***Contact Date** 11/14/2019 **Next Contact Date** 11/21/2019

***Peer Counselor** **Date Exited BF PC Program** / /

Summary ***Type of Contact** Telephone support

***Prenatal Topics**

- BF Benefits
- BF Concerns
- BF Education
- BF Family/Support
- BF Techniques/Latch
- Birthing Plan
- Follow Up
- Group/Class Invitation

***Postpartum Topics**

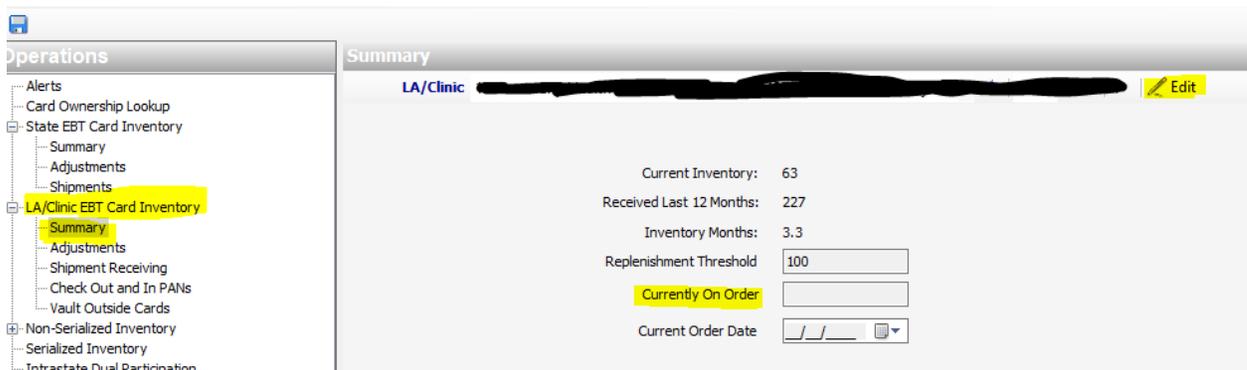
- Appetite/Growth Spurts
- Baby's Feeding Pattern
- BF Concerns
- BF Frequency/Milk Supply
- BF Technique/Position/Latch
- Developmental Issues/Teething
- Diaper Count
- Engorgement/Prevention

Notes

Section XV: EBT Card Inventory

I. Order EBT Cards

1. The **Alerts** panel will show the alert reminding you to replenish EBT card inventory when inventory falls below the identified threshold.
2. Display the **Summary** panel and order new EBT cards from the state distribution center. The order needs to be at least enough to replenish the inventory above the threshold number.
3. Clinics will submit EBT card orders through NV WISH to the State Office to replenish their card stock.
 - Go to the 'Operation' tab
 - Expand 'LA/Clinic EBT Card Inventory' - Summary
 - Click Edit
 - Enter Currently on Order amount
 - Save



II. Adjust EBT Card Inventory

If you need to adjust the EBT card inventory for a damaged card:

1. Display the **Adjustments** panel: Click **Adjustments** under the **LA/Clinic EBT Card Inventory** branch in the navigation tree.
2. Record the inventory adjustment. Do not include the spaces when you enter a PAN.

III. Receive an EBT Card Shipment

1. Display the **Shipment Receiving** panel: Click **Shipment Receiving** under the **LA/Clinic EBT Card Inventory** branch in the navigation tree.
2. Record receipt of a shipment.
3. 100 card boxes with an inventory log of all cards will be sent with every order. Please review the inventory log against the cards received to ensure no cards are missing. Once you receive your card shipment a supervisor will need to receive/verify in NV WISH.
 - a. Go to 'LA Clinic EBT Card Inventory' - Shipment Receiving.
 - b. This broken into 3 categories- Shipped not Received, received not Verified, and Received and Verified.

- c. When you first receive your card, you will need to be in the first category to receive your shipment to receive your cards. Click edit and then add row. You will need to enter the card information and check the Received box. Save.

Shipment Receiving

Expected Shipments 09/22/2021 1 of 5 Edit

Shipped Not Received Received Not Verified Received and Verified

Verify

Shipment Begin PAN: 50771582-0148906-2
 Quantity Shipped: 100
 Local Agency: [REDACTED]
 Clinic: [REDACTED]
 *Received Date: 09/27/2021
 Updated By: ggimenez
 Verified By:

Add Row		Receiving Details					
	Remove Row	Begin PAN	Quantity	End PAN	Received	Not Received Reason	Exp
		50771582-0148906-2	100	50771582-0149005-2	<input checked="" type="checkbox"/>		

IV. Verify Receipt of an EBT Card Shipment

The second step in recording a shipment receipt is to verify the shipment. Different users must perform the receipt and verification steps.

1. Select the Operations area by clicking the  button and display the **Shipment Receiving** panel under the **LA/Clinic EBT Card Inventory** branch.
2. Verify that the shipments were received. Click Verify to record the verification after reviewing the shipment information. Perform a save.
3. Another supervisor or Director will need to back into Shipment Receiving tab but select the second radio button for Received not verified. Click edit and then Verify. Save.
4. Once your shipment has been Received and Verified you will see the order in the last radio button for Received and Verified.

Shipment Receiving

Expected Shipments 06/30/2021 4 of 7 Edit

Shipped Not Received Received Not Verified Received and Verified

Verify

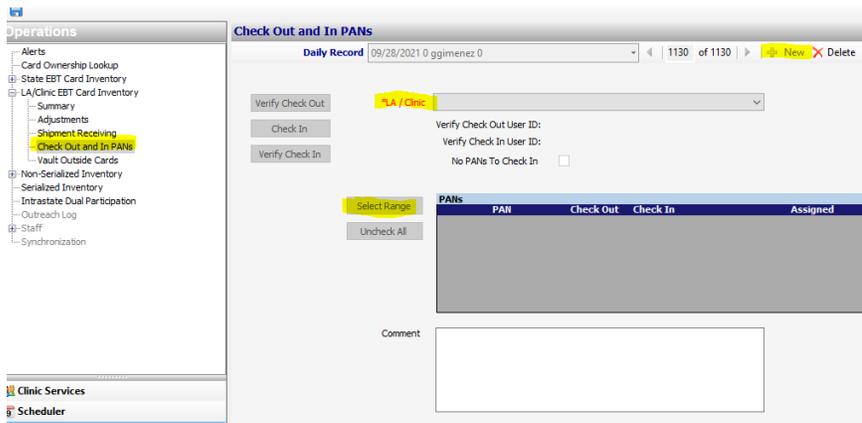
Shipment Begin PAN: 50771582-0142406-9
 Quantity Shipped: 200
 Local Agency: [REDACTED]
 Clinic: [REDACTED]
 Received Date: 07/06/2021
 Updated By: [REDACTED]
 Verified By:

Add Row		Receiving Details					
	Remove Row	Begin PAN	Quantity	End PAN	Received	Not Received Reason	Explanation
		50771582-0142406-9	100	50771582-0142505-8	<input checked="" type="checkbox"/>		
		50771582-0142506-6	100	50771582-0142605-6	<input checked="" type="checkbox"/>		

Section XVI: EBT Card Check Out

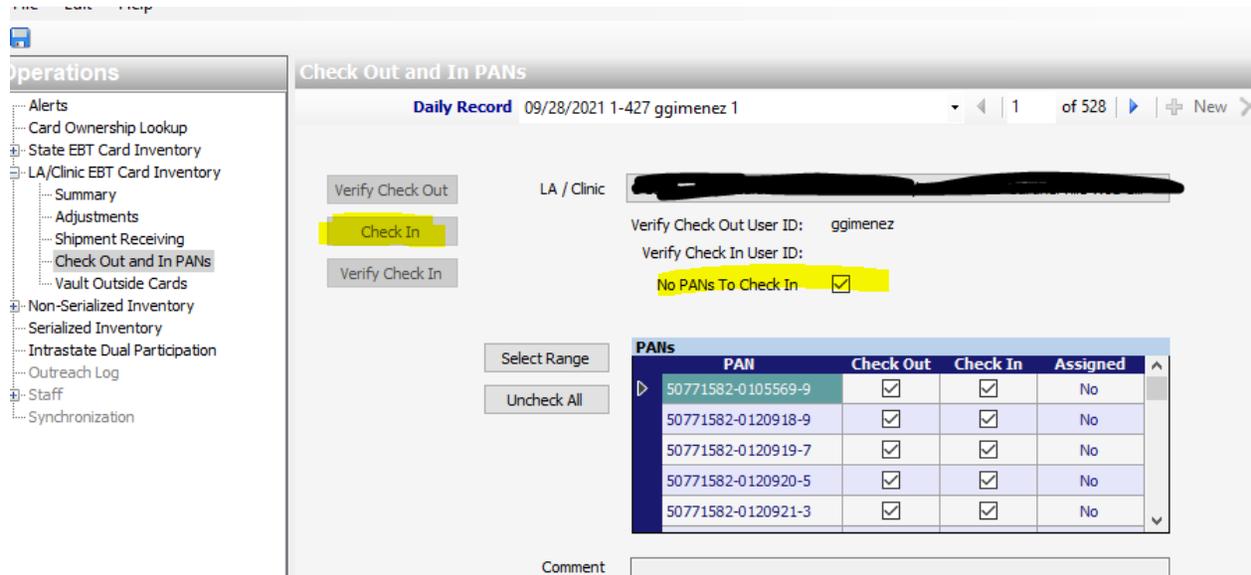
I. Check Out PANs from the Vault

1. Select the Operations area by clicking the  button and display the **Check Out and In PANs** panel under the **LA/Clinic EBT Card Inventory** branch.
2. In NV WISH, go to the 'Operations' tab. Expand the 'LA/Clinic EBT Card Inventory'.
3. Click 'Check Out and In PANs'.
4. Once in the 'Check In and Out PANs' panel, click 'New' and select your Local Agency or Clinic.
5. Once you have selected your LA or clinic, you will be able to view the entire inventory of cards for your agency.



6. Check out the entire box of cards.
 - a. Staff will need to search for the cards assigned to them in this inventory. Once cards have been found in the inventory, they must check-out the first card and the last card of their box, then click 'Select Range'.
 - b. 'Select Range' will allow all the cards on that range to be selected versus manually clicking 'check out' for each card.
 - c. Click 'Save'.
7. Supervisor must click  button to verify the checkout and click 'Save'.
8. Staff can verify that their cards have been selected (once saved) by going into the 'Daily Record'. The 'Daily Record' will show a record of the EBT cards that have been assigned to staff.
9. In the event a staff member is no longer employed by a LA, the supervisor/manager must return the card to the clinics physical inventory and be checked-in again.

- When a staff member finishes their box of EBT Cards, staff should document this by clicking 'Check In' and 'Save'



- The supervisor will then verify that there are "no PANs to Check In" by checking this box and clicking 'Verify Check In' and performing a 'Save'.
- In the event that a card is lost, the supervisor must notify the State Office for an adjustment with an explanation as to why the card is missing. NV WISH will not allow the 'No PANs To Check In' if an EBT card is not assigned.

Section XVII: Monthly WIC EBT Inventory Audits

I. Monthly NV WISH EBT Audits

1. Managers should also do a monthly EBT audit.
 - a. Go to the 'Operations' tab. Expand the 'LA/Clinic EBT Card Inventory'.
 - b. Click 'Check Out and In PANs'.
 - c. Go to the 'Daily Record' to see the cards that are assigned to staff.
 - d. Quickly go through the PANs to ensure cards are being assigned in order. If you find a card not assigned and the next card is assigned, please talk to that staff about the discrepancy.

The screenshot shows the 'Check Out and In PANs' interface. On the left, the 'Operations' menu is expanded to 'LA/Clinic EBT Card Inventory' > 'Check Out and In PANs'. The main area displays a 'Daily Record' for a specific LA/Clinic. The interface includes buttons for 'Verify Check Out', 'Check In', and 'Verify Check In'. Below these buttons is a table of PANs with columns for PAN, Check Out, Check In, and Assigned. The 'Assigned' column shows 'Yes' for all listed PANs.

PAN	Check Out	Check In	Assigned
50771582-0116906-0	<input checked="" type="checkbox"/>		Yes
50771582-0116907-8	<input checked="" type="checkbox"/>		Yes
50771582-0116908-5	<input checked="" type="checkbox"/>		Yes
50771582-0116909-4	<input checked="" type="checkbox"/>		Yes
50771582-0116910-2	<input checked="" type="checkbox"/>		Yes