

**Nevada WIC Program-Stage 1 Observations**

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| REVIEWER: | DATE: |
| AGENCY: | CLINIC: |

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| Staff Name and Job Position Training For |  |  |
| Participant Name and Family ID |  |  |
| **Category** (circle): I C WP WBF WPP | **Appointment Type** (check one): New Certification  Re-Certification NE Contact CHA IHA HR | |
| **Eligibility Determination & Scheduling** | **Score** | **Notes** |
| Correctly prescreened for eligibility and scheduled the certification or recertification appointment correctly (if applicable) |  |  |
| Informed person before their appointment of access to free language assistance and other aids (if applicable) |  |  |
| Correctly scheduling new appt. or rescheduling appt. as needed. Correctly changed appt. status at check in or end of appointment. |  |  |
| **Client(s) Information – Enrollment Screens** | **Score** | **Notes** |
| Participant/Applicant/proxy/HOH data was collected and documented correctly |  |  |
| Verified accuracy of name, date of birth, due dates, gender identity, etc. |  |  |
| Foster status documented (if applicable) |  |  |
| Informed participant of requirement to record race and ethnicity data if self-declared information is not provided |  |  |
| Race and ethnicity data collected accurately  (if applicable) |  |  |
| Preferred spoken language documented |  |  |
| **Eligibility Verification / Intake Process** | **Score** | **Notes** |
| **Greeted Applicant/Participant and Introduced Self** |  |  |
| * Cordial introduction |  |  |
| * Informed person of the sign-in process in a professional and courteous manner |  |  |
| * Explained purpose of WIC Program and certification process |  |  |
| * Asked permission to review and verify documents |  |  |
| * Applicant/Participant confidentiality maintained throughout intake process |  |  |
| * Informed participant of access to free language assistance and other aids (if applicable) |  |  |
| * “I Speak” Statements made available (if applicable) |  |  |
| * If clinic is running late, applicant/participant was notified if their wait would be longer than 15 minutes past scheduled appointment time (if applicable) |  |  |
| Proof of ID/Proxy ID was provided and recorded correctly |  |  |
| Proof of address (for residency) was provided and recorded correctly |  |  |
| Staff verified contact preference of participant for address, email and phone number(s) |  |  |
| **Proof of income was provided and recorded correctly for complete household** |  |  |
| * Proof of all family/household income was correctly recorded |  |  |
| * Adjunctive Eligibility/Self-Declared Income documented correctly |  |  |
| * Affidavit (if no income) and reason documented |  |  |
| * Notes placed in Comments/Alerts for follow up if affidavit was completed |  |  |
| * If Income ineligible - provided printed letter to applicant/participant/proxy/HOH (if applicable) |  |  |
| **Household size determined correctly:** |  |  |
| * “Unborn” counted (if applicable) |  |  |
| * Spouse, boyfriend, live-in partner counted (if applicable) |  |  |
| * Other household members (if applicable) |  |  |
| Provisional certification done if any cert. or recert. documentation is not provided |  |  |
| Voter Status updated; Offer of registration Completed |  |  |
| Client being certified physically present; physical presence policy being followed |  |  |
| Documents that are required to be retained are scanned and uploaded into family record in NV WISH |  |  |
| Milestones Checklists are offered (in clinic or online) with correct ages |  |  |
| **EBT Card Services** | **Score** | **Notes** |
| Staff correctly assign EBT cards/replacement EBT cards (when applicable) |  |  |
| Staff correctly issue already prescribed food package benefits (when applicable) |  |  |
| **Customer Service** | **Score** | **Notes** |
| Staff logged out of NV WISH or locked computer  when leaving the workstation |  |  |
| Accommodations were made to provide services/forms in participant’s preferred language (if applicable) |  |  |
| Focused on applicant/participant when interpreter was used (if applicable) |  |  |
| Staff focused on the participant/applicant while capturing/documenting necessary information |  |  |
| Separation of duties is consistent with Local Agency policy (if applicable to this position) |  |  |

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| **NOTES** | |
| **Trainee’s Name** | **Staff position/title training for:** |
| How do you both feel the appointment went?  What areas do you both feel was done well?  What might trainee do different the next time? | |