

Nevada WIC Program-Stage 1 Observations

REVIEWER: _____

DATE: _____

AGENCY: _____

CLINIC: _____

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 <input type="checkbox"/> Re-Certification <input type="checkbox"/> NE Contact <input type="checkbox"/> CHA <input type="checkbox"/> IHA <input type="checkbox"/> HR <input type="checkbox"/>
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	

√ = Complete, done correctly

N/A = Not applicable

Ø = Incorrect/partially done or not done

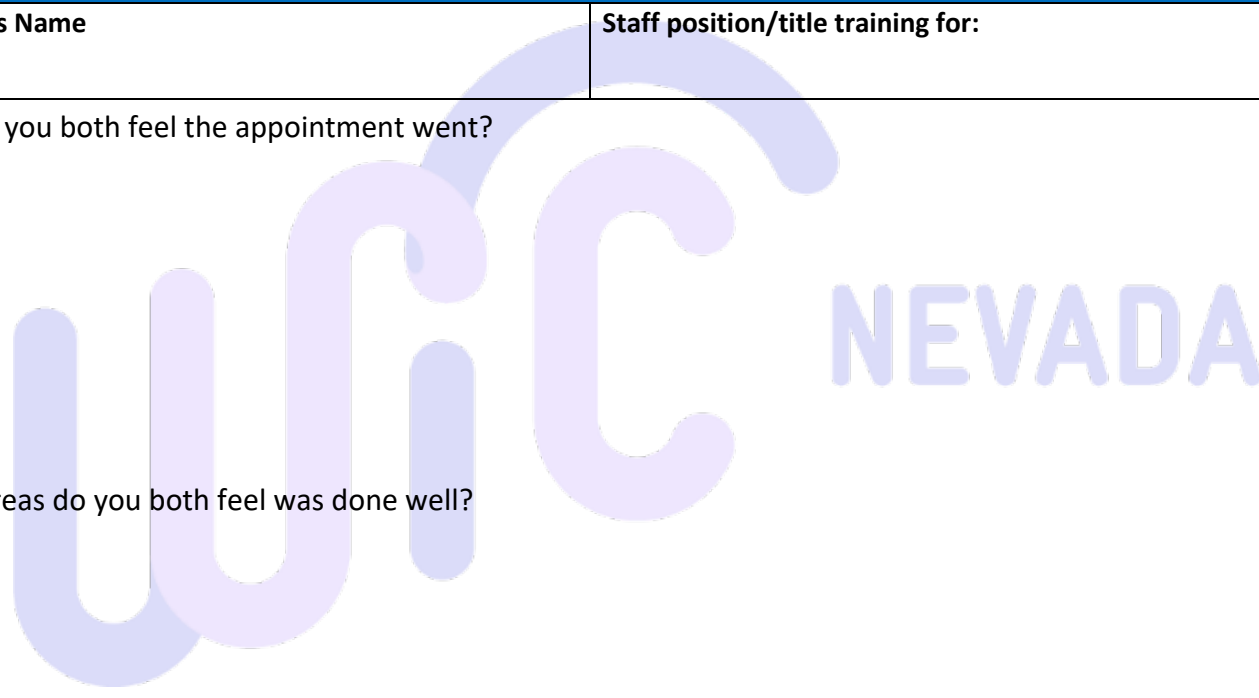
maintained throughout intake process		
- Informed participant of access to free language assistance and other aids (if applicable)		
- "I Speak" Statements made available (if applicable)		
- If clinic is running late, applicant/participant was notified if their wait would be longer than 15 minutes past 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)		

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Staff correctly <u>issue</u> 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)		
NOTES		
Trainee's Name	Staff position/title training for:	
<p>How do you both feel the appointment went?</p> <p>What areas do you both feel was done well?</p> <p>What might trainee do different the next time?</p>		



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