

SEPARATION OF DUTIES FILE REVIEW FORM – Post PHE Waiver

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|--|--------------|
| Reviewer's Name: | Site: |
| Timeframe reviewed: <i>(Monthly)</i> | |
| From: | To: |
| # fully formula-fed infant files reviewed: <i>(100% of fully formula fed infant certifications not meeting SOD requirements)</i> | |
| # of other files reviewed: <i>(10% of all other certifications not meeting SOD requirements each month)</i> | |

1. Attempt to call the participant, Parent Guardian or Caretaker once and document the attempt or completion of the phone call in the top section of the form.
 - Completing and documenting the phone call meets the Separation of Duties file review requirement for the participant.
 - If the participant, Parent Guardian or Caretaker doesn't answer the call, staff must complete the file review listed on the next page.

| Phone Call | | | | |
|---|--|--|--|--|
| Participant ID | | | | |
| Date of call | | | | |
| Did you talk to the participant, Parent Guardian or Caretaker? | | | | |
| Confirm or ask: <ul style="list-style-type: none"> • date of certification | | | | |
| <ul style="list-style-type: none"> • who the appointment was for | | | | |
| <ul style="list-style-type: none"> • describe the clinic experience. | | | | |
| Ask participant, Parent Guardian, or Caretaker if they purchased WIC foods. <ul style="list-style-type: none"> • Describe shopping experience. • Any questions about WIC foods or the WIC Card? | | | | |

See next page for computer file review requirements when phone call can't be completed.

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2. Complete and document the file review when the participant, Parent Guardian or Caretaker doesn't answer the phone call.

| File review | | | | |
|---|--|--|--|--|
| Participant ID | | | | |
| Review date | | | | |
| Certification date | | | | |
| Staff who completed the certification | | | | |
| Participant category: If an infant: <ul style="list-style-type: none"> • Is there a corresponding adult record? • Do the food packages match? | | | | |
| Does income documentation appear accurate? | | | | |
| Are weight, measures, and hemoglobin documented? <ul style="list-style-type: none"> • Do the values appear accurate? (review graph) | | | | |
| Do the risk factors appear accurate? | | | | |
| Is there a scanned copy of the Medical Documentation Form if therapeutic formula was issued? | | | | |
| Were food benefits issued on certification date? If not, when? | | | | |
| Any food benefit or card issuance irregularities? | | | | |
| Is the next appointment scheduled? | | | | |
| Additional comments | | | | |

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