



Policy and Procedure Manual

Volume 1, Chapter 18 Certification

Washington State WIC Nutrition Program

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Certification

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Section 1: Components of a Certification

POLICY: Components of a Certification

Staff must:

1. Complete a certification to determine WIC eligibility for all applicants who meet the category, residency, and income requirements.
2. Complete all the components of a WIC certification and document information in the participant's file.
 - The certification includes the assessment components under the Certification Quick Links in Cascades plus the Care Plan and prescribing and issuing food benefits.
3. Complete portions of the certification as appropriate based on the staff role.
 - See Volume 2, Chapter 11 – Staffing for more information about staff roles.

Note: Staff can complete the components of the WIC eligibility assessment in any order that makes sense for the participant and the clinic's flow.

PROCEDURE:

Staff:

- A. Give a brief description of the program and certification process to applicants, Parent Guardians, and Caretakers. Share the following information:
 - The person's information is confidential.
 - WIC provides nutrition education, healthy foods, health screenings, referrals and breastfeeding support. Our goal is to help moms, babies, and children be healthy.
 - The nutrition assessment helps WIC provide the right foods and referrals for each person's needs.
 - WIC supports breastfeeding participants achieve their breastfeeding goals and Parent Guardians and Caretakers establish a healthy feeding relationship with their infants and children.

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- B. Ask where the person heard about WIC at the initial certification for the family.
1. Staff only ask one time for the family when the first person is certified.
 2. Document the person's answer on the Family Assessment screen in Cascades.
- C. Assess and document household residency.
- See the "[Residency and Address](#)" policy for more information.
- D. Ask the adult if he or she would like to register to vote.
1. Document the person's voter registration status.
 - See the "[Voter Registration](#)" policy in this chapter.
- E. Document the participant's identification.
- See the "[Participant Identification](#)" policy in this chapter for more information.
- F. Document the participant's race and ethnicity.
- See the "[Race and Ethnicity Reporting](#)" policy in this chapter.
- G. Assess and document income eligibility.
1. Give the "Not Eligible" letter if the applicant isn't income eligible for WIC and refer person to the Family Health Hotline for appropriate referrals.
 - See [Volume 1, Chapter 6 – Income](#).
 - See the "[Participant Identification](#)" policy in this chapter for more information.
 - See the "[Separation of Duties](#)" policy in this chapter for information about having different staff determine income eligibility and nutrition risk eligibility at each initial certification and subsequent certification appointment.
- H. Complete an assessment which includes:
1. Measurements: height or length and weight.
 - a. Offer to share the participant's growth chart or prenatal weight gain grid.

- See [Volume 1, Chapter 9 – Anthropometrics](#).
2. Iron test.
 - See [Volume 1, Chapter 10 – Hematology](#).
 3. Assessment questions.
 - a. Assess for all potential risks by asking all of the required Assessment Questions.
 - b. Promote breastfeeding to pregnant participants by exploring questions and concerns about breastfeeding. Offer information to address questions and concerns and document in the participant’s file.
 - The conversation must include a participant-centered discussion about breastfeeding and the increase in WIC foods for mothers who breastfeed.
 - c. Document answers to questions in the participant’s file.
 - See [Volume 1, Chapter 11 – Assessment](#).
 - See [Volume 1, Chapter 15 – Breastfeeding](#), for more information about breastfeeding.
 - I. Assign all appropriate risk factors.
 - See [Volume 1, Chapter 14 – Nutrition Risk Assessment](#) for more information.
 - J. Review the Rights and Responsibilities form and have the participant, Parent Guardian or Caretaker sign electronically.
 - See [Volume 1, Chapter 7 – Rights and Responsibilities](#) for more information.
 - K. Certify the participant by pressing the “Certify” button on the Certification Summary screen in Cascades.
 1. Let the participant, Parent Guardian or Caretaker know how long the participant is eligible for WIC.
 2. Share that WIC will reassess the participant’s eligibility at the end of the certification period.

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- L. Discuss any needed referrals and document them in the file.
1. Have a conversation about the importance of regular preventive health care and the availability of other health and social services.
 2. Offer relevant referral information or give the Family Health Hotline number at a minimum.
- See [Volume 1, Chapter 12 – Referrals](#).
- M. Offer nutrition education based on the participant’s interests and relevant concerns or needs.
1. Begin a participant-centered conversation using information from the assessment.
 2. Offer information and materials based on the participant’s interests and what’s relevant to their household at the time.
 3. Encourage participation in nutrition education. Nutrition education is an important part of the WIC Nutrition Program.
- See [Volume 1, Chapter 16 – Nutrition Education](#).
- N. Have a conversation and set goals with the participant, Parent Guardian or Caretaker as appropriate.
- O. Prescribe the appropriate food package based on category and nutrition needs.
1. Share information about WIC foods and how they contribute to a healthy diet.
 2. Let the participant, Parent Guardian or Caretaker know that WIC foods are for the participant and the WIC foods alone won’t meet all the nutritional needs of the participant. WIC is a supplemental food program.
- See [Volume 1, Chapter 23 – WIC Foods](#).
- P. Provide the WIC Card and instructions on how to use it.
- See [Volume 1, Chapter 22 – Issue WIC Food Benefits](#).
- Q. Provide the WIC ID and Card Folder.

- R. Let the participant or caregiver know how long the participant is eligible for WIC.
- WIC will reassess the participant's eligibility at the end of the certification period.
- S. Inform the participant, Parent Guardian or Caretaker about transfer cards.
- See [Volume 1, Chapter 21 – Transfers](#).

POLICY: Components of the Presume Eligible Certification

The local agency:

1. Has the option to presume eligible pregnant participants who are income eligible.
2. Has the option to allow all staff to assign presumptive eligibility.
3. Must have a policy describing any exceptions if the local agency doesn't presume eligible all pregnant participants.

Requirements for presumptive eligibility:

1. The pregnant participant must be physically present in the clinic.
2. Staff must complete the components of the presume eligible certification listed in Procedure below.
3. Staff must complete the certification assessment within 60 days.
 - Best practice is to complete the assessment and care plan the following month.
4. The participant can receive a maximum of two months of food benefits.
 - If the participant is missing any proofs, provide a one month temporary certification and complete the assessment and document the missing proofs the following month.
 - See the "[Participant Identification](#)" and "[Residency and Address](#)" policies in this chapter and [Volume 1, Chapter 6 – Income](#) for more information.

PROCEDURE:

Staff:

- A. Determine if it's better to presume eligible or complete the full certification.
 1. It's best practice to complete the full certification for a pregnant applicant who will deliver soon instead of presuming eligible, unless it's the only way to get the person on the program and issue food benefits for that month.
- B. Give a brief description of the program and certification process. Let the participant know all information is confidential.

- WIC provides nutrition education, healthy foods, referrals and breastfeeding support. Our goal is to help families be healthy.
 - The nutrition assessment helps WIC provide the right foods, education and referrals for each person's needs. We will do part of the assessment at this appointment and the rest of the assessment at the next appointment.
 - WIC supports families achieve their nutrition and breastfeeding goals.
- C. Enter the participant's demographic information. This includes:
1. Name
 2. Date of birth
 3. Address
 4. Language read and spoken
 5. Preferred method of contact (mail, phone, etc.)
- D. Assess and document participant identification and household proof of residency.
1. See the "[Participant Identification](#)" policy for more information.
 2. See the "[Residency and Address](#)" policy for more information.
- E. Ask if the participant would like to register to vote.
1. Document the participant's voter registration status.
 - See the "[Voter Registration](#)" policy in this chapter.
- F. Ask and enter the participant's ethnicity and race information.
- See the "[Race and Ethnicity Reporting](#)" policy in this chapter.
- G. Document income information and assess income eligibility.
1. Enter number in household, including the number of expected infants.
 2. Enter income information.
 3. Give the "Not Eligible" letter if the participant isn't income eligible for WIC and refer to the Family Health Hotline for appropriate referrals.
 - See [Volume 1, Chapter 6 – Income](#).

- See [Volume 1, Chapter 20 – Notification, Fair Hearings and Civil Rights](#).
- H. Document the Presumptive Eligibility risk on the Assigned Risk Factors screen.
- I. Review the Rights and Responsibilities form and have the participant sign electronically.
- See [Volume 1, Chapter 7 – Rights and Responsibilities](#).
- J. Certify the participant.
1. Let the participant know the presumptive eligibility ends in 60 days.
 2. Share that WIC must complete the assessment before providing additional benefits.
 3. A co-sign isn't required for paraprofessional CPA staff "in training" completing this appointment.
- K. Assign the appropriate food package for the participant.
1. All WIC staff listed in the local agency policy can presume pregnant participants eligible and issue the default food package.
 - The CPA reviews the food package prescription at the PE – Complete Assessment appointment.
 2. The CPA must prescribe the food package if there are any changes to the default food package.
 3. Refer the participant to the Competent Professional Authority (CPA) or nutritionist when:
 - a. The person asks for a change to a default food package.
 - b. The person has a special dietary need requiring a change to the food package or requires a Medical Documentation Form.
 - c. Determining the food package requires more in-depth assessment.
- H. Issue one or two months of food benefits following the separation of duties requirements.
1. The participant can't receive additional food benefits until the certification assessment and care plan is completed.

2. Issue only one month of food benefits if the participant is missing required documentation.
 - See ["One Month Temporary Certification for Proof of Identity or Residency"](#) policy in this chapter.
 - See the "One Month Temporary Certification for Proof of Income" policy [Volume 1, Chapter 6 – Income](#).
 - See the ["Separation of Duties"](#) policy in this chapter.
- I. Explain how to select WIC foods and use the WIC Card at the store.
- J. Let the participant know the certification assessment must be completed within the next 60 days.
 1. Best practice is to schedule the PE - Complete Assessment the following month.
 2. Schedule the participant to come back the following month when a proof is not provided.
- K. Let the participant know WIC accepts iron test results in writing from the health care provider, or staff can complete the iron test.
 1. Written iron test results from the health care provider should include:
 - An iron test value written on a prescription pad.
 - A print-out of iron test results from the health care provider.
 - The health care provider filling out the [Pregnancy Information Form](#) which is located in the Appendix.
- L. Complete a subsequent certification to Breastfeeding or Non-breastfeeding Postpartum if the participant delivers or the pregnancy ends during the presume eligible period.
 1. Staff don't have to complete the pregnancy certification before recertifying.
 2. WIC serves participants who miscarry, experience a fetal death, or have an abortion as Non-breastfeeding Postpartum.

Note: See [Volume 1, Chapter 23 – WIC Foods](#) to determine the correct food package for the participant.

Information:

Federal regulations allow the option to presume eligible. The purpose is to give the pregnant participant time to find a medical provider and get prenatal care. WIC can use some of the health screening data from the medical provider, such as the iron test value.

Section 2: Certification Requirements

POLICY: Separation of Duties

Staff must assure the separation of duties between the income eligibility and nutrition risk eligibility determination at each initial certification and subsequent certification appointment.

- One staff person must determine and document income eligibility.
- A different staff person who is a Competent Professional Authority (CPA) must determine nutrition risk eligibility and prescribe the food package.
- Either staff person may issue food benefits.

Note: One person can complete the Presume Eligible appointment. This appointment is the income assessment portion of the certification where staff assign the presumptive eligibility risk. Another person who is a CPA must complete the assessment for the presumed eligible participant at the PE – Complete Assessment appointment.

If a clinic **only has one staff person** present at a clinic and can't meet the separation of duties requirement, the coordinator or designated staff lead must:

1. Review the following files within two weeks of the certification:
 - **All certification records for infants receiving any formula.**
 - At least **20 percent of a random sample** of the remaining certification records not meeting the separation of duties requirement.

If a clinic **has enough staff to meet the separation of duties requirement**, for example, more than one staff person present at a clinic, but **one staff person** performs all eligibility and certification functions, the coordinator or staff lead must:

1. Review files not meeting the requirement within two weeks of the certification according to the following:
 - **All certification records for infants receiving any formula.**
 - At least **20 percent of a random sample** of the remaining certification records not meeting the separation of duties requirement.
2. Complete **an additional review of 10 percent of a random sample** of the certification records that didn't meet the separation of duties requirement every six months.

3. Track all certification records not meeting the separation of duties requirement in order to identify files for the review.

The coordinator or staff lead must follow the file review process outlined in the Procedure section using the [Separation of Duties File Review form](#).

- The staff person designated to complete the file review can't review his or her own certification files.

If the agency can't meet the separation of duties requirement, the coordinator must develop a written policy for how the agency will complete the file review and send it to the Local Program Consultant (LPC) for review. The LPC will provide consultation and determine if the state needs to support the file review process.

PROCEDURE:

The Coordinator or designated staff lead:

- A. Assures each clinic site is able to meet the separation of duties requirement for each initial certification and subsequent certification whenever possible. This includes:
 - One staff person determines and documents income eligibility.
 - Another staff person who is a CPA assesses nutrition risk eligibility and prescribes the food package.
 - Either staff person can issue WIC food benefits.

Note: Having one person document identification and residency and another complete the rest of the certification doesn't meet the separation of duties requirement.
- B. Develops written policy for how the agency will complete file reviews when the agency can't meet the separation of duties requirement. See the Appendix for a [sample local agency policy](#).
 1. Send the agency policy to the LPC for review.
- C. Completes a review of certification records that didn't meet the separation of duties requirement according to the requirements listed above in policy.

Note: See [examples](#) of how to calculate the files to review located in the Appendix.
- D. Completes the following for each participant file needing review:

1. Call the participant or caregiver one time and document on the [Separation of Duties File Review Form](#).
 - a. If the person answers:
 - Explain this is a customer service call.
 - Complete the Phone Call section of the [Separation of Duties File Review Form](#) and document responses.

Note: Completing and documenting the phone conversation meets the separation of duties file review requirement.
 - b. If the person doesn't answer, document the attempt in the Phone Call section.

Note: It's best practice to inform the participant or Parent Guardian at each certification that he or she may receive a "customer service" call in a few weeks in clinics that don't meet the separation of duties requirement.
 2. Complete the file review on page 2 of the [Separation of Duties File Review Form](#) when the participant or Parent Guardian doesn't answer the phone call.
 3. Keep file review forms and documentation to support the review process on file for four years.
 - a. Electronic or paper documentation is allowed.
 - b. Keep documentation accessible, on site for one year.
- E. Report issues or concerns of potential fraud in one of the following ways.
1. Report issues or concerns to the Clinic Coordinator if the reviewer is a designated clinic staff lead.
 2. Contact the agency's Local Program Consultant at the state WIC office.

Information:

Staff can review and have the participant, Parent Guardian or Caretaker sign the Rights and Responsibilities form electronically either during the income eligibility assessment **or** the nutrition risk eligibility assessment portion of the initial certification or subsequent certification appointment.

Additional best practice ideas include assessing for:

- Activities or services occurring outside regular clinic hours.

A large number of out of state transfer-in participants for a particular staff person.

POLICY: Physical Presence at Appointments

The applicant or participant must be physically present at the following appointments:

1. Initial Certification (IC) – this includes when staff Presume Eligible a pregnant participant.
2. Presume Eligible Complete Assessment (PE – Complete Assessment)
3. Subsequent Certification (SC)

The applicant or participant **doesn't** have to be physically present for the above WIC appointments in certain limited situations listed below:

1. **Bed rest required:** The participant has a medical conditions that requires bed rest.
2. **Serious illness:** The applicant or participant has a serious medical illness that would put him or her, or other participants at further risk by coming to the clinic.
3. **Medical equipment:** The participant has a medical condition that requires the use of medical equipment that isn't easy to transport.
4. **Work schedule:** The participant's physical presence would be a barrier to receiving WIC services for the working Parent Guardian or Caretaker.
 - Working status can be full or part-time.
5. **Infant under 4 weeks of age:** The infant is less than 4 weeks of age and the Parent Guardian or Caretaker doesn't want to bring the infant to the clinic.

Best practice: Schedule an appointment the following month to assess the growth and health of the infant.

In the above exception situations, the Parent Guardian or Caretaker must provide the appropriate documentation and information needed to complete the certification. Examples include: income, identification and residency documentation; and health and nutrition information.

PROCEDURE:

Staff:

- A. Document in the participant’s file on the Participant Demographics screen the physical presence policy exception reason when the participant isn’t present for one of the following appointments:
1. Initial Certification (IC)
 2. Presume Eligible Complete Assessment (PE – Complete Assessment)
 3. Subsequent Certification (SC)

Information:

The following helps staff determine whether the participant’s presence is necessary.

Mid-Certification Health Assessment (Mid Cert HA): The mid-certification health assessment is a nutrition education and growth assessment appointment. It’s best practice for the infant or child to be present. However, if the Parent Guardian or Caretaker has the necessary information (current weight, length or height, iron test value and can answer the Assessment Questions), the infant or child doesn’t have to be present.

- See [Volume 1, Chapter 9 - Anthropometrics](#)
- See [Volume 1, Chapter 10 – Hematology](#)
- See [Volume 1, Chapter 11 - Assessment](#)

Nutrition Education – Individual Appointment or Nutrition Education Class: The participant’s physical presence at this appointment depends on what staff have planned for the contact. For example, an infant or child doesn’t need to be present at a nutrition class unless the class is intended for the child, for example a “Let’s Play” class. An infant or child needs to be present if scheduled for an iron test or growth assessment.

Registered Dietitian Contact: The Competent Professional Authority (CPA) or the nutritionist determine whether a participant needs to attend a high risk appointment.

Examples:

- If the dietitian wants to weigh and measure the participant, his or her physical presence is required.
- If the dietitian wants to meet with a caregiver to talk about foods appropriate for an infant or child with food allergies, the infant or child may not need to be present.

POLICY: Race and Ethnicity Reporting

Staff must document the participant's race and ethnicity information in the participant's file.

Staff must:

1. Ask about race and ethnicity information in person.
2. Say the following statement and ask the two questions about the participant's race and ethnicity as listed below:

"WIC requires us to report race and ethnicity information. It is to learn about who WIC serves and doesn't affect your WIC eligibility or immigration status.

1. Do you consider yourself/your child Hispanic or Latino?
2. How do you describe your race/your child's race?"

Note: The [Race and Ethnicity Participant Tool](#) lists the statement and questions.

3. Allow the participant, Parent Guardian, or Caretaker to declare as many race categories as apply.
 - See the Procedure section for information about each of the race categories.
4. Document the participant's race and ethnicity information.
 - If the person refuses or can't declare the participant's race and ethnicity, staff must observe and document the participant's race and ethnicity to the best of his or her ability.
 - Document in the participant's file whether the participant declared race and ethnicity or staff observed and documented race and ethnicity information when the participant didn't declare the information.

PROCEDURE:

Staff:

- A. Ask for race and ethnicity information as privately as possible, on a one-on-one basis and only in person.
 - Staff ask race and ethnicity information in person, not over the telephone, to avoid the perception of discrimination.

- B. Let the participant, Parent Guardian or Caretaker know that a person’s race and ethnicity have no effect on WIC eligibility. To meet this requirement staff can:
1. Share this information verbally as listed in policy above and on the Race and Ethnicity Participant Tool.
 2. Have the person read the statement on the [Race and Ethnicity Participant Tool](#).
 - The tool also gives information about the race selections. The participant tool is located in the Appendix of this chapter.
 - Staff can order the laminated tool from the [Department of Printing Fulfillment Center](#) in a variety of languages.
- C. Ask the participant or caregiver if the participant’s ethnicity is Hispanic or Latino and document the answer on the Participant Demographics screen in Cascades.
- Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- D. Ask the participant or caregiver how he or she describes the participant’s race and document all that apply.
- A person can select up to and including all five race categories.
- E. Document the participant’s race according to the following:
1. **American Indian or Alaska Native** – A person having origins in any of the original peoples of Alaska, Canada, the United States, Mexico, Central or South America and who maintains tribal affiliation or community attachment.
Note: A key requirement to selecting the “American Indian or Alaska Native” selection is maintaining tribal affiliation or community attachment.
 - See the [Information](#) section with additional guidance for participants from Mexico.
 2. **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

3. **Black or African American** – A person having origins in any of the black racial groups of Africa.
 4. **White** – A person having origins in any of the original peoples of Europe, Middle East, or North Africa.
 5. **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- F. Document whether the participant’s race and ethnicity were declared by the participant, parent, guardian or caretaker, or observed by staff.

Information:

Best practice is for participants and caregivers to self-declare their ethnicity and race. If a participant or caregiver refuses to answer, clinic staff do their best to accurately observe and document the participant’s ethnicity and race.

Following are several examples of how participants from Mexico might select a race category.

1. A participant from Mexico speaks a Native Mexican language, such as Mixteco or Triqui, and identifies with the native people from the area. The participant would likely choose the “American Indian or Alaska Native” category.
2. A participant from Mexico doesn’t identify with a native tribe or indigenous group. The participant has a Spanish heritage.
 - Federal rules define people with a Spanish heritage as “White.”
3. A participant from Mexico doesn’t identify with a native tribe or indigenous group. The participant has an African heritage.
 - Federal rules define people with an African heritage as “Black.”

POLICY: Voter Registration

Staff must:

1. Let participants, Parent Guardians, and Caretakers know they can register to vote or update their voter registration in the clinic at the following times:
 - Initial certifications and subsequent certifications.
 - When there is a change in address.
 - When there is a name change.
2. Document the voter registration status in the participant's file.
Note: Voter registration information relates to the Parent Guardian or Caretaker when the participant is an infant or child.
3. Give the person an Agency Based Voter Registration form when he or she chooses to register or wants to update his or her name or address.
4. Mail completed Voter Registration forms to the Secretary of State, preferably weekly.
5. Keep voter registration information confidential.
6. Have the person self-declare all voter registration information. Staff don't have to verify any of the information.

Staff must not:

1. Discourage a person from registering to vote.
2. Let a person's voter registration status affect WIC benefits.
3. Display or state a political party or candidate preference in the clinic.

PROCEDURE:

Staff:

- A. Ask about and enter voter registration information on the Family Demographics screen in Cascades at the initial certification, subsequent certification, and when there is a change of name or address.

Note: Complete the information for the Parent Guardian or Caretaker when the WIC participant is an infant or child.

1. **Yes, wants to register to vote:** The person wants to register.
 2. **No, does not want to register:** The person doesn't want to register.
 3. **Not eligible to vote:** The participant, Parent Guardian or Caretaker isn't eligible to vote because he or she won't be 18 years old on or by election day, is a convicted felon, isn't a U.S. citizen, isn't a legal resident of Washington or isn't eligible to vote for another reason.
 - a. Staff should ask about Voter Registration unless staff know the person is ineligible to vote, for example the pregnant participant won't be 18 years of age by election day.
 4. **Already Registered:** The person is already registered to vote.
 5. **Declined to Answer:** The person doesn't want to record a Yes or No answer.
- B. If the person wants to register to vote in Washington State, ask him or her to read, or help him or her read the Agency Based Voter Registration Form.
1. Ask the person to complete the Voter Registration Form or help if needed.
 - a. If the person isn't able to sign his or her name, have the person draw in the signature box what he or she will use when signing their ballot oath. The signature doesn't need to be a readable name, it can be any symbol.
 - b. Write WIC in the agency box on the form.

POLICY: Participant Identification

Staff must:

1. Review each participant's personal identification (ID) and document in the participant's file what was seen at the following times:
 - a. Initial certifications - this includes when staff presume eligible pregnant participants.
 - b. Subsequent certifications.
 - c. When the participant transfers into the local agency.

Note: Staff are required to see, but not document, identification when issuing WIC food benefits. See [Volume 1, Chapter 22 – Issue WIC Food Benefits](#) for more information.

2. Accept electronic forms of Washington WIC's acceptable forms of identification listed in Procedure below.
3. Give a one month temporary certification when the participant doesn't provide identification at certification and transfer-in appointments.
 - See the policy "[One Month Temporary Certification for Missing Identification and Residency](#)" in this chapter.
4. Not scan participant identification into Cascades or make paper copies.

PROCEDURE:

Staff:

- A. View and document the participant's identification at the initial certification and transfer-in appointment. Acceptable forms of identification include:
 1. Adult participants (Pregnant, Breastfeeding, Non-breastfeeding Postpartum)
 - a. ProviderOne Adjunct Program Verification.
 - 1) Staff use a positive verification result for participant identification.

- 2) The verification is the participant's proof, the ProviderOne card isn't required.
- 3) Staff require a different form of identification when the ProviderOne search isn't verified.
 - b. Driver's license or state identification card.
 - c. Birth certificate.
 - d. Military identification.
 - e. Tribal identification card.
 - f. Work or school identification.
 - g. Passport.
 - h. Resident Alien Card, Consular ID, or national ID card from another country. Includes:
 - Green card
 - Immigration and Customs Enforcement (ICE) ID card.
 - i. Health insurance or military medical card.
 - This includes accessing the participant's electronic health record. Check name and date of birth in the electronic health record to assure you are accessing the correct participant's record.
 - j. Social Security card.
 - k. Voter registration card.
2. Infants and children: Proof of ID includes items listed above (as appropriate for infants and children) and the following items.
 - a. Hospital birth record, crib card, or ankle bracelet. Includes the following with the infant's name and date of birth:
 - Discharge paperwork
 - Newborn hearing screen or other assessment

- Well Child Check up
- b. Home birth record or note from doctor or midwife on letterhead or prescription pad documenting the infant’s birth.
- c. Immunization record.
 - This includes accessing the participant’s electronic immunization record through the [Washington State Immunization Information System](#) (WSIIS).
 - Check name and date of birth in the electronic immunization record to assure you are accessing the correct participant’s record.

Note: The transfer card, or Verification of Certification (VOC), is documentation of income and nutrition risk eligibility but isn’t documentation of identity or residency.

B. View the participant’s identification at the **subsequent certification** and document it in the participant’s file. The following forms of identification are allowed at the subsequent certification in addition to the items listed in A above:

1. WIC ID and Card Folder.
2. Staff recognition, for example the staff person knows or recognizes the participant.

C. Follow procedures in the “[One Month Temporary Certification for Missing Identification and Residency](#)” policy in this chapter when participant identification exists, but the participant didn’t bring it to the initial certification or subsequent certification or transfer-in appointment.

1. Staff write a Family Alert about missing proof of ID when the person transfers in.

Note: Local agencies should try to find ways to help participants remember to bring in their identification to their certification appointment. For example, staff should let participants know what type of documentation they need at each appointment.

D. Review the [No Proof of Identity Form \(Affidavit for Identity\)](#) and have the participant, Parent Guardian, or Caretaker sign electronically when proof of identity doesn’t exist. See the “[Participants With No Proof of Identity and/or Residency](#)” policy in this chapter.

Example: Examples of when the participant might not have proof of identity include, but aren't limited to: theft, loss, disaster, homelessness, and migrancy.

Information:

Washington WIC doesn't allow personal recognition by staff as proof of identity at the initial certification or transfer-in. Requiring proof of identity and residency from all applicants at these initial appointments, regardless of knowing the person is necessary to prevent the perception of discrimination.

Staff can use the WIC ID and Card Folder and personal recognition as forms of participant identification at food benefit pick-up and subsequent certification appointments.

POLICY: Residency and Address

A participant must live in Washington state to receive WIC benefits from the Washington State WIC Nutrition Program.

- A participant doesn't have to be a U.S. citizen to be on WIC.
- There isn't a length of residency requirement for receiving benefits.
- Migrant farmworkers, foreign students or other non-citizens temporarily living in Washington meet the residency requirement.

Notes:

- WIC's determination of residency has no legal meaning for any other program or situation.
- Being on WIC doesn't make a person a "public charge" and doesn't affect immigration status.

Staff must:

1. Review and document the family's proof of **Washington state residency** at the following appointments:
 - a. Initial certifications - includes when staff presume eligible a pregnant participant.
 - b. Subsequent certifications.
 - c. Transfers-in from out-of-state.

Note: The documentation must show Washington state residency, but doesn't have to list the address on file in Cascades.
2. Staff must not scan family residency documentation into Cascades or make paper copies.
3. Accept electronic forms of Washington WIC's acceptable forms of residency listed in Procedure below.
4. Give a one month temporary certification when proof of residency exists, but isn't provided at the initial or subsequent certification.
 - Write a Family Alert about missing proof of residency when the person transfers in from out of state.

- See the policy “[One Month Temporary Certification for Missing Proof of Identification and Residency](#)” in this chapter
5. Follow the policy “[Participants with No Proof of Identity or Residency](#)” when proof of residency doesn’t exist.
 6. Document the person’s address on the Family Demographics screen.
 - a. Document the following when the person is homeless or incarcerated.
 - A physical address if there’s a place the person routinely spends the night.
 - A mailing address if available.
 - Use the clinic address if the person doesn’t have a physical or mailing address.
 - b. Document the clinic address for the person’s address when the address is confidential, for example the person is living in a domestic violence shelter.

Note: A zip code is required in order for the person to set a Personal Identification Number (PIN) for the WIC Card and to be able to shop for WIC foods at the grocery store.

PROCEDURE:

Staff:

- A. Review and document in the participant’s file proof of Washington state residency at the initial certification, subsequent certification and when the participant transfers in from out of state. Proof of residency includes, but isn’t limited to the following:

Note: The parent’s or guardian’s proof of residency applies to the infant or child. The child’s name doesn’t have to appear on the document, bill or statement.

1. ProviderOne Adjunct Program Verification.
 - a. A positive verification result is documentation of residency for all family members.
 - b. The verification result is the participant’s proof, the ProviderOne card isn’t required.

2. Washington driver's license or Washington State ID Card.
3. Utility bill with address - includes gas, electric, water, sewer, phone, garbage bill, etc.
4. Paystub or Military Leave and Earning Statement with address.
5. Rent or mortgage statement or receipt.
6. Letters and notifications sent in a postmarked envelope to the participant with address - includes Medicaid, Food Stamps, or TANF notification letter, etc.
7. Voter Registration card or other state or local document that requires proof of state or local residency.
8. Other – for example a health insurance or social services card with address.

Note: A Post Office Box isn't acceptable proof of residency according to federal regulation.

- B. Follow procedures in the "[One Month Temporary Certification for Missing Proof of Identification and Residency](#)" policy in this chapter when proof of residency exists, but the participant didn't bring it to the initial certification, subsequent certification or when transferring in from out of state.

1. Staff write a Family Alert when proof of residency is missing at a transfer in from out of state.

Note: Local agencies should try to find ways to help participants remember to bring in their proof of residency to their certification appointment. For example, staff should let participants know what type of documentation they need at each appointment by writing it on the WIC ID and Card Folder.

- C. Review the [No Proof of Residency Form \(Affidavit for Residency\)](#) and have the participant, Parent Guardian or Caretaker sign electronically when proof of residency doesn't exist or the person can't bring it to the clinic.)

- See the "[Participants with No Proof of Identity or Residency](#)" policy in this chapter.
- Times when the participant might not have proof of residency include, but are not limited to: theft, loss, disaster, homelessness, or migrancy.

- D. Document the person's address on the Family Demographics screen according to requirements as listed in policy above.

Information:

Staff should document residency in a way that doesn't pose a barrier to any applicant or participant, particularly to a person who is mobile, such as a homeless person, a person in the military, or a migrant.

Residency information is confidential. WIC won't share the information with any unauthorized person(s).

- See [Volume 1, Chapter 25 – Legal Considerations and Confidentiality](#) for more information.

Proof of residency is required at the transfer-in appointment. The transfer card, or Verification of Certification (VOC), is documentation of income and nutrition risk eligibility but isn't documentation of identity or residency.

- See [Volume 1, Chapter 21 – Transfers](#) for more information.

POLICY: Homeless, Incarcerated, Migrant and Military Status

Staff assess and document a participant's status and document on the Family Demographics screen according to the following:

1. Homeless:

- a. The participant doesn't have a regular nighttime residence; or
- b. The participant's primary nighttime residence is:
 - A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designated to provide temporary living accommodation;
 - An institution that provides a temporary residence for individuals intended to be institutionalized;
 - A temporary accommodation of not more than 365 days in the residence of another individual; or
 - A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

2. **Incarcerated:** The participant is incarcerated, in jail.

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

4. **Military:** The participant or a Parent Guardian is in the National Guard or is active duty military.

Note: It's optional for staff to assess for and document military status.

PROCEDURE:

Staff:

- A. Assess and document the participant's status as appropriate.

POLICY: Education, Marital, and Employment Status

Staff must not document the participant's or Parent Guardians' education, marital or employment status on the Family or Participant Demographics screens in Cascades.

Note: Asking about and documenting this information could lead to the perception of discrimination.

POLICY: One Month Temporary Certification for Missing Proof of Identification or Residency

Staff must:

1. Provide a one month temporary certification for missing proof of identification or residency.
2. Document the missing proof as “Not Provided” at the initial certification, subsequent certification or transfer in.
 - a. Document proof of residency on the Family Demographics screen.
 - b. Document proof of identification on the Participant Demographics screen.
3. See and document the missing proof before giving additional WIC food benefits past the one month temporary certification.
- See [Volume 1, Chapter 6 – Income](#) when the participant, Parent Guardian or Caretaker doesn’t bring proof of income.

PROCEDURE:

Staff:

- A. Give a one month temporary certification when proof of identification or residency exists, but the person didn’t bring it to the initial certification (includes when staff presume eligible a pregnant participant), subsequent certification, or when transferring in from out of state.
- B. Select “Not Provided” for the type of missing proof in the participant’s file.
- C. Issue one month of food benefits if the participant is eligible, even if the participant would normally be on multi-month issuance.
- D. Let the participant, Parent Guardian or Caretaker know the missing proof is required in order to receive additional food benefits.
- E. See and document the missing proof before giving additional food benefits.
- F. Provide a transfer card if the participant asks for one.
 1. Staff document the missing proof on the transfer information.

Information:

Local agencies should try to find ways to help participants remember to bring in identification and proof of residency to the certification or transfer-in appointment. For example, staff should let participants know what type of documentation they need for each appointment.

POLICY: Participants with No Proof of Identity or Residency

Staff must:

1. Allow an applicant or participant to self-declare identity or residency when one of the following applies:
 - Proof of identity or residency was lost due to theft.
 - The proof was destroyed in a fire, flood or other natural disaster.
 - The proof doesn't exist because the person is homeless, a migrant, or is living in someone else's home.
 - Retrieving the proof would endanger the person's living situation.
 - Retrieving the proof could put the person at risk of harm.
2. Review and have the applicant, participant, Parent Guardian or Caretaker electronically sign the appropriate No Proof Form/affidavit.
 - There's no limit to the number of times the person can use the form as long as one of the criteria listed above applies.
 - Use the [No Proof of Identity Form \(Affidavit for Identity\)](#) when the person doesn't have a form of identification.
 - Use the [No Proof of Residency Form \(Affidavit for Residency\)](#) when the person doesn't have proof of residency.
3. Select the No Proof Form/Affidavit for proof of identification or residency.

PROCEDURE:

Staff:

- A. Review and have the applicant, participant, Parent Guardian or Caretaker sign the [No Proof of Identity \(Affidavit for Identity\)](#) or [No Proof of Residency \(Affidavit for Residency\)](#) electronically on the Certification Signature screen when one of the criteria listed in policy applies.
 - The form is available in many languages from the Department of Printing Fulfillment Center at: myPRINT.wa.gov.

- WIC keeps residency information confidential and won't give it to any unauthorized person(s). See [Volume 1, Chapter 25 – Legal Considerations and Confidentiality](#) for more information.
- B. Select the No Proof Form/Affidavit for the proof.
1. Document proof of residency on the Family Demographics screen.
 2. Document proof of identity on the Participant Demographics screen.

POLICY: WIC ID and Card Folder

Staff must:

1. Give each family or foster child a WIC ID and Card Folder.
2. Write the participants', Parent Guardians', Caretakers' or Proxys' names.
3. Replace lost or stolen WIC ID and Card Folders.

Participants, Parent Guardians, Caretakers and Proxys can use the WIC ID and Card Folder as identification for subsequent certifications and benefit pick-up at the clinic.

- The Personal Identification Number (PIN) is the person's identification for using the WIC Card at the store.
- See [Volume 1, Chapter 22 – Issue WIC Food Benefits](#) for more information and the WIC Card and PIN.

PROCEDURE:

Staff:

- A. Give a WIC ID and Card Folder when the participant:
 1. Is determined eligible and issued a WIC Card.
 2. Transfers into the Washington WIC Nutrition Program from another state.
 3. Needs a new WIC ID and Card Folder.
- B. Stamp or write the clinic phone number in the space provided.
- C. Write the participants', Parent Guardians', Caretakers' or Proxys' names on the folder.
- D. Ask if the person needs a new folder at the subsequent certification.
- E. Encourage the person to call the clinic with any problems or questions.

Information:

- The WIC ID and Card Folder is available from the Washington State Department of Printing – Fulfillment Center in a variety of languages. Order from the Department of

Printing website:

<https://prtonline.myprintdesk.net/DSF/storefront.aspx?6xni2of2cF1OAY5jHVvUrUsqozrCjF3xgL/DdBBf+Sre9e470j4aMR+LcLIWmKS>

- The WIC ID and Card Folder isn't a transfer card. Staff print transfer cards from Cascades.
 - See [Volume 1, Chapter 21 – Transfers/Verification of Certification](#) for more information.

POLICY: Co-Sign Certifications for Paraprofessional Competent Professional Authority (P-CPA) In-Training

A designated Competent Professional Authority (CPA), preferably the nutritionist or coordinator, must review and co-sign all WIC certifications performed by staff in-training prior to the issuance of WIC food benefits.

The P-CPA who is in training must not review or co-sign certifications for other staff.

PROCEDURE:

The CPA:

- A. Reviews all certifications performed by staff in-training.
- B. Co-signs for the certification on the Participant Demographics Sticky Note in Cascades.
 - 1. The CPA may sign full name, or first initial and last name.
 - 2. Document the date when co-signing.
 - 3. The CPA signs off on each individual participant's certification.

Section 3: Eligibility Period Requirements

POLICY: Minimum Required Contacts

Staff must make sure each participant receives the minimum required visits during the certification period.

Participants must receive the following contacts:

1. **First nutrition education contact:** Nutrition education the CPA must provide as part of the certification appointment.
 - a. The first nutrition education contact occurs at the Initial Certification, Presume Eligible Complete Assessment or the Subsequent Certification appointment.

2. **Second nutrition education contact:** In addition to the first nutrition education contact, staff must provide second nutrition education contacts according to the following:
 - a. Pregnant, Non-breastfeeding Postpartum, and Infants certified at 6 months of age or older:
 - One second contact is required.
 - b. Infants, children and breastfeeding participants who have a one year certification period:
 - Two second contacts are required.
 - One contact occurs between the certification and the mid-certification health assessment and one between the health assessment and the subsequent certification.
 - c. A second nutrition education contact can be:
 - Individual (Nutrition Education – Individual, NE-I)
 - Group or class
 - Registered Dietitian - when the participant is high risk
 - See Volume 1, Chapter 16 – Nutrition Education

Note: Nutrition education provided by a person working in a breastfeeding peer counselor role doesn't count toward the WIC second nutrition education contact requirement.

3. **Mid-certification health assessment:** infants, children and breastfeeding participants must receive a health assessment approximately mid-way through the certification period.
 - See the [infant](#), [child](#) and [breastfeeding](#) participant mid-certification health assessment policies in this chapter.

Staff are required to provide second nutrition education contacts unless the participant, Parent Guardian or Caretaker refuses nutrition education.

- See the [Table of Minimum Required WIC Visits](#).

PROCEDURE:

Staff:

- A. Make sure each participant receives at least the minimum required visits each certification period.

Table: Minimum Required WIC Visits

Note: The table is an example and uses October as the participant’s first month of eligibility

Month	Pregnant Presumed Eligible	Pregnant	Breastfeeding	Non-Breastfeeding Postpartum	Infant	Child
October	IC (assign PE risk)	IC/SC	IC/SC	IC/SC	IC	IC/SC
November	PE-Complete Assessment ¹					
December						
January	NE-I, class or Registered Dietitian ²	NE-I, class or Registered Dietitian ²	NE-I, class or Registered Dietitian ²	NE-I, class or Registered Dietitian ²	NE-I, class or Registered Dietitian ²	NE-I, class or Registered Dietitian ²
February						
March	Weight check ³			<i>Eligibility ends</i>		
April	<i>(due date)</i>	Weight check ³	Mid Cert HA		Mid Cert HA	Mid Cert HA
May	SC					
June		<i>(due date)</i>				
July		SC	NE-I, class or Registered Dietitian ²		NE-I, class or Registered Dietitian ²	NE-I, class or Registered Dietitian ²
August						
September						
October			<i>Eligibility ends</i>		SC	SC

1. Staff must complete the certification assessment for participants who are presumed eligible (PE – Complete Assessment).
2. A second nutrition education contact can be a one-on-one visit (NE-I), a class; or a Registered Dietitian visit if the participant is high risk.
3. Trimonthly weight check (Anthro/Lab). During the visit offer the opportunity to talk about breastfeeding. Best practice: schedule a breastfeeding class or a NE-I near the pregnant participant’s due date to promote breastfeeding and offer breastfeeding support.

POLICY: Breastfeeding Mid-Certification Health Assessment

The CPA must complete and document a Mid-Certification Health Assessment for a breastfeeding participant around six months after the certification.

At the mid-certification health assessment the CPA must:

1. Weigh the participant and assess weight.
2. Follow-up to previous nutrition risks and concerns identified at the certification.
3. Conduct a brief assessment of health and nutrition practices.
4. Offer nutrition education.
5. Provide breastfeeding support.
6. Refer to other social and health programs as appropriate.
7. Confirm the current food package meets the participant's needs.

Staff must not withhold WIC food benefits if the participant misses the mid-certification health assessment appointment. Give one month of food benefits and reschedule the appointment for the following month.

In addition to the health assessment staff must provide one nutrition education contact in the first six months and one in the second six months.

- See [Volume 1, Chapter 16 – Nutrition Education](#).

PROCEDURE:

The CPA:

- A. Completes the health assessment around six months postpartum. This includes:
 1. Weigh the participant and ask if there are any questions or concerns about weight in relationship to health.
 - See [Volume 1, Chapter 9 – Anthropometrics](#).
 2. Follow up on nutrition risks and concerns identified at the certification.

3. Ask the Health Assessment questions on the Dietary and Health screen in Cascades to assess for any new health or nutrition issues.
 4. Have a conversation about the participant's needs and concerns. Follow up to nutrition goals and discussions documented during the certification period.
 - See [Volume 1, Chapter 16 – Nutrition Education](#).
 5. Provide breastfeeding support.
 - See [Volume 1, Chapter 15 – Breastfeeding](#).
 6. Offer appropriate referrals and follow up to previous referrals.
 - See [Volume 1, Chapter 12 – Referrals](#).
 7. Confirm that the current food package meets the participant's needs and matches the amount of breastfeeding.
 - See [Volume 1, Chapter 23 – WIC Foods](#).
- B. Document information from the health assessment.
1. Select any new risk factors identified during the health assessment.
 - Refer the participant to the dietitian when a new high risk factor is identified.
 2. Select any referrals made on the Referrals screen and document follow-up to earlier referrals.
 3. Update the participant's Care Plan.
 - Include nutrition education, breastfeeding support, and the participant's goals and plan.

POLICY: Infant Mid-Certification Health Assessment

The CPA must complete a mid-certification health assessment for infants between 5 and 8 months of age.

Note: A mid-certification health assessment is only required for infants with a certification period longer than six months.

At the mid-certification health assessment, the CPA must:

1. Take measurements and assess the infant's growth.
2. Assess for and follow-up to health concerns or feeding practices.
3. Assess access to health care services.
4. Screen immunization status.
5. Offer nutrition education and breastfeeding support.
6. Document the mid-certification health assessment in the infant's file.
7. Refer to other social and health programs as appropriate.
8. Confirm the current food package meets the infant's needs.

Staff must not withhold WIC food benefits if the participant misses the mid-certification health assessment appointment. Give one month of food benefits and reschedule the appointment for the following month.

For an infant with a one year certification period, staff must provide one nutrition education contact in the first six months and one in the second six months in addition to the health assessment.

- See Volume 1, Chapter 16 – Nutrition Education.

PROCEDURE:

The CPA:

- A. Completes and documents an infant mid-certification health assessment between 5 – 8 months of age. This includes:
 1. Weight and length measurements and growth assessment.
 - See [Volume 1, Chapter 9 – Anthropometrics](#).

2. Assessment Questions on the Dietary and Health screen in Cascades.
 - See [Volume 1, Chapter 11 – Assessment](#).
 3. Assessment of the participant’s access to health care services and immunization status. Make referrals when needed.
 - See [Volume 1, Chapter 12 – Referrals](#).
 4. Nutrition education and breastfeeding support related to the infant’s nutrition needs and follow-up to previous nutrition goals as appropriate.
 - Do a breastfeeding review if the caregiver requests formula, or an increase in formula. See [Volume 1, Chapter 15 – Breastfeeding](#).
 - See [Volume 1, Chapter 16 – Nutrition Education](#).
- B. Documents any additional risk factors in the infant’s file.
- Refer the infant to the dietitian when a new high risk factor is identified.
- C. Documents referrals and nutrition education provided.

Information:

Performing a hemoglobin or hematocrit assessment at the mid-certification infant health assessment is optional. The CPA uses professional discretion regarding the appropriateness of performing the hematological test at this time.

- See [Volume 1, Chapter 10 – Hematology](#) for more information.

POLICY: Child Mid-Certification Health Assessment

The CPA must complete a mid-certification health assessment for children around six months after the certification.

Note: A mid-certification health assessment is only required for children with a certification period longer than six months.

At the mid-certification health assessment, the CPA must:

1. Take measurements and assess the child's growth.
2. Assess for and follow-up to health or feeding issues.
3. Screen immunization status up to 24 months of age.
4. Offer nutrition education.
5. Document the mid-certification health assessment in the child's file.
6. Refer to other social and health programs as appropriate.
7. Confirm the current food package meets the child's needs.

Staff must not withhold WIC food benefits if the participant misses the mid-certification health assessment. Provide one month of food benefits and reschedule the health assessment for the next month.

For a child with a one year certification period, staff must provide one nutrition education contact in the first six months and one in the second six months in addition to the health assessment.

- See [Volume 1, Chapter 16 – Nutrition Education](#).

PROCEDURE:

The CPA:

A. Completes and documents a child mid-certification health assessment. This includes:

1. Weight and height or length measurements and growth assessment.
 - See [Volume 1, Chapter 9 – Anthropometrics](#).
2. Assess if an iron test is required based on the child's age and whether the last iron test was within normal limits.

- a. If an iron test is required, do the hemoglobin test, or record the hemoglobin or hematocrit data from the health care provider and assess the value.
 - See [Volume 1, Chapter 10 – Hematology](#).
 3. Follow up on nutrition risks and concerns identified at the certification.
 4. Ask the Health Assessment questions on the Dietary and Health screen in Cascades to assess for any new health or feeding issues.
 5. Offer nutrition education related to the child’s nutrition needs and the caregiver’s questions. Follow up on previous nutrition goals and discussions.
 - See [Volume 1, Chapter 16 – Nutrition Education](#).
 6. Screen for immunizations for children 24 months old or less.
 - Refer if needed. See [Volume 1, Chapter 12 – Referrals](#).
 7. Refer to other social and health programs as appropriate and assess previous referrals made.
 - See [Volume 1, Chapter 12 – Referrals](#).
 8. Confirm the current food package meets the child’s needs.
- B. Document information from the health assessment:
1. Select any new risk factors identified during the health assessment.
 - Refer the child to the dietitian when a new high risk factor is identified.
 2. Select any referrals made and document follow up to earlier referrals.
 3. Update the Care Plan and document what you talked about with the Parent Guardian or Caretaker.
 - Document nutrition education, goals and plans.

- C. Document what you talked about with the caregiver. Use the Notes tab to document nutrition education, caregiver goals and plans.

POLICY: Provide Services to Challenging Participants

Staff must provide services to all participants except when providing services would put the staff person at risk, or the staff person is concerned for his or her safety.

Staff who are concerned about immediate safety, call 911 for emergency assistance. Staff consult with coordinator and review local agency policy and procedures to learn other precautions to take.

Staff must work with state staff to find a way to provide services in these difficult situations.

Staff must not transfer problematic participants to a different clinic without first working with state staff and contacting the other agency.

Examples of procedures to assure participants receive service:

1. A Parent Guardian is intimidating staff: Staff and the Parent Guardian agree to have the other Parent Guardian or Caretaker come for food benefit issuance and clinic appointments.
2. Participant is verbally abusive to staff: The Local Program Consultant will explore a variety of ways the participant can continue to receive services, which could include transferring to another clinic if needed.

PROCEDURE:

Staff:

- A. Call 911 in emergency situations.
- B. Follow local agency policy for safety issues. Try to serve the participant by working with the participant, Parent Guardian or Caretaker.
- C. Contact the Local Program Consultant when help is needed working with the participant.
- D. Transfer the participant to another agency only after getting approval from the Local Program Consultant and notifying the other agency.

Section 4: Subsequent Certification Requirements

POLICY: Subsequent Certification Timeframe

The Competent Professional Authority (CPA) must not subsequently certify a participant more than 30 days (one month) before the end of a current certification period.

PROCEDURE:

The CPA:

- A. Completes a subsequent certification no more than 30 days before the end of a current certification period.
- See [Volume 1, Chapter 9 – Anthropometrics](#) for measurement information.
 - See [Volume 1, Chapter 10 – Hematology](#) and blood work timeframe requirements.

Information:

Staff can complete subsequent certifications during the last month of a current certification period to give more flexibility in clinic scheduling, managing caseload and coordinating appointments for household members.

POLICY: Reapply for Subsequent Certification

Participants must reapply for WIC services at the end of the certification period.

Staff can't complete a subsequent certification when there are more than 30 days remaining in the participant's current certification period.

PROCEDURE:

Staff:

- A. Press the "Apply" button on the Subsequent Certification screen in Cascades to initiate an application for a subsequent certification.
- B. Select the appropriate category for the participant's subsequent certification when needed.
 1. When a previously pregnant participant returns for a subsequent certification as pregnant, but hadn't been certified as breastfeeding or non-breastfeeding postpartum; staff need to terminate the previous pregnancy certification in order to apply for the current pregnancy certification.

Section 5: Certification Modifications

POLICY: 30 Day Extension to the Certification Period

Staff have the option to extend the certification period by 30 days when appointments aren't available for a participant's subsequent certification.

Staff **can** extend the certification:

1. Within 30 days before the certification period ends.
2. One time per certification.

Staff **can't** extend the certification period:

1. Once it has ended.
2. Beyond a child's 5th birthday.

Staff must use the option to extend the certification period fairly and equally to all participants and according to policy.

PROCEDURE:

Staff:

- A. Attempt to schedule the participant's subsequent certification during the last month of the certification period.
- B. Extend the certification period if there aren't subsequent certification appointments available that the participant can attend.
 1. Click the Extend Certification button on the Certification Summary screen.
- C. Provide one month of food benefits in the "Expired" status.
- D. Let the participant, Parent Guardian or Caretaker know the subsequent certification must be completed before additional benefits are provided.
- E. Schedule the subsequent certification for the following month.

POLICY: Changing Participant from Breastfeeding to Postpartum

A Breastfeeding participant who stops breastfeeding the infant within six months postpartum is eligible as a Priority 6 – Non-Breastfeeding Postpartum participant.

PROCEDURE:

Staff:

- A. Confirm that the participant is within six months postpartum.
- B. Update the Breastfeeding Information on the Health Information screen in Cascades for the mom **and** infant.
 1. Select “No” to “Are you breastfeeding?”
 2. Enter information about:
 - Age infant stopped breastfeeding
 - Ever breastfed
 - Reason stopped breastfeeding
 - Age supplement was given
 - Amount of formula the infant receives in a 24-hour period
- C. Review the food package prescription and issue food benefits.
 1. All staff can issue the standard Non-Breastfeeding Postpartum food package in this situation.
 2. The CPA or nutritionist prescribes the food package when the participant needs changes to the standard food package.

Note: A Breastfeeding Review is required prior to giving formula or increasing the amount of formula the infant receives. See [Volume 1, Chapter 15 – Breastfeeding](#) and [Chapter 23 – WIC Foods](#) for more information.
- D. Schedule a nutrition education appointment based on the participant’s needs.
 - If the participant received a second nutrition education contact during the breastfeeding certification period, it meets the requirement.

Information:

- Changing a participant from Breastfeeding to Non-Breastfeeding Postpartum is a category change.
- Cascades bases the category change on the breastfeeding information for the mom and infant on the Health Information screen.
- Since it isn't a subsequent certification the certification requirements like income eligibility, signing the Rights and Responsibilities form, and asking the Assessment Questions aren't required.

Section 6: Request or Receive WIC Benefits on Behalf of WIC Participants

POLICY: Parent Guardians

A parent guardian is a person with legal responsibility for the child. This can include:

- One parent – a mom or a dad
- Both parents
- A third party appointed by a court

A parent guardian can:

1. Request and receive WIC benefits on behalf of a WIC participant and bring the participant to the certification and recertification appointments.
 2. Attend all WIC appointments such as the mid-certification health assessment and nutrition education appointments.
 3. Receive and purchase WIC food benefits.
 4. Designate another person as a Caretaker or Proxy. See the "[Caretakers](#)" policy.
 5. Transfer the participant to another WIC clinic.
 6. Sign the Release of Information form which allows staff to share the participant's WIC health information with the health care provider.
- See [Volume 1, Chapter 25 – Legal Considerations and Confidentiality](#) for more information.
 - See the [Table: Authority to request and receive WIC services on behalf of an infant or child](#).

PROCEDURE:

Staff:

- A. Determine if the person is a parent guardian based on the information in this policy.
- B. Document the person in Cascades as a Parent Guardian.
 1. If there's only one parent guardian, list this person as Parent Guardian 1.

2. If there are two parent guardians, list the second as Parent Guardian 2.
 - Both Parent Guardians have the same authority and permission.

POLICY: Caretakers

A Parent Guardian can designate a Caretaker to attend WIC appointments and receive WIC services for the infant or child.

A Caretaker must be 18 years or older unless he or she is the parent, spouse or partner of the WIC participant.

A Caretaker can:

1. Request and receive WIC benefits on behalf of a WIC participant and bring the participant to initial certification and subsequent certification appointments.
 - The person needs to bring all appropriate documentation, including income, ID and residency.
 - The person signs the Rights and Responsibilities form when he or she brings the infant or child to a certification or subsequent certification appointment.
 - The person needs to have knowledge about the participant's nutrition and health.
2. Attend all WIC appointments such as the mid-certification health assessment and nutrition education appointments.
3. Receive and purchase WIC food benefits.
4. If the Caretaker isn't a custodian he or she can't designate another Caretaker, transfer the participant to another clinic or request or authorize the release of an infant's or child's record.
 - See [Volume 1, Chapter 25 – Legal Considerations and Confidentiality](#) for more information about custodians and caregivers.
 - See the [Table: Authority to request and receive WIC services on behalf of an infant or child](#).

PROCEDURE:

Staff:

- A. Make sure the Parent Guardian (custodian) designates the Caretaker in one of the following ways:
 1. In person in the clinic.

2. In writing by giving the person a note to bring in to the clinic.
 3. Verbally over the phone for one month. Permission must be in writing after one month.
- B. Document the person's name and date of birth in the Caretaker section of the Family Demographics screen in Cascades.

POLICY: Caretaker Acting in Absence of the Custodian

A Parent Guardian (custodian) or court can designate a person(s) to assume responsibility for the care of an infant or child and act on their behalf in the custodian’s absence.

Examples include:

- When a child is in foster care due to Child Protective Services (CPS) intervention, CPS is the custodian and designates the foster parent to act on behalf of the infant or child.
- When the custodian isn’t present or available (for example is incarcerated or leaves the infant or child) and a friend or family member assumes responsibility for the infant or child.

The Caretaker acting in absence of the custodian can:

1. Request and receive WIC benefits on behalf of a WIC participant and bring the participant to certification and subsequent certification appointments.
 2. Attend all WIC appointments such as the certification, mid-certification health assessment and nutrition education appointments.
 3. Receive and purchase WIC food benefits.
- See [Volume 1, Chapter 25 – Legal Considerations and Confidentiality](#) for more information about custodians and caregivers.
 - See the [Table: Authority to request and receive WIC services on behalf of an infant or child](#).

If the Caretaker isn’t a custodian he or she can’t designate a Caretaker, transfer the participant to another clinic or request or authorize the release of an infant’s or child’s WIC record.

PROCEDURE:

Staff:

- A. Determine if the person is an authorized Caretaker acting in absence of the custodian based on the information in policy above.
- B. Document the person acting in absence of the custodian as the Parent Guardian in Cascades.

1. Document the person's relationship to the child in a Sticky Note on the Family Demographics screen.

POLICY: Proxy

A Parent Guardian (custodian) or Caretaker acting in absence of the custodian can designate a person to receive and purchase WIC food benefits on behalf of the WIC participant.

This person is called a Proxy in WIC federal regulations.

A Proxy can only receive and purchase WIC food benefits and can't bring the participant in for certification appointments or nutrition education.

- See [Volume 1, Chapter 25 – Legal Considerations and Confidentiality](#) for more information about custodians and caregivers.
- See the [Table: Authority to request and receive WIC services on behalf of an infant or child](#).

PROCEDURE:

Staff:

- A. Make sure the Parent Guardian (custodian) or Caretaker designated the Proxy in one of the following ways:
 1. In person in the clinic.
 2. In writing by giving the person a note to bring in to the clinic.
 3. Verbally over the phone for one month. Permission must be in writing after one month.
- B. Document the person's name and information in the Proxy Information section of the Family Demographics screen in Cascades. Required information includes:
 1. First and last name.
 2. Date of birth.
 3. Assigned date.
 4. Active date.
 5. Inactive date.

POLICY: Caretaker Used Instead of Disqualification

When a disqualified participant is an infant, child or woman under 18, state WIC Program Compliance Unit staff may approve a Caretaker to act on behalf of the participant in order for the participant to continue receiving WIC benefits.

The substitute Caretaker can:

1. Request and receive WIC benefits on behalf of a WIC participant and bring the participant to the certification and subsequent certification appointments.
 - The substitute needs to bring all appropriate documentation, including the participant's identification and proof of the participant's household income and residency.
 - The substitute signs the Rights and Responsibilities form at the certification and subsequent certification appointments.
 - The person needs to have knowledge about the participant's nutrition and health.
2. Attend all WIC appointments such as the mid-certification health assessment and nutrition education appointments.
3. Receive and purchase WIC food benefits.
4. If the substitute Caretaker isn't a Parent Guardian (custodian) he or she can't designate a Caretaker, transfer the participant to another clinic or authorize the release of an infant's or child's WIC record.
 - See [Volume 1, Chapter 2 – Program Compliance](#) for more information about using a Caretaker instead of disqualification.
 - See the [Table: Authority to request and receive WIC services on behalf of an infant or child](#).

PROCEDURE:

Staff:

- A. Provide services to the Caretaker.
 1. State staff approve the Caretaker acting on behalf of the participant instead of disqualification.

2. State staff enter the person’s name as the Caretaker on the Family Demographics screen in Cascades and document in the Sticky Notes that the person is a Caretaker receiving benefits for the participant instead of disqualification.
3. Follow the “Caregiver Instead of Disqualification” policy in [Volume 1, Chapter 2 – Program Compliance](#).

Table: Authority to request and receive WIC services on behalf of an infant or child

	<u>Custodian</u> <ul style="list-style-type: none"> • 1 parent • Both parents • Person appointed as a custodian by a court 	<u>Caretaker</u> (who isn't a custodian)	<u>Caretaker acting in absence of the custodian</u> <ul style="list-style-type: none"> • foster parent • friend or family member 	<u>Proxy</u>	<u>Caregiver instead of disqualification</u> (must be approved by the custodian and state WIC Program Compliance Unit staff)
Apply for WIC for an infant or child? <ul style="list-style-type: none"> • Certification • Subsequent Certification 	Yes	Yes	Yes	No	Yes
Name a Parent Guardian, Caretaker or Proxy?	Yes	No	Yes	No	No
Request to transfer the participant?	Yes	No	Yes	No	Only with the custodian's authorization
Receive and purchase WIC food benefits?	Yes	Yes	Yes	Yes	Yes
Attend the mid-certification health assessment or nutrition education?	Yes	Yes	Yes	No	Yes
Take the participant off WIC	Yes	No	No	No	Only with custodian's authorization
Request or authorize the release of the infant's or child's WIC record	Yes	No	No	No	No

Adapted from Volume 1, Chapter 25 – Legal Considerations and Confidentiality.

Please see Chapter 25 for more detailed information about access to the participant's WIC record and releasing information.

Section 7: Appendix

LOCAL AGENCY: Flower Garden WIC

DATE: 6/30/2018

POLICY: SEPARATION OF DUTIES

Clinics follow the Washington State WIC “Separation of Duties” policy. The policy states:

- Staff must assure the separation of duties between the income and nutrition risk eligibility determination at each initial certification and subsequent certification appointment.
- If a clinic is unable to implement with this policy, the Coordinator or designee must complete file reviews.

When the clinic doesn’t have enough staff to comply with separation of duties, the coordinator or designee completes the *Separation of Duties File Review* form.

- File reviews include 100% of infants receiving formula (Initial Certification) and 20% of randomly selected certification appointments.
- In addition, if the clinic has enough staff to comply with separation of duties, but chooses not to, the Coordinator or designee reviews an additional 10% of the clinic’s certification files every six months.

Note: If the clinic doesn’t have enough staff to do the file review, contact state staff for assistance.

PROCEDURE:

1. The following clinics participate in the file review process in place of the “Separation of Duties” policy:

List clinics doing file reviews here:

- **The Lilac, Phlox and Carnation sites will need to complete the file review process.**

2. The following staff person is responsible for completing the *Separation of Duties File Review* form.

List the staff person who does the review (Coordinator or designee) and for which clinic(s)

- **Sandra Smith, Coordinator, will do the reviews for the Lilac and Phlox sites.**
- **Wendy Jones, designated lead, will do the reviews for the Carnation site.**

List which clinic(s) will have state staff complete file reviews.

- **None of our clinics need to have state staff review files.**

3. File reviews include 100% of infants receiving formula (Initial Certification) and 20% of randomly selected certification appointments within 2 weeks of the certification.

Note: The reviewer will review an additional 10% of the clinics certification files every six months if the clinic has enough staff for separation of duties, but doesn't comply with the policy due to clinic flow, customer service concerns, etc.

List the clinics which have the additional file review requirement and reason

- **The Phlox site will have the additional review requirement. Although we have 2 staff at this site, due to language needs of our participants, we feel the impact to customer service would be too great to change our practice of 1 person seeing the participant for the entire visit, including certifications.**

Add timing of the file review (for example, by the 15th and last day of each month, or every other Friday)

- **Sandra reviews files every Friday for the Lilac and Phlox sites. She will do the additional 10% review of files for the Phlox site every 6 months, in June and December.**
- **Wendy reviews files on the 15th and last day of each month for the Carnation site.**
- The file review takes place within two weeks following certification

4. Staff track appointments to determine file review needs.

WIC certifiers must:

- Speak to WIC participants, Parent Guardians and Caretakers about possible customer services phone calls.
- Identify all formula fed infants.
- Track walk-in appointments.
- Turn in the list of appointments at the end of the week to the file reviewer

Clinics utilizing state staff for file reviews will:

- Fax appointment schedules to 360-236-2345 every Friday at the end of the day.
- Respond to state staff's requests for information or clarification.

5. The reviewer completes the review as follows:

- Attempts to call the participant, Parent Guardian or Caretaker and ask the questions outlined on page one of the file review tool.
- If the person doesn't answer the phone, the reviewer completes page two of the file review tool.
- Keep all file reviews and supporting documents for four years.

6. The reviewer reports potential "red flags" to state WIC staff to review. For example:

- the same income entered for numerous participants
- the same risks selected for many different participants
- similar birthdays or names used frequently
- no notes documented, etc.

Example 1: Clinic only has one staff person and can't meet the separation of duties requirement

An agency has a satellite clinic with a small caseload and only one staff person. The satellite clinic can't meet the separation of duties requirement (SOD) at any time.

The coordinator, designated lead or state staff must review the following within 2 weeks of the certification:

- All formula fed infant certifications.
- A random 20% of the remaining certifications.
(Total certifications – formula fed infant certifications) x 20%

The person designated to complete the file review can't review his or her own certification files.

Steps to calculate the files to review: See table below for example

1. Determine how many certifications didn't meet the SOD requirement
This clinic can't meet the SOD requirement at any time so all initial certifications and subsequent certifications are used for the review calculations.
2. Determine how many certifications not meeting SOD were for formula fed infants
All the certifications for infants receiving any formula fall must be reviewed.
3. Determine how many of the remaining certifications to review.
 - Subtract the formula fed infant certifications from the total certifications not meeting SOD.
 - Multiply that number by 20%.
4. Determine how many files to review within 2 weeks of the certification:
The total number of infant certifications with formula plus a random 20% of the remaining certifications.
5. Determine if the clinic needs to review an additional 10% of the files not meeting SOD every 6 months
 - The clinic can't meet the SOD requirement at any time due to lack of staff.
 - The clinic doesn't have to review an additional 10% of certifications every 6 months.

	Month	January		February		March		April		May		June	
		Dates	1-15	16-31	1-15	16-31	1-15	16-31	1-15	16-31	1-15	16-31	1-15
1.	Certs not meeting SOD	5	7	6	4	8	3	4	5	6	3	4	7
2.	# formula fed infant certs (review w/in 2 wks of the certification)	1	2	1	0	2	0	2	0	1	0	0	2
3.	20% of remaining certs (review w/in 2 wks of the certification)	1	1	1	1	1	1	0	1	1	1	1	1
4.	Total to review (w/in 2 weeks of the certification)	2	3	2	1	3	1	2	1	2	1	1	3
5.	10% of certs to review (every 6 mos)	N/A											

Example 2: Clinic has more than 1 staff person at the site, but doesn't meet the requirement.

A clinic has 1 front line staff person and 2 certifiers on Monday, Tuesday, Thursday and Friday. The clinic meets the separation of duties (SOD) requirement these days. On Wednesdays there are just 2 certifiers in the clinic. The staff and coordinator feel they'll see more participants and have better customer service if they don't meet the SOD requirement. The 2 certifiers complete all portions of the certifications performed that day.

Clinic staff usually complete 100 certifications in a month, with about 20 of those completed on Wednesdays. **Only those certifications completed on Wednesdays when the clinic doesn't meet the separation of duties fall under the review requirement.**

The coordinator or designated lead must review the following within 2 weeks of the certification:

- All formula fed infant certifications.
- A random 20% of the remaining certifications.
(Total certifications – formula fed infant certifications) x 20%
- A random 10% of all the certifications performed during the six month timeframe that didn't meet the separation of duties requirement.
(Total certifications x 10%)

Steps to calculate the files to review: See table below for example.

1. Determine how many certifications didn't meet the SOD requirement:
The clinic chooses to not meet the SOD requirement on Wednesdays.
2. Determine how many certifications not meeting SOD were for formula fed infants
All the certifications for infants receiving any formula fall must be reviewed.
3. Determine how many of the remaining certifications to review.
 - Subtract the formula fed infant certifications from the total certifications not meeting SOD.
 - Multiply that number by 20%.
4. Determine how many files to review within 2 weeks of the certification.
The total number of infant certifications with formula plus a random 20% of the remaining certifications.
5. Determine if the clinic needs to review an additional 10% of the files not meeting SOD every 6 months
Since the clinic doesn't meet the SOD requirement when there are 2 staff present they must meet the additional 10% review requirement every 6 months.

	Month	January		February		March		April		May		June	
		Dates	1-15	16-31	1-15	16-31	1-15	16-31	1-15	16-31	1-15	16-31	1-15
1.	Certs not meeting SOD	7	11	10	9	8	12	9	8	10	9	9	7
2.	# formula fed infant certs (review w/in 2 wks of the certification)	1	2	2	1	2	3	2	1	3	0	2	1
3.	20% of remaining certs (review w/in 2 wks of the certification)	1	2	2	2	1	2	1	1	1	2	1	1
4.	Total to review (w/in 2 weeks of the certification)	2	4	4	1	3	5	2	2	4	2	3	2
5.	10% of certs to review (every 6 mos)	109 x .10 = 11											

Washington State WIC Nutrition Program
No Proof of Identity Form
(Affidavit for Identity)

Staff:

1. Use this form when proof of identity doesn't exist, for example the identification documentation was stolen or destroyed, doesn't exist, or requiring it would put the person at risk of harm.
2. Select "Identity Affidavit" for proof of identification. This form is the person's proof of identification.

Participant, Parent Guardian or Caretaker:

By signing this form I state:

- I have no proof of identification or I can't bring it in to the WIC clinic.
- All of the information I give WIC is true and correct to the best of my knowledge.

If I give false information to WIC, my family may be taken off the program or have to repay WIC for benefits received.

Participant/Parent Guardian/Caretaker signature

Date

WIC Nutrition Program doesn't discriminate.

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

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

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

Fax: (202) 690-7442; or

Email: program.intake@usda.gov

This institution is an equal opportunity provider.
Washington State WIC Nutrition Program doesn't discriminate.



DOH 962-986 October 2018



Washington State WIC Nutrition Program
No Proof of Residency Form
(Affidavit for Residency)

Staff:

1. Use this form when proof of residency doesn't exist, for example residency documentation was stolen or destroyed, doesn't exist, or requiring it would put the person at risk of harm.
2. Select "Residency Affidavit" for proof of residency. This form is the person's proof of residency.

Participant, Parent Guardian or Caretaker:

By signing this form I state:

- I have no proof of Washington state residency or I can't bring it to the WIC clinic.
- All of the information I give WIC is true and correct to the best of my knowledge.

If I give false information to WIC, my family may be taken off the program or have to repay WIC for benefits received.

Participant/Parent Guardian/Caretaker signature

Date

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Office of the Assistant Secretary for Civil Rights
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Fax: (202) 690-7442; or

Email: program.intake@usda.gov

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Washington State WIC Nutrition Program doesn't discriminate.



WIC requires us to report race and ethnicity information.

We use this information to learn about who WIC serves.

It doesn't affect your eligibility or immigration status.

WIC staff will ask you the following two questions:

1. Do you consider yourself/your child Hispanic or Latino?

Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Yes?

No?

2. How do you describe your race/your child's race?

Choose all that apply to you/your child.

American Indian or Alaska Native	Having origins in the original peoples of Alaska, Canada, the United States, Mexico, Central or South America and maintaining tribal affiliation or community attachment.
Asian	Having origins in the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
Black or African American	Having origins in the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Having origins in the original peoples of Hawaii, Guam, Samoa, or the other Pacific Islands.
White	Having origins in the original peoples of Europe, Middle East, or North America.

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

Fax: (202) 690-7442; or

Email: program.intake@usda.gov

WIC Pregnancy Information Form

Welcome to WIC! WIC staff will take your height and weight and test your iron level, or you can use this form to get the information from your health care provider and bring it to WIC.

Name: _____

Next WIC Appointment Date: _____

Ask your health provider to fill in this information:

Hemoglobin or Hematocrit:		Date taken:
Height:	Weight:	Date taken:

Estimated Due Date: _____

Source of information (Name, Title, and phone number):

Thank you

WIC Pregnancy Information Form

Welcome to WIC! WIC staff will take your height and weight and test your iron level, or you can use this form to get the information from your health care provider and bring it to WIC.

Name: _____

Next WIC Appointment Date: _____

Ask your health provider to fill in this information:

Hemoglobin or Hematocrit:		Date taken:
Height:	Weight:	Date taken:

Estimated Due Date: _____

Source of information (Name, Title, and phone number):

Thank you