



Cascades Steps Increase Formula Benefits



- This step sheet will help you increase formula for a participant when benefits for the current month have been issued and some benefits have been redeemed in the family.
 - If an infant needs more formula and no benefits have been redeemed, you can use Cascades Steps - Void and Reissue Benefits.
- Normally an increase would be for an infant who had been fully or partially breastfeeding.
- For policy see [Chapter 23 WIC Foods and Chapter 24 Medical Documentation](#).

Steps	Cascades Screen
1. Breastfeeding Review: Staff must complete a BF review to assess: <ul style="list-style-type: none">• Does infant need formula?• How much formula is needed? Please follow BF review process and stop here if no formula needed.	Note: <ul style="list-style-type: none">• Can only increase formula 2 times in a month for a breastfed infant.• See policy Chapter 15 for Breastfeeding review process.



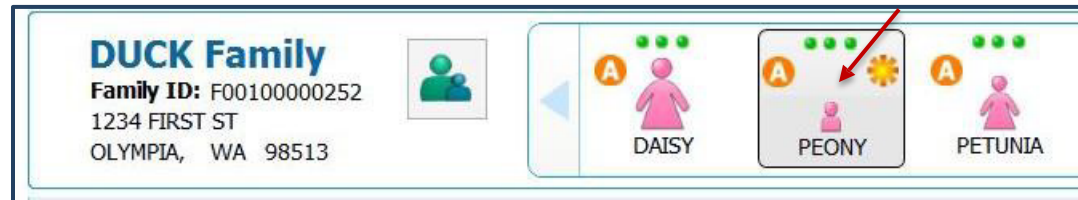
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2. Select Infant Icon:

- In family carousel, select **infant's name**.

Important! Always prescribe the infant's food package before the BF participant to prevent system errors.



3. Update Infant Health Information:

- Step A:** In Quick Links, select **Health Information**.

- Step B:** Under **Breastfeeding Information**, complete all BF and formula questions.

Note: BF Peer Counselors (BFPC) will document the same information in the **BF Peer Counseling Care Plan** section. Those responses will appear in **Health Information**. The CPA will verify information is correct.

Certification

- Family Demographics
- Participant Demographics
- Income Information
- Health Information**
- Anthro / Lab

Step A

Breastfeeding Information

DAISY DUCK

Data Collection Date ★
7/15/2019

Breastfeeding Frequency
More than 12 times in 24 hours

Complications

Are you breastfeeding? ★
☒ Yes ☐ No

Ever Breastfed?
☒ Yes ☐ No ☐ Unknown

Age Infant Stopped Breastfeeding

Reason Infant Stopped Breastfeeding

Age Supplement Was Given 32-38 days

Number of Wet Diapers / 24 hr Period

Number of Stools / 24 hr Period

Do you give your baby any formula? ★
☒ Yes ☐ No

How much formula do you give your infant in a 24-hour period? ★
10.00 oz.

Step B



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<ul style="list-style-type: none">• Step C: Select Save.	<div><div><div>Save</div><div>Cancel</div></div><div>Step C</div></div>
<p>4. Select BF Participant:</p> <ul style="list-style-type: none">• In family carousel, select BF participant's name.	<div><div><div>DUCK Family Family ID: F00100000252 1234 FIRST ST OLYMPIA, WA 98513</div><div><div>DAISY</div><div>PEONY</div><div>PETUNIA</div></div></div></div>
<p>5. Verify BF Participant Health Information:</p> <ul style="list-style-type: none">• In Quick Links, select Health Information.• Review BF information. <p>You should see the same information you just entered into the infant's Health Information screen.</p> <ul style="list-style-type: none">• If correct, select Save.	<div><div><div>Certification</div><div>Family Demographics</div><div>Participant Demographics</div><div>Income Information</div><div>Health Information</div><div>Anthro / Lab</div></div><div><div><div>Breastfeeding Information</div><div><div><div>Data Collection Date </div><div>7/15/2019 </div></div><div><div>Breastfeeding Frequency</div><div>More than 12 times in 24 hours</div></div><div><div>Complications</div><div></div></div></div><div><div><div>Are you breastfeeding?</div><div><input checked="" type="radio"/> Yes <input type="radio"/> No</div></div><div><div>Ever Breastfed?</div><div><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/></div></div><div><div>Age Infant Stopped Breastfeeding</div><div></div></div><div><div>Reason Infant S</div><div></div></div><div><div>Age Supplement Was Given</div><div>32-38 days</div></div><div><div>Number of Wet Diapers / 24 hr Period</div><div></div></div><div><div>Number of Stools / 24 hr Period</div><div></div></div><div><div>Do you give your baby any formula?</div><div><input checked="" type="radio"/> Yes <input type="radio"/> No</div></div><div><div>How much formula do you give your infant in a 24-hour period? </div><div>10.00 oz.</div></div></div></div><div><div><div>Save</div><div>Cancel</div></div></div></div></div>



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6. Create New Infant Prescription:

- In family carousel, select **infant's name**.
- In Quick Links, select **Prescribe Food**.
- Click plus (+) sign to create a new prescription.
- Select the desired formula.
- **DO NOT** make any other changes to the formula in the **Food Prescription Items** container.
- **Save** the new food prescription.
- **Repeat** these steps to add additional new prescriptions as needed.
- **Review** new prescriptions for correct Quantity.

The screenshot shows the 'DUCK Family' profile with Family ID F00100000252. The family carousel includes Daisy, Peony, and Petunia. A red arrow points to the 'Issue Benefits' menu, specifically the 'Prescribe Food' option. Below, the 'Food Prescription' form is shown with a red box around the 'Food Prescription Date' field (7/15/2019) and a red arrow pointing to the plus sign. The 'Food Prescription Items' container shows a list of formula options, with 'Simlac Advance Powder 12.4 oz' selected. A red circle with a slash is placed over the 'Add Item to Food Prescription' form, indicating that no changes should be made. The 'Save' button is highlighted with a red arrow. The 'Breastfeeding Status' is set to 'Partially Breastfed <= half pkg'.

DUCK Family
Family ID: F00100000252
1234 FIRST ST
OLYMPIA, WA 98513

Issue Benefits
Prescribe Food
Issue Food Instruments
Food Instrument List

Food Prescription
7/15/2019 7/15/2019 9/22/2019 11/15/2019
1 to 3 Months 4 to 5 Months 6 to 11 Months

Food Prescription Date 7/15/2019 **WIC Category** Infant **Age Category** 1 to 3 Months **Breastfeeding Status** Partially Breastfed <= half pkg **Family Issuance Day** 10 **Issuance Frequency** 1 Month(s)

Food Prescription Items

Category	Subcategory
Infant Formula (IF)	Simlac Advance Powder 12.4 oz
	Simlac Advance Concentrate 13 oz
	Simlac Advance Powder 12.4 oz
	Simlac Advance RTF 32 oz
	Simlac Sensitive Powder 12 or 12.5 oz
	Simlac Sensitive RTF 32 oz
	Simlac Soy Isomil Concentrate 13 oz
	Simlac Soy Isomil Powder 12.4 oz
	Simlac Soy Isomil RTF 32 oz
	Simlac Total Comfort Powder 12 or 12.6 oz

Add Item to Food Prescription

Category	Subcategory	Quantity	Max
		0	

Infant Formula

Month	Quantity	Aug	Total
Jul	450	450	450 / 90
Aug	450	450	15

Save **Cancel**

Breastfeeding Status
Partially Breastfed <= half pkg

7. Review the Adult Food Prescription to make sure it matches the infant's food prescription.



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8. Increase Formula:

In the Issue Benefits Quick Links, select **Exchange/Increase Formula**.

In the **Select the Formula Being Returned** section:

- Select **Food Category** (in our example: *Infant Formula*).
- Select **Food Subcategory** (in our example: *Similac Advance, powder*).
- **Leave blank:**
Quantity in Hand and **Quantity from EBT** blank.

In the **Select the Replacement Formula** section:

- Select **Food Category** (in our example: *Infant Formula*).
- Select **Food Subcategory** (in our example: *Similac Advance, powder*).
- Select **Save**.

Issue Benefits

- Prescribe Food
- Issue Food Instruments
- Food Instrument List
- Replace Current Benefits
- Exchange/Increase Formula**

Exchange or Increase Formula

Select the Formula Being Returned

Food Category	Food Subcategory	Quantity in Hand	Quantity from EBT Account
Infant Formula (IF)	Similac Advance, powder		

Select the Replacement Formula

Food Category	Food Subcategory	Total Replaced Cans
Infant Formula (IF)	Similac Advance, powder	2

Cans Originally Issued: 0 **Total Returned Cans:** 0
RFO Newly Prescribed: 150.00 **Cans Newly Prescribed:** 2 **Cans After Proration:** 0
Total Cans: 2
Total RFO: 180.00

Cascades will calculate how many additional cans are needed based on the formula intake reported on the **Health Information** screen.

Formula Wizard **Save**



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9. Confirm Formula Increased:

The system will redirect you to the **Food Instrument List** screen.

- **Status Message** will confirm benefits issued successfully.
- **Print Shopping List:**
 - **Review and confirm** that family benefits now include new formula (Similac Advance).
If correct on shopping list, you know the benefits were successfully issued to the EBT account.

Family Food Instruments						
<input type="checkbox"/>	Serial #	First Date to Spend	Last Date to Spend	Status	Issue Date	Print Date

Status Message

 Food Instrument was issued successfully.

Print Shopping List

Void Selected

Replace

Cancel

7/15/2019 thru 8/9/2019

3905

3 Can

Similac Advance, powder



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