

Staff Tool: Initial Certification and Subsequent Certifications Checklist *Ensure Separation of Duties between income eligibility and nutrition risk eligibility



Cascades Screen	/	Certification Task
<language needs=""></language>		Use an interpreter when needed and document Language Read and
		Language Spoken in Family Demographic screen in Cascades
Greet participant		Welcome and share brief description of the program
		Explain what is going to happen today and how long it may take
Family Demographics		Check proof of residency (check for migrant/homeless status)
		Ask if participant or caregiver is interested in registering to vote or
		voter registration information
Participant		Check ID for participant
Demographics		Collect race and ethnicity data for each participant
		Remote: Select "No" for Physical Presence and "Remote Appt"
		for Exception Reason
Income		Assess income eligibility - adjunctive or income based*
		 Check proof of adjunctive eligibility or proofs of income. (*Adjunct eligibility includes ProviderOne, SNAP, TANF, FDPIR)
Health Information &		Ask all required (bolded) Assessment Questions and non-bolded
many Cascades		follow up questions as appropriate.
screens		
Health Information		Ask about child's Immunizations (IZ) - number of DTaPs, view IZ
		record if available or check IZ database if accessible
		Document infant's/child's status in Cascades
Anthro/Lab		 Take Wt, and L/Ht or ask participant to share from medical provider.
		Write Family Alert and attempt to get within 60 days if missing.
Anthro/Lab		Do blood test or non-invasive hemoglobin test or ask participant to share from medical provider
		Write Family Alert and attempt to get within 60 days if missing
Anthro/Lab		Document response to lead test question for children and complete
/ With to Lab		required fields
Family Assessment		Determine if participant is in confidential, safe space before
		asking domestic violence question
		Document response or reason for not asking question
Dietary & Health		Ask and document responses to all dietary and health questions
		Ask required breastfeeding question for pregnant participants
Assigned Risk Factors		Assign all appropriate risks identified during assessment
Certification Signature		Verbally review My Rights and Agreement sections of Rights &
		Responsibilities form and refer them to where they can find a
		copy (website, WICShopper app, offer to email/mail, etc.)
		In-person: Capture electronic signature
		Remote: Ask if agree to Agreement section R&R and staff
		document "Read to/ppt agreed" and sign their initials
Certification Summary		Share general statement about why they qualify
		 Tell how long participant is eligible and that they will be reassessed at end of cert period
		Press Certify button



Staff Tool: Initial Certification and Subsequent Certifications Checklist *Ensure Separation of Duties between income eligibility and nutrition risk eligibility



Cascades Screen	/	Certification Task
Care Plan – Referrals		 Assess participant's needs regarding referrals and based on what was learned during assessment Share and document required referrals as appropriate: Immunizations if not up-to-date or is unknown Medicaid when needed Help Me Grow WA network or Local Referral list for needed health / social services Lead testing if child hasn't been tested, and Alcohol & Drug Counseling/Treatment when needed Registered Dietitian if participant identified as HR
Care Plan – Nutrition Education		 Offer nutrition education based on participant's needs and interests Work with participant to set a goal, if participant is ready Document topic(s) discussed on Nutrition Education / Topics screen
Drug & Harmful Substance information		 Share with all participants and caregivers at initial certification Document Substance Use Information topic on Nutrition Education/Topics screen and any pertinent notes in Individual Care Plan (ICP)
Care Plan – Summary		 Document education discussion and goal in ICP Document other information from assessment in ICP as appropriate
Prescribe Food Package		 Prescribe appropriate food package based on category, age, needs, and preferences including substitution options Assess need for Medical Documentation Form
Issue Benefits on Card Create EBA		Issue WIC Card and benefitsGive the WIC ID and Card Folder
Food and Shopping Education		 Share about WIC foods and how they contribute to a healthy diet Inform how to shop with WIC Card at the store QR code at farmers market/farm stores Review WICShopper app Share online ordering option as appropriate
WIChealth (can share anytime during certification)		 Share option of WIChealth online lessons for nutrition education (counts as second NE contact for non HR participants Share link to WIChealth video or material and Family ID
Master Calendar		 Schedule the next appointment Share what to provide at or before next appointment (e.g. measurements, hgb., missing proof) Inform about transfer card Thank them for participating in WIC. Offer clinic phone number for questions

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

To request this document in another format, call 1-800-841-1410.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email wic@doh.wa.gov.



