



Policy and Procedure Manual

Volume 1, Chapter 12

Referrals and Coordinating Services

Washington State WIC Nutrition Program

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Referrals and Coordinating Services

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Section 1: Referrals

POLICY: Make Referrals

Staff must:

1. Assess the participant's needs for health services and other resources that support the family and offer referrals based on the participant's needs and interests.
2. Offer referrals at the following times:
 - Certification: this includes the Initial and Subsequent Certification, and the Complete Assessment for pregnant participants.
 - Mid-certification Health Assessment
 - When a participant or applicant isn't eligible for WIC.
 - Refer ineligible participants and applicants to the Help Me Grow WA Network for information on other health related and public assistance programs.

Note: Staff have the option to make additional referrals at any time.

3. Refer to these mandated referrals:
 - a. **Social and Health Services** – all participants. Refer participants to public assistance and health related programs using the following options:
 - [Help Me Grow WA Network: 1-800-322-2588](#). The Help Me Grow WA Network meets the federal regulation to assure all participants have information about social services, public assistance and health related programs.

and/or

 - **Local Referral List:** List of current local health-related and public assistance programs in the area.
- b. **Medicaid** – refer participants and families who aren't currently on Medicaid and appear eligible.

- c. **Immunizations** – refer infants and children to age 24 months who aren’t up-to-date.
 - See the “[Screen Immunization Records](#)” policy for more information.
- d. **Lead testing** – refer all children who haven’t received a blood lead test to the health care provider for testing.
- e. **Alcohol and drug abuse counseling and treatment** – when appropriate.
 - Sharing the WIC ID and Card Folder with the Help Me Grow WA and the Washington State Recovery Help Line assures all participants and caregivers have drug and other harmful substance abuse counseling and treatment resources available.

Staff have the option to make additional referrals. For example:

- A local referral line which provides information on health related and public assistance programs.
 - Verbal or written referrals to health related and public assistance programs based on participant’s needs and interests.
 - A community resource handout or local referral list.
4. Document all referrals in the participant’s file on the Referral Program screen.

PROCEDURE:

Staff:

- A. Assess the needs of the participant and family at the following times:
 1. Certification: Includes the Initial, Subsequent Certification and Complete Assessment for pregnant participants.
 2. Mid-certification Health Assessment.
 3. When the participant or applicant isn’t eligible for WIC.

Note: Staff have the option to make additional referrals at any time.

- B. Refer **all** participants and applicants, including those who aren’t eligible for WIC, to social and health services by providing a local referral list **or** the Help Me Grow WA

Network phone number 1-800-322-2588 or website <https://helpmegrowwa.org/> address.

- The Help Me Grow WA Network helps callers learn about public assistance and health related programs in Washington State.
- The WIC ID and Card folder lists the Help Me Grow WA number.

C. Refer to Medicaid and provide written information when the participant appears to be within Medicaid’s income guidelines. Include how and where to apply.

Note: A referral to Apple Health is a referral to Medicaid.

1. Provide written information about Medicaid by:
 - a. Providing the WIC ID and Card folder.
 - b. Providing a Medicaid/Apple Health handout.
 - See the [Health Care Authority - Apple Health outreach toolkit](#) for information and materials.
2. Share where and how to apply for Medicaid:
 - a. Applicants can apply online at www.washingtonconnection.org/home.
 - b. Call Washington Apple Health/Medicaid at 1-855-923-4633.
 - c. Find information at www.parenthelp123.org. Families can see if they qualify for Medicaid and other programs.

Notes:

- It is **not** the responsibility of WIC staff to be experts on Medicaid/Apple Health eligibility or to provide extensive screening.
- Participants who are eligible for medical programs, including Medicaid, receive a ProviderOne card.

D. Screen immunization records for children age 24 months or less and refer children who aren’t up-to-date.

1. Ask the caregiver of a child 24 months or less to bring the child’s immunization record to the initial certification, mid-certification health assessment, and subsequent certification appointments. Staff with access can use Washington State Immunization Information System (WSIIS) in lieu of a hard copy immunization record.
2. Document the infant’s or child’s immunization status by selecting “Immunization Status” on the Health Information screen.
3. Refer children who aren’t up-to-date with immunizations to one of the following:
 - Health care provider
 - Local health department
 - Other immunization clinic

See the “[Screen Immunization Records](#)” policy in this chapter for more information.

- E. Ask parents and caretakers of children about lead testing at each initial and subsequent certification and refer to the health care provider when the child has never received a blood lead test or the parent or caretaker doesn’t know if the child’s been tested.

See the “[Screen for Lead Testing](#)” policy in this chapter for more information.

- F. Screen for substance use and refer participants to local drug and alcohol abuse counseling and treatment when appropriate.
1. Staff screen for substance use by asking the required Assessment Questions.
 2. It’s recommended to keep a list of local resources for drug and alcohol abuse counseling and treatment.

Notes:

- Substance use includes any use of alcohol or other drugs that might cause harm to a participant, developing fetus, infant or child.
- WIC’s role in preventing substance abuse is to provide participants with information, referrals, and coordination of services.
- Staff assess for the risk of alcohol or drug use and refer participants to existing assessment agencies for professional evaluation and treatment as appropriate. It is **not** the responsibility, or within the scope of practice, of WIC staff to diagnosis substance abuse problems or provide in-depth counseling.

- The WIC ID and Card folder contains referral information for the Washington State Recovery Help Line, 1-866-789-1511 and **Help Me Grow WA Network**: 1-800-322-2588.
- G. Have the option to make additional referrals by:
1. Providing the phone number of a local referral line which provides information on health related and public assistance programs.
 2. Providing a verbal or written referral to one or more health related and public assistance programs.
 3. Offer a community resource handout.
- H. Document referrals in the participant’s file on the Referral Program screen.
- See the “[Document Referrals](#)” policy for more information.
- I. Have the option to facilitate referrals by:
1. Letting participants use the WIC phone to schedule appointments.
 2. Calling the agency or service for the participant so they can make an appointment.
 3. Walking the participant to the other service if it is in the same agency.
 4. Having applications for other programs available at the clinic.

Information:

Staff hear about a participant’s and family’s needs. Participants often need more than WIC food. When WIC staff refer participants to the Help Me Grow WA Network, their staff make referrals to:

- free or low-cost health insurance
- food resources
- immunizations
- breastfeeding support
- family planning services
- parenting support

- child development screening services
- other social and health programs

Here are some tips to help make referrals in a positive, useful way:

- Stay up-to-date with your community resources.
- Ask the participant if they're interested to learn more about a program or service.
- If the participant is interested, tell the participant about:
 - eligibility requirements
 - cost (if there is one)
 - location
 - phone number
 - business hours
 - the name of a contact person.
- Provide a referral form with useful information that will help the participant access services more easily. Staff can print the **Referral Notification Form** from Cascades for the participant to take to the referral organization.
- Offer handouts and application forms for services.

Additional common referrals

Breastfeeding Peer Counselor	Lead testing
Dentist	Local referral list
Domestic violence	Medical Provider
FDPIR	MSS - Maternity Support Services
Food bank	SNAP - Supplemental Nutrition Assistance Program
Head Start	TANF - Temporary Assistance for Needy Families
Homeless shelter	
Other: examples include <ul style="list-style-type: none"> • Child Support • Clothing and baby supplies • Family Planning <ul style="list-style-type: none"> • Infant Case Management • Public health nurse • Well child visits 	

POLICY: Document Referrals

Staff must document referrals in Cascades in the participant’s record on the Referral Program screen.

PROCEDURE:

Staff:

- A. Document referrals to social services, public assistance and health related programs..
- B. Document other referrals as appropriate. Including:
 - Medicaid
 - Immunizations
 - Alcohol and drug abuse counseling and treatment
 - Other [common referrals](#)

Note: Select “Other” when referring to a program or service not entered in Cascades. Staff have the option to edit the referral to document the specific referral made.

Information:

Documenting a referral allows all staff who work with the participant to follow up on referrals at future appointments. See the “[Assess Referral Outcome](#)” recommendation in this chapter for more information.

POLICY: Screen Immunization Records

Staff must:

1. Ask the parent guardian or caretaker of children age 24 months or less, to provide the immunization record at the:
 - Initial Certification appointment
 - Mid-certification Health Assessment
 - Subsequent Certification appointment

Note: Staff can use [Washington State Immunization Information System](#) (WSIIS) instead of a hard copy immunization record to screen a participant's immunization status if they have access.

 - WIC staff don't automatically have access to WSIIS. The Local Agency can request access to WSIIS. The link above has information about how to request access.
2. Screen the immunization record for all children 24 months or less.
 - Count the number of Diphtheria, Tetanus and acellular Pertussis (DTaP) immunizations to determine if the child is up-to-date based on the age of the child. (See table in Procedure below.)
 - Staff can use the [Washington State Immunization Information System](#) (WSIIS) to screen a participant's immunization status if they have access.
3. Document the infant's or child's immunization status by selecting "Immunization Status" on the Health Information screen.
4. Refer infants and children who aren't up-to-date with immunizations to one of the following:
 - Health care provider
 - Local health department
 - Immunization clinic
5. Share immunization schedule with caregivers of infants and children up to age 2 who aren't up-to-date.

- Staff may provide the [Parent friendly Immunization schedule](#) to caregivers.

Staff must not deny WIC benefits if a parent guardian or caretaker doesn't bring the immunization record or if the child isn't up-to-date with immunizations.

The local agency has the option to screen all children for immunization status for ease and consistency. The local agency must assure staff use this option consistently for all families. A local agency policy isn't required.

PROCEDURE:

Staff:

- A. Ask the parent guardian or caregiver to bring the immunization record for a child age 24 months or less, to the following WIC appointments:
 1. Initial Certification
 2. Mid-certification Health Assessment
 3. Subsequent Certification
- B. Review the record for the correct number of DtaPs. Use the chart below:

Infant or child age:	Screen for:
Between birth and 2 months	none
Between 2 and 3 months	at least 1 dose of DTaP
Between 3 and 5 months	at least 2 doses of DTaP
Between 5 and 15 months	at least 3 doses of DTaP
Over 18 months	at least 4 doses of DTaP

To see the current immunization schedule for children go to:
<https://www.doh.wa.gov/YouandYourFamily/Immunization/Children>

The chart below shows the number of DTaPs based on typical WIC visits:

WIC visit type:	Screen for:
Initial certification	none
Infant mid-certification health assessment	3 DTaPs
12 month subsequent certification	3 DTaPs
Child mid-certification health assessment	4 DTaPs

1. When DTaP isn't on the immunization record, staff may count the number of DT, DTaP-IPV, DTaP-Hib, DTaP-Hep B-IPV, or DTaP-IPV-Hib.

Note: The "DTaP" is the most common.

2. WIC staff are encouraged but aren't required to know vaccine brand names. The chart below shows vaccine names and what is in the vaccine:

Term	What's in the vaccine	Brand name
DT	Diphtheria and Tetanus Toxoid	Generic
DTaP	Diphtheria, Tetanus and acellular Pertussis	Daptacel, Tripedia, Infanrix
DTaP-IPV	DTaP and inactivated polio combination	Kinrix
DTaP-Hep B-IPV	DTaP, hepatitis B, and inactivated polio combination	Pediarix
DTaP-IPV-Hib	DTaP, inactivated polio, and haemophilus influenza type b combination	Pentacel
DTaP-Hib	DTaP and haemophilus influenzae type b (Hib) combination	TriHIBit

- C. Share the results of the DTaP screening with the parent guardian or caretaker.
- D. Document the infant's or child's immunization status by selecting "Immunization Status" on the **Health Information** screen.
 - Document "**Unknown**" if the parent guardian or caretaker didn't bring the immunization record or staff can't determine if the child is up-to-date.
 - Document "**Up-to-date**" if the child is up-to-date with immunizations.
 - Document "**Not up-to-date**" if the child isn't up-to-date with immunizations needed for age. This includes when the family chooses not to immunize.

Note: When "Not up-to-date" is marked, Cascades automatically takes you to the Referral Program screen.
- E. Refer the participant for immunizations when not up-to-date or when you don't see the record.
- F. Document referral for immunizations in the participant's file on the **Referral Program** screen in the **Care Plan**.

- It's best practice to edit the required referral to document when the family chooses not to immunize.
- Select the “Not interested” **Referral Refused Reason**. Add **Comments** with more information as needed.

Information:

WIC staff aren't required to be immunization experts. Staff need to know where to refer participants for more information.

Immunization materials available at: <https://www.doh.wa.gov/Publications/Immunizations>

POLICY: Screen for Lead Testing for Children

Staff must screen children for lead testing at each initial and subsequent certification and refer to the health care provider when the child has never received a blood lead test, or the parent guardian or caretaker doesn't know if the child has been tested.

- See [Volume 1, Chapter 11 – Assessment](#) for the required assessment questions for children.
- See [Volume 1, Chapter 14 – Nutrition Risk Criteria](#) for the high blood lead level value for children.

PROCEDURE:

The CPA:

- A. Asks the required lead screening question at each certification and subsequent certification for children.
- B. Refer all children to their health care provider who haven't received a lead test, or the parent guardian or caretaker doesn't know if the child has been tested.
- C. Document the Lead Testing referral in the participant's file on the Referral Program screen.

RECOMMENDATION: Assess Referral Outcome

Best practice is to assess and document the outcome of a referral in the participant's file.

GUIDELINES:

Staff:

- A. Ask if participant was able to contact the service or program and if there were any problems or barriers getting the service.
- B. Work with the participant to resolve the problem or barrier.
- C. Encourage the participant to apply for a needed service or program.
- D. Give the participant more information to support the participant in getting the service.
- E. Document follow-up in the participant's file.
 1. Edit the referral and document the following in the **Referral Follow-up** popup:
 - **Referral Result** – Referred, Kept, Not Kept
 - **Referral Refused Reason** when it applies – Not interested, Has Resources
 - **Follow-up Date**
 - **Follow-up Result** as needed

Section 2: Coordinate Services

POLICY: Coordinate with Other Health and Social Services

Staff must coordinate WIC services with other programs and services available in the agency and community when it benefits the participant.

Staff share WIC health data with other health care programs when possible.

- See [Volume 1, Chapter 25 – Legal Considerations and Confidentiality](#) for information about Memorandums of Understanding (MOUs) and participant consent requirements.

PROCEDURE:

Staff:

A. Coordinate WIC appointments with other services when possible for example Well Child Clinic, Immunization clinics, and Family Planning.

- Schedule WIC clinic days when other services are available.

Note: WIC staff can't require participants to receive other services at the local agency unless they have approval to restrict WIC participation based on specific residency or membership requirements. See [Volume 1, Chapter 3 – Application and Processing Standards](#) for more information.

B. Share WIC health data with other programs when possible and after receiving a signed participant release of information from the participant.

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

C. Coordinate WIC nutrition education with other programs that provide nutrition education.

Information:

To help participants reduce steps to get services from different sources, explore ways to coordinate services to make it easier for the participant. Coordinating WIC services with other programs help:

- Reduce the number of trips participants have to make.
- Improve agency efficiency, for example, getting blood work done one time.

- Increase access to health services for participants and families.
- Participants get up-to-date on immunizations.

Section 3: Appendix

Common Resources

Resource	Description
Basic Food www.dshs.wa.gov/onlinecso/food_assistance_program.shtml	The Basic Food Program helps low-income individuals and families obtain a more nutritious diet by supplementing their income with Basic Food benefits.
Apple Health (Medicaid) 1-855-923-4633 www.washingtonhealth.hca.wa.gov/	Apple Health provides affordable healthcare coverage to low-income Washington families.
Children with Special Health Care Needs Program 1-800-322-2588 https://www.doh.wa.gov/YouandYourFamily/InfantsandChildren/HealthandSafety/ChildrenwithSpecialHealthCareNeeds	The Children with Special Health Care Needs Program serves children who have serious physical, behavioral or emotional conditions that require health and related services beyond those required by children generally. Work with your county CSHCN Coordinator at your local health department.
Head Start and Early Childhood Education and Assistance Program www.del.wa.gov/care/find-hs-eceap/	ECEAP (Early Childhood Education and Assistance Program) and Head Start are comprehensive preschool programs that provide free services and support to eligible children and their families. The goal of both programs is to help ensure all Washington children enter kindergarten ready to succeed.
Help Me Grow WA https://helpmegrowwa.org/	The Help Me Grow WA Network provides information about public assistance and health related programs in the participant’s local area.
Immunizations https://www.doh.wa.gov/YouandYourFamily/Immunization/Children	Current immunization schedules are available at this website.
Infant Case Management https://www.hca.wa.gov/first-steps-maternity-and-infant-case-management	Infant Case Management staff help moms learn about how to use needed medical, social, educational and other resources in their community.

<p>Maternal and Child Health Program</p> <p>https://www.doh.wa.gov/MaternalandChildHealth</p>	<p>The Office of Maternal and Child Health website links to programs that focus on women, infants, children, adolescents, and their families.</p>
<p>Maternity Support Services</p> <p>https://www.hca.wa.gov/health-care-services-supports/maternity-support-services</p>	<p>Maternity Support Services are preventive health and education services to help a participant have a healthy pregnancy and a healthy baby. Maternity Support Services include an assessment, education and in some cases intervention(s) and counseling.</p>
<p>ParentHelp 123 an interactive site hosted by Within Reach</p> <p>www.parenthelp123.org/</p>	<p>ParentHelp123 helps families find and apply for programs and local services such as:</p> <ul style="list-style-type: none"> • Free or low-cost Health Insurance, including Medicaid, Basic Health, SCHIP and Children’s Health Insurance Programs. • Nutrition Resources, like Basic Food (food stamps), the Nutrition Program for Women, Infants and Children (WIC), and local food banks. • Family Planning services, such as low-cost birth control through the Take Charge Family Planning Program. • Low-cost Child Care programs like Head Start. • Immunizations
<p>Parent Friendly Immunization Schedule</p> <p>Parent friendly Immunization schedule</p>	<p>Parent friendly Immunization schedule provides 2023 recommended immunizations for Children from Birth Through 6 Years Old.</p>
<p>Temporary Assistance for Needy Families (TANF)</p> <p>www.dshs.wa.gov/onlinecso/tanf_support_service.s.html</p>	<p>Temporary Assistance for Needy Families (TANF) provides temporary cash and medical help for families in need.</p>
<p>Washington Apple Health for Kids 1-855-923-4633</p> <p>www.hca.wa.gov/applehealth</p>	<p>Apple Health for Kids helps families easily apply for children’s healthcare.</p>