



Important! This step sheet only applies to formula issued in Cascades, **not** formula issued via WIC checks. Please see <u>Transition Guidance –</u> <u>Replacing WIC Checks</u> for more information.

- This step sheet will help you increase formula for a participant when benefits for the current month have been issued and:
 - Greater than 7 days since First Date to Spend
 Or
 - Some benefits have been redeemed
- If an infant needs more formula and it < 7 days since first date to spend and no benefits redeemed you can use <u>Cascades Steps Void and</u> <u>Reissue Benefits</u>.
- Normally you only increase formula when working with partially BF infant.
- For policy see <u>Chapter 23 WIC Foods and Ch. 24 Medical Documentation</u>

Steps	Cascades Screen
 1. Breastfeeding Review: Staff must complete a BF review to assess: Does infant need formula? How much formula is needed? 	 Note: Can only increase formula 2 times in a month for a breastfed infant. See policy Chapter 15 for Breastfeeding review process.
Please follow BF review process and stop here if no formula needed.	





 3. Update Infant Health Information: Step A: In Quick Links, select Health Information. Step B: Under Breastfeeding Information, complete Step B: Under 	ETUNIA
Are you breastfeeding? 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 DAISY DUCK Data Collection Date Para Collection Date Parastfeeding Frequency More than 12 times in 24 hours Complications Step B Step B Ste	Ever Breastfed? Ves No O Unknown Reason Infant Stopped Breastfeeding Sols / 24 hr Period

Cascades Steps – Increase Formula Benefits





• Step C: Select Save.	Save Cancel Step C
 Select BF Participant: In family carousel, select BF participant's name. 	DUCK Family Family ID: F00100000252 1234 FIRST ST OLYMPIA, WA 98513
 5. Verify BF Participant Health Information: In Quick Links, select Health Information. 	Certification Family Demographics Participant Demographics Income Information Health Information Anthro / Lab
 Review BF information. You should see the same information you just entered into the infant's Health Information screen. If correct, select Save. 	Data Collection Date Are you breastfeeding? T/15/2019 Breastfeeding Frequency Age Infant Stopped Breastfeeding More than 12 times in 24 hours Complications Age Supplement Was Given Number of Wet Diapers / 24 hr Period Number of Stools / 24 hr Period 32–38 days Do you give your baby any formula? Yes Yes No How much formula do you give your infant in a 24-hour period? 10.00 oz.
	Save Cancel







Cascades Steps – Increase Formula Benefits











9.	Confirm Formula	Family Food Instruments						
	Increased:	Serial #	First Date to Spend	Last Date to Spend	Status	Issue Date	Print Date	
Th	e system will redirect you to							
th	e Food Instrument List							
SC	reen.							
•	Status Message will confirm benefits issued successfully. Print Shopping List:				Status M Food succe	essage I Instrument was issued essfully.		
	 Review and confirm that family benefits now include new 		t		Print Shopping Lis	st Void Selected	Replace Cancel	
	formula (Similac Advance).	7/15/2019 th	nru 8/9/2019	3905	3	Can S	imilac Advance, powd	
	If correct on shopping list, you know the benefits were successfully issued to the EBT account.							



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To submit a request, please call 1-800-525-0127 (TDD/TTY call 711)



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