

WIC Staff and Clinic Change Form Guide

Purpose:

This guide will help local agency clinic staff navigate the new change form. If you have any questions regarding this guide or the online form, please contact WAWICTraining@doh.wa.gov or WICAddress@doh.wa.gov

Use this form to (follow links):

- [Add and remove clinic staff](#)
- [Change clinic staff role, email, and supervisor](#)
- [Update fiscal and contract contact information](#)
- [Update clinic information](#)

Key:

- * - Required
- + - Add additional entries
- Option selected

| Person completing form: | |
|--|--|
| <p>Add the contact name and contact email <i>*Note: If DOH has questions, this is the person we will reach out to.</i></p> | <p>Contact name * <input style="width: 90%;" type="text"/></p> <p>Contact email * <input style="width: 90%;" type="text"/></p> |
| <p>Select the types of changes you would like to make.</p> <ul style="list-style-type: none"> • You can select multiple. <p>As you select the types of changes, required * fields will appear.</p> | <p>I want to (select all that apply):</p> <p><input checked="" type="checkbox"/> Add new clinic staff</p> <p><input type="checkbox"/> Remove clinic staff</p> <p><input checked="" type="checkbox"/> Change clinic staff role, email, and supervisor</p> <p><input type="checkbox"/> Update fiscal contact</p> <p><input type="checkbox"/> Make clinic changes</p> |
| Add clinic staff | |
| <p>If you have multiple staff entries, use + for additional fields.</p> <ul style="list-style-type: none"> • If you are hiring a staff person from another WA agency and they already have a Learning Center account, please select Change clinic staff role, email, and supervisor. • Staff will be added to the distribution lists for the primary and secondary roles unless otherwise noted. • Agencies/clinics with DOH IT model have the option to have a Zoom license issued | <p>Staff email * <input style="width: 90%;" type="text" value="H.Solo@WIC.com"/></p> <p>First name * <input style="width: 90%;" type="text" value="Han"/></p> <p>Last name * <input style="width: 90%;" type="text" value="Solo"/></p> <p>Supervisor's email * <input style="width: 90%;" type="text" value="A.Ackbar@WIC.com"/></p> <p>Primary clinic * <input style="width: 90%;" type="text" value="Pacific CPHHS-Long Beach"/></p> <p>Primary role * + - <input style="width: 90%;" type="text" value="Coordinator"/></p> <p>Secondary role <input style="width: 90%;" type="text" value="Peer Counselor"/></p> <p><input checked="" type="checkbox"/> This person is a supervisor (Views staff and transcripts in the LC)</p> <p><input type="checkbox"/> This person needs a WICHealth account</p> <p><input checked="" type="checkbox"/> This person needs a Zoom license (for agencies with DOH IT model)</p> <p>Notes <input style="width: 90%; height: 40px;" type="text" value="Add Han to Coordinator email list only."/></p> |

WIC Staff and Clinic Change Form Guide

| | |
|---|--|
| <ul style="list-style-type: none"> Feel free to leave messages in the notes section for DOH WIC state staff | |
|---|--|

Remove clinic staff

| | |
|---|---|
| <p>If you are removing multiple staff, use for additional fields.</p> <ul style="list-style-type: none"> Staff will be removed from the distribution lists for the primary and secondary roles unless otherwise noted. Feel free to leave additional info in the notes section for DOH WIC state staff | <p>Staff email * <input type="text" value="D.Garcia@WIC.com"/></p> <p>First name * <input type="text" value="Delores"/></p> <p>Last name * <input type="text" value="Garcia"/></p> <p>Primary role <input style="width: 100%;" type="text" value="Nutritionist/Registered Dietitian"/> </p> <p>Clinic * <input style="width: 100%;" type="text" value="Kitsap Comm Resources-Silverdale"/></p> <p>Notes <input type="text" value="Delores is retiring after 27 years with WIC!"/></p> |
|---|---|

Make clinic staff changes

| | |
|---|--|
| <p>If you are changing multiple staff, use for additional fields.</p> <ul style="list-style-type: none"> Select the type of change (all that apply). In the notes field, please specify the changes. For staff who have previously worked at a WA agency; complete the fields. Add the previous agency/ clinic to “Please describe the change(s)”. Feel free to leave additional info in the for DOH WIC state staff | <p>Staff email * <input type="text" value="D.Greene@WIC.com"/></p> <p>First name * <input type="text" value="Denise"/></p> <p>Last name * <input type="text" value="Greene"/></p> <p>Current clinic * <input style="width: 100%;" type="text" value="Columbia Basin HA-Mattawa"/></p> <p><input checked="" type="checkbox"/> Role </p> <p><input checked="" type="checkbox"/> Clinic </p> <p><input type="checkbox"/> Name/Email</p> <p><input type="checkbox"/> Supervisor/Email</p> <p><input type="checkbox"/> Other</p> <p>Please describe the change(s) you would like to make <input type="text" value="New role: Coordinator New clinic- Columbia Basin HA-Royal City"/></p> |
|---|--|

WIC Staff and Clinic Change Form Guide

| Update fiscal and contract contact information | |
|--|---|
| <p>Select the type of update (all that apply)</p> | <p>I want to (select all that apply):</p> <p><input type="checkbox"/> Add contact</p> <p><input type="checkbox"/> Remove contact</p> <p><input type="checkbox"/> Update contact information</p> |
| <p>Add Fiscal/ Contract Contact</p> <p>Complete the fields. If you are adding multiple contacts, use for additional entry fields.</p> <p>Please use the check boxes to indicate if this person is a contract signer, and request the type of correspondence.</p> | <p>Agency * <input style="width: 100%;" type="text" value="Island County Public Health"/></p> <p>Staff email * <input style="width: 100%;" type="text" value="H.Roberts@WIC.com"/></p> <p>First name * <input style="width: 100%;" type="text" value="Henry"/></p> <p>Last name * <input style="width: 100%;" type="text" value="Roberts"/></p> <p>Title * <input style="width: 100%;" type="text" value="Accountant"/></p> <p>Phone number * <input style="width: 100%;" type="text" value="123-456-7890"/></p> <p><input type="checkbox"/> This person is a contract signer.</p> <p><input checked="" type="checkbox"/> Requesting Contracts & Amendments</p> <p><input checked="" type="checkbox"/> Requesting A19/Billing Info</p> <p><input type="checkbox"/> Requesting Funding Info</p> <p><input checked="" type="checkbox"/> Requesting Budget Workbook</p> |
| <p>Remove Fiscal/ Contract Contact</p> <p>If you are removing multiple contacts, use for additional entry fields.</p> | <p>Agency * <input style="width: 100%;" type="text" value="Walla Walla County Dept of Comm Health"/></p> <p>Staff email * <input style="width: 100%;" type="text" value="S.Tran@WIC.com"/></p> <p>First name * <input style="width: 100%;" type="text" value="Stephanie"/></p> <p>Last name * <input style="width: 100%;" type="text" value="Tran"/></p> |

WIC Staff and Clinic Change Form Guide

| | |
|--|---|
| <p>Update Fiscal/ Contract Contact</p> <p>If you are updating multiple contacts, use ⊕ for additional entry fields.</p> <p>Add the contact update information in the “What would you like to update” field.</p> | <p>Agency * <input type="text" value="Lincoln County Health Dept"/></p> <p>Staff email * <input type="text" value="A.Litvin@WIC.com"/></p> <p>First name * <input type="text" value="Ami"/></p> <p>Last name * <input type="text" value="Litvin"/></p> <p>What would you like to update? (New email, phone, title, other) * <input style="height: 40px;" type="text" value="Ami Litvin is now the Program Manager. Also add Ami to the Funding Info list."/></p> |
| Make clinic changes | |
| <p>Please use ⊕ for multiple entries.</p> <p>Select type of changes (all that apply)</p> <p>Add specific clinic changes in the “Please describe changes” field.</p> | <p>What clinic is being changed? * <input type="text" value="Cowlitz Family HC-Longview"/></p> <p>Type of change <input type="text" value="Clinic hours"/></p> <p>Please describe the changes <input style="height: 80px;" type="text" value="New winter hours: M-F 8:00am to 6:00pm; closed for lunch from 1pm - 2pm. Every 2nd Saturday of the month, 9am-2pm."/></p> |

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.

