

WASHINGTON STATE WIC POLICY AND PROCEDURE MANUAL



VOLUME 1, CHAPTER 18

Certification Issues

In accordance with Federal law and Department of Agriculture USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Washington State WIC Nutrition Program does not discriminate.

For persons with disabilities, this document is available on request in other formats.
To submit a request, please call 1-800-841-1410 (TDD/TTY 711).

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON



TABLE OF CONTENTS

Section 1 - Pregnant Women..... 1
 Presumptive Eligibility for Pregnant Women..... 1

Section 2 - Breastfeeding Women..... 4
 Requirements of the Breastfeeding Woman Certification 4

Section 3 - Postpartum Women 7
 Changing Client from Breastfeeding to Postpartum..... 7

Section 4 - Infants and Children..... 8
 Enrolling an Infant 8
 Infant Mid-Certification Health Assessment 11
 Child Mid-Certification Health Assessment..... 13
 Client Category When the New Certification Occurs in the Month the Child Turns One
 Year of Age..... 15

Section 5 – Certification Issues 16
 When an Applicant or Client Must be Present at the WIC Appointment..... 16
 Recertification Scheduling Timeframe 18
 WIC Services for WIC Staff, Family or Friends 19
 Refusing Services to WIC Clients 22

Appendix..... 23
 Pregnancy Information Form
 Responsible Party Form

POLICY: Presumptive Eligibility for Pregnant Women

The local agency has the option to presume eligible pregnant women who are income eligible. This process allows an income eligible pregnant woman to be temporarily eligible for WIC before her certification is completed.

Note: This option is allowed by federal regulation. The purpose is to give the pregnant woman time to find a medical provider and get prenatal care. WIC can use some of the health screening data from the medical provider, such as the blood work value.

The local agency must have a written policy to presume pregnant women eligible. Staff must apply the policy fairly and equally. The policy must describe if there are any exceptions.

The local agency has the option to allow staff other than the Competent Professional Authority (CPA) to presume eligible the pregnant woman.

Requirements for presumptive eligibility:

1. The pregnant woman must be physically present in the clinic.
2. Staff must complete the certification within 60 days.
3. The woman can receive a maximum of two sets of checks.
4. The woman can't receive additional checks if she isn't eligible when the certification is completed. For example staff take the woman off the program if she isn't income eligible at the complete certification appointment.

PROCEDURE:

Staff:

- A. Determine if the pregnant woman meets program guidelines for category, residency, and income.
- B. Determine if it's better to presume the woman eligible or schedule a new certification.
 1. It's best practice to do a new certification for a woman who will be delivering soon instead of presuming her eligible, unless it's the only way to get her on the program and issue checks for that month.
- C. Review and enter all required information in the woman's file using the Presume Eligible wizard.

CHAPTER 18 CERTIFICATION ISSUES**Section 1 Pregnant Women**

1. See Volume 1, Chapter 3 – Application and Processing Standards and Volume 1, Chapter 6 – Income for more information about required documentation and grace periods.
- D. Have the woman read and sign the WIC Rights and Responsibilities form. See Volume 1, Chapter 7 – Rights and Responsibilities.
- E. Ask and enter the woman’s ethnicity and race information. See Volume 1, Chapter 3 – Application and Processing Standards.
- F. Complete the required items on the Basic Contact list for the presumed eligible woman. See Volume 1, Chapter 13 – Basic Contact.
- G. Assign a standard food package for pregnant women.
1. All WIC staff listed in the local agency policy can presume a pregnant woman eligible and issue the standard food package. A co-sign isn’t required for paraprofessional CPA staff “in training” completing this appointment.
 2. Refer the woman to the Competent Professional Authority (CPA) or nutritionist when she asks for a change to the standard food package or has a special dietary need.
- Note:** The CPA reviews the food package prescription at the completion of the certification.
- H. Follow separation of duties requirements. See Volume 1, Chapter 22 – WIC Checks.
- I. Issue one or two sets of checks.
1. The woman can receive a maximum of two sets of checks.
 2. The woman can’t receive additional checks until the certification is completed.
 3. Issue only one set of checks if the client is missing required documentation.
- J. Explain how to select WIC foods and use the checks at the grocery store.
- K. Let the woman know that a certification must be completed within the next 60 days.

CHAPTER 18 CERTIFICATION ISSUES**Section 1 Pregnant Women**

- L. Schedule the complete certification appointment within 60 days.
1. Best practice is to schedule the complete certification appointment for the following month.
 2. If the woman was given a grace period for missing documentation at the presume eligible appointment, schedule her to come back the following month to bring in the documentation.
- M. Encourage the woman to bring the results of her iron test from a doctor's visit to the complete certification appointment.
1. Give a copy of the Pregnancy Information form to the woman to take to her health care provider to document her measurements and iron value. The form is located in the Appendix.
- N. Take the woman off WIC if she isn't income eligible at the complete certification appointment.
1. Follow procedures in Volume 1, Chapter 20 – Notification, Fair Hearings, and Civil Rights for taking a client off WIC.
- O. Consider the following if the woman delivers or the pregnancy ends during the presume eligible 60-day period:
1. If the woman is breastfeeding, certify her as a breastfeeding woman.
 2. If the woman is not breastfeeding, certify her as a postpartum woman.
 3. If the woman miscarries, experiences a fetal death, or has an abortion, certify her as a postpartum woman.

POLICY: Requirements of the Breastfeeding Woman Certification

The CPA must:

1. Complete a new certification for a breastfeeding woman who wasn't on WIC previously.
2. Complete a recertification for a breastfeeding woman who was on WIC during pregnancy.

The breastfeeding woman's eligibility begins when she is certified and continues until the last day of the month in which her infant turns 1 year old, or until she stops breastfeeding, whichever comes first.

Staff determine the breastfeeding woman's status:

1. A breastfeeding woman is either:
 - a. Fully breastfeeding – not getting any formula from WIC.
 - b. Partially breastfeeding – not getting more than half the amount of formula in a full formula food package for her infant.
 - c. Some breastfeeding – getting more than half the amount of formula in a full formula food package for her infant.
- Note:** A woman's breastfeeding status determines her food package. See Volume 1, Chapter 23 – WIC Foods for information about food packages for breastfeeding women.
2. If a breastfeeding woman reduces her breastfeeding so it's less often than once a day on average, for example 4 times a week:
 - a. Change her category to postpartum if her infant is less than six months old. See the policy "Changing from Breastfeeding to Postpartum" in this chapter.
 - b. Take the woman off the program if her infant is more than six months old.

Staff must complete a mid-certification health assessment around six months after the certification. Staff must document the following:

1. Weight check and assessment of her weight status.

2. Follow-up to previous nutrition risks and concerns identified at the certification.
3. Brief update of health and nutrition practices.
4. Nutrition education.
5. Breastfeeding support.
6. Referrals.

Staff must not withhold WIC checks if the woman misses the mid-certification health assessment appointment. Give one set of checks and reschedule the appointment for the following month.

Staff must provide one nutrition education contact in the first six months and one in the second six months. These contacts are in addition to the nutrition education done at the certification and health assessment.

Note: See Volume 1, Chapter 16 – Nutrition Education for more information about second contacts and what to do when a client refuses to participate in nutrition education.

PROCEDURE:

The CPA:

- A. Completes the breastfeeding certification including a full nutrition assessment, nutrition education, breastfeeding support, and referrals for health and social services.
 1. The breastfeeding woman's eligibility begins the day she is certified and continues to the last day of the month her infant turns one year old.
- B. Selects the woman's food package based on her breastfeeding status, either fully, partially, or some breastfeeding.
 1. Educates the woman about the breastfeeding food package, how to shop for foods and use WIC checks at the store.
- C. Completes two second nutrition education contacts, one before the health assessment and one after. The second nutrition education contacts are in addition to the nutrition education done as part of the certification and health assessment.
- D. Completes the woman's health assessment around six months postpartum. The assessment includes the following:

CHAPTER 18 CERTIFICATION ISSUES**Section 2 Breastfeeding Women**

1. Weigh the woman and engage her in a conversation about her weight in relationship to health. See Volume 1, Chapter 9 – Anthropometrics.
 2. Follow up on nutrition risks and concerns identified at the certification.
 3. Ask open-ended questions to assess for any major changes to health, nutrition practices and physical activity, for example:
 - What has changed in your health since your certification on (state the date)?
 - What has changed in your eating or physical activity?
 - What concerns do you have about your health, eating or physical activity?
 4. Have a conversation about the woman’s needs and concerns. Follow up to nutrition goals and discussion documented at certification. See Volume 1, Chapter 16 – Nutrition Education.
 5. Provide breastfeeding support. See Chapter 15 – Breastfeeding.
 6. Offer appropriate referrals and follow up to previous referrals made. See Chapter 12 – Referrals.
 7. Confirm that the current food package meets the woman’s needs and matches the level of breastfeeding.
- E. Documents information in the woman’s file using the Follow-Up wizard.
1. Select any new risk factors identified during the health assessment on the Assessment tab.
 2. Document what you talked about on the Notes tab. Include nutrition education, breastfeeding support, the woman’s goals and plan.
 3. Select any referrals made on the Referrals tab and document follow-up to earlier referrals.

POLICY: Changing Client from Breastfeeding to Postpartum

A woman who stops breastfeeding her infant within six months postpartum is eligible as a Priority 6 – Postpartum Woman.

PROCEDURE:

Staff:

- A. Confirm that the woman is within six months postpartum.
- B. Change the woman's category from breastfeeding to postpartum.
- C. Assign a standard postpartum food package and issue checks.
 - 1. If the woman asks for a change to the standard food package or has a special dietary need, have her see the CPA or nutritionist for the food package prescription.
 - 2. Review the food package with the woman.

Note: A breastfeeding review is required prior to increasing the amount of formula the infant receives. See Volume 1, Chapter 15 – Breastfeeding and Chapter 23 – WIC Foods for more information.

- D. Schedule a second nutrition education appointment if the woman needs a second contact.

Note: If the woman received a second contact during the breastfeeding certification, it meets the requirement. However, it's best practice to assess the woman's postpartum needs.

Information:

Changing a woman from breastfeeding to postpartum is a category change. Since it isn't a recertification the certification requirements like income eligibility, signing the Rights and Responsibilities Form, Assessment Questions, etc. aren't required.

POLICY: Enrolling an Infant

The local agency has the option to allow all WIC staff to enroll (EN) an infant under six months of age born to a woman who was on WIC during her pregnancy.

Staff must complete a new certification for an infant born to a mom who wasn't on WIC during pregnancy.

The local agency must have a written policy to enroll infants. Staff must apply the policy fairly and equally.

Staff issue one set of checks for an enrolled infant. Staff must not issue a second set of checks until the certification is completed.

Exception: Staff can issue one additional set of checks if the clinic can't schedule the infant's complete certification appointment within 30 days of enrollment.

To enroll the infant, the caregiver or authorized alternate must:

1. Be physically present in the clinic.
2. Provide required documentation.
3. Sign the Rights and Responsibilities form. See Volume 1, Chapter 7 – Rights and Responsibilities for more information.

Note: The infant isn't required to be present at the enrollment appointment. The infant must be present at the complete certification appointment. See the "When an Applicant or Client Must be Present at the WIC Certification Appointment" policy in this chapter.

PROCEDURE:

Staff:

- A. Make sure the infant of a WIC mom meets program guidelines for category, residency and income.

Note: Staff can enroll an infant born to a presumed eligible woman before the completion of her certification.

- B. Review and enter all required information in the client's file on the Income Documentation tab. See Volume 1, Chapter 3 – Application and Processing Standards and Volume 1, Chapter 6 – Income for more information about required documentation and grace periods.

CHAPTER 18 CERTIFICATION ISSUES**Section 4 Infants and Children**

- C. Have the caregiver or authorized alternate read the Rights and Responsibilities Form. Ask if there are any questions and have the person sign the form. See Volume 1, Chapter 7 – Rights and Responsibilities.
- D. Ask and enter the infant’s race and ethnicity information. See Volume 1, Chapter 3 – Application and Processing Standards.
- E. Complete the required items on the Basic Contact list for the enrolled infant. See Volume 1, Chapter 13 – Basic Contact.
- F. Refer the client for a breastfeeding review before issuing any formula to a breastfeeding infant.
- G. Assign the standard food package for the infant.
1. All WIC staff listed in the local agency policy can enroll an infant and issue the standard food package.
 2. Refer to the CPA or nutritionist when the caregiver asks for a change to the standard food package or the infant has special dietary needs. See Volume 1, Chapter 23 – WIC Foods for more information about WIC foods and food packages.
- Note:** The CPA reviews the food package prescription at the complete certification appointment.
- H. Follow separation of duties requirements. See Volume 1, Chapter 22 – WIC Checks for more information.
- I. Issue one set of checks for the infant
1. Staff can issue one additional set of checks if the clinic can’t schedule the infant’s complete certification appointment within 30 days of enrollment.
- Example:** The baby is enrolled near the end of January and receives one set of checks. No appointments are available for the complete certification in February. Staff can issue February checks and schedule the complete certification appointment in March.
- J. Explain how to select WIC foods and use the checks at the grocery store.
- K. Schedule the complete certification (CC) appointment for the next month.
1. The infant is required to be physically present at the complete certification appointment. See the policy “When an Applicant or Client Must be Present at the WIC Certification Appointment” in this chapter for more information.

Information:

Provide the enrolled infant with a transfer card if the caregiver asks for one. Follow procedures in Volume 1, Chapter 21 – Transfer/Verification of Certification when issuing transfer cards.

Client Services automatically lists the enrolled status and any missing documentation on the transfer card.

POLICY: Infant Mid-Certification Health Assessment

The CPA must complete a mid-certification health assessment for all infants with an eligibility period longer than six months.

The CPA must:

1. Complete the mid-certification health assessment when the infant is around six months of age.
2. Document the mid-certification health assessment in the infant's file.
3. Offer nutrition education.

During the mid-certification health assessment, the CPA must assess:

1. The infant's growth.
2. Feeding.
3. Changes in health since the certification.
4. Access to health care services.
5. Immunizations.

Staff must not withhold WIC checks if the infant misses the mid-certification health assessment appointment. Give one set of checks and reschedule the appointment for the following month.

An infant with a one year eligibility period must have two second nutrition education contacts. Staff must provide one nutrition education contact before the health assessment (in the first six months) and one after the health assessment (in the second six months). These contacts are in addition to the nutrition education done at the certification and the health assessment.

Note: See Volume 1, Chapter 16 – Nutrition Education for more information about second contacts and what to do when a client or caregiver refuses to participate in nutrition education.

PROCEDURE:

The CPA:

- A. Completes and documents an infant mid-certification health assessment between 4 – 8 months of age. This includes:
 1. Assessment Questions for the infant's age and feeding practices. See Volume 1, Chapter 11 – Assessment.

2. Weight and length measurements and growth assessment. See Volume 1, Chapter 9 – Anthropometrics.
 3. Assessment of the client’s access to healthcare services and referrals when needed.
 4. Screens and refers to immunizations if needed See Volume 1, Chapter 12 – Referrals.
 5. Nutrition education related to the infant’s nutrition needs and follow-up to previous nutrition goals as appropriate. See Volume 1, Chapter 16 – Nutrition Education.
- B. Documents any additional risk factors in the infant’s file.
- C. Documents referrals and nutrition education provided to the caregiver.

Information:

Performing a hemoglobin or hematocrit assessment at the mid-certification infant health assessment is optional. The CPA uses professional discretion regarding the appropriateness of performing the hematological test at this time. See Volume 1, Chapter 10 – Hematology for more information.

POLICY: Child Mid-Certification Health Assessment

The CPA must complete a mid-certification health assessment for all children with an eligibility period longer than six months.

The CPA must:

1. Complete the mid-certification health assessment around six months after the certification.
2. Document the mid-certification health assessment in the child's file.
3. Offer nutrition education.

At the mid-certification health assessment, the CPA must assess:

1. The child's growth
2. Feeding
3. Changes in health since the certification.

Staff must not withhold WIC checks if the child misses the mid-certification health assessment. Provide one set of checks and reschedule the health assessment for the next month.

A child with a one year eligibility period must have two second nutrition education contacts. Provide one nutrition education contact before the health assessment (in the first six months) and one after the health assessment (in the second six months). These contacts are in addition to the nutrition education done at the certification and health assessment.

Note: See Volume 1, Chapter 16 – Nutrition Education for more information about second contacts and what to do when a client or caregiver refuses to participate in nutrition education.

PROCEDURE:

The CPA:

- A. Completes and documents a child mid-certification health assessment. This includes:
 1. Takes weight and height or length measurements and assesses growth. See Volume 1, Chapter 9 – Anthropometrics.
 2. Assess if an iron test is required based on the child's age and whether the last iron test was within normal limits. If an iron test is required, do the hemoglobin test, or get the hemoglobin or hematocrit data from the health care provider and assess the value. See Volume 1, Chapter 10 – Hematology.

3. Follow up on nutrition risks and concerns identified at the certification.
 4. Ask a few open-ended questions to assess for health or feeding issues. For example:
 - What has changed in your child’s health since the certification on (state the date)?
 - What has changed in your child’s eating or physical activity?
 - What concerns do you have about your child’s health, eating or physical activity?
 5. Offer nutrition education related to the child’s nutrition needs and the caregiver’s concerns. Follow up on previous nutrition goals and discussions. Refer to Volume 1, Chapter 16 – Nutrition Education.
 6. Screen for immunizations for children 24 months old or less. Refer if needed. See Volume 1, Chapter 12 – Referrals.
 7. Refer to other social and health programs as appropriate and assess previous referrals made. See Volume 1, Chapter 12 – Referrals.
 8. Confirm that the current food package meets the child’s needs.
- B. Use the Follow-Up wizard to document:
1. Any new risk factors.
 2. What you talked about with the caregiver. Use the Notes tab to document nutrition education, caregiver goals, and plans.
 3. Referrals. Use the Referrals tab and document any referrals and follow up to earlier referrals.

POLICY: Client Category When the New Certification Occurs in the Month the Child Turns One Year of Age

The CPA must select a child category when the new certification appointment occurs in the month the child turns one year of age.

PROCEDURE:

The CPA:

- A. Certifies the applicant as a child at the new certification done in the month the child turns one year of age.
 - 1. Select the child category in Client Services.
 - a. Manually select the child category when prescreening the applicant before the first birthday for a new certification occurring in the month the child turns one year.
- B. Asks the Child Assessment Questions during the new certification appointment.
- C. Assigns the appropriate food package based on the age of the child and any special dietary needs. Refer to Volume 1, Chapter 23 – Food Package and Chapter 24 – WIC Prescriptions for more information.
 - 1. Before the first birthday, staff assign an infant food package.
 - 2. On or after the first birthday, staff assign a child’s food package.

Information:

Contact CIMS Support when the infant category was selected for the applicant instead of the child category in the month the child turns one year of age.

POLICY: When an Applicant or Client Must be Present at the WIC Appointment

The applicant or client must be physically present at the following appointments:

1. Presume Eligible (PE)
2. Complete Certification (CC)
3. New Certification (NC)
4. Recertification (RC)

The applicant or client **doesn't** have to be in the clinic for the above WIC appointments in certain limited situations listed below:

1. A medical condition that requires the use of medical equipment that isn't easy to transport.
2. A medical condition that requires bed rest.
3. A serious medical illness that would put the applicant, client or other clients at further risk by coming to the clinic.
4. When requiring an infant's or child's physical presence for the appointment would be a barrier to getting WIC services for the working caregiver.
 - a. The infant or child of the working caregiver must have been present in the clinic within the past six months for a certification, recertification or mid-certification health assessment in order to be exempt from being physically present at the current certification appointment.
 - b. Working status can be full or part-time employment.

In the above exception situations, the alternate must provide the appropriate documentation and information needed to complete the appointment. Examples include: income, identification and residency documentation; and health information.

PROCEDURE:

Staff:

- A. Identifies and documents a situation that prohibits the physical presence of a client or applicant scheduled for a:
 1. Presume Eligible (PE)
 2. Complete Certification (CC)
 3. New Certification (NC)

4. Recertification (RC)

Information:

The following helps staff determine whether the client's presence is necessary.

Infant Enrollment: The infant of a WIC mom doesn't need to be present for the enrollment (EN) appointment. The caregiver or authorized alternate needs to be present to sign paperwork. The infant must be present at the complete certification (CC) appointment unless there is an exception as listed in this policy.

Mid-Certification Health Assessment: The mid-certification health assessment is a nutrition education and growth assessment appointment. It's best practice and highly recommended that the infant or child be present. However, if the caregiver or alternate has the necessary information (current weight, length or height and blood iron value and can answer the Assessment Questions), the infant, child, or breastfeeding woman doesn't have to be present.

Second Contact or Follow-Up Appointment: The client's physical presence at this appointment depends on what is planned for the contact. For example, an infant or child wouldn't need to be present at a nutrition class unless the class is intended for the child, for example a "Let's Play" class. An infant or child would need to be present if scheduled for an iron test.

High Risk Nutrition Contact: The nutritionist determines whether a client needs to attend a high risk appointment. The client may need to be weighed and measured. If the nutritionist is meeting with a caregiver to discuss feeding issues for an infant or child, physical presence of the infant or child may not be necessary.

POLICY: Recertification Scheduling Timeframe

The Competent Professional Authority (CPA) must not recertify a client more than 30 days (one month) before the end of a current eligibility period.

PROCEDURE:

The CPA:

- A. Completes a recertification no more than 30 days before the end of a current eligibility period.

Note: See Volume 1, Chapter 9 – Anthropometrics and Volume 1, Chapter 10 – Hematology for measurement and blood work timeframe requirements.

Information:

Ideally the CPA completes the recertification after the end of the client’s current eligibility period. Staff can complete recertifications during the last month of a current eligibility period to give more flexibility in clinic scheduling, managing caseload and coordinating appointments for household members.

POLICY: WIC Services for WIC Staff, Family or Friends

WIC staff (including peer counselors), volunteers or students working or volunteering in a clinic, may participate in WIC.

Note: It's best practice for the above to participate in a different clinic or agency than where they are working, but it isn't required.

1. WIC staff must not certify themselves, family members or friends.

Family and friends are defined as:

Family: Mother, father, sibling, son, daughter, grandparent, in-law, aunt, uncle, cousin, niece, nephew, step-parent or any step family member.

Friend: A close acquaintance or a person the staff person spends time with outside work.

2. WIC staff must not issue WIC checks or Farmers Market Nutrition Program (FMNP) checks to themselves, family members or friends.

Exception: When the clinic doesn't have enough staff to prevent staff members from certifying or issuing checks to themselves, family members or friends, the local agency must develop written policies and procedures to prevent program violations and fraud. In addition, the local agency must monitor these procedures. See Volume 1, Chapter 2 – Program Compliance for more information.

3. A WIC staff person, including peer counselor, must sign the Responsible Party form if he or she is a WIC client or the caregiver of a WIC client in the same agency where he or she works. Staff make copies of the form in the Appendix to use in the clinic.
 - a. The staff person must sign the Responsible Party form one time per household per certification and have the clinic coordinator sign.
 - b. Keep the Responsible Party form on file for four years, with a minimum of one year in the clinic.

PROCEDURE:

A. Staff:

1. Don't certify themselves, family members or friends.

- a. Don't schedule family members or friends with themselves. Make arrangements for the family member or friend to be certified and issued checks by another staff member.
 - b. Reschedule the family member or friend for a time when another staff member is available, when it's possible or appropriate.
 - c. Suggest the family member or friend participate at a different WIC clinic or agency when it's possible or appropriate and doesn't cause a hardship for the client.
2. Don't issue WIC checks or FMNP checks to themselves, family members or friends. Refer to Volume 1, Chapter 22 – WIC Checks.
 - a. Follow local agency policy when the clinic lacks adequate staff to prevent this practice.
 3. Sign the Responsible Party form when the staff person or infant or child is on WIC in the same agency where the staff person works or volunteers.
 - a. The staff person signs the Responsible Party form one time per certification for the household.
 - b. Make copies of the Responsible Party form located in the Appendix of this chapter as needed.
 - c. Keep the completed form on file for four years, with a minimum of one year in the clinic.
 4. Report potential program violations or fraud to the clinic coordinator or the state WIC office.
- B. The Coordinator:
1. Develops written procedures to prevent program violations and fraud when the clinic lacks adequate staff to prevent staff members from certifying or issuing checks to themselves, family members or friends. These procedures could include, but aren't limited to the following:
 - a. Frequent review of client files, both paper and computer.
 - b. Review of clinic participation and other reports.
 2. Monitors the clinic closely to prevent program violations and fraud and assures the procedures are being followed.

Information:

It's best practice to document in the client's file that there is no relationship between the client and the staff member who certified them when they have the same last name but are not related. This protects the client and clinic staff from potential investigation into possible program violations.

POLICY: Refusing Services to WIC Clients

Staff must provide services to all clients except when providing services would put the staff person at risk, or the staff person is concerned for his or her safety.

Staff who are concerned about immediate safety, call 911 for emergency assistance. Staff consult with coordinator and review local agency procedures to learn other precautions to take.

Staff must work with state staff to try to find a way to provide services to the client when dealing with challenging or problematic clients, caregivers or alternates.

Staff must not transfer problematic clients to a different clinic without first working with state staff and contacting the other agency.

Examples of procedures to assure clients receive service:

1. A parent is intimidating staff: Staff and the client agree to have the other parent or an alternate come for check pick-up and clinic appointments.
2. Client is verbally abusive to staff: State staff work with the client and have the client transfer to another clinic if needed.

PROCEDURE:

Staff:

- A. Try to serve the client by working with the client, caregiver or alternate.
- B. Contact the state staff when help is needed working with the client.
- C. Transfer the client to another agency only after getting approval from state staff and notifying the other agency.
- D. Call 911 in emergency situations.
- E. Follow local agency policy for safety issues.

A P P E N D I X



Responsible Party Form

As an employee, volunteer, or student, working at _____ and as a
(agency)
WIC client, or caregiver of a WIC client, at _____, I understand
(agency)
and agree to follow the program compliance policies and procedures of the agency personnel policy
and of the WIC Nutrition Program as outlined in the Washington State WIC Manual.

By signing this form I agree to the following:

1. I will conduct myself in a manner which assures program compliance as outlined in the agency’s policies and the Washington State WIC Manual.
2. I understand that the local agency will be monitoring my WIC participation closely to prevent program violation and fraud from occurring.
3. I understand that violations of program compliance policies or procedures may result in disciplinary action up to and including immediate dismissal from the agency and WIC Nutrition Program sanctions such as repayment for benefits improperly received, suspension or disqualification from the WIC Nutrition Program.
4. I accept the responsibility for my actions as a clinic employee and as a WIC Nutrition Program client/caregiver.

I acknowledge that the policies and procedures concerning program compliance have been explained to me and I agree to follow them.

Signed this _____ day of _____, _____ at _____, Washington
(Day) (Month) (Year) (City)

Clinic Staff/Client/Caregiver Signature: _____

Print Name of Clinic Staff/Client/Caregiver: _____

Signed this _____ day of _____, _____ at _____, Washington
(Day) (Month) (Year) (City)

Clinic Coordinator Signature: _____

Print Name of Clinic Coordinator: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

“Washington WIC does not discriminate.”

Form distribution: Clinic: Keep the original of this form in the client or clinic file.
Client: Give a copy of this form to the client/caregiver.

PREGNANCY INFORMATION FORM

WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM

Please have your health care provider fill out this form and bring it back to your next WIC appointment.

You must have a certification appointment within the next 60 days to complete your WIC eligibility assessment. If you do not meet WIC's guidelines, you cannot continue to receive WIC benefits.

CLIENT NAME: _____

NEXT WIC APPOINTMENT DATE: _____

DATE: _____

HEIGHT: _____ WEIGHT: _____

HEMOGLOBIN OR HEMATOCRIT: _____

DUE DATE: _____

SOURCE OF INFORMATION (NAME AND PHONE NUMBER):

THANK YOU!!

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

"Washington WIC does not discriminate."