

SEPARATION OF DUTIES FILE REVIEW FORM – Post PHE Waiver

Reviewer's Name:	Site:
Timeframe reviewed: <i>(Monthly)</i>	
From:	To:
# fully formula-fed infant files reviewed: <i>(100% of fully formula fed infant certifications not meeting SOD requirements)</i>	
# of other files reviewed: <i>(10% of all other certifications not meeting SOD requirements each month)</i>	

1. Attempt to call the participant, Parent Guardian or Caretaker once and document the attempt or completion of the phone call in the top section of the form.
 - Completing and documenting the phone call meets the Separation of Duties file review requirement for the participant.
 - If the participant, Parent Guardian or Caretaker doesn't answer the call, staff must complete the file review listed on the next page.

Phone Call				
Participant ID				
Date of call				
Did you talk to the participant, Parent Guardian or Caretaker?				
Confirm or ask: <ul style="list-style-type: none"> • date of certification 				
<ul style="list-style-type: none"> • who the appointment was for 				
<ul style="list-style-type: none"> • describe the clinic experience. 				
Ask participant, Parent Guardian, or Caretaker if they purchased WIC foods. <ul style="list-style-type: none"> • Describe shopping experience. • Any questions about WIC foods or the WIC Card? 				

See next page for computer file review requirements when phone call can't be completed.

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2. Complete and document the file review when the participant, Parent Guardian or Caretaker doesn't answer the phone call.

File review				
Participant ID				
Review date				
Certification date				
Staff who completed the certification				
Participant category: If an infant: <ul style="list-style-type: none"> • Is there a corresponding adult record? • Do the food packages match? 				
Does income documentation appear accurate?				
Are weight, measures, and hemoglobin documented? <ul style="list-style-type: none"> • Do the values appear accurate? (review graph) 				
Do the risk factors appear accurate?				
Is there a scanned copy of the Medical Documentation Form if therapeutic formula was issued?				
Were food benefits issued on certification date? If not, when?				
Any food benefit or card issuance irregularities?				
Is the next appointment scheduled?				
Additional comments				

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