

Cascades Required Fields Tool—Applicant Family Demographics Applicant Screen

Important Notes:

- Fill this **applicant screen** out once for the entire family. When adding participants, enter information for adults or infants/children as shown above.
- **Foster Care Entry Date** field: This field is **required** for foster children. Enter date OR click Date Unknown.
- **Proof of Foster Care** field: This field is **required** for foster children. Select **Not Required** unless custody is in question.

Color Legend

Fields required by system or WIC policy
 Assess and enter, if this field applies to the participant
 X Don't fill out this field

Cascades Required Fields Tool—Certification Family Demographics Screen

FAMILY Family
Family ID: F0010000245
101 MAIN STREET
OLYMPIA, WA 98501

ADULT INFANT CHILD

ADULT FAMILY
Participant ID: WA0010000395
Age: 29 years
WIC Category: Breastfeeding Woman

General Information Foster Family

Participant

Last Name ★ **First Name** ★ **M.I.**

Suffix **Nickname** **Maiden Name**

Proof of Identification ★ **Date of Birth** ★

Marital Status **Education Level**

Address ★

ZIP Code ★ **City** ★ **State** ★ **County** ★

Proof of Residence ★

Homeless / Incarcerated Status **Migrant Status**

Telephone Numbers

Telephone Number	Type	Primary	Do not call	Auto Dialer	Text	Carrier
✗						

Voter Registration ★

Language Read ★

Interpreter Sign Language Interpreter

Email Address

Confidentiality

Participant List Total Items: 3

ID	Last Name	First Name	M.I.	Suffix	Category	Certification End Date	Gender	Date of Birth	Foster Care Entry Date
WA0010000395	FAMILY	ADULT			B		Female	1/2/1990	
WA0010000396	FAMILY	INFANT			I		Female	12/31/2018	
WA0010000397	FAMILY	CHILD			C		Male	12/31/2016	

Selected Row Details

TAB

Important Notes:

- Fill this screen out once for the entire family.
- Some fields are pre-filled with information staff entered previously. Add required information, and assess for additional information at the certification.
- **Confidentiality:** Check this box if the participant doesn't want to be contacted by WIC.

Color Legend

- Fields required by system or WIC policy
- Assess and enter, if this field applies to the participant
- ✗ Don't fill out this field

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Cascades Required Fields Tool—Certification

Participant Demographics Screen

General Information

Identity Information

Last Name ★ First Name ★ M.I.

Nickname Suffix Maiden Name

Proof of Identification ★ Date of Birth ★

Age 29 years WIC Category ★

Race/Ethnicity

Declared Observed

Ethnicity ★

Race ★

American Indian or Alaskan Native

Asian

Black or African American

White

Native Hawaiian or Pacific Islander

Physical Presence Yes No

Incarcerated Status Yes No

Physical Presence Exception Reason

Special Needs

Education

Marital Status

Employment Status

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Important Notes:

- Fill this screen out for each participant.
- ⇒ **Infants or children:** Add proof of identification, if needed.
- ⇒ **Adults:** Don't ask about education, marital, or employment status.

Color Legend

- Fields required by system or WIC policy
- Assess and enter, if this field applies to the participant
- Don't fill out this field

Cascades Required Fields Tool—Certification Income Information Screen

FAMILY Family
Family ID: F00100000245
101 MAIN STREET
OLYMPIA, WA 98501

ADULT FAMILY
Participant ID: WA0010000395
Age: 29 years
WIC Category: Breastfeeding Woman

Family Income

Family Size

Family - Adjunct Participation	Medicaid Title 19	State or Federal non-Title 19	SNAP	TANF	FDP/IR	Adj elig household member not on WIC
ADULT FAMILY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INFANT FAMILY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILD FAMILY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Self Declared Income OR Self Declared Income Range

Income Details						Total Items: 0
Source	Proof	Frequency	Amount	Duration		
(Empty table with a red X icon in the top left corner)						

Zero Income Declaration Reason <input type="text"/>	Comparison Frequency Annual	Total Income \$0.00	Eligibility Guideline Amount \$0.00
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[Income History](#)

Important Notes:

- Fill this screen out once for the entire family. **Exception:** For foster children, click on each name to enter income information separately for each foster child.
- **Pregnant Category** only: Next to the Family Size field, fill out the **required** field titled **No. of Expected Infants**.
- Staff must enter **Adjunct Participation** information, **Income Details**, OR a **Zero Income Declaration Reason** when assessing income eligibility.
 - ⇒ If entering **Adjunct Participation**, policy **requires** staff to also enter self-declared income from the **past 30 days** in the **Self-Declared Income** field.
 - ⇒ If a participant isn't adjunctively income eligible, enter source, proof, frequency, amount, and duration of income into **Income Details** section.
 - ⇒ If the family reports zero income, staff must enter a **Zero Income Declaration Reason**.

Color Legend

- Fields required by system or WIC policy
- Assess and enter, if this field applies to the participant
- ✗ Don't fill out this field

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Cascades Required Fields Tool—Certification Health Information Screen—Pregnant

ADULT Family
Family ID: F0010000244
100 MAIN STREET
OLYMPIA, WA 98501

PREGNANT ADULT
Participant ID: WA0010000394
Age: 29 years
WIC Category: Pregnant

Woman Health Information

Pre-Pregnancy
Measurement Units: Standard
Pre-Pregnancy Weight: [] lb. [] oz.
Pre-Pregnancy BMI: []

Cigarettes Per Day
Three Months Prior to Pregnancy: []
Today: []

Drinks Per Week
Three Months Prior to Pregnancy: []

Pregnancy
Last Menstrual Period: []
Expected Delivery Date: []
Number of Prenatal Healthcare Visits: []
Proof of Pregnancy: [] **X**
Dietary Supplement Taken Before Pregnancy: []
Medical Home: []
Currently Breastfeeding?

First Prenatal Healthcare Visit Date: []
Date Last Seen By Physician: []

Number of Fetuses this Pregnancy: [1]
Gravida: [] Para: []

Adequacy of Prenatal Care: No
Age at Conception: []
Inter-Conception Time in Months: No History

Scan Document | View Documents | Pregnancy History | Save | Cancel

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Important Notes:

- Fill in **either** the **Last Menstrual Period** date OR the **Expected Delivery** Date. The matching date will calculate automatically.
- **Pregnancy History**: Washington WIC recommends entering information from the past 2 years at a minimum.

Color Legend



Fields required by system or WIC policy



Assess and enter, if this field applies to the participant



Don't fill out this field

Cascades Required Fields Tool—Certification Health Information Screen—Infant

FAMILY Family
Family ID: F00100000245
101 MAIN STREET
OLYMPIA, WA 98501

ADULT INFANT CHILD

INFANT FAMILY
Participant ID: WA0010000396
Age: 14 days
WIC Category: Infant

Infant / Child Health Information

Measurement Units
Standard

Medical Health Conditions

Birth Length
in.

Birth Weight
lb. oz.

Medical Home

Last Seen By Physician

Multiple Gestation
 Yes No Unknown

Hospital Discharge Date

Hospital Discharge Weight
lb. oz.

Weeks Gestation

Breastfeeding Information

ADULT FAMILY

Data Collection Date
1/14/2019

Breastfeeding Frequency

Complications

Are you breastfeeding?
 Yes No

Age Infant Stopped Breastfeeding

Age Supplement Was Given

Number of Wet Diapers / 24 hr Period

Number of Stools / 24 hr Period

Do you give your baby any formula?
 Yes No

How much formula do you give your infant in a 24-hour period?
0 oz.

Ever Breastfed?
 Yes No Unknown

Reason Infant Stopped Breastfeeding

Clear

Scan Document View Documents Immunization Status

Save Cancel

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INFANT CATEGORY

Important Notes:

- Fill the Health Information screen out for **infants first, then for the adult**. This assures that the food prescriptions for infant and adult match.
- Ask about **Breastfeeding Frequency** only if **Are you breastfeeding?** is answered with “yes”.
- Ask **How much formula do you give your infant in a 24-hour period?** only if **Do you give your baby any formula?** is answered with “yes”.
- ★ - Symbol: **Number of Wet Diapers** and **Number of Stools** in a 24-hour period **only required** for infants age **0-4 months**.

Color Legend

- Fields required by system or WIC policy
- Assess and enter, if this field applies to the participant
- ✗ Don't fill out this field

Cascades Required Fields Tool—Certification

Health Information Screen—Child

FAMILY Family
Family ID: F00100000245
101 MAIN STREET
OLYMPIA, WA 98501

ADULT INFANT **CHILD**

CHILD FAMILY
Participant ID: WA0010000397
Age: 2 years
WIC Category: Child

Infant / Child Health Information

Measurement Units
Standard

Medical Health Conditions

Birth Length
[] [] in.

Birth Weight
[] lb. [] oz.

Medical Home
[]

Last Seen By Physician
[]

Multiple Gestation
 Yes No Unknown

Hospital Discharge Date
[] [] [] []

Hospital Discharge Weight
[] lb. [] oz.

Weeks Gestation
[]

CHILD CATEGORY

Scan Document View Documents **Immunization Status**

Save Cancel

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Important Notes:

- **Birth Length, Birth Weight, and Weeks Gestation:** Document these if known. Use this information for risk determination and growth chart plotting.
- **Immunization Status** is only required for children **up to age 2 years** old.

Color Legend

- Fields required by system or WIC policy
- Assess and enter, if this field applies to the participant
- ✗ Don't fill out this field

Cascades Required Fields Tool—Certification Health Information Screen—BF or Non-BF Postpartum

Important Notes:

- Fill the Health Information screen out for **infants first, then for the adult**. This assures that the food prescriptions for infant and adult match.
- - Symbol: When assessing, don't ask the question, but listen for participant mention "twins", "triplets", etc.
- **Pregnancy History:** Washington WIC recommends entering information from the **past 2 years** at a minimum.

Color Legend

- Fields required by system or WIC policy
- Assess and enter, if this field applies to the participant
- Don't fill out this field

Cascades Required Fields Tool—Certification Anthro/Lab Screen

FAMILY Family
Family ID: F00100000245
101 MAIN STREET
OLYMPIA, WA 98501

ADULT INFANT CHILD

INFANT FAMILY
Participant ID: WA0010000396
Age: 14 days
WIC Category: Infant

Height/Weight

Measurement Date: 1/14/2019
Height: [] in.
Weight: [] lb. [] oz.
% Wt/Lt: 0
Head Circumference: [] in.
Collected By: bsennhauser
Source of Measures: WIC Clinic
Gestational Age: 40
Measurement Units: Standard
Measurement Type: Recumbent Standing
Parental BMI Information

Add Clear

Bloodwork

Bloodwork Date: 1/14/2019
Hgb Or Hct
Collected By: bsennhauser
Source of Measures: WIC clinic
Exempt Reason
Deferred Reason

Add Clear



Scan Document View Documents **Growth Grids** Save Cancel

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Important Notes:

- **Height:** Adult height is required at certification. Height can be copied for tri-monthly prenatal weight gain checks.
- **Infant Category only:** Washington WIC recommends that staff measure Head Circumference, even though it is not required.
- **Exempt or Deferred Reason:** Enter when no bloodwork value is entered at certification, and bloodwork is required by policy.
- **Growth Grids (infant/child):** View and educate on the appropriate **growth chart** type for the child's age and method used to measure.

Color Legend



Fields required by system or WIC policy



Assess and enter, if this field applies to the participant



Don't fill out this field

Cascades Required Fields Tool—Certification Family Assessment Screen

FAMILY Family
Family ID: F00100000245
101 MAIN STREET
OLYMPIA, WA 98501

ADULT FAMILY
Participant ID: WA0010000395
Age: 29 years
WIC Category: Breastfeeding Woman

Family Assessment

★ 1. Does anyone smoke inside your house?
 Yes
 No

2. Do you ever feel unsafe at home? Have you felt afraid of your partner or a family member?

3. Has adequate household food storage and preparation?
 Yes
 No

4. Has household food insecurity?
 Yes
 No

5. Medical Provider 1:

6. Medical Provider 2:

7. Medical Provider 3:

8. Where did you hear about WIC?

1 of 1

Family Assessment History

Save Cancel

Important Notes:

- Fill this screen out once for the entire family.
- **Question 2** on domestic abuse: If participant confirms domestic abuse, document information here and select the risk on the **Assigned Risk Factors** screen.
- **Medical Provider:** Document different medical providers per your clinic’s agreed upon practice.

Color Legend

- Fields required by system or WIC policy
- Assess and enter, if this field applies to the participant
- ✗ Don't fill out this field

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FAMILY Family
 Family ID: F00100000245
 101 MAIN STREET
 OLYMPIA, WA 98501

ADULT
 INFANT
 CHILD

INFANT FAMILY
 Participant ID: WA0010000396
 Age: 14 days
 WIC Category: Infant

▼ Dietary Assessment

Participant's Inappropriate Nutrition Practices

Early Introduction of Solids (< 6 months)

Feeding Sugar-containing Drinks

Inadequate Fluoride Supplementation (>= 6 mos)

Inadequate Vitamin D Supplementation (< 400 IU)

Please answer the following questions

1. Most moms have questions about feeding. What questions do you have?
2. How does your baby tell you when he/she is hungry?
3. How does your baby tell you when he/she is full?
4. BF: In using bottles, what do you do with the breastmilk after a feeding?
5. BF: Do you have plans to pump or go back to work?
6. Formula: Moms often have questions about mixing formula correctly. How do you mix formula?

▶ Dietary Assessment History Total Items: 0

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[Save](#) [Cancel](#)

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Important Notes:

- Fill this screen out for each participant. There are different questions for each participant category.
- Use the **Assessment Questions** to guide the conversation and document the participant's responses.
- Select all risks that apply.

Color Legend

- Fields required by system or WIC policy
- Assess and enter, if this field applies to the participant
- X Don't fill out this field

FAMILY Family
Family ID: F00100000245
101 MAIN STREET
OLYMPIA, WA 98501

ADULT FAMILY
Participant ID: WA0010000395
Age: 29 years
WIC Category: Breastfeeding Woman

Eco-Social Information

Family

Family Homeless Status No	Family Migrant Status No	Exposure To Environmental Tobacco Smoke No
Adequate Household Food Storage And Preparation	Household Food Insecurity	

Participant

Recipient of Abuse <input type="radio"/> Yes <input checked="" type="radio"/> No	Limited Abilities to Feed Self <input type="radio"/> Yes <input checked="" type="radio"/> No	Maternal Intellectual Disability <input type="radio"/> Yes <input checked="" type="radio"/> No
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Medical

Dietary Supplement During Pregnancy
 Yes No

WIC Comments

Eco-Social Assessment Comments

WIC Staff Eco-Social Data Related Comments

Eco-Social History

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Save Cancel

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Important Notes:

- This screen is **optional for all participants**. If you choose to fill this out, fill out a screen for each participant.
- You can identify additional risks here and use sticky notes to provide more information. NOTE: You **don't** have to select these risks on this screen, you can select them on the **Assigned Risk Factors** screen.

Color Legend

- Fields required by system or WIC policy
- Assess and enter, if this field applies to the participant
- X Don't fill out this field

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Cascades Required Fields Tool—Certification Assigned Risk Factors Screen

FAMILY Family
Family ID: F00100000245
101 MAIN STREET
OLYMPIA, WA 98501

ADULT INFANT CHILD

INFANT FAMILY
Participant ID: WA0010000396
Age: 14 days
WIC Category: Infant

Assigned Risk Factors Total Items: 3

Quick Entry

Risk Code: Description:

Risk Code	Description	High Risk	Priority	Assigned By	Comments
115	Weight/Length >= 98th		I	System	
✗ 411.11	Inadequate Vitamin/Mineral Supplementation		IV	System	
✗ 153	Large for Gestational Age		I	System	

Scan Document View Documents
Save Cancel

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Important Notes:

- Fill this screen out for each participant.
- You can use both the **Quick Entry** section and the **Select Risk Factors** button to add additional risk factors.

Color Legend

- Fields required by system or WIC policy
- Assess and enter, if this field applies to the participant
- ✗ Don't fill out this field

Cascades Required Fields Tool—Certification

Certification Signature Screen

FAMILY Family
Family ID: F00100000245
 101 MAIN STREET
 OLYMPIA, WA 98501

ADULT FAMILY
Participant ID: WA0010000395
Age: 29 years
WIC Category: Breastfeeding Woman

▼ Certification Signature

Signature for

- Rights and Responsibilities
- Affidavit for Identity
- Affidavit for Residency
- Affidavit for Income
- Release of Information

▼ Certification Documents

▶ Rights and Responsibilities

▶ Transaction History

View Signature Capture Signature Cancel

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Important Notes:

- Fill this screen out once for the entire family.

Color Legend

- Fields required by system or WIC policy
- Assess and enter, if this field applies to the participant
- ✗ Don't fill out this field

Cascades Required Fields Tool—Certification

Certification Summary Screen

FAMILY Family Family ID: F00100000245 101 MAIN STREET OLYMPIA, WA 98501	ADULT INFANT CHILD	ADULT FAMILY Participant ID: WA0010000395 Age: 29 years WIC Category: Breastfeeding Woman
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▼ Certification Summary

<p>✓ Demographics Information</p> <ul style="list-style-type: none"> Ethnicity: Hispanic Race: American Indian or Alaskan Native <p>✓ Voter Registration</p> <ul style="list-style-type: none"> Already registered <p>✓ Family Assessment Summary</p> <ul style="list-style-type: none"> Does anyone smoke inside your house? No <p>✓ Income Summary</p> <ul style="list-style-type: none"> Family Eligibility: Yes Individual Adjunct Eligibility: Yes Total Income: \$0.00 (Annual) Family Size: 3 <p>✓ Risk Summary</p> <ul style="list-style-type: none"> 337 Large for Gestational Age (Hb) 401 Not Meeting Dietary Guidelines 601 Breastfeeding Mother of Infant at Nutritional Risk 	<p>✓ Health Summary</p> <ul style="list-style-type: none"> Delivery Date: 12/31/2018 <p>✓ Anthropometric Summary</p> <ul style="list-style-type: none"> Height: 62 in Weight: 135 lbs BMI: 24.7 <p>✓ BioChemical Summary</p> <ul style="list-style-type: none"> Hemoglobin: 12.0 <p>✓ Dietary Summary</p> <ul style="list-style-type: none"> Inappropriate Nutrition Practices: Not Meeting Dietary Guidelines <p>✓ Eco Social Summary</p> <ul style="list-style-type: none"> Recipient of Abuse?: No 	<p>✓ Residence Proof</p> <ul style="list-style-type: none"> Washington driver's license/ID card <p>✓ Identification Proof</p> <ul style="list-style-type: none"> Driver's license/ID card <p>✓ Income Proof</p> <ul style="list-style-type: none"> Yes <p>✓ Certification Signature Summary</p> <ul style="list-style-type: none"> Rights & Responsibilities signed: Yes Affidavit for Identity signed: No Affidavit for Income signed: No Affidavit for Residency signed: No Release of Information signed: No
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▼ Certification Details

Start Date	End Date
1/14/2019	12/31/2019
Priority	High Risk
1	<input type="radio"/> Yes <input checked="" type="radio"/> No

▶ Certification History Total Items: 0



TAB 100%

Important Notes:

- Fill this screen out for each participant. **Double-check entries** for DOB, WIC category, height, weight, Hct, Hbg, and Assigned Risk. Once you click **Certify**, you can't delete these.
- If you notice a discrepancy in any part of the Certification Summary, you can click on the bolded headers to return to previous screens.
- Green check marks don't mean the participant is certified yet—don't forget, you still have to click the **Certify** button for each participant.

Color Legend

- Fields required by system or WIC policy
- Assess and enter, if this field applies to the participant
- X Don't fill out this field

Cascades Required Fields Tool—Certification Certification Details Screen

FAMILY Family
Family ID: F00100000245
101 MAIN STREET
OLYMPIA, WA 98501

ADULT FAMILY
Participant ID: WA0010000395
Age: 29 years
WIC Category: Breastfeeding Woman

▼ Certification Details

Start Date 1/14/2019	End Date 12/31/2019
Priority I	High Risk <input type="radio"/> Yes <input checked="" type="radio"/> No

▶ Certification History Total Items: 0

Done 😊



Status Message

ADULT FAMILY was certified successfully.

Terminate Certification
Next Certification Due Notice
Cancel

Important Notes:

- You'll see a screen like this for each participant.
- In the top left corner the start and end date of the certification will show.

Color Legend

- Fields required by system or WIC policy
- Assess and enter, if this field applies to the participant
- ✗ Don't fill out this field



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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).

