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
- Don’t fill out this field
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
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
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**
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

Page 5
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
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
**Important Notes:**

- **Pregnancy History:** Washington WIC recommends entering information from the past 2 years at a minimum.

- **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.
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
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**
- Green square: Fields required by system or WIC policy
- Yellow square: Assess and enter, if this field applies to the participant
- Red X: Don’t fill out this field
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
- Don’t fill out this field
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
- Don’t fill out this field
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
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
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
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
This institution is an equal opportunity provider.  
*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).