

# **Cascades Steps**





#### Please Note:

- Don't do a Subsequent Certification when completing the assessment for a PE participant.
- If a PE participant has a miscarriage, Cascades requires you to:
  - Terminate the participant.
  - Complete a Subsequent Certification to enter the participant as a non-breastfeeding postpartum participant.







2. Verify the participant is presumed eligible (if	Quick Links म	
needed):	A New Family	
• Select Certification	🔍 Family Search	Complete Assessment Terminate Certification Next Certification Due Notice Cancel
Summary in Quick Links.	Certification	<b>TAB</b> 100% —
<ul> <li>Select the Certification History bar.</li> </ul>	Family Demographics Participant Demographics Income Information Health Information	Start Date     End Date       4/8/2019     6/7/2019
<ul> <li>Look for these things:         <ul> <li>✓ Complete Assessment is visible but disabled (grayed out).</li> <li>✓ Assigned Risk Factors = 503 Presumptive Eligible.</li> </ul> </li> </ul>	Health Information Anthro / Lab Family Assessment Dietary & Health Eco-Social Assessment Assigned Risk Factors Certification Signature Certification Summary Issue EBT Card Family Alerts Notes Scanned Documents	4/8/2019       6/7/2019         Priority       High Risk         IV       Yes         Yes       No         Certification History         Start Date       End Date         4/8/2019       6/7/2019         Family Assessment Summary         Income Summary         • Family Eligibility: Yes         • Individual Adjunct Eligibility: Yes         • Total Income: \$0.00 (Annual)         • Family Size: 3         Assigned Risk Factors on 4/8/2019
		<ul> <li>Individual Adjunct Eligibility: Yes</li> <li>Total Income: \$0.00 (Annual)</li> <li>Family Size: 3</li> <li>Assigned Risk Factors on 4/8/2019</li> <li>503 Presumed Eligible</li> </ul>

















<ul> <li>5. Certification: The system marks the participant certified.</li> <li>The third dot is now</li> </ul>	MEYERS Family Family ID: F2270000626 210 MAIN ST PORT ORCHARD, WA 98366		
green above the	Certification Details     Detailed Participant Information		
Staff can how issue	Start Date End Date Participant ID: WA2270001085		
multiple months of	4/8/2019     10/31/2019     Family ID:     F22700000626       Priority     High Risk     Category:     Pregnant		
benefits.	IV O Yes O No Status: Active/Certified		
	Date of Birth: 4/25/2000		
Ihe Certification Period is     for the full emount of	Certification History     Food Issuance Status: Apr 2019 - Available     May 2019 - Available		
for the full amount of	Jun 2019 - Available Clinic Name: CHI Franciscan-Harrison Medical Center WIC/		
time.			
Required: Cascades marks the			
certification complete, but staff			
must fill in the Care Plan to			
meet program requirements.			
I roubleshooting Problems:			
If the <b>Complete Assessment</b> is			
disabled (grayed out):	Complete Assessment Terminate Certification Next Certification Due Notice Cancel		
Check all required     information is optared			
(see step 3) including			
Expected Delivery Date			











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.



