

2013
GEORGIA WIC PROCEDURES MANUAL
&
STATE PLAN



GEORGIA DEPARTMENT OF PUBLIC HEALTH



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I. PURPOSE/MISSION

The purpose of the Georgia WIC Program Procedures Manual is to provide local agency staff with a guide to the Georgia WIC Program. The information in this manual is to be used in the delivery of services to the Georgia WIC Program applicants and participants in the State of Georgia.

The mission of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is to improve the health of low-income women, infants and children up to age five (5) years who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating and referrals to health care. The mission of WIC is to provide policy direction and technical assistance to ensure continuity in program administration, operations, and compliance with program regulations, policies and procedures. The intent of the Grant-In-Aid is to support the efforts of local agencies to provide WIC services.

II. SCOPE

The information in the Georgia WIC Program Procedures Manual applies to all Department of Public Health agencies, including district health units and non-DPH agencies that contract with DPH to administer and operate the Georgia WIC Program. WIC encourages coordination of WIC and nutrition services with other health programs, e.g., maternal and child health, family planning, immunization, as well as health care providers in each local area, e.g., private physicians, hospitals, voluntary health organizations.

III. REFERENCES

This manual reflects state policies, USDA-Regional instructions, and Federal regulations. It is strongly recommended that a copy of the Georgia WIC Program Federal Register be filed with the Georgia WIC Program Procedures Manual for cross-referencing.

IV. PRIOR APPROVAL

Many items in this manual require prior approval before implementation or purchasing. All requests for approval must be submitted, **in writing**, sixty (60) days prior to the date approval is needed. Examples of such requests include local agency assessment/certification forms, purchasing of ADP equipment, etc.

V. POLICY/ACTION MEMOS

The Georgia WIC Program **policy/action** memos, distributed throughout the year, reflect current policies in the Georgia WIC Program. **Policy/action** memos must not be re-written by district and/or local staff. **Policy/action** memos are posted on the Georgia WIC Program website www.WIC.ga.gov under District Resources Page. These memos

must be saved on the employee desktop/laptop. These policies must be kept at the district and clinic levels wherever there is a Georgia WIC Program Procedures Manual. **Policy/action** memos must be accessible to all staff that work with the Georgia WIC Program. During monthly/quarterly meetings held with the Georgia WIC Program and non-WIC staff, **policy/action** memos and changes must be discussed to keep staff abreast of current procedures. **Policy/action** memos must be made available to the Georgia WIC Program staff during on-site monitoring visits. During the fourth quarter of each year, the Georgia WIC Program Procedures Manual will be completely revised and reprinted, and all **policy/action** memos from the previous year will be incorporated.

VI. SECTIONS

The Georgia WIC Program Procedures Manual is divided into sixteen (16) sections, which are described as follows:

A. Introduction (IN)

Section includes:

1. Purpose
2. Scope
3. References
4. Prior Approval
5. Policy Memos
6. Sections
7. Administration
8. Addresses (local and state)

B. Certification (CT)

Section includes:

1. General
2. Eligibility Requirements
3. Initial Application
4. Processing Standards
5. Participant Identification
6. Georgia WIC Program Identification (ID) Card
7. Proxies
8. Income Eligibility
9. Nutritional Risk Determination
10. Nutrition Risk Criteria
11. Nutrition Risk Priority System
12. Changes within a Valid Certification Period
13. Certification Periods
14. Infant Mid-Certifications Nutrition Assessment
15. WIC Assessment/Certification Form

16. Ineligibility Procedures (Notification Requirements)
17. Transfer of Certification
18. WIC Overseas Program
19. Correcting Official WIC Documents
20. Late Entry Correction on Health Records
21. Documentation Procedures
22. Waiting List
23. System Information Management
24. Immunization Coverage Assessment
25. Complaint Procedures
26. Special Certification Conditions (Home Certifications)
27. Special Certification Conditions (Hospital Certifications)
28. Client Staff Ratio
29. PNSS Data Collection
30. WIC Interview Script

C. Rights and Obligations (RO)

Section includes:

1. Rights and Obligations of WIC Applicants/Participants
2. Non-discrimination Clause
3. Public Notification
4. Civil Rights
5. Fair Hearing Procedures - Participants
6. Fair Hearing Procedures - Migrants
7. Administrative Appeals - Local Agency
8. Availability of Hearing Records
9. National Voter Registration Act
10. Pre-Approval/Pre-Award Review

D. Administrative (AD)

Section includes:

Section One – Financial Management

1. State Operations
2. Local Agency Operations
3. Financial Procedures
4. Funding Requirements
5. Equipment Inventory
6. Retroactive Benefits and Reimbursements
7. Local Agency Collections

Section Two – Statewide Cost Allocation Plan

1. Introduction to WIC Statewide Cost Allocation Plan
2. Basic Cost Principles/WIC Allowable Costs
3. Method for Charging the Cost of Wages and Salaries

4. Guidelines for local Agency Cost Allocation Methodology

Section Three –Program Administration

1. Retention of Records
2. WIC Acronym and Logo
3. Lobbying Restrictions
4. Confidentiality
5. E-Mail and Faxing Confidential Information
6. WIC Volunteers and Confidentiality
7. Health Insurance Portability and Accountability Act
8. Retroactive Benefits and Reimbursements
9. Mandatory No-Smoking Policy
10. Subpoenas
11. Search Warrants
12. WIC Participation
13. Establishing New Clinics/Clinic changes
14. Clinic Closings
15. Reporting Systems Problems
16. Request for Financial and/or Statistical Data
17. Identification Cards and Food List Order
18. Client/Staff Ratio
19. Nutrition Services Director Job Description
20. Compliance Reviews
21. Medical Nutrition Therapy
22. Registered and/or Licensed Dietitian Credentialing Policy for DPH
23. Conflict of Interest
24. Renovations
25. Inter/Intra Agency Agreement
26. Patient Flow Analysis
27. State Plan
28. Local Agency Application, Disqualification and Administrative Review
29. Special Project Program
30. Request Form for a New Facility
31. Participant Characteristics Minimum Data Set (MDS)
32. Local Agency Funding Allocation for Information on Funding Allocations

E. **Vendor (VN)**

Section includes:

1. Number and Distribution of Authorized Vendors
2. Vendor Applications Periods
3. Vendor Selection and Authorization

4. Peer Groups
5. Vendor Agreements
6. Vendor Training
7. High Risk Identification System
8. Prohibition Against Certain Vendors-Consolidated Appropriations Act 2005
9. Vendor Cost Containment
10. Routine Monitoring
11. Vendor Sanction System
12. Administrative Review
13. Coordination with Supplemental Nutrition Assistance Program (SNAP)
14. Staff Training in Vendor Management

F. Food Package (FP)

Section includes:

1. Authorization of Foods
2. Prescribing Foods - General
3. Infants
4. Women, Children and Infants with Qualifying Medical Conditions
5. Children 1-5 years
6. Women
7. Homelessness, Migrancy, and Disaster Situation
8. Medical Documentation
9. Formula Distribution/Tracking Guidelines
10. Office of Nutrition Special Formula Orders
11. Emory Genetics

G. Nutrition Education (NE)

Section includes:

1. Purpose
2. Definition
3. Goals
4. State Agency
5. Local Agency
6. Participant Nutrition Education
7. Participant Referrals to Other Agencies
8. Nutrition Education Materials

H. Special Population (SP)

Section includes:

1. Introduction
2. Individuals Residing in Non-Traditional Housing or Institutions

3. Other Special Populations
4. Referral and Outreach to Special Populations

I. **Outreach (OR)**

Section includes:

1. General
2. Methods of Outreach
3. Agencies to Contact for Outreach
4. Public Notification
5. Public Comments Period
6. Outreach During A Waiting List
7. Program Costs
8. Coordination/Integration of Services

J. **Food Delivery (FD)**

Section includes:

1. General
2. Types of WIC Vouchers
3. Voucher Issuance - General
4. Vouchers Printed on Demand (VPOD Vouchers and Computer Printed Voucher)
5. Manual Vouchers (Blank and Standard)
6. VPOD Procedures
7. Mailing/Delivery of WIC Vouchers
8. Prorated Vouchers
9. Late Pick-up of Vouchers
10. Coordination of Health Services and Voucher Issuance
11. Lost, Stolen or Damaged Vouchers
12. Borrowed Vouchers
13. Critical Errors
14. Cumulative Unmatched Redemption Report (CUR)
15. Unmatched Redemption Report
16. Reconciliation of WIC Reports and Daily Program Operations

K. **Compliance Analysis (CA)**

Section includes:

1. Introduction
2. Monitoring
3. Participant Abuse
4. Procedures for Repayment of WIC Funds
5. Guidelines for Investigating Employee Abuse

6. Procedures to Request an Employee Investigation
7. Vendor Compliance Investigation
8. Compliance Investigation Food Purchases
9. Disqualified Vendor/Participant Access
10. Investigation of Missing Vouchers/VOC Cards
11. Security of Issuance Material
12. Voucher Issuance Security

L. Monitoring (MO)

Section Includes:

1. State Agency Monitoring
2. Quality Assurance Self-Reviews

M. Breastfeeding (BF)

Section includes:

1. Introduction
2. Definitions
3. State Agency
4. Local Agency
5. Participant Education
6. Participant Referral
7. Breastfeeding Materials and Resources
8. Allowable Cost for the Promotion and Support of Breastfeeding
9. Documentation of Breastfeeding Rates

N. Emergency Plan (EP)

Section includes:

1. Introduction
2. Policies
3. Assessing Impact of Disaster
4. Concept of Operation
5. Responsibilities
6. Resource Requirement
7. Types of Emergencies
8. Manual Certification with VPOD or Manual Voucher Issuance
9. Nutrition Education, Food Package Change or other Manual Certification Changes with VPOD or Manual Voucher Issuance
10. VPOD or Manual Voucher Issuance Only
11. Replacing Lost Vouchers
12. Voucher Ordering, Receipt, and Close-Out of APD contractor Printed Vouchers
13. Mailing Paper TADs to ADP contractor

14. Tips for Operating a Manual System

O. Georgia WIC Program Glossary

P. Statewide Standard List (Abbreviations, Acronyms and Symbols)

VII. ADMINISTRATION

A. Food and Nutrition Services (FNS)/USDA

FNS/USDA administers WIC nationwide and provides grants to state health agencies.

B. State Agency

In Georgia, the Department of Public Health, administers the program and allocates funds to local agencies. Most local agencies are district health units, which are comprised of county health departments. One (1) local agency, Grady Health System, has a contract with DPH to administer and operate the Georgia WIC Program.

VIII. ADDRESSES

A. Local Agencies

The following table lists all local agencies, their address, counties served, and the number of clinic sites.

DISTRICT/ADDRESS	COUNTIES SERVED	# OF WIC CLINIC SITES
<p>District 1, Unit 1 (Rome) C. Wade Sellers, M.D., M.P.H. District Health Director Margaret Bean, BSN, M.S., R.N. Program Manager Rhonda Tankersley RD, LD, CLC Nutrition Services Director Northwest Georgia Regional Hospital 1309 Redmond Road, Bldg. 614 Rome, GA 30165 (706) 295-6660/FAX (706) 295-6015</p>	<p>Dade, Walker, Catoosa, Polk, Chattooga, Gordon, Floyd, Bartow, Paulding, Haralson</p>	<p>11</p>

DISTRICT/ADDRESS	COUNTIES SERVED	# OF WIC CLINIC SITES
<p>District 1, Unit 2 (Dalton)</p> <p>Harold W. Pitts, M.D. District Health Director</p> <p>Louise Hamrick, MSN, MBA, RNCS, FNP Program Manager</p> <p>Karen Rutledge, RD, LD, CLC Nutrition Services Director 100 W. Walnut Avenue - Suite 92 Dalton, GA 30720 (706) 272-2991/FAX (706) 272-2223</p>	<p>Whitfield, Murray, Gilmer, Fannin, Pickens, Cherokee</p>	<p>6</p>
<p>District 2 (Gainesville)</p> <p>David Westfall, M.D., CPE District Health Director</p> <p>Edith Parsons, PhD, MEd Program Manger</p> <p>Charlene Thompson, LD Nutrition Services Director 1280 Athens Street Gainesville, GA 30507 (770) 535-5743/ FAX (770) 535-5958</p>	<p>Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Towns, Stephens, Union, White</p>	<p>13</p>
<p>District 3, Unit 1 (Cobb)</p> <p>John Kennedy, MD, MBA District Health Director</p> <p>Lisa Crossman, M.S. Program Manager</p> <p>Barbara Stahnke, MS, RD,LD Nutrition Services Director 1650 County Services Pkwy. Marietta, GA 30008 (770) 514-2453/FAX (770) 514-2419</p>	<p>Cobb, Douglas</p>	<p>8</p>

DISTRICT/ADDRESS	COUNTIES SERVED	# OF WIC CLINIC SITES
<p>District 3, Unit 2 (Fulton)</p> <p>Patrice Harris, MD, MA District Health Director Pat Cwiklinski, RD,LD,CLC Nutrition Services Director <i>Fulton County Health Department and Wellness</i> 515 Fairburn Road Suite #350 Atlanta, GA 30331 (404) 505-6754/FAX (404) 893-1899</p>	<p>Fulton</p>	<p>8</p>
<p>District 3, Unit 3 (Clayton)</p> <p>Alpha Bryan, M.D. District Health Director Tania Lynch, RN, MSN, CLNC Program Manager Glenn Pryor, RD, LD Nutrition Services Director Clayton County Health Department 1117 Battle Creek Road Jonesboro, GA 30236 (678) 610-7639/ FAX (404) 603-4872</p>	<p>Clayton</p>	<p>2</p>
<p>District 3, Unit 4 (Gwinnett)</p> <p>Lloyd M. Hofer, M.D., M.P.H. District Health Director Connie Russell Program Director Diane Shelton, RD, LD,CLC Nutrition Services Director P.O. Box 897 2570 Riverside Parkway Lawrenceville, GA 30046 (678) 442-6885 / FAX (770) 963-6322</p>	<p>Gwinnett, Rockdale, Newton</p>	<p>6</p>

DISTRICT/ADDRESS	COUNTIES SERVED	# OF WIC CLINIC SITES
<p>District 3, Unit 5 (DeKalb)</p> <p>Sandra Elizabeth Ford, MD, MBA District Health Director</p> <p>Katrina Green, MBA Program Manager</p> <p>Gregory French, RD,LD,CPT Nutrition Services Director 395 Glendale Road Scottdale, Georgia 30079 (404) 297-7204 / FAX (404) 508-6089</p>	<p>DeKalb</p>	<p>5</p>
<p>District 4 (LaGrange)</p> <p>Alpha Bryan, MD Interim District Health Director</p> <p>Blanche DeLoach Moreman, RD, LD Program Manger</p> <p>Freda V. Mitchem, RD, LD Interim Nutrition Services Director 900 Dallis Street LaGrange, Georgia 30240 (706) 594-9222/FAX (706) 298-3691</p>	<p>Fayette, Heard, Henry, Butts, Carroll, Coweta, Lamar, Pike, Meriwether, Troup, Spalding, Upson</p>	<p>14</p>
<p>District 5, Unit 1 (Dublin)</p> <p>Lawton Davis, M.D. District Health Director</p> <p>Bruce Evans, M.S. Program Manager</p> <p>Brent Gibbs, R.D., L.D. Nutrition Services Director South Central Health District 2121-B Bellevue Road Dublin, GA 31021 (478) 275-6545/ FAX (478) 275-6575</p>	<p>Bleckley, Dodge, Laurens, Montgomery, Pulaski, Telfair, Treutlen, Wilcox, Wheeler, Johnson</p>	<p>11</p>

DISTRICT/ADDRESS	COUNTIES SERVED	# OF WIC CLINIC SITES
<p>District 5, Unit 2 (Macon)</p> <p>David N. Harvey, M.D. District Health Director</p> <p>Roy Moore Program Manager</p> <p>Nancy Jeffery, MPH, RD, LD Nutrition Services Director 5191 Columbus Road, Suite B Macon, Georgia 31206 (478) 471-5300/ FAX (478) 445-1139</p>	<p>Hancock, Houston, Jasper, Baldwin, Bibb, Crawford, Jones, Monroe, Peach, Putnam, Twiggs, Washington, Wilkinson</p>	<p>17</p>
<p>District 6 (Augusta)</p> <p>Ketty M. Gonzales, M.D. District Health Director</p> <p>John Nolan Program Manager</p> <p>Dorothy Hart, RD,LD Interim Nutrition Services Director East Central Health District Office 1916 North Leg Road Augusta, GA 30909 (706) 667-4287/ FAX (706) 667-4667</p> <p>Contact Person: Dorothy Hart RD, LD Nutrition Manager Richmond County Health Department (706) 721-5828</p>	<p>Burke, Columbia, Emanuel, Glascock, Jefferson, Wilkes, Warren, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro</p>	<p>19</p>
<p>District 7 (Columbus)</p> <p>Beverly Townsend, MD, MBA, FAAFP District Health Director</p> <p>J. Edward Saidla Program Manager</p> <p>Brenda Forman, Med, RD, LD, Nutrition Services Director West Central Health District Office 2100 Comer Avenue P.O. Box 2299 Columbus, GA 31902 (706) 321-6281/FAX (706) 321-6295</p>	<p>Harris, Talbot, Dooly, Quitman, Taylor, Marion, Macon, Crisp, Sumter, Clay, Schley, Webster, Randolph, Stewart, Muscogee, Chattahoochee</p>	<p>17</p>

DISTRICT/ADDRESS	COUNTIES SERVED	# OF WIC CLINIC SITES
<p>District 8, Unit 1 (Valdosta)</p> <p>William Grow, MD,FACP District Health Director</p> <p>Elsie Napier Program Manager</p> <p>Holly Rountree, RD,LD Nutrition Services Director Lowndes County Health Department 312 North Patterson Street Valdosta, GA 31603 (229) 333-7829/ FAX (229) 333-7822</p>	<p>Ben Hill, Berrien, Brooks, Cook, Echols, Irwin, Tift, Turner, Lanier, Lowndes</p>	<p>12</p>
<p>District 8, Unit 2 (Albany)</p> <p>Jacqueline Grant, M.D. District Health Director</p> <p>Brenda Greene, RN,BSN,MPA Program Manager</p> <p>Teresa Graham MPA, RD, LD, CLC Nutrition Services Director 1306 S. Slappey Blvd., Suite G Albany, GA 31701-2022 (229) 430-4111/FAX (229) 430-3866</p>	<p>Baker, Lee, Calhoun, Miller, Colquitt, Mitchell, Decatur, Seminole, Dougherty, Terrell, Early, Thomas, Grady, Worth</p>	<p>15</p>
<p>District 9, Unit 1 (Coastal)</p> <p>Diane Z. Weems, MD District Health Director</p> <p>Saroyi Morris Program Manager</p> <p>VACANT Nutrition Services Director Contact Person: Pat Mobley 150 Scanton Connector Brunswick, GA 31525 (912) 262-3003/ (912) 262-3332</p>	<p>Bryan Camden Chatham Effingham Glynn Liberty Long McIntosh</p>	<p>16</p>

DISTRICT/ADDRESS	COUNTIES SERVED	# OF WIC CLINIC SITES
<p>District 9, Unit 2 (Waycross)</p> <p>Rosemarie Parks, M.D., M.P.H District Health Director</p> <p>Derek Jones Program Manager(Acting)</p> <p>Heather Peebles, RD, LD District Nutrition Services Director Southeast Health District 1115-B Church Street Waycross,GA 31501 (912) 285-6110/ FAX (912) 287-6521</p>	<p>Appling, Atkinson, Bacon, Jeff Davis, Brantley, Ware, Bulloch, Candler, Clinch, Charlton, Evans, Coffee, Wayne, Pierce, Toombs, Tattnall</p>	<p>17</p>
<p>District 10 (Athens)</p> <p>Claude A. Burnett, M.D. District Health Director</p> <p>Louis Kudon, PhD. Program Manager</p> <p>Vicky Moody, M.P.H., L.D. Nutrition Services Director 189 Paradise Blvd Athens, GA 30607 (706) 583-2859 / FAX (706) 543-2034</p> <p>Ann Sears, MED Nutrition Services Director 345 N. Harris Street Athens, GA (706) 583-2860 / FAX (706) 543-2034</p>	<p>Barrow, Clarke, Elbert, Green, Jackson, Madison, Morgan, Oconee, Walton, Oglethorpe</p>	<p>11</p>
<p>Grady Health System</p> <p>Rondell Jagers, Pharm.D. Interim Executive Director of Pharmacy & Clinical Nutrition</p> <p>Bernadine Joubert Director of Nutrition Services</p> <p>Payal Arora, MS, RD, LD Nutrition Services Director Grady Health System 80 Jesse Hill Jr. Drive, SE Atlanta, GA 30303 (404) 616-5401/ FAX (404) 616-2422</p>	<p>ALL</p>	<p>2</p>

B. State Agency

State agency agrees:

1. For technical assistance regarding all areas, except nutrition-related topics, contact the Georgia WIC Program.
2. To allocate Nutrition Services Administration (NSA) funds to the local agency for use in meeting reimbursed allowable WIC administrative, nutrition education, breastfeeding and client service expenses of the local agency.
3. To pay cost for food vouchers issued by the local agency and redeemed by participating authorized vendors for eligible participants.
4. To monitor and evaluate the local agency to insure maximum effectiveness and efficiency to provide technical assistance, consultation and training to improve performance.
5. To provide specific manuals, forms, and nutrition education material required for operation of WIC.
6. To conduct independent verification and validation that local WIC data system modifications are performing as expected and/or to ensure system modifications are in place and are operating in accordance with federal and state program regulations and guidelines.

**Georgia WIC Program
Two Peachtree Street, N.E.
10th Floor, Suite 10-476
Atlanta, Georgia 30303
(404) 657-2900
Hotline 1-800-228-9173
FAX (404) 657-2910 or (404) 651-6728**

For technical assistance regarding nutrition-related topics, contact the Nutrition Services Unit.

**Georgia WIC Program
Nutrition Services Unit
Two Peachtree Street, N.E.
11th Floor, Suite 11-267
Atlanta, Georgia 30303
(404) 657-2884
FAX (404) 657-2886**

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I. GENERAL

Certification is the process whereby an individual is evaluated to determine eligibility for the Georgia WIC Program. All persons wishing to participate in the Georgia WIC Program must have their eligibility determined except those persons transferring within a valid certification period with proper verification (Refer to XVII). If eligible funds are available, the individual will be enrolled in the Georgia WIC Program and will be issued supplemental food vouchers, when applicable. Supplemental food is defined as those WIC foods that promote health as indicated by relevant nutrition science, public health concerns, and that contain nutrients determined to be beneficial for pregnant, breastfeeding, and postpartum women, infants, and children. Cultural eating patterns are also taken into consideration in the supplemental foods offered. Eligible participants shall be issued vouchers at the time they are notified of their eligibility. If the client is certified in the home, vouchers must be issued at that time. The person may continue to participate in the Georgia WIC Program until the end of the certification period or the end of categorical eligibility, whichever occurs first, as long as the person complies with the Georgia WIC Program rules and regulations. If ineligible, the individual is properly notified (see Ineligibility Procedures CT-XVI).

Applicants who do not meet the income requirement for WIC eligibility may be referred to the area food pantries or other food assistance programs.

Local agencies are encouraged to perform WIC certifications and issue vouchers in coordination with other public health services. However, WIC applicants/ participants must not be required to participate in other programs in order to receive WIC benefits.

Note: WIC services must be provided to the applicant/participant at no cost. The “No Charge for WIC Services” flyer must be placed in an area where it is immediately seen by applicants/participants. During program reviews, the “No Charge for WIC Services” flyer (**Attachment CT-26**) will be monitored for compliance by the review team.

II. ELIGIBILITY REQUIREMENTS

The local agency may not establish any eligibility criteria for the Georgia WIC Program participation other than those established by the State agency.

To be eligible and certified for the Georgia WIC Program participation, an individual must meet all of the following requirements:

A. Category

To meet this eligibility requirement, an applicant must be:

1. A pregnant woman; OR
2. A postpartum, breastfeeding woman within twelve (12) months of the end of a pregnancy; OR
3. A postpartum, non-breastfeeding woman within six (6) months of the end of a pregnancy; OR
4. An infant up to one (1) year of age; OR
5. A child up to five (5) years of age.

* The end of a pregnancy is the date the pregnancy terminates (e.g., date of delivery, spontaneous miscarriage or elective abortion). When a participant no longer meets the definition of pregnant woman, breastfeeding woman, postpartum, non-breastfeeding woman, infant, or child, he/she becomes categorically ineligible for the Georgia WIC Program (see Ineligibility Procedures CT-XVI). Refer to "A Woman Who Ceases Breastfeeding" (see Changes within a Valid Certification Period CT-XII.A.) for procedures regarding the breastfeeding woman who becomes categorically ineligible.

Proof of citizenship is not required for aliens, refugees, or immigrants to receive WIC benefits. The Georgia WIC Program is exempt from any restrictions in regard to aliens, refugees, and immigrants.

B. Physical Presence

All applicants (women, infants and children) must be physically present at the clinic/health department for each WIC certification. If the applicant is not present, the reason for the exception must be documented in the comment section of the Certification form or progress notes. If the applicant is not present at certification/recertification, the staff collecting proof of income must have written approval from the Nutrition Services Director or Designee to conduct WIC services. See XV.19 of the Certification Section of the Procedures Manual for exceptions to physical presence.

The following people may determine if special considerations are required to conduct WIC services:

- a. Doctor
- b. Nurse
- c. Nutritionist, Registered Dietitian, or Licensed Dietitian
- d. Physician Assistant
- e. Competent Professional Authority (CPA)
- f. Nutrition Services Director or Designee

A child or an infant must accompany the parent/guardian/caregiver/spouse/alternate parent to the WIC clinic, even with a physician's referral.

C. Residency

Applicants must reside within the jurisdiction of the State of Georgia. There is no requirement for length of residency. The applicant should apply for WIC benefits in the county in which he/she resides. However, if the applicant(s) routinely receives health care services at a clinic outside their county of residence, they may apply for and receive WIC benefits at the same clinic. Proof of residency must be provided at each certification. Written proof of residency must include the name and street address. Post Office (P.O.) boxes are not acceptable proof of residency. However, if that is the only address that an applicant/participant has, the Proof of Residency Form for Applicants with a P.O. Box Address (**see Attachment CT-37**) must be completed by the applicant/participant. File the

completed form in the applicant/participant's health record. The Proof of Residency Form for Applicants with a P.O. Box Address may be used for multiple certifications if the following applies:

1. No change in P.O. Box; and
2. Same physical address.

The Proof of Residency Form for Applicants with a P.O. Box address **must not** be recorded as residency proof. The applicant/participant must provide proof of residency. Proof of residency must be documented on the WIC Certification Form by documenting the type of proof verified, e.g., electric bill.

Residency shall be determined from an item that is on a list of acceptable proof of residency that is established in the applicant's name (see list below). In cases of a minor applicant or applicants who reside with parents/guardians with no evidence of presumptive Medicaid eligibility, the Verification of Residency and/or Income Form (**see Attachment CT-27**), accompanied with a bill from the parent/guardian, must be presented to determine residency. Proof of residency must be documented on the WIC Certification Form by documenting the type of proof verified, e.g., electric bill. A date stamped copy of the proof of residency must be kept in the medical record. The information on the Verification of Residency and/or Income Form must be transferred to the WIC Assessment /Certification Form.

Acceptable proof of residency includes:

1. Electric bill
2. Gas bill
3. Telephone service bill
4. Water bill
5. Cable TV bill
6. Rent receipt
7. Health record (not a bill)
8. Medicaid Swipe Machine/Medicaid Internet Site address only if it appears on the screen. (**Presumptive Medicaid is unacceptable**)
9. Signed letter from the person who is providing food or shelter
10. Other (must **record** the name of the document viewed on the Certification Form)

If an applicant/participant presents proof of residency containing a different name, refer to the definition of family (see CT-VIII. C. 3.).

Homeless Individuals and Migrants - Homeless and migrant applicants may not be able to provide proof of residency and **are not required to present proof** to receive WIC benefits. However, the No Proof Form (**see Attachment CT-28**) must be completed by the applicant.

Migrant Farm workers - Migrant farm workers are considered "residents" of the local agency service area in which they apply for WIC benefits. **Migrants are not required to show proof of residency.** The **No Proof Form** must be completed.

Military Personnel may vote and pay taxes in one state, but have one or more temporary duty stations in another state. Their temporary duty station or where

the WIC participant lives is their residence for WIC purposes.

Homeless Individual refers to a woman, infant or child who lacks a regular or primary night time residence, or whose residence is: a temporary accommodation of not more than 365 days in the residence of another individual; a public or privately operated shelter designated as temporary living and/or sleeping accommodations (including a welfare hotel, shelter for domestic violence victims); an institution that provides temporary residence for individuals intended to be institutionalized.

D. Income

Applicants must have a gross family income at or below 185% of the Federal Poverty Level. **All applicants/participants must** present proof of income or adjunctive income eligibility. If proof of income does not exist, use the No Proof Form (**see Attachment CT-28**).

E. Nutritional Risk

Applicants must have a nutritional risk, as determined through a nutritional risk assessment, to be eligible for WIC benefits. If no nutritional risks are evident, applicants who are otherwise eligible based on income, residency, identification, and category may be presumed to be at nutritional risk and assigned Risk Code 401 (Other Dietary Risk) *except* for infants who are less than four (4) months of age. Infants less than four (4) months of age cannot use Risk Code 401 to establish their nutritional risk.

F. Requirements to Copy Identification, Residency and Income Proofs

All local agencies must place a date stamped copy of the identification, residency and income proofs used to determine eligibility in the applicant's medical record.

Red ink cannot be used to date stamp identification, residency and income proof copies.

Copies of proofs to be placed in the records are:

- Proof of Identification for transfers, thirty (30)-day adjustments, initial and subsequent certifications.
- Proof of Residency for transfers, thirty (30)-day adjustments, initial and subsequent certifications.
- Proof of Income for unresolved thirty-day transfer only, thirty-day adjustments, initial and subsequent certifications.

Exceptions of Proofs:

- There are two exceptions for not having to copy proof for the medical record. The two exceptions are listed below:
 1. Medical records in a Hospital do not have to be copied.
 2. Medical records in clinics do not have to be copied. Additionally, medical records may only be used as proof if the applicant does not

have any other proof. Excessive use of medical records as proof will be monitored on self reviews and State audits. Medical records may not be used as a standard proof for daily operations.

Location of proofs:

- Copies of proofs must be placed behind the current certification documentation. The exception to this rule will be based on standing District policy for the location of documents.
- Scanned or copied version of proofs must be date stamped.

Copying Proofs:

- All three proofs may be copied on one sheet of paper.

Note: New proofs must be obtained for each proof of identification for transfer, thirty (30)-day adjustments, initial and subsequent certifications. No proofs should be over two months old such as electric bills, etc. All proof must be date stamped to match the certification date.

The Georgia WIC Program can not use any Voter Registration card (in State, out-of- State or out-of-country) as proof of identification.

III. INITIAL APPLICATION

Initial contact date is defined as the date the individual first requests WIC benefits face-to-face or by telephone. Written or e-mail inquiries are not used to establish an initial contact date. An individual's initial contact date will remain the same unless there is a break in enrollment. A break in enrollment is the period or lapse of time between a valid certification period and the subsequent certification. **When a person fails to keep an appointment, is outside a valid certification period and requests a new appointment, the initial contact date is the new date that the participant contacted the clinic to request a new appointment.**

The following items must be recorded when an individual first contacts the clinic during office hours and specifically requests WIC benefits (face to face or by telephone) and benefits are not provided.

1. Applicant's Name and Address
2. Category, e.g., pregnant, postpartum, infant, child, migrant
3. Initial Contact Date (date services were requested)
4. Appointment Date (date services were received)
5. **New Initial Contact Date (date services were requested if appointment was not kept)**
6. **Rescheduled** Appointment Date (if changed) and Reason for the Change
7. Telephone Number

Each District/clinic may develop its own system for documenting above-numbered items 1-7 as long as it is implemented in a consistent manner. Suggested methods of documentation include, but are not limited to, a personal visit log or **Request for WIC Services Log (see Attachment CT-41)**, an appointment book or the WIC Certification/Assessment Form (**see Attachments CT-1 thru CT-5**).

NOTE: Failure to maintain this documentation will result in a corrective action.

If the applicant does not reside within the jurisdiction of the state, ineligibility procedures will be followed (see Ineligibility Procedures CT-XVI).

An income eligibility assessment should be made either prior to rendering WIC nutrition assessment services or as the first step in the clinic visit process. If the applicant is income eligible, he/she will be screened for nutritional risk eligibility or a clinic appointment will be given for a nutritional risk assessment. If the client is not eligible on the basis of income, the ineligibility procedures will be followed (see Ineligibility Procedures CT-XVI). Income eligibility is valid for in-stream migrant farm workers and their families for a period of twelve (12) months. The income determination can occur either in the migrant's home base area before the migrant has entered the stream or in an in-stream area during the agricultural season.

Employees must never certify, recertify, or issue vouchers to family members or blood relatives, e.g., their children, spouse, cousins, other blood-related persons or those persons related by marriage, nor to other persons residing in the same household. In cases where an employee's family member(s) requests certification/recertification, another clinic or health department staff must process the application and notify the Nutrition Services Director. If this is not possible, arrangements must be made to transfer this applicant/participant to the nearest WIC clinic. Arrangements can also be made to assign another Competent Professional Authority (CPA) to the original site on the scheduled visit day. Every attempt must be made to minimize hardship for the applicant/participant. Documentation must be noted in the client's record.

The Disclosure Statement (**see Attachment CT-30**) must be completed annually by all clinic employees who perform WIC services to inform District staff of their family participation on the Georgia WIC Program. This form must be completed by the local agency and returned to the Nutrition Services Director by September 30th of each year. A copy of this form must also remain in the county health department / WIC clinic site for audit purposes (i.e., one copy at the clinic plus one copy at the District). Procedures for completing the Disclosure Statement:

1. Fill in the county where you work.
2. Complete your name and title.
3. Check YES or NO if you are a WIC participant.
4. Answer the question about whether you have any relative(s) within your service delivery area participating on the Georgia WIC Program.
5. If yes, fill in the name and relationship of those relatives and their date of certification on this form.

When reviewing the records of employees on the Georgia WIC Program, use the Record Review Form located in the Monitoring Section of the Procedure Manual, **Food Instrument Accountability (Form 2)**.

Note: Staff must not evaluate their own income, residency or identification information, certify themselves or family members or issue vouchers to themselves or family members.

Special provisions must be made for scheduling employed, rural and migrant participants. In the event normal working hours are not convenient, early morning, late evening, and weekend clinics must be held or an appointment given to meet the needs of the applicants/participants. Clinics must make provisions to provide service for those applicants/participants that need to pick up vouchers during lunch hours.

Each local agency shall attempt at least one contact for a pregnant woman who misses her first appointment to apply for WIC services. In order to reschedule the appointment, the local agency must have an address and telephone number on file where the pregnant woman can be reached.

1. With Medical Record
Documentation of the contact(s) must be noted in the client's record. Documentation must specify if the participant was contacted by phone or mailed an appointment. The staff must sign or initial their attempt.
2. No Medical Record
If the client does not have a record, documentation is still required. It is up to the local agency to keep this documentation **manually on the Request for WIC Services Log (see Attachment CT-41) or in the computer. The State will review these files.** The documentation will consist of:
 - a. **The name of the client.**
 - b. **Initial contact date.**
 - c. **Appointment date.**
 - d. **New Initial contact date.**
 - e. **Date of second appointment.**
 - f. **Documentation of whether second appointment was made by phone.**
 - g. **The initials of the staff member who made the appointment.**

Note: Failure to maintain this documentation will result in a corrective action.

IV. PROCESSING STANDARDS

A. Timeframes

Processing standard timeframes begin when the applicant requests WIC benefits face-to-face or by telephone, e.g., initial contact date. Processing standards must be met when an applicant requests services face-to-face or by telephone. If the local agency has issues meeting processing standards, the local agency should request an extension. Pregnant and breastfeeding women, infants, and members of migrant farm worker families must be notified of their eligibility or ineligibility within ten (10) calendar days of their initial contact date for the Georgia WIC Program benefits. All other applicants will be notified of their

eligibility or ineligibility within twenty (20) calendar days of their initial contact date. If a line forms at any clinic site for WIC services, and any applicants/participants cannot be seen that day, provide each person who was not served with an appointment prior to their leaving the clinic.

A Request for WIC Services Log has been developed to document processing standards (**see Attachment CT-41**). If your District is already using a log to document processing standards, the State will review it. However, if your District does not have a log, the WIC Services Log must be put into use immediately.

B. Walk-in Clinics

Walk-in clinics are an excellent way to meet processing standards. The **seven (7)** items collected at the time of the initial application (see CT-III.) must be documented. A clinic that does not routinely schedule appointments shall schedule appointments for employed adult applicants/participants who are applying or reapplying for WIC for themselves or on behalf of others to minimize the time these applicants/participants are absent from the workplace.

C. Request for Extension

On an annual basis, the State agency may grant an extension of a maximum of fifteen (15) days to local agencies experiencing difficulty in meeting processing standards. Those local agencies in need of an extension are required to submit a written request that includes justification to the State agency by October 1 of each year. Include in your justification an assessment of your current staffing standards ratio and Planning and Resources Section (*PARS*) documentation. Justifiable reasons for granting an extension include, but are not limited to:

1. Rural or satellite clinics unable to provide services more than twice per month.
2. Agencies with a high migrant participation population.
3. Agencies experiencing a continuous backlog in appointments reflecting ongoing difficulty in scheduling clients for prenatal/well-child appointments.

V. PARTICIPANT IDENTIFICATION

General

Identification must be presented, checked, documented **and date stamped** for both the applicant/participant and parent/guardian/caregiver/spouse/alternate parent (in the case of infant and child applicants/participants) at initial and subsequent certifications. The identification must be documented before issuance of benefits at a certification. (For person picking up vouchers – See Food Delivery Section.) Clinic staff may not personally identify an applicant/participant even if they know the identity. Other records which clinic staff considers adequate to establish identity may be used if approved by the District Nutrition Services Director or designated CPA. Other records used for identification purposes that have been approved by the District must be documented on the Certification Form.

Acceptable Documentation:

1. Birth Certificate/Confirmation of Birth Letter
2. State ID
3. Driver's License
4. Military ID
5. Work or School ID
6. Social Security Card
7. WIC ID (for Voucher Issuance Only)

8. Hospital ID Bracelets (mother & baby)
9. EVOC/VOC Card (with additional ID)
10. Immunization Record (if a client is using health department services and the records already exists in the clinic)
11. Passport or Passport Card
12. Health/Medical Record (already exists in the clinic or the record is transferred)
13. Other (with explanation/description)

Note: As of January 2010, WIC applicants and participants can use expired picture identification as a form of Proof of Identification only.

Immigrants, migrant farm workers or individuals who have experienced theft, loss or disaster may not be able to provide an acceptable proof of identification. In limited and special situations the No-Proof Form may be utilized and must be completed by the applicant (**see Attachment CT-28**). A police report maybe required for individuals claiming theft or loss.

Note: Only one (1) piece of identification is required per applicant.

VI. Georgia WIC Program IDENTIFICATION (ID) CARD

General

During the certification appointment, a WIC identification (ID) card (see the Food Delivery Section) must be completed and issued to any person who is enrolled in the Georgia WIC Program. A WIC ID card must never be issued to a proxy. In instances where more than one (1) family member has been certified, each name should be listed on one WIC ID card rather than issuing each family member a separate card. The ID card may be used for four (4) certification periods. Clinic staff must be certain that the person is properly certified for the Georgia WIC Program before **completing** and issuing an ID card. English and Spanish WIC ID cards are mailed bi-annually to each district based on participant caseload/ID card distribution calculation.

The Georgia WIC Program ID card or another form of identification must be presented by the participant/parent/guardian/caregiver/spouse/alternate parent and documented each time vouchers are picked up at the clinic. A proxy must present a valid identification with the WIC ID card when picking up vouchers. If a participant/parent/guardian/caregiver/

spouse or alternate parent does not possess or has lost his/her ID card, other identification is acceptable as verification and a new WIC ID card issued. Valid examples are: Social Security card, birth certificate, driver’s license, etc.

When identity is checked for the person picking up for certification, it must be documented. The same verification codes used for certification must be used and **documented** as listed below:

- 1. Manual Vouchers – Document on the Manual Voucher copy under the date.
 - 2. Voucher Printed on Demand (VPOD) – Document on the receipt under User’s ID.
- A. Required Data

All items on the front must be completed before issuing the WIC ID card.

FRONT:

- 1. Participant’s name
- 2. WIC ID number
- 3. Date certification period expires
- 4. Participant/parent/guardian/caregiver/spouse/alternate parent’s signature
- 5. Signature of proxy (ies), if the participant designates one:
 - a. Refer to Food Delivery Section if the participant/parent/guardian/caregiver/spouse/alternate parent or proxy is unable to write.
 - b. This may be accomplished by the participant/parent/guardian/caregiver/spouse/alternate parent after he/she has left the clinic.
- 6. Signature of clinic WIC official
- 7. Date card was issued
- 8. Georgia WIC Program Stamp (must appear in the designated box)

Note: Do not pre-stamp stock of the Georgia WIC Program ID cards.

It is required that all of the information on the back of the WIC ID card also be completed.

BACK:

- 1. Appointment information
- 2. Voucher pickup code
- 3. Voucher interval code
- 4. Comments when needed
- 5. Clinic identifying information
- 6. Clinic telephone number
- 7. Clinic fax number
- 8. 30 day proof (if applicable)
- 9. **Date of Last Issued Vouchers (if participant is transferring)**

B. Participant Instructions

Participant/parent/guardian/caregiver/spouse/alternate parent must be instructed on the purpose and use of the WIC ID card. The following is a guide to the information that should be given to the participant regarding the WIC ID card. Whenever possible, the participant's proxy (ies) should be present during the explanation.

1. This WIC ID card is to identify you as an authorized WIC participant when picking up and/or redeeming vouchers. You should keep vouchers with the WIC ID card. You must have your WIC ID card when picking up vouchers, at certifications and when redeeming vouchers at the grocery store. A proxy **must** have the WIC ID card to pick up **or** redeem vouchers. Refer to the section below for more information regarding proxies.
2. Notify the clinic if the WIC ID card is lost or stolen.
3. Explain the "Expiration Date" and when the participant will be due for eligibility screening.
4. Explain shopping procedures (e.g., review allowable items, importance of separating foods, etc.).

VII. PROXIES

General

1. A proxy is a person who acts on behalf of the participant. An authorized proxy may pick up and/or redeem vouchers and may bring a child in for subsequent certifications in restricted situations.
2. A person who is certified for the Georgia WIC Program and issued a Georgia WIC Program ID card may designate up to two (2) persons to act as a proxy(ies).
3. A proxy should be a responsible person who the participant/parent/guardian/spouse/caregiver/alternate parent trusts and, whenever possible, should be another person in the same household as the participant.
4. Issue a proxy letter to all proxies explaining proxy responsibilities (**see Attachment CT-45**).
5. A proxy should be limited to picking up vouchers for two (2) families statewide.
6. If a proxy picks up vouchers or brings a child in for subsequent certification, WIC clinic staff must ensure that adequate measures are taken for the provision of nutrition education and health services to the participant.
7. Documentation of proxies must be recorded on the following:
 - Georgia WIC Program ID Card
 - Certification Form
 - Computer

Note: Some local agencies maintain a Tickler card. However, this is a local agency option.

A. Reasons for Proxies

Situations where proxies may participate in the subsequent certification of a child include:

1. Illness of the guardian
2. Imminent or recent childbirth
3. Guardian's inability to come to the clinic site during business hours and
4. Other extenuating circumstances

B. Authorization

Proxies must be authorized by the participant/parent/guardian/spouse/ caregiver /alternate parent. When a proxy is designated, the participant /parent/guardian/spouse/caregiver/ alternate parent must have the proxy sign his/her name in the designated space on the WIC ID card in their presence (refer to the Food Delivery Section if a proxy is unable to write). The parent/guardian/spouse/caregiver /alternate parent should be listed in the health record whenever possible. Without this documentation, local agencies have no proof of who has legal responsibility for a WIC participant and health services may be denied.

C. Voucher Pick Up, Issuance, and Use

In order to pick up WIC vouchers, a proxy **must** bring the participant's WIC ID card along with the proxy's own ID.

During issuance, the proxy will sign his/her own name on the VPOD receipt, voucher register, or manual vouchers (refer to Food Delivery Section if a proxy is unable to write).

D. Restrictions

1. Age - A proxy must be at least sixteen (16) years old, unless prior approval is obtained from the District Nutrition Services Director or designated Competent Professional Authority (CPA). Approval must be documented in the participant's health record.
2. Staff – State, District Health Department, and local staff, including volunteers working for the local health department or WIC clinic **may not** act as proxies for participants.
3. Vendors – Vendors must not be used as a proxy.

E. Participant Instructions

When an individual is certified for the Georgia WIC Program, explanation of the following must be provided: proxy use and function, the importance of choosing responsible proxies, how to authorize a proxy, and the participant's responsibility for instructing proxies on the proper procedures of voucher redemption.

The proxy must have or be able to provide the following information in order to

certify a child:

1. A statement of family size and documentation of income (or Medicaid, SNAP), residency and ID must be signed and dated by the child's parent/guardian/spouse/caregiver /alternate parent. A form for this purpose has been developed by the State (**see Attachment CT-12**). Use of this form is required at each recertification.
2. Proxy's ID
3. WIC ID card
4. Knowledge of the child's medical history and nutritional habits/normal nutritional intake.
5. ID of the child
6. Proof of residency of the child

Note: The proxy should have the same knowledge regarding the above as you would expect the parent to have.

- F. Guardianship

Definition of Spouse: Legal husband/wife of the primary parent of the participant.

Definition of Guardian: Legal or court-appointed custodian/caregiver of the child.

Definition of Alternate Parent: Alternate parent is the other parent of the child. A spouse and the biological parent can be an alternate parent.

In some instances, the spouse of the parent/guardian applying for WIC benefits for a child may not be the child's parent, e.g., a step-parent. The parent/guardian applying for services may, at the time of certification, specify that person as a spouse. That person's name will be documented in the child's record and the spouse will sign the WIC ID card on the second (parent/guardian/caregiver/spouse/alternate parent) signature line. In this case, the spouse is not a proxy and no additional identification is necessary for voucher pick-up. When the parent/guardian/spouse/caregiver/alternate parent is applying for WIC benefits on behalf of the child (re-certification), WIC staff must verify that he/she is the designated alternate person named in the client record.

Caseworker as a Guardian

Another type of guardianship is a caseworker who is certified by the State's Department of Family and Children Services (DFCS) to act as the State appointed guardian or a proxy for foster care children in temporary custody. The caseworker must have all the documentation that indicates that DFCS has legal custody of the child/children from the state courts.

The caseworker may also request information on a child with a Release of Information and an official court order. When this request is made by a DFCS caseworker, please have your District's attorney verify the court order prior to releasing the official WIC portion of the records. The attached forms must be used for the Release of Information.

Grandparents as Guardians

There are many situations where the grandparents serve as temporary or even become permanent guardians for children on the Georgia WIC Program. If the grandparent has the proper legal documentation, e.g., guardianship papers, identification for the child, proof of residency, etc., he/she may have the right to act on behalf of the WIC participant. These situations may arise due to an applicant/participant/guardian/caregiver/spouse/ alternate parent not being able to come for WIC services for a short period of time. In these cases, the grandparent will serve as the guardian or proxy.

Joint Custody

In joint legal custody, both parents share the ability to have access to educational, health, and other records and have equal decision-making status where the welfare of the child is concern. Each parent's information must be documented in the medical record along with all legal documentation from court.

Other Legal Custody

The Georgia WIC Program could never list all of the possible guardianship situations or persons who may have temporary and permanent custody of a child. As long as the proper legal documentation is presented, the individual presenting the legal documents may serve as the guardian for certification, voucher pick up and nutrition education services.

In the event that none of the above has all of the documentation, treat them as if they were regular WIC participants. However, in the above situations, some legal documentation must be shown prior to placing the child on the Georgia WIC Program (birth certificate, court documents from a judge or documentation from a parent, DFCS documentation etc.). Copy and file the documentation in the participant's chart and place the child(ren) on the Georgia WIC Program and only give thirty (30) days' worth of vouchers until all the information is received by the health department/WIC clinic.

VIII. INCOME ELIGIBILITY

To be eligible for the Georgia WIC Program, an applicant/participant must present proof of gross annual family income equal to or less than 185% of the Federal Poverty Level. Income is defined as gross cash income before deductions. The Georgia WIC Program income guidelines are implemented simultaneously with the Medicaid program income guidelines.

The Healthy Meals for Healthy Americans Act of 1994, P.L. 103-448, provides regulations for conducting the Georgia WIC Program income assessment/determination for pregnant women. According to the act, a pregnant woman who does not meet income eligibility requirements for the Georgia WIC Program on the basis of her current family size shall be reassessed for eligibility based on a family size increased by one or the number of expected infant(s). In keeping with current policy, confirmation of multiple gestations must be received verbally or via a written diagnosis from a physician or acting health professional under standing orders of a physician and documented in the participant's health record. The change in policy applies to income determination of a pregnant woman and her children. For example, if a pregnant woman is counted as two

on her first visit to the office, and the pregnant woman comes back to the clinic to place her child(ren) on the Georgia WIC Program, the pregnant woman and fetus will continue to be counted as two people in the family. The use/implementation of this policy must not conflict with cultural, personal or religious beliefs of the individuals.

A. Procedures

All local agencies must use the following procedures and criteria to determine income eligibility for all the Georgia WIC Program applicants/participants:

1. Pre-screening by telephone - Pre-screening for income over the phone is a local agency/clinic option. If an appointment is made based on the pre-screening call, this is considered the initial contact date. However, the formal application for WIC begins when the applicant/participant visits the clinic. Income eligibility must be assessed at that time.
2. Confidentiality/Privacy - Clinic personnel who interview applicants for the Georgia WIC Program must determine the family size and income eligibility with as much confidentiality and privacy as possible.
3. Determining Family Size/Income Eligibility - Family size must be determined first (see Income Eligibility CT-VIII). Then the income for that family must be calculated and compared to the maximum income allowed for that family size (**see Attachment CT-13**). Income eligibility must be determined before nutritional risk eligibility. When determining the income of the WIC applicant, the Income Calculation Form must be completed if the applicant does not qualify for adjunctive or presumptive eligibility and if the applicant has more than one income to calculate (**see Attachment CT-31**). If only one income was reported, place a check in the designated space behind the statement "check here if only one income reported".

Procedures for Completing the Income Calculation Form:

All local agencies must complete the Income Calculation Form (**see Attachment CT-31**). If the applicant does not qualify for adjunctive eligibility and has more than one income to calculate, income calculation may also be done in the computer system. Each system will be reviewed on a monitoring visit to determine compliance. When completing this form:

1. Write/type in the WIC ID Number if applicable (the ID number is an eleven-digit number).
2. Write/type name of the WIC applicant.
3. Write/type the address of the WIC applicant.
4. Complete the Income Calculation by filling in the following:
 - a) Date
 - b) Relationship and name of the person whose income is being given.
 - c) Income source (which is a two-digit alphabet, e.g., PS for pay stub).

- d) Dollar amount earned which can be weekly/bi-weekly, monthly/yearly.
5. Other Income Section:
 - a) Complete the dollar amount earned by each family member. Circle if the amount earned is weekly/bi-weekly, monthly/yearly.
 - b) Total the amount of all income earned. Circle if the amount earned is weekly/bi-weekly, monthly/yearly.
 - c) Answer the question, "Is the applicant income eligible?" YES or NO?
 - d) Transfer this total to the Certification Form.
 - e) Have applicant read their Right and Obligations.
 - f) Have the applicant sign this form.
 - g) Signature & date of staff accepting income.

B. Adjunctive (Automatic) Eligibility

"Adjunctive" or automatic income eligibility for WIC applicants/participants is mandated for the following individuals:

- Recipients of Supplemental Nutrition Assistance Program (SNAP) and members of a household currently participating in SNAP.
- Recipients of Temporary Assistance for Needy Families (TANF) and family members.
- Recipients of Medicaid or members of families in which a pregnant woman or infant who receives Medicaid. This includes Presumptively Eligible Medicaid Recipients.

When a prenatal woman or infant receives Medicaid other family member(s) may qualify:

1. If a pregnant mother qualifies for Medicaid and is on the Georgia WIC Program, her infant and children income qualify for WIC.
2. If an infant qualifies for Medicaid, his/her pregnant, breastfeeding or postpartum/non-breastfeeding mother may be placed on the Georgia WIC Program using the infant's Medicaid number.
3. A child on Medicaid can not income qualify his/her mother or a sibling.

When an applicant qualifies for adjunctive eligibility, document the Program for which the applicant is eligible.

Note: Persons who are adjunctively income eligible for WIC must also be categorically eligible and assessed for medical/nutritional risk to qualify for the program.

Acceptable Proof of Eligibility

The WIC applicant may present one of the following as acceptable proof of income eligibility.

1. **Medicaid:** The participant enrolled in Medicaid will be issued a Medicaid identification card. This card will contain the participant's name, identification number, date of issue and the primary care

provider. Current eligibility may be verified by using the Medicaid web portal. Active status on the printout will indicate current Medicaid eligibility. If the participant’s address appears on the printout, it may be used to verify residency.

A participant who is enrolled in Medicaid but does not have a card at the time of certification may have eligibility verified by keying the name and date of birth into the Medicaid web portal.

Infants are issued a Medicaid number at the time of birth. Should a Medicaid eligible infant come to clinic for the first time without the Medicaid card, ask the mother if the hospital issued a temporary Multi Health Network (MHN) number for the infant. If the mother does not have one, the Interactive Voice Response (IVR) may be used to provide it by dialing 770-570-3373 or 1-866-211-0950. Place the twelve-digit number in the field provided for Medicaid numbers. Follow the above procedures on using the Medicaid web portal.

- 2. **SNAP:** Must present a notification letter. A copy of the notification letter must be copied, date stamped and placed in the medical record.

Electronic Benefit Transfer (EBT) Card: EBT cards are currently being used for the SNAP and Temporary Assistance for Needy Families (TANF) Programs. **The EBT card can not be used as proof of eligibility for SNAP or TANF.**

- 3. **Temporary Assistance for Needy Families (TANF):** Must present a notification letter (with dates of eligibility). A copy of the notification letter must be date stamped and placed in the health records as appropriate documentation.
- 4. **PeachCare:** All PeachCare clients must be assessed for WIC income eligibility.

C. Computing Income

- 1. If a household has only one income sources, or if all sources have the same frequency, do not use a conversion factors. Compare the income, or the sum of the separate incomes, to the published Income Eligibility Guidelines for the appropriate frequency and household size to make the WIC income eligibility determination.
- 2. If a household reports income sources at more than one frequency, perform the following calculations:
 - a. Annualize all income by multiplying weekly income by 52, income received every two weeks by 26, income received twice a month by 24 and income received monthly by 12.
 - b. Do not round the values resulting from each conversion.

- c. Add together all the unrounded, converted values.
- d. Compare the total to the published IEGs (annual income for the appropriate household size) to make the final income eligibility determination. Do not recalculate the published IEGs, as they are already calculated and rounded up to the next whole dollar prior to being published in the Federal Register.

Look for the “total income” line item on the income tax return. Use the dollar amount on this line and divide by twelve (12). This is found on the following forms: Form 1040EZ: Line 1, Form 1040A: Line 15 and Form 1040: Line 22.

The number in the family will also be listed under exemptions. Total income should reflect current circumstances.

The Economic Stimulus Rebate:

The economic stimulus rebate is a lump sum payment and it is to be excluded when calculating income for potential WIC families.

To comply with the Tax Relief, Unemployment Insurance Reauthorization and Job Creation Act of 2010, exclude the federal tax refund when taking income from WIC applicants through December 31, 2012.

3. Definition of Family/Economic Unit

Family is defined as a group of related or non-related individuals who are living together as one economic unit. Families or individuals residing in a homeless facility or an institution shall be considered a separate economic unit.

- a. Children Residing with Alternate Parent - A child is counted in the family size of the parent, guardian or alternate parent with whom the child lives, with the exception of the foster child (see paragraph “b” below). For example, an abandoned child being cared for by a grandparent would be counted in the family size/household of the grandparent.
- b. Foster Child - If the child is a foster child living with a family but remains the legal responsibility of a welfare agency or other agency, the child is considered a family of one (1). The payments made by the welfare agency or any other source for the care of that child are considered to be the income of that foster child. In most situations, all foster care children are income eligible.
- c. Adopted Child - If a child lives with a family who has accepted legal responsibility, the child is counted in the family size of the family with whom he/she resides.
- d. Joint Custody - A child who resides in more than one home as

a result of a joint custody situation shall be considered part of the household of the guardian who is applying on behalf of the child.

- e. Pregnant Women - A pregnant woman who does not meet income eligibility requirements for the Georgia WIC Program on the basis of her current family size shall be reassessed for eligibility based on a family size increased by one or the number of expected infant(s).
- f. Absent Spouse (excluding military families) - A household where the spouse is away and maintains a separate residence due to job related assignments shall be considered a separate economic unit without the inclusion of the spouse. Only income received by the household would be used to determine eligibility.
- g. Students
 - (1) College students who maintain a separate residence at school but who are supported by parents/guardians must be counted in the household of the parent/guardian. Students who maintain a separate residence and are self-supported must be counted as a separate household. Any regular cash supplements received from parents or guardians must be included in the student's total income.
 - (2) If a student receives financial assistance from any program funded under Title IV (e.g., the Pell Grant, Supplemental Educational Opportunity Grant, Byrd Scholarship, Student Incentive Grant, National Direct Student Loan, PLUS, (College Work Study, etc.) the following guidelines must be followed:
 - (a) The portion of federally-funded student aid that is used by the student for books, materials, tuition, feeds, supplies and transportation will not be counted as income.
 - (b) Any portion of the aid that is used for room and board or dependent care costs will be counted as income.
- h. Aliens/Foreign Students - It is legal for an alien/foreign student and his or her family to receive WIC benefits. Neither WIC-authorizing legislation nor the Federal WIC regulations require citizenship or make aliens categorically ineligible for the Georgia WIC Program. State and local agencies do not have the authority to exclude aliens solely on the basis of their alien status.
- i. Military Families
 - (1) Military personnel serving overseas or assigned to a military base are considered to be members of the family and their income should be included when determining family income.
 - (2) If children are in the temporary care of others while their

parent is assigned elsewhere or if the child (ren) and one parent temporarily move in with friends or relatives, choose one of the following options:

- (a) Count absent parents and exclude current caregivers.
- (b) Count children as a separate economic unit. The children are considered as having their own source of income (e.g., child allotments). When using this method, Districts must decide whether the income is adequate to sustain the children. If the children's income allotments are not adequate, then option 1 or 3 should be used.
- (c) Count children as members of the caregiver's household. Determine family size based on the family with whom the child(ren) is/are living. Include the children in the family size.

When taking income for the military employee, the pay stub for the military is called the Leave and Earning Statement (LES).

Therefore, when an applicant is in the military:

1. Review the Leave and Earning Statement (LES) and find the amount received.
2. Add all applicable income inclusions (for a complete list **(see Attachment CT-44)**
 - Career Sea Pay
 - HFP (Hazardous Fire Pay)
3. Subtract all applicable income exclusions (for a complete list **(see Attachment CT-44)**
 - BAH (Basic Allowance Housing)
 - BAQ (Basic Allowance Quarters) if any apply
 - LQA (Living Quarters Allowance)
 - VHA (Variable Housing Allowance)
 - 300 OCONUS COLA (Overseas Continental United States Cost of Living Allowance)
 - 301 FSH (Family Separate Housing)
4. If the household appears to be over-income because the LES includes pay for any of the following, try to get a history to determine annual income:
 - 302 Hazardous or foreign duty
 - 303 Back pay or combat pay
 - 304 Family separation
 - 305 Clothing allowance

EXAMPLE: Peter, Florence and their children Charles and Todd live off base. They receive \$2,490 per month, which includes a Living Quarter Allowance (LQA).

\$2,490 Monthly amount
\$350 LQA
\$2,140 per month for four (4) people

The LES contains:

- Individual's name and Social Security number

- Individual's rank
- Years of service
- Base Pay - dollar amount they receive
- Separate Rations (money for food) - dollar amount they receive
- BAH (Basic Allowance Housing) - dollar amount received
- BAQ - dollar amount they receive Basic Allowance Quarters
- BASD (Basic Active Service Date) - when they started in the Army
- ETS (Expiration of Term) - when their enrollment is completed and allotments are paid out

**Combat Pay for WIC Income Eligibility Determination: A combat zone is any area that the President of the United States designates by Executive Order as an area in which the U.S. Armed Forces are engaging or have engaged in combat. Combat pay received by the service members is normally reflected in the entitlements column of the military LES. Combat pay is excluded for the following reason:

- If received in addition to the service member's basic pay
- If received as a result of the service member's deployment to or service in an area that has been designated as a combat zone, and
- If not received by the service member prior to his/her deployment to or service in the designated combat zone

- j. Children Not Residing in the Household (excluding military families as outlined above) - Children not residing in the household to whom child support is paid as a result of divorce may not be considered part of the WIC applicant's family. A WIC applicant may count in his/her family size as a child who resides in a school or institution if the child's support is paid for by the WIC applicant's family.
- k. Verification of Residency and/or Income Form – The Verification of Residency and/or Income Form is to be given to any potential applicant to assist them in collecting necessary documentation from other members of the family (economic unit) to determine income eligibility under the Georgia WIC Program. Clinics are encouraged to determine presumptive Medicaid eligibility prior to issuing the **Verification of Residency and /or Income** form to any potential applicant who does not qualify (**see Attachment CT-27**).

Procedures for Completing the **Verification of Residency and/or Income**:

- (1) Write in the name(s) of the WIC applicant(s) along with the address that is given.
- (2) Sign your name at the bottom portion of this form along with

- date given to the WIC participant.
- (3) Complete or fill in the date that the form must be delivered back to the clinic.
 - (4) Once the form is received, write in the date received and have the person who received it sign the letter.

i. Migrants

Income for migrants must be taken annually. Migrants will not be required to show proof of income; however, they must give their income verbally and the No Proof Form must be signed **(see Attachment CT-28)**. When the No Proof Form is completed, it becomes documented proof of income for that certification period and must be placed in the applicants' health record.

m. No Proof Form

The No Proof Form is to be used when the applicant can not provide proof of ID, residency or income. Limit use of the No Proof Form to applicants who are in a situation unlikely to yield written documentation, such as:

1. Fire
2. Theft
3. Disaster
4. Migrant Status
5. Homelessness
6. Employer who refuses to write a letter for employee when employee is paid in cash (day workers, domestic, etc)
7. An applicant whose spouse or partner refuses to give income information.

If used, a detailed summary must be written by the applicant or adult applying on behalf of an infant/child applicant, as to the reason for not having this documentation and must be filed in the health record **(see Attachment CT- 28)**.

The applicant or adult applying on behalf of an infant/child applicant must self-declare income and family size and write and sign a statement explaining why they are unable to obtain proof of family income. Do not accept an incomplete No Proof Form. Do not certify and issue benefits to an applicant who self-declares an income for family size that exceeds the WIC income guidelines. A No Proof Form can be used only during certification. A No Proof Form can not be used when participant brings back **Thirty (30) day missing proof.**

Clinics are required to maintain a No Proof file. The No Proof file must contain a copy of the completed No Proof Form or a list of the participants. This file will be monitored for compliance by the review team during District Program Reviews.

n. Temporary Thirty (30)-Day Certification

This policy applies to clients who meet all other eligibility requirements and do have proof of identity, income and/or residency but fail to bring it to the WIC clinic for the certification visit. The Identification, Residency and Income Proof List should be routinely given to the client to clearly communicate the kinds of information they will need to bring for certification visits (**see Attachments CT-32 and 33**). Clinic procedures for issuing Thirty (30)-day certification are as follows (**see Attachment CT-34**):

1. **Procedures for Thirty (30)-Day Certification**

When an applicant/participant arrives in the WIC clinic without proof of residency, income and/or identification:

- (a) Place the applicant on the Georgia WIC Program using the Thirty (30)-day rule.
- (b) Proof that is not available on site must be entered as “NO” in the appropriate field on the computer.
- (c) Complete the Thirty (30)-Day Form. Give the client the original copy and place copies of the form in the Medical Record and the thirty (30)-day file.
- (d) The computer system will update for the thirty (30)-day eligibility. When a month has 28-31 days, the system must be fixed to accommodate the number of days per month. If your District is using hand written forms, your District must use the same procedures located in your District Computer System for calculating days.

2. **Procedures when applicant/participant brings back required proof:**

If the participant returns with proof of residency, income or identification prior to the thirty (30)-day period, generate and submit an updated Turn Around Document (TAD) to include the new information. The “up _____” field has been added as a reminder to update the information on the hard copy of the Certification Form only once the participant returns to the clinic with the required information.

The “up: _____” is found in the following sections of the Certification Form:

- **Proof of residency**
- **Current ID**
- **Gross income**
- **Source of income code**
- **Staff initials**
- **Date**

Utilize the “up_____” field as follows:

- (a) Update your computer system and submit an updated TAD.
- (b) When one or more of the fields are updated, the staff must initial and date the back of the form (hard copy only).
- (c) When income is updated, the amount and source must be

- updated.
- (d) If the applicant/participant is found to be over income, provide a termination letter or Thirty (30)-Day Certification/Termination form, (see Attachment CT-34), stating that he/she is being terminated from the Georgia WIC Program due to over income.
- (e) The applicant/participant must return with the information. A proxy may not provide the necessary documentation to complete the thirty (30)-day certification process.

3. **Procedures when applicant/participant fails to bring back proof:**

It is the responsibility of the clinic to terminate participants who fail to bring back proof to the clinic within thirty (30) days of certification.

If the participant fails to return within thirty (30) days, the clinic must terminate the participant using the term code "L" (Failure to return with proof on the thirty (30)- day certification). The Georgia WIC Program contractor will automatically terminate the participant if an update is not received. A Termination Report is generated and the terminations must be entered into the computer system.

- (a) Reversing Terminations
 - If the applicant returns after the thirty (30)-day grace period, a reversal can be made for any participant in a valid certification period. The updated information must be entered in the term reversal Electronic Turn Around Document (ETAD).
- (b) Procedure for Participant Transfers
 1. When a participant transfers to another District, the receiving clinic must call the original clinic to determine the client's thirty (30)-day status. The original clinic must notify the new clinic about the client's thirty (30)-day status.
 2. Vouchers must never be issued if the participant has not brought back the necessary information.
 3. Procedures when applicant/participant is over-income:
 - (a) Document on the Thirty (30)-Day form that participant is terminated from the Georgia WIC Program
 - (b) Staff must sign and date the Thirty (30)-Day form in the thirty (30)-day file and medical record
 - (c) Give the participant a termination notice or the Thirty (30)-Day form from the thirty (30)-day file
 - (d) Make thirty (30)-day adjustment on the Certification Form
 - (e) Copies of the income proof used must be made,

date stamped and placed in medical record

(f) Participant is terminated in the computer system

o. Hospital Certification

If the local agency has a Memorandum of Agreement (MOA) or a completed Consent to Obtain Information form, document on the Certification Form that the hospital health record was the source viewed for identification and residency.

If the hospital record has recorded a Medicaid number, document on the Certification Form that the hospital health record was the source viewed for income.

p. Applicant Earning Cash Income with No Documentation

There may be WIC applicants that have cash jobs with no documentation of their income. Ask them to complete the No Proof Form indicating what their income is. Ask for documentation first (**see Attachment CT- 28**).

q. Zero Income Applicants

Complete applicable questions on back of assessment form. See "Income Eligibility – Applicants with Zero (0) Income" at CT-VIII. E.

r. Income Inclusions

- a. Monetary compensation for services, including wages, salary, commissions, or fees
- b. Net income from farm and non-farm self employment
- c. Social Security benefits and/or Supplemental Security Income (SSI)
- d. Dividends or interest on savings or bonds, income from estates or trusts, or net rental income
- e. Public assistance or welfare payments
- f. Unemployment compensation
- g. Government civilian employee or military retirement, pensions, or veterans' payments
- h. Private pensions or annuities
- i. Alimony or child support payments
- j. Regular contributions from persons not living in the household
- k. Basic Allowance for Subsistence (BAS) is cash payment added to base pay and is counted as part of all cash income for military families
- l. Net royalties
- m. Other cash income. This includes, but is not limited to, cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which are available to the family (e.g., money from friends and relatives).

s. Income Exclusions

- a. The value of in-kind housing and other in-kind benefits. An in-kind benefit is anything of value, which is not provided in the form of cash.
- b. Income or benefits received under any Federal program, which are excluded from consideration as income by any legislative prohibition. These include, but are not limited to:
 - (1) National School Lunch Act and the School Breakfast Program
 - (2) Food and Nutrition Act of 2008
 - (3) Job Training Partnership Act
 - (4) Home Energy Assistance Act of 1980
 - (5) National Older Americans Volunteer Program
 - (6) Domestic Volunteer Service Act of 1973 (VISTA, Foster Grandparents, Retired Senior Volunteers Program, Senior Companions Program)
 - (7) Child Nutrition Act of 1966
 - (8) Small Business Act
 - (9) Uniform Relocation Assistance and Real Property Acquisitions Policies Act of 1970
 - (10) Military Housing - BAH
 - (11) Title IV Student Financial Assistance
- c. Bank loans, other payments or benefits provided under certain Federal programs or acts to be excluded may be found in the Federal WIC Regulations at 7 C.F.R. Part 246.
- d. Child care benefits provided under grant programs to states shall not be treated as income in Federal programs such as WIC. Childcare benefits provided under section 402 (g)(1)(E) of the Social Security Act, At-Risk Child Care Programs, and Child Care and the Development Block Grant Programs in Georgia are excluded from the WIC income eligibility process.
- e. Non-payment of child care benefits is not considered income. Benefits received in the form of cash or any other instrument that can be converted into cash may be considered income in the WIC income eligibility process. For WIC purposes, current Georgia WIC Program policy regarding any cash available to a family is applied.
- t. Unemployment - Applicants from families with adult members who are unemployed shall be eligible based on income during the period of unemployment if the loss of income causes the current rate of income to be less than the income guidelines. Persons who are on leave that they requested themselves, e.g., maternity leave or a teacher not being paid during the summer are not considered unemployed. In these instances, it may be more appropriate to use annual income to determine eligibility. If a woman is on extended maternity leave [greater than six (6) months], it may be more appropriate to use current

income to determine eligibility.

- u. Self-Employment - In families where adult members are self-employed, they may not know their net income. To calculate net income, use the most current income tax statement or on-going records and the following guidelines:
- v. Net income for self-employment - is figured by subtracting operating expenses from gross receipts. Gross receipts include the total value of goods sold or service rendered by the business. Operating expenses include, but are not limited to: the cost of goods purchased; rent; heat; utilities; depreciation; wages and salaries paid; and business taxes (not personal Federal, State, or local income taxes). The value of saleable service and merchandise used by the family of self-employed persons is not to be included as an operating expense.

Net income for self-employed farmers - is figured by subtracting the farmer's operating expenses from the gross receipts. Gross receipts include, but are not limited to, the value of all products sold; money received from the rental of farm land, buildings or equipment to others; and incidental receipts from the sale of items such as wood, sand, or gravel. A farmer's operating expenses include, but are not limited to: the cost of feed, fertilizer, seed and other farming supplies; cash wages paid to farmhands; depreciation; cash rent; interest on farm mortgages; farm building repairs; and farm taxes (but not state and Federal income taxes). The value of fuel, food, or other farm products consumed by the family is not included as an operating expense.

Note: For farm and non-farm self-employed persons, documentation of depreciation must be obtained before accepting such charges as operating expenses. Either Federal or state income tax forms for the most recent tax year would provide the most reliable documentation of these amounts. In a household where there are wage earners and self-employed members, the wage earner's income may not be reduced by the business losses of the self-employed member. If the self-employed person's income is negative it should be listed as zero (0).

- w. Hardship Conditions - Hardship conditions have been calculated in the Income Poverty Guidelines Chart. Hardship conditions **are not** to be considered when determining income.
- x. Lump Sum Payments - Lump sum payments may be classified in two ways, either as reimbursement or new money.

Reimbursement payment(s) represents money received for loss of assets or injuries to real or personal property. Reimbursement lump sum payment(s) **should not** be counted as income for WIC eligibility purposes.

Examples include but are not limited to insurance reimbursement, payment on specified household expenses or medical expenses.

New Money is money received as gifts, inheritances, lottery winnings, workman's compensation for lost wages, or severance pay. Lump sum payments that represent new money intended to be used, as income **should be** considered as "**Other Cash Income**".

The lump sum payment must not be counted for one (1) month of current income. Rather, the lump sum payment should be counted as annual income, or be divided by 12 to estimate a monthly income.

Some lump sum payments may not be easily classified into either of the two categories reimbursement or new money, but may represent both. In such instances, treat the lump sum payment in a way that most accurately reflects the economic situation of the household. Examples of such payment include legal or medical settlements that provide reimbursement for lost property and medical expenses, as well as compensation for physical or mental injury.

- y. WIC Income Eligibility for Furloughed Federal Employees
In determining income eligibility of categorically eligible persons affected by the Federal shutdown(s), state and local agencies should use the same policies and procedures normally used to assess the income eligibility of a person experiencing a temporary loss of income such as temporarily laid-off or striking workers. Current income should be used to determine eligibility.

Assuming that Federal shutdown(s) are temporary, local agencies should continue to provide benefits for the duration of the furlough. There is no Federal policy, which requires the value of benefits to be paid back in such circumstances.

- z. Incarcerated Parent/Guardian
Children residing with a caregiver are counted in the family size of the caregiver with whom they live. Ideally legal custody is required. However, a signed note from the parent giving permission to the caregiver, e.g., grandmother, is acceptable and must be placed in the health record.

- D. Documented Proof of Income

The Georgia WIC Program income screening policy requires income information from all applicants.

When requesting proof of income, you MUST ask for one of the following:

1. Pay stubs for all people in your household who work or who receive an income from any source. Some pay stubs will not have a name but will have a Social Security Number. Ask for the Social Security card.
2. A statement from employers for **all** people in your household. Attach non-letterhead statements from employers to the No Proof Form and file in the health record.
3. Current tax return (W-2 or 1040) from previous year up until April 15th of the current year (e.g., 2009 W-2 can be accepted up until April 15, 2011).
4. On-going financial records (for self-employed only).
5. Unemployment notice.
6. Other (see List of Income Inclusions).

Note: All proof of income should not be more than sixty days (60) old with the exception of the most recent tax return.

For additional sources of income, see Income Inclusions (VIII.C.3.r.).

E. Applicants with Zero (0) Income

When an applicant declares that they have no income (zero) except applicants that adjunctively income qualify, the following question must be asked and documented on the back of the Certification Form (under source of income):

Question: How do you obtain food, shelter, clothing and medical care? Document the answer on the Certification Form. Check “Yes” if the client is income eligible. This does not apply to applicants with adjunctive income eligibility documents.

Record zero (0) as the current income amount and “ZI” (zero income) as the income source.

F. Verification of Income

“Verification” means a process whereby the information presented, such as a pay stub, is validated through an external source other than the applicant. Such external sources include employer verification of wages, local public assistance office verification, etc. Verification is required for questionable cases such as:

1. The person taking the income suspects that the income is incorrect.
2. A complaint is received alleging that a participant is not income eligible. An anonymous complaint must be handled in the same manner as any

other complaint.

3. A conflict of information is found between the Georgia WIC Program income data and income data provided from other programs. When income is verified, the income at the time of certification, rather than the current income, must be verified.

Based on the three (3) reasons above, WIC clinic staff may also request that the participant/parent/spouse/guardian/caregiver/or alternate parent bring proof of income back to the clinic. In the event clinic staff request proof, from the participant/ parent/ spouse/alternate parent/ guardian/ or caregiver the Income Verification Letter may be used (**see Attachment CT-38**).

Failure of the participant/parent/spouse/guardian/caregiver/or alternate parent to return to the clinic within thirty (30) days with proper documentation would result in the following:

1. Termination from the Georgia WIC Program
2. Re-payment to the Georgia WIC Program for vouchers issued over one-hundred dollars (\$100.00)

Note: Information concerning payment to the Georgia WIC Program can be found in the Compliance Analysis Section of the Georgia WIC Program Procedures Manual.

IX. NUTRITIONAL RISK DETERMINATION

To be eligible for WIC benefits, an applicant/participant must have a nutritional risk, as determined through a nutritional risk assessment. If no nutritional risks are evident, applicants who are otherwise eligible based on income, residency, identification, and category may be presumed to be at nutritional risk and assigned Risk Code 401 (Other Dietary Risk) except for infants who are fewer than four (4) months of age. Nutritional risk is identified through the assessment of required medical data (length/height, weight, hematocrit/hemoglobin), nutritional practices, and the individual's medical history. The data are evaluated by a Competent Professional Authority (CPA) on staff at the clinic. A CPA is defined as a nutritionist, registered dietitian, registered nurse, licensed practical nurse, physician, or physician's assistant who has been trained by the State or local agency to perform WIC assessments.

WIC applicants may not under any circumstances be charged for services or tests, e.g., blood work, anthropometric measurements, etc., which are used to determine WIC eligibility. If the local agency is unable to perform the prescribed tests on site, and if the applicant receives medical care from an outside provider, appropriate arrangements should be made to accept referral data from outside sources. Local clinics unable to perform required tests to assess WIC eligibility may be suspended by the Georgia WIC Program. **The applicant cannot be required to obtain such data at their own expense.**

A. Required Data

1. Women Assessment/Certification Form –lists the required assessment

data and documentation requirements for all women, by category. This data must be collected and documented for each assessment. Required medical data used to determine the eligibility of pregnant women must be taken during the current pregnancy. Proof of pregnancy is not required as a condition of eligibility for the Georgia WIC Program. **However, if it is not physically apparent that the applicant is pregnant and if clinic staff has reason to believe that the applicant is not pregnant (e.g., a complaint is received alleging that a participant is not pregnant), the local agency may request proof of pregnancy after the initial certification. In this case, the participant can be given up to sixty (60) days to submit proof of pregnancy.**

If proof of pregnancy documentation is not provided as requested, the local agency may terminate the woman's WIC participation in the middle of a certification period. Postpartum women must have their required medical data taken after the termination of their pregnancy (see **Attachments CT-1, CT-2, and CT-3**).

2. Infants Assessment/Certification Form – lists required assessment data and documentation requirements for all infants by age. This data must be collected and documented for each assessment (see **Attachment CT-4**).
3. Children Assessment/Certification Form – lists the required assessment data and documentation requirements for all children. This data must be collected and documented for each assessment. All required medical data used to determine nutritional risk must be reflective of the applicant's status at the time of certification (see **Attachment CT-5**).

B. Referral Data

Identification of nutritional risk can be based on referral data submitted by a CPA or health care provider not on staff at the clinic. **Referral data must then be evaluated by a CPA on staff at the clinic.** Local agencies should make the authorized referral form available to area health care providers in order to facilitate entry into the Georgia WIC Program and the certification process. Local agencies must accept the Georgia WIC Program Referral Form and Medical Documentation for Special Food Substitutions Form #2, in the Food Package Section (see **Attachment FP-42**), and may **not** develop their own referral form.

Local agencies must accept referral forms from a private provider, provided that the entire minimum required referral data/information has been completed properly, as described below. The data/information must be documented on official letterhead.

All private provider referral forms must contain, at a minimum, the following information:

- I. Demographic Data
 - a. Applicant's first and last name
 - b. Applicant's date of birth

- II. Medical Referral Data, as appropriate*
 - a. Length/Height
 - b. Weight
 - c. Hematocrit/Hemoglobin
 - d. Date(s) measurements were taken* If missing, the clinic can perform measurements themselves.

- III. Referral Agency Information
 - a. Original signature and title of health care provider
 - b. Date the referral was completed
 - c. Agency address
 - d. Agency telephone and fax numbers

As a part of outreach efforts, local agencies may provide area health care providers with a current listing of nutritional risk criteria along with definitions and documentation requirements for the risk criteria.

C. Medical Data

Medical data required for certification includes anthropometric (length/height and weight) and hematological (hemoglobin/hematocrit) measurements.

1. The Medical Data Date documented on the WIC Assessment/Certification Form must be the same as the date that the anthropometric data were taken. Anthropometric data required for certification (length/height and weight) may precede the date of certification by up to sixty (60) days. Medical data that are greater than sixty (60) days old cannot be used to assess WIC eligibility. The sixty (60) day limit applies to the anthropometric data (length/height and weight) even if eligibility is based on other criteria.

2. The Hematological Data Date documented on the WIC Assessment/Certification Form must be the same as the date the hematological data were taken. Hematological data required for certification (hemoglobin/ hematocrit) may precede the date of certification by up to ninety (90) days. Hematological data that are greater than ninety (90) days old cannot be used to assess WIC eligibility. The ninety (90) day limit applies to the required hematological data even if the applicant's/participant's eligibility is based on other criteria.

Note: Hematological data for postpartum and breastfeeding women must be obtained after delivery.

The Georgia WIC Program has elected to use a special code to be entered into the hematological data field when hemoglobin is not determined. Please use the following code – 88.8.

CSC Covansys is set up to accept this value to indicate that no blood work has been performed, and will not send this data to the Centers for Disease Control and Prevention (CDC).

Blood work should not be performed on infants younger than nine (9) months of age, unless there is a medical reason. In most cases, infants will have blood work performed around twelve (12) months of age (infant status blood work) and then six (6) months later (child status blood work). If the child's blood work is normal, blood work does not have to be performed for one (1) year. If the blood work is abnormal, follow one of the two following procedures:

- a. For infants and children receiving their health care through the health department, follow the protocol for treatment of low hemoglobin. If the hemoglobin becomes normal during a certification assessment, it does not have to be assessed for another year (the subsequent certification visit closest to that year without exceeding twelve [12] months between hematological measurements).
- b. For infants and children receiving health care from a private provider, refer the participants with low hemoglobin values to their providers. At the next certification visit repeat the hemoglobin test or enter a referral value from the private provider. For a child, if the value has reached a normal level, it does not have to be determined for another year (the subsequent certification visit closest to that year without exceeding twelve [12] months between hematological measurements).

Blood work within the normal range is valid for children for twelve (12) months beginning at eighteen (18) months of age. If a child is certified within seven (7) months of the previous certification, blood work does not need to be repeated if it was found to be within a normal range at the last certification (e.g., within thirty [30] days of the last certification due date).

Example: A 24-month old child missed its certification appointment on the 7th of the month and is terminated. When the child returns on the 15th of the month a new initial contact date is assigned and the child is recertified. The hematological data from the previous certification can be used for this certification since it was found to be within a normal range. Document the hematological measurement as 88.8.

Postpartum, breastfeeding women who have breastfed for six (6) months will not have to have blood work performed at their second postpartum WIC certification unless there is a medical reason.

Blood work is not routinely performed on women prior to discharge from the hospital. When postpartum breastfeeding and non-breastfeeding women are certified in the hospital, follow these procedures (if blood work is unavailable):

- a. Enter the *Date of Certification* in the Hematological Data Date field.

- b. Enter the value 88.8 in the Hemoglobin field.
- c. If the applicant is assessed WIC eligible, issue up to two (2) month of vouchers and follow District's procedures for obtaining blood work by the next voucher issuance.

Note: Each District must develop a written procedure to be used in obtaining blood work on postpartum breastfeeding and non-breastfeeding women certified in the hospital. This procedure must be approved by the Nutrition Services Unit prior to implementation, and written approval must be kept on file in the District Office.

X. NUTRITION RISK CRITERIA

Nutrition risk criteria are set by the State agency, in accordance with Federal rules and regulations. The criteria are based on detrimental or abnormal nutrition conditions detectable by hematological or anthropometrics measurements, other nutrition related medical conditions, nutritional deficiencies that impair or endanger health, or conditions that predispose persons to inadequate nutritional patterns or nutritionally related conditions. If no nutritional risks are evident, applicants who are otherwise eligible based on income, residency, identification, and category may be presumed to be at nutritional risk and assigned Risk Code 401 (Other Dietary Risk) except for infants who are fewer than four (4) months of age.

Nutrition risk criteria, risk factor codes and priority designations used for the Georgia WIC Program certification are listed in Attachment CT-6.

The nutrition risk criteria are listed by applicant/participant category at the time of certification. Each criterion is identified by a three digit numerical code.

The WIC Assessment/Certification forms utilize a checklist format to document the applicable nutritional risk criteria. Refer to CT-XV.B. for information regarding completion of the WIC Assessment/Certification Form.

XI. NUTRITION RISK PRIORITY SYSTEM

A. General – Priorities I -VI

Each nutrition risk criterion is assigned a specific priority. Statewide priorities are set in accordance with the following guidelines:

1. **Priority I:** Pregnant women, breastfeeding women, and infants with nutritional need. This need is determined by measuring length/height, weight, hemoglobin/hematocrit and assessing nutrition status and nutrition related medical history.
2. **Priority II:** Breastfeeding women who do not qualify under Priority I, but are breastfeeding Priority II infants.

Infants up to six (6) months of age whose mothers were WIC participants during their pregnancy. Infants up to six (6) months of age

whose mothers were not WIC participants during pregnancy but had a documented nutritional need.

3. **Priority III:** Children (under age of five (5) years) with a nutritional need. This need is assessed by measuring length/height, weight, hemoglobin/hematocrit and assessing nutrition status and nutrition related medical history.

Postpartum teenagers who are not breastfeeding and whose delivery date was prior to their being 18 years and 10 months of age.

4. **Priority IV:** Pregnant women, breastfeeding women, and infants with a nutritional need because of inappropriate nutrition practices, other dietary risk, or homeless/migrancy status.
5. **Priority V:** Children with a nutritional need because of inappropriate nutrition practices, other dietary risk, or homeless/migrancy status
6. **Priority VI:** Postpartum, non-breastfeeding women with a nutritional need because of inappropriate nutrition practices, other dietary risk, or homeless/migrancy status.

B. Special Considerations

Reciprocal Risk - A breastfeeding mother and her infant shall be placed in the highest priority for which either is qualified.

C. Specific

Each nutritional risk has an assigned priority. The priorities and risk factor codes by participant status are identified below.

1. Pregnant Women

Priority I: 101, 111, 131, 132,133, 201, 211, 301, 302, 303, 304, 311, 312, 321, 331, 332, 333, 334, 335, 336,337, 338, 339, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 371, 372, 373, 381, 502,904

Priority IV: 400, 401,502, 801, 802, 901, 902, 903

2. Breastfeeding Women

Priority I: 101, 111, 133, 201, 211, 303, 304, 311, 312, 321, 331, 332, 333, 335, 337, 339, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 371, 372, 373, 381, 502, 601, 602, 904

Priority II: 502, 601

Priority IV: 400, 401, 502, 601, 801, 802, 901, 902, 903

3. Postpartum, Non-Breastfeeding Women

Priority III: 331, 502

Priority VI: 101, 111, 133, 201, 211, 303, 304, 311, 312, 321, 331, 332, 333, 335, 337, 339, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 371, 372, 373, 381, 400, 401, 502, 801, 802, 901, 902, 903

4. Infants

Priority I: 103, 115, 121, 134, 135, 141, 142, 151, 152, 153, 201, 211, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 359, 360, 362, 381, 382, 502, 603, 702, 703, 904

Priority II: 502, 701, 702

Priority IV: 400, 401, 428, 502, 702, 801, 802, 901, 902, 903

5. Children

Priority III: 103, 113, 114, 115, 121, 134, 135, 141, 142, 151, 201, 211, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 359, 360, 361, 362, 381, 382, 502, 904

Priority V: 400, 401, 428, 502, 801, 802, 901, 902, 903

D. Assignment

At the time of certification, the CPA must assign a priority based on the identified nutrition risk criteria. The highest priority for which a person qualifies must be assigned.

XII. CHANGES WITHIN A VALID CERTIFICATION PERIOD

A. Women Who Cease Breastfeeding

The following procedures must be followed when WIC clinic staff is notified by a woman participant that she is no longer breastfeeding:

1. If the woman is more than six (6) months postpartum, she is categorically ineligible and must be removed from the Georgia WIC Program immediately (see CT-XVI, Ineligibility Procedures). The termination must be documented in the participant's health record.
2. If the woman is less than six (6) months postpartum, reassessment of nutrition risk is required. The woman must qualify for WIC based on the risk criteria for a postpartum, non-breastfeeding woman to continue

receiving benefits. The woman's status, priority, and food package must be updated. If no nutrition risks are evident, Risk Code 401 (Other Dietary Risk / Failure To Meet Dietary Guidelines) can be used for the woman to continue to receive WIC benefits as a postpartum, non-breastfeeding woman until six (6) months from the delivery date. All information must be documented in the participant's health record and entered into the automated system.

B. Upgrading a Priority

New data that have been collected and assessed during the certification period can be used to place a participant in a higher priority. A priority cannot be downgraded during a participant's certification period (with the exception of a breastfeeding woman **changing status** to a postpartum non-breastfeeding woman).

XIII. CERTIFICATION PERIODS

Certification periods are:

Pregnant Women: for the duration of their pregnancy and for up to six (6) weeks postpartum. There is no extension granted beyond the six (6) week postpartum cutoff.

Breastfeeding Women: for six (6) months from the date of initial and/or subsequent certification as a postpartum, breastfeeding woman. Eligibility ends when the certification period is over, when the breastfed infant turns one (1) year old or when breastfeeding is discontinued, whichever comes first.

Note: The certification period for the breastfeeding woman is six (6) months; however, she is eligible to be recertified as a breastfeeding postpartum woman if she is still breastfeeding an infant less than one (1) year of age.

Postpartum, Non-Breastfeeding Women: for up to six (6) months from the termination of their pregnancy.

Infants: certified at age six (6) months or younger: until their first birthday.

Infants: certified at age greater than six (>6) months: for six (6) months from date of certification.

Children: for six (6) months from the date of each certification may continue eligibility until they reach their fifth birthday, if assessed at nutritional risk.

Vouchers may only be issued to participants who are in a valid certification period. The certification period always begins with the date of certification and ends on the categorically ineligible termination date (**see Food Delivery Section III-E**).

In cases where there is difficulty in scheduling appointments for breastfeeding women, infants, and children, the certification period may be shortened or extended by a period not to exceed thirty (30) days. The specific difficulty must be documented in the

participant's health record if a clinic chooses to exercise this option. Vouchers can be issued for the one month extension. Please use this as the exception and not the rule. Document in the participant's health record the reason for the extension and issue only one month of vouchers.

XIV. INFANT MID-CERTIFICATION/ BREAST-FEEDING WOMEN MID-ASSESSMENT/ CHILDREN HALF-CERTIFICATION NUTRITION ASSESSMENT

INFANTS MID-CERTIFICATION

Infants certified *prior to* six (6) months of age will be subsequently certified on their first birthday. A nutrition assessment (mid-certification) by the CPA should be completed between five (5) and seven (7) months of age. To ensure accessibility to quality health care services, the following procedures must be completed:

1. The initial certification of the infant less than six (6) months of age will follow the standard procedures. The infant shall be assigned the highest priority for which he/she is eligible.
2. The mid-certification nutrition assessment must consist of:
 - a. Measuring length and weight.
 - b. Plotting weight for length, length for age, and weight for age.
 - c. Measuring hemoglobin or hematocrit (only if mid-certification nutrition assessment is performed between nine to eleven [9-11] months of age).
 - d. Recording, summarizing, and evaluating inappropriate nutrition practices.
 - e. Assessing nutrition risk criteria.
 - f. Assigning the highest priority for which the infant is eligible, reviewing food package needs, and assigning an appropriate food package.
3. The mid-certification nutrition assessment information will be documented in the second column of the Infant WIC Assessment/Certification Form if using the paper form.
4. If additional risks are identified at any time during the one (1) year certification period, the infant's priority should be upgraded.
5. All infants certified at fewer than five (5) months of age must be scheduled for a mid-certification nutrition assessment. WIC benefits may not be withheld from a participant for failing the mid-certification nutrition assessment appointment(s). Missed appointments should be documented in the participant's health record. If the infant misses the mid-certification appointment, a secondary nutrition education contact should still be conducted with the person who is picking up the infant's vouchers.

Note: Proof of identification, residency and income are not required during the mid-certification assessment. However, if during the mid-certification a participant reveals that their income is above the income guidelines, the participant and ineligible household members will be terminated from the Georgia WIC Program.

BREAST-FEEDING WOMEN MID-ASSESSMENT

Breast-feeding women shall be certified for a period one (1) year or until breast-feeding discontinues. If breastfeeding is discontinued prior to six month after delivery the woman

can continue WIC participation as a non-breastfeeding woman until six months post-partum. A nutrition assessment (mid-Assessment) by the CPA should be completed between five (5) and seven (7) months of the initial certification. To ensure accessibility to quality health care services, the following procedures must be completed:

1. The initial certification of the breast-feeding woman will follow the standard procedures. The breast-feeding women shall be assigned the highest priority for which she is eligible.
2. The mid-assessment nutrition assessment must consist of:
 - a. Measuring length and weight.
 - b. Recording, summarizing, and evaluating inappropriate nutrition practices.
 - c. Assessing nutrition risk criteria.
 - e. Assigning the highest priority for which the breast-feeding woman is eligible, reviewing food package needs, and assigning an appropriate food package.
3. The mid-Assessment information will be documented in the second column of the breast-feeding / postpartum women WIC Assessment/Certification Form if using the paper form.
4. If additional risks are identified at any time during the one (1) year certification period, the breastfeeding woman priority should be upgraded.
5. All breast-feeding women certified at fewer than five (5) months after delivery date must be scheduled for a mid-Assessment. WIC benefits may not be withheld from a participant for failing the mid-Assessment nutrition assessment appointment(s). Missed appointments should be documented in the participant's health record. If the breast-feeding woman misses the mid-assessment appointment, a secondary nutrition education contact should still be conducted during voucher issuance.

Note: Proof of identification, residency and income are not required during the mid-Assessment. However, if during the mid-Assessment a participant reveals that their income is above the income guidelines, the participant and any other now ineligible household members will be terminated from the Georgia WIC Program.

CHILDREN HALF-CERTIFICATION ASSESSMENT

Children will be certified for a period of one (1) year. A nutrition assessment (half-certification) by the CPA should be completed between five (5) and seven (7) months after the initial certification. To ensure accessibility to quality health care services, the following procedures must be completed:

1. The initial certification of the child will follow the standard procedures. The child shall be assigned the highest priority for which he/she is eligible.
2. The half-certification nutrition assessment must consist of:
 - a. Measuring length and weight.
 - b. Plotting weight for length/BMI, length for age, and weight for age.
 - c. Measuring hemoglobin or hematocrit if low at most recent certification and for all children less two years old at time of assessment.
 - d. Recording, summarizing, and evaluating inappropriate nutrition practices.

- e. Assessing nutrition risk criteria.
 - f. Assigning the highest priority for which the child is eligible, reviewing food package needs, and assigning an appropriate food package.
3. The half-certification nutrition assessment information will be documented in the second column of the Children WIC Assessment/Certification Form if using the paper form.
 4. If additional risks are identified at any time during the one (1) year certification period, the child's priority should be upgraded.
 5. All children must be scheduled for a half-certification nutrition assessment. WIC benefits may not be withheld from a participant for failing the half-certification nutrition assessment appointment(s). Missed appointments should be documented in the participant's health record. If the child misses the half-certification appointment, a secondary nutrition education contact should still be conducted with the person who is picking up the child's vouchers.

Note: Proof of identification, residency and income are not required during the half-certification assessment. However, if during the half-certification a participant reveals that their income is above the income guidelines, the participant and any other now ineligible household members will be terminated from the Georgia WIC Program.

XV. WIC ASSESSMENT/CERTIFICATION FORM

A. General

1. State WIC Assessment/Certification Form

Certification data for each applicant/participant will be recorded on the form provided by the State agency or generated by each District's computer system.

2. Local Agency WIC Assessment/Certification Form

If a local agency/clinic chooses to use other forms and/or documentation procedures in the certification process that are different from the procedures outlined in this manual, then all forms and/or procedures must be submitted to the State agency, in writing, for approval **prior to implementation**. Local agencies that choose to develop their own forms and/or procedures must update them each time the State agency revises its forms and/or procedures. Any subsequent changes or modifications to the local agency/clinic forms and/or documentation procedures must also be forwarded, in writing, to the State agency for approval prior to implementation of the revised form. **Each page** of the Certification Form must be accurately completed each time an individual is certified. A portion of the required information is common to each form. The following are instructions for completion.

B. Completion

The following are instructions for completion:

All items on the WIC Assessment/Certification Form must be completed as follows:

1. Identification Information - Applicant's name, birth date, address, telephone number, ethnic origin, race, migrant status, county of residency, proof of residence, proof of identification (for applicant/participant and, if applicable, for a parent/guardian/caregiver/spouse/alternate parent), clinic number, family ID number, foster care information, WIC ID number, and, in the case of infants and children, the full name of the parent or guardian/caregiver/alternate parent must be filled in on each form used. All legally responsible persons making application for the Georgia WIC Program must be documented in the health record (e.g., name of father, guardian, caregiver, etc.).

The local agency representative must ask the applicant to make a self-declaration of their ethnic origin, race and migrant status and use the WIC Interview Script to collect demographic data.

Unknown cannot be used to identify race for the Georgia WIC Program. If the client refuses to answer, WIC staff must make the determination to the best of their ability.

2. Breastfeeding Information - Complete each line in this section, using the following information:

Infant's and Children's Forms through age two (2) years at each certification:

a. Breastfed Now

- (1) On Infant's Form, check "Yes" if **this** infant is currently breastfeeding.
- (2) On Children's Form, check "Yes" if **this** child is currently breastfeeding.

b. Breastfed Ever

- (1) On Infant's Form, check "Yes" if **this** infant was ever breastfed (even if currently not breastfeeding).
- (2) On Children's Form, check "Yes" if **this** child was ever breastfed (even if currently not breastfeeding).
- (3) **If the answer is "No", two times for an infant or one time for a child, this question does not need to be asked again.**

- c. Record the Number of Weeks Infant/Child Breastfed - If using a paper Certification Form and the infant/child is currently or ever breastfed, record the number of weeks up to a maximum of ninety-nine (99) weeks (two [2] years of age). (**see Attachment BF-9 in the Breastfeeding Section** for the key for entering weeks breastfed.) If using direct entry of information into the

computer system, the computer will automatically calculate weeks breastfed.

- d. Date of Most Recent Breastfeeding Response - Record the date on which you asked the participant/guardian/alternate parent about breastfeeding.

Women's Form:

- a. Postpartum Breastfeeding Assessment/Certification Form (Breastfeeding an Infant Less than one (1) Year of Age):
- (1) If using a paper Certification Form, enter the weeks breastfed in the "Weeks" column. (**see Attachment BF-9 in the Breastfeeding Section** for the key for entering weeks breastfed). If using direct entry of information into the computer system, the computer will automatically calculate weeks breastfed.
 - (2) Update the information at time of termination and submit to Covansys.
- b. Postpartum Non-Breastfeeding Assessment/Certification Form (Less than 6 Months Postpartum):
- (1) If the woman is not currently breastfeeding but has breastfed, check "Yes" to Breastfed Ever.
 - (2) If using a paper Certification Form, and if the response to Breastfed Ever is "Yes", enter the weeks breastfed in the "Weeks" column. (**see the key for entering weeks breastfed in Attachment BF-9, Breastfeeding Section.**) If using direct entry of information into the computer system, the computer will automatically calculate weeks breastfed.
 - (3) If using a paper Certification Form, and if the response to Breastfed Ever is "No", enter "0" in the "Weeks" Column. If using direct entry of information into the computer system, the computer will automatically calculate weeks breastfed.
3. Initial Contact Date - The initial contact date must be filled in at each certification, even if it has not changed. The initial contact date must be accurately documented to ensure that processing standards are being met. (see Initial Application CT-III. for the definition of "initial contact date".)
- **Initial Contact Type – Select type of Initial Contact**
 - W – Walk-in
 - T – Telephone
 - O – Other (explain in notes)
4. Foster Care – Enter Yes or No if the applicant is in Foster Care.
5. Medical Data Date - See the Nutritional Risk Determination CT-IX for the definition of required medical data. Enter the date anthropometric measurements were taken for certification purposes.
6. Length/Height - Enter the length/height to the nearest eighth of an inch

(for infants and children only).

7. Weight - Enter the weight in pounds and ounces (for infants and children only).
8. Hematological Data Date - Enter the date the hematological measurement was taken for certification purposes. Hematological data date must be within ≤ 90 days prior to certification for infants 9-12 months of age, children and women. Hematological data date must also be after the delivery or pregnancy termination for postpartum and breastfeeding women.
9. Hematocrit/Hemoglobin - Enter the hematocrit and/or the hemoglobin value(s) in the appropriate field. Values must be rounded to one decimal place.
10. Nutrition Risk Criteria - Complete each line in this section using the following procedure:
 - a. Check "Yes" when the nutrition risk criterion is present.
 - b. Check "No" when the risk criterion is not present.
 - c. Write "N/A" when the risk criterion does not apply or was not assessed.
 - d. Record additional documentation for risk criteria marked with an asterisk (*).

This section of the form must be completed by a CPA during each certification appointment and at the infant's mid-certification nutrition assessment, **child's half-certification and the breastfeeding woman's mid-assessment.**

11. High Risk - Check "Yes" when at least one nutrition risk meets the High Risk Criteria (**see Attachment NE-1 and NE-2**, Nutrition Education Section).
12. Eligible for WIC - Check "Yes" when **all** of the following criteria are met:
 - a. The applicant resides within the State of Georgia, and
 - b. The applicant is income eligible, and
 - c. The applicant is an infant, child, pregnant, postpartum or breastfeeding woman, and
 - d. At least one (1) nutritional risk criterion is checked "Yes." There must always be at least one nutritional risk checked "Yes" for all participants/ applicants. CPAs may assign Risk Code 401 (Other Dietary Risk) when no other nutritional risk factors have been identified for participants who are at least four (4) months of age.

Check "No" when one or more of any of the criteria from the above list are not met (see Ineligibility Procedures CT-XVI).
13. Priority - Enter correct priority (I - VI). Refer to the Nutritional Risk Priority System CT-XI for risk factor codes and priorities.
14. Food Package - Enter the appropriate food package code (**see Section**

FP, Food Packages Section).

15. Services - Enter referrals and/or enrollments to other health services and programs using codes listed on the WIC Assessment/Certification form. See Nutrition Education Section for more information regarding required referrals. Enrollment in or Referral to TANF, SNAP and Medicaid **MUST** be documented at least one time while a participant is receiving WIC. However, it is a best practice to assess enrollment at every certification. Simply asking if an applicant receives these other health services does not constitute making a referral; the applicant must be provided with information about the other services or programs, such as information about how or where to apply in their area.
 - a. "Enrolled In" is used when a person is already utilizing other health services and programs.
 - b. "Referred To" is used when a person has been given information regarding other health services and programs.
16. Today's Date - Enter the date the assessment is completed.
17. Signature/Title - Enter signature (first name and last name) and title (Nutr., R.D., L.D., **L.P.N.**, R.N., M.D., etc.). An appropriate signature consists of first name, last name and title. The local WIC CPA signature confirms the nutritional risk.
18. Income Assessment
 - a. Date - Fill in the date the income screening was completed
 - b. Number in Family - Fill in according to Income Eligibility CT-VIII.
 - c. Gross Income/Month
 1. Medicaid Recipients – (See "Acceptable Proof of Eligibility-Adjunctive Eligibility" at (CT-VIII.B.1) Mark "yes" (Y) if Medicaid participation has been confirmed. Medicaid recipients must self declare income.
 2. PeachCare Recipients – (See "Acceptable Proof of Eligibility-Adjunctive Eligibility" at (CT-VIII.B.4.) All PeachCare clients must be assessed for WIC income eligibility.
 3. SNAP Recipients – (See "Acceptable Proof of Eligibility-Adjunctive Eligibility" at CT-VIII.B.2) Mark "yes" (Y) if SNAP participation has been confirmed.
 4. Temporary Assistance for Needy Families (TANF) - (See "Acceptable Proof of Eligibility-Adjunctive Eligibility" at (CT-VIII.B.3.) A "notice of case action" issued to TANF participants, with dates of eligibility for any TANF benefit, is

acceptable proof of current enrollment in TANF. Mark “yes” (Y) if the participant has documented proof that they receive TANF.

5. Participants not receiving SNAP, Medicaid, or TANF - Complete according to “Computing Income” at CT-VIII.C.
6. Income Eligibility - Check “Yes” or “No” to indicate applicant's income status. Transfer the total from the Income Calculation Form to the section of the Certification Form. Indicate the total number in the family. The Income Calculation Form must be used to determine income eligibility if the applicant has more than one source of income and does not qualify for Medicaid, SNAP or TANF. Record current annual or monthly income.

Note: Income must be recorded for all applicants, including applicants who receive Medicaid, SNAP and TANF.

7. Income Source - Record, document and review for proof of income.
- d. Staff Initial – The staff person who confirms income, residency and ID maybe different from the person who signs the Certification Form. Therefore, the staff that collected this information must enter his/her initials.
 - e. Staff Signature(s)/Print Name - The local WIC official signature, print name and date confirms that income, residency and family size are correct as stated by the applicant/participant. The signature, print name and date also verifies/witnesses the participant’s signature. An appropriate signature consists of first and last name and title of person verifying income and witnessing the participant’s signature.
 - f. Applicant/Participant Signature/Print Name - The participant/parent/spouse/guardian/caregiver/ alternate parent or proxy must be asked to read, sign, print name and date the following statement **each** time they are certified (if unable to read, must have it read to them):

WIC CERTIFICATION STATEMENT

RIGHTS AND OBLIGATIONS

I have been advised of my rights and obligations for participation in the Georgia WIC Program. I certify that the information I will provide, or have provided, is correct to the best of my knowledge. The income information that I have provided is my total gross household income (all cash income before deductions). This certification form is being submitted in connection with the receipt of Federal assistance. The Georgia WIC Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying to the Georgia WIC Program, in cash, the value of the food benefits improperly issued to me and may subject me to civil or

criminal prosecution under State and Federal law.

NOTICE OF DISCLOSURE

I understand that the chief state health officer for Georgia may authorize the disclosure of information about my participation in the WIC program for non-WIC purposes. This information will be used by the Georgia WIC Program, its local WIC agencies and certain public organizations. These organizations include but are not limited to the Immunization Program, Pregnancy Risk Assessment Monitoring Systems (PRAMS), Epidemiology and other Maternal and Child Health Programs, Emergency Preparedness, Environmental Health and Medicaid. I understand that the Georgia WIC Program, its local agencies and the public organizations can only use my information in the administration of their programs that serve persons eligible for WIC. The public organizations that receive my information must assure that it will not disclose my information to another organization or person without my permission.

I further understand that information about my participation in WIC may be used by the organizations that receive it only to:

1. Determine my eligibility for programs that the organization administers
2. Conduct outreach for such programs
3. Enhance the health, education, or well-being of WIC applicants and participants who are currently enrolled in those programs
4. Streamline administrative procedures to ease the burdens on WIC staff and participants
5. Assess the responsiveness of the state's health system to participants' health care needs and health care outcomes.

I have been advised that the decision to share my information is not a condition for eligibility for WIC, and if I decide not to share my information, this will not affect my application or participation in Georgia WIC.

Name of WIC Applicant/Participant/Guardian/ Caregivers/Spouse/Alternate Parent (please print)	Date	Name of WIC Official (please print)	Date
UP:			
Signature of WIC Applicant/Participant/Guardian/ Caregivers/Spouse/Alternate Parent	Date	Signature of WIC Official	Date

Please initial below to indicate your preference:

___ In applying for WIC services, I **AUTHORIZE DISCLOSURE** of my WIC applicant or participant information for the purposes referenced above. I understand that my refusal to allow such disclosure does not affect my application for or participation in WIC or my eligibility for WIC services.

___ In applying for WIC services, I **DO NOT AUTHORIZE DISCLOSURE** of my WIC applicant or participant information for the purposes referenced above. I understand that my refusal to allow such disclosure does not affect my application for or participation in WIC or my eligibility for WIC services.

- g. Applicant Unable to Write - If the applicant/participant/ authorized representative is unable to write, he/she will enter his/her mark in lieu of a signature. The WIC staff person will print the person's name next to the mark, and initial and date the mark to indicate that it has been witnessed.

19. Physical Presence (Certification Form)

Physical Presence

Physical Presence is mandatory for each applicant/participant at each WIC certification. (Refer to Section II.B. of Certification Section for additional information and documentation procedures.)

If the response is “NO” to the Physical presence question, then **N, D, R or W** must be selected:

- **(N) – Newborn** – Infants under age 8 weeks who are born to a mother who was on WIC during her pregnancy or was eligible to participate but was not certified. Medical or high risk condition is not required. Infants greater than or equal to age 8 weeks (≥ 8 weeks) cannot be certified using this reason for physical presence exemption.
- **(D) – Disabilities** – The local agency must grant an exception to applicants who are qualified individuals with disabilities and are unable to be physically present at the WIC clinic because of their disabilities, or applicants whose parents or caregivers are individuals that meet this standard. Examples of such situations include:
 - a. A medical condition that necessitates the use of medical equipment that is not easily transported.
 - b. A medical condition that requires confinement to bed rest; and
 - c. A serious illness that may be exacerbated by coming into the WIC clinic.
- **(R) – Receiving Ongoing Health Care** – An infant or child who was present at his/her initial WIC certification and has documentation of ongoing health care from a health care provider (other than the local WIC agency) may be exempt from physical presence requirements by the local agency, if unreasonable barriers exist.
- **(W) – Working Parent or Caregivers** – The local agency may exempt an infant or child from the physical presence requirements if all 3 of the following criteria are met:
 - a. If the infant/child was present for his/her initial WIC certification, and
 - b. If the infant/child was present at a WIC certification within the last year and determined eligible, and
 - c. If the infant/child is under the care of working parent(s)/guardian(s) whose working status presents a barrier to bringing the infant/child into the WIC clinic.

20. Immunization Status

Infant and Children Form:

The immunization status is required during Initial and Subsequent certifications for infants over six (6) months of age and children.

(1) Record Screened/Requested Yes () Requested ()

(2) Adequate for Age/Referred? Yes () Doctor () Health Dept ()

21. Data Needed for Pregnancy Surveillance

Infant's Form:

- (1) **Mother's WIC ID#** - Enter the full name and/or WIC ID number of the mother, if the mother is currently a WIC participant.
- (2) **Last Weight Before Delivery** - Enter the last weight of the mother, taken prior to delivery. Round the weight to the nearest whole pound, e.g., 165½ = 165.

Women's Form:

- (1) **Marital Status** - Enter numerical code indicating current marital status, e.g., 0=married, 1=not married, 9=unknown.
- (2) **Years of Education Completed** - Enter a two-digit number to indicate years of education completed, e.g., 01=1st grade, 02=2nd grade, 14=2 years of college, 99=unknown.
- (3) **Month of Gestation at Time of First Prenatal Exam** - Enter a one-digit code to indicate the month of gestation at the first prenatal exam, e.g., 0=No Prenatal Care, 1=1st Month, 8=8th or 9th month, 9=unknown.
- (4) **Delivery** - Enter the last weight taken prior to delivery, rounded to the nearest whole pound, e.g. 165.6 = 166.
- (5) **Parity** – A two-position field indicating the number of times a woman has been pregnant for 20 or more weeks gestation, regardless of whether the infant was alive or dead (stillbirth, miscarriage, induced or spontaneous abortion) at birth, e.g., 00=None, 01-29=Number of previous births.
- (6) **Date Last Pregnancy Ended** – A six-position field indicating the date when the previous pregnancy of at least 20 weeks or more ended, whether by normal delivery, stillbirth, induced or spontaneous abortion (miscarriage) excluding current pregnancy, e.g., 000000= No Previous Pregnancies, Month/Year=01-12 and All four digits.
- (7) **Diabetes During Pregnancy – Postpartum Visit** - A one-position field indicating the presence of diabetes during this current pregnancy, as diagnosed by a physician and self-reported by the postpartum woman or as reported or documented by a physician or someone working under a physician's orders, e.g., 1=No, never had diabetes of any type. 2= Yes, told by a doctor I had diabetes before the most recent pregnancy, when not pregnant (diabetes mellitus). 3=Yes, told

by a doctor I had diabetes before the most recent pregnancy, but only when pregnant (gestational diabetes in both past and most recent pregnancies). 4=Yes, told by a doctor I had diabetes for the first time during the most recent pregnancy (gestational diabetes in the current pregnancy only).

- (8) **Hypertension During Pregnancy – Postpartum Visit** - A one-position field indicating the presence of hypertension during pregnancy as diagnosed by a physician or someone working under a physician's orders and self-reported by a woman, e.g., 1=No, never had high blood pressure before the most recent pregnancy, when not pregnant (chronic hypertension). 2= Yes, told by a doctor I had high blood pressure before the most recent pregnancy, when not pregnant (chronic hypertension). 3= Yes, told by a doctor I had high blood pressure before the most recent pregnancy, but only when pregnant (pregnancy-induced hypertension in both past and most recent pregnancies). 4= Yes, told by a doctor I had high blood pressure for the first time during the most recent pregnancy (pregnancy-induced hypertension in the current pregnancy only).
- (9) **Multi/Prenatal Vitamin Consumption Prior to Pregnancy** - A one-position field indicating an average of how many times per week a woman took a multi/prenatal vitamin in the month before pregnancy, e.g., 0=Less than once per week , 1-7= Times per week, 8= Eight or more times a week, 9=unknown.
- (10) **Multi/Prenatal Vitamin Consumption During Pregnancy** – A one-position field indicating if a pregnant woman has taken multi/prenatal vitamins and/or minerals in the past month, e.g., 1=Yes, 2=No and 9=Unknown.
- (11) **Cigarettes/Day – 3 Months Prior to Pregnancy** – A two-position field indicating the average number of cigarettes the woman smoked per day during the three (3) months before she became pregnant, e.g., 00=Did not smoke, 01-96=Number of cigarettes smoked per day, 97=97 cigarettes per day or more, 98=Smoked, but quantity unknown, 99=Unknown or refused.
- (12) **Cigarettes per Day Prenatal Visit** - A two-position field indicating the average number of cigarettes the woman currently smoked per day at her prenatal visit, e.g., 00=Did not smoke, 01-96=Number of cigarettes smoked per day, 97=97 cigarettes per day or more, 98=Smoked, but quantity unknown, 99=Unknown or refused.
- (13) **Cigarettes per Day Postpartum Visit** – A two-position field indicating the average number of cigarettes the woman currently smoked per day at her postpartum visit, e.g., 00=Did not smoke, 01-96=Number of cigarettes smoked per day,

97=97 cigarettes per day or more, 98=Smoked, but quantity unknown, 99=Unknown or refused.

- (14) **Cigarettes/Day – Last 3 Months of Pregnancy** – A two-position field indicating that average number of cigarettes the woman smoked during the last three (3) months of her current or most recent pregnancy. This is reported at the postpartum visit only, e.g. 00=Did not smoke, 01-96=number of cigarettes smoked per day, 97 = 97 or more, 98 = smoked but quantity unknown, 99=Unknown or refused.
- (15) **Household Smoking – Prenatal Visit** – A one-position field indicating whether anyone in the household other than the pregnant or postpartum women currently smokes inside the home, e.g., 1=Yes, someone else smoke inside the home, 9=Unknown. 2= No, no one else smokes inside the home.
- (16) **Household Smoking – Postpartum Visit** – A one-position field indicating whether anyone in the household other than the pregnant or postpartum women currently smokes inside the home, e.g., 1=Yes, someone else smokes inside the home, 2- No, no one else smokes inside the home, 9=Unknown.
- (17) **Drinks/Week – 3 Months Prior to Pregnancy** – A two-position field indicating the average number of drinks per week of beer, wine or liquor the woman consumed during the three (3) months before her current or most recent pregnancy, e.g., 00=Did not drink, 01= 1 drink per week or less, 02-20=number of drinks per week, 21=21 or more drinks per week, 98=Drank, but quantity unknown, 99=Unknown or refused.
- (18) **Drink/Week – Last 3 months of Pregnancy** – A two-position field indicating the average number of drinks per week or beer, wine, or liquor the woman consumed during the last three (3) months of her current or most recent pregnancy. This is reported at the postpartum visit only, e.g., 00=Did not drink, 01=1 drink per week or less, 02-20=Number of drinks per week, 21=21 or more drinks per week, 98=Drank, but quantity unknown, 99=Unknown or refused.

22. **Comments (Proxy 1/Proxy 2)** – This section may be used to maintain a record of proxy names authorized by participants or parents/alternate parent/spouse at certification. Review names prior to voucher issuance.

23. **Questions added to the Certification forms (P,N,B,I and C):**

Breastfeeding

The “Food Package” row has been expanded to include space to record the infant’s food package code. If the infant has not yet been certified or if the mother has delivered multiple infants (e.g., twins,

triplets, etc.), the CPA should enter “AAA” in this box on the Certification Form or in the computer system. The purpose of this field is for the computer to perform a cross-check between the mother’s and infant’s food package codes to ensure the mother is receiving an allowed food package.

Woman’s Feeding Method (E, M, S). The CPA is to identify whether the breastfeeding woman is classified as Exclusively, Mostly, or Some breastfeeding.

Non-Breastfeeding, Breastfeeding, Infant and Children

Date of last time of breastfeeding and/or pumping (MMDDYYYY)

Children

Recumbent/Standing (R or S). The CPA is required to identify whether a child was measured in a recumbent (R) or standing (S) position.

Infant

Infant Feeding Type (E, M or F). The CPA is to identify whether the infant is receiving an Exclusively Breastfed, Mostly Breastfed, or Fully Formula Fed food package.

Infant and Children

1. Medical Home (Y or N). If yes, enter name of physician or practice.
2. PeachCare (Y or N)

Prenatal, Non-Breastfeeding, Breastfeeding, and Children

1. Fruit Intake (D, S or N). The CPA is to indicate whether the applicant / participant consumes fruit daily, some days of the week, or never.
2. Vegetable Intake (D, S or N). The CPA is to indicate whether the applicant or participant consumes vegetables daily, some days of the week, or never.
3. Usual Daily Activity (V, S or N). The CPA is to indicate whether the applicant / participant is very physically active, somewhat active, or not active.
4. Dairy Intake (D, S or N). The CPA is to indicate whether the applicant or participant consumes dairy products daily, some days of the week, or never.
5. Screen Time (Hours in 00-24). The CPA is to indicate the amount of time in hours per day that the applicant or participant spends watching television, playing video games and/or playing on a computer.

Prenatal, Non-Breastfeeding, Breastfeeding, Infant and Children

Family Number

XVI. INELIGIBILITY PROCEDURES (NOTIFICATION REQUIREMENTS)

Persons may be ineligible or disqualified for the Georgia WIC Program benefits on the basis of residency, category, income or nutritional risk; however, infants fewer than four

(4) months of age are the only participants/applicants who potentially can be disqualified based solely on the lack of nutritional risk (due to the introduction of Risk Code 401, which can be used to document *presumed* nutritional risk for all otherwise eligible persons who are age four [4] months or older). All applicants/participants who do not meet the Georgia WIC Program requirements and are assessed to be ineligible or disqualified for WIC benefits must be notified of ineligibility, in writing. The Notice of Termination/Ineligibility/Waiting List (NTIWL) Form is the official documentation that local agencies must use to notify applicants/participants of ineligibility or termination (**see Attachment CT-14 or CT-15**).

When applicants/participants are ineligible or terminated from the Georgia WIC Program and a NTIWL is issued, they must be informed of their right to a fair hearing. A fair hearing may be requested when the Georgia WIC Program participation is denied or a participant is disqualified for benefits (see Fair Hearing Section in Rights and Obligations). Local agencies must follow the Georgia WIC Program procedures for “written notification” and “processing standards” whenever an ineligibility/termination decision is made. All procedures followed must be documented in the health record or agency file.

The following notifications shall be made in writing and comply with programmatic time frames:

A. Written Notification

1. Ineligibility - An applicant/participant determined to be ineligible for the Georgia WIC Program benefits on the basis of residence, income, or nutrition risk will receive a Notice of Termination/Ineligibility/Waiting List form on site, which states the reason(s) for ineligibility. A copy of the form will be filed in the individual's health record and/or the Ineligibility file. If the applicant/participant is assessed over the income limits, a copy of the document viewed, **the signed Certification form and a copy of the Notice of Termination/Ineligibility/Waiting List form must be placed in the Ineligibility file and/or the individual's health record.** These files must be maintained for three (3) years plus current year.

Note: Completion of the Fair Hearing Section of the Notice of Termination/Ineligibility/Waiting List (NTIWL) Form is required.

2. Expiration of Certification Period - Each participant will be notified at least fifteen (15) days before the expiration of their certification eligibility period that it is about to expire. Homeless participants will be notified at least thirty (30) days before the expiration of their certification period.
3. Disqualification - A participant who is about to be disqualified from the Georgia WIC Program participation at any time during the certification period must be notified, in writing, at least fifteen (15) days before benefits end. Reasons for this action and of the right to a fair hearing must be provided. In the event the state agency mandates that the local agency must suspend or terminate benefits to participants due to a shortage of funds, the NTIWL Form must be issued to the participant.

A copy of this form must be filed in the individual's health record.

4. Termination Notification - Notification does not need to be provided to persons terminated for failing to pick up vouchers for two (2) consecutive months and failing to return for subsequent certification provided the participant has been given or read the Rights and Obligations.
5. Interim Income Change (Reassessment of Income Eligibility) - Individuals will be disqualified at any time during the certification period when family income exceeds eligibility requirements. A fifteen (15) day notice must be issued.

B. Completion of Notice of Termination/Ineligibility/Waiting List Form

1. Fill in applicant's name and the date at the top of the form including the date of birth, phone number, and address.
2. Mark the box with the correct option and check the reason for termination.
3. Complete the information at the bottom of the form regarding the name and address of the Georgia WIC Program. **The Fair Hearing Section must be completed when using this form.** If a stamp is used for this purpose, *all* copies must be stamped. The form must be signed by the parent/guardian/caregiver/spouse/alternate parent and the WIC representative. Appropriate documentation and termination procedures must be followed. A written notice of termination must be given for each member of the family on the Georgia WIC Program.

C. Ineligibility File

Clinics are required to maintain an Ineligibility file. **The five items listed below are critical and must be presented when a fair hearing is requested by an applicant or other persons acting on behalf of an applicant.** Each clinic may establish their own system for maintaining such a file, as long as the following guidelines are followed:

1. Ineligible Applicants without Health Records: For applicants who do not have a health record in the clinic, the Ineligibility file must contain the following:
 - a. Applicant's name
 - b. A copy of the NTIWL Form (Completely filled out with signatures, dates and the Fair Hearing Section);
 - c. The date the ineligibility action was taken.
 - d. WIC Assessment/Certification Form (Complete all sections on the WIC Assessment/Certification Form when an applicant is not eligible for the Georgia WIC Program. This includes income documentation, date, **print name** and signature of the participant or applying parent/guardian/caregiver/spouse/alternate parent of the participant and the signature, **print name** of the person who collected income information).

- e. All supporting documentation, e.g., nutritional assessment, growth charts, progress notes, Income Calculation form, etc.
2. Ineligible Applicants with Health Records:

The five items listed above must be documented and may either be filed in the applicant's health record or in the Ineligibility file. For those who have these items filed in their health records, a list of their names or a copy of their NTIWL Form must be kept in the Ineligibility file. If a copy of their NTIWL Form is filed in the Ineligibility file, it does not also need to be filed in the health record.

XVII. TRANSFER OF CERTIFICATION

WIC certification is transferable during a valid certification period. Paper and electronic Verification of Certification (VOC) cards are the official documents for validating WIC certification nationwide (**see Attachment CT-16 and 17**). VOC cards (paper and electronic) are negotiable instruments used to validate WIC certification.

These cards allow WIC participants to transfer certification from one clinic, city or state to another. Local agencies must maintain accurate records of issuance, security and receipt from participants.

A. Clinic Staff

Clinic staff must:

1. Inform all WIC participants that they should request a VOC Card if relocating anytime during their eligibility period. All migrant farm workers must be issued VOC cards upon arrival in the clinic. For non-migrant participants transferring within the State of Georgia only, issue a VOC/EVOC card. However, original records must be retained at the initial clinic site.
2. Instruct the participant on the use of the VOC card.
3. Do not issue an EVOC/VOC card to a proxy. When an applicant transfers in with a VOC card, the parent, guardian, or caregiver is not required to bring the infant or child.
4. When transferring from one clinic to another (in-state or out-of-state), the participant or parent/guardian/caregiver/spouse/guardian/alternate parent must present the VOC card, proof of identity, and residency documents. The Thirty (30)-Day Form can be used for missing proof information.

Note: A Notice of Termination Waiting List (NTIWL) form must be issued on site, when a VOC card is issued to a participant, with the exception of a migrant participant (**see Attachment CT-14 or CT-15**).

B. Out-of-State Transfer/Incomplete VOC Cards

Out-of-state participants with a valid VOC card must be placed on the Georgia WIC Program even if they do not meet the Georgia WIC Program eligibility criteria. Local agencies must be aware that some states use the combination WIC ID/VOC card and must read all VOC cards carefully. **Under no**

circumstances should a WIC participant transferring into a clinic with a valid VOC card be denied WIC benefits or reassessed for eligibility.

Transfer with valid VOC cards or other valid signed certification evidence (e.g., certification record, valid proof of identification and residency) must be enrolled immediately. The Thirty (30)-Day Form can be used for missing proof information. If information is missing, contact the clinic and ask the staff to fax or e-mail the required information as soon as possible. **Proxies cannot present VOC or transfer information for the participant.**

An incomplete VOC card must be accepted as long as the certification period has not expired and the card contains: (1) participant's name, (2) date certification expires and (3) the name and address of the certifying agency. The participant must also present proof of identification and residency. The VOC card must be placed in the participant's file/record.

Participants who are transferring Out-of-State and are in a Thirty (30)-day period status, please document "Thirty Day", the Thirty Day return date and the missing proof information on the VOC/EVOC cards.

C. In-State Transfer

If WIC clinic staff is unable to obtain the necessary information by phone for a Georgia participant, a valid Georgia WIC Program ID card may be accepted in lieu of a VOC card with proper ID and proof of residency. This should be done *only* when immediate certification seems imperative and staff feels the ID card strongly indicates that the individual is eligible. A participant who is transferred using a Georgia WIC Program ID card will be issued vouchers for one (1) month. Prior to the next issuance, clinic staff must contact the certifying clinic for verification of eligibility and certification information. All transfer certification information must be in the participant record within two (2) weeks of the transfer. The phone call and all information obtained must be documented in the participant's health record. The call must be followed with written documentation from the clinic.

It is recommended that each district establish procedures to make it easy for other WIC clinics to obtain the information needed to complete a transfer. This could include a staff member assigned to handle all transfer requests. Also if the clinic uses automatic phone transfers to have the voice message indicate to which extension transfer request should be routed.

D. Release of Information/Original Certification Form (In-State/Out-of- State)

The United States Department of Agriculture (USDA) approved the release of participants' WIC records from one WIC clinic to another WIC clinic without completion of a Release of Information form. **The original WIC Assessment/Certification Form must be retained in the district/clinic where the participant was certified. Below are some scenarios for transferring a WIC participant's records:**

Intra-State (within the state of Georgia):

When transferring a participant from one Georgia WIC Program clinic to another Georgia WIC Program clinic, a Release of Information form is not required. The WIC staff of the receiving clinic should call the original clinic and obtain all necessary information required to complete the transfer process. The original clinic must verify that the receiving clinic is a genuine clinic and provide the participant's information. In addition, the original clinic must send a signed copy of the current Certification form to the receiving clinic as soon as possible, preferably by fax.

Out-of-State Transfer:

When transferring a participant from out of state, the Release of Information form is not required. The above (in-state) policy applies to the out-of-state participants as well.

Transferring a WIC record for a non-WIC purpose:

(Parent of the Child or Private Doctors)

A Release of Information form (**see Attachment AD-4**) must be completed and signed by the participant or parent of the participant before releasing any WIC information to any other agency/program other than WIC. The WIC staff must keep the original record/document in the original clinic. If a mother wants to transfer her child to another WIC clinic and wants to take the WIC record with her (hard copy), the mother must sign the Release of Information form.

If another health program, such as Immunization, private doctors and DFCS, wants the WIC record, a Release of Information form (**see Attachment AD-4**) must be completed before releasing any confidential WIC information.

If a WIC staff is releasing any medical/health information other than WIC information, a Release of Information form must be filled out and signed.

Transferring a Foster Child:

When transferring a foster child from one WIC clinic to another WIC clinic, intra-state policy also applies. If a foster child is placed in a different home during the valid certification period, the foster parent must present all legal documentation. The new foster parents should sign a Release of Information Form (**see Attachment AD-4**).

Note: Any time a clinic refuses to send information without a completed Release of Information form, the requesting clinic must advise the Policy Unit at the Georgia WIC Program of the name of the employee, clinic, and date the information was requested. However, the participant must not suffer; in this situation, please send a Release of Information form to the receiving clinic to serve the participant.

The use of the Participant Transfer Log is optional for all clinics. This form was developed in an effort to remind WIC clinic staff of the status of Transfer information from one WIC clinic to another. Documentation of Transfer will be reviewed (**see Attachment CT-9**).

E. Two Methods for Transfer

The Georgia WIC Program has two (2) methods for VOC cards. They are electronic and paper VOC cards issuance.

1. The Electronic VOC Card System (EVOG)

a. The Electronic VOC card system automatically:

1. Prints the card
2. Completes the inventory
3. Conducts a physical inventory
4. Prints your initials
5. Gives Clinic Manager and Nutrition Services Director access for security reasons

b. The Electronic VOC card system procedure requires:

1. Logging into the VOC card computer system
2. Entering your password
3. Entering necessary data in your VOC card system
4. Printing two copies of the EVOG Card
 - The first signed copy is to be given to the participant
 - The second copy must be placed in the medical record or EVOG card file

If the printing system is linked in GWIS or the GWIS.net, clinic staff is only required to enter the WIC ID number and the required fields will be populated automatically. If the system is not linked to GWIS.net, all required fields on the computer screen must be completed.

c. Quarterly Report for Electronic VOC Card & Paper VOC Cards

On the last working day of the months of December, March, June and September of each year, WIC clinic staff is required to print a copy of their EVOG card inventory and place it in a file for audit purposes. Additionally, each Nutrition Services Director and designee will have permission to view the EVOG card files at any time for security purposes.

d. Printing Electronic VOC Cards

EVOG card information is to be printed on regular white 8 ½ x 11 paper. However, an official EVOG card must be stamped with the Georgia WIC Program stamp using BLACK INK.

e. Termination Notices

Once the EVOG card information is entered, a Notice of Termination/Waiting List form will be generated automatically stating the participant has moved out of the area. The only exception to printing a Notice of Termination/Waiting List form is when a card is issued to a Migrant.

f. Migrant Transfer

When a migrant visits your clinic, automatically issue an EVOC card. However, you must not issue a Notice of Termination/Waiting List Form unless their certification is ending.

g. Required Data on the EVOC and Paper VOC cards

Required data on the EVOC and Paper VOC cards is as follows:

1. Clinic #
2. Participant/Parent/Guardian/Spouse/Caregiver
Alternate Parent
3. Telephone
4. Address
5. ID #
6. Date of Birth
7. Participant's Name
8. Telephone
9. Participant Address
10. Certification Date
11. Height
12. Date Certification Expires
13. Medical Data Date
14. HGB or
15. HCT
16. Weight
17. Food Package
18. Priority
19. EDC Date
20. Migrant (must be checked "yes/no")
21. Nutritional Risk Code (use national risk codes)
22. Intended City/State moving to
23. Date of Latest Income Eligibility
24. Last Date Vouchers Issued
25. The Thirty-Day return date and the missing proof information (if applicable)

The signature of the WIC official as well as the WIC applicant is required on the EVOC card. **Remember: A VOC card must not be issued to a proxy.**

h. Physical Inventory

No physical inventory is required for the EVOC system.

2. The Manual VOC Inventory System

The Manual VOC Card Inventory System is a backup system in the event the computer system crashes. This system requires:

- a. Security of VOC cards
- b. Quarterly or monthly physical inventory
- c. Issuance

- d. Counting of cards quarterly or monthly
- e. Signature of person who conducted the inventory and the initials of the person verifying the inventory

F. Ordering VOC Cards

VOC cards can be ordered by the clinic directly from the State or District office. The District office shall determine how/when clinics order VOC Cards. In the event the District office agrees that VOC cards may be ordered directly from the State, the Nutrition Services Director must submit a VOC Card Agreement and a VOC Card form (**see Attachment CT-21 and CT-22**). These two forms must be completed, signed and forwarded to the Georgia WIC Program at the address below. No orders will be accepted from any clinic unless these forms have been received.

The VOC Agreement must be completed by the Nutrition Services Director who must indicate which clinic representative is responsible for requesting VOC cards from the State (**see Attachment CT-21**). **NO PHONE CALL REQUESTS WILL BE HONORED.**

When ordering VOC cards directly from the State, an order form must be completed and mailed to: **Georgia WIC Program, Policy Unit, Suite 10-476, 2 Peachtree Street, NE, Atlanta, Georgia 30303. A minimum of five (5) paper cards must be on hand (see Attachment CT-23).**

G. Inventories

All local agencies and clinics are responsible for maintaining an inventory of all VOC cards. **The State VOC Card Inventory Logs must be used by all local agencies and clinics (see Attachments CT-19 and CT-20).** When VOC cards are received, the following must be recorded on the inventory log:

1. The date.
2. The number series must be recorded in the beginning/ending number columns.
3. The number of VOC cards received.
4. Total number of VOC cards on hand.
5. Staff initials must be recorded on the inventory log.

The above documentation must be completed the same day the VOC cards are received by a responsible WIC staff person. VOC cards must be used in the order in which they were received: first in, first out. All VOC cards must be used in sequential order until depleted.

EVOG Card Inventory

The EVOG Card Inventory **must** be printed and filed quarterly on the last working day of December, March, June and September of each year.

VOC Card Inventory (Paper)

Districts have the option to conduct VOC card physical inventory monthly or quarterly. If monthly is chosen, the physical inventory **must** be conducted on the last working day of each month. This monthly inventory must be continued for the entire fiscal year. If the District chooses to conduct inventory quarterly, the physical inventory **must** be conducted on the last working day of December, March, June and September of each year.

The following must be recorded on the inventory log:

1. The date
2. The number series must be recorded in the beginning/ending number columns.
3. Document "Physical Inventory Conducted".
4. Total number of cards on hand.
5. Signature of staff person conducting the physical inventory.
6. Initials of staff person verifying the physical inventory.
7. All VOC cards must be accounted for and the log must accurately reflect the disposition of each VOC card.

H. Issuance

A record of the issuance of each card must be maintained. When a VOC card is issued to a participant in the clinic, the following must be recorded on the inventory log (**see Attachment CT-19**):

1. Date the card was issued.
2. VOC card number.
3. Participant's name.
4. Participant's WIC ID number.
5. Signature of Parent/Guardian/Spouse/Caregiver/Alternate Parent/ (A proxy cannot pick up a VOC card).
6. Name/City/State participant is moving to **or "if issued to a migrant that is not moving."**
7. Number of cards on hand.
8. Signature of the staff person issuing the card.

When VOC Cards are issued to the local agency, the following information must be documented (**see Attachment CT-20**):

1. Date.

2. VOC card number series issued (beginning/ending number columns).
3. Number of cards issued.
4. Name of receiving clinic.
5. Name of clinic representative at the receiving clinic.
6. Total number of cards on hand.
7. Signature of staff person conducting the physical inventory.
8. Signature of the staff person issuing the card.

I. Security

VOC cards are negotiable instruments; therefore, the security of the cards and the accompanying inventory log is imperative. VOC cards, the inventory log and the WIC stamp must be stored in **separate locked** locations.

Only authorized personnel may have access to the VOC cards/inventory log. These authorized personnel are determined by the local agency.

When the State office mandates that old stock of VOC cards are replaced with revised ones, complete the Lost/Stolen/Destroyed/Voided Vouchers Report with following (**see Attachment FD-18**):

- a. Current Date.
- b. VOC Card number series (beginning/ending numbers).
- c. Quantity.
- d. Status.

Retain a copy in the clinic and forward a copy to **Georgia WIC Program, Policy Unit, Suite 10-476, 2 Peachtree Street, NE, Atlanta, Georgia 30303**.

Document the destroyed VOC cards on the VOC card Inventory Log with the following:

- a. Current date
- b. VOC card number series (beginning/ending numbers)
- c. Document "Destroyed"
- d. Number on hand
- e. Initials of staff person destroying VOC cards
- f. Initials of staff person verifying that the VOC cards were destroyed

Lost/Stolen/Destroyed EVOC or VOC Cards

In the event an EVOC or VOC card is lost, stolen or destroyed, contact the Policy Unit immediately and complete the Lost/Stolen/Destroyed/Voided Voucher Report. This report is located in the Food Delivery Section.

Anytime an EVOC or VOC Card is lost, stolen, destroyed, an Action Memo will be sent to all local agencies by the Georgia WIC Program so that you are aware of the status of the card.

EVOC or VOC Cards must not be reissued to WIC participants within a certification period. If an EVOC or VOC Card is issued to a participant and they later say that they lost it, inform the participant you will send the information to the new location.

When five (5) or more VOC cards are lost, stolen or misplaced, the Notification Summary of Missing Vouchers/VOC Card form must be completed (see CA Section). Once this report is received, an investigation will be conducted by the Office of Fraud and Abuse in the Department of Public Health.

When there are any discrepancies in the EVOC card system noted an investigation will automatically take place.

XVIII. WIC OVERSEAS PROGRAM

A. General

The Department of Defense (DOD) has implemented a program overseas similar to WIC. This program is called the WIC Overseas Program.

DOD recently began to phase in implementation of the WIC Overseas Program in five (5) locations. These locations include:

1. Lakenheath, England (Air Force)
2. Yokosuka, Japan (Navy)
3. Baumholder, Germany (Army)
4. Okinawa, Japan (Marines and Air Force)
5. Guantanamo Bay, Cuba (Navy)

Additional WIC Overseas Programs will be phased in at other locations where WIC Overseas Program services and benefits can be provided. Information about DOD's WIC Overseas Programs can be found on the TRICARE Website at: <http://www.tricare.osd.mil>.

B. Impact on USDA's WIC Programs

Legislation limits eligibility in the WIC Overseas Program to:

1. Members of the armed forces (and their dependents) on duty at stations outside the U.S. and their dependents
2. Civilians who are employees of a military department (and their dependents) (e.g., Army, Navy or Air Force) who are U.S. nationals and live outside the U.S and their dependents

3. Contractors employed by DOD who are U.S. nationals living outside the U.S. and their dependents as defined by DOD. All other eligibility requirements for the WIC Overseas Program mirror the USDA's WIC requirements. Therefore, DOD guidelines provide that WIC participants who are transferred overseas and meet eligibility requirements are eligible to participate in the WIC Overseas Program until the end of the certification period. Additionally, any WIC Overseas Program participant who returns to the U.S. with a valid WIC Overseas Program Verification of Certification (VOC) card must be provided continued participation in USDA's WIC Program until the end of his/her certification period. The WIC Overseas VOC card is a full-page document, which also serves as a Participant Profile Report (**see Attachment CT-35**).

Note: A "dependent" includes a spouse and "U.S. national" who are U.S. citizens or individuals who are not U.S. citizens but owe permanent allegiance to the U.S. as determined in accordance with the Immigration and Nationality Act.

C. New EVOC or VOC Card Requirements

State and local agencies must begin to issue WIC EVOC or VOC Cards to WIC participants affiliated with the military who will be transferred overseas. WIC participants issued EVOC or VOC cards when they transfer overseas must be instructed that:

1. There is no guarantee that the WIC Overseas Program will be operational at the overseas sites where they are being transferred.
2. By law, only certain individuals (as defined in Section B above) are eligible for the WIC Overseas Program.
3. Issuance of a WIC EVOC or VOC card does not guarantee continued eligibility and participation in the WIC Overseas Program. Eligibility for the overseas program will be assessed at the overseas WIC service site.

D. Completion of the EVOC or VOC Card

When completing the EVOC or VOC card for a transfer overseas, please follow the same procedures outlined in CT-XVII. E.1.g. TRANSFER OF CERTIFICATION SECTION (Required Data). Special emphasis should be placed on completing these cards with the necessary data to prevent long distance overseas communications.

E. Acceptance of WIC Overseas Program EVOC or VOC Cards

Local agencies must accept a valid WIC Overseas Program VOC card presented

at a WIC clinic by WIC Overseas Program participants returning to the U.S. from an overseas assignment. Follow the current procedures outlined in the CT-XVII.B. TRANSFER OF CERTIFICATION SECTION (Out of State Transfer).

If questions arise about the VOC card presented, a current list of WIC Overseas Program contacts is attached (**see Attachment CT-36**). The list of current contacts will be revised on the website mentioned. Local agencies are also reminded that individuals presenting a valid VOC card must provide proof of residency and identification (with limited exceptions) in accordance with WIC regulations and policies.

XIX. CORRECTING OFFICIAL WIC DOCUMENTS

A. Correcting Mistakes

The following procedure must be followed when a mistake is made on an official WIC document:

1. Make a single line through the error
2. Initial
3. Date
4. Make the correction near the line
5. Write the word error just above the actual error (optional).

B. Adding Information

The following procedure must be followed when it is necessary to write additional information on an official WIC document:

1. Write new information
2. Initial
3. Date

XX. LATE ENTRY CORRECTION OF HEALTH RECORDS

Upon receipt of WIC records from another clinic, review the record for missing information. If information is missing, the receiving WIC clinic may add the missing documentation according to the following procedure:

1. Write the words "LATE ENTRY" in caps in the space where the correction needs to be made.
2. Make the necessary adjustments.
3. Sign your initials and date the change.
4. Any other corrections should be made according to the procedure which is currently outlined in the Georgia WIC Program Procedures Manual.

XXI. DOCUMENTATION PROCEDURES

1. All WIC documentation must be typed or completed in blue or black non-erasable ink.
2. Never use a pencil or red ink.
3. Do not use correction fluid (white out), scratch out or write over the error.
4. Do not, under any circumstances, alter WIC vouchers.
"Official WIC documents" include, but are not limited to: WIC Assessment/ Certification forms, ID cards, VOC cards, voucher registers, inventory logs, vouchers, voucher receipts and health records.

XXII. WAITING LIST

When the local agency is serving its maximum caseload, the state must notify the local agency that a waiting list must be maintained on individuals who visit the clinic to express interest in receiving program benefits and who are likely to be served. However, in no case must an applicant who request placement on the waiting list be denied inclusion.

A waiting list must not begin until the state contacts the United States Department of Agriculture for approval. Once the waiting list is approved by USDA, the state will contact the local agency by sending out an Action memo outlining the procedures for a waiting list.

The state agency may establish a policy which permits or requires local agencies to accept telephone request for placement on the waiting list. Below are additional procedures for maintaining a waiting list.

A. Procedures for Maintaining a Waiting List

1. A waiting list shall be maintained for individuals who qualify and express an interest in receiving Georgia WIC Program benefits. Applications must be kept in order, according to the date and priority they were placed on the waiting list.
2. The waiting list must include the following information to facilitate contacting the applicant when caseload space becomes available:
 - a. Applicant's name
 - b. Date applicant was placed on the waiting list.
 - c. Applicant's address and telephone number.
 - d. Applicant's status (e.g., pregnant, breastfeeding, age of applicant, etc.).
 - e. Applicant's priority.

Applicants must be notified of their placement on the waiting list within 20 days after they visit the local agency during clinic office hours to request benefits. If the state is approved for establishing procedures to accept telephone requests for applicant's placement on a waiting list, applicants must be notified of their placement on a waiting list within 20 days after contacting the local agency by telephone.

Before a waiting list is instituted, the Competent Professional Authority at the state must apply the applicant's priority system and ensure that the highest priority applicants are processed first to become program participants when caseload slots become available.

B. Procedures for Removal from the Waiting List

The state will notify the local agency when a waiting list ends and the procedures for removal from the waiting list.

The Nutrition Services Director or designee must ensure that the following procedures are followed when removing persons from the waiting list, as caseload expansion is re-established:

1. Only those individuals who are still categorically eligible need to be contacted. All others can be periodically purged from the list.
2. Those persons on the waiting list who are still in a current certification period will be contacted to come to the clinic immediately to receive vouchers. All others will be informed that current medical data is required and must be evaluated before certification will be possible.
3. Applicants will be contacted by phone or letter.

Note: The Notice of Termination/Eligibility/Waiting List form will be used to notify applicants on the status of the waiting list when the certification expires.

XXIII. DISTRICT WIC RESOURCE PAGE

The Policy Unit placed all clerical and administrative staff forms on the www.WIC.ga.gov website under the "District WIC Resources" page.

XXIV. IMMUNIZATION COVERAGE ASSESSMENT

All WIC agencies are required to coordinate with and refer participants to a variety of allied nutrition and primary health care services including immunization. (7 C. F. R. Section 246.4(a)(8)). As with all program coordination efforts, the method by which WIC and immunization services are coordinated is a local agency decision. The Georgia WIC Program and the Immunization Program have a signed agreement to work together to improve the immunization coverage among WIC participants. The objective of this agreement is to raise the level of immunization compliance for infants and children zero (0) to thirty-six (36) months of age. Screening for immunization status begins at birth.

WIC is under Federal mandate to screen every child for immunization status at each certification. The immunization status must be recorded in the medical record and/or the computer. The following information must be recorded: Is there a documented immunization record; the response is (Y) for yes an immunization record is viewed or (R) for the record requested (record was not available). If the prior response was (Y), then the next response should be (Y) the child is adequate for age or (D) referred to doctor or (H) referred to health department. Clients who fail to bring immunization records to clinic

for two (2) consecutive certification visits must be referred to the District Immunization Coordinator or designee for tracking and follow-up. Local agencies will be routinely monitored to assure immunization records are assessed and that referrals are being made according to local agency policy. See the Monitoring Section for the tool on which the local agency will be reviewed.

XXV. COMPLAINT PROCEDURES

A. Procedures for Processing a Complaint or Incident

It is required that all complaints be systematically documented. Every effort should be made to resolve an incident or complaint within twenty-four (24) hours.

State WIC staff (Policy Unit) will record the complaint in the electronic web application. Notification of the complaint will be sent by e-mail to the District Nutrition Services Director (NSD) to address. The NSD will have to log into the complaint web application to view and record the complaint resolution. Once a satisfied response is received by the state, the state staff will close the complaint. If an unsatisfied answer is received, the state staff will request more information.

How to use the complaint web application:

1. Visit <http://wic.ga.gov/complaints/>
2. Register yourself using your official (work) e-mail address under clinic user.
3. Create a password – password is case sensitive.
 - a. Minimum six (6) characters
 - b. Alpha-numeric
4. Once an account is created inform policy unit staff to link your district/clinic under your user name.

If the state office receives a complaint for your district/clinic, an e-mail will be sent to you. You can view the complaint by logging into the web application. You can see the complaint detail by clicking "Detail". You can respond to the complaint by "respond to complaint".

When a complaint is received by local agency/District/clinic; The Incident/Complaint Form should be used to assure that all required information is captured (see Attachment CT-39).

Complete the top left hand portion of the form. This section will capture the District/Unit/Clinic and the county in which the incident occurred. Complete the date of the incident and the date the incident was reported. The follow-up date will be completed later when follow-up is done. If the complaint is identified as a Civil Rights Complaint, refer immediately to the Georgia WIC Program Civil Rights Coordinator.

The top right hand portion of the form is designed to capture the type of complaint. If a participant files a complaint, check participant and complete the Person Filing Complaint and Participant Information section. Proceed with the complaint. If a vendor calls with a complaint, check vendor and complete the

Vendor Information section on the form and document the complaint.

When recording the incident/complaint, get as much information about the situation as possible. In the absence of electronic signatures type the name of the person taking the incident/complaint. It is necessary for the local agency to document the resolution of the incident/complaint and indicate if the complaint can be closed at the local level. Record the name and title of the person resolving the complaint and resolution date.

This form will be kept on file for three (3) years plus current year.

B. How to File a Complaint (Flyer)

It is required to have the "How to File a Complaint" Flyer displayed and visible in all WIC service delivery points in the clinic (see Attachment CT-40). This flyer is included on the WIC ID folder. WIC staff must explain this flyer to the WIC applicants/participants at initial certification, re-certification and mid-certification.

Please refer to **Rights and Obligations Section IV. E and F** regarding complaint procedures.

XXVI. SPECIAL CERTIFICATION CONDITIONS (HOME VISITS)

A. General

A home certification may be done for WIC applicants/participants unable to visit the clinic for an extended period of time due to the following conditions: Recent child birth, prenatal on bed rest, disabilities that inhibit movement from place to place, medical equipment that is difficult to transport or health conditions that would be exacerbated by coming into a WIC clinic.

Districts must receive approval from the Georgia WIC Program as mandated by Federal regulations prior to implementing the routine practice of home certifications. Charges for in-home WIC services are forbidden.

B. Certification for Home Visits

Certification requires all information to be completed on the Certification Form and vouchers issued at the time of certification in order to complete the process. When only one person completes a certification, a copy of the completed Certification Form, voucher receipt(s) and any other documentation must be submitted to the District Nutrition Services Directors or their designee within three (3) days of certification to comply with separation of duties. Separation of Duties means more than one employee is required to complete the WIC application process of issuing vouchers and conducting the WIC Certification process. However, a form has been created to document the absence of Separation of Duties (**see Attachment CT-43**) if only one person is completing the entire voucher issuance and WIC certification process. The Separation of Duties form must be:

- **Maintained on file at the District office for review**
- **Maintained on file for three (3) years plus current year**
- **Completed within three (3) days of certification**
- **Used anytime one (1) person completes the certification process alone**

C. Procedures

When making a home visit to certify all applicants for the Georgia WIC Program, the following procedures must be followed:

1. Staff will communicate with client by phone; obtain as much information over the phone as possible (establish time and date of visit).
2. Clinic staff must take a laptop or paper Certification Form to the client's home. Clinic staff must request ID, residency and income and documents using established codes. When using a paper Certification Form, place the signed copy of the form in the patient's file. The certifying information must be entered into the computer. However the, unsigned computer printout must not be included in the patient record.
3. VPOD vouchers must be created prior to leaving the WIC clinic. The client then signs the voucher receipt or voucher register if blank manual vouchers are used. The signed receipt or register must be filed and maintained according to standard operating procedures.
4. Clinic staff may use the mother's Medicaid number as proof for the first sixty (60) days to place an infant on the Georgia WIC Program. Medicaid card verification must be done or a thirty (30)-day certification may be used. If the thirty (30)-day certification is used, the established procedures must be followed.
5. An Ineligibility Notice must be issued if the client is determined to be ineligible at that time.
6. If, after completing the certification process, Voter Registration has been offered according to the requirements of the National Voter

Registration Act of 1993, Rights and Obligations and How to File a Complaint flyer have been given, and the applicant/participant is eligible, then vouchers and a WIC ID card must be issued.

7. WIC clinic staff must return the Certification Form, signed copies of Blank Manual Vouchers and other paperwork to clinic for filing.
8. WIC clinic staff must enter the information into the computer and mail copies of the Blank Manual Vouchers (if used) to CSC Covansys.
9. Nutrition assessment/education – Based on the data collected from the WIC Assessment and Certification Forms (e.g., client's available anthropometric, biochemical, nutritional information and health history), a nutrition assessment shall be done and nutrition counseling provided. The client-centered counseling shall include information on the applicant's nutritional risks identified, food package prescribed, information about the Georgia WIC Program and any referrals for services needed. The nutrition education and related forms shall be documented and filed in the participant's chart upon return to the clinic.

XXVII. SPECIAL CERTIFICATION CONDITIONS

A. General

The certification process for Newborn/Postpartum certification in the hospital is listed below. This includes but is not limited to the certification and transfer process of WIC participants statewide.

Hospital newborns/Postpartum WIC Clinics may be transit or stationary clinic sites. The hospital clinics presently serve:

- Newborns delivered on site
- Postpartum women
- Postpartum women already served by clinics during their prenatal period

B. Separation of Duty

When only one (1) person completes any certification process alone, a copy of the completed Certification Form, voucher receipt(s) and any other documentation must be submitted to the Nutrition Services Director or their designee within three (3) days of certification to comply with separation of duties.

A form has been created to document the absence of Separation of Duties (**see Attachment CT-43**). The **Separation of Duties** form must be:

- Maintained on file at the District office for review.
- Maintained on file for three (3) years plus current year.
- Completed within three (3) days of certification.
- Used any time one (1) person completes the certification process alone.

C. Certification Procedure (with use of medical records)

The procedures for certification at a hospital with use of medical records are as follows:

- A list of daily deliveries is given to WIC Staff to make rounds on the OB wards.
- WIC staff visits the OB ward and review the medical records, nurse kardex/a list and lab data, which facilitate the certification process.
- The medical records contain the identification (ID), residency, Medicaid documentation, weight, heights and hemoglobin.
- Record Medical Record (MR) for proofs obtained by the hospital medical records. Stamped dated copies are required for proofs received from the applicant/participant or the thirty (30)-day procedure should be used.
- A Certification form is completed. Voter Registration is offered, according to the requirements of the National Voter Registration Act of 1993, Rights and Obligation and How to File a Complaint flyer are given and one (1) to three (3) months of vouchers are issued depending on client risk and follow-up needed.
- The participant is transferred to the clinic of their choice. This includes all health districts and one contracted agency.
- Vouchers are taken on the ward stored in a locked container until issued.
- The participant is given a follow-up appointment with the name and phone number of the WIC clinic to contact.
- WIC staff maintains a daily running list of patients enrolled on the Georgia WIC Program to ensure that duplication does not occur.

Note: High-risk participants – Certifying WIC staff must use professional judgment in determining the number of months of vouchers that are issued to high-risk participants.

D. Certification Procedures (without use of the Medical Record)

When only one person completes any certification process, a copy of the completed Certification Form, voucher receipt(s) and any other documentation must be submitted to the Nutrition Services Director or their designee within three (3) days of certification to comply with separation of duties.

The procedures for certification at a hospital without permission to use Medical Records are as follows:

- WIC staff is given a list (daily) of patients that are on the OB ward. This list contains information that will determine the status of each patient (e.g., name, age, lab data, etc., that facilitates the certification process).
- This list may also contain the identification (ID), residency, Medicaid documentation, weight, heights and hemoglobin.
- Identification, residency and income information (if adjunctive eligibility documentation is not found) is brought to the hospital or the Thirty (30)-Day procedure should be used).

- The WIC employee verifies the list prior to making rounds on the OB wards. This will determine if the patient needs to be seen. Additionally, information must be asked of the applicant to determine eligibility (e.g., income, etc.).
- WIC staff maintains a daily running list of patients enrolled on the Georgia WIC Program to ensure that duplication does not occur.
- A Certification form is completed. Voter Registration is offered, according to the requirements of the National Voter Registration Act of 1993, Rights and Obligations and How to File a Complaint flyer are given and one (1) to three (3) months of vouchers are issued.
- The participant is transferred to the clinic of their choice. This includes all county clinics and one contracted agency.
- Vouchers are taken on the ward stored in a locked container until issued.
- The participant is given a follow-up appointment with the name and phone number of the clinic to contact.

Note: High-risk participants – Certifying WIC staff must use professional judgment in determining the number months of vouchers that are issued to high-risk participants.

E. 90-Day Blood Work Policy

Each District must develop a written procedure to be used in obtaining blood work on postpartum breastfeeding and non-breastfeeding women certified in the hospital. This procedure must be approved by the Nutrition Services Unit prior to implementation. Written approval must be kept on file in the District Office.

F. Voter Registration Policy

WIC applicants/participants are offered the opportunity to register to vote at the time of all application, renewal, recertification and change of address transactions according to the requirements of the National Voter Registration Act of 1993. Follow all the requirements set forth in the Rights and Obligation Section at National Voters Registration Act.

G. Transfers/Caseload Count

Hospital clinics must not maintain any WIC participant from another District for more than three (3) months. In fact, all participants certified for the Georgia WIC Program must be given a copy of their Certification Form to enroll into the clinic/county of their choice.

When clinic staff completes the certification documentation, the information is entered into the computer and transmitted daily to the State contractor. VOC cards are one method of transfers that are being used. Other clinics are using the three-ply certification form maintaining one copy for the clinic; the second copy is mailed to the receiving clinic and the third copy is given to the participant to carry to the clinic.

H. Identification (ID) Number Assignment

WIC participant ID numbers are assigned based on District policy.

I. Thirty (30) -Day Policy

The Thirty (30) -Day Policy may be used in the hospital. However, only one month of vouchers may be issued and the receiving clinic must collect the missing documentation. Please remember to identify the missing documentation on the WIC ID card. Send a copy of the Thirty (30)-Day form along with a copy of the Certification Form to the new clinic site.

J. Agreement between the District and Hospital

All hospital-based clinics must have a Memorandum of Understanding or agreement in place with District prior to opening. This agreement must be forwarded to the Georgia WIC Program upon approval.

K. Prior Approval

Written approval must be given by the Georgia WIC Program prior to opening any new WIC clinics (see the Administrative section of the Georgia WIC Program Procedures Manual).

L. File Maintenance in the Hospital

Files for all hospital sites must be kept separate and apart from other records for audit purposes.

M. Voucher Security

All vouchers must be kept secure and follow the procedures outlined in the Georgia WIC Program Procedures Manual.

N. Certification Process in the Hospital

Only one Certification Form is required per certification. If a paper Certification Form is used for certification, file it in the WIC record. Once the certification information is entered into the computer, do not print an additional computer Certification Form.

O. Required Components of a Hospital Certification

1. The **name, address and income** of the WIC applicants must be acquired from the Medical Record or by requesting the information on site from the applicant.
2. The **initial contact date** is the date the applicant is being certified and vouchers are issued at the hospital.
3. **Physical Presence Status** – Answer Yes - The applicant is on site during the certification.
4. **Residency Proof** – The documentation in the Medical Record, the documentation the applicant shows you on site or the Thirty (30)-Day form may be used as proof of residency.
5. **Identity Proof** – The documentation in the medical record, the documentation that the applicant shows you on site or the Thirty (30)-Day form may be used as proof of identification.
6. **Date of Certification and Date the Nutritional Risk data was taken** – This is the date the documentation was taken on site.
7. **Height for Postpartum Women and Length for Infants**

Women - Breastfeeding and Non Breastfeeding Post Partum

 - a. Use height from the prenatal certification or the hospital record.
 - b. If no documented height is available, then use a self-reported height.

Infants
Use birth length from the hospital for infants (in Medical Record or on the crib card).
8. **Weight for Postpartum Women and Infants**

Women-Breastfeeding and Non-Breastfeeding Post Partum

 - a. Pre-Pregnancy Weight - Pre-pregnancy weight from health record; self reported if not available from record.
 - b. Current Weight Before Delivery - Required; self reported if not available from record.

Infants
Weight for Infants – Use birth weight from the hospital (in Medical Record or the crib card).
9. **Hematological Data** – Document post-partum hematological data when available or use the ninety (90)-day hematological policy.

Blood work may be available for postpartum women prior to discharge from the hospital. When postpartum breastfeeding and non-breastfeeding women are certified in the hospital, and hematological data is not available, follow these procedures:

Ninety (90)-day Hematological Policy

- a. Enter the Date of Certification in the Hematological Date field.
- b. Enter the value 88.8 in the Hemoglobin field.
- c. If the applicant is assessed WIC eligible, issue up to two (2) months of vouchers and follow District procedures for obtaining blood work by the next voucher issuance.

Note: Each District must develop a written procedure to be used in obtaining blood work on postpartum breastfeeding and non-breastfeeding women certified in the hospital. This procedure must be approved by the Nutrition Services Unit prior to implementation. Written approval must be kept on file in the District office.

- 10. **Risk Factor Assessment and Documentation** - The documentation may come from the Medical Record or by speaking with the WIC applicant.

Women (Breastfeeding and Non-Breastfeeding Postpartum) - Evaluation of Inappropriate Nutrition Practices. Infants

- a. Evaluation of Inappropriate Nutrition Practices and completion of Growth Chart are both optional (hospitals only)
- b. Risk Factor Assessment Required

- 11. **Primary Nutrition Education and Referrals** - Primary nutrition education and appropriate referrals must be documented for all hospital certifications.
- 12. **Signatures and Title of the Competent Professional Authority** Making the determination and signature and title of person making income determination. Signature of the applicant/participant/caregiver or parent – Date Applicant is seen.
- 13. **The Statement advising participants of their Rights and Obligations while on the Georgia WIC Program** - This information is already on the Certification Form.
- 14. **If information is shared with other Programs, Disclosure Statement is required on the Certification form.**
- 15. **Notification of the participant’s Rights and Obligations** – Must be given on site to the participant (handout).

16. **Explanation on how the Local Food Delivery System Works** - Must be given on site to the participant (handout).
17. **Advise in writing of the Ineligibility/Suspension or Disqualification** – Not necessary unless ineligible during the initial certification.
18. **Voter Registration** - Must be offered during the certification process according to the requirements of the National Voter Registration Act of 1993.
19. **How to File a Complaint Flyer** – Must be given on site to the participant (handout).

P. Two Types of Hospital Clinics

There are two types of hospital clinics. The types are listed below:

A transit clinic is a site where WIC staff does not have an office in the hospital but make rounds for eligible the Georgia WIC Program applicants. Transit clinic must bring documents, vouchers, etc., to the hospital. These clinics **do not store records** on site. Transit clinics must have WIC records stored at a location separate and apart from other WIC records for audit purposes.

A stationary clinic is a site where WIC staff has a permanent office in the hospital. Stationary clinics have documents, vouchers, etc., housed on site. WIC records are maintained separate and apart from hospital records for WIC audit purposes.

Each site must have its own clinic number regardless if it is a stationary site or voucher issuance site. Additionally, WIC records must be attainable for audits by District/State or USDA.

XXVIII.CLIENT STAFF RATIO

Client-to-staff ratios are listed in the Administrative section of the Georgia WIC Program Procedures Manual for administrative purposes.

XXIX. PNSS DATA COLLECTION

The Georgia WIC Program Certification Forms (PNBIC) incorporate the Pregnancy Nutrition Surveillance Systems (PNSS) data collection fields. The new PNSS data is located on the back of the Prenatal, Breastfeeding and Non- breastfeeding Certification forms. PNSS is a program based public health surveillance system that monitors risk factors associated with infant mortality and poor birth outcomes among low-income pregnant **women**.

The Pediatric Nutrition Surveillance System (PedNSS) is a child based public health surveillance system that monitors the nutritional status of low income U.S. children who attend federally-funded maternal and child health and nutrition programs.

XXX. WIC INTERVIEW SCRIPT

The WIC Interview Script provides WIC applicants/participants with general WIC information. The WIC Interview Script must be presented to all WIC applicants/participants during the initial certification, re-certification and mid-certification process so they will have the opportunity to select their ethnicity, migrancy status and all racial categories that applies. However, during the re-certification or mid-certification process, it is not necessary to use this script if you ask the following question: "Has anything changed since the last visit, e.g., address, telephone number, migrant status, ethnic origin or race?" Please document change(s) if necessary.

The WIC Interview Script will be a part of the WIC Programmatic Review (**see Attachment CT-42**).

GEORGIA WIC PROGRAM
ASSESSMENT/CERTIFICATION FORM
PRENATAL WOMAN

CLINIC	FAMILY NUMBER		WIC ID NUMBER	
NAME LAST	FIRST		MIDDLE INITIAL	BIRTHDATE
ADDRESS		CITY		ZIP CODE
TELEPHONE		HISPANIC/LATINO <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE (check all that applies) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
COUNTY OF RESIDENCY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PROOF OF RESIDENCY UP: _____	PROOF OF I.D. UP: _____	FOSTER CARE <input type="checkbox"/> YES <input type="checkbox"/> NO	MIGRANT <input type="checkbox"/> YES <input type="checkbox"/> NO
INITIAL CONTACT DATE DATE OF FIRST VISIT REQUESTING WIC SERVICES <small>(Must change date if certifications are not consecutive)</small>			Date:	Type:
MEDICAL DATA DATE <small>(Enter date height and weight measurements were taken)</small>				
Height	in	Weight	lbs	Pregavid Weight lbs
				Pregavid BMI
Hematological Data Date				
Hematocrit/Hemoglobin (Value must be ≤ 50 days)				HCT
				HGB
Select appropriate risk criteria per State guidelines (See Risk Criteria Handbook for definitions)				
				YES
				NO
Low Hgb/Hct		[HR]	201	
Underweight (pregavid BMI < 18.5)		[HR]	101	
Overweight (pregavid BMI > 25.0)		[HR?]	111	
Low Maternal Weight Gain		[HR]	131	
* Gestational Weight Loss During Pregnancy		[HR?]	132	
High Maternal Weight Gain			133	
* Elevated Blood Lead Level (Blood Lead Level ≥ 10 µg/dl)		[HR]	211	
* Hyperemesis Gravidarum		[HR]	301	
* Gestational Diabetes		[HR]	302	
* History of Gestational Diabetes			303	
* History of Preeclampsia			304	
* History of Preterm Delivery (Enter delivery date(s) and weeks gestation: _____)			311	
* History of Low Birth Weight Infant(s) (Enter birth weight(s) and birth date(s): _____)			312	
* History of Fetal/Neonatal Death (Enter date(s) and weeks gestation: _____)		[HR?]	321	
Pregnancy at a Young Age (Age of EDC)			331	
* Closely Spaced Pregnancies (Enter termination date of last pregnancy: _____)			332	
* High Parity and Young Age (Enter delivery dates of previous pregnancies: _____)			333	
* Lack of, or inadequate Prenatal Care [Prenatal care beginning after 1st Trimester (0-13 wks.)]			334	
* Multi-Fetal Gestation		[HR]	335	
* Fetal Growth Restriction			336	
* History of Birth of a Large for Gestational Age Infant (Enter birth weight(s): _____)			337	
Pregnant Woman Currently Breastfeeding			338	
* History of Birth with Nutrition Related Congenital or Birth Defect(s): _____)			339	
* Nutrition Related Medical Conditions (List code(s): _____)		[HR?]		
* Smoking (Any smoking of cigarettes, pipes or cigars) (Enter number of cigarettes or cigars smoked or number of times pipe smoked (#/day: _____)			371	
* Alcohol and Illegal Drug Use			372	
* Dental Problems			381	
* Inappropriate Nutrition Practices			400	
Other Dietary Risk (Failure to Meet Dietary Guidelines)				
Transfer of Certification			401	
Homelessness			502	
Migrancy			801	
* Recipient of Abuse			802	
* Woman with Limited Ability to make Feeding Decisions and/or Prepare Food			901	
Foster Care			902	
* Environmental Tobacco Smoke Exposure			903	
HIGH RISK (Yes or No)				
ELIGIBLE FOR WIC				
PRIORITY: 1= (201, 101, 111, 131, 132, 133, 211, 301, 302, 303, 304, 311, 312, 321, 331, 332, 333, 334, 335, 336, 337, 338, 339, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 371, 372, 373, 381, 502, 904) 4= (400, 401, 502, 801, 802, 901, 902, 903)				
FOOD PACKAGE: (Specify Tailoring Instructions)				
SERVICES: CH (A), Health Check (B), CMS (C), Women's Health (D), PCM (E), PRS (F), Immun (G), Lead Screen (H), Dental Health (I), STD (J), Private MD (K), SNAP (L), Medicaid (M), TANF (N), Mental Health (O), Head Start (P), N/A/None (Q), Refused (R), Community Health Center (S), Children 1 st (T), Other-Specialty (U), Dietitian (V), Breastfeeding (W), Breastfeeding Peer Counselor (X)				Enrolled In:
TODAY'S DATE				Referred To:
SIGNATURE AND TITLE OF HEALTH PROFESSIONAL				

*Additional Documentation Required

INCOME DETERMINATION (income must be documented)

DATE	PHYSICAL PRESENCE Y () N ()*	MEDICAID CURRENT Y/N/U Y () U () N () UP (_____)	MEDICAID I.D. NUMBER VERIFY	TANF Y/N/U	SNAP Y/N/U Y () U () N () UP (_____)	NO. IN FAMILY	GROSS INCOME (CURRENT/ANNUAL) C () A () UP (_____)
				COPY AND FILE Y () U () N () UP (_____)			

* See Procedures Manual (CT - Physical Presence) for a list of applicable reasons: (MUST Document in Health Record) Source of Income Code _____ Other _____ (Write in type)

UP: _____

No Proof () How is food, shelter, clothing and Medical Care obtained? _____

Is the Client Income Eligible? YES () NO () UP _____ Check Here if Only One Income Reported () Staff Initials _____

NOTE: The Income Calculation Form must be completed and filed in the Client's Medical Record if more than one income was calculated. UP: _____ Staff Initials _____

DATA NEEDED FOR PREGNANCY SURVEILLANCE

Marital Status (0=Married 1=Not Married 9=Unknown)	
Years of Education completed (e.g. 1 st grade = 01, 2yrs. College = 14, Unknown = 99)	
Month of gestation at time of first prenatal exam (0=no Prenatal Care, 1=1 st . mo., 8=8 th or 9 th mo., 9=Unknown)	
Parity (00= None 01-29 = Number of previous births)	
Date last pregnancy ended (000000 = No Previous Pregnancy 01-12 (all four digits) = Month/Year)	
Multi / Prenatal Vitamin Consumption During Pregnancy (1=Yes, 2=No, 9 = Unknown)	
Multi / Prenatal Vitamin Consumption Prior to Pregnancy (0=less than once a week, 1-8=number per week, 9=Unknown)	
Cigarettes/Day - 3 mos prior to Pregnancy (00=no, 01-96=#cigs/day, 97=97 or more, 98=quantity unknown, 99=refused)	
Cigarettes/Day - Prenatal Visit (00=no, 01-96=#cigs/day, 97=97 or more, 98=unknown, 99=refused)	
Household Smoking - Prenatal Visit (1=Yes, someone smokes, 2=No, no one smokes, 9=unknown)	
Drinks/week - 3 mos prior (00=No, 01=1 drink, 02-20=drinks, 21=21 or more, 98=quantity unknown, 99=refused)	
Fruit Intake. D=Daily S=Some Days N=Never	
Vegetable Intake. D=Daily S=Some Days N=Never	
Dairy Intake. D=Daily S=Some Days N=Never	
Daily Activity. V=Very Active S=Active Some of the Time N=Not Active	
Screen time. Hours = 00 through 24	

Comments (Date/Sign/Title): _____

Proxy 1 _____ Proxy 2 _____

WIC CERTIFICATION STATEMENT

RIGHTS AND OBLIGATIONS

I have been advised of my rights and obligations for participation in Georgia's WIC. I certify that the information I will provide, or have provided, is correct to the best of my knowledge. The income information that I have provided is my total gross household income (all cash income before deductions). This certification form is being submitted in connection with the receipt of Federal assistance. Georgia's WIC officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying to Georgia's WIC, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

NOTICE OF DISCLOSURE

I understand that the chief state health officer for Georgia may authorize the disclosure of information about my participation in the WIC program for non-WIC purposes. This information will be used by Georgia WIC, its local WIC agencies and certain public organizations. These organizations include but are not limited to the Immunization Program, Pregnancy Risk Assessment Monitoring Systems (PRAMS), Epidemiology and other Maternal and Child Health Programs, Emergency Preparedness, Environmental Health and Medicaid. I understand that Georgia WIC, its local agencies and the public organizations can only use my information in the administration of their programs that serve persons eligible for WIC. The public organizations that receive my information must assure that it will not disclose my information to another organization or person without my permission.

I further understand that information about my participation in WIC may be used by the organizations that receive it only to:

1. Determine my eligibility for programs that the organization administers
2. Conduct outreach for such programs
3. Enhance the health, education, or well-being of WIC applicants and participants who are currently enrolled in those programs
4. Streamline administrative procedures to ease the burdens on WIC staff and participants
5. Assess the responsiveness of the state's health system to participants' health care needs and health care outcomes.

I have been advised that the decision to share my information is not a condition for eligibility for WIC, and if I decide not to share my information, this will not affect my application or participation in Georgia WIC.

Name of WIC Applicant/Participant/Guardian/ Caregiver/Spouse/Alternate Parent (please print)	Date	Name of WIC Official (please print)	Date
	UP:		
Signature of WIC Applicant/Participant/Guardian/ Caregiver/Spouse/Alternate Parent	Date	Signature of WIC Official	Date

Please initial below to indicate your preference:

___ In applying for WIC services, I **AUTHORIZE DISCLOSURE** of my WIC applicant or participant information for the purposes referenced above. I understand that my refusal to allow such disclosure does not affect my application for or participation in WIC or my eligibility for WIC services.

___ In applying for WIC services, I **DO NOT AUTHORIZE DISCLOSURE** of my WIC applicant or participant information for the purposes referenced above. I understand that my refusal to allow such disclosure does not affect my application for or participation in WIC or my eligibility for WIC services.

Revised 6/12

GEORGIA WIC PROGRAM
ASSESSMENT/CERTIFICATION FORM
POSTPARTUM BREASTFEEDING WOMAN

CLINIC <input type="text"/>		FAMILY NUMBER <input type="text"/>				WIC ID NUMBER <input type="text"/>			
NAME LAST		FIRST		MIDDLE INITIAL		BIRTHDATE			
ADDRESS				CITY		ZIP CODE		MIGRANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
TELEPHONE		HISPANIC/LATINO <input type="checkbox"/> YES <input type="checkbox"/> NO		RACE (check all that apply) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				ENTER EDC DATE	
COUNTY OF RESIDENCY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		PROOF OF RESIDENCY UP: _____		PROOF OF I.D. UP: _____		FOSTER CARE <input type="checkbox"/> YES <input type="checkbox"/> NO		FOSTER CARE <input type="checkbox"/> YES <input type="checkbox"/> NO	
INITIAL CONTACT DATE DATE OF FIRST VISIT REQUESTING WIC SERVICES <small>(Must change date if modifications are not consecutive)</small>				Date: _____ Type: _____		Date: _____ Type: _____			
WOMEN'S FEEDING METHOD: E= Exclusively Breastfeeding M= Mostly Breastfeeding S= Some Breastfeeding (Circle One)				E		M		S	
BREASTFEEDING AN INFANT LESS THAN 1 YEAR OF AGE (Enter Delivery Date _____) (Birthweight _____ lbs. _____ oz.) (00= 0-6 days, 01= 7-13 days, 02= 14-20 days, 03= 21-27 days, etc.)				Wks		Wks			
Pregavid Weight _____ lbs.		Pregavid BMI _____		BMI (Current) _____					
MEDICAL DATA DATE (Enter date height and weight measurement taken)				Current Height / Weight ht: _____ wt: _____		Hematological Data Date: HCT: _____ HGB: _____		HCT: _____ HGB: _____	
Select appropriate risk criteria per State guidelines (See Risk Criteria Handbook for definitions)				YES		NO		YES	
Low Hgb/Hct									
Underweight (< 6 mo. postpartum, based on pregravid or current wt., ≥ 6 mo. postpartum, based on current wt. § 185) [HR] 201									
Overweight (< 6 mo. postpartum, based on pregravid wt., ≥ 6 mo. postpartum, based on current wt. § 190) [HR?] 111									
High Maternal Weight Gain (most recent pregnancy) [HR] 133									
* Elevated Blood Lead Level (Blood Lead Level ≥ 10 µg/dl) [HR] 211									
* History of Gestational Diabetes: 303									
* History of Preeclampsia 304									
* Delivery of Preterm Infant(s) (most recent pregnancy) (enter weeks gestation: _____) 311									
* Delivery of Low Birth Weight Infant(s) (most recent pregnancy) (Enter birth weight(s) and birth date(s) _____) 312									
* Fetal/Neonatal Death (most recent pregnancy) (Enter date(s) of death and weeks gestation: _____) 321									
* Pregnancy at a Young Age (most recent pregnancy) [HR?] 331									
* Closely Spaced Pregnancies (most recent pregnancy) (Enter termination dates of last (2) pregnancies _____) 332									
* High Parity and Young Age (Enter delivery date(s) of previous pregnancies: _____) 333									
* Multi-Fetal Gestation (most recent pregnancy) [HR] 335									
* History of Large for Gestational Age Infant (Birth weight(s) ≥ 9 lbs. enter birth weight(s) _____) 337									
* Birth with Nutrition Related Congenital or Birth Defect(s) (most recent pregnancy) (specify defect(s) _____) 339									
* Nutrition Related Medical Conditions (List code(s) _____) [HR?] _____									
* Smoking (Any smoking of cigarettes, pipes or cigars) (Enter number of cigarettes or cigars smoked or number of times pipe smoked (# cig /day: _____) 371									
* Alcohol and Drug Misuse 372									
* Dental Problems 381									
* Inappropriate Nutrition Practices 400									
Other Dietary Risk (Failure to Meet Dietary Guidelines) 401									
Transfer of Certification 502									
* Breastfeeding Mother of an Infant(s) at Nutritional Risk (enter infants risk factors: _____) 601									
* Breastfeeding Complications or Potential Complications [HR] 602									
Homelessness 801									
Migrancy 802									
* Recipient of Abuse 901									
* Woman with Limited Ability to make Feeding Decisions and/or Prepare Food 902									
Foster Care 903									
* Environmental Tobacco Smoke Exposure 904									
HIGH RISK (Yes or No)									
ELIGIBLE FOR WIC									
PRIORITY: 1+ (001, 101, 111, 133, 211, 303, 304, 311, 312, 321, 331, 332, 333, 335, 337, 339, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 371, 372, 373, 381, 502, 601, 602, 604) 2+ (502, 601) 4+ (400, 401, 502, 601, 801, 802, 901, 902, 903)									
FOOD PACKAGE: (if unable to complete infant certification at this time, enter code AAA for infant food package and describe reason below.)				WOMAN'S FOOD PACKAGE		INFANT'S FOOD PACKAGE			
SERVICES: CH (A), Health Check (B), CMS (C), Women's Health (D), PCM (E), PPS (F), Immun (G), Lead Screen (H), Dental Health (I), STD (J), Private MD (K), SNAP (L), Medicaid (M), TANF (N), Mental Health (O), Head Start (P), N/A/None (Q), Refused (R), Community Health Center (S), Children 1st (T), Other Specify (U), Dietitian (V), Breastfeeding (W), Breastfeeding Peer Counselor (X)				Enrolled in:		Enrolled in:		Referred To:	
TODAY'S DATE									
SIGNATURE AND TITLE OF HEALTH PROFESSIONAL									

*Additional Documentation Required

INCOME DETERMINATION (income must be documented)

DATE	PHYSICAL PRESENCE	MEDICAID CURRENT Y/N/U	MEDICAID I.D. NUMBER VERIFY	TANF Y/N/U	SNAP Y/N/U	NO. IN FAMILY	GROSS INCOME (CURRENT/ANNUAL)
				COPY AND FILE			
	Y () N () *	Y () U () N ()		Y () U () N ()	Y () U () N ()		C () A () UP ()
	* N () R () D () W ()	UP ()		UP ()	UP ()		

* See Procedures Manual (CT - Physical Presence) for a list of applicable reasons: (MUST Document in Health Record)

Source of Income Code _____ Other _____ (Write in type)

UP: _____

No Proof () How is food, shelter, clothing and Medical Care obtained? _____

Is the Client Income Eligible? YES () NO () UP _____

Check Here if Only One Income Reported ()

Staff Initials _____

NOTE: The Income Calculation Form must be completed and filed in the Client's Medical Record if more than one income was calculated.

UP: _____
Staff Initials _____

DATA NEEDED FOR PREGNANCY SURVEILLANCE

Marital Status (0=Married 1=Not Married 9=Unknown)		
Years of Education completed (e.g. 1 st grade = 01, 2yrs. College = 14, Unknown = 99)		
Month of gestation at time of first prenatal exam (0=0 Prenatal Care, 1=1 st mo., 8=8 th or 9 th mo., 9=Unknown)		
Last weight prior to delivery (Round to the nearest pound)		
Parity (00= None 01-29 = Number of previous births)		
Date last pregnancy ended (000000 = No Previous Pregnancy 01-12 (all four digits) = Month/Year)		
Diabetes – Postpartum visit (1=No, 2= Yes, most recent, 3=Yes, past and most recent, 4=Yes, first time)		
Hypertension – Postpartum visit (1=No, 2= Yes, most recent, 3=Yes, past and most recent, 4=Yes, first time)		
Multi / Prenatal Vitamin Consumption Prior to Pregnancy (0=less than once a week, 1-8=number per week, 9=Unknown)		
Cigarettes/Day – 3 mos prior to Pregnancy 00=no, 01-96=#cigs/day, 97=97 or more, 98=quantity unknown, 99=refused)		
Cigarettes/Day – Postpartum Visit (00=no, 01-96=#cigs/day, 97=97 or more, 98=unknown, 99=refused)		
Cigarettes/Day – Last 3 mos of Pregnancy 00=no, 01-96=#cigs/day, 97=97 or more, 98=quantity unknown, 99=refused)		
Household Smoking – Postpartum Visit (1=Yes, someone smokes, 2=No, no one smokes, 9=unknown)		
Drinks/week – 3 mos prior (00=No, 01=1 drink, 02-20=drinks, 21=21 or more, 98=quantity unknown, 99=refused)		
Drinks/week – Last 3 mos Postpartum (00=No, 01=1 drink, 02-20=drinks, 21=21 or more, 98=quantity unknown, 99=refused)		
Date breastfeeding began (MM/DD/YYYY)		
Date of last time of breastfeeding and/or pumping (MM/DD/YYYY)		
Fruit Intake. D=Daily S=Some Days N=Never		
Vegetable Intake. D=Daily S=Some Days N=Never		
Dairy Intake. D=Daily S=Some Days N=Never		
Daily Activity. V=Very Active S=Active Some of the Time N=Not Active		
Screen time. Hours = 00 through 24		

Comments:(Date/Sign/Title): _____

Proxy 1 _____ Proxy2 _____

WIC CERTIFICATION STATEMENT

RIGHTS AND OBLIGATIONS

I have been advised of my rights and obligations for participation in Georgia's WIC. I certify that the information I will provide, or have provided, is correct to the best of my knowledge. The income information that I have provided is my total gross household income (all cash income before deductions). This certification form is being submitted in connection with the receipt of Federal assistance. Georgia's WIC officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying to Georgia's WIC, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

NOTICE OF DISCLOSURE

I understand that the chief state health officer for Georgia may authorize the disclosure of information about my participation in the WIC program for non-WIC purposes. This information will be used by Georgia WIC, its local WIC agencies and certain public organizations. These organizations include but are not limited to the Immunization Program, Pregnancy Risk Assessment Monitoring Systems (PRAMS), Epidemiology and other Maternal and Child Health Programs, Emergency Preparedness, Environmental Health and Medicaid. I understand that Georgia WIC, its local agencies and the public organizations can only use my information in the administration of their programs that serve persons eligible for WIC. The public organizations that receive my information must assure that it will not disclose my information to another organization or person without my permission.

I further understand that information about my participation in WIC may be used by the organizations that receive it only to:

1. Determine my eligibility for programs that the organization administers
2. Conduct outreach for such programs
3. Enhance the health, education, or well-being of WIC applicants and participants who are currently enrolled in those programs
4. Streamline administrative procedures to ease the burdens on WIC staff and participants
5. Assess the responsiveness of the state's health system to participants' health care needs and health care outcomes.

I have been advised that the decision to share my information is not a condition for eligibility for WIC, and if I decide not to share my information, this will not affect my application or participation in Georgia WIC.

_____ Name of WIC Applicant/Participant/Guardian/ Caregiver/Spouse/Alternate Parent (please print)	_____ Date	_____ Name of WIC Official (please print)	_____ Date
_____ Signature of WIC Applicant/Participant/Guardian/ Caregiver/Spouse/Alternate Parent	_____ Date	_____ Signature of WIC Official	_____ Date

Please initial below to indicate your preference:
 ___ In applying for WIC services, I **AUTHORIZE** DISCLOSURE of my WIC applicant or participant information for the purposes referenced above. I understand that my refusal to allow such disclosure does not affect my application for or participation in WIC or my eligibility for WIC services.

 ___ In applying for WIC services, I **DO NOT AUTHORIZE** DISCLOSURE of my WIC applicant or participant information for the purposes referenced above. I understand that my refusal to allow such disclosure does not affect my application for or participation in WIC or my eligibility for WIC services.

Revised 6/12

**GEORGIA WIC PROGRAM
ASSESSMENT/CERTIFICATION FORM
POSTPARTUM / NON-BREASTFEEDING WOMAN**

CLINIC <input type="text"/>		FAMILY NUMBER <input type="text"/>				WIC ID NUMBER <input type="text"/>				
NAME LAST		FIRST				MIDDLE INITIAL		BIRTHDATE		
ADDRESS						CITY		ZIP CODE		
TELEPHONE ()				HISPANIC/LATINO <input type="checkbox"/> YES <input type="checkbox"/> NO		RACE (check all that applies) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			MIGRANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
COUNTY OF RESIDENCY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		PROOF OF RESIDENCY UP: _____		PROOF OF I.D. UP: _____		FOSTER CARE <input type="checkbox"/> YES <input type="checkbox"/> NO		ENTER EDC DATE		
INITIAL CONTACT DATE DATE OF FIRST VISIT REQUESTING WIC SERVICES						Date: _____		Type: _____		
NON-BREASTFEEDING, LESS THAN 6 MONTHS POSTPARTUM (Must change date if certifications are not consecutive)										
(Enter Delivery Date:) (Birth weight: lbs. oz.)				EVER BREASTFED? <input type="checkbox"/> YES <input type="checkbox"/> NO				Weeks Breastfed: _____		
MEDICAL DATA DATE (Enter date height and weight in assurance were taken)										
Height in.		Weight lbs.		Pregravid Weight lbs.		Pregravid BMI				
Hemostological Data Date: _____										
Hematocrit/Hemoglobin (Value must be \leq 90 days)										
Select appropriate risk criteria per State guidelines (See Risk Criteria Handbook for definitions)								YES		NO
Low Hgb/Hct						[HR]		201		
Underweight (pregravid or current BMI $<$ 19.5)						[HR]		101		
Overweight (pregravid BMI \geq 25.0)						[HR?]		111		
High Maternal Weight Gain (most recent pregnancy)								133		
* Elevated Blood Lead Level (Blood Lead Level \geq 10 μ g/dl)						[HR]		211		
* History of Gestational Diabetes								303		
* History of Preeclampsia								304		
* Delivery of Preterm Infant(s) (most recent pregnancy) (Enter weeks gestation:)								311		
* Delivery of Low Birth Weight Infant(s) (most recent pregnancy) (Enter birth weight(s) and delivery date(s):)								312		
* Fetal/Neonatal Death (most recent pregnancy) (Enter date(s) of death and weeks gestation:)								321		
* Pregnancy at a Young Age (most recent pregnancy)						[HR?]		331		
* Closely Spaced Pregnancies (most recent pregnancy) (Enter termination dates of last (2) pregnancies:)								332		
* High Parity and Young Age (Enter delivery dates of previous pregnancies:)								333		
* Multi-Fetal Gestation (most recent pregnancy)						[HR]		335		
* History of Large for Gestational Age Infant (Birth weight \geq 9lbs.) (Enter birth weight(s):)								337		
* Birth with Nutrition Related Congenital or Birth Defect(s) (most recent pregnancy) (Specify defect(s):)								339		
* Nutrition Related Medical Conditions (List code(s):)						[HR?]				
* Smoking (Any smoking of cigarettes, pipes or cigars)								371		
* Alcohol and Illegal Drug Use								372		
* Dental Problems								381		
* Inappropriate Nutrition Practices								400		
Other Dietary Risk (Failure to Meet Dietary Guidelines)								401		
Transfer of Certification								502		
Homelessness								801		
Migrancy								802		
* Recipient of Abuse								901		
* Woman with Limited Ability to make Feeding Decisions and/or Prepare Food								902		
Foster Care								903		
* Environmental Tobacco Smoke Exposure								904		
HIGH RISK (Yes or No)										
ELIGIBLE FOR WIC										
PRIORITY: 3= (331, 502) 6= (201, 101, 111, 133, 211, 303, 304, 311, 312, 321, 331, 332, 333, 335, 336, 337, 339, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 371, 372, 373, 381, 400, 401, 502, 801, 802, 901, 902, 903, 904)										
FOOD PACKAGE: (Specify Tailoring Instructions)										
SERVICES: CH (A), Health Check (B), CMS (C), Women's Health (D), PCM (E), PRS (F), Immun (G), Lead Screen (H), Dental Health (I), STD (J), Private MD (K), SNAP (L), Medicaid (M), TANF (N), Mental Health (O), Head Start (P), N/A/None (Q), Refused (R), Community Health Center (S), Children 1 st (T), Other-Specify (U), Dietitian (V), Breastfeeding (W), Breastfeeding Peer Counselor (X)								Enrolled In:		
TODAY'S DATE								Referred To:		
SIGNATURE AND TITLE OF HEALTH PROFESSIONAL										

*Additional Documentation Required

INCOME DETERMINATION (income must be documented)

DATE	PHYSICAL PRESENCE Y () N ()*	MEDICAID CURRENT Y/N/U Y () U () N () UP (_____)	MEDICAID I.D. NUMBER VERIFY	TANF Y/N/U	SNAP Y/N/U Y () U () N () UP (_____)	NO. IN FAMILY	GROSS INCOME (CURRENT/ANNUAL) C () A () UP (_____)
				COPY AND FILE Y () U () N () UP (_____)			

* See Procedures Manual (CT - Physical Presence) for a list of applicable reasons: (MUST Document in Health Record)

Source of Income Code _____ Other _____ (Write in type)

UP: _____

No Proof () How is food, shelter, clothing and Medical Care obtained? _____

Is the Client Income Eligible? YES () NO () UP _____ Check Here if Only One Income Reported () Staff Initials _____

NOTE: The Income Calculation Form must be completed and filed in the Client's Medical Record if more than one income was calculated.

UP: _____ Staff Initials _____

DATA NEEDED FOR PREGNANCY SURVEILLANCE

Marital Status (0=Married 1=Not Married 9=Unknown)	
Years of Education completed (e.g. 1 st grade = 01, 2yrs. College = 14, Unknown = 99)	
Month of gestation at time of first prenatal exam (0=No Prenatal Care, 1=1 st . mo., 8=8 th or 9 th mo., 9=Unknown)	
Last weight prior to delivery (Round to the nearest pound)	
Parity (00= None 01-29 = Number of previous births)	
Date last pregnancy ended (000000 = No Previous Pregnancy 01-12 (all four digits) = Month/Year)	
Diabetes – Postpartum visit (1=No, 2= Yes, most recent, 3=Yes, past and most recent, 4=Yes, first time)	
Hypertension – Postpartum visit (1=No, 2= Yes, most recent, 3=Yes, past and most recent, 4=Yes, first time)	
Multi / Prenatal Vitamin Consumption Prior to Pregnancy (0=less than once a week, 1-8=number per week, 9=Unknown)	
Cigarettes/Day – 3 mos prior to Pregnancy 00=no, 01-96=#cigs/day, 97=97 or more, 98=quantity unknown, 99=refused)	
Cigarettes/Day – Postpartum Visit (00=no, 01-96=#cigs/day, 97=97 or more, 98=unknown, 99=refused)	
Cigarettes/Day – Last 3 mos of Pregnancy 00=no, 01-96=#cigs/day, 97=97 or more, 98=quantity unknown, 99=refused)	
Household Smoking – Postpartum Visit (1=Yes, someone smokes, 2=No, no one smokes, 9=unknown)	
Drinks/week – 3 mos prior (00=No, 01=1 drink, 02-20=drinks, 21=21 or more, 98=quantity unknown, 99=refused)	
Drinks/week – Last 3 mos Postpartum (00=No, 01=1 drink, 02-20=drinks, 21=21 or more, 98=quantity unknown, 99=refused)	
Date breastfeeding began (MM/DD/YYYY)	
Date of last time of breastfeeding and/or pumping (MM/DD/YYYY)	
Fruit Intake. D=Daily S=Some Days N=Never	
Vegetables Intake. D=Daily S=Some Days N=Never	
Dairy Intake. D=Daily S=Some Days N=Never	
Daily Activity. V=Very Active S=Active Some of the Time N=Not Active	
Screen time. Hours = 00 through 24	

Comments :(Date/Sign/Title): _____

Proxy 1 _____ Proxy2 _____

WIC CERTIFICATION STATEMENT

RIGHTS AND OBLIGATIONS

I have been advised of my rights and obligations for participation in Georgia's WIC. I certify that the information I will provide, or have provided, is correct to the best of my knowledge. The income information that I have provided is my total gross household income (all cash income before deductions). This certification form is being submitted in connection with the receipt of Federal assistance. Georgia's WIC officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying to Georgia's WIC, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

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I further understand that information about my participation in WIC may be used by the organizations that receive it only to:

1. Determine my eligibility for programs that the organization administers
2. Conduct outreach for such programs
3. Enhance the health, education, or well-being of WIC applicants and participants who are currently enrolled in those programs
4. Streamline administrative procedures to ease the burdens on WIC staff and participants
5. Assess the responsiveness of the state's health system to participants' health care needs and health care outcomes.

I have been advised that the decision to share my information is not a condition for eligibility for WIC, and if I decide not to share my information, this will not affect my application or participation in Georgia WIC.

_____ Name of WIC Applicant/Participant/Guardian/ Caregiver/Spouse/Alternate Parent (please print)	_____ Date	_____ Name of WIC Official (please print)	_____ Date
_____ Signature of WIC Applicant/Participant/Guardian/ Caregiver/Spouse/Alternate Parent		_____ Signature of WIC Official	
_____ Date		_____ Date	
UP: _____			
Please initial below to indicate your preference:			
___ In applying for WIC services, I AUTHORIZE DISCLOSURE of my WIC applicant or participant information for the purposes referenced above. I understand that my refusal to allow such disclosure does not affect my application for or participation in WIC or my eligibility for WIC services.			
___ In applying for WIC services, I DO NOT AUTHORIZE DISCLOSURE of my WIC applicant or participant information for the purposes referenced above. I understand that my refusal to allow such disclosure does not affect my application for or participation in WIC or my eligibility for WIC services.			

Revised 6/12

GEORGIA WIC PROGRAM
ASSESSMENT/CERTIFICATION FORM
INFANT

CLINIC	FAMILY NUMBER		WIC ID NUMBER	
NAME LAST	FIRST	MIDDLE INITIAL	BIRTHDATE	
ADDRESS		CITY	ZIP CODE	MIGRANT <input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HISPANIC/LATINO <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE (check all that applies) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
COUNTY OF RESIDENCY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PROOF OF RESIDENCY UP: _____	PARENT/GUARDIAN PROOF OF IDENTIFICATION UP: _____	INFANT PROOF OF IDENTIFICATION UP: _____	
PARENT/GUARDIAN/CAREGIVER/SPOUSE/ALTERNATE PARENT NAME		FOSTER CARE: <input type="checkbox"/> YES <input type="checkbox"/> NO	FOSTER CARE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
MOTHER'S WIC ID#	LAST WEIGHT BEFORE DELIVERY: lbs		EDC DATE:	
INITIAL CONTACT DATE OF FIRST VISIT REQUESTING WIC SERVICES		Date: _____ Type: _____	Date: _____ Type: _____	
INFANT FEEDING METHOD: E= Exclusively Breastfeeding M= Mostly Breastfeeding F= Fully Formula Fed (Circle One)		E	M	F
Check Each Question Yes or No or Write N/A (per state guidelines)		YES	NO	YES
BREAST FED NOW				
BREASTFED EVER				
RECORD THE NUMBER OF WEEKS INFANT BREASTFED (00= 0-6 days, 01= 7-13 days, 02= 14-20 days, 03= 21-27 days, etc.)		wks		
DATE OF MOST RECENT BREASTFEEDING RESPONSE				
MEDICAL DATA DATE (Enter date length/weight measurements were taken)				
Length:		in		in
Weight (Enter Birth weight lbs ozs)		lbs. ozs.	lbs.	ozs.
Hematological Data Date:			HCT	HGB
Hematocrit/Hemoglobin (Value must be ≤ 90 days)				
Select appropriate risk criteria per State guidelines (See Risk Criteria Handbook for definitions)		YES	NO	YES
Low Hgb/Hct (Hgb ≤ 10.9 6-11 month) [HR] 201				
Underweight or At Risk of Underweight (≤ 5 th percentile weight/length) [HR?] 103				
High Weight for Length (≥ 98 th percentile weight for length) 115				
Short Stature or At Risk of Short Stature [HR?] 121				
* Failure to Thrive [HR] 134				
* Inadequate Growth [HR] 135				
* Low Birth Weight (Birth weight ≤ 5 ½ lbs. or ≤ 2500 gms) [HR] 141				
* Prematurity (Enter weeks gestation:) 142				
Small for gestational Age 151				
Low Head Circumference (≤ 2 nd percentile) 152				
* Large for Gestational Age (Birth weight ≥ 9 lbs. (4000 gms)) 153				
* Elevated Blood Lead Level (Blood Lead Level ≥ 10 µg/dl) [HR] 211				
* Nutrition Related Medical Conditions (List code(s):) [HR?] 381				
* Dental Problems 381				
* Fetal Alcohol Syndrome [HR] 382				
* Inappropriate Nutrition Practices 400				
Dietary Risk Associated with Complementary Feeding Practices (Infant > 4 months) 428				
Transfer of Certification 502				
* Breastfeeding Complications or Potential Complications [HR] 603				
Infants (up to 6 months old) of a WIC Mother or a woman who would have been eligible during pregnancy 701				
* Breastfeeding Infant of a Woman at Nutritional Risk (Enter mother's risk factors:) 702				
* Infants born to Mother with Mental Retardation, or Alcohol or Drug Abuse During Most Recent Pregnancy 703				
Homelessness 801				
Migrancy 802				
* Recipient of Abuse 901				
* Primary Caregiver with Limited Ability to make Feeding Decisions and/or Prepare Food 902				
Foster Care 903				
* Environmental Tobacco Smoke Exposure 904				
HIGH RISK (Yes or No)				
ELIGIBLE FOR WIC				
PRIORITY: 1= (201, 103, 115, 121, 134, 135, 141, 142, 151, 152, 153, 211, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 359, 360, 362, 361, 382, 502, 603, 702, 703, 904) 2= (502, 701, 702) 4= (400, 428, 502, 702, 801, 802, 901, 902, 903)				(NEVER DOWNGRADE INFANTS PRIORITY)

FOOD PACKAGE: (Specify Tailoring Instructions)			
SERVICES: CH (A), Health Check (B), CMS (C), Immun (G), Lead Screen (H), Dental Health (I), STD (J), Private MD (K), SNAP (L), Medicaid (M), TANF (N), Mental Health (O), Head Start (P), NA/None (Q), Refused (R), Community Health Center (S), Children 1st (T), Other-Specify (U), Dietitian (V), Breastfeeding (W), Breastfeeding Peer Counselor (X)	Enrolled In:		Enrolled In:
	Referred To:		Referred To:
TODAY'S DATE			
SIGNATURE AND TITLE OF HEALTH PROFESSIONAL			

*Additional Documentation Required

Do you have a medical home? Yes No M.D. Name _____

INCOME DETERMINATION (income must be documented)

DATE	PHYSICAL PRESENCE	MEDICAID CURRENT Y/N/U	MEDICAID I.D. NUMBER VERIFY	TANF Y/N/U	SNAP Y/N/U	NO. IN FAMILY	GROSS INCOME (CURRENT/ANNUAL)
				COPY AND FILE			
	Y () N ()*	Y () U () N ()		Y () U () N ()	Y () U () N ()		C () A () UP (_____)
	*N () R () D () W ()	UP (_____)		UP (_____)	UP (_____)		

* See Procedures Manual (CT - Physical Presence) for a list of applicable reasons: (MUST Document in Health Record)

Source of Income Code _____ Other _____ (Write in type)

UP: _____

No Proof () How is food, shelter, clothing and Medical Care obtained? _____

Staff Initials _____

Is the Client Income Eligible? YES () NO () UP _____

Check Here if Only One Income Reported ()

NOTE: The Income Calculation Form must be completed and filed in the Client's Medical Record if more than one income was calculated.

UP: _____ Staff Initials _____

Peachcare	Y=Yes	N=No		
Date breastfeeding began	(MM/DD/YYYY)			
Date of last time of breastfeeding and/or pumping	(MM/DD/YYYY)			

IMMUNIZATION STATUS

Record Screened/Requested? Yes () Requested ()

Adequate for Age/Referred: Yes () Doctor () Health Dept. ()

IMMUNIZATION STATUS

Record Screened/Requested? Yes () Requested ()

Adequate for Age/Referred: Yes () Doctor () Health Dept. ()

Comments:(Date/Sign/Title): _____

Proxy 1 _____ Proxy 2 _____

WIC CERTIFICATION STATEMENT

RIGHTS AND OBLIGATIONS

I have been advised of my rights and obligations for participation in Georgia's WIC. I certify that the information I will provide, or have provided, is correct to the best of my knowledge. The income information that I have provided is my total gross household income (all cash income before deductions). This certification form is being submitted in connection with the receipt of Federal assistance. Georgia's WIC officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying to Georgia's WIC, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

NOTICE OF DISCLOSURE

I understand that the chief state health officer for Georgia may authorize the disclosure of information about my participation in the WIC program for non-WIC purposes. This information will be used by Georgia WIC, its local WIC agencies and certain public organizations. These organizations include but are not limited to the Immunization Program, Pregnancy Risk Assessment Monitoring Systems (PRAMS), Epidemiology and other Maternal and Child Health Programs, Emergency Preparedness, Environmental Health and Medicaid. I understand that Georgia WIC, its local agencies and the public organizations can only use my information in the administration of their programs that serve persons eligible for WIC. The public organizations that receive my information must assure that it will not disclose my information to another organization or person without my permission.

I further understand that information about my participation in WIC may be used by the organizations that receive it only to:

1. Determine my eligibility for programs that the organization administers
2. Conduct outreach for such programs
3. Enhance the health, education, or well-being of WIC applicants and participants who are currently enrolled in those programs
4. Streamline administrative procedures to ease the burdens on WIC staff and participants
5. Assess the responsiveness of the state's health system to participants' health care needs and health care outcomes.

I have been advised that the decision to share my information is not a condition for eligibility for WIC, and if I decide not to share my information, this will not affect my application or participation in Georgia WIC.

_____ Name of WIC Applicant/Participant/Guardian/ Caregiver/Spouse/Alternate Parent (please print)	_____ Date	_____ Name of WIC Official (please print)	_____ Date
_____ Signature of WIC Applicant/Participant/Guardian/ Caregiver/Spouse/Alternate Parent		_____ Signature of WIC Official	
_____ Date		_____ Date	
UP: _____			
Please initial below to indicate your preference:			
____ In applying for WIC services, I AUTHORIZE DISCLOSURE of my WIC applicant or participant information for the purposes referenced above. I understand that my refusal to allow such disclosure does not affect my application for or participation in WIC or my eligibility for WIC services.			
____ In applying for WIC services, I DO NOT AUTHORIZE DISCLOSURE of my WIC applicant or participant information for the purposes referenced above. I understand that my refusal to allow such disclosure does not affect my application for or participation in WIC or my eligibility for WIC services.			

Revised 6/12

GEORGIA WIC PROGRAM
ASSESSMENT/CERTIFICATION FORM
CHILD

CLINIC	FAMILY NUMBER		WIC ID NUMBER		BIRTHDATE	
NAME LAST		FIRST		MIDDLE INITIAL		BIRTHDATE
ADDRESS			CITY		ZIP CODE	
TELEPHONE			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		HISPANIC/LATINO <input type="checkbox"/> YES <input type="checkbox"/> NO	
COUNTY OF RESIDENCY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			PROOF OF RESIDENCY UP: _____		PARENT/GUARDIAN PROOF OF IDENTIFICATION UP: _____	
RACE (check all that applies) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6			CHILD PROOF OF IDENTIFICATION UP: _____		FOSTER CARE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
EDC DATE:		FOSTER CARE INFORMATION		FOSTER CARE: <input type="checkbox"/> YES <input type="checkbox"/> NO		FOSTER CARE: <input type="checkbox"/> YES <input type="checkbox"/> NO
PARENT/GUARDIAN/CAREGIVER/SPOUSE/ALTERNATE PARENT NAME						
INITIAL CONTACT DATE OF FIRST VISIT REQUESTING WIC SERVICES (Must change date if certifications are not consecutive)				Date:	Type:	Date:
Check Each Question Yes or No or Write N/A (per state guidelines)				YES	NO	YES
BREAST FED NOW						
BREASTFED EVER						
RECORD THE NUMBER OF WEEKS CHILD BREASTFED (00= 0-6 days, 01= 7-13 days, 02= 14-20 days, 03= 21-27 days, etc.)				wks		wks
DATE OF MOST RECENT BREASTFEEDING RESPONSE						
MEDICAL DATA DATE (Enter date length/weight measurements were taken)						
Length/Height:		Recumbent (R) or Standing (S) Circle One		in.	R	S
Weight (Enter Birth weight lbs oz)				lbs.	ozs	lbs.
Hematocrit/Hemoglobin (Value must be ≤ 90 days)				HCT	HGB	HCT
Select appropriate risk criteria per State guidelines (See Risk Criteria Handbook for definitions)				YES	NO	YES
Low Hgb/Hct (Hgb < 10.9 12-23 months; < 11.0 2-5 year) [HR] 201						
Underweight or At Risk of Underweight (LC 5 th percentile 12-23 months; < 10 th percentile 2-5 years) [HR?] 103						
Obese (2-5 years) [HR] 113						
Overweight (2-5 years) 114						
High Weight for Length (LC < 24 months) 118						
Short Stature or At Risk of Short Stature [HR?] 121						
* Failure to Thrive [HR] 134						
Inadequate Growth [HR] 135						
* Low Birth Weight (Children < 24 months of age) 141						
* Prematurity (Children < 24 months of age) (Enter weeks gestation:) 142						
Small for Gestational Age (LC 24 months) 151						
Low Head Circumference (< 24 months) 152						
* Elevated Blood Lead Level (Blood Lead Level ≥ 10 µg/dl) [HR] 211						
* Nutrition Related Medical Conditions (List code(s):) [HR] 382						
* Dental Problems 301						
* Fetal Alcohol Syndrome [HR] 382						
* Inappropriate Nutrition Practices 400						
Other Dietary Risk (< 24 months) 401						
Dietary Risk Associated with Complementary Feeding Practices (< 24 months) 428						
Transfer of Certification 502						
Homelessness 801						
Migrancy 802						
* Recipient of Abuse 901						
* Primary Caregiver with Limited Ability to make Feeding Decisions and/or Prepare Food 902						
Foster Care 903						
* Environmental Tobacco Smoke Exposure 904						
HIGH RISK (Yes or No)						
ELIGIBLE FOR WIC						
PRIORITY: 3= (201, 103, 113, 114, 118, 121, 134, 135, 141, 142, 151, 152, 211, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 358, 357, 359, 360, 361, 362, 381, 382, 502, 904) 5= (400, 401, 428, 502, 801, 902, 901, 902, 903)						
FOOD PACKAGE: (Specify Tailoring Instructions)						
SERVICES: CH (A), Health Check (B), CMS (C), Immun (G), Lead Screen (H), Dental Health (I), STD (J), Private MD (K), SNAP (L), Medicaid (M), TANF (N), Mental Health (O), Head Start (P), NA/None (Q), Refused (R), Community Health Center (S), Children 1st (T), Other-Specific (U), Dietsan (V), Breastfeeding (W), Breastfeeding Peer Counselor (X)				Enrolled In:	Enrolled In:	
TODAY'S DATE				Referred To:	Referred To:	
SIGNATURE AND TITLE OF HEALTH PROFESSIONAL						

*Additional Documentation Required

Do you have a medical home? Yes No M.D. Name _____

INCOME DETERMINATION (income must be documented)

DATE	PHYSICAL PRESENCE Y () N ()*	MEDICAID CURRENT Y/N/U Y () U () N () UP (_____)	MEDICAID I.D. NUMBER VERIFY	TANF Y/N/U	SNAP Y/N/U Y () U () N () UP (_____)	NO. IN FAMILY	GROSS INCOME (CURRENT/ANNUAL) C () A () UP (_____)
				COPY AND FILE Y () U () N () UP (_____)			
	*N () R () D () W ()						

* See Procedures Manual (CT - Physical Presence) for a list of applicable reasons: (MUST Document in Health Record)

Source of Income Code _____ Other _____
UP: _____ (Write in type)

No Proof () How is food, shelter, clothing and Medical Care obtained? _____

Is the Client Income Eligible? YES () NO () UP _____ Check Here if Only One Income Reported () Staff Initials _____

NOTE: The Income Calculation Form must be completed and filed in the Client's Medical Record if more than one income was calculated. UP: _____ Staff Initial _____

	Y=Yes	N=No
Peachcare		
Date breastfeeding began.	(MM/DD/YYYY)	
Date of last time of breastfeeding and/or pumping	(MM/DD/YYYY)	
Fruit Intake.	D=Daily S=Some Days N=Never	
Vegetable Intake.	D=Daily S=Some Days N=Never	
Dairy Intake.	D=Daily S=Some Days N=Never	
Daily Activity.	V=Very Active S=Active Some of the Time N=Not Active	
Screen Time.	Hours = 00 through 24	

IMMUNIZATION STATUS

Record Screened/Requested? Yes () Requested ()
Adequate for Age/Referred: Yes () Doctor () Health Dept. ()

IMMUNIZATION STATUS

Record Screened/Requested? Yes () Requested ()
Adequate for Age/Referred: Yes () Doctor () Health Dept. ()

Comments:(Date/Sign/Title): _____

Proxy 1 _____ Proxy2 _____

WIC CERTIFICATION STATEMENT

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_____ Name of WIC Applicant/Participant/Guardian/ Caregiver/Spouse/Alternate Parent (please print)	_____ Date	_____ Name of WIC Official (please print)	_____ Date
_____ Signature of WIC Applicant/Participant/Guardian/ Caregiver/Spouse/Alternate Parent	_____ Date	_____ Signature of WIC Official	_____ Date

Please initial below to indicate your preference:

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Revised 6/12

**DATA AND DOCUMENTATION REQUIRED FOR WIC
ASSESSMENT/CERTIFICATION**

PRENATAL WOMEN

Data	Prenatal Women
Height	Required
Pre-Pregnancy Weight	Required
Current Weight	Required
Hematocrit or Hemoglobin	Required
Prenatal Weight Grid Plotted	Required
Evaluation of Inappropriate Nutrition Practices	Required
Risk Factor Assessment	Required

**NUTRITION RISK CRITERIA
PREGNANT WOMEN**

NOTE: High Risk Criteria, as defined below, are to be used for referral purposes, not certification (See Appendix A-1)

PREGNANT WOMEN				
CODE				PRIORITY
201	LOW HEMOGLOBIN/HEMATOCRIT	<u>Hemoglobin</u>	<u>Hematocrit</u>	I
	1 st Trimester (0-13 wks):			
	Non-Smokers	10.9 gm or lower	32.9% or lower	
	Smokers	11.2 gm or lower	33.9% or lower	
	2 nd Trimester (14-26 wks):			
	Non-Smokers	10.4 gm or lower	31.9% or lower	
	Smokers	10.7 gm or lower	32.9% or lower	
	3 rd Trimester (27-40 wks):			
	Non-Smokers	10.9 gm or lower	32.9% or lower	
	Smokers	11.2 gm or lower	33.9% or lower	
	High Risk: Hemoglobin OR hematocrit at treatment level (Appendix B-1)			
101	UNDERWEIGHT			I
	Pre-pregnancy weight is equal to a Body Mass Index (BMI) of <18.5. Refer to BMI Table, Appendix C-1.			
	High Risk: Pre-pregnancy BMI <18.5			
111	OVERWEIGHT			I
	Pre-pregnancy weight is equal to a Body Mass Index of ≥ 25 . Refer to BMI Table, Appendix C-1.			
	High Risk: Pre-pregnancy BMI >29.9			
131	LOW MATERNAL WEIGHT GAIN			I
	Low weight gain at any point in pregnancy, such that a pregnant women's weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category.			
	Refer to Appendix C-2.			
	High Risk: Low Maternal Weight Gain			

PREGNANT WOMEN		
CODE		PRIORITY
132	<p>GESTATIONAL WEIGHT LOSS DURING PREGNANCY</p> <ul style="list-style-type: none"> During first (0-13 weeks) trimester, any weight loss below pregravid weight; based on pregravid weight and current weight. <p>OR</p> <ul style="list-style-type: none"> During second and third trimesters (14-40 weeks gestation), ≥ 2 lbs weight loss. Based on two weight measures recorded at 14 weeks gestation or later. <p>Document: Two weight measures as specified above</p> <p>High Risk: Weight loss of ≥ 2 lbs in the second and third trimesters</p>	I
133	<p>HIGH MATERNAL WEIGHT GAIN</p> <p>High maternal weight gain at any point in pregnancy, such that a pregnant women's weight plots at any point above the top line of the appropriate weight gain range for her respective prepregnancy weight category.</p>	I
211	<p>ELEVATED BLOOD LEAD LEVELS</p> <p>Blood lead level of ≥ 10 $\mu\text{g}/\text{deciliter}$ within the past 12 months.</p> <p>Document: Date of blood test and blood lead level in the participant's health record. Must be within the past 12 months.</p> <p>High Risk: Blood lead level of ≥ 10 $\mu\text{g}/\text{deciliter}$ within the past 12 months.</p>	I
301	<p>HYPEREMESIS GRAVIDARUM</p> <p>Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic.</p> <p>Presence of hyperemesis gravidarum diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record</p> <p>High Risk: Diagnosed hyperemesis gravidarum</p>	I

PREGNANT WOMEN		PRIORITY
CODE		
302	<p>GESTATIONAL DIABETES</p> <p>Gestational diabetes mellitus (GDM) is defined as any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed gestational diabetes</p>	I
303	<p>HISTORY OF GESTATIONAL DIABETES</p> <p>History of diagnosed gestational diabetes mellitus (GDM)</p> <p>Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p>	I
304	<p>HISTORY OF Preeclampsia</p> <p>History of diagnosed preeclampsia</p> <p>Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders</p> <p>Document: Diagnosis and name of the physician that treated this condition in the participant's health record.</p>	I
311	<p>HISTORY OF PRETERM DELIVERY</p> <p>Any history of infant(s) born at 37 weeks gestation or less</p> <p>Document: Delivery date(s) and weeks gestation in participant's health record</p>	I

PREGNANT WOMEN		
CODE		PRIORITY
312	<p>HISTORY OF LOW BIRTH WEIGHT INFANT(S)</p> <p>Woman has delivered one (1) or more infants with a birth weight of less than or equal to 5 lb 8 oz (2500 gms).</p> <p>Document: Weight(s) and birth date(s) in the participant's health record</p>	I
321	<p>HISTORY OF FETAL OR NEONATAL DEATH</p> <p>Any fetal death(s) (death greater than or equal to 20 weeks gestation) or neonatal death(s) (death occurring from 0-28 days of life).</p> <p>Document: Date(s) of fetal/neonatal death(s) in the participant's health record; weeks gestation for fetal death(s); age, at death, of neonate(s). This does not include elective abortions.</p>	I
331	<p>PREGNANCY AT A YOUNG AGE</p> <p>For current pregnancy, Conception at less than or equal to 17 years of age.</p> <p>Document: Age at conception on the WIC Assessment/Certification Form</p> <p>High Risk: Conception at less than or equal to 17 years of age.</p>	I
332	<p>CLOSELY SPACED PREGNANCIES</p> <p>For current pregnancy, the participant's EDC is less than 25 months after the termination of the last pregnancy.</p> <p>Document: Termination date of last pregnancy and EDC in the participant's health record</p>	I

PREGNANT WOMEN		PRIORITY
CODE		
333	<p>HIGH PARITY AND YOUNG AGE</p> <p>The following two (2) conditions must both apply:</p> <ol style="list-style-type: none"> 1. The woman is under age 20 at date of conception, AND 2. She has had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome. <p>Document: EDC date; number of pertinent pregnancies (of at least 20 weeks gestation) and weeks gestation for each, in the participant's health record</p>	I
334	<p>LACK OF, OR INADEQUATE PRENATAL CARE</p> <p>Prenatal care beginning after the 1st trimester (0-13 weeks)</p> <p>Document: Weeks gestation, in participant's health record, when prenatal care began. A pregnancy test is not prenatal care.</p>	I
335	<p>MULTI-FETAL GESTATION</p> <p>More than one (>1) fetus in a current pregnancy.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Multi-fetal gestation</p>	I
336	<p>FETAL GROWTH RESTRICTION</p> <p style="background-color: yellow;">Fetal Growth Restriction (FGR) (replaces the term Intrauterine Growth Retardation (IUGR)), may be diagnosed by a physician with serial measurements of fundal height, abdominal girth and can be confirmed with ultrasonography. FGR is usually defined as a fetal weight <10th percentile for gestational age.</p> <p style="background-color: yellow;">Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Fetal Growth Restriction (FGR) must be diagnosed by a physician or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis in participant's health record</p> <p style="background-color: yellow;">High Risk: Fetal Growth Restriction</p>	I

PREGNANT WOMEN		PRIORITY
CODE		
337	<p>HISTORY OF BIRTH OF A LARGE FOR GESTATIONAL AGE INFANT</p> <p>Prenatal woman has delivered one (1) or more infants with a birth weight of 9 pounds (4000 gm) or more.</p> <p>Document: Birth weight(s) in the participant's health record</p>	I
338	<p>PREGNANT WOMAN CURRENTLY BREASTFEEDING</p> <p>Breastfeeding woman who is now pregnant.</p> <p>Note: Refer to or provide appropriate breastfeeding counseling, especially if at risk for not meeting her own nutrient needs, for a decrease in milk supply, or for premature labor.</p>	I
339	<p>HISTORY OF BIRTH WITH NUTRITION RELATED CONGENITAL OR BIRTH DEFECT(S)</p> <p>A prenatal woman with any history of giving birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid (neural tube defect), excess vitamin A (cleft palate or lip).</p> <p>Document: Infant(s) congenital and/or birth defect(s) in participant's health record</p>	I

PREGNANT WOMEN	
CODE	PRIORITY
<p>NUTRITION RELATED MEDICAL CONDITIONS</p>	
<p>341 NUTRIENT DEFICIENCY DISEASES</p> <p>Diagnosis of clinical signs of nutritional deficiencies or a disease caused by insufficient dietary intake of macro or micronutrients. Diseases include, but not limited to: protein energy malnutrition, hypocalcemia, cheilosis, scurvy, osteomalacia, menkes disease, rickets, Vitamin K deficiency, xerthalmia, beriberi, and pellagra. (See Appendix D)</p> <p>The presence of nutrient deficiency diseases diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed nutrient deficiency disease</p>	<p>I</p>
<p>342 GASTRO-INTESTINAL DISORDERS:</p> <p>Diseases or conditions that interfere with the intake, digestion, and or absorption of nutrients. The diseases and/or conditions include, but are not limited to:</p> <ul style="list-style-type: none"> • Gastroesophageal reflux disease (GERD) • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease, including ulcerative colitis or Crohn's disease • Liver disease • Pancreatitis • Biliary tract disease <p>The presence of gastro-intestinal disorders as diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed gastro-intestinal disorder</p>	<p>I</p>

PREGNANT WOMEN		PRIORITY
CODE		
343	<p>DIABETES MELLITUS</p> <p>Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.</p> <p>Presence of diabetes mellitus diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed diabetes mellitus</p>	I
344	<p>THYROID DISORDERS</p> <p>Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Hyperthyroidism: Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter). • Hypothyroidism: Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency. <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed thyroid disorder</p>	I
345	<p>HYPERTENSION</p> <p>Presence of hypertension or prehypertension diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed hypertension</p>	I

PREGNANT WOMEN		PRIORITY
CODE		
346	<p>RENAL DISEASE</p> <p>Any renal disease including pyelonephritis and persistent proteinuria, but EXCLUDING urinary tract infections (UTI) involving the bladder. Presence of renal disease diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed renal disease</p>	I
347	<p>CANCER</p> <p style="background-color: yellow;">A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.</p> <p style="background-color: yellow;">Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Description of how the condition or treatment affects nutritional status and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed cancer</p>	I
348	<p>CENTRAL NERVOUS SYSTEM DISORDERS</p> <p>Conditions which affect energy requirements and may affect the individual's ability to feed self, that alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to: epilepsy, cerebral palsy (CP), and neural tube defects (NTD) such as spina bifida and myelomeningocele.</p> <p>Presence of a central nervous system disorder(s) diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed central nervous system disorder</p>	I

PREGNANT WOMEN	
CODE	PRIORITY
<p>349 GENETIC AND CONGENITAL DISORDERS</p> <p>Hereditary or congenital condition at birth that causes physical or metabolic abnormality, or both. May include, but not limited to: cleft lip, cleft palate, thalassemia, sickle cell anemia, down's syndrome.</p> <p>Presence of genetic and congenital disorders diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed genetic/congenital disorder</p>	<p>I</p>
<p>351 INBORN ERRORS OF METABOLISM</p> <p>Gene mutations or gene deletions that alter metabolism in the body, including, but not limited to: phenylketonuria (PKU), maple syrup urine disease, galactosemia, hyperlipoproteinuria, homocystinuria, tyrosinemia, histidinemia, urea cycle disorder, glutaric aciduria, methylmalonic acidemia, glycogen storage disease, galactokinase deficiency, fructoaldase deficiency, propionic acidemia, hypermethioninemia.</p> <p>Presence of inborn errors of metabolism diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed inborn error of metabolism</p>	<p>I</p>

PREGNANT WOMEN	
CODE	PRIORITY
<p>352 INFECTIOUS DISEASES</p> <p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to: tuberculosis, pneumonia, meningitis, parasitic infection, hepatitis, bronchiolitis (3 episodes in last 6 months), HIV/AIDS.</p> <p>The infectious disease MUST be present within the past 6 months and diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis, appropriate dates of each occurrence, and name of physician treating condition in the participant’s health record. When using HIV/AIDS positive status as a Nutritionally Related Medical Condition, write “See Medical Record” for documentation purpose.</p> <p>High Risk: Diagnosed infectious disease, as described above</p>	<p>I</p>
<p>353 FOOD ALLERGIES</p> <p style="background-color: yellow;">An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction.</p> <p style="background-color: yellow;">Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed food allergy.</p>	<p>I</p>

PREGNANT WOMEN		PRIORITY
CODE		
354	<p>CELIAC DISEASE</p> <p>Also known as Celiac Sprue, Gluten Enteropathy, or Non-tropical Sprue.</p> <p style="background-color: yellow;">Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up.</p> <p style="background-color: yellow;">Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed Celiac Disease</p>	I
355	<p>LACTOSE INTOLERANCE</p> <p style="background-color: yellow;">Lactose intolerance occurs when there is an insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe.</p> <p style="background-color: yellow;">Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record; OR list of symptoms described by the applicant/participant/caregiver (i.e., nausea, cramps, abdominal bloating, and/or diarrhea).</p>	I
356	<p>HYPOGLYCEMIA</p> <p>Presence of hypoglycemia diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed hypoglycemia</p>	I

PREGNANT WOMEN		PRIORITY
CODE		
357	<p>DRUG/NUTRIENT INTERACTIONS</p> <p>Use of prescription or over the counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.</p> <p>Document: Drug/medication being used and respective nutrient interaction in the participant's health record.</p> <p>High Risk: Use of drug or medication shown to interfere with nutrient intake or utilization, to extent that nutritional status is compromised.</p>	I
358	<p>EATING DISORDERS</p> <p>Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to:</p> <ul style="list-style-type: none"> • Self-induced vomiting • Purgative abuse • Alternating periods of starvation • Use of drugs such as appetite suppressants, thyroid preparations or diuretics • Self-induced marked weight loss <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Symptoms or diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed eating disorder</p>	I

PREGNANT WOMEN		PRIORITY
CODE		
359	<p>RECENT MAJOR SURGERY, TRAUMA OR BURNS</p> <p>Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence within the past 2 months may be self reported. Any occurrence more than 2 months previous MUST have the continued need for nutritional support diagnosed by a physician or health care provider working under the orders of a physician.</p> <p>Document: If occurred within the past 2 months, document surgery, trauma and/or burns in the participant’s health record. If occurred more than 2 months ago, document description of how the surgery, trauma and/or burns currently affects nutritional status and include date.</p> <p>High Risk: Major surgery, trauma or burns that has a continued need for nutritional support.</p>	I
360	<p>OTHER MEDICAL CONDITIONS</p> <p>Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, MUST be severe enough to affect nutritional status. Including, but not limited to: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, moderate, Persistent Asthma (moderate or severe) requiring daily medication.</p> <p>Presence of medical condition(s) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Specific medical condition; a description of how the disease, condition or treatment affects nutritional status and the name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed medical condition severe enough to compromise nutritional status</p>	I
361	<p>DEPRESSION</p> <p>Presence of depression diagnosed by a physician or psychologist as self reported by applicant/participant/caregiver; or as reported or documented by a physician, psychologist or health care provider working under the orders of a physician.</p> <p>Document: Diagnosis and name of physician that is treating this condition in the participant’s health record</p>	I

PREGNANT WOMEN		PRIORITY
CODE		
362	<p>DEVELOPMENTAL, SENSORY OR MOTOR DELAYS INTERFERING WITH THE ABILITY TO EAT</p> <p>Developmental, sensory or motor delays include but are not limited to: minimal brain function, feeding problems due to developmental delays, birth injury, head trauma, brain damage, other disabilities.</p> <p>Document: Specific condition/ description of delays and how these interfere with the ability to eat and the name of the physician that is treating this condition.</p> <p>High Risk: Developmental, sensory or motor delay interfering with ability to eat.</p>	I
371	<p>MATERNAL SMOKING</p> <p>Any smoking of cigarettes, pipes or cigars.</p> <p>Document: Number of cigarettes or cigars smoked, or number of times pipe smoked, on WIC Assessment/Certification Form. See Appendix E-1 for documentation codes.</p>	I
372	<p>ALCOHOL AND ILLEGAL DRUG USE</p> <p>Any alcohol use:</p> <p>A serving of standard sized drink (1 ½ ounce of alcohol) is:</p> <ul style="list-style-type: none"> • 1 can of beer (12 fluid oz) • 5 oz wine • 1 ½ fluid oz liquor <p>Binge drinking is defined as ≥ 5 drinks on the same occasion on at least one day in the past 30 days</p> <p>Heavy drinking is defined as ≥ 5 drinks on the same occasion on five or more days in the past 30 days</p> <p>Document: Enter the number of servings of alcohol per week on the WIC Assessment/Certification Form. See Appendix E-1 for documentation codes.</p>	I
	<p>Any illegal drug use:</p> <p>Document: Type of drug(s) being used. See Appendix E-2 for commonly used illegal drug names.</p>	

PREGNANT WOMEN		PRIORITY
CODE		
381	<p>DENTAL PROBLEMS</p> <p>Diagnosis of dental problems by a physician or health care provider working under the orders of a physician or adequate documentation by the competent professional authority. Including but not limited to: gingivitis of pregnancy, tooth decay, periodontal disease, and tooth loss and/or ineffectively replaced teeth which impair the ability to ingest food in adequate quality or quantity.</p> <p>Document: In the participant's health record, a description of how the dental problem interferes with mastication and/or has other nutritionally related health problems.</p>	I
400	<p>INAPPROPRIATE NUTRITION PRACTICES</p> <p>Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. (Appendix G)</p> <p>Document: Inappropriate Nutrition Practice(s) in the participant's health record.</p>	IV
401	<p>FAILURE TO MEET DIETARY GUIDELINES</p> <p>A woman who meets eligibility requirements based on category, income, and residency but who does not have any other identified nutritional risk factor may be presumed to be at nutritional risk based on failure to meet the Dietary Guidelines for Americans.</p> <p>(This risk factor may be assigned only when a woman does not qualify for risk 400 or for any other risk factor.)</p>	IV
502	<p>TRANSFER OF CERTIFICATION</p> <p>Person with a current valid Verification of Certification (VOC) document from another state or local agency. The VOC is valid until the certification period expires, and shall be accepted as proof of eligibility for Program benefits. If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants.</p> <p>This criterion should be used primarily when the VOC card/document does not reflect another more specific nutrition risk condition at the time of transfer or if the participant was initially certified based on a nutrition risk condition not in use by the receiving agency.</p>	I, IV

PREGNANT WOMEN		
CODE		PRIORITY
801	<p>HOMELESSNESS</p> <p>Homelessness as defined in the Special Populations Section of the Georgia WIC Program Procedure Manual.</p>	IV
802	<p>MIGRANCY</p> <p>Migrancy as defined in the Special Populations Section of the Georgia WIC Program Procedures Manual.</p>	IV
901	<p>RECIPIENT OF ABUSE</p> <p>Battering (abuse) within past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider or other appropriate personnel.</p> <p>Battering refers to violent assaults on women.</p>	IV
902	<p>PRENATAL WOMAN WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD</p> <p>Woman who is assessed to have limited ability to make appropriate feeding decisions and/or prepare food. Examples may include:</p> <ul style="list-style-type: none"> • mental disability / delay and/or mental illness such as clinical depression (diagnosed by a physician or licensed psychologist) • physical disability which restricts or limits food preparation abilities • current use of or history of abusing alcohol or other drugs <p>Document: The women's specific limited abilities in the participant's health record.</p>	IV
903	<p>Foster Care</p> <p>Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months.</p>	IV
904	<p>ENVIRONMENTAL TOBACCO SMOKE EXPOSURE</p> <p>Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.</p>	I

DATA AND DOCUMENTATION REQUIRED FOR WIC ASSESSMENT/CERTIFICATION

BREASTFEEDING WOMEN

Data	Breastfeeding and Non-Breastfeeding Woman Certified in Hospital Prior to Initial Discharge	Woman Certified in Clinic	Breastfeeding Woman Certified in Clinic \geq 6 Months Postpartum
Height	Pre-pregnancy height from health record; self reported if not available from record	Required	Required
Pre-Pregnancy Weight	Pre-pregnancy weight from health record; self reported if not available from record	Required	Required
Current Weight	If available	Required	Required
Last Weight Before Delivery	Required	Required	Required
Hemoglobin or Hematocrit	Required (Apply 90-day rule when not available)	Required	Optional
Evaluation of Inappropriate Nutrition Practices	Required	Required	Required
Risk Factor Assessment	Required	Required	Required

**NUTRITION RISK CRITERIA
BREASTFEEDING WOMEN**

NOTE: High Risk Criteria, as defined below, are to be used for referral purposes, not certification (See Appendix A-1)

BREASTFEEDING WOMEN		PRIORITY
CODE		
201	<p>LOW HEMOGLOBIN/HEMATOCRIT</p> <p>Non-Smokers: Hemoglobin: 11.9 gm or lower (\geq 15 years of age) 11.7 gm or lower (< 15 years of age) Hematocrit: 35.8% or lower</p> <p>Smokers: Hemoglobin: 12.2 gm or lower (\geq 15 years of age) 12.0 gm or lower (< 15 years of age) Hematocrit: 36.8% or lower</p> <p>High Risk: Hemoglobin OR hematocrit at treatment level (Appendix B-1)</p>	I
101	<p>UNDERWEIGHT</p> <p>< 6 months Postpartum: Pre-pregnancy or current weight is equal to a Body Mass Index (BMI) of <18.5. Refer to BMI Table, Appendix C-1.</p> <p>\geq 6 months Postpartum: Current weight is equal to a Body Mass Index (BMI) of <18.5. Refer to BMI Table, Appendix C-1.</p> <p>High Risk: Current BMI <18.5</p>	I
111	<p>OVERWEIGHT</p> <p><6 months Postpartum: Pre-pregnancy weight is equal to a Body Mass Index (BMI) of \geq25. Refer to BMI Table, Appendix C-1.</p> <p>\geq 6 months Postpartum: Current weight is equal to a Body Mass Index (BMI) of \geq25. Refer to BMI Table, Appendix C-1.</p> <p>High Risk: Current BMI >29.9</p>	I

BREASTFEEDING WOMEN																								
CODE				PRIORITY																				
133	<p>HIGH MATERNAL WEIGHT GAIN</p> <p>Breastfeeding (most recent pregnancy only): total gestational weight gain exceeding the upper limit of the recommended range based on Body Mass Index (BMI), as follows:</p> <table border="1"> <thead> <tr> <th>Prepregnancy Weight Group</th> <th>Definition (BMI)</th> <th>Cut-off Value (Singleton)</th> <th>Cut-off Value (Multi-Fetal)</th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td>< 18.5</td> <td>>40 lbs</td> <td>*</td> </tr> <tr> <td>Normal Weight</td> <td>18.5 to 24.9</td> <td>>35 lbs</td> <td>>54 lbs</td> </tr> <tr> <td>Overweight</td> <td>25.0 to 29.9</td> <td>>25 lbs</td> <td>>50 lbs</td> </tr> <tr> <td>Obese</td> <td>≥ 30.0</td> <td>>20 lbs</td> <td>>42 lbs</td> </tr> </tbody> </table> <p>*There are no provisional guidelines for underweight woman with multiple fetuses. (Appendix C-2)</p> <p>Document: Pre-gravid weight and last weight before delivery</p>			Prepregnancy Weight Group	Definition (BMI)	Cut-off Value (Singleton)	Cut-off Value (Multi-Fetal)	Underweight	< 18.5	>40 lbs	*	Normal Weight	18.5 to 24.9	>35 lbs	>54 lbs	Overweight	25.0 to 29.9	>25 lbs	>50 lbs	Obese	≥ 30.0	>20 lbs	>42 lbs	I
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211	<p>ELEVATED BLOOD LEAD LEVELS</p> <p>Blood lead level of ≥10 µg/deciliter within the past 12 months.</p> <p>Document: Date of blood test and blood lead level in the participant's health record. Must be within the past 12 months.</p> <p>High Risk: Blood lead level of ≥10 µg/deciliter within the past 12 months.</p>			I																				
303	<p>HISTORY OF GESTATIONAL DIABETES</p> <p>History of diagnosed gestational diabetes mellitus (GDM)</p> <p>Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders for any pregnancy.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p>			I																				

BREASTFEEDING WOMEN		
CODE		PRIORITY
304	<p>HISTORY OF PREECLAMPSIA</p> <p>History of diagnosed preeclampsia</p> <p>Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders for any pregnancy.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p>	I
311	<p>DELIVERY OF PREMATURE INFANT(S)</p> <p>Woman has delivered one (1) or more infants at 37 weeks gestation or less. Applies to most recent pregnancy only.</p> <p>Document: Delivery date and weeks gestation in participant's health record</p>	I
312	<p>DELIVERY OF LOW BIRTH WEIGHT INFANT(S)</p> <p>Woman has delivered one (1) or more infants with a birth weight of less than or equal to 5 lb 8 oz (2500 gms). Applies to most recent pregnancy only.</p> <p>Document: Weight(s) and birth date in the participant's health record</p>	I
321	<p>FETAL OR NEONATAL DEATH</p> <p>A fetal death (death \geq 20 weeks gestation) or a neonatal death (death occurring from 0-28 days of life). Applies to most recent pregnancy only.</p> <p>Document: Date(s) of fetal/neonatal death(s) in the participant's health record; weeks gestation for fetal death(s); age, at death, of neonate(s). This does not include elective abortions.</p>	I

BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>331 PREGNANCY AT A YOUNG AGE</p> <p>For most recent pregnancy, Conception at less than or equal to 17 years of age. Applies to most recent pregnancy only.</p> <p>Document: Age at conception on the WIC Assessment/Certification Form</p> <p>High Risk: Conception at less than or equal to 17 years of age</p>	<p>I</p>
<p>332 CLOSELY SPACED PREGNANCIES</p> <p>Delivery date for most recent pregnancy occurred less than 25 months after the termination of the previous pregnancy.</p> <p>Document: Termination dates of last two pregnancies in the participant's health record.</p>	<p>I</p>
<p>333 HIGH PARITY AND YOUNG AGE</p> <p>The following two (2) conditions must both apply:</p> <ol style="list-style-type: none"> 1. The woman is under age 20 at date of conception AND 2. She has had 3 or more pregnancies of at least 20 weeks duration (regardless of birth outcome), previous to the most recent pregnancy. <p>Document: Delivery date; number of pertinent previous pregnancies (of at least 20 weeks gestation) and weeks gestation for each, in the participant's health record.</p>	<p>I</p>
<p>335 MULTI FETAL GESTATION</p> <p>More than one (>1) fetus in the most recent pregnancy</p> <p>High Risk: Multi-fetal gestation</p>	<p>I</p>
<p>337 HISTORY OF A LARGE FOR GESTATIONAL AGE INFANT</p> <p>Most recent pregnancy, or history of giving birth to an infant with a birth weight of 9 pounds or more.</p> <p>Document: Birth weight(s) and date(s) of deliveries in the participant's health record.</p>	<p>I</p>

BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>339 BIRTH WITH NUTRITION RELATED CONGENITAL OR BIRTH DEFECT(S)</p> <p>A woman who gives birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid (neural tube defect), excess vitamin A (cleft palate or lip). Applies to most recent pregnancy only.</p> <p>Document: Infant(s) congenital and/or birth defect(s) in participant's health record</p>	<p>I</p>
NUTRITION RELATED MEDICAL CONDITIONS	
<p>341 NUTRIENT DEFICIENCY DISEASES</p> <p>Diagnosis of clinical signs of nutritional deficiencies or a disease caused by insufficient dietary intake of macro or micro nutrients. Diseases include, but not limited to: protein energy malnutrition, hypocalcemia, cheilosis, scurvy, osteomalacia, menkes disease, rickets, Vitamin K deficiency, xerthalmia, beriberi, and pellagra. (See Appendix D)</p> <p>The presence of nutrient deficiency diseases diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed nutrient deficiency disease</p>	<p>I</p>

BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>342 GASTRO-INTESTINAL DISORDERS</p> <p>Diseases or conditions that interfere with the intake, digestion, and or absorption of nutrients. The diseases and/or conditions include, but are not limited to:</p> <ul style="list-style-type: none"> • Gastroesophageal reflux disease (GERD) • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease, including ulcerative colitis or Crohn’s disease • Liver disease • Pancreatitis • Biliary tract disease <p>The presence of gastro-intestinal disorders as diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician’s orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed gastro-intestinal disorder</p>	<p>I</p>
<p>343 DIABETES MELLITUS</p> <p>Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.</p> <p>Presence of diabetes mellitus diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed diabetes mellitus</p>	<p>I</p>

BREASTFEEDING WOMEN		PRIORITY
CODE		
344	<p>THYROID DISORDERS</p> <p>Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Hyperthyroidism: Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter). • Hypothyroidism: Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency. • Postpartum Thyroiditis: Transient or permanent thyroid dysfunction occurring in the first year after delivery based on an autoimmune inflammation of the thyroid. Frequently, the resolution is spontaneous. <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed thyroid disorder</p>	I
345	<p>HYPERTENSION</p> <p>Presence of hypertension or prehypertension diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed hypertension</p>	I
346	<p>RENAL DISEASE</p> <p>Any renal disease including pyelonephritis and persistent proteinuria, but EXCLUDING urinary tract infections (UTI) involving the bladder. Presence of renal disease diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed renal disease</p>	I

BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>347 CANCER</p> <p style="color: red;">A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.</p> <p style="color: red;">Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Description of how the condition or treatment affects nutritional status and the name of the physician that is treating the condition in the participant's health record.</p> <p>High Risk: Diagnosed cancer</p>	<p>I</p>
<p>348 CENTRAL NERVOUS SYSTEM DISORDERS</p> <p>Conditions which affect energy requirements and may affect the individual's ability to feed self that alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to: epilepsy, cerebral palsy (CP), and neural tube defects (NTD) such as spina bifida and myelomeningocele.</p> <p>Presence of a central nervous system disorder(s) diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed central nervous system disorder</p>	<p>I</p>

BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>349 GENETIC AND CONGENITAL DISORDERS</p> <p>Hereditary or congenital condition at birth that causes physical or metabolic abnormality, or both. May include, but not limited to: cleft lip, cleft palate, thalassemia, sickle cell anemia, down's syndrome.</p> <p>Presence of genetic and congenital disorders diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed genetic/congenital disorder</p>	<p>I</p>
<p>351 INBORN ERRORS OF METABOLISM</p> <p>Gene mutations or gene deletions that alter metabolism in the body, including, but not limited to: phenylketonuria (PKU), maple syrup urine disease, galactosemia, hyperlipoproteinuria, homocystinuria, tyrosinemia, histidinemia, urea cycle disorder, glutaric aciduria, methylmalonic acidemia, glycogen storage disease, galactokinase deficiency, fructoaldase deficiency, propionic acidemia, hypermethioninemia.</p> <p>Presence of inborn errors of metabolism diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed inborn error of metabolism</p>	<p>I</p>

BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>352 INFECTIOUS DISEASES</p> <p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to: tuberculosis, pneumonia, meningitis, parasitic infection, hepatitis, bronchiolitis (3 episodes in last 6 months), HIV/AIDS.</p> <p>The infectious disease MUST be present within the past 6 months and diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis, appropriate dates of each occurrence, and name of physician treating this condition in the participant’s health record. When using HIV/AIDS positive status as a Nutritionally Related Medical Condition, write “See Medical Record” for documentation purpose.</p> <p>High Risk: Diagnosed infectious disease, as described above</p>	<p>I</p>
<p>353 FOOD ALLERGIES</p> <p>An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in participant’s health record.</p> <p>High Risk: Diagnosed food allergy</p>	<p>I</p>

BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>354 CELIAC DISEASE</p> <p>Also known as Celiac Sprue, Gluten Enteropathy, or Non-tropical Sprue.</p> <p style="background-color: yellow;">Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up.</p> <p style="background-color: yellow;">Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed Celiac Disease</p>	<p>I</p>
<p>355 LACTOSE INTOLERANCE</p> <p style="background-color: yellow;">Lactose intolerance occurs when there is an insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe.</p> <p style="background-color: yellow;">Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record; OR list of symptoms described by the applicant/participant/caregiver (i.e., nausea, cramps, abdominal bloating, and/or diarrhea).</p>	<p>I</p>

BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>356 HYPOGLYCEMIA</p> <p>Presence of hypoglycemia diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed hypoglycemia</p>	<p>I</p>
<p>357 DRUG/NUTRIENT INTERACTIONS</p> <p>Use of prescription or over the counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.</p> <p>Document: Drug/medication being used and respective nutrient interaction in the participant's health record.</p> <p>High Risk: Use of drug or medication shown to interfere with nutrient intake or utilization, to extent that nutritional status is compromised.</p>	<p>I</p>

BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>358 EATING DISORDERS</p> <p>Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to:</p> <ul style="list-style-type: none"> • Self-induced vomiting • Purgative abuse • Alternating periods of starvation • Use of drugs such as appetite suppressants, thyroid preparations or diuretics • Self-induced marked weight loss <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Symptoms or diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed eating disorder</p>	<p>I</p>
<p>359 RECENT MAJOR SURGERY, TRAUMA OR BURNS</p> <p>Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence within the past 2 months may be self reported. Any occurrence more than 2 months previous MUST have the continued need for nutritional support diagnosed by a physician or health professional acting under the standing orders of a physician.</p> <p>Document: If occurred within the past 2 months, document surgery, trauma and/or burns in the participant's health record. If occurred more than 2 months ago, document description of how the surgery, trauma and/or burns currently affects nutritional status and include date.</p> <p>High Risk: Major surgery, trauma or burns that has a continued need for nutritional support.</p>	<p>I</p>

BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>360 OTHER MEDICAL CONDITIONS</p> <p>Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, MUST be severe enough to affect nutritional status. Including, but not limited to: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, moderate, Persistent Asthma (moderate or severe) requiring daily medication.</p> <p>Presence of medical condition(s) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Specific medical condition; a description of how the disease, condition or treatment affects nutritional status and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed medical condition severe enough to compromise nutritional status</p>	<p>I</p>
<p>361 DEPRESSION</p> <p>Presence of depression diagnosed by a physician or psychologist as self reported by applicant/participant/caregiver; or as reported or documented by a physician, psychologist or health care provider working under the orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in participant's health record.</p>	<p>I</p>

BREASTFEEDING WOMEN		
CODE		PRIORITY
362	<p>DEVELOPMENTAL, SENSORY OR MOTOR DELAYS INTERFERING WITH ABILITY TO EAT</p> <p>Developmental, sensory or motor delays include but are not limited to: minimal brain function, feeding problems due to developmental delays, birth injury, head trauma, brain damage, other disabilities.</p> <p>Document: Specific condition/description of the delay and how it interferes with the ability to eat and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Developmental, sensory or motor delay interfering with ability to eat.</p>	I
363	<p>PRE-DIABETES</p> <p>Presence of pre-diabetes diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed pre-diabetes</p>	I
371	<p>MATERNAL SMOKING</p> <p>Any smoking of cigarettes, pipes or cigars.</p> <p>Document: Number of cigarettes or cigars smoked, or number of times pipe smoked, on WIC Assessment/Certification Form.</p>	I

BREASTFEEDING WOMEN		
CODE		PRIORITY
372	<p style="color: red; margin: 0;">ALCOHOL AND ILLEGAL DRUG USE</p> <p style="color: red; margin: 0;">Alcohol use:</p> <ul style="list-style-type: none"> • Routine current use of ≥ 2 drinks per day OR • Binge drinking is defined as ≥ 5 drinks on the same occasion on at least one day in the past 30 days, OR • Heavy drinking is defined as ≥ 5 drinks on the same occasion on five or more days in the past 30 days <p style="color: red; margin: 0;">A serving of standard sized drink (1 ½ ounce of alcohol) is:</p> <ul style="list-style-type: none"> - 1 can of beer (12 fluid oz) - 5 oz wine - 1 ½ fluid oz liquor <p style="color: red; margin: 0;">Document: Alcohol Use; identify type (Routine - Enter oz./wk: ____, Binge drinker, Heavy drinker) on WIC Assessment/Certification Form.</p> <p style="color: red; margin: 0;">See Appendix E-1 for documentation codes.</p> <hr/> <p style="color: red; margin: 0;">Any Illegal drug use:</p> <p style="color: red; margin: 0;">Document: Type of drug(s) being used. See Appendix E-2 for commonly used illegal drug names.</p>	I
381	<p style="margin: 0;">DENTAL PROBLEMS</p> <p style="margin: 0;">Diagnosis of dental problems by a physician or health care provider working under the orders of a physician or adequate documentation by the competent professional authority. Including but not limited to: tooth decay, periodontal disease, and tooth loss and/or ineffectively replaced teeth which impair the ability to ingest food in adequate quality or quantity.</p> <p style="margin: 0;">Document: In the participant's health record, a description of how the dental problem interferes with mastication and/or has other nutritionally related health problems.</p>	I

BREASTFEEDING WOMEN		
CODE		PRIORITY
400	<p>INAPPROPRIATE NUTRITION PRACTICES</p> <p>Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. (Appendix G)</p> <p>Document: Inappropriate Nutrition Practice(s) in the participant's health record.</p>	IV
401	<p>FAILURE TO MEET DIETARY GUIDELINES</p> <p>A woman who meets eligibility requirements based on category, income, and residency but who does not have any other identified nutritional risk factor may be presumed to be at nutritional risk based on failure to meet the <i>Dietary Guidelines for Americans</i>.</p> <p>(This risk factor may be assigned <u>only</u> when a woman does not qualify for risk 400 or for any other risk factor.)</p>	IV
502	<p>TRANSFER OF CERTIFICATION</p> <p>Person with a current valid Verification of Certification (VOC) document from another state or local agency. The VOC is valid until the certification period expires, and shall be accepted as proof of eligibility for Program benefits. If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants.</p> <p>This criterion should be used primarily when the VOC card/document does not reflect another more specific nutrition risk condition at the time of transfer or if the participant was initially certified based on a nutrition risk condition not in use by the receiving agency.</p>	I, II, IV
601	<p>BREASTFEEDING AN INFANT AT NUTRITIONAL RISK</p> <p>A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.</p> <p>Document: Infant's risks on mother's WIC Assessment/Certification Form.</p>	I, II, IV

BREASTFEEDING WOMEN		
CODE		PRIORITY
602	<p>BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS</p> <p>A breastfeeding woman with any of the following complications or potential complications for breastfeeding.</p> <ul style="list-style-type: none"> a. severe breast engorgement b. recurrent plugged ducts c. mastitis d. flat or inverted nipples e. cracked, bleeding or severely sore nipples f. age \geq 40 years g. failure of milk to come in by 4 days postpartum h. tandem nursing (nursing two siblings who are not twins) <p>Document: Complications or potential complications in the participant's health record.</p> <p>High Risk: Refer to or provide the mother with appropriate breastfeeding counseling.</p>	I
801	<p>HOMELESSNESS</p> <p>Homelessness as defined in the Special Populations Section of the Georgia WIC Program Procedures Manual.</p>	IV
802	<p>MIGRANCY</p> <p>Migrancy as defined in the Special Population Section of the Georgia WIC Program Procedures Manual.</p>	IV
901	<p>RECIPIENT OF ABUSE</p> <p>Battering within past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider or other appropriate personnel.</p> <p>Battering refers to violent assaults on women.</p>	IV

BREASTFEEDING WOMEN		
CODE		PRIORITY
902	<p>BREASTFEEDING WOMAN WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD</p> <p>Woman who is assessed to have limited ability to make appropriate feeding decisions and/or prepare food. Examples may include:</p> <ul style="list-style-type: none"> • mental disability / delay and/or mental illness such as clinical depression (diagnosed by a physician or licensed psychologist) • physical disability which restricts or limits food preparation abilities • current use of or history of abusing alcohol or other drugs <p>Document: The women’s specific limited abilities in the participant’s health record.</p>	IV
903	<p>Foster Care</p> <p>Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months.</p>	IV
904	<p>ENVIRONMENTAL TOBACCO SMOKE EXPOSURE</p> <p>Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.</p>	I

**DATA AND DOCUMENTATION REQUIRED FOR WIC
ASSESSMENT/CERTIFICATION**

POSTPARTUM NON-BREASTFEEDING WOMEN

Data	Woman Certified in Hospital Prior to Initial Discharge	Woman Certified in Clinic
Height	Pre-pregnancy height from health record; self reported if not available from record	Required
Pre-Pregnancy Weight	Pre-pregnancy weight from health record; self reported if not available from record	Required
Current Weight	If available	Required
Last Weight Before Delivery	Required	Required
Hemoglobin or Hematocrit	Required (Apply 90-day rule when not available)	Required
Evaluation of Inappropriate Nutrition Practices	Required	Required
Risk Factor Assessment	Required	Required

**NUTRITION RISK CRITERIA
POSTPARTUM, NON- BREASTFEEDING WOMEN**

NOTE: High Risk Criteria, as defined below, are to be used for referral purposes, not certification (See Appendix A-1)

POSTPARTUM NON-BREASTFEEDING WOMEN		PRIORITY
CODE		
201	<p>LOW HEMOGLOBIN/HEMATOCRIT</p> <p>Non-Smokers: Hemoglobin: 11.9 gm or lower (\geq 15 years of age) 11.7 gm or lower (< 15 years of age) Hematocrit: 35.8% or lower</p> <p>Smokers: Hemoglobin: 12.2 gm or lower (\geq 15 years of age) 12.0 gm or lower (< 15 years of age) Hematocrit: 36.8% or lower</p> <p>High Risk: Hemoglobin OR hematocrit at treatment level (Appendix B-1)</p>	VI
101	<p>UNDERWEIGHT</p> <p>Pre-pregnancy or current weight is equal to a Body Mass Index (BMI) of <18.5. Refer to BMI Table, Appendix C-1.</p> <p>High Risk: Pre-pregnancy or current BMI <18.5</p>	VI
111	<p>OVERWEIGHT</p> <p>Pre-pregnancy weight is equal to a Body Mass Index (BMI) of \geq25. Refer to BMI Table, Appendix C-1.</p> <p>High Risk: Pre-pregnancy BMI >29.9</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN		PRIORITY																				
CODE																						
133	<p>HIGH MATERNAL WEIGHT GAIN</p> <p>Non-Breastfeeding (most recent pregnancy only): total gestational weight gain exceeding the upper limit of the recommended range based on Body Mass Index (BMI), as follows:</p> <table border="1"> <thead> <tr> <th>Prepregnancy Weight Group</th> <th>Definition (BMI)</th> <th>Cut-off Value (Singleton)</th> <th>Cut-off Value (Multi-Fetal)</th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td>< 18.5</td> <td>>40 lbs</td> <td>*</td> </tr> <tr> <td>Normal Weight</td> <td>18.5 to 24.9</td> <td>>35 lbs</td> <td>>54 lbs</td> </tr> <tr> <td>Overweight</td> <td>25.0 to 29.9</td> <td>>25 lbs</td> <td>>50 lbs</td> </tr> <tr> <td>Obese</td> <td>≥ 30.0</td> <td>>20 lbs</td> <td>>42 lbs</td> </tr> </tbody> </table> <p>*There are no provisional guidelines for underweight woman with multiple fetuses. (Appendix C-2)</p> <p>Document: Pre-gravid weight and last weight before delivery</p>	Prepregnancy Weight Group	Definition (BMI)	Cut-off Value (Singleton)	Cut-off Value (Multi-Fetal)	Underweight	< 18.5	>40 lbs	*	Normal Weight	18.5 to 24.9	>35 lbs	>54 lbs	Overweight	25.0 to 29.9	>25 lbs	>50 lbs	Obese	≥ 30.0	>20 lbs	>42 lbs	VI
Prepregnancy Weight Group	Definition (BMI)	Cut-off Value (Singleton)	Cut-off Value (Multi-Fetal)																			
Underweight	< 18.5	>40 lbs	*																			
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Overweight	25.0 to 29.9	>25 lbs	>50 lbs																			
Obese	≥ 30.0	>20 lbs	>42 lbs																			
211	<p>ELEVATED BLOOD LEAD LEVELS</p> <p>Blood lead level of ≥10 µg/deciliter within the past 12 months.</p> <p>Document: Date of blood test and blood lead level in the participant's health record. Must be within the past 12 months.</p> <p>High Risk: Blood lead level of ≥10 µg/deciliter within the past 12 months.</p>	VI																				
303	<p>HISTORY OF GESTATIONAL DIABETES</p> <p>History of diagnosed gestational diabetes mellitus (GDM)</p> <p>Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders for any pregnancy.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p>	VI																				

POSTPARTUM NON-BREASTFEEDING WOMEN		PRIORITY
CODE		
304	<p>HISTORY OF PREECLAMPSIA</p> <p>History of diagnosed preeclampsia</p> <p>Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders for any pregnancy.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p>	VI
311	<p>DELIVERY OF PREMATURE INFANT(S)</p> <p>Woman has delivered one (1) or more infants at 37 weeks gestation or less. Applies to most recent pregnancy only.</p> <p>Document: Delivery date and weeks gestation in participant's health record</p>	VI
312	<p>DELIVERY OF LOW BIRTH WEIGHT INFANT(S)</p> <p>Woman has delivered one (1) or more infants with a birth weight of less than or equal to 5 lb 8 oz (2500 gms). Applies to most recent pregnancy only.</p> <p>Document: Weight(s) and birth date in the participant's health record.</p>	VI
321	<p>FETAL OR NEONATAL DEATH</p> <p>A fetal death (death \geq 20 weeks gestation) or a neonatal death (death occurring from 0-28 days of life). Applies to most recent pregnancy only.</p> <p>Document: Date(s) of fetal/neonatal death(s) in the participant's health record; weeks gestation for fetal death(s); age, at death, of neonate(s). This does not include elective abortions.</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN		
CODE		PRIORITY
331	<p>PREGNANCY AT A YOUNG AGE</p> <p>For most recent pregnancy. Conception at less than or equal to 17 years of age. Applies to most recent pregnancy only.</p> <p>Document: Age at conception on the WIC Assessment/Certification Form</p> <p>High Risk: Conception at less than or equal to 17 years of age</p>	III
332	<p>CLOSELY SPACED PREGNANCIES</p> <p>Delivery date for most recent pregnancy occurred less than 25 months after the termination of the previous pregnancy.</p> <p>Document: Termination dates of last two pregnancies in the participant's health record.</p>	VI
333	<p>HIGH PARITY AND YOUNG AGE</p> <p>The following two (2) conditions must both apply:</p> <ol style="list-style-type: none"> 1. The woman is under age 20 at date of conception AND 2. She has had 3 or more pregnancies of at least 20 weeks duration (regardless of birth outcome), previous to the most recent pregnancy. <p>Document: Delivery date; number of pertinent previous pregnancies (of at least 20 weeks gestation) and weeks gestation for each, in the participant's health record</p>	VI
335	<p>MULTI FETAL GESTATION</p> <p>More than one (>1) fetus in the most recent pregnancy</p> <p>High Risk: Multi-fetal gestation</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN	
CODE	CODE
<p>337 HISTORY OF A LARGE FOR GESTATIONAL AGE INFANT</p> <p>Most recent pregnancy, or history of giving birth to an infant with a birth weight of 9 pounds or more.</p> <p>Document: Birth weight(s) and date(s) of deliveries in the participant's health record.</p>	VI
<p>339 BIRTH WITH NUTRITION RELATED CONGENITAL OR BIRTH DEFECT(S)</p> <p>A woman who gives birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid (neural tube defect), excess vitamin A (cleft palate or lip). Applies to most recent pregnancy only.</p> <p>Document: Infant(s) congenital and/or birth defect(s) in the participant's health record.</p>	VI
<p>NUTRITION RELATED MEDICAL CONDITIONS</p> <p>341 NUTRIENT DEFICIENCY DISEASES</p> <p>Diagnosis of clinical signs of nutritional deficiencies or a disease caused by insufficient dietary intake of macro or micro nutrients. Diseases include, but not limited to: protein energy malnutrition, hypocalcemia, cheilosis, scurvy, osteomalacia, menkes disease, rickets, Vitamin K deficiency, xerthalmia, beriberi, and pellagra. (See Appendix D)</p> <p>The presence of nutrient deficiency diseases diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed nutrient deficiency disease</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>342 GASTRO-INTESTINAL DISORDERS</p> <p>Diseases or conditions that interfere with the intake, digestion, and or absorption of nutrients. The diseases and/or conditions include, but are not limited to:</p> <ul style="list-style-type: none"> • Gastroesophageal reflux disease (GERD) • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease, including ulcerative colitis or Crohn’s disease • Liver disease • Pancreatitis • Biliary tract disease <p>The presence of gastro-intestinal disorders as diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician’s orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed gastro-intestinal disorder</p>	VI
<p>343 DIABETES MELLITUS</p> <p>Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.</p> <p>Presence of diabetes mellitus diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed diabetes mellitus</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN		
CODE		PRIORITY
344	<p>THYROID DISORDERS</p> <p>Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Hyperthyroidism: Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter). • Hypothyroidism: Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency. • Postpartum Thyroiditis: Transient or permanent thyroid dysfunction occurring in the first year after delivery based on an autoimmune inflammation of the thyroid. Frequently, the resolution is spontaneous. <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed thyroid disorder</p>	VI
345	<p>HYPERTENSION</p> <p>Presence of hypertension or prehypertension diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed hypertension</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN		PRIORITY
CODE		
346	<p>RENAL DISEASE</p> <p>Any renal disease including pyelonephritis and persistent proteinuria, but EXCLUDING urinary tract infections (UTI) involving the bladder. Presence of renal disease diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed renal disease</p>	VI
347	<p>CANCER</p> <p>A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Description of how the condition or treatment affects nutritional status and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed cancer</p>	VI
348	<p>CENTRAL NERVOUS SYSTEM DISORDERS</p> <p>Conditions which affect energy requirements and may affect the individual's ability to feed self, that alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to: epilepsy, cerebral palsy (CP), and neural tube defects (NTD) such as spina bifida and myelomeningocele.</p> <p>Presence of central nervous system disorder(s) diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed central nervous system disorder</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>349 GENETIC AND CONGENITAL DISORDERS</p> <p>Hereditary or congenital condition at birth that causes physical or metabolic abnormality, or both. May include, but not limited to: cleft lip, cleft palate, thalassemia, sickle cell anemia, down's syndrome.</p> <p>Presence of genetic and congenital disorders diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed genetic/congenital disorder</p>	<p>VI</p>
<p>351 INBORN ERRORS OF METABOLISM</p> <p>Gene mutations or gene deletions that alter metabolism in the body, including, but not limited to: phenylketonuria (PKU), maple syrup urine disease, galactosemia, hyperlipoproteinuria, homocystinuria, tyrosinemia, histidinemia, urea cycle disorder, glutaric aciduria, methylmalonic acidemia, glycogen storage disease, galactokinase deficiency, fructoaldase deficiency, propionic acidemia, hypermethioninemia.</p> <p>Presence of inborn errors of metabolism diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed inborn error of metabolism</p>	<p>VI</p>

POSTPARTUM NON-BREASTFEEDING WOMEN		PRIORITY
CODE		
352	<p>INFECTIOUS DISEASES</p> <p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to: tuberculosis, pneumonia, meningitis, parasitic infection, hepatitis, bronchiolitis (3 episodes in last 6 months), HIV/AIDS.</p> <p>The infectious disease MUST be present within the past 6 months and diagnosed by a physician as self reported by applicant/participant/ caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis, appropriate dates of each occurrence, and name of physician treating condition in the participant's health record. When using HIV/AIDS positive status as a Nutritionally Related Medical Condition, write "See Medical Record" for documentation purpose.</p> <p>High Risk: Diagnosed infectious disease, as described above</p>	VI
353	<p>FOOD ALLERGIES</p> <p>An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition.</p> <p>High Risk: Diagnosed food allergy</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>354 CELIAC DISEASE</p> <p>Also known as Celiac Sprue, Gluten Enteropathy, or Non-tropical Sprue.</p> <p>Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition.</p> <p>High Risk: Diagnosed Celiac Disease</p>	VI
<p>355 LACTOSE INTOLERANCE</p> <p>Lactose intolerance occurs when there is an insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record; OR list of symptoms described by the applicant/participant/caregiver (i.e., nausea, cramps, abdominal bloating, and/or diarrhea).</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN		
CODE		PRIORITY
356	<p>HYPOGLYCEMIA</p> <p>Presence of hypoglycemia diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed hypoglycemia</p>	VI
357	<p>DRUG/NUTRIENT INTERACTIONS</p> <p>Use of prescription or over the counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.</p> <p>Document: Drug/medication being used and respective nutrient interaction in the participant's health record.</p> <p>High Risk: Use of drug or medication shown to interfere with nutrient intake or utilization, to extent that nutritional status is compromised.</p>	VI
358	<p>EATING DISORDERS</p> <p>Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to:</p> <ul style="list-style-type: none"> • Self-induced vomiting • Purgative abuse • Alternating periods of starvation • Use of drugs such as appetite suppressants, thyroid preparations or diuretics • Self-induced marked weight loss <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Symptoms or diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed eating disorder</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>359 RECENT MAJOR SURGERY, TRAUMA OR BURNS</p> <p>Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence within the past 2 months may be self reported. Any occurrence more than 2 months previous MUST have the continued need for nutritional support diagnosed by a physician or health care provider working under the standing orders of a physician.</p> <p>Document: If occurred within the past 2 months, document surgery, trauma and/or burns in the participant's health record. If occurred more than 2 months ago, document description of how the surgery, trauma and/or burns currently affects nutritional status and include date.</p> <p>High Risk: Major surgery, trauma or burns that has a continued need for nutritional support.</p>	VI
<p>360 OTHER MEDICAL CONDITIONS</p> <p>Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, MUST be severe enough to affect nutritional status. Including, but not limited to: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, moderate, Persistent Asthma (moderate or severe) requiring daily medication.</p> <p>Presence of medical condition(s) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Specific medical condition; a description of how the disease, condition or treatment affects nutritional status and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed medical condition severe enough to compromise nutritional status</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN		PRIORITY
CODE		
361	<p>DEPRESSION</p> <p>Presence of depression diagnosed by a physician or psychologist as self reported by applicant/participant/caregiver; or as reported or documented by a physician, psychologist or health care provider working under the orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in participant's health record.</p>	VI
362	<p>DEVELOPMENTAL, SENSORY OR MOTOR DELAYS INTERFERING WITH THE ABILITY TO EAT</p> <p>Developmental, sensory or motor delays include but are not limited to: minimal brain function, feeding problems due to developmental delays, birth injury, head trauma, brain damage, other disabilities.</p> <p>Document: Specific condition/ description of delays and how these interfere with the ability to eat and the name of the physician that is treating this condition.</p> <p>High Risk: Developmental, sensory or motor delay interfering with ability to eat.</p>	VI
363	<p>PRE-DIABETES</p> <p>Presence of pre-diabetes diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed pre-diabetes</p>	VI
371	<p>MATERNAL SMOKING</p> <p>Any smoking of cigarettes, pipes or cigars.</p> <p>Document: Number of cigarettes or cigars smoked, or number of times pipe smoked, on WIC Assessment/Certification Form.</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN		
CODE		PRIORITY
372	<p>ALCOHOL AND ILLEGAL DRUG USE</p> <p>Alcohol use:</p> <ul style="list-style-type: none"> • Routine current use of ≥ 2 drinks per day OR • Binge drinking is defined as ≥ 5 drinks on the same occasion on at least one day in the past 30 days, OR • Heavy drinking is defined as ≥ 5 drinks on the same occasion on five or more days in the past 30 days <p>A serving of standard sized drink (1 ½ ounce of alcohol) is:</p> <ul style="list-style-type: none"> - 1 can of beer (12 fluid oz) - 5 oz wine - 1 ½ fluid oz liquor <p>Document: Alcohol Use; identify type (Routine - Enter oz./wk: ____, Binge drinker, Heavy drinker) on WIC Assessment/Certification Form. See Appendix E-1 for documentation codes.</p> <hr/> <p>Any Illegal drug use:</p> <p>Document: Type of drug(s) being used. See Appendix E-2 for commonly used illegal drug names.</p>	VI
381	<p>DENTAL PROBLEMS</p> <p>Diagnosis of dental problems by a physician or health care provider working under the orders of a physician or adequate documentation by the competent professional authority. Including but not limited to: tooth decay, periodontal disease, and tooth loss and/or ineffectively replaced teeth which impair the ability to ingest food in adequate quality or quantity.</p> <p>Document: In the participant's health record, a description of how the dental problem interferes with mastication and/or has other nutritionally related health problems.</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN		
CODE		PRIORITY
400	<p>INAPPROPRIATE NUTRITION PRACTICES</p> <p>Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. (Appendix G)</p> <p>Document: Inappropriate Nutrition Practice(s) in the participant's health record.</p>	VI
401	<p>FAILURE TO MEET DIETARY GUIDELINES</p> <p>A woman who meets eligibility requirements based on category, income, and residency but who does not have any other identified nutritional risk factor may be presumed to be at nutritional risk based on failure to meet the <i>Dietary Guidelines for Americans</i>.</p> <p>(This risk factor may be assigned <u>only</u> when a woman does not qualify for risk 400 or for any other risk factor.)</p>	VI
502	<p>TRANSFER OF CERTIFICATION</p> <p>Person with a current valid Verification of Certification (VOC) document from another state or local agency. The VOC is valid until the certification period expires, and shall be accepted as proof of eligibility for Program benefits. If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants.</p> <p>This criterion should be used primarily when the VOC card/document does not reflect another more specific nutrition risk condition at the time of transfer or if the participant was initially certified based on a nutrition risk condition not in use by the receiving agency.</p>	III, VI
801	<p>HOMELESSNESS</p> <p>Homelessness as defined in the Special Populations Section of the Georgia WIC Program Procedures Manual.</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN		PRIORITY
CODE		
802	<p>MIGRANCY</p> <p>Migrancy as defined in the Special Populations Section of the Georgia WIC Program Procedures Manual.</p>	VI
901	<p>RECIPIENT OF ABUSE</p> <p>Battering within past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider or other appropriate personnel.</p> <p>Battering refers to violent assaults on women.</p>	VI
902	<p>POSTPARTUM, NON-BREASTFEEDING WOMAN WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD</p> <p>Woman who is assessed to have limited ability to make appropriate feeding decisions and/or prepare food. Examples may include:</p> <ul style="list-style-type: none"> • mental disability / delay and/or mental illness such as clinical depression (diagnosed by a physician or licensed psychologist) • physical disability which restricts or limits food preparation abilities • current use of or history of abusing alcohol or other drugs <p>Document: The women's specific limited abilities in the participant's health record.</p>	IV

<p>903 Foster Care</p> <p>Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months.</p>	<p>IV</p>
<p>904 ENVIRONMENTAL TOBACCO SMOKE EXPOSURE</p> <p>Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.</p>	<p>VI</p>

**DATA AND DOCUMENTATION REQUIRED FOR
WIC ASSESSMENT/CERTIFICATION**

INFANTS

Data	Documentation		
	<u>Infant Certified in Hospital Prior to Initial Discharge</u>	<u>Infant 0-6 Months</u>	<u>Infant 6-12 Months</u>
Length	Birth Data or other measurement	Required	Required
Weight	Birth Data or other measurement	Required	Required
Hematocrit or Hemoglobin	N/A	Optional	Required (9-12 months)
Weight for Age Plotted	Optional	Required	Required
Length for Age Plotted	Optional	Required	Required
Weight for Length Plotted	Optional	Required	Required
Evaluation of Inappropriate Nutrition Practices	Optional	Required	Required
Risk Factor Assessment	Required	Required	Required

**NUTRITION RISK CRITERIA
INFANTS**

NOTE: High Risk Criteria, as defined below, are to be used for referral purposes, not certification (See Appendix A-2)

INFANTS		
CODE		PRIORITY
201	<p>LOW HEMOGLOBIN/HEMATOCRIT</p> <p>Hemoglobin: 10.9 gm or lower (6-11 month old) Hematocrit: 32.8% or lower (6-11 month old)</p> <p>High Risk: Hemoglobin OR Hematocrit at treatment level (Appendix B-2)</p>	I
103	<p>UNDERWEIGHT or AT RISK OF UNDERWEIGHT</p> <p>Less than or equal to the 5th percentile weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts.*</p> <p>High Risk: Less than or equal to the 2nd percentile-weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts.*</p> <p><i>*Based on 2006 World Health Organization international growth standards. For the Birth to < 24 months "underweight" definition, CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</i></p>	I
115	<p>High Weight-for Length</p> <p>Greater than or equal to the 98th percentile weight-for-length as plotted on the Centers for Disease Control and Prevention (CDC), Birth to 24 months gender specific growth charts.</p> <p><i>*Based on the 2006 World Health Organization (WHO) international growth standards. CDC labels the 97.7th percentile as the 98th percentile on the Birth to 24 months gender specific growth charts.</i></p>	I

INFANTS	
CODE	PRIORITY
<p>121 SHORT STATURE OR AT RISK OF SHORT STATURE</p> <p>Less than or equal to the 5th percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.* (if < 38 weeks gestation use adjusted age)</p> <p>High Risk: Less than or equal to the 2nd percentile length-for-age as plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts.*</p> <p><i>*Based on 2006 World Health Organization international growth standard. CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</i></p>	<p>I</p>
<p>134 FAILURE TO THRIVE</p> <p>Presence of failure to thrive diagnosed by a physician or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis in the participant's health record</p> <p>High Risk: Diagnosed failure to thrive</p>	<p>I</p>

INFANTS		PRIORITY								
CODE										
135	<p>INADEQUATE GROWTH</p> <p>An inadequate rate of weight gain as defined below:</p> <p>Infants being certified during period from birth to 1 month of age:</p> <ul style="list-style-type: none"> ▪ Not back to birth weight by 2 weeks of age ▪ A gain of less than 19 ounces by 1 month of age <p>Infants being certified during period from 1 to 5½ months of age:</p> <ul style="list-style-type: none"> ▪ This method (explained in Appendix C-3) is optional, if an infant 1 to 5½ months of age qualifies for WIC based on any other risk criterion. If there is no other reason to qualify the infant, use this method to determine eligibility. <p>Infants 6 months to 12 months of age:</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; padding-right: 20px;">Age in Months at Certification</th> <th style="text-align: left;">Weight Gain per 6-month interval*</th> </tr> </thead> <tbody> <tr> <td style="padding-left: 20px;">▪ 5 ½ mos - 6 mos</td> <td style="padding-left: 20px;">▪ ≤ 7 lbs</td> </tr> <tr> <td style="padding-left: 20px;">▪ >6 mos - 9 mos</td> <td style="padding-left: 20px;">▪ ≤ 5 lbs</td> </tr> <tr> <td style="padding-left: 20px;">▪ >9 mos - 12 mos</td> <td style="padding-left: 20px;">▪ ≤ 3 lbs</td> </tr> </tbody> </table> <p>*Note: Use this chart only for infants who are ≥ 5 months 2 weeks of age. Use only for an interval of 6 months +/- 2 weeks.</p> <p>High Risk: Inadequate growth</p>	Age in Months at Certification	Weight Gain per 6-month interval*	▪ 5 ½ mos - 6 mos	▪ ≤ 7 lbs	▪ >6 mos - 9 mos	▪ ≤ 5 lbs	▪ >9 mos - 12 mos	▪ ≤ 3 lbs	I
Age in Months at Certification	Weight Gain per 6-month interval*									
▪ 5 ½ mos - 6 mos	▪ ≤ 7 lbs									
▪ >6 mos - 9 mos	▪ ≤ 5 lbs									
▪ >9 mos - 12 mos	▪ ≤ 3 lbs									
141	<p>LOW BIRTH WEIGHT</p> <p>Birth weight ≤ 5 lbs 8 oz (≤ 2500 g)</p> <p>Document: Birth weight in participant's health record</p> <p>High Risk: Birth weight ≤ 5 lbs 8 oz (≤ 2500 g)</p>	I								

INFANTS		
CODE		PRIORITY
142	<p>PREMATURITY</p> <p>Infant born at \leq 37 weeks gestation</p> <p>Document: Weeks gestation in participant's health record</p>	I
151	<p>Small for Gestational Age</p> <p>Infants diagnosed as small for gestational age.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p>	I
152	<p>Low Head Circumference</p> <p>Less than 2nd percentile head circumference-for-age as plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts (if < 38 weeks gestation use adjusted age)</p> <p><i>* Based on 2006 World Health Organization international growth standards. CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</i></p>	I
153	<p>LARGE FOR GESTATIONAL AGE</p> <p>Birth weight \geq 9 lbs or presence of large for gestational age diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or health care professional working under standing orders of a physician.</p> <p>Document: Weight(s) of infant in participant's health record.</p>	I

INFANTS		
CODE		PRIORITY
211	<p>ELEVATED BLOOD LEAD LEVELS</p> <p>Blood lead level of ≥ 10 $\mu\text{g}/\text{deciliter}$ within the past 12 months.</p> <p>Document: Date of blood test and blood lead level in participant's health record. Must be within the past 12 months</p> <p>High Risk: Blood lead level of ≥ 10 $\mu\text{g}/\text{deciliter}$ within the past 12 months.</p>	I
NUTRITION RELATED MEDICAL CONDITIONS		
341	<p>NUTRIENT DEFICIENCY DISEASES</p> <p>Diagnosis of clinical signs of nutritional deficiencies or a disease caused by insufficient dietary intake of macro or micro nutrients. Diseases include, but not limited to: protein energy malnutrition, hypocalcemia, cheilosis, scurvy, osteomalacia, menkes disease, rickets, Vitamin K deficiency, xerthalmia, beriberi, and pellagra. (See Appendix D)</p> <p>Presence of nutrient deficiency diseases diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record</p> <p>High Risk: Diagnosed nutrient deficiency disease</p>	I

INFANTS		PRIORITY
CODE		
342	<p>GASTRO-INTESTINAL DISORDERS</p> <p>Diseases or conditions that interfere with the intake, digestion, and or absorption of nutrients. The diseases and/or conditions include, but are not limited to:</p> <ul style="list-style-type: none"> • Gastroesophageal reflux disease (GERD) • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease, including ulcerative colitis or Crohn’s disease • Liver disease • Pancreatitis • Biliary tract disease <p>The presence of gastro-intestinal disorders as diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician’s orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed gastro-intestinal disorder</p>	I
343	<p>DIABETES MELLITUS</p> <p>Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.</p> <p>Presence of diabetes mellitus diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed diabetes mellitus</p>	I

INFANTS		PRIORITY
CODE		
344	<p>THYROID DISORDERS</p> <p>Thyroid dysfunctions that occur in fetal development and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Congenital Hyperthyroidism: Excessive thyroid hormone levels at birth, either transient (due to maternal Grave's disease) or persistent (due to genetic mutation). • Congenital Hypothyroidism: Infants born with an under active thyroid gland and presumed to have had hypothyroidism in-utero. <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed thyroid disorder</p>	I
345	<p>HYPERTENSION</p> <p>Presence of hypertension or prehypertension diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed hypertension</p>	I

<p>346</p>	<p>RENAL DISEASE</p> <p>Any renal disease including pyelonephritis and persistent proteinuria, but EXCLUDING urinary tract infections (UTI) involving the bladder. Presence of renal disease diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed renal disease</p>	<p>I</p>
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INFANTS		
CODE		PRIORITY
347	<p>CANCER</p> <p>A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Description of how the condition or treatment affects nutritional status and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed cancer</p>	I
348	<p>CENTRAL NERVOUS SYSTEM DISORDERS</p> <p>Conditions which affect energy requirements and may affect the individual's ability to feed self, that alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to: epilepsy, cerebral palsy (CP), and neural tube defects (NTD) such as spina bifida and myelomeningocele.</p> <p>Presence of a central nervous system disorder(s) diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed central nervous system disorder</p>	I

INFANTS	
CODE	PRIORITY
<p>349 GENETIC AND CONGENITAL DISORDERS</p> <p>Hereditary or congenital condition at birth that causes physical or metabolic abnormality, or both. May include, but not limited to: cleft lip, cleft palate, thalassemia, sickle cell anemia, down's syndrome.</p> <p>Presence of genetic and congenital disorders diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed genetic and congenital disorder</p>	<p>I</p>
<p>351 INBORN ERRORS OF METABOLISM</p> <p>Gene mutations or gene deletions that alter metabolism in the body, including, but not limited to: phenylketonuria (PKU), maple syrup urine disease, galactosemia, hyperlipoproteinuria, homocystinuria, tyrosinemia, histidinemia, urea cycle disorder, glutaric aciduria, methylmalonic acidemia, glycogen storage disease, galactokinase deficiency, fructoaldase deficiency, propionic acidemia, hypermethioninemia.</p> <p>Presence of inborn errors of metabolism diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed inborn error of metabolism</p>	<p>I</p>

INFANTS		
CODE		PRIORITY
352	<p>INFECTIOUS DISEASES</p> <p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to: tuberculosis, pneumonia, meningitis, parasitic infection, hepatitis, bronchiolitis (3 episodes in last 6 months), HIV/AIDS.</p> <p>The infectious disease MUST be present within the past 6 months and diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis, appropriate dates of each occurrence, and name of physician treating condition in the participant's health record. When using HIV/AIDS positive status as a Nutritionally Related Medical Condition, write "See Medical Record" for documentation purpose.</p> <p>High Risk: Diagnosed infectious disease, as described above.</p>	I
353	<p>FOOD ALLERGIES</p> <p>An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed food allergy</p>	I

INFANTS		
CODE		PRIORITY
354	<p>CELIAC DISEASE</p> <p>Also known as Celiac Sprue, Gluten Enteropathy, or Non-tropical Sprue.</p> <p style="background-color: yellow;">Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up.</p> <p style="background-color: yellow;">Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed Celiac Disease</p>	I
355	<p>LACTOSE INTOLERANCE</p> <p style="background-color: yellow;">Lactose intolerance occurs when there is an insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe.</p> <p style="background-color: yellow;">Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record; OR list of symptoms described by the applicant/participant/caregiver (i.e., nausea, cramps, abdominal bloating, and/or diarrhea).</p>	I

INFANTS		PRIORITY
CODE		
356	<p>HYPOGLYCEMIA</p> <p>Presence of hypoglycemia diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed hypoglycemia</p>	I
357	<p>DRUG/NUTRIENT INTERACTIONS</p> <p>Use of prescription or over the counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.</p> <p>Document: Drug/medication being used and respective nutrient interaction in the participant's health record.</p> <p>High Risk: Use of drug or medication shown to interfere with nutrient intake or utilization, to extent that nutritional status is compromised.</p>	I
359	<p>RECENT MAJOR SURGERY, TRAUMA, BURNS</p> <p>Major surgery, trauma or burns severe enough to compromise nutritional status. Any occurrence within the past 2 months may be self reported, by caregiver. Any occurrence more than 2 months previous MUST have the continued need for nutritional support diagnosed by a physician or health professional acting under standing orders of a physician.</p> <p>Document: If occurred within the past 2 months, document surgery, trauma and/or burns in the participant's health record. If occurred more than 2 months ago, document description of how the surgery, trauma and/or burns currently affect nutritional status and include date.</p> <p>High Risk: Major surgery, trauma or burns that has a continued need for nutritional support.</p>	I

INFANTS		
CODE		PRIORITY
360	<p>OTHER MEDICAL CONDITIONS</p> <p>Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, MUST be severe enough to affect nutritional status. Including, but not limited to: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, moderate, Persistent Asthma (moderate or severe) requiring daily medication.</p> <p>Presence of medical condition(s) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Specific medical condition; a description of how the disease, condition or treatment affects nutritional status and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed medical condition severe enough to compromise nutritional status.</p>	I
362	<p>DEVELOPMENTAL, SENSORY OR MOTOR DELAYS INTERFERING WITH ABILITY TO EAT</p> <p>Developmental, sensory or motor delays include but are not limited to: minimal brain function, feeding problems due to developmental delays, birth injury, head trauma, brain damage, other disabilities.</p> <p>Presence of developmental, sensory or motor delay diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Specific condition/ description of delays and how these interfere with the ability to eat and the name of the physician that is treating this condition.</p> <p>High Risk: Developmental, sensory or motor delay interfering with ability to eat.</p>	I

INFANTS		
CODE		PRIORITY
381	<p>DENTAL PROBLEMS</p> <p>Diagnosis of dental problems by a physician or health care provider working under the orders of a physician or adequate documentation by the competent professional authority. Including but not limited to:</p> <ul style="list-style-type: none"> • Presence of nursing bottle caries • Smooth surface decay of the maxillary anterior and the primary molars <p>Document: Description of how the dental problem interferes with mastication and/or has other nutritionally related health problems in the participant's health record.</p>	I
382	<p>FETAL ALCOHOL SYNDROME</p> <p>Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities and abnormalities of the central nervous system, including mental retardation.</p> <p>Presence of FAS diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of physician treating the condition in the participant's health record.</p> <p>High Risk: Diagnosed fetal alcohol syndrome</p>	I
400	<p>INAPPROPRIATE NUTRITION PRACTICES</p> <p>Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. (Appendix G)</p> <p>Document: Inappropriate Nutrition Practice(s) in the participant's health record.</p>	IV

INFANTS	
CODE	PRIORITY
<p>428 Dietary Risk Associated with Complementary Feeding Practices (Infants 4 to 12 months)</p> <p>An infant \geq 4 months of age who has begun to or is expected to begin to do any of the following practices is considered to be <u>at risk</u> of inappropriate complementary feeding:</p> <ol style="list-style-type: none"> 1) consume complementary foods and beverages, or 2) eat independently, or 3) be weaned from breast milk or infant formula, or 4) transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>. <p>(This risk factor may be assigned <u>only</u> when an infant \geq 4 months of age does not qualify for risk 400 or for any other risk factor.)</p>	<p>IV</p>
<p>502 TRANSFER OF CERTIFICATION</p> <p>Person with a current valid Verification of Certification (VOC) card from another state or local agency. The VOC card is valid until the certification period expires, and shall be accepted as proof of eligibility for program benefits. If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants.</p> <p>This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition at the time of transfer or if the participant was initially certified based on a nutrition risk condition not in use by the receiving State agency.</p>	<p>I, II, IV</p>

INFANTS	
CODE	PRIORITY
<p>603 BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS</p> <p>Any of the following are considered complications or potential complications of breastfeeding:</p> <ul style="list-style-type: none"> • Breastfed infant with jaundice • Breastfed infant with weak or ineffective suck • Breastfed infant with difficulty latching onto mother's breast • Breastfed infant with inadequate stooling for age (as determined by a physician or other health care provider) • Breastfed infant who wets diaper less than 6 times per day <p>Document: Complications or potential complications in the participant's health record.</p> <p>High Risk: Refer to or provide the infant's mother with appropriate breastfeeding counseling.</p>	<p>I</p>
<p>701 INFANT UP TO 6 MONTHS OLD OF WIC MOTHER, OR OF A WOMAN WHO WOULD HAVE BEEN ELIGIBLE DURING PREGNANCY</p> <ul style="list-style-type: none"> • An infant under 6 months of age whose mother was a WIC Program participant during pregnancy, OR • An infant whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutrition conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions. 	<p>II</p>
<p>702 BREASTFEEDING INFANT OF A WOMAN AT NUTRITIONAL RISK</p> <p>A breastfed infant whose breastfeeding mother has been determined to be at nutritional risk.</p> <p>Document: Mother's risks on infant's WIC Assessment/Certification Form</p>	<p>I, II, IV</p>

INFANTS		
CODE		PRIORITY
703	<p>INFANT BORN TO MOTHER WITH MENTAL RETARDATION, OR ALCOHOL OR DRUG ABUSE DURING MOST RECENT PREGNANCY</p> <ul style="list-style-type: none"> • Infant born of a woman diagnosed with mental retardation by a physician or psychologist as self-reported by caregiver; or as reported by a physician, psychologist, or someone working under physician's orders; OR • Documentation or self-report of any use of alcohol or illegal drugs during most recent pregnancy. 	I
801	<p>HOMELESSNESS</p> <p>Homelessness as defined in the Special Population Section of the Georgia WIC Procedures Manual.</p>	IV
802	<p>MIGRANCY</p> <p>Migrancy as defined in the Special Population Section of the Georgia WIC Procedures Manual.</p>	IV
901	<p>RECIPIENT OF ABUSE</p> <p>Child abuse/neglect within past 6 months as self-reported by the caregiver, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider or other appropriate personnel.</p> <p>Child abuse/neglect refers to any recent act, or failure to act, resulting in:</p> <ul style="list-style-type: none"> • Imminent risk or serious harm • Serious physical or emotional harm • Sexual abuse or exploitation of an infant or child by a parent or caretaker. <p>Georgia State law requires that medical and child service organization personnel, having reasonable cause to suspect child abuse, report these suspicions to the authority designated by the health district/organization.</p>	IV

INFANTS	
CODE	PRIORITY
<p>902 PRIMARY CAREGIVER WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD</p> <p>Infant whose primary caregiver is assessed to have limited ability to make appropriate feeding decisions and/or prepare food. Examples may include:</p> <ul style="list-style-type: none"> • mental disability / delay and/or mental illness such as clinical depression (diagnosed by a physician or licensed psychologist) • physical disability which restricts or limits food preparation abilities • current use of or history of abusing alcohol or other drugs <p>Document: The caregivers limited abilities in the participant's health record.</p>	<p>IV</p>
<p>903 Foster Care</p> <p>Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months.</p>	<p>IV</p>
<p>904 ENVIRONMENTAL TOBACCO SMOKE EXPOSURE</p> <p>Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.</p>	<p>I</p>

**DATA AND DOCUMENTATION REQUIRED FOR
WIC ASSESSMENT/CERTIFICATION**

CHILDREN

Data	Documentation
Length or Height	Required
Weight	Required
Hemoglobin or Hematocrit	Required
Weight/Age Plotted	Required
Length or Height/Age Plotted	Required
Weight/Length or BMI for Age Plotted	Required
Evaluation of Inappropriate Nutrition Practices	Required
Risk Factor Assessment	Required

**NUTRITION RISK CRITERIA
CHILDREN**

NOTE: High Risk Criteria, as defined below, are to be used for referral purposes, not certification (See Appendix A-2)

CHILDREN		PRIORITY
CODE		
201	<p>LOW HEMOGLOBIN/HEMATOCRIT</p> <p>12-23 months of age: Hemoglobin: 10.9 gm or lower Hematocrit: 32.8% or lower</p> <p>24 months-5 years of age: Hemoglobin: 11.0 gm or lower Hematocrit: 32.9% or lower</p> <p>High Risk: Hemoglobin OR Hematocrit at treatment level (Appendix B-2)</p>	III
103	<p>UNDERWEIGHT or AT RISK OF UNDERWEIGHT (Children 12-24 Months of Age) Less than or equal to the 5th percentile weight-for-length as plotted on the CDC 12 to 24 months gender specific growth charts.*</p> <p>High Risk: Less than or equal to the 2nd percentile-weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts.*</p> <p><i>*Based on 2006 World Health Organization international growth standards. For the Birth to < 24 months "underweight" definition, CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</i></p> <hr/> <p>UNDERWEIGHT or AT RISK OF UNDERWEIGHT (Children 2-5 Years of Age) Less than or equal to the 10th percentile Body Mass Index (BMI) for age based on Centers for Disease Control and Prevention (CDC) age/sex specific growth charts.</p> <p>High Risk: Less than or equal to the 5th percentile Body Mass Index (BMI)-for-age as plotted on the 2000 CDC age/gender specific growth charts.</p>	III

CHILDREN	
CODE	PRIORITY
<p>113</p> <p>OBESE (Children 2-5 Years of Age)</p> <p>Greater than or equal to 95th percentile Body Mass Index (BMI) or weight-for-stature as plotted on the 2000 Centers for Disease Control and Prevention (CDC) 2-20 years gender specific growth charts</p> <p>High Risk: Greater than or equal to 95th percentile BMI or weight-for-stature as plotted on the 2000 Centers for Disease Control and Prevention (CDC) 2-20 years gender specific growth charts</p>	<p>III</p>
<p>114</p> <p>OVERWEIGHT (Children 2-5 Years of Age)</p> <p>Greater than or equal to 85th and less than 95th percentile Body Mass Index (BMI)-for-age or weight-for-stature as plotted on the 2000 Centers for Disease Control and Prevention (CDC) 2-20 years gender specific growth charts.*</p> <p>* The cut off is based on standing height measurements. Therefore, recumbent length measurements may not be used to determine this risk.</p>	<p>III</p>
<p>115</p> <p>High Weight-for-Length (Children 12-24 Months of Age)</p> <p>Greater than or equal to the 98th percentile weight-for-length as plotted on the Centers for Disease Control and Prevention (CDC), Birth to 24 months gender specific growth charts.*</p> <p><i>*Based on the 2006 World Health Organization (WHO) international growth standards. CDC labels the 97.7th percentile as the 98th percentile on the Birth to 24 months gender specific growth charts.</i></p>	<p>III</p>

CHILDREN		PRIORITY
CODE		
121	<p>SHORT STATURE OR AT RISK OF SHORT STATURE (Children 12-24 Months of Age)</p> <p>Less than or equal to the 5th percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts(1).* (if < 38 weeks gestation use adjusted age)</p> <p>High Risk: Less than or equal to the 2nd percentile length-for-age as plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts.*</p> <p><i>*Based on 2006 World Health Organization international growth standards. CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</i></p>	III
	<p>SHORT STATURE OR AT RISK OF SHORT STATURE (Children 2-5 Years of Age)</p> <p>Less than or equal to the 10th percentile length or height for age based on CDC age/sex specific growth charts.</p> <p>High Risk: Less than or equal to the 5th percentile stature-for-age as plotted on the 2000 CDC age/gender specific growth charts</p>	
134	<p>FAILURE TO THRIVE</p> <p>Presence of failure to thrive diagnosed by a physician or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis in participant's health record.</p> <p>High Risk: Diagnosed failure to thrive</p>	III

CHILDREN		PRIORITY				
CODE						
135	<p>INADEQUATE GROWTH</p> <p>A low rate of weight gain over a six-month period as defined by the following chart:</p> <table border="0"> <tr> <td style="text-align: center;">Age in Months at Certification</td> <td style="text-align: center;">Weight Gain in previous 6-month interval*</td> </tr> <tr> <td> <ul style="list-style-type: none"> ▪ 12 months ▪ >12 - 60 months </td> <td> <ul style="list-style-type: none"> ▪ ≤ 3 pounds ▪ ≤ 1 pound </td> </tr> </table> <p>*Note: Use only for an interval of 6 months +/- 2 weeks.</p> <p>High Risk: Inadequate growth</p>	Age in Months at Certification	Weight Gain in previous 6-month interval*	<ul style="list-style-type: none"> ▪ 12 months ▪ >12 - 60 months 	<ul style="list-style-type: none"> ▪ ≤ 3 pounds ▪ ≤ 1 pound 	III
Age in Months at Certification	Weight Gain in previous 6-month interval*					
<ul style="list-style-type: none"> ▪ 12 months ▪ >12 - 60 months 	<ul style="list-style-type: none"> ▪ ≤ 3 pounds ▪ ≤ 1 pound 					
141	<p>LOW BIRTH WEIGHT (children < 24 months of age)</p> <p>Birth weight ≤ 5 lbs 8 oz (≤ 2500 g)</p> <p>Document: Birth weight of participant in health record.</p>	III				
142	<p>PREMATURITY (Children < 24 months of age)</p> <p>Born at 37 weeks gestation or less</p> <p>Document: Weeks gestation in participant's health record.</p>	III				
151	<p>Small for Gestational Age (Children 12-24 Months of Age)</p> <p>Children less than 24 months of age diagnosed as small for gestational age.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p>	III				

CHILDREN		PRIORITY
CODE		
152	<p>Low Head Circumference (Children 12-24 Months of Age)</p> <p>Less than 2nd percentile head circumference-for-age as plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts (if < 38 weeks gestation use adjusted age)</p> <p><i>* Based on 2006 World Health Organization international growth standards. CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</i></p>	III
211	<p>ELEVATED BLOOD LEAD LEVELS</p> <p>Blood lead level of ≥ 10 $\mu\text{g}/\text{deciliter}$ within the past 12 months.</p> <p>Document: Date of blood test and blood lead level in participant's health record. Must be within the past 12 months.</p> <p>High Risk: Blood lead level of ≥ 10 $\mu\text{g}/\text{deciliter}$ within the past 12 months.</p>	III
<p>NUTRITION RELATED MEDICAL CONDITIONS</p> <p>341 NUTRIENT DEFICIENCY DISEASES</p> <p>Diagnosis of clinical signs of nutritional deficiencies or a disease caused by insufficient dietary intake of macro or micronutrients. Diseases include, but not limited to: protein energy malnutrition, hypocalcemia, cheilosis, scurvy, osteomalacia, menkes disease, rickets, Vitamin K deficiency, xerthalmia, beriberi, and pellagra. (See Appendix D)</p> <p>Presence of nutrient deficiency diseases diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition participant's health record.</p> <p>High Risk: Diagnosed nutrient deficiency disease</p>		III

CHILDREN		PRIORITY
CODE		
342	<p>GASTRO-INTESTINAL DISORDERS</p> <p>Diseases or conditions that interfere with the intake, digestion, and or absorption of nutrients. The diseases and/or conditions include, but are not limited to:</p> <ul style="list-style-type: none"> • Gastroesophageal reflux disease (GERD) • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease, including ulcerative colitis or Crohn's disease • Liver disease • Pancreatitis • Biliary tract disease <p>The presence of gastro-intestinal disorders as diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed gastro-intestinal disorder</p>	III
343	<p>DIABETES MELLITUS</p> <p style="background-color: yellow;">Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.</p> <p style="background-color: yellow;">Presence of diabetes mellitus diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed diabetes mellitus</p>	III

CHILDREN		PRIORITY
CODE		
344	<p>THYROID DISORDERS</p> <p>Thyroid dysfunctions that occur in fetal development and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Hypothyroidism: Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter). • Hyperthyroidism: Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency. <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed thyroid disorder</p>	III
345	<p>HYPERTENSION</p> <p>Presence of hypertension or prehypertension diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed hypertension</p>	III
346	<p>RENAL DISEASE</p> <p>Any renal disease including pyelonephritis and persistent proteinuria, but EXCLUDING urinary tract infections (UTI) involving the bladder. Presence of renal disease diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition participant's health record.</p> <p>High Risk: Diagnosed renal disease</p>	III

CHILDREN		PRIORITY
CODE		
347	<p>CANCER</p> <p>A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Description of how the condition or treatment affects nutritional status and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed cancer</p>	III
348	<p>CENTRAL NERVOUS SYSTEM DISORDERS</p> <p>Conditions which affect energy requirements and may affect the individual's ability to feed self, that alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to: epilepsy, cerebral palsy (CP), and neural tube defects (NTD) such as spina bifida and myelomeningocele.</p> <p>Presence of a central nervous system disorder(s) diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed central nervous system disorder</p>	III

CHILDREN		PRIORITY
CODE		
349	<p>GENETIC AND CONGENITAL DISORDERS</p> <p>Hereditary or congenital condition at birth that causes physical or metabolic abnormality, or both. May include, but not limited to: cleft lip, cleft palate, thalassemia, sickle cell anemia, down's syndrome.</p> <p>Presence of genetic and congenital disorders diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed genetic and congenital disorder</p>	III
351	<p>INBORN ERRORS OF METABOLISM</p> <p>Gene mutations or gene deletions that alter metabolism in the body, including, but not limited to: phenylketonuria (PKU), maple syrup urine disease, galactosemia, hyperlipoproteinuria, homocystinuria, tyrosinemia, histidinemia, urea cycle disorder, glutaric aciduria, methylmalonic acidemia, glycogen storage disease, galactokinase deficiency, fructoaldase deficiency, propionic acidemia, hypermethioninemia.</p> <p>Presence of inborn errors of metabolism diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed inborn error of metabolism</p>	III

CHILDREN		PRIORITY
CODE		
352	<p>INFECTIOUS DISEASES</p> <p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to: tuberculosis, pneumonia, meningitis, parasitic infection, hepatitis, bronchiolitis (3 episodes in last 6 months), HIV/AIDS.</p> <p>The infectious disease MUST be present within the past 6 months and diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis, and approximate dates of each occurrence, and name of the physician that is treating this condition in the participant's health record. When using HIV/AIDS positive status as a Nutritionally Related Medical Condition, write "See Medical Record" for documentation purpose.</p> <p>High Risk: Diagnosed infectious disease, as described above.</p>	III
353	<p>FOOD ALLERGIES</p> <p>An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed food allergy</p>	III

CHILDREN		PRIORITY
CODE		
354	<p>CELIAC DISEASE</p> <p>Also known as Celiac Sprue, Gluten Enteropathy, or Non-tropical Sprue.</p> <p>Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed Celiac Disease</p>	III
355	<p>LACTOSE INTOLERANCE</p> <p>Lactose intolerance occurs when there is an insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record; OR list of symptoms described by the applicant/participant/caregiver (i.e., nausea, cramps, abdominal bloating, and/or diarrhea).</p>	III

CHILDREN		PRIORITY
CODE		
356	<p>HYPOGLYCEMIA</p> <p>Presence of hypoglycemia diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed hypoglycemia</p>	III
357	<p>DRUG/NUTRIENT INTERACTIONS</p> <p>Use of prescription or over the counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.</p> <p>Document: Drug/medication being used and respective nutrient interaction in the participant's health record.</p> <p>High Risk: Use of drug and medication shown to interfere with nutrient intake or utilization, to extent that nutritional status is compromised.</p>	III
359	<p>RECENT MAJOR SURGERY, TRAUMA, BURNS</p> <p>Major surgery, trauma or burns severe enough to compromise nutritional status. Any occurrence within the past 2 months may be self reported by caregiver. Any occurrence more than 2 months previous MUST have the continued need for nutritional support diagnosed by a physician or health professional acting under standing orders of a physician.</p> <p>Document: If occurred within the past 2 months, document surgery, trauma and/or burns in the participant's health record. If occurred more than 2 months ago, document description of how the surgery, trauma and/or burns currently affects nutritional status and include date.</p> <p>High Risk: Major surgery, trauma or burns that has a continued need for nutritional support.</p>	III

CHILDREN		PRIORITY
CODE		
360	<p>OTHER MEDICAL CONDITIONS</p> <p>Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, MUST be severe enough to affect nutritional status. Including, but not limited to: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, moderate, Persistent Asthma (moderate or severe) requiring daily medication.</p> <p>Presence of medical condition(s) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Specific medical condition; a description of how the disease, condition or treatment affects nutritional status and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed medical condition severe enough to compromise nutritional status.</p>	III
361	<p>DEPRESSION</p> <p>Presence of depression diagnosed by a physician or psychologist as self reported by applicant/participant/caregiver; or as reported or documented by a physician, psychologist or health care provider working under the orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in participant's health record.</p>	III

CHILDREN	
CODE	PRIORITY
<p>362</p> <p>DEVELOPMENTAL, SENSORY OR MOTOR DELAYS INTERFERING WITH ABILITY TO EAT</p> <p>Developmental, sensory or motor delays include but are not limited to: minimal brain function, feeding problems due to developmental delays, birth injury, head trauma, brain damage, other disabilities.</p> <p>Presence of developmental, sensory or motor delay diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Specific condition/description of the delay and how it interferes with the ability to eat, and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Developmental, sensory or motor delay interfering with ability to eat.</p>	<p>III</p>
<p>381</p> <p>DENTAL PROBLEMS</p> <p>Diagnosis of dental problems by a physician or health professional working under standing orders of a physician or adequate documentation by the competent professional authority. Including but not limited to:</p> <ul style="list-style-type: none"> • Presence of nursing bottle caries • Smooth surface decay of the maxillary anterior and the primary molars <p>Document: In the participant's health record, a description of how the dental problem interferes with mastication and/or has other nutritionally related health problems.</p>	<p>III</p>

CHILDREN		PRIORITY
CODE		
382	<p>FETAL ALCOHOL SYNDROME</p> <p>Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities and abnormalities of the central nervous system, including mental retardation. Presence of FAS diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed fetal alcohol syndrome</p>	III
400	<p>INAPPROPRIATE NUTRITION PRACTICES</p> <p>Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. (Appendix G)</p> <p>Document: Inappropriate Nutrition Practice(s) in the participant's health record.</p>	V
401	<p>FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS (Children 2-5 Years of Age)</p> <p>A child who meets eligibility requirements based on category, income, and residency but who does not have any other identified nutritional risk factor may be presumed to be at nutritional risk based on failure to meet the <i>Dietary Guidelines for Americans</i>.</p> <p>(This risk factor may be assigned <u>only</u> when a child does not qualify for risk 400 or for any other risk factor.)</p>	V

CHILDREN		
CODE		PRIORITY
428	<p>DIETARY RISK ASSOCIATED WITH COMPLEMENTARY FEEDING PRACTICES (Children 12-24 Months of Age)</p> <p>A child who has begun to or is expected to begin to do any of the following practices is considered to be at risk of inappropriate complementary feeding:</p> <ol style="list-style-type: none"> 1) consume complementary foods and beverages, or 2) eat independently, or 3) be weaned from breast milk or infant formula, or 4) transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>. <p>(This risk factor may be assigned <u>only</u> when a child does not qualify for risk 400 or for any other risk factor.)</p>	V
502	<p>TRANSFER OF CERTIFICATION</p> <p>Person with a current valid Verification of Certification (VOC) card from another state or local agency. The VOC card is valid until the certification period expires, and shall be accepted as proof of eligibility for program benefits. If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants</p> <p>This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition at the time of transfer or if the participant was initially certified based on a nutrition risk condition not in use by the receiving State agency.</p>	III, V
801	<p>HOMELESSNESS</p> <p>Homelessness as defined in the Special Population Section of the Georgia WIC Procedures Manual.</p>	V
802	<p>MIGRANCY</p> <p>Migrancy as defined in the Special Population Section of the Georgia WIC Procedures Manual.</p>	V

CHILDREN	
CODE	PRIORITY
<p>901 RECIPIENT OF ABUSE</p> <p>Child abuse/neglect within past 6 months as self-reported by the caregiver, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider or other appropriate personnel.</p> <p>Child abuse/neglect refers to any recent act, or failure to act, resulting in:</p> <ul style="list-style-type: none"> • Imminent risk or serious harm • Serious physical or emotional harm • Sexual abuse or exploitation of an infant or child by a parent or caretaker. <p>Georgia State law requires that medical and child service organization personnel, having reasonable cause to suspect child abuse, report these suspicions to the authority designated by the health district/organization.</p>	<p>V</p>
<p>902 PRIMARY CAREGIVER WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD</p> <p>Child whose primary caregiver is assessed to have limited ability to make appropriate feeding decisions and/or prepare food. Examples may include:</p> <ul style="list-style-type: none"> • mental disability / delay and/or mental illness such as clinical depression (diagnosed by a physician or licensed psychologist) • physical disability which restricts or limits food preparation abilities • current use of or history of abusing alcohol or other drugs <p>Document: The caregiver's limited abilities in the participant's health record.</p>	<p>V</p>

CHILDREN	
CODE	PRIORITY
<p>903 Foster Care</p> <p>Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months.</p>	<p>V</p>
<p>904 ENVIRONMENTAL TOBACCO SMOKE EXPOSURE</p> <p>Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.</p>	<p>III</p>

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WIC MATERNAL HIGH RISK CRITERIA

Any WIC prenatal, breastfeeding, or non-breastfeeding woman who has the following high risk factors must receive nutrition counseling specific to their nutritional condition and to the nutritional problems identified in their diet, as reflected in an individual care plan. In most instances, this counseling should be provided by a nutritionist. However, if the CPA determines that some other intervention or referral would be more appropriate, adequate documentation must be provided.

High Risk Criteria	Risk Code	Appendix
Hemoglobin or hematocrit at treatment level	201	B-1
Underweight <ul style="list-style-type: none"> ▪ Prenatal Women: Body Mass Index <18.5 ▪ Postpartum Women: Body Mass Index <18.5 	101	C-1 Body Mass Index Tables
Overweight <ul style="list-style-type: none"> ▪ Prenatal Women: Body Mass Index >29.9 ▪ Postpartum Women: Current Body Mass Index >29.9 	111	C-1 Body Mass Index Tables
Low maternal weight gain	131	C-2
Gestational weight loss during pregnancy greater than or equal to 2 pounds in the second and third trimester.	132	
Blood lead level > 10 µg/dl within the past 12 months.	211	
Hyperemesis Gravidarum	301	
Gestational diabetes	302	
EDC or delivery prior to 17 th birthday	331	
Multi-fetal gestation	335	
Fetal Growth Restriction	336	
Nutrition-related medical conditions; presence of any disease or condition affecting nutritional status that requires a therapeutic diet as ordered by a physician or health professional acting under standing orders of a physician	341-349; 351-360; 362	
Diagnosed pre-diabetes	363	
Breastfeeding complications; referral to appropriate BF counselor must be made	602	
Any condition deemed by the competent professional authority to place the woman at high risk for compromised nutritional status; adequate documentation required		

Appendix A-2

WIC HIGH RISK CRITERIA FOR INFANTS AND CHILDREN

WIC infants and children who have the following high risk factors must receive nutrition counseling specific to their nutritional condition and to the nutritional problems identified in their diet, as reflected in an individual care plan. In most instances, this counseling should be provided by a nutritionist. However, if the CPA determines that some other intervention or referral would be more appropriate, adequate documentation must be provided.

High Risk Criteria	Risk Code	Appendix
Hemoglobin or hematocrit at treatment level	201	B-2
Underweight or At Risk of Underweight (Infants and Children) Infants <12 Months of Age: Weight for length < 2 nd percentile weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts Children <24 Months of Age: Weight for length < 2 nd percentile weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts Children 2-5 Years of Age: BMI for age <5 th percentile	103	
OBESE (Children 2-5 Years of Age) Body Mass Index for age >95 th %	113	
Short stature (length/height for age <5 th %)	121	
Failure to thrive	134	
Inadequate growth	135	
Low birthweight infant (infant weighing 2500 grams [5 ½ pounds] or less at birth). May only be used for infants as high risk criteria.	141	
Blood lead level > 10µg/dl within the past 12 months.	211	
Nutrition-related medical conditions; presence of any disease or condition affecting nutritional status that requires a therapeutic diet or special prescribed formula as ordered by a physician or health professional acting under standing orders of a physician	341-357; 359; 360; 362; 382	

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Breastfeeding complications; infants only; referral to appropriate BF counselor must be made	603	
Any condition deemed by the competent professional authority to place the infant/child at high risk for compromised nutritional status; adequate documentation required		

**WOMEN'S HEALTH
RECOMMENDED GUIDELINES FOR IRON SUPPLEMENTATION
BASED ON TREATMENT VALUES**

	Hemoglobin Treatment Value		Hematocrit Treatment Value	
	Non-Smokers	Smokers	Non-Smokers	Smokers
Prenatal Woman 1st Trimester 3rd Trimester	10.9 gm or lower	11.2 gm or lower	32.9% or lower	33.9% or lower
Prenatal Woman 2nd Trimester	10.4 gm or lower	10.7 gm or lower	31.9% or lower	32.9% or lower
Non-Pregnant and/or Lactating Woman (<15 years of age)	11.7 gm or lower	12.0 gm or lower	35.8% or lower	36.8% or lower
Non-Pregnant and/or Lactating Woman (≥15 years of age)	11.9 gm or lower	12.2 gm or lower	35.8% or lower	36.8% or lower

For Prenatal Women:

Begin routine supplementation of a prenatal vitamin and mineral supplement to include 27-30 mg/day of elemental iron for all pregnant women at the 1st prenatal visit. For women with hemoglobin/hematocrit levels within the treatment value, treat anemia with a therapeutic dose of 60-120 mg of elemental iron/day.

NOTE: If a woman is taking a prenatal or other multi-vitamin and mineral supplement with iron, the prenatal or multi-vitamin and mineral supplement + iron supplement should equal a total of 60-120 mg elemental iron/day. When the hemoglobin/hematocrit reaches the acceptable value for the specific stage pregnancy, decrease iron dosage to 30 mg/day

PHYSICIAN REFERRAL:

- Hemoglobin less than 9.0 g/dL or hematocrit less than 27.0%
- Hemoglobin more than 15.0 g/dL or hematocrit more than 45.0% (2nd and 3rd trimester)
- If after 4 weeks the hemoglobin does not increase by 1 g/dL or hematocrit by 3%, despite compliance with iron supplementation regimen and the absence of acute illness

For Non-Pregnant/Lactating Women:

For women with hemoglobin/hematocrit levels within the treatment value, treat anemia with a therapeutic dose of 60-120 mg of elemental iron/day.

NOTE: If a woman is taking a prenatal or other multi-vitamin and mineral supplement with iron, the prenatal or multi-vitamin and mineral supplement + iron supplement should equal a total of 60-120 mg elemental iron/day.

PHYSICIAN REFERRAL:

- Hemoglobin less than 9.0 g/dL or hematocrit less than 27.0%
- If after 4 weeks the hemoglobin does not increase by 1 g/dL or hematocrit by 3%, despite compliance with iron supplementation regimen and the absence of acute illness

After 4 weeks, if the hemoglobin increases ≥ 1g/dl or if the hematocrit increases ≥ 3 %, continue treatment for 2-3 more months.

Reference: CDC/MMWR: April 3, 1998. Recommendations to Prevent and Control Iron Deficiency in the United States

**CHILD HEALTH RECOMMENDED GUIDELINES
FOR IRON SUPPLEMENTATION
BASED ON TREATMENT VALUES**

	Hemoglobin Treatment Value	Hematocrit Treatment Value	Treatment Regimen
Infant 6 through 11 months	10.9 gm or lower	32.8% or lower	<u>Dosage:</u> 0.6 cc Ferrous Sulfate Drops BID <u>Mg Elemental Iron:</u> 15 mg BID
Child 12 through 23 months	10.9 gm or lower	32.8% or lower	<u>Dosage:</u> 0.6 cc Ferrous Sulfate Drops BID <u>Mg Elemental Iron:</u> 15 mg BID
Child 2 through 5 years	11.0 gm or lower	32.9% or lower	<u>Dosage:</u> 1.2 cc Ferrous Sulfate Drops BID <u>Mg Elemental Iron:</u> 30mg BID

- Premature and low birth weight infants, infants of multiple births, and infants with suspected blood losses should be screened before 6 months of age, preferably at 6-8 weeks postnatal.
- Routine screening for iron deficiency anemia is not recommended in the first 6 months of life.
- Treatment of iron deficiency anemia is 3 mg per kilogram per day.
- Refer to the package insert of iron preparation to correctly calculate the appropriate dosage of elemental iron. Most pediatric chewable preparations (i.e., Feostat, 100 mg) contain 33 mg elemental iron per tablet as ferrous fumarate. Non-chewable preparations for older patients (i.e., Feosol, 300 mg) contain 60-65 mg per tablet or capsule elemental iron as ferrous sulfate.

Sources: Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, April 3, 1998/Vol.47/No. RR-3.

Nutrition Guidelines for Practice: A Manual for Providing Quality Nutrition Services. Nutrition Section, 1997.

Appendix C-1

Body Mass Index (BMI) Table for Determining Weight Classification for (Women) ¹

Height (Inches)	Underweight BMI <18.5	Normal Weight BMI 18.5-24.9	Overweight BMI 25.0-29.9	Obese BMI >29.9
58"	<89	89-118	119-142	>142
59"	<92	92-123	124-147	>147
60"	<95	95-127	128-152	>152
61"	<98	98-131	132-157	>157
62"	<101	101-135	136-163	>163
63"	<105	105-140	141-168	>168
64"	<108	108-144	145-173	>173
65"	<111	111-149	150-179	>179
66"	<115	115-154	155-185	>185
67"	<118	118-158	159-190	>190
68"	<122	122-163	164-196	>196
69"	<125	125-168	169-202	>202
70"	<129	129-173	174-208	>208
71"	<133	133-178	179-214	>214
72"	<137	137-183	184-220	>220

¹Adapted from Institute *Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults*. National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH). NIH Publication No. 98-4083.

*These calculations are based on estimated height and weights; your system will calculate a more exact BMI based on actual height and weights including fractional ounces and inches.

Definition of Weight Gain (Women)

Total Weight Gain Range (lbs)

Singleton Pregnancy

Prepregnancy Weight Groups	Definition (BMI)	Low Maternal Weight Gain	Recommended Weight Gain	High Maternal Weight Gain
Underweight	< 18.5	<28	28-40	> 40
Normal Weight	18.5 to 24.9	<25	25-35	> 35
Overweight	25.0 to 29.9	<15	15-25	> 25
Obese	≥ 30.0	<11	11-20	> 20

Multi-Fetal Weight Gain

Prepregnancy Weight Groups	Definition (BMI)	Low Maternal Weight Gain	Recommended Weight Gain	High Maternal Weight Gain
Underweight	< 18.5	There was insufficient information for the IOM committee to develop provisional guidelines for underweight woman with multiple fetuses.	1.5lbs/week during 2nd and 3rd trimesters	There was insufficient information for the IOM committee to develop provisional guidelines for underweight woman with multiple fetuses.
Normal Weight	18.5 to 24.9	<37	37-54	> 54
Overweight	25.0 to 29.9	<31	31-50	> 50
Obese	≥ 30.0	<25	25-42	> 42

**Definition of Inadequate Growth
for Infants 1-6 Months of Age**

Inadequate growth for infants between 1 and 6 months of age is based on two weight measurements taken at least 1 month (4.3 weeks) apart, using the following guidelines:

Age	Minimum Acceptable Weight Gain
1 month	19 oz
1-2 months	27 oz/month (6 ¼ oz/wk)
2-3 months	19 oz/month (4 ½ oz/wk)
3-4 months	17 oz/month (4 oz/wk)
4-5 months	15 oz/month (3 ½ oz/wk)
5-6 months	13 oz/month (3 oz/wk)

Example:

<u>Date of Measurement</u>	<u>Weight</u>
09/13/98 (birth)	7 lbs 6 oz
10/26/98 (6 weeks, 1 day old)	9 lbs 3 oz

1. Calculate infant's age:

$$\begin{array}{r}
 98 \quad 10 \quad 26 \\
 - 98 \quad 09 \quad 13 \\
 \hline
 01 \text{ mo } 13 \text{ days} = 1 \text{ month} + 1 \text{ week} + 6 \text{ days} = \text{about } 1 \text{ mo} + 2 \text{ wks}
 \end{array}$$

2. Calculate minimum acceptable weight gain:

1st month minimum acceptable weight = 19 oz
 1-2 months minimum acceptable weight/wk = 6 ¼ oz (2x 6 ¼ = 12 ½ oz)
 Total acceptable weight = 19 oz + 12 ½ oz = 31½ oz = 1 lb 15 ½ oz

3. Compare actual weight gain (1 lb 13 oz) to acceptable minimum (1 lb 15 ½ oz). This infant's weight gain is below acceptable minimum, so you can apply the criterion for inadequate growth.

Appendix D

PHYSICAL SIGNS SUGGESTIVE OF NUTRIENT DEFICIENCIES

Body Area	Normal Appearance	Signs Suggestive of Nutrient Deficiency(ies)	Nutrient Consideration(s)
Hair	shiny; firm; not easily plucked	lack of natural shine; dull; thin; loss of curl; color changes (flag sign); easily plucked	inadequate protein and calories
Eyes	bright; clear; shiny; no sores at corners of eyelids;	eye membranes pale;	anemia (inadequate iron, folacin, or vitamin B-12)
	membranes healthy pink and moist; no prominent blood vessels	Bitot's spots; red membranes; dryness of membranes; dull appearance of cornea (cornea xerosis); softening of cornea (keratomalacia); redness and fissuring of eyelid corners	inadequate Vitamin A inadequate riboflavin, Vitamin B-6, and niacin
Lips	smooth; not chapped or swollen	redness or swelling of mouth or lips (cheilosis);	inadequate niacin and riboflavin
		bilateral cracks, white or pink lesions at corners of mouth (angular stomatitis) and/or scars	inadequate riboflavin, niacin, iron and Vitamin B-6
Gums	healthy, red; do not bleed; not swollen	spongy; bleeding; receding	inadequate ascorbic acid
Tongue	deep red; not swollen or smooth	scarlet; raw; edematous (glossitis)	inadequate niacin, riboflavin, folacin, iron, Vitamins B-6 and B-12
		purplish color (magenta);	inadequate riboflavin
		smooth; pale; slick; atrophied taste buds (papillae)	inadequate folacin, Vitamin B-12, iron and niacin
Face and Neck	skin color uniform, smooth, pink; healthy appearing; not swollen	diffuse depigmentation;	inadequate protein
		darkening of skin over cheeks and under eyes;	inadequate calories and niacin
		scaling of skin around nostrils (nasolabial seborrhea)	inadequate riboflavin, niacin, and Vitamin B-6
		swollen (moon) face;	inadequate protein
		front of neck swollen (thyroid enlargement);	inadequate protein; inadequate iodine
		swollen cheeks (bilateral parotid enlargement)	inadequate protein

Appendix D (cont.)

PHYSICAL SIGNS SUGGESTIVE OF NUTRIENT DEFICIENCIES

Body Area	Normal Appearance	Signs Suggestive of Nutrient Deficiency(ies)	Nutrient Consideration(s)
Skin	no signs of swelling rashes, dark or light spots	dry and scaly (xerosis); sandpaper-like feel (follicular hyperkeratosis);	Inadequate Vitamin A or Essential fatty acids
		pinhead-size purplish skin hemorrhages (petechiae);	Inadequate Vitamin C
		excessive bruising;	Inadequate Vitamin K
		red, swollen pigmentation of areas exposed to sunlight (pellagrous dermatitis);	Inadequate niacin and Tryptophan
		extensive lightness and darkness of skin (flaky, pressure sores(decubiti)	Inadequate protein, Vitamin C, and zinc
Teeth	no cavities, no pain, bright	may be some missing or erupting abnormally; gray or black spots (fluorosis); cavities (caries) [signs are to be severe enough to interfere with mastication and/or other health implications]*	Inadequate Vitamin D and Vitamin A
Head / Neck	face not swollen	thyroid enlargement (front of neck); parotid enlargement (cheeks become swollen)	Inadequate iodine; inadequate protein
Nails	firm, pink	nails are spoon-shaped (koilonychia); brittle ridged nails, pale nail beds	Inadequate iron; Vitamin A toxicity
Muscular and Skeletal Systems	good muscle tone; some fat under skin; can walk or run without pain	muscles have "wasted" appearance; baby's skull bones are thin and soft (craniotabes); round swelling of front and side of head (frontal and parietal bossing); swelling of ends of bones (epiphyseal enlargement); small bumps on both sides of chest wall (on ribs); beading of ribs; baby's soft spot on head does not harden at proper time (persistently open anterior fontanelle); knock-knees or bow-legs; bleeding into muscle (musculoskeletal hemorrhages); person cannot get up or walk properly	Inadequate protein Inadequate thiamin Inadequate Vitamin D

Sources: 1. American Journal of Public Health, Supplement, November 1973, p. 19.

2. Georgia Dietetic Association Diet Manual, 1992.

ALCOHOL AND CIGARETTES

Alcohol Equivalents:

One serving of alcohol = 12 ounces of beer (light or regular);
12 ounces of wine cooler;
5 ounces of wine (light or regular);
1 1/2 ounces of liquor.

Key for Entering Ounces of Alcohol/Week:

On the WIC Assessment/Certification Form enter the amount of alcohol in ounces per week using the above equivalent chart.

Key: 00 ounces/week = no alcohol intake
01 ounces/week = greater than 0 and up to 1 1/2 ounce/week
02-98 ounces week = amount of intake
99 ounces/week = greater than 98 ounces/week

Binge drinking: drinks 5 or more (≥ 5) drinks on the same occasion on at least one day in the past 30 days.

Heavy drinking: drinks 5 or more (≥ 5) drinks on the same occasion on five or more days in the previous 30 days.

Key for Entering Number of Cigarettes/Cigars/Pipes Smoked:

On the WIC Assessment/Certification Form record the average number of cigarettes/cigars/pipes smoked per day. If the client reports smoking on average less than once per day, record the average number of cigarettes/cigars/pipes smoked *per week*. If the client reports smoking on average less than once per week, record the average number of cigarettes/cigars/pipes smoked *per month*.

Key: 01-98/day = average number of cigarettes/cigars/pipes smoked per day
99/day = greater than 98 cigarettes/cigars/pipes smoked per day
01-06/week = average number of cigarettes/cigars/pipes smoked per week
01-03/month = average number of cigarettes/cigars/pipes smoked per month

Note: The usual number of cigarettes in a pack is equal to 20. This number may vary.

COMMON NAMES FOR ILLEGAL (STREET) DRUGS/DRUGS OF ABUSE

Controlled Substances	Common Names
<p>Cannabis:</p> <ul style="list-style-type: none"> ▪ Marijuana ▪ Tetrahydrocannabinol ▪ Hashish, Hashish Oil 	<ul style="list-style-type: none"> ▪ Acapulco Gold, Grass, Pot, Reefer, Sinsemilla, Thai Sticks ▪ Marinol, THC ▪ Hash, Hash Oil
<p>Hallucinogens:</p> <ul style="list-style-type: none"> ▪ LSD (lysergic acid diethylamide) ▪ Mescaline, Peyote ▪ Amphetamine Variants ▪ Phencyclidine and Analogs 	<ul style="list-style-type: none"> ▪ Acid, Microdot ▪ Buttons, Cactus, Mescal ▪ 2,5-DMA, DOB, DOM, Ecstasy, MDA, MDMA, STP ▪ Angel Dust, Hog, Loveboat, PCE, PCP, PCPy, TCP
<p>Narcotics:</p> <ul style="list-style-type: none"> ▪ Heroin 	<ul style="list-style-type: none"> ▪ Diacetylmorphine, Horse, Smack
<p>Stimulants:</p> <ul style="list-style-type: none"> ▪ Cocaine 	<ul style="list-style-type: none"> ▪ Coke, Crack, Flake, Snow, Rock

Source: Drugs of Abuse. Drug Enforcement Administration and The National Guard. Arlington, VA, 1997.

Appendix F

RECOMMENDED FOOD INTAKE PATTERNS

Food Group	Birth to 5/6 Months	5/6 Months to 12 months	1 Year	2-3 Years	4-6 Years	Pregnant Teen/ Pregnant Adult	Breastfeeding Teen/ Breastfeeding Adult	Teen Postpartum/ Adult Postpartum
Milk, Yogurt & Cheese	Breast milk, every 2-3 hrs or Iron fortified formula, 2.5 oz/lb (18-35 ozs)	Breast milk, every 2-4 hrs or Iron fortified formula, 2.5 oz/lb (24-35 ozs)	2 cups ¹	2 cups	2.5 cups	3 cups	3 cups	3 cups
Meat, Poultry, Dry Beans, Eggs, Nuts Group	None	Add after 6 months and before 9 months	2 ounces	2 ounces	3-4 ounces	6- 6 ½ ounces	6 ½ ounces	5- 5 ½ ounces
Fruit Group	None	Add after 6 months and before 9 months	1 cup ²	1 cup ²	1- 1 ½ cups	2 cups	2-2 ½ cups	1 ½ -2 cups
Vegetable Group	None	Add after 6 months and before 9 months	1 cup	1 cup	1 ½ cups	3 cups	3-3 ½ cups	2 ½ cups
Grain Group	None	Add iron Fortified cereal at 6 months	3 oz equivalents	3 oz equivalents	4- 5 oz equivalents	7- 8 oz equivalents	7- 8 ½ oz equivalents	6 oz equivalents
Discretionary Calorie Allowance³	None	None	165	165	171	290- 362	362- 410	195-267

¹ If there is obesity, high cholesterol or heart disease in their family history, the AAP recommends reduced fat 2 percent milk between 12 months and 2 years in place of whole. WIC regulations at this time does not allow for the issuance of low fat milk below the age of 2.

² AAP recommends no more than 6 ounces of juice per day for children

³ Discretionary Calorie Allowance is the remaining amount of calories in a food intake pattern after accounting for the calories needed for all food groups- preferably using forms of foods that are fat-free or low-fat and with no added sugars.

Milk, Yogurt & Cheese Group:

Most milk group choices should be fat-free or low-fat for those over the age of 2 years.

1 cup equivalent from this group =
1 cup milk/yogurt

1½ ounces natural cheese (i.e. cheddar, Colby, longhorn)
2 ounces processed cheese (i.e. American, Swiss)
2 cups cottage cheese

Meat, Poultry, Dry Beans, Eggs, Nuts Group:

1 ounce equivalent from this group=
1 ounce lean meat, poultry or fish

1 egg
½ ounce nuts or seeds
¼ cup cooked dry beans or tofu
1 tablespoon peanut butter

Fruit Group:

1 cup equivalent from this group=
1 medium fruit

1 cup freshly cut canned or frozen fruit
½ cup dried fruit
1 cup 100% fruit juice

Vegetable Group:

1 serving =

1 cup cooked or chopped
2 cups raw leafy salad greens
1 cup 100% vegetable juice

Grain Group:

At least half of all grains consumed should be whole grains
1ounce equivalent from this group =

1 slice of Bread ,½ Hamburger Bun,
1 small muffin
½ cup cooked cereal, rice or pasta
1 cup ready to eat cereal flakes

All information provided courtesy of MyPyramid.gov

For more information <http://download.journals.elsevierhealth.com/pdfs/journals/1499-4046/PIIS1499404606005628.pdf>

Appendix G

Inappropriate Nutrition Practices for Women

Inappropriate Nutrition Practices for Women	Examples of Inappropriate Nutrition Practices (Including but not limited to)
<p>Potentially Harmful Dietary Supplements</p> <p>Consuming Dietary Supplements with potentially harmful consequences.</p>	<p>Examples of Dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> • Single or multiple vitamins • Mineral supplements; and • Herbal or botanical supplements/remedies/teas.
<p>Restrictive Diet</p> <p>Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery.</p>	<ul style="list-style-type: none"> • Strict vegan diet; • Low-carbohydrate, high-protein diet; • Macrobiotic diet; and • Any other diet restricting calories and/or essential nutrients.
<p>Routine ingestion of non-food items (pica)</p> <p>Compulsively ingesting non-food items (pica).</p>	<p>Non-food items:</p> <ul style="list-style-type: none"> • Ashes; • Baking soda; • Burnt matches; • Carpet fibers; • Chalk; • Cigarettes; • Clay; • Dust; • Large quantities of ice • Paint chips; • Soil; and • Starch (laundry and cornstarch)
<p>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy.</p>	<ul style="list-style-type: none"> • Consumption of less than 27 mg of supplemental iron per day by pregnant woman. • Consumption of less than 150 µg of supplemental iodine per day by pregnant and breastfeeding woman. • Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant women
Pregnant Women	
<p>Potentially unsafe food consumption</p> <p>Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms.</p>	<p>Potentially harmful foods:</p> <ul style="list-style-type: none"> • Raw fish or shellfish, including oysters, clams, mussels, and scallops; • Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole; • Raw or undercooked meat or poultry; • Hot dogs, luncheon meat (cold cuts), fermented and fry sausage and other deli-style meat or poultry unless reheated until steaming hot; • Refrigerated pâté or meat spreads; • Unpasteurized milk or foods containing unpasteurized milk; • Soft cheese such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as “made with pasteurized milk”; • Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog; • Raw sprouts (alfalfa, clover, and radish); or • Unpasteurized fruit or vegetable juices.

Appendix G (cont.)

Inappropriate Nutrition Practices for Children

Inappropriate Nutrition Practices for Children	Examples of Inappropriate Nutrition Practices (Including but not limited to)
Routinely feeding inappropriate beverages as the primary milk source.	Examples of inappropriate beverages as primary milk source: <ul style="list-style-type: none"> • Non-fat or reduced-fat milks (between 12 and 24 months of age only) or sweetened condensed milk; and • Imitation or substitutes milks (such as inadequately or unfortified rice- or soy-based beverages, non-dairy creamer), or other “homemade concoctions.”
Routinely feeding a child any sugar-containing fluids.	Examples of sugar-containing fluids: <ul style="list-style-type: none"> • Soda/soft drinks; • Gelatin water; • Corn syrup solutions; and • Sweetened tea.
Routinely using nursing bottle, cups, or pacifiers improperly.	<ul style="list-style-type: none"> • Using a bottle to feed: <ul style="list-style-type: none"> ➢ Fruit juice, or ➢ Diluted cereal or other solid foods. • Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime. • Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. • Using a bottle for feeding or drinking beyond 14 months of age. • Using a pacifier dipped in sweet agents such as sugar, honey, or syrups. • Allowing a child to carry around and drink, throughout the day, from covered or training cups.
Routinely using feeding practices that disregard the developmental needs or stages of the child.	<ul style="list-style-type: none"> • Inability to recognize, insensitivity to, or disregarding the child’s cues for hunger and satiety (e.g., forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child’s request for appropriate foods). • Feeding foods of inappropriate consistency, size, or shape that put children at risk of choking. • Not supporting a child’s need for growing independence with self-feeding (e.g.; solely spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). • Feeding a child with an inappropriate texture based on his/her developmental stage (e.g., feeding primarily purees or liquid food when the child is read and capable of eating mashed, chopped, or appropriate finger food).

Inappropriate Nutrition Practices for Children	Examples of Inappropriate Nutrition Practices (Including but not limited to)
<p>Potentially unsafe food consumption.</p> <p>Feeding foods to a child that could be contaminated with harmful microorganisms.</p>	<p>Examples of potentially harmful foods for a child:</p> <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juices. • Unpasteurized dairy products or soft cheese such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as “made with pasteurized milk • Raw or undercooked meat, fish, poultry, or eggs • Raw sprouts (alfalfa, clover, and radish) • Hot dogs, luncheon meat (cold cuts), fermented and fry sausage and other deli-style meat or poultry unless reheated until steaming hot;
<p>Routinely feeding a diet very low in calories and/or essential nutrients.</p>	<p>Examples:</p> <ul style="list-style-type: none"> • Vegan Diet; • Macrobiotic diet; and • Other diets very low in calories and/or essential nutrients.
<p>Feeding dietary supplements with potentially harmful consequences</p>	<p>Examples of dietary supplements which when feed in excess of recommended dosages, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> • Single or multiple vitamins • Mineral supplements; and • Herbal or botanical supplements/remedies/teas
<p>Routinely not providing dietary supplements as recognized as essential by national public health policy when a child’s diet alone cannot meet nutrient requirements.</p>	<ul style="list-style-type: none"> • Providing children under 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. • Providing children 36-60 months of age less than 0.50 mg of fluoride daily when the water contains less than 0.3 ppm fluoride. • Not providing 400 IU of vitamin D if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula.
<p>Routine ingestion of non-food items (pica)</p>	<ul style="list-style-type: none"> • Ashes; • Carpet fibers; • Cigarettes or cigarette butts; • Clay; • Dust; • Foam Rubber • Paint chips; • Soil; and • Starch (laundry and cornstarch)

Appendix G (cont.)

Inappropriate Nutrition Practices for Infants

<p>Inappropriate Nutrition Practices for Infants</p>	<p>Examples of Inappropriate Nutrition Practices (Including but not limited to)</p>
<p>Breast-milk or Formula Substitute</p> <p>Routinely using a substitute(s) for breast milk or FDA approved iron-fortified formula as the primary source during the first year of life.</p>	<p>Examples of substitutes:</p> <ul style="list-style-type: none"> • Low iron formula without iron supplementation; • Cow’s milk, goat milk, or sheep milk (whole, reduced-fat low-fat, skim) canned evaporated sweetened condensed milk; and • Imitation or substitutes milks (such as inadequately or unfortified rice- or soy-based beverages, non-dairy creamer), or other “homemade concoctions.”
<p>Inappropriate use of bottles or Sugar-Containing Fluids.</p> <p>Routinely using nursing bottles or cups improperly</p>	<ul style="list-style-type: none"> • Using a bottle to feed fruit juice • Adding any food (cereal or other solid foods) to the infant’s bottle. • Feeding any sugar-containing fluids such as, soda/soft drinks; gelatin water; corn syrup solutions; and sweetened tea. • Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime. • Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. • Propping the bottle when feeding. • Allowing a child to carry around and drink, throughout the day, from covered or training cups.
<p>Inappropriate Introduction of Solid Foods</p> <p>Routinely offering complementary foods* or other substances that are inappropriate in type or timing.</p>	<ul style="list-style-type: none"> • Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier; or • Introduction of any food other than breast milk or iron-fortified infant formula before 4 months of age. <p><i>*Complementary foods are any foods or beverages other than breast milk or infant formula.</i></p>
<p>Feeding Practices not Developmentally Appropriate</p> <p>Routinely using feeding practices that disregard the developmental needs or stages of the child.</p>	<ul style="list-style-type: none"> • Inability to recognize, insensitivity to, or disregarding the child’s cues for hunger and satiety (e.g., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring a hungry infant’s hunger cues). • Feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking. • Not supporting an infant’s need for growing independence with self-feeding (e.g.; solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). • Feeding an infant with an inappropriate texture based on his/her developmental stage (e.g., feeding primarily purees or liquid food when the child is read and capable of eating mashed, chopped, or appropriate finger food).

Inappropriate Nutrition Practices for Infants	Examples of Inappropriate Nutrition Practices (Including but not limited to)
<p>Potentially unsafe food consumption</p> <p>Feeding foods to a child that could be contaminated with harmful microorganisms or toxins.</p>	<p>Examples of potentially harmful foods for a child:</p> <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juices. • Unpasteurized dairy products or soft cheese such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as “made with pasteurized milk • Honey (added to liquids or solid food, used in cooking, as part of processed foods, on pacifier, etc.); • Raw or undercooked meat, fish, poultry, or eggs • Raw vegetable sprouts (alfalfa, clover, bean and radish) • Hot dogs, luncheon meat (cold cuts), fermented and fry sausage and other deli-style meat or poultry unless reheated until steaming hot;
<p>Inappropriate Formula Preparation.</p> <p>Routinely feeding inappropriately diluted formula</p>	<ul style="list-style-type: none"> • Failure to follow manufacturer’s dilution instructions (to include stretching formula for household economic reasons). • Failure to follow specific instructions accompanying a prescription.
<p>Restrictive Nursing.</p> <p>Routinely limiting the frequency of nursing of the exclusively breastfeed infant when breast milk is the sole source of nutrients.</p>	<p>Examples of inappropriate frequency of nursing:</p> <ul style="list-style-type: none"> • Scheduled feedings instead of demand feedings; • Less than 8 feedings in a 24 hours if less than 2 months of age; and • Less than 6 feedings in 24 hours if between 2 and 6 months of age.
<p>Restrictive Diet</p> <p>Routinely feeding a diet very low in calories and/or essential nutrients</p>	<p>Examples:</p> <ul style="list-style-type: none"> • Vegan Diet; • Macrobiotic diet; and • Other diets very low in calories and/or essential nutrients
<p>Lack of proper Sanitation.</p> <p>Routinely using inappropriate sanitation in preparation, handling, and storage of expressed breast milk or formula.</p>	<p>Examples of inappropriate sanitation:</p> <ul style="list-style-type: none"> • Limited or no access to a: <ul style="list-style-type: none"> Safe water supply (documented by appropriate officials) Heat source for sterilization, and/or; Refrigerator or freezer storage. • Failure to properly prepare, handle, and store bottles or storage containers of expressed breast milk or formula.
<p>Potentially Harmful Dietary Supplements.</p> <p>Feeding dietary supplements with potentially harmful consequences</p>	<p>Examples of Dietary supplements which when feed in excess of recommended dosages, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> • Single or multiple vitamins • Mineral supplements; and • Herbal or botanical supplements/remedies/teas
<p>Lack of Essential Dietary Supplements.</p> <p>Routinely not providing dietary supplements as recognized as essential by national public health policy when an Infant’s diet alone cannot meet nutrient requirements.</p>	<ul style="list-style-type: none"> • Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. • Infants who are exclusively breastfed, or are ingesting less than 1 liter (or 1 quart) per day of vitamin D-fortified formula, and are not taking a supplement of 400 IU of vitamin D. • Non-breastfed infants who are ingesting less than 1 liter (or 1 quart) per day of vitamin D-fortified formula, and are not taking a supplement of 400 IU of vitamin D.

Appendix H

PRODUCTS CONTAINING CAFFEINE

PRODUCT	AVERAGE CAFFEINE CONTENT (mg)	CAFFEINE RANGE (mg)
Coffee (5-oz cup)		
Brewed, drip	115	60-180
Brewed, percolator	80	40-170
Instant	65	30-120
Decaffeinated, brewed	3	2-5
Decaffeinated, instant	2	1-5
Tea		
Brewed, major US brands (5-oz)	40	20-90
Brewed, imported brand (5-oz)	60	25-110
Instant (5-oz)	30	25-50
Iced (12-oz)	70	67-76
Chocolate Beverages		
Cocoa beverage (5-oz)	4	2-20
Chocolate milk (8-oz)	5	2-7
Milk chocolate (1-oz)	6	1-15
Dark choc, semi-sweet (1 oz)	20	5-35
Baker's chocolate (1 oz)	26	26
Chocolate-flavored syrup (1 oz)	4	4

PRODUCT	CAFFEINE CONTENT (mg)
Energy Drinks (16-oz)	
Monster Energy	160.0
Rock Star Energy Drink	160.0
Red Bull	160.0
Full Throttle	144.0
5 Hour Energy (2-oz)	138.0
Soft Drinks (12-oz)	
Mountain Dew	54.0
Mello Yellow	52.8
TAB	46.8
Coca-Cola	45.6
Diet Coke	44.4
Mr. PIBB	39.6
Dr. Pepper	39.6
Pepsi Cola	38.0
Diet Pepsi	36.0

Appendix H (cont.)

PRODUCTS CONTAINING CAFFEINE

PRODUCT	MILLIGRAMS CAFFEINE/DOSE
Diet Plan Non-Prescription Drugs	
Caltrim Tablets	100
Caffeine-Free Dexatrim w/ Vitamin C	0
Dexatrim	200
X-tra Strength Dexatrim	200
Gold Medal	100
Odrinex	
Pain Relievers	
Anacin and X-tra Strength	32
Capron Capsules	32.4
Tri Pain Caplets	16.2
BC Tablet	16
BC Powder	32
Arthritis Strength BC	36
Doan's Pills	32
Duradyne	15
Excedrin X-tra Strength	65
Goody's Powder	32.5
Goody's X-tra Strength	16.25
Meadache	32
Trigesic	30
Vanquish Caplet	33
Prolamine Capsules	140
Menstrual Relief	
Aqua Ban	100
Midol	32.4
Midol Max Strength, Multi-Symptom	60

Sources:

¹American Pharmaceutical Association and The National Professional Society of Pharmacists. (8th Ed.). (1986). *Handbook of Nonprescription Drugs*.

²American Dietetic Association (ADA). (1992). *Manual of Clinical Dietetics* (4th ed.). Chicago, IL: Chicago Dietetic Association.

³Georgia Dietetic Association (GDA). (1992). *Georgia Dietetic Association Diet Manual* (4th ed.). Duluth, GA.

⁴Medical Economics Data Production Company. (15th Ed.). (1994). *Physician's Desk Reference for Nonprescription Drugs*, Montvale, N.J.

⁵U.S. Pharmacopeial Convention, Inc. (13th Ed.). (1993). *Drug Information for the Health Care Professional USP DI*.

**INSTRUCTIONS FOR USE OF THE
PRENATAL WEIGHT GAIN GRID**

1. Record applicant/participant's name.
2. Use Body Mass Index table (Appendix C-1) to determine if the applicant is Normal Weight, Underweight, Overweight, or Obese using pregravid weight. Select for use the prenatal weight gain grid that corresponds to the prenatal woman's pregravid weight status. If she is pregnant with twins, use the "Twins" grid regardless of her weight status.
3. Enter height in inches without shoes.
4. Use Weight History chart.
5. Enter pregravid weight as indicated. Enter date and weight at each visit.
6. Plot today's weight using the following steps:
 - a. Record the pregravid weight at the initial point of the selected weight curve, which is located on the left side of the grid at zero (0) point. From the chart or gestation calculator, determine the completed weeks of gestation.
 - b. Using the gain (or loss) in weight from the pregravid weight baseline and the completed gestational weeks (this visit) place an **X** on the point at which these two (2) lines meet.
 - c. If the patient does not know her pregravid weight, or if the weight she gives seems disproportionate to her current weight, place an **X** on the dotted line for the calculated completed gestational week. Let this be a beginning point to plot future weights. Indicate that this weight is an estimate by writing "estimate" vertically on the grid next to the **X**. Use the "Normal" weight curve unless it is very obvious that the prenatal woman was overweight or underweight prior to gestation. Document this observation in the health record.
 - d. At the second and each subsequent visit, the weight gain for completed weeks of gestation should be plotted on the grid.

MEASURING LENGTH

Age:

Birth to 24 months

Material/Equipment:

An accurate lengthboard for measuring infants is dedicated to length measurement. It has a firm, flat horizontal surface with a measuring tape in 1 mm (0.1 cm) or 1/8 inch increments, an immovable headpiece at a right angle to the tape, and a smoothly moveable footpiece, perpendicular to the tape.

Two (2) people required

Procedure:

1. Check to be sure that moveable foot piece slides easily and the headboard is at the zero (0) mark.
2. Remove headwear, shoes and bulky clothing. Instruct caretaker to apply gentle traction to ensure that the child's head is firmly against the headboard so that the eyes are pointing directly upward.
3. With the child positioned so that the shoulders, back and buttocks are flat along the center of the board, the measurer should hold the child's knees together, gently pushing them down against the board with one (1) hand to fully extend the child. With the other hand the measurer should slide the footboard to the child's feet until both heels touch the foot piece. Toes should be pointing directly upward.
4. Recheck head placement. Immediately remove the child's feet from contact with the footboard with one (1) hand, while holding the footboard securely in place with the other hand.
5. Measure length in inches to the nearest 1/8-inch. Repeat the measurement by sliding footboard away and starting again until two (2) readings agree within 1/4 inch.
6. Record the second reading promptly.

**MEASURING WEIGHT
("INFANT" SCALE)**

Age:

Infants and very young children up to 35 pounds

Materials/Equipment:

Scales with beam balance and non-detachable weights or electronic, with a maximum weight of 40 lbs and weigh in ½ ounce increments.

Scales must be calibrated yearly.

Procedure:

1. Check scales at zero (0) position. With weights in zero (0) position, indicator should point at zero (0). If not, use the adjustment screws to move adjustable zeroing weight until the beam is in zero (0) balance.
2. Remove shoes and clothes. Remove diaper if wet.
3. Place infant/child in center of scale (may be done sitting or lying down).
4. Move the weight on the main beam away from the zero (0) position (left to right) until the indicator shows excess weight, then move the weight back (right to left) towards the zero (0) position until too little weight has been obtained.
5. Move the weight on the fractional beam away from the zero (0) position (left to right) until the indicator is centered and stationary. (Record weight)
6. Repeat the measurements by moving the fractional beam until two (2) readings agree within ½ -ounce.
7. Record the second reading promptly.

MEASURING HEIGHT

Age:

Children two (2) years of age and older

Adults

NOTE: Once measurements are started with child standing, all subsequent measurements must be done standing.

Material/Equipment:

An accurate stadiometer for stature measurements is designed for and dedicated to stature measurement. It can be wall mounted or portable. An appropriate stadiometer requires a vertical board with an attached metric rule and a horizontal headpiece (right angle headboard) that can be brought into contact with the most superior part of the head. The stadiometer should be able to read to 0.1 cm or 1/8 in.

Procedure:

1. Remove all bulky clothing, head and footwear.
2. Position the child/adult against the measuring device, instructing the child/adult to stand straight and tall.
3. Make sure the child/adult stands flat footed with feet slightly apart and knees extended; then check for three (3) contact points: (a) shoulders, (b) buttocks, and (c) the back of the heels.
4. Lower the moveable headboard until it firmly touches the crown of the head. The child/adult should be looking straight ahead, not upward or down at the floor.
5. Read the stature to the nearest 1/8-inch.
6. Repeat the adjustment of the headboard and re-measure until two (2) readings agree within 1/4 inch.
7. Record the second reading promptly.

**MEASURING WEIGHT
(STANDING)**

Age:

Adults, and children 2 years of age or older

Materials/Equipment:

Standard electronic scale or platform beam scale with non-detachable weights that weighs in at least 1/4 pound or 100 gram increments.

Scales must be calibrated yearly

Procedure:

1. Check scales at zero (0) position. With weights in zero (0) position indicator should point at zero (0). If not, use adjustment screws to move the adjustable zeroing weight until the beam is in zero (0) balance.
2. Should be wearing minimal indoor clothing. Remove shoes, heavy clothing, belts, and heavy jewelry. Be sure pockets are empty.
3. Have child/adult stand in the center of the platform, arms hanging naturally. The child/adult must be free standing.
4. Move the weight on the main beam away from zero (0) until the indicator shows that excess weight has been added, then move the weight back towards the zero (0) position (right to left) until just barely too much weight has been removed.
5. Move the weight on the fractional beam away from the zero (0) position (left to right) until the indicator is centered.
6. Make sure the child/adult is still not holding on, then record to the nearest 1/4 lb.
7. Have the child/adult step off scale and return weight to zero (0). Repeat until two (2) readings agree within 1/4 pound.
8. Record the second reading promptly.

Sources: Georgia Child and Adolescent Health Program Manual. DHR, Division of Public Health; 1987.
A Guide to Pediatric Weighing and Measuring, DHHS; 1981.

Appendix K

INSTRUCTIONS FOR USE OF THE GROWTH CHARTS

1. Select the appropriate chart for sex and age of the individual. When length measurements are taken with the individual lying down use the "Birth to 24 Months of Age" chart.
2. Record name and/or identifying number of the chart. Document birth date.
3. The child's age on the date on which measurements are taken must be determined before you start plotting the measurements. To figure out a child's age, follow this example:

	Year	Month	Day
Date of Measurement	2002	4	21
Date of Birth	<u>-1997</u>	<u>-8</u>	<u>-10</u>
Child's Age	4 y	8	11

or 4 yrs 8 mos

As this example shows, you may have to borrow thirty (30) days from the month column and/or 12 months from the year column when subtracting the child's birth date from the date on which the measurements are taken.

4. Plot growth measurements by using the Interpolation Method.

Plotting Interpolation Method:

- a. **Birth - 24 Month Growth Chart** - Calculate exact age (to nearest week) and plot measurement into the space at the point nearest to the age.
 - b. **2 - 18 Years Growth Chart** - Calculate exact age (to nearest month) and plot measurement into space at the point nearest to the age.
5. To plot the length or height for age and weight for age charts:
 - a. Follow a vertical line at the appropriate age.
 - b. Using a straight-edge, line up as closely as possible to the measured length or height and weight and mark the point where the two (2) lines intersect.
 - c. Write the date above the point.

Appendix K (cont.)

6. To plot the length or height/weight chart:
 - a. Follow a vertical line at the point of the correct length or height.
 - b. Using a straight-edge, line up as closely as possible to the weight and mark the point where the two (2) lines intersect.
 - c. Write the date on the point.

7. To plot Body Mass Index (BMI) for age:
 - a. Follow a vertical line as near as possible to the appropriate age.
 - b. Using a straight-edge, line up as closely as possible the measured BMI and mark the point where the two (2) lines intersect.

8. To plot an infant's head circumference:
 - a. Follow a vertical line as near as possible to the appropriate age.
 - b. Using a straight-edge, line up as closely as possible the measured head circumference and mark the point where the two (2) lines intersect.

9. Calculating Gestation-Adjusted Age:
 - a. Document the infant's gestational age in weeks. (Mother/caregiver can self report, or referral information from the medical provider may be used.)
 - b. Subtract the child's gestational age in weeks from 40 weeks (gestational age of term infant) to determine the adjustment for prematurity in weeks.
 - c. Subtract the adjustment for prematurity in weeks from the child's chronological postnatal age in weeks to determine the child's gestation-adjusted age.
 - d. For WIC nutrition risk determination, adjustment for gestational age should be calculated for all premature infants for the first 2 years of life.

Appendix K (cont.)

Example:

Randy was born prematurely on March 19, 2001. His gestational age at birth was determined to be 30 weeks based on ultrasonographic examination. At the time of the June 11, 2001 clinic visit, his chronological postnatal age is 12 weeks. What is his gestation-adjusted age?

30 = gestational age in weeks

40 – 30 = 10 weeks adjustment for prematurity

12 – 10 = 2 weeks gestation-adjusted age

Measurements would be plotted on a growth chart as a 2-week-old infant.

10. Plotting for Prematurity:

For all premature infants and children <24 months plot adjusted and actual age.

a. Infant Plot- (weight/age, Length/age, length/weight)

b. Child Plot- (weight/age, height/age, BMI)

11. The formula for calculating BMI for age is:

$[\text{weight (lb.)} \div \text{height (in.)} \div \text{height (in.)} \times 703]$

This can be calculated on a hand-held calculator or by computer systems in the district. Once calculated, BMI must be rounded to one decimal point. A reference for converting fractions to decimals and guidance for rounding to one decimal point follows.

Reference for Converting Fractions to Decimals:

$1/8 = .125$

$2/8 \text{ or } 1/4 = .25$

$3/8 = .375$

$4/8 \text{ or } 1/2 = .5$

$5/8 = .625$

$6/8 \text{ or } 3/4 = .75$

$7/8 = .875$

Appendix K (cont.)

Guidance for Rounding to One Decimal Point:

When calculating Body Mass Index (BMI) round the final answer to one decimal point. To do this you will round up to the next number if the second number past the decimal point is five or greater and you will round down if the second number past the decimal point is four or less.

Example:

If the final BMI calculation equals 17.158829, the BMI would be 17.2

If the final BMI calculation equals 17.14829, the BMI would be 17.1

USE AND INTERPRETATION OF THE GROWTH CHARTS

PLOTTING

1. Standing height and weight must be plotted on the **2-18 Years** growth charts.
2. Recumbent length and weight must be plotted on the **0-24 Months** growth charts.
3. When a measurement cannot be plotted, a notation to this effect must be noted in the health record or on the growth chart. This measurement may not be used as a risk criterion. See the following example:

Standing height is measured on a 26-month old child. The child is 34 7/8 inches tall. Two options may be taken:

- a. Re-measure the child on the recumbent board, and plot length on the 0-36 months growth chart; OR
- b. Make a notation in the health record that the height of the child cannot be plotted on the 2-18 years growth chart.

INTERPRETATION

1. **Pattern of growth** can only be interpreted when two sets of measurements are plotted on the same growth grid. If one set of measurements are plotted on the **0-24 months** growth charts and the next set of measurements on the 2-18 years growth charts, these measurements cannot be used to interpret the **pattern of growth** of the child.

Appendix M

FOOD SOURCES OF VITAMIN A

Food Source	Serving Size	Vitamin A (mcg Retinol)*
Apricots canned dried raw	3 halves 10 halves 3 medium	140 250 280
Bok Choy	1 cup	110
Broccoli cooked raw	1 cup 1 cup	110 680
Carrots cooked raw	1cup 1 medium	1920 2030
Cantaloupe, cubed	1 cup	520
Endive, raw	1cup	50
Greens, fresh, cooked beet collards kale turnip spinach	1cup 1cup 1cup 1cup 1cup	370 350 480 400 740
Liver, beef	3 ounces	10,600
Mango, raw	1 medium	810
Papaya, raw	1 medium	620
Parsley, chopped	1cup	160
Peaches canned, juice pack raw dried	1 cup 1 medium 10 halves	100 50 280
Persimmon, raw	1 medium	360
Pumpkin, canned	1cup	2690
Sweet Potato, baked	1 medium	2490
Watercress, raw	1cup	80
Winter Squash, baked	1cup	240

*Micrograms of retinol equivalent: rounded to the nearest 10

Appendix N

FOOD SOURCES OF VITAMIN C

Food Source	Serving Size	Vitamin C (mg)*
Broccoli, chopped	1/2 cup	60
cooked	1/2 cup	40
raw		
Cantaloupe, raw	1 cup, pieces	70
Green Pepper	1/2 medium	40
Grapefruit		
juice**, from concentrate	1/2 cup	40
raw	1/2 medium	50
Mango, raw	1 medium	60
Orange		
juice**, from concentrate	1/2 cup	50
raw (navel)	1 medium	80
Strawberries, raw	1 cup	90
Tomato, raw	1 medium	20

*Milligrams Vitamin C: rounded to nearest 10

**Items distributed through the Georgia WIC Program.

Appendix O

Selected Food Sources of Folate and Folic Acid

Food Source / Serving Size	Micrograms (µg)	% DV [^]
*Breakfast cereals fortified with 100% of the DV, ¾ cup	400	100
Beef liver, cooked, braised, 3 ounces	185	45
Cowpeas (blackeyes), immature, cooked, boiled, ½ cup	105	25
*Breakfast cereals, fortified with 25% of the DV, ¾ cup	100	25
Spinach, frozen, cooked, boiled, ½ cup	100	25
Great Northern beans, boiled, ½ cup	90	20
Asparagus, boiled, 4 spears	85	20
*Rice, white, long-grain, parboiled, enriched, cooked, ½ cup	65	15
Vegetarian baked beans, canned, 1 cup	60	15
Spinach, raw, 1 cup	60	15
Green peas, frozen, boiled, ½ cup	50	15
Broccoli, chopped, frozen, cooked, ½ cup	50	15
*Egg noodles, cooked, enriched, ½ cup	50	15
Broccoli, raw, 2 spears (each 5 inches long)	45	10
Avocado, raw, all varieties, sliced, ½ cup sliced	45	10
Peanuts, all types, dry roasted, 1 ounce	40	10
Lettuce, Romaine, shredded, ½ cup	40	10
Wheat germ, crude, 2 Tablespoons	40	10
Tomato Juice, canned, 6 ounces	35	10
Orange juice, chilled, includes concentrate, ¾ cup	35	10
Turnip greens, frozen, cooked, boiled, ½ cup	30	8
Orange, all commercial varieties, fresh, 1 small	30	8
*Bread, white, 1 slice	25	6
*Bread, whole wheat, 1 slice	25	6
Egg, whole, raw, fresh, 1 large	25	6
Cantaloupe, raw, ¼ medium	25	6
Papaya, raw, ½ cup cubes	25	6
Banana, raw, 1 medium	20	6

* Items marked with an asterisk (*) are fortified with folic acid as part of the Folate Fortification Program.

[^] DV = Daily Value. DVs are reference numbers developed by the Food and Drug Administration (FDA) to help consumers determine if a food contains a lot or a little of a specific nutrient. The DV for folate is 400 micrograms (µg). Most food labels do not list a food's magnesium content. The percent DV (%DV) listed on the table indicates the percentage of the DV provided in one serving. A food providing 5% of the DV or less is a low source while a food that provides 10-19% of the DV is a good source. A food that provides 20% or more of the DV is high in that nutrient. It is important to remember that foods that provide lower percentages of the DV also contribute to a healthful diet. For foods not listed in this table, please refer to the U.S. Department of Agriculture's Nutrient Database Web site: http://www.nal.usda.gov/fnic/cgi-bin/nut_search.pl.

Sources: U.S. Department of Agriculture, Agricultural Research Service. 2003. USDA National Nutrient Database for Standard Reference, Release 16. Nutrient Data Laboratory Home Page, http://www.nal.usda.gov/fnic/cgi-bin/nut_search.pl

Appendix P

FOOD SOURCES OF IRON

Food Source	Serving Size	Iron (mg)
Iron Fortified Breakfast Cereal*	¾ cup	8-18
Canned Clams	1/3 cup	11
Cooked Oysters	3 oz	7
Blackstrap Molasses	1 Tbsp.	5
Liver	2 ounces	5
Baked Beans	1 cup	5
Spinach	1 cup	4
Red Meat	3 ounces	3
Prunes	10 large	3
Raisins	1/2 cup	3
Pork	3 ounces	3
Turkey	3 ounces	3
Baked Potato with skin	1	3
Ham	3 ounces	2
Legumes, cooked*	1/2 cup	2
Raw Shrimp	3 ounces	2
Baked Winter Squash	1 cup	2
Berries	1 cup	1.5 – 2
Turnip or Collard Greens	1 cup	1.5
Liverwurst	1 slice	1
Chicken	3 ounces	1
Fish	3 ounces	1
Prune Juice	1/3 cup	1

*Items distributed through the Georgia WIC Program.

Appendix Q

FOOD SOURCES OF CALCIUM

	250 mg	150-249 mg	75-149 mg
MILK GROUP	Milks - 1 cup Whole - 291 mg 1% lowfat - 300 mg 2% lowfat 297 mg Skim - 302 mg Buttermilk - 285 mg Chocolate 284 mg Malted - 348 mg Swiss Cheeses 272 mg Ricotta, part skim, ½ c - 337 mg Milkshakes - 1 cup Chocolate 397 mg Vanilla 457 mg Yogurt, lowfat - 1 cup Plain 415 mg Flavored 380 mg Fruit 345 mg	Cheeses - 1 oz. American, processed, 174 mg Blue 150 mg Brick 191 mg Caraway 204 mg Cheddar 204 mg Colby 194 mg Edam 207 mg Monterey 212 mg Mozzarella, part skim 183 mg Muenster 203 mg Cheese food American, processed, 163 mg Swiss, processed 205 mg	Cottage Cheese, 2% Lowfat, ½ c, 75 mg Frozen desserts – ½ c Ice cream 88 mg Ice milk, hardened, 88 mg Ice Milk, soft serve, 137 mg Pudding, 133 mg
MEAT/PROTEIN GROUP	Sardines, with bones, 3 oz, 372 mg Tofu, firm processed with calcium- sulfate, 4 oz, 250-765 mg	Salmon, with bones 167 mg. - 3 oz Sesame seeds 2 TB, 176 mg.	Beans, dried, cooked, 90 mg. - 1 c Oysters, 7-9, 113 mg Shrimp, canned, 3 oz, 100 mg Tofu, soft, ½ c, 145 mg Tahini (sesame butter) 2 TB, 128 mg. Soybeans, 8 oz, 64 mg Soy beverage, 8 oz, 64 mg Almonds, 1 oz, 75 mg
VEGETABLE GROUP	Cooked, 1 cup Collards, 357 mg Rhubarb, 348 mg Spinach, 278 mg Bok Choy, 252 mg	Cooked, 1 cup Kale, 200 mg Mustard greens, 200 mg Turnip greens, 249 mg	Cooked, 1 cup Okra, 176 mg Broccoli, 90 mg
FRUIT			Figs, dried or fresh 5 med, 135 mg. Papaya, raw – 1 med, 72 mg. Sapote, raw – 1 med, 88 mg. Tamarind, raw - 1 c, 89 mg.
GRAIN GROUP		Waffle, 7" diameter, 179 mg	Cornbread, 2" square , 94 mg Pancakes, 2-4" diameter, 116 mg
“OTHERS” Category fats, sweets, alcohol COMBINATION FOODS: Foods made with ingredients from more than one food group	Molasses, Blackstrap, 2 Tbsp., 274 mg Cheese pizza, ¼ of 14" pie, 332 mg	Macaroni and cheese, ½ c c, 181 mg Soups made with milk - 1 c Cream of mushroom , 191 mg Cream of tomato, 168 mg Taco, beef, 174 mg	Chili con carne with beans, 1 c, 82 mg Custard, baked, ½ c, 148 mg Spaghetti, meatballs, tomato sauce, and cheese, 1 c, 124 mg

Sources: (1) Pennington, JAT. *Bowes & Church's Food Values of Portions Commonly Used*. 16th edition. Philadelphia, PA: J.B. Lippincott Co.; 1994. (2) Georgia Dietetic Association Diet Manual. Georgia Dietetic Association, Inc. Fourth edition, 1992. (3) National Osteoporosis Foundation 1991.

Appendix R

HERBS: THEIR USE AND POTENTIAL RISKS

Herbs	Use	Risks
Chamomile	Relaxant	May cause allergic reaction (up to anaphylactic shock in allergic individuals).
Ginseng	Health food remedy	Painful, swollen breasts
Mandrake	Sold falsely as Ginseng	Contains scopolamine
Pennyroyal oil	Abortifacient	Toxicity, teratogenesis, increased risk of medical abortion, hepatotoxin, coma death
Sassafras	Tonic for a variety of unsubstantiated uses	Possible carcinogenesis
Tonka beans, melilot, sweet woodruff (tea)	Seasonal tonic	Hemorrhage
Devil's claw root	Abortifacient	Sodium and water retention, hypokalemia, hypertension, cardiac failure/arrest
Ginger root tea	Morning sickness remedy	Unknown - very large doses may cause depression of CNS, and cardiac arrhythmias.

There is insufficient information on many herbs that women may want to use during pregnancy and lactation. Herbs have been used as remedies for years and in many cases some may be beneficial. The problems that might arise may be dose related, which could affect the fetus and growing infant. A [safe] level or [dangerous] level is generally not known for use in pregnancy and lactation; avoidance of most herbs is usually the best practice. In addition to the herbs listed above, the following herbs are recommended NOT to be used during pregnancy and lactation:

- | | |
|-----------------|-----------------|
| Angelica | Elecampane |
| Black Cohosh | Gotu kola |
| Blessed Thistle | Juniper Berries |
| Calendula | Motherwort |
| Dong Quai | Myrrh |

Sources: Dimperio, Diane: Florida Department of Health and Rehabilitative Services, Florida's Guide to Maternal Nutrition, 1986.
 Tenney, Louise: Today's Herbal Health, 3rd Edition, Woodland Books, Utah, 1992.
 Tyler, Varro E.: The Honest Herbal, 3rd Edition, Pharmaceutical Products Press, New York, 1993.

Appendix S

KEY FOR ENTERING WEEKS BREASTFED

The number of weeks breastfed must be manually entered when completing paper WIC Assessment/Certification Forms and paper Turnaround Documents for:

- Breastfeeding women: initial and six month certification visits
- Postpartum, non-breastfeeding women: certification visit
- Infants: initial certification and mid-certification nutrition assessments
- Children: initial certification and subsequent certification, until the answer is “No”

Length of time breastfed **must be entered in weeks (two-digit)**. When the answer to the question “How long have you breastfed this infant?” OR “How long has this infant breastfed?” is given in days or months, use the following key to determine appropriate codes.

I. Codes to Enter When Breastfeeding is Given in Days

Convert Days to Weeks

Fewer than 7 days	=	00 weeks
7 - 13 days	=	01 week
14 – 20 days	=	02 weeks
21 – 27 days	=	03 weeks
28 – 34 days	=	04 weeks
35 – 41 days	=	05 weeks
42 – 48 days	=	06 weeks

Source: Georgia WIC Branch ETAD Change Number 08-12b, 2008.

II. Codes to Enter When Breastfeeding is Given in Months

1 month	=	04 weeks	12 Months	=	52 weeks
2 months	=	08 weeks	13 Months	=	56 weeks
3 months	=	13 weeks	14 Months	=	61 weeks
4 Months	=	17 weeks	15 Months	=	65 weeks
5 Months	=	22 weeks	16 Months	=	69 weeks
6 Months	=	26 weeks	17 Months	=	74 weeks
7 Months	=	30 weeks	18 Months	=	78 weeks
8 Months	=	35 weeks	19 Months	=	82 weeks
9 Months	=	39 weeks	20 Months	=	87 weeks
10 Months	=	43 weeks	21 Months	=	91 weeks
11 Months	=	48 weeks	22 Months	=	96 weeks
			22.5 Months +	=	98 weeks or more

Source: Enhanced Pregnancy Nutrition Surveillance System User's Manual. Division of Nutrition, Center for Chronic

GEORGIA WIC PROGRAM 2013 PROCEDURES MANUAL Attachment CT-6 (cont'd)

Disease Prevention & Health Promotion, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Public Health Service. February 2000.

Infant Formula Preparation

GENERAL INFORMATION

1. Before starting, wash hands with soap and water. Rinse well.
2. Wash bottles and nipples using brushes made for bottles and nipples. Wash caps, rings and preparation utensils such as spoons, pitchers, etc. Use hot soapy water. Rinse well.
3. Squeeze clean water through the nipple holes to be sure they are open.
4. Put the bottles, nipples, caps and rings and other utensils in a pot and cover with water. Heat on the stove, bring to a boil; boil for 5 minutes. Remove from heat and let cool.
OR
Put all items in a properly functioning dishwasher and run it at the normal temperature (not the low or economy temperature setting).
5. The most important time to boil bottles, nipples and formula preparation items for the infant is through 3 months of age. Also, the most important time to boil the water used in formula preparation is through 3 months of age. **If there is any doubt about the safety of the water supply or the cleanliness of the home, then continue to sterilize the equipment and to boil the water used in formula preparation.**
6. Boil water for 2 minutes before using to prepare formula. Prolonged boiling of water (greater than 5-6 minutes) is not recommended because some trace contaminants in the water such as lead, nitrates, or even trace minerals may concentrate in the boiled water as the liquid water is reduced.
7. Do not feed an infant a bottle left out of the refrigerator for more than 1 hour.
8. For infants who prefer a warmed bottle, hold the bottle under warm running tap water. Shake well and test the temperature before giving to the infant. **Do not use microwave oven to prepare or to warm formula. Formula heated in the microwave may result in serious burns to the infant.**
9. When using formula:
 - Check the formula's expiration date prior to use. Do not use if the date has passed.
 - Avoid using cans of infant formula that have dents, leaks, bulges or puffed ends or rust spots.

Infant Formula Preparation

9. (Cont'd)

- Store cans of infant formula in a cool place, indoors. Do not store in vehicles, garages or outdoors.
- For more information, see the following references:
 - ◆ Infant formula cans - commercial brands.
 - ◆ United States Department of Agriculture, Food and Nutrition Service. *Infant Nutrition and Feeding, a Reference Handbook for Nutritional Health Counselors in the WIC and CSF Programs*. FNS-288, September 1993. USDA, FNS, Alexandria, Virginia 22302-1594. (U.S. Gov. Printing Office: 1994-0-360-395 QL.3).

PREPARATION FROM CONCENTRATED LIQUID FORMULA

1. Boil for 5 minutes all bottles, nipples, rings and utensils to be used; let cool.
2. Heat water for formula on stove to a rolling boil for 2 minutes; let cool.
3. Wash top of the can with soap and water; rinse well. Wash the can opener.
4. Shake can well before opening.
5. Open can and pour formula into a clean bottle using ounce markings to measure amount of formula. **Add an equal amount of the cooled boiled water.** Example: For 4 ounces of concentrated formula poured into the bottle, add 4 ounces of water. Shake or stir again.
6. To store: cover container or bottles and refrigerate. **Use within 48 hours.** If more than one bottle is prepared, put the nipples in upside down on each bottle. Cover the nipple with a cap and screw on the ring.
7. After feeding, throw away any formula left in bottle or cup, as this can contain germs.

Note: *Do not use microwave oven to prepare or to warm formula. Formula heated in the microwave may result in burns.*

PREPARATION OF READY-TO-FEED FORMULA

1. Boil for 5 minutes all bottles, nipples, rings and utensils to be used; let cool.
2. Wash top of the can with soap and water; rinse well. Wash the can opener.
3. Shake can **very** well. Open with a clean punch-type can opener.
4. Pour the amount of ready-to-feed formula for one feeding into a clean bottle.

Note: *Do not add water or any other liquid to this formula.*

5. Attach nipple and cap. Shake well again and feed infant.

Appendix T (cont.)

Infant Formula Preparation

6. If more than one bottle is prepared, put the nipples in upside down on each bottle. Cover the nipple with a cap and screw on the ring. Refrigerate. If formula is left in opened can, cover and refrigerate. **Use within 48 hours.** Shake can again before pouring; or shake bottles before serving.

Note: *Do not use microwave oven to prepare or to warm formula. Formula heated in the microwave may result in burns.*

Preparation from Powdered Formula

1. Boil for 5 minutes all bottles, nipples, rings and utensils to be used; let cool.
2. Heat water for formula on stove to a rolling boil for 2 minutes; let cool to a warm temperature.
3. Remove plastic lid from can; wipe it off if dusty. Wash top of can with soap and water; rinse well and dry it. Wash can opener. Do not let water get into the can.
4. Pour the warm water into the bottle(s). Use only the scoop that comes with the formula can (8.7 gm). The scoop should be totally dry before scooping out the powdered formula. Add 1 level scoop of the powdered formula for each 2 oz of warm water in the bottle(s). Example: If 8 ounces of water is poured in the bottle, then 4 level scoops of formula should be added.
5. Put nipples and rings on bottle and **shake well**. If feeding immediately, check temperature and then feed. After feeding, throw away formula left in bottle or cup, as this can contain germs.
6. Store filled bottles in refrigerator and **use within 24 hours**. Put a clean nipple upside down on each bottle. Cover the nipple with a cap and screw on the ring.
7. Do not store can containing the dry powdered formula in the refrigerator. Keep it covered and store in a cool, dry place; avoid temperature extremes. Use can within one month after opening.

Note: *Do not use microwave oven to prepare or to warm formula. Formula heated in the microwave may result in burns.*

CONVERSION TABLES AND EQUIVALENTS

I. TABLE OF EQUIVALENTS

3 teaspoon (tsp.)	= 1 Tablespoon (Tbsp.)
2 Tbsp.	= 1 ounce (oz)
8 oz.	= 1 cup (c.)
16 Tbsp.	= 1 c.
2 c.	= 1 pint (pt.)
2 pts.	= 1 quart (qt.)
4 c.	= 1 qt.
4 qts.	= 1 gallon (gal.) = 128 oz.

II. METRIC SYSTEM

A. APPROXIMATE WEIGHTS/MEASURES

20 drops	= 1 milliliter (ml.)
1 ml.	= 1 gram (g.)
1 ml.	= 1 cubic centimeter (cc)
1 tsp.	= 5 ml. = 5 cc = 5 g.
1 Tbsp.	= 15 ml. = 15 cc = 15 g.
1 oz., fluid	= 29.57 ml. = 30 cc
1 cup, fluid	= 240 ml.
1 oz., weight	= 28.35 g. (approx 30)
1 c., weight	= 240 g.
1 pound (lb.)	= 453.6 g.
2.2 lbs.	= 1 kilogram (kg.)
33 ½ oz.	= 1 liter (L.)
1.1 qts.	= 1000 ml = 1 liter

B. WEIGHTS

1 milligram	= 1000 micrograms (mcg)
1 gram (g)	= 1000 mg.
1 kilogram	= 1000 g.

C. CONVERSIONS

- To convert ounces to grams multiply by 30.
- To convert grams to ounces divide by 30.
- To convert pounds to kilograms divide by 2.2.
- To convert kilograms to pounds multiply by 2.2.
- To convert inches to centimeters multiply by 2.54.

References: Georgia Dietetic Association, Inc., Diet Manual, 4th edition, 1992.

Appendix U-2

APPROXIMATE METRIC AND IMPERIAL EQUIVALENTS

Useful approximate metric and imperial equivalents

1 cm = 0.39 in	1 in = 2.54 cm
1 meter = 1.1 yd.	1 ft = 30.48 cm

To convert centimeters to inches

Divide the length in centimeters by 2.54.

Example: The average newborn infant measures 50.89 cm:

$$50.89 \text{ cm} : 2.54 \text{ cm/in} = 20 \text{ in}$$

To convert inches to centimeters

Multiply the length in inches by 2.54

Example: The average newborn infant measures 20 in:

$$20 \text{ in} \times 2.54 \text{ cm/in} = 50.8 \text{ cm}$$

Infant Nutrition Questionnaire – English (page 1)



Infant's Name: _____
 Date of Birth: _____ Age _____
 Name of Parent/Guardian: _____

Infant (Birth to under 12 months)
 Nutrition Questionnaire (English)

1. Check all your baby has had in the last month:

- diarrhea constipation vomiting nausea reflux spitting up difficulty swallowing dental problems
- special diet _____ health or medical problem _____ food allergy or problem _____ none

2. Check all that your baby takes:

- medicine _____ herbal teas / herbal products _____
- vitamins / minerals _____ home remedies _____ none

3. Check all that your baby uses to eat or drink:

- breast baby bottle sippy cup his/ her fingers regular cup spoon or fork other _____

4. Do you have a working stove, refrigerator, and sink? Yes No

5. In one day (24 hours) how many does your baby usually have? _____ wet diapers per day _____ dirty diapers per day

6. Check all that you are feeding your baby and answer the following questions:

- Breastmilk** How many times do you breastfeed or give breastmilk in one day (24 hours)? _____
 How long do you plan to breastfeed? _____
 Are you having any problems with or do you have any questions about breastfeeding? Yes No If yes, _____
 Do you ever pump your breastmilk? Yes No If yes, how many times per day? _____

- Infant Formula** Name of formula? _____
 What Type? concentrate powder ready-to-feed
 How do you make formula? Concentrate: _____ oz of formula to _____ oz of water
 Powder: _____ scoops of formula to _____ oz of water
 How many bottles does your baby drink in one day (24 hours)? _____ How many ounces are in each bottle? _____
 What type of water do you use to mix the formula? city well bottled water bottled "nursery" water
 Do you boil the water that is added to the formula? Yes No If boiled, for how long? _____ minutes
 How are the baby bottles cleaned? _____

7. Check "Yes" or "No" to each question below:

- Does your baby fall asleep with a bottle? Yes No
- Does your baby drink from a bottle that is being propped up? Yes No
- Do you put cereal, other foods, or juice in your baby's bottle? Yes No
- Is your baby fed breastmilk or formula that has been in the refrigerator for more than 24 hours? Yes No
- Is your baby fed breastmilk or formula that has been in a bottle 1 hour after the start of a feeding? Yes No
- Is your baby fed breastmilk or formula that has been in a bottle from an earlier feeding? Yes No

8. Check all the foods or beverages you give your baby:

- | | | | | | |
|---|---------------------------------------|--|---|--|--|
| <input type="checkbox"/> Breast milk | <input type="checkbox"/> Gatorade® | <input type="checkbox"/> Mixed dinners | <input type="checkbox"/> Luncheon meats | <input type="checkbox"/> Corn syrup | <input type="checkbox"/> nuts, seeds |
| <input type="checkbox"/> Cow's milk | <input type="checkbox"/> Kool-Aid® | <input type="checkbox"/> Meats | <input type="checkbox"/> hot dogs / sausage | <input type="checkbox"/> Honey | <input type="checkbox"/> peanut butter |
| <input type="checkbox"/> Soy milk | <input type="checkbox"/> Soda | <input type="checkbox"/> Fruits | <input type="checkbox"/> Fish | <input type="checkbox"/> Egg yolk (yellow) | <input type="checkbox"/> popcorn |
| <input type="checkbox"/> Goat's milk | <input type="checkbox"/> Tea | <input type="checkbox"/> Vegetables | <input type="checkbox"/> Shellfish | <input type="checkbox"/> Egg white | <input type="checkbox"/> hard candies |
| <input type="checkbox"/> Water | <input type="checkbox"/> Fruit drinks | <input type="checkbox"/> Desserts | <input type="checkbox"/> French fries | <input type="checkbox"/> Cheese | <input type="checkbox"/> marshmallows |
| <input type="checkbox"/> 100% Fruit Juice | | <input type="checkbox"/> Cereal | <input type="checkbox"/> Table food | <input type="checkbox"/> Yogurt | <input type="checkbox"/> added salt, gravy |
| <input type="checkbox"/> Other _____ | | | | | |

How do you know when your baby is hungry? _____
 How do you know when your baby is full? _____

9. Do you have any questions or concerns about your baby's health, diet, feeding, growth or development?

- Yes No If yes, please describe _____

10. Please offer any suggestions on what WIC can do to better serve you and your family. _____

STOP HERE



Infant Nutrition Questionnaire – English (page 2)

For Staff use Only				
Nutrition Education Flow Sheet (Infant)				
✓ Topics Discussed	Primary Education	Secondary Nutrition Date: _____ *Sign./Title: _____	Secondary Nutrition Date: _____ *Sign./Title: _____	Inappropriate Nutrition Practices for Infants WIC Risk 400: Inappropriate Nutrition Practices. If yes, document how. <input type="checkbox"/> Yes <input type="checkbox"/> No
Breastfeeding	Reinforce Good Points in Diet			<input type="checkbox"/> Breastmilk or Formula Substitute. ^(6,8) <input type="checkbox"/> Inappropriate use of bottles or Sugar-Containing Fluids. ^(7,8) <input type="checkbox"/> Inappropriate Introduction of Solid Foods. ⁽⁶⁾ <input type="checkbox"/> Feeding Practices not Developmentally Appropriate. ^(3,8) <input type="checkbox"/> Potentially unsafe food consumption. ^(6,7,8) <input type="checkbox"/> Inappropriate Formula Preparation. ⁽⁶⁾ <input type="checkbox"/> Restrictive Nursing. ⁽⁶⁾ <input type="checkbox"/> Restrictive Diet. ^(6,8) <input type="checkbox"/> Lack of proper Sanitation. ^(4,6,7) <input type="checkbox"/> Potentially Harmful Dietary Supplements. ⁽²⁾ <input type="checkbox"/> Lack of Essential Dietary Supplements. ⁽²⁾
	Nutritional Value of WIC Foods			
Breastfeeding	Assessment of Latch & Positioning			
	Frequency/Duration/Encouragement			
	Supply & Demand / Supplementing			
	Growth Spurts			
	Problems / Barriers (Specify)			
Formula	Iron Fortified Formula			
	Formula Preparation			
	Techniques of Bottle Feeding			
General Nutrition	Spitting Up / Reflux			
	Delay Solids Until 5-6 Months			
	Beginning Solids (Type & Amounts)			
	Iron Fortified Infant Cereal			
	Offer Water Daily When Starting Solids			
	Single Food Introduction (Baby Foods)			
	Prevention of Choking			
	Encouraging Self Feeding Skills			
	↓ Empty Calories & Sweet Drinks			
	Dental Care / Weaning to Cup / Baby Bottle Caries			
	Parenting Skills	Modeling Positive Behaviors		
Stress Free Feeding				
Picky Eating				
Goal Setting				
	Immunizations			
	*Alcohol, Tobacco, Drugs & other Harmful Substances			
	Other: (Specify)			
Risk 401 – (Other Dietary Risk) Risk of Inappropriate Complementary Feeding Practices Only use if no other risk is identified.				Note: the number(s) after each statement correspond to the related nutrition questionnaire. *Required Documentation
Primary Nutrition Contact				
Comments: *Plan / Goals:				
*Sign./Title/Date: _____				

Infant Nutrition Questionnaire – Spanish (page 1)



Bebés (Nacimiento - 12 meses)
Cuestionario de Nutrición (Español)

Nombre del niño(a): _____
Fecha de nacimiento: _____ edad _____
Nombre del padre/tutor: _____

- Seleccione todo lo que su bebé ha tenido en el mes pasado:**

diarrea estreñimiento vómitos náusea reflujo vómito leve dificultad para tragar problemas dentales

dieta especial _____ problema médico o de salud _____ alergia o problema alimenticio _____ ninguno(a)
 - ¿Su bebé toma?**

medicina _____ té herbal/ productos herbales _____

vitaminas / minerales _____ remedios caseros _____ ninguno(a)
 - Seleccione todo lo que su bebé usa para comer o beber:**

Pecho los dedos una taza/vaso cuchara o tenedor biberón vasito para bebé otro _____
 - ¿Su estufa, refrigerador, y fregadero, están en buenas condiciones?** Sí No
 - ¿En 24 horas, cuantos pañales mojados y/o sucios tiene su bebé?** Pañales húmedos _____ pañales sucios _____
 - Seleccione todo lo que le esté dando de comer a su bebé, y responda las siguientes preguntas:**

Leche materna ¿Cuántas veces da pecho o leche materna en un día (24 horas)? _____

¿Por cuánto tiempo planea dar pecho (leche materna)? _____

¿Está teniendo problemas dando pecho, o tiene preguntas acerca de dar pecho? Sí No _____

¿Se saca la leche con una bomba / maquina? Sí No Si es así, ¿cuántas veces por día? _____

Fórmula infantil Nombre de la fórmula _____

¿De qué tipo? Líquido o concentrado en polvo lista para servir

¿Cómo prepara la leche? Concentrado o Líquido: _____ onzas de la fórmula para _____ onzas de agua

Polvo: _____ cucharadas de leche para _____ onzas de agua

¿Cuántos biberones toma su bebé en un día (24 horas)? _____ ¿Cuántas onzas hay en cada biberón? _____

¿Qué tipo de agua usa para mezclar la fórmula? de ciudad de pozo

agua en botella agua "para bebé " en botella

¿Hierve el agua que usa para la fórmula/leche? Sí No Si la hierve, ¿por cuánto tiempo? _____ minutos

¿Cómo limpia los biberones? _____
 - Seleccione "Sí" o "No" para cada pregunta:**

¿Su bebé duerme con una botella o biberón? Sí No

¿Su bebé toma de un biberón que tiene que estar sostenido? Sí No

¿Agrega cereal, otras comidas, o jugo en el biberón de su bebé? Sí No

¿Su bebé toma leche materna o fórmula que ha estado en el refrigerador por más de 24 horas? Sí No

¿Su bebé toma leche materna o fórmula que ha estado en el biberón mas de 1 hora? Sí No

¿Su bebé toma leche materna o fórmula que sobró de un biberón anterior? Sí No
 - Seleccione todos los alimentos o bebidas que le ofrece a su bebé:**

<input type="checkbox"/> leche materna	<input type="checkbox"/> Gatorade®	<input type="checkbox"/> comidas mezcladas	<input type="checkbox"/> carnes frías	<input type="checkbox"/> miel de maíz	<input type="checkbox"/> nueces, semillas
<input type="checkbox"/> leche de vaca	<input type="checkbox"/> Kool-Aid®	<input type="checkbox"/> carnes	<input type="checkbox"/> perros calientes / salchichas	<input type="checkbox"/> miel	<input type="checkbox"/> mantequilla de cacahuete
<input type="checkbox"/> leche de cabra	<input type="checkbox"/> soda /gaseosa	<input type="checkbox"/> frutas	<input type="checkbox"/> pescado	<input type="checkbox"/> yema de huevo (amarilla)	<input type="checkbox"/> palomitas de maíz
<input type="checkbox"/> leche de soya	<input type="checkbox"/> té	<input type="checkbox"/> verduras	<input type="checkbox"/> mariscos	<input type="checkbox"/> clara de huevo	<input type="checkbox"/> dulces duros
<input type="checkbox"/> agua	<input type="checkbox"/> bebidas de fruta	<input type="checkbox"/> postres	<input type="checkbox"/> papas fritas	<input type="checkbox"/> queso	<input type="checkbox"/> malvavisco, nube o esponjita (marshmallow)
<input type="checkbox"/> otro _____	<input type="checkbox"/> jugo 100% de fruta	<input type="checkbox"/> cereal	<input type="checkbox"/> comida de adultos	<input type="checkbox"/> yogurt	<input type="checkbox"/> sal y salsa agregadas
- ¿Cómo sabe cuando su bebé tiene hambre? _____
- ¿Cómo sabe si su bebé está lleno? _____
- ¿Tiene preguntas o preocupaciones acerca de la salud, dieta, alimentación, crecimiento o desarrollo de su bebé?**

Sí No Si contestó que sí, ¿cuales? _____
 - Por favor, ofrezca algunas sugerencias sobre lo que puede hacer WIC para servirle mejor a usted y a su familia.**

DETÉNGASE AQUÍ



Infant Nutrition Questionnaire – Spanish (page 2)

Infant's Name: _____ ID# _____ Date of Birth: _____ Age _____ Name of Parent/Guardian: _____				
For Staff use Only				
Nutrition Education Flow Sheet (Infant)				
	✓ Topics Discussed	Primary Education	Secondary Nutrition Date: _____ *Sign./Title: _____	Secondary Nutrition Date: _____ *Sign./Title: _____
Breastfeeding	Reinforce Good Points in Diet			
	Nutritional Value of WIC Foods			
	Assessment of Latch & Positioning			
	Frequency/Duration/Encouragement			
	Supply & Demand / Supplementing			
	Growth Spurts			
	Problems / Barriers (Specify)			
Formula	Iron Fortified Formula			
	Formula Preparation			
	Techniques of Bottle Feeding			
General Nutrition	Spitting Up / Reflux			
	Delay Solids Until 5-6 Months			
	Beginning Solids (Type & Amounts)			
	Iron Fortified Infant Cereal			
	Offer Water Daily When Starting Solids			
	Single Food Introduction (Baby Foods)			
	Prevention of Choking			
	Encouraging Self Feeding Skills			
	↓ Empty Calories & Sweet Drinks			
	Dental Care / Weaning to Cup / Baby Bottle Caries			
Parenting Skills	Modeling Positive Behaviors			
	Stress Free Feeding			
	Picky Eating			
	Goal Setting			
	Immunizations			
	*Alcohol, Tobacco, Drugs & other Harmful Substances			
	Other: (Specify)			
Risk 401 – (Other Dietary Risk) Risk of Inappropriate Complementary Feeding Practices Only use if no other risk is identified.				Inappropriate Nutrition Practices for Infants WIC Risk 400: Inappropriate Nutrition Practices. If yes, document how. <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Breastmilk or Formula Substitute. ^(6,8) _____ <input type="checkbox"/> Inappropriate use of bottles or Sugar-Containing Fluids. ^(7,8) _____ <input type="checkbox"/> Inappropriate Introduction of Solid Foods. ⁽⁸⁾ _____ <input type="checkbox"/> Feeding Practices not Developmentally Appropriate. ^(3,8) _____ <input type="checkbox"/> Potentially unsafe food consumption. ^(6,7,8) _____ <input type="checkbox"/> Inappropriate Formula Preparation. ⁽⁶⁾ _____ <input type="checkbox"/> Restrictive Nursing. ⁽⁶⁾ _____ <input type="checkbox"/> Restrictive Diet. ^(6,8) _____ <input type="checkbox"/> Lack of proper Sanitation. ^(4,6,7) _____ <input type="checkbox"/> Potentially Harmful Dietary Supplements. ⁽²⁾ _____ <input type="checkbox"/> Lack of Essential Dietary Supplements. ⁽²⁾ _____
				Note: the number(s) after each statement correspond to the related nutrition questionnaire. *Required Documentation
Primary Nutrition Contact				
	Comments:			
	*Plan / Goals:			
		*Sign./Title/Date: _____		

Child Nutrition Questionnaire – English (page 1)



Child's Name: _____
 Date of Birth: _____ Age _____
 Name of Parent/Guardian: _____

Child Nutrition Questionnaire (English)

1. Check all that your child takes:

- Medicine _____
- Vitamins/Minerals _____
- Herbal teas/herbal products _____
- Home remedies _____
- none

2. Check all that your child uses to eat or drink:

- breast baby bottle sippy cup his/her fingers
- regular cup spoon or fork other _____

3. Does your child skip meals or have a limited amount of food at meals because there is not enough money to buy food? Yes No

4. Do you have a working stove, refrigerator, and sink? Yes No

5. Check how often your child eats these foods:

Meat, poultry, fish, beans, or eggs	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Milk, yogurt, or cheese	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Fruits	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Vegetables	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Grains- cereal, bread, rice, pasta, tortillas	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Cookies, cakes, pies, candy	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Fried foods, french fries, sausage, hot dogs, bacon	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never

6. Check all that your child drinks:

- breast milk soy milk soda
- whole milk water Gatorade
- 2% reduced fat milk fruit drink tea
- 1% reduced fat milk 100% fruit juice
- fat free milk other _____

7. Check all that your child eats:

- hard candies seeds dirt
- Gum drops raisins clay
- chewing gum dried fruit chalk
- chips whole grapes ashes
- popcorn hot dogs laundry starch
- pretzels Cornstarch
- nuts uncooked meat baking soda
- spoonfuls of uncooked fish crayons
- peanut butter uncooked eggs large amounts of ice

8. Does your child eat fast food meals more than 2 times a week? Yes No

9. How do you know when your child is hungry?

How do you know when your child is full?

10. Does your child go for:

- regular health check-ups? Yes No
- regular dental check-ups? Yes No

11. Check all your child has had in the last month:

- diarrhea constipation vomiting nausea
- difficulty chewing or swallowing unable to feed self
- dental problems
- special diet: _____
- health or medical problem: _____
- food allergy or problem: _____
- none

12. What is your child's usual daily activity?

- Very active (plays actively 2 or more hours per day)
- Active some of the time (plays actively about 1 to 2 hours per day)
- not active

13. How many hours a day does your child watch TV, play at the computer, or play video games? _____ hours per day.

14. Does your child eat meals provided by a child care center or at school? Yes No

15. Do you have any questions or concerns about your child's health, diet, feeding, or growth? Yes No

If yes, please describe _____

16. Please offer any suggestions on what WIC can do to better serve you and your family. _____

STOP HERE



Child Nutrition Questionnaire – English (page 2)

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Child Nutrition Questionnaire – Spanish (page 1)



Nombre del niño(a): _____
 Fecha de nacimiento: _____ edad _____
 Nombre del padre/tutor: _____

Cuestionario de Nutrición Para Niño(a) (Español)

1. Seleccione todo lo que su niño(a) toma:

- Medicina _____
- Vitaminas/Minerales _____
- té de hierbas/ productos de hierbas _____
- Remedios caseros _____
- ninguno

2. Seleccione todo lo que su niño(a) usa para comer o beber:

- pecho sus dedos una taza cuchara o tenedor
- biberón taza para bebe sonda

3. ¿Su niño(a) se salta comidas o tiene una cantidad limitada de alimentos por falta de dinero? Sí No

4. ¿Su estufa, refrigerador, y fregadero, están en buenas condiciones? Sí No

5. Seleccione con cual frecuencia come su niño lo siguiente:

Carne, pollo, pescado, frijoles, o huevos	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Leche, yogurt, o queso	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Frutas	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Vegetales	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Pan integral, cereal, arroz, pasta, tortillas	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Galletas, tortas, pastel, dulce	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Comida frita, papas fritas, salsa, perros calientes, tocino	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca

6. Seleccione todo lo que su niño(a) toma:

- leche materna leche baja en grasa 2% té
- leche entera bebidas de frutas Gatorade®
- leche baja en grasa 1% jugo 100% de fruta suplementos nutricionales
- leche de soya soda o gaseosa otros
- leche libre de grasa agua

7. Seleccione todo lo que su niño(a) come:

- dulces duros semillas tierra
- caramelos suaves pasas barro
- chicle fruta seca tiza
- papas fritas uvas enteras ceniza
- palomitas de maíz perros calientes almidón para planchar
- galletas saladas maicena lápices de colores
- nueces carne cruda bicarbonato de sodio
- cucharadas de mantequilla de maní pescado crudo cantidades grandes de hielo
- huevos crudos

8. ¿Su niño(a) come comidas rápidas más de dos veces por semana? Sí No

9. ¿Cómo sabe cuándo su niño(a) tiene hambre?

¿Cómo sabe cuándo está lleno(a) su niño(a)?

10. Va su niño(a) a:

- ¿Chequeos regulares de salud? Sí No
- ¿Chequeos dentales regulares? Sí No

11. Seleccione cualquier problema que haya tenido su niño(a) el mes pasado:

- diarrea estreñimiento vómitos náuseas
- dificultad para masticar o tragar incapaz de comer solo
- problemas dentales
- dieta especial: _____
- problema médico o de salud: _____
- alergia o problema alimenticio: _____
- ninguno(a)

12. ¿Cual es la actividad diaria de su niño(a)?

- Mucha actividad (juega activamente 2 o más horas por día)
- Algo de actividad (juega activamente 1 - 2 horas diarias)
- Sin actividad

13. ¿Cuántas horas al día pasa su niño(a) viendo televisión, jugando con computadora o videos? _____ horas por día.

14. ¿Come su niño(a) alimentos provistos por un centro de atención infantil, o en la escuela? Sí No

15. ¿Tiene usted algunas preguntas o preocupaciones acerca de la salud, dieta, alimentación o el crecimiento de su niño(a)? Sí No

Si es así, por favor explique _____

16. Por favor, ofrezca cualquier sugerencia sobre qué puede hacer WIC para servirle mejor a usted y a su familia. _____



DETÉNGASE AQUÍ

Child Nutrition Questionnaire – Spanish (page 2)

Child's Name: _____ ID# _____ Date of Birth: _____ Age _____ Name of Parent/Guardian: _____																																																																																																												
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Woman Nutrition Questionnaire – English (page 1)



Adult & Adolescent
Nutrition Questionnaire (English)

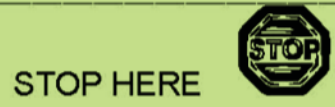
Name: _____
Date of Birth: _____ Age _____

WIC Pregnant
 Breastfeeding
 Non Breastfeeding

1. Do you go for regular health check-ups? Yes No regular dental check-ups? Yes No
2. Check all that you have had in the last month:
 - diarrhea constipation vomiting nausea difficulty chewing or swallowing dental problems
 - special diet _____ health or medical problem _____ food allergy or problem _____ none
3. Check all you take:
 - medicine _____ herbal teas / herbal products _____
 - vitamins / minerals _____ home remedies _____ none
4. Have you tried to control your weight by self-starvation, fasting, vomiting, or using laxatives? Yes No
5. What is your usual daily activity? (check one)
 - very active (run, heavy housework or yardwork) active some of the time (walk, do light housework) not active (no regular physical activity)
6. Do you skip meals or have a limited amount of food at meals because there is not enough money to buy food? Yes No
7. Do you have a working stove, refrigerator, and sink? Yes No
8. Do you eat these or other non-food items:
 - dirt, clay, chalk, ashes, large amounts of ice, laundry starch, cornstarch, or baking soda? Yes No
9. Do You Smoke? Yes No
10. Check how often you eat these foods:

Meat, poultry, fish, beans, or eggs.....	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Milk, yogurt, or cheese.....	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Fruits.....	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Vegetables.....	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Grains- bread, cereal, rice, pasta, tortillas	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Cookies, cakes, pies, candy.....	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Fried foods, French fries, sausage, hot dogs, bacon....	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
11. Check all that you drink:


<input type="checkbox"/> fat free milk	<input type="checkbox"/> goat milk	<input type="checkbox"/> 100% fruit juice	<input type="checkbox"/> coffee	<input type="checkbox"/> beer, wine, liquor
<input type="checkbox"/> 1% lowfat milk	<input type="checkbox"/> soy milk	<input type="checkbox"/> Gatorade®	<input type="checkbox"/> soda	<input type="checkbox"/> nutrition supplements
<input type="checkbox"/> 2% reduced fat milk	<input type="checkbox"/> rice milk	<input type="checkbox"/> Kool-Aid®	<input type="checkbox"/> tea	<input type="checkbox"/> water
<input type="checkbox"/> whole milk	<input type="checkbox"/> flavored milk drink	<input type="checkbox"/> fruit drinks	<input type="checkbox"/> energy drink	<input type="checkbox"/> Other _____
12. Do you eat fish more than 2 times a week? Yes No
13. Do you eat fast food meals more than 2 times a week? Yes No
14. Do you eat uncooked meat, uncooked fish, or uncooked eggs? Yes No
15. Do you have any questions or concerns about your health or diet? Yes No
If yes, please describe _____
16. Please offer any suggestions on what WIC can do to better serve you and your family. _____



Woman Nutrition Questionnaire – English (page 2)

For Staff use Only				
Nutrition Education Flow Sheet (Adult & Adolescent)				
✓ Topics Discussed	Primary Education	Secondary Nutrition	Secondary Nutrition	Inappropriate Nutrition Practices for Women
		Date: _____ *Sign./Title: _____	Date: _____ *Sign./Title: _____	WIC Risk 400: Inappropriate Nutrition Practices If yes, document how. <input type="checkbox"/> Yes <input type="checkbox"/> No
Reinforce Good Points in Diet				<input type="checkbox"/> Potentially Harmful Dietary Supplements. ⁽³⁾ <input type="checkbox"/> Restrictive Diet. ^(2, 4,6,10) <input type="checkbox"/> Routine ingestion of nonfood items (pica). ⁽⁸⁾ <input type="checkbox"/> Inadequate vitamin / mineral supplementation recognized as essential. ⁽³⁾
Nutritional Value of WIC Foods				
Breastfeeding				
Assessment of Latch & Positioning				
Frequency/Duration/Encouragement				
Supply & Demand / Supplementing				
Infant Growth Spurts				
Problems / Barriers (Specify)				
Postpartum				
Iron Fortified Formula				
Formula Preparation				
Techniques of Bottle Feeding				
Weight Management				
Exercise Benefits / Frequency				
Physical Activity / Play as a Family				
Alternatives to TV / Video Time				
General Nutrition				<input type="checkbox"/> Potentially unsafe food consumption. ^(12,14) Note: the number(s) after each statement correspond to the related nutrition questionnaire.
Meat / Meat Substitutes				
Dairy / Milk / Milk Substitutes				
Fruits / Vegetables				
Bread / Cereal				
Good Quality Snacks				
↑ Calcium Sources				
Foods to Prevent Anemia (Fe, Vit. C, Pro., Folic Acid)				
Adequate Fluid Intake				
↓ Empty Calories & Sweet Drinks				
Nausea, Constipation, Heartburn				
*Exit Counseling				*Exit Counseling ➤ Folic Acid importance ➤ Risk of alcohol, tobacco, & drugs ➤ Continued breastfeeding as the preferred infant feeding method ➤ Up to date Immunizations
Other: (Specify)				
Only use risk 401 – (Other Dietary Risk) if no other risk is identified. ➤ Failure to meet Dietary Guidelines				
*Required Documentation				
Primary Nutrition Contact				
Comments:				
*Plan / Goals:				
	*Sign./Title/Date: _____			

Woman Nutrition Questionnaire – Spanish (page 1)



**Cuestionario de Nutrición
Para Adultos y Adolescentes (español)**

Nombre: _____
Fecha de nac.: _____ Edad _____


WIC Embarazada
 Da pecho
 No da pecho

1. ¿Visita su médico regularmente? Sí No ¿Visita su dentista regularmente? Sí No
2. Seleccione cualquier problema que usted haya tenido el mes pasado:
 - diarrea estreñimiento vómitos náusea dificultad al masticar o tragar problemas dentales
 - dieta especial _____ problema médico o de salud _____ alergia o problema alimenticio _____ ninguno(a)
3. Seleccione todo lo que usted haya tomado:
 - medicina _____ té herbales/ productos herbales _____
 - vitaminas / minerales _____ remedios caseros _____ ninguno(a)
4. ¿Ha intentado controlar su peso pasando hambre, ayunando, vomitando, o usando laxantes? Sí No
5. ¿Cómo son sus actividades diariamente? (marque una)
 - muy activas (correr, labores pesadas, domésticas o de jardín) algo activas (caminar, hacer trabajos livianos)
 - no activas (sin actividad física regular)
6. ¿Se salta comidas o tiene una cantidad limitada de alimentos por falta de dinero? Sí No
7. ¿Su estufa, refrigerador, y fregadero están en buenas condiciones? Sí No
8. ¿Come alguno de estos o otras cosas?:
tierra, barro, tiza, ceniza, grandes cantidades de hielo, almidón de lavandería, maicena, o bicarbonato de sodio? Sí No
9. ¿Fuma? Sí No
10. Seleccione que tan seguido come usted estos alimentos:

Carne, pollo, pescado, frijoles, o huevos.....	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Leche, yogurt, o queso.....	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Frutas.....	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Vegetales.....	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Pan integral, cereal, arroz, pasta, tortillas	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Galletas, tortas, pastel, dulce.....	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Comidas fritas, papas fritas, salsa, perros calientes, tocino...	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
11. Seleccione todo lo que usted toma:

<input type="checkbox"/> leche desgrasada	<input type="checkbox"/> leche de cabra	<input type="checkbox"/> jugo 100% de fruta	<input type="checkbox"/> café	<input type="checkbox"/> cerveza, vino, licor
<input type="checkbox"/> lecha baja en grasa (1%)	<input type="checkbox"/> leche de soya	<input type="checkbox"/> Gatorade®	<input type="checkbox"/> soda o gaseosa	<input type="checkbox"/> suplementos nutricionales
<input type="checkbox"/> lecha baja en grasa (2%)	<input type="checkbox"/> leche de arroz	<input type="checkbox"/> Kool-Aid®	<input type="checkbox"/> té	<input type="checkbox"/> agua
<input type="checkbox"/> leche entera	<input type="checkbox"/> leche de sabores	<input type="checkbox"/> bebidas de frutas	<input type="checkbox"/> bebida energética	<input type="checkbox"/> otro(a) _____
12. ¿Come pescado más de dos veces por semana? Sí No
13. ¿Come comidas rápidas más de dos veces por semana? Sí No
14. ¿Come carne cruda, pescado crudo o huevos crudos? Sí No
15. ¿Tiene preguntas o preocupaciones acerca de su salud o su dieta? Sí No
Si las tiene, cuales son? _____
16. Por favor, ofrezca cualquier sugerencia sobre qué puede hacer WIC para servirle mejor a usted y a su familia.

DETÉNGASE AQUÍ



Woman Nutrition Questionnaire – Spanish (page 2)

				Name: _____
				ID# _____
				Date of Birth: _____ Age _____
For Staff use Only				
Nutrition Education Flow Sheet (Adult & Adolescent)				
	✓ Topics Discussed	Primary Education	Secondary Nutrition	Secondary Nutrition
			Date: _____ *Sign./Title: _____	Date: _____ *Sign./Title: _____
Breastfeeding	Reinforce Good Points in Diet			
	Nutritional Value of WIC Foods			
	Assessment of Latch & Positioning			
	Frequency/Duration/Encouragement			
	Supply & Demand / Supplementing			
Postpartum	Infant Growth Spurts			
	Problems / Barriers (Specify)			
	Iron Fortified Formula			
	Formula Preparation			
	Techniques of Bottle Feeding			
General Nutrition	Weight Management			
	Exercise Benefits / Frequency			
	Physical Activity / Play as a Family			
	Alternatives to TV / Video Time			
	Meat / Meat Substitutes			
	Dairy / Milk / Milk Substitutes			
	Fruits / Vegetables			
	Bread / Cereal			
	Good Quality Snacks			
	↑ Calcium Sources			
Foods to Prevent Anemia (Fe, Vit. C, Pro., Folic Acid)				
Adequate Fluid Intake				
↓ Empty Calories & Sweet Drinks				
Nausea, Constipation, Heartburn				
	*Exit Counseling			
	Other: (Specify)			
Only use risk 401 – (Other Dietary Risk) if no other risk is identified.				
➤ Failure to meet Dietary Guidelines				
*Required Documentation				
Primary Nutrition Contact				
	Comments:			
	*Plan / Goals:			
*Sign./Title/Date: _____				

Inappropriate Nutrition Practices for Women

WIC Risk 400: Inappropriate Nutrition Practices If yes, document how.
 Yes No

Potentially Harmful Dietary Supplements.⁽³⁾

Restrictive Diet.^(2, 4, 6, 10)

Routine ingestion of nonfood items (pica).⁽⁶⁾

Inadequate vitamin / mineral supplementation recognized as essential.⁽³⁾

Pregnant Women

Potentially unsafe food consumption.^(12, 14)

Note: the number(s) after each statement correspond to the related nutrition questionnaire.

***Exit Counseling**

- Folic Acid importance
- Risk of alcohol, tobacco, & drugs
- Continued breastfeeding as the preferred infant feeding method
- Up to date Immunizations

EQUIPMENT MAINTENANCE

1. A yearly calibration of scales is required for proper usage. To arrange for your equipment to be calibrated, please contact a scale company licensed by the Georgia Department of Agriculture for service or each local agency/clinic may calibrate its scales by using the Procedures for Testing Scales developed by the Georgia Department of Agriculture.

Georgia Department of Agriculture
Fuel and Measures Division
Agriculture Building, Room 321
Capitol Square
Atlanta, Georgia 30334
(404) 656-3605

Please contact the Office of Nutrition for a list of Licensed Scale Calibration Companies.

2. A yearly calibration of centrifuges and other hematological equipment used to determine anemia status of WIC applicants/participants is recommended. There is no State agency that is responsible for this procedure. Calibration of hematological equipment should follow manufacturer recommendations. Each local agency/clinic should establish a calibration procedure.

Georgia's WIC has elected to use special codes to be entered into the hematological data field, when hemoglobin is not determined. Please use the following codes, based on the computer systems in your district.

- ❖ Mitchell & McCormick (M&M): 88.8
- ❖ Athens System: 88:8
- ❖ DeKalb System: 88:8
- ❖ Aegis: 88:8

Covansys is set up to accept these values to indicate that no blood work has been performed, and will not send this data to the Centers for Disease Control and Prevention (CDC).

Blood work should not be performed on infants younger than 9 months or age, unless there is a medical reason.

In most cases, infants will have blood work performed around 12 months or age (infant status blood work) and then 6 months later (child status blood work). If the child's blood work is normal, blood work does not have to be performed for a year. If the blood work is abnormal, it must be re-checked at each subsequent certification until it becomes normal.

Postpartum, breastfeeding women who have breastfed for 6 months will not have to have blood work performed at their second postpartum WIC certification unless there is a medical reason.

It is recommended that hematological equipment be checked for accuracy (balanced/calibrated) according to a regular schedule, based on usage. Follow the manufacturer's instructions for regular calibration of the equipment for machines that do not perform routine/daily self-calibration tests.

Participant Transfer Log (Optional)
District __ Unit __ Clinic ____

Participant Name	Date Record Requested	Date Record Received	Agency Contact Information	Received Yes/No



Prenatal Weight Gain Grid

Multifetal Pregnancy
Normal Weight or Underweight

Body Mass Index (BMI) Table for Determining
Weight Classification for Women (1)
(weight in pounds)

Height (in inches no shoes)	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
	Normal Weight BMI 18.5 - 24.9	Underweight BMI < 18.5	Overweight BMI 25.0 - 29.9	Obese BMI ≥ 30.0
58	89 - 118	< 89	119 - 142	> 142
59	92 - 123	< 92	124 - 147	> 147
60	95 - 127	< 95	128 - 152	> 152
61	98 - 131	< 98	132 - 157	> 157
62	101 - 135	< 101	136 - 163	> 163
63	105 - 140	< 105	141 - 168	> 168
64	108 - 144	< 108	145 - 173	> 173
65	111 - 149	< 111	150 - 179	> 179
66	115 - 154	< 115	155 - 185	> 185
67	118 - 158	< 118	159 - 190	> 190
68	122 - 163	< 122	164 - 196	> 196
69	125 - 168	< 125	169 - 202	> 202
70	129 - 173	< 129	174 - 208	> 208
71	133 - 178	< 133	179 - 214	> 214
72	137 - 183	< 137	184 - 220	> 220

(1) Adapted from the Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults. National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH). NIH Publication No. 98-4083.

Name: _____

ID#: _____ Date of Birth: _____

Weight Gain Recommendations

A - Normal Weight: 37 to 54 lb total
1st trimester: 7.5 to 8.6 lb gain
2nd & 3rd trimesters: 1.1 to 1.7 lb/week

B - Underweight:
No weight grid is available. Use
Normal Weight grid below and any
medical provider recommendations.

Check one: A B

Date	Weight	# Wks. Preg.	Total Wt. Gain

EDD: _____

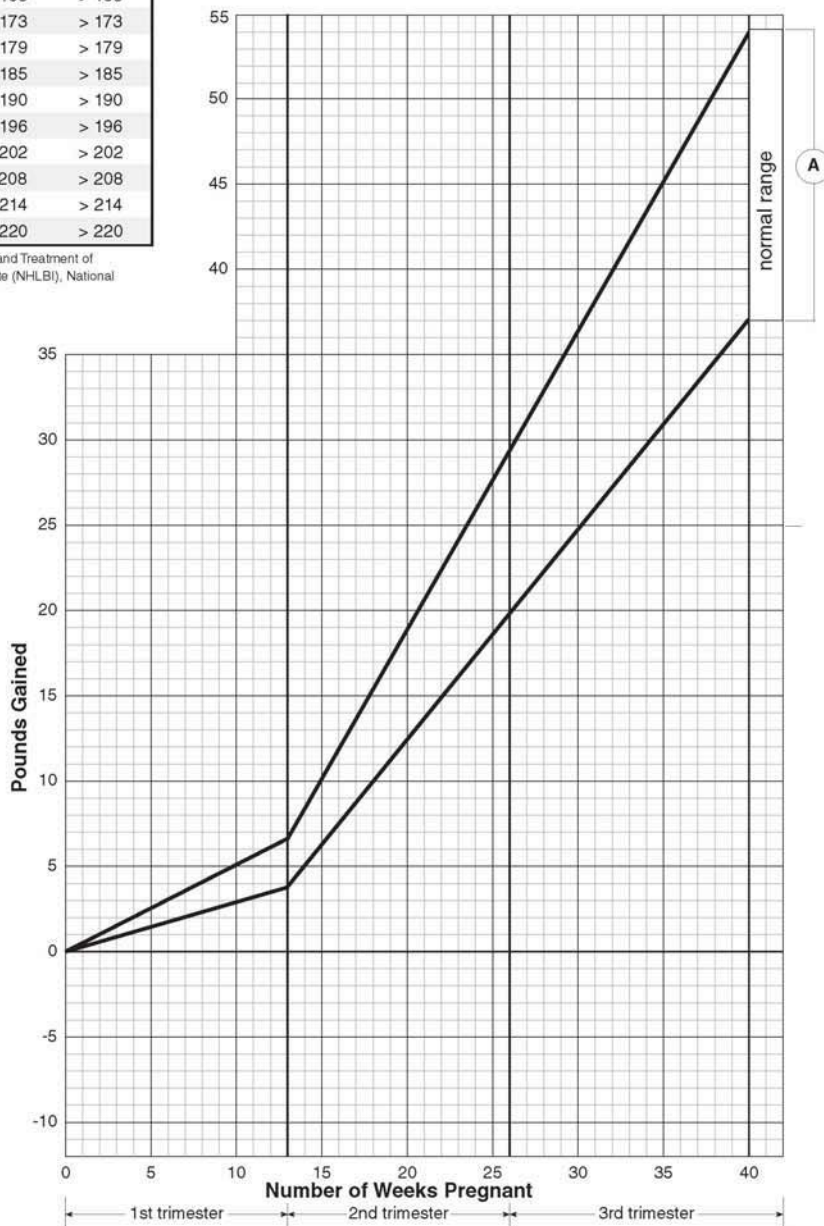
Height (no shoes): _____

Prepregnancy Weight: _____

If prepregnancy weight is unknown, use professional judgement to select A, B, C, or D range. Next, plot the midpoint of the selected range for the number of weeks pregnant to obtain the Expected Weight Gain. Then use this equation:

$$\left[\begin{array}{c} \text{Current} \\ \text{Weight} \end{array} \right] - \left[\begin{array}{c} \text{Expected} \\ \text{Weight} \\ \text{Gain} \end{array} \right] = \begin{array}{c} \text{Estimated} \\ \text{Prepregnancy} \\ \text{Weight} \end{array}$$

See top of page 2 for instructions.



Source: Florida Dept. of Health

Instructions for Use

Determine the woman's prepregnancy weight for height status using the table on the top of page 1 or 3. Check box A, B, C, or D, and then select the corresponding weight gain range on page 1, 2, or 3. Record the name, ID#, birthdate, EDD (Expected Delivery Date), height, and prepregnancy weight. If prepregnancy weight is unknown, it must be estimated. See box under prepregnancy weight space for instructions.

Each time a current weight measurement is available:

- On the chart to the left of the grid, enter the date, current weight, number of weeks pregnant, and total weight gain.
- On the grid, place an "X" where the number of weeks pregnant intersects the number of pounds gained or lost for the current visit.

Revised EDD: If the EDD is revised, make a note beside the EDD space on the form. At that time, begin to plot new weight measurements at the corrected number of weeks pregnant.

Multifetal Pregnancies: Institute of Medicine (IOM) provisional guidelines for twin pregnancies: normal weight women should gain 37-54 pounds; overweight women, 31-50 pounds; and obese women, 25-42 pounds(1). There was insufficient information for the IOM to develop provisional guidelines for underweight women. A consistent rate of weight gain is advisable. A gain of 1.5 pounds per week during the 2nd & 3rd trimesters has been associated with a reduced risk of preterm and low-birth weight delivery in twin pregnancy(2). For triplet pregnancies, the overall gain should be around 50 pounds with a steady rate of gain of approximately 1.5 pounds/week throughout the pregnancy(2). Education by the WIC nutritionist should address a steady rate of weight gain that is higher than for singleton pregnancies.

Note: Individual needs and medical provider recommendations should be taken into consideration when determining the desirable prenatal weight gain.

Prenatal Weight Gain Grid

Multifetal Pregnancy Overweight

Name: _____

ID#: _____ Date of Birth: _____

Weight Gain Recommendations

C - Overweight: 31 to 50 lb total
 1st trimester: 3.7 to 5.7 lb gain
 2nd & 3rd trimesters: 1.0 to 1.6 lb/week

Check if applicable: C

Date	Weight	# Wks. Preg.	Total Wt. Gain

EDD: _____

Height (no shoes): _____

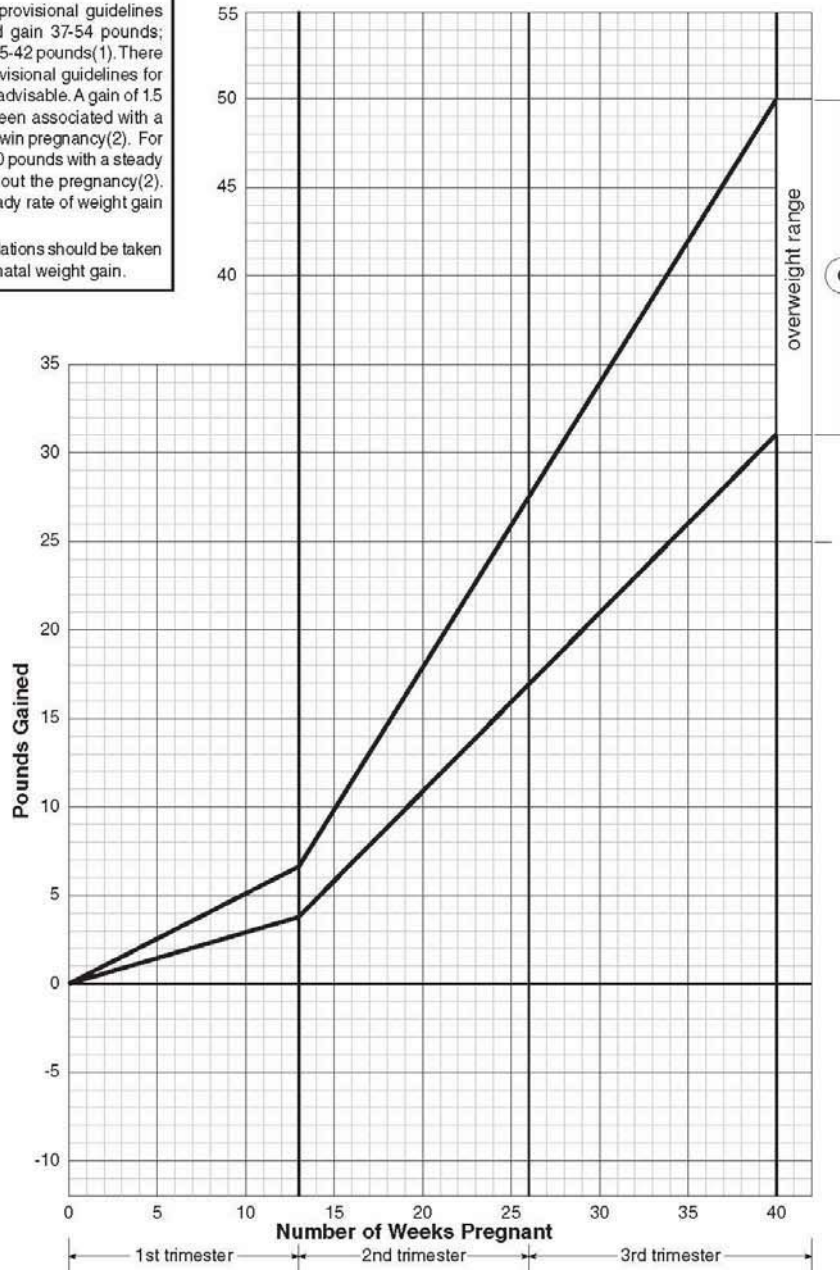
Prepregnancy Weight: _____

If prepregnancy weight is unknown, use professional judgement to select A, B, C, or D range. Next, plot the midpoint of the selected range for the number of weeks pregnant to obtain the Expected Weight Gain. Then use this equation:

$$\left[\begin{array}{c} \text{Current} \\ \text{Weight} \end{array} \right] - \left[\begin{array}{c} \text{Expected} \\ \text{Weight} \\ \text{Gain} \end{array} \right] = \text{Estimated} \\ \text{Pregnancy} \\ \text{Weight}$$

References:

- Institute of Medicine. Weight gain during pregnancy: reexamining the guidelines. (Prepublication Copy). National Academy Press, Washington, D.C., 2009. www.nap.edu. Accessed June 2009.
- Institute of Medicine. WIC nutrition risk criteria: a scientific assessment. National Academy Press, Washington, D.C.; 1996.





Prenatal Weight Gain Grid

Singleton Pregnancy Normal Weight or Obese

Body Mass Index (BMI) Table for Determining Weight Classification for Women (1)
(weight in pounds)

Height (inches no shoes)	<input type="checkbox"/> A Normal Weight BMI 18.5 - 24.9	<input type="checkbox"/> B Underweight BMI < 18.5	<input type="checkbox"/> C Overweight BMI 25.0 - 29.9	<input type="checkbox"/> D Obese BMI ≥ 30.0
58	89 - 118	< 89	119 - 142	> 142
59	92 - 123	< 92	124 - 147	> 147
60	95 - 127	< 95	128 - 152	> 152
61	98 - 131	< 98	132 - 157	> 157
62	101 - 135	< 101	136 - 163	> 163
63	105 - 140	< 105	141 - 168	> 168
64	108 - 144	< 108	145 - 173	> 173
65	111 - 149	< 111	150 - 179	> 179
66	115 - 154	< 115	155 - 185	> 185
67	118 - 158	< 118	159 - 190	> 190
68	122 - 163	< 122	164 - 196	> 196
69	125 - 168	< 125	169 - 202	> 202
70	129 - 173	< 129	174 - 208	> 208
71	133 - 178	< 133	179 - 214	> 214
72	137 - 183	< 137	184 - 220	> 220

Name: _____

ID#: _____ Date of Birth: _____

Weight Gain Recommendations

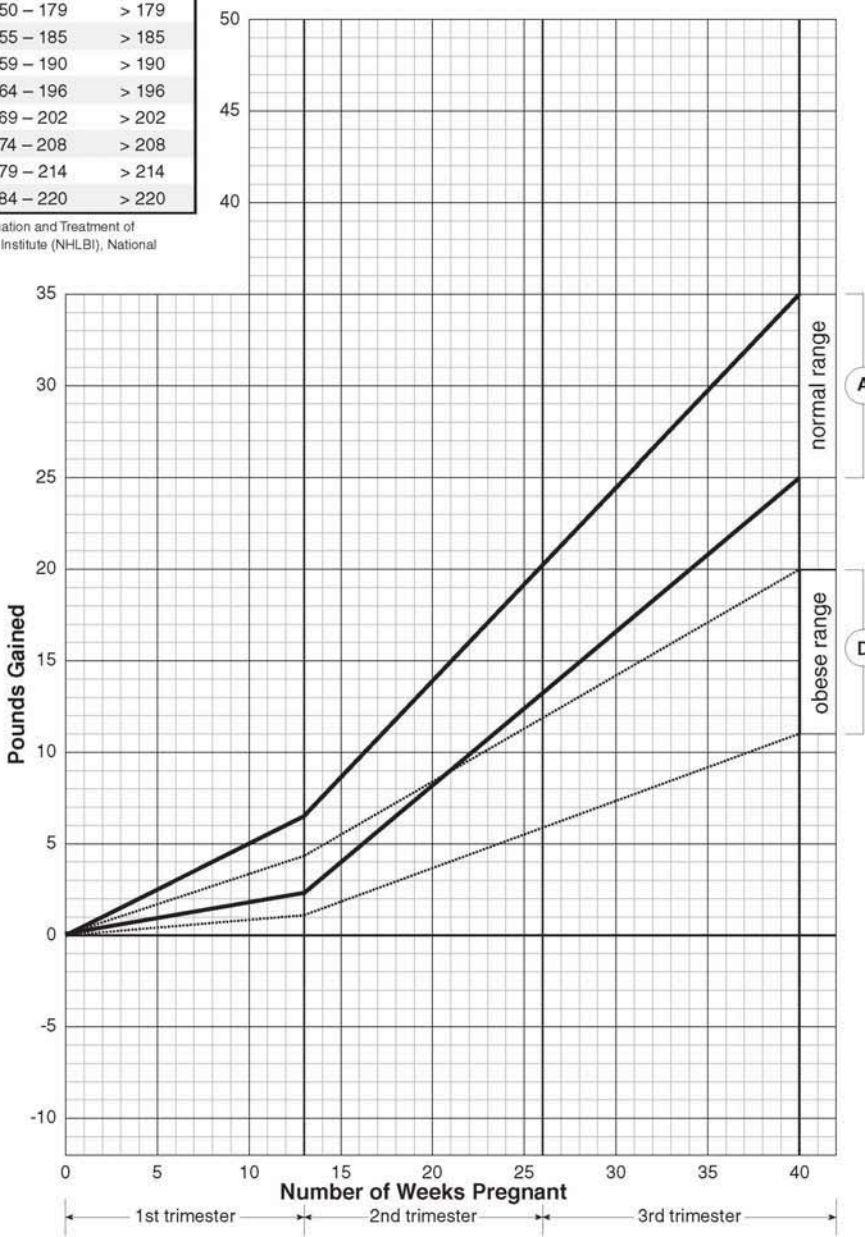
A - Normal Weight
25 to 35 lb total weight gain
1st trimester: 2.2 to 6.6 lb gain
2nd & 3rd trimesters: about 1 lb/week

D - Obese
11 to 20 lb total weight gain
1st trimester: 1.1 to 4.4 lb gain
2nd & 3rd trimesters: about 0.5 lb/week

Check one: A D

(1) Adapted from the Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults. National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH). NIH Publication No. 98-4083.

Date	Weight	# Wks. Preg.	Total Wt. Gain



EDD: _____

Height (no shoes): _____

Prepregnancy Weight: _____

If prepregnancy weight is unknown, use professional judgement to select A, B, C, or D range. Next, plot the midpoint of the selected range for the number of weeks pregnant to obtain the Expected Weight Gain. Then use this equation:

$$\left[\begin{array}{c} \text{Current} \\ \text{Weight} \end{array} \right] - \left[\begin{array}{c} \text{Expected} \\ \text{Weight} \\ \text{Gain} \end{array} \right] = \text{Estimated} \\ \text{Prepregnancy} \\ \text{Weight}$$

See top of page 2 for instructions.

Prenatal Weight Gain Grid

Singleton Pregnancy
Underweight or Overweight

Instructions for Use

Determine the woman's prepregnancy weight for height status using the table on the top of side 1. Check box A, B, C, or D, and then select the corresponding weight gain range on page 1 or 2. Record the name, ID#, birthdate, EDD (Expected Delivery Date), height, and prepregnancy weight. If prepregnancy weight is unknown, it must be estimated. See box under prepregnancy weight space for instructions.

Each time a current weight measurement is available:
 a. On the chart to the left of the grid, enter the date, current weight, number of weeks pregnant, and total weight gain.
 b. On the grid, place an "X" where the number of weeks pregnant intersects the number of pounds gained or lost for the current visit.

Revised EDD: If the EDD is revised, make a note beside the EDD space on the form. At that time, begin to plot new weight measurements at the corrected number of weeks pregnant.

Multifetal Pregnancy: Use Prenatal Weight Gain Grid for Multifetal Pregnancy.

Note: Individual needs and medical provider recommendations should be taken into consideration when determining the desirable prenatal weight gain.

Name: _____

ID#: _____ Date of Birth: _____

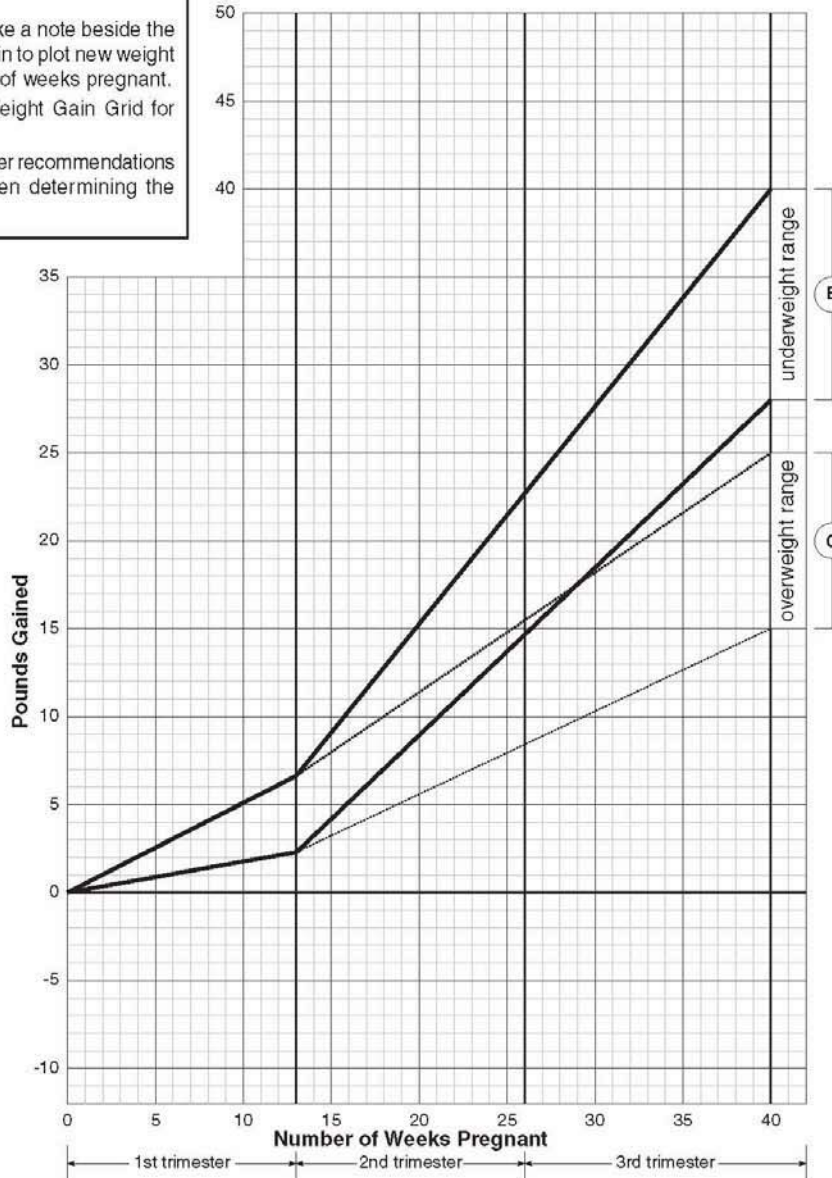
Weight Gain Recommendations

B - Underweight
 28 to 40 lb total weight gain
 1st trimester: 2.2 to 6.6 lb gain
 2nd & 3rd trimesters: about 1 lb/week

C - Overweight
 15 to 25 lb total weight gain
 1st trimester: 2.2 to 6.6 lb gain
 2nd & 3rd trimesters: about 0.6 lb/week

Check one: B C

Date	Weight	# Wks. Preg.	Total Wt. Gain



EDD: _____

Height (no shoes): _____

Prepregnancy Weight: _____

If prepregnancy weight is unknown, use professional judgement to select A, B, C, or D range. Next, plot the midpoint of the selected range for the number of weeks pregnant to obtain the Expected Weight Gain. Then use this equation:

$$\left[\begin{array}{c} \text{Current} \\ \text{Weight} \end{array} \right] - \left[\begin{array}{c} \text{Expected} \\ \text{Weight} \\ \text{Gain} \end{array} \right] = \begin{array}{c} \text{Estimated} \\ \text{Prepregnancy} \\ \text{Weight} \end{array}$$

References:
 (1) Institute of Medicine. Weight gain during pregnancy: reexamining the guidelines. (Prepublication Copy). National Academy Press, Washington, D.C., 2009. www.nap.edu. Accessed June 2009.
 (2) Institute of Medicine. WIC nutrition risk criteria: a scientific assessment. National Academy Press, Washington, D.C., 1996.

**SIGNED STATEMENT OF INCOME, RESIDENCY AND IDENTIFICATION
PROXY LETTER**

I (Parent/guardian) _____, cannot come in to apply for WIC services for my child (ren)

_____. I have given permission to (name of proxy) _____ to apply for WIC for my child (ren).

The number of people in my family is _____ (“Family” means related or non-related individuals living together), and the monthly household income is _____.

The requested documentation listed below is attached.

Parent/guardian signature

Date

The proxy must provide the following documentation for recertification appointments:

1. Proxy Form
2. The Participant’s WIC ID card
3. Participant’s ID (**Birth Certificate, Immunization record, e.g.**)
4. Parent/Guardian or Participant’s current Medicaid, SNAP (formally Food Stamps) Letter or TANF Letter
5. If there is no proof of Medicaid, please provide proof of income (**Pay Stubs, Alimony, Social Security, Child Support, Current Year Income Tax, e.g.**)
6. Proof of Residency
7. Proxy Identification (**Current**)
8. Knowledge of child(ren) health and diet
9. Knowledge of proxy responsibilities

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.

Revised 3/12

**GEORGIA WIC PROGRAM
INCOME ELIGIBLE GUIDELINES
(Effective from July 1, 2012 to June 30, 2013)**

**Reduced Price Meals – 185% of Federal Poverty Guidelines
48 Contiguous States**

Household Size	Annual	Monthly	Twice-monthly	Bi-weekly	Weekly
1.....	\$20,665	\$1,723	\$862	\$795	\$398
2.....	27,991	2,333	1,167	1,077	539
3.....	35,317	2,994	1,472	1,359	680
4.....	42,643	3,554	1,777	1,641	821
5.....	49,969	4,165	2,083	1,922	961
6.....	57,295	4,775	2,388	2,204	1,102
7.....	64,621	5,386	2,693	2,486	1,243
8.....	71,947	5,996	2,998	2,768	1,384
9.....	79,273	6,607	3,304	3,050	1,525
10.....	86,599	7,218	3,916	3,332	1,666
11.....	93,925	7,829	4,222	3,614	1,747
12.....	101,251	8,440	4,528	3,896	1,807
13.....	108,577	9,051	4,834	4,178	1,948
14.....	115,903	9,662	5,140	4,460	2,089
15.....	123,229	10,273	5,446	4,742	2,230
16.....	130,555	10,884	5,752	5,024	2,371
Each Add'l Family Member, add	+\$7,326	+\$611	+\$306	+\$282	+\$141

Revised 4/10/12

**EL PROGRAMA WIC DE GEORGIA
NOTICIA DE DECONTINUACIÓN / INELIGIBILIDAD /LISTA DE ESPERA**



Fecha: _____

NOMBRE:	FECHA DE NACIMIENTO:
DIRECCION:	
CIUDAD / CODIGO POSTAL	NUMERO DE TELÉFONO:
<p>SECCIÓN DE DESCONTINUACION / DESCUALIFICACION:</p> <p><input type="checkbox"/> Usted no es seleccionada para el programa WIC porque:</p> <p><input type="checkbox"/> Usted ha sido descualificada del programa WIC porque:</p> <p>_____ Tiene un ingreso muy alto para el Programa WIC</p> <p>_____ No vive en el area servida por el Programa WIC</p> <p>_____ No es una mujer embarazada, acaba de dar a luz, esta dando pecho a su bebe; o tiene un niño (a) menor de (5) años de edad.</p> <p>_____ No tiene problemas de salud o nutrición</p> <p>_____ No regreso a la clinica para su cita de qualification el _____ (fecha).</p> <p>_____ No recogió sus cupones para comida por 2 meses. Usted será descualificada el _____ (fecha).</p> <p>Otro _____ los fondos no son disponible para servir a mujeres desupés del parto no amamantando.</p>	
<p>SECCIÓN DE SUSPENCION:</p> <p><input type="checkbox"/> Usted ha sido suspendida del Programa WIC por tres (3) meses porque rompio la(s) siguiente(s) regla(s)</p>	
<p>SECCIÓN DE LISTA DE ESPERA:</p> <p><input type="checkbox"/> Usted ha sido puesta en la lista de espera. No hay fondos disponibles para servir la prioridad _____ . Usted esta en la proirdad _____</p> <ul style="list-style-type: none"> Usted puedo recibir education nutritiva y otros servicios provistos por el Departamento de Salud. Si necesita más información o quisiera discutir esta decision, por favor llame a la oficina del Programa WIC a la dirección abajo: 	
<p>SECCIÓN DE JUICIO IMPARCIAL:</p> <p>Usted tiene derecho a un juicio imparcial si no esta de acuerdo con la razon para la selección de su puesto en al Noticia de Decontinuación / Ineligibilidad / Lista de Espera. La petición para un juicio imparcial tiene que hacerce por escrito antes de 60 días a partir de la fecha de esta notificación. La petición debe ser dirigida a:</p> <p>_____ PROGRAMA WIC</p> <p>_____ DIRECCION</p> <p>_____ CIUDAD / CODIGO POSTAL</p> <p>_____ # DE TELEFONO</p> <p>_____ Firma del Participante / Padre o Madre</p> <p>_____ Firma del Representante</p>	

De acuerdo con la ley federal y las políticas del Departamento de Agricultura de los EE.UU. (USDA, sigla en ingles), se le prohíbe a esta institucion que discrimine por razon de raza, color, orgien, sexo, edad, o discapacidad. Para presentar una queja sobre discriminacion, escriba a USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 o llame gratis al (866) 632-9992 (voz). Personas con discapacidad auditiva o delhabla pueden contractar con USDA por medio del Servicio Federal de Relevo (Federal Relay Service) al (800) 845-6136 (espanol) o (800) 877-8339 (ingles). "USDA es un proveedor y empleador que ofrece oportunidad igual para todos. Revised 3/12



**GEORGIA WIC PROGRAM
VERIFICATION OF CERTIFICATION (VOC) CARD**

Nº 001600

Participant / Parent /
Guardian Signature _____

Signature of WIC Official _____

County / Clinic _____ Telephone Number _____

Clinic Address

This card must be accepted by all state and local agencies as a WIC Program Verification of Certification until expiration date.

PARTICIPANTS RIGHTS

"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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-6382 or (800) 795-3272 (TTY). USDA is an equal opportunity provider and employer."

DERECHOS DE LOS PARTICIPANTES

"De acuerdo con la ley Federal de EEUU y la política del Departamento de Agricultura, esta institución esta prohibida a discriminar por raza, color, origen nacional, sexo, edad o incapecidad.

Para hacer una queja de discriminación, escriba a USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 llame al (202) 720-6382 o (800) 795-3272 (TTY). El USDA es un proveedor y empleador que ofrece igualdad de oportunidades."

(FRONT)

PARTICIPANT CERTIFICATION INFORMATION

PARTICIPANT NAME _____

WIC I.D. NUMBER _____

DATE OF BIRTH _____

CERTIFICATION DATE _____

LAST DATE VOUCHERS WERE ISSUED _____

DATE CERTIFICATION EXPIRES _____

MEDICAL DATA DATE

HCT _____ HGB _____

HEIGHT _____ WEIGHT _____

FOOD PACKAGE _____ PRIORITY _____

EDC DATE _____

(BACK)



Georgia WIC Program
Verification of Certification (VOC) Card



Valid only with BLACK WIC stamp. Do not duplicate

PARTICIPANT/PARENT/
 GUARDIAN SIGNATURE: _____

SIGNATURE OF WIC OFFICIAL: _____

CLINIC TELEPHONE# CLINIC ADDRESS _____

This card must be accepted by all state and local agencies as WIC Program Verification of Certification until expiration date.

PARTICIPANT RIGHTS

"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.

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DERECHOS DE PARTICIPANTES

"De acuerdo con la ley Federal de EEUU y la política del Departamento de Agricultura, esta institución esta prohibida a discriminar por raza, color, origen nacional, sexo, edad o incapacidad.

Para hacer una queja de discriminación, escriba a USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 o llame al (202) 720-6382 o (800) 795-3272 (TTY). "El USDA es un proveedor y empleador que ofrece igualdad de oportunidades."

PARTICIPANT CERTIFICATION INFORMATION

PARTICIPANT NAME: _____

WIC ID NUMBER: _____ DATE OF BIRTH: _____

CERTIFICATION DATE: _____

DATE CERTIFICATION EXPIRES: _____ LAST DATE VOUCHERS WERE ISSUED: _____

MEDICAL DATA DATE: _____ HGB: _____ HCT: _____

HEIGHT: _____ in and _____ 8ths WEIGHT: _____ lbs and _____ oz

FOOD PACKAGE: _____ PRIORITY: _____ EDC DATE: _____

NUTRITIONAL RISK CODE: _____

MOVING TO CITY: _____ MOVING TO STATE: GA

DATE OF LATEST INCOME ELIGIBILITY DETERMINATION: _____

Georgia WIC Program

A List of VOC Cards By Clinic

Clinic	Participant/ Parent/ Guardian	Issued By/Date	Participant Address/ Phone Number	VOC_ID	Participant Name	WIC_ID	Mi- grant	Moving To City/State	DOB	Cert Date	Cert Date Expires	Height in/8ths	Weight lbs/oz	FPC	Pri- ority	EDC Date	Risk Code	Income Eligi- bility	
891	WILCOX, LYNN	3/16/2005 STAFF	6998 KILAY CT. FT. STEWART, GA 31315 (912) 369-5066	091-891-1	WILCOX ,NOAH	890935287 -7-1	No	JESUP GA	1/21/2 002	8/10/2 004	2/10/20 05	35 in and 2 8ths	27 lbs and 10 oz	604	3		201, 422, ,	8/10/2 004	
891	WILCOX, MOTHER	3/16/2005 STAFF	6998 KILAY CT. FT. STEWART, GA 31315 (912) 369-5066	091-891-2	WILCOX ,TANNER	890935287 -7-2	No	JESUP GA	12/29/ 2000	8/10/2 004	2/10/20 05	40 in and 6 8ths	38 lbs and 13 oz	606	3		103, 201, 422, ,	8/10/2 004	
891	MCFARLANE FILICITY	3/24/2005 STAFF	7153 A GIMLET STREET FORT STEWART, GA 31314 (912) 369-2601	091-891-3	MCFARLANE ,FILICITY	091903193 -0-2	No	JESUP GA	1/11/1 977	7/29/2 004	1/29/20 05	61 in and 2 8ths	125 lbs and 6 oz	406	1	8/13/2 004	201, 311, 422, 601	7/29/2 004	
VOIDED	VOIDED	VOIDED	VOIDED	VOIDED	VOIDED	VOIDED		VOIDED											

CLINIC VOC CARD INVENTORY LOG
 GEORGIA WIC PROGRAM
 VOC CARD INVENTORY LOG

DISTRICT _____ CLINIC _____

Date	Beginning No.	Ending No.	No. Received	Card No. Issued	Participants Name (Print)	WIC ID Number	Signature of Parent, Guardian or Caregiver	City State*	Total No. of Cards on Hand	Staff Signature	Staff Initials

Note: A Physical Inventory of VOC cards must be performed by the local agency and clinics quarterly. One staff member must conduct the inventory (sign the Log) and a second member must verify the accuracy of the inventory (initial the Log).

* If a migrant is issued a VOC card and is not moving, please place "Not Moving" in the column marked City/State.

LOCAL AGENCY VOC CARD INVENTORY LOG
GEORGIA WIC PROGRAM
VOC CARD INVENTORY LOG

DISTRICT _____

Date	Beginning No.	Ending No.	No. Received	No. Issued	Clinic Name (Print)	Name of Clinic Representative	Total No. of Cards on Hand	Staff Signature	Staff Initials

NOTE: A physical inventory of VOC cards must be performed by the local agency and clinics quarterly. One staff member must conduct the inventory (sign the Log) and a second member must verify the accuracy of the inventory (initial the Log).
Revised 3/12

GEORGIA WIC PROGRAM

VOC CARD AGREEMENT

District _____, Unit _____ would like to have a clinic representative order VOC Cards directly from the Georgia WIC Program.

In order to accommodate this request, please complete the **VOC CARD FORM**, located in the Certification Section of the Georgia WIC Program Procedure Manual.

Signed _____ Date _____
Nutrition Services Director

IN SIGNING THIS FORM, I REALIZE THAT IF THE CLINIC REPRESENTATIVE CHANGES, I MUST CONTACT THE GEORGIA WIC PROGRAM TO INFORM THEM OF THE CHANGE.

GEORGIA WIC PROGRAM

VOC CARD FORM

District ____, Unit ____

In an effort to begin sending VOC cards directly to the clinic from the Georgia WIC Program, the following form must be on record at the Georgia WIC Program.

1. Please list the information requested below:

CLINIC NAME/#	# OF VOC CARDS ISSUED (Three Month Period)	STAFF PERSON (Clinic Representative)

2. How many cards do you currently have on hand at the District Office? _____

**WOMEN INFANT AND CHILDREN (WIC)
ORDERING FORM**

SEND TO: _____
(NAME OF OFFICE)

(STREET ADDRESS)

(CITY) (STATE) (ZIP CODE)

COUNTY: _____
(NAME) (NUMBER)

DATE: _____

STATUS BOX

BO	BACKORDER – DO NOT REORDER	V	VOID PREVIOUSLY SHIPPED
C	QUANTITY CUT	M	MUST BE PRINTED BY DISTRICT
N	NOT STORED AT THE STATE	D	DISCONTINUED

Name of Form	Form #	Quantity	Description

COMMENTS SECTION: _____

ORDERED BY: _____

TELEPHONE: _____

SIGNATURE OF STATE REPRESENTATIVE: _____ DATE: _____

**GEORGIA WIC PROGRAM
STATE/DISTRICT/CLINIC TRANSMITTAL FORM**

The State/District Clinic Transmittal Form is a three (3) part form used to transmit VOC Cards from the Georgia WIC Program to the Clinic. This Form must be signed by clinic staff within five (5) days of Receipt then returned to sender. The Georgia WIC Program will forward orders of VOC Cards within five (5) days of receipt.

State Use Only
District Name/ #: _____
Clinic Name/ #: _____
Staff Name/Title Making Request: _____
Date of Request: _____ # of Card(s) Sent: _____
Signature of Requesting State Staff: _____
Serial # of Card(s) Mailed: _____ Mailed To: _____

Clinic Use Only
Date VOC Card(s) Received: _____ Date
of Card(s) Received: _____
Serial # of Card(s) Received: _____ to: _____
Signature of Staff Requesting/Receiving VOC Card(s): _____ Signature
Date Copy Sent to State/District Office: _____ Date

MEDICAID INFORMATION

Right from the Start Medicaid (RSM)

What is Right from the Start Medicaid?

RSM provides Medicaid coverage for pregnant women and children under the age of 19. Income limits are higher than those of Temporary Assistance to Needy Families (TANF) and Medically needy programs. Working families may be eligible even if both parents live in the home or if other insurance coverage is in place.

How do I Apply?

Persons should contact their county Department of Family and Children Services (DFCS) or their county health department. Outreach workers will also take applications at other community locations and will make home visits if necessary. RSM staff members are available during non-traditional hours (before 8 a.m. and after 5 p.m., including weekends) so that work, school, and childcare are not a problem.

For more information on application sites, please contact your local health department or the Right from the Start Medicaid Project office: (404) 657-4085.



DHR
Georgia
Department of
Human Resources

THERE IS NO CHARGE FOR WIC SERVICES



GEORGIA WIC PROGRAM

PROMOTING HEALTHLY NUTRITION FOR WOMEN, INFANTS AND CHILDREN SINCE 1974

1-800-228-9173

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).

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**Georgia WIC Program
VERIFICATION OF RESIDENCY AND/OR INCOME**

Household Section:

I, _____, have the person(s) listed below living with me.
Print Name

Name of WIC Applicant(s): _____ **Address:** _____

Including the applicant(s) listed above, I have _____ of people in my family. ("Family" means related or non-related individuals living together.)

I give the above listed applicant(s) permission to bring my family's documentation of income (example: pay stub) and residency to the Georgia WIC Program. This information is attached.

Signature Date

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

Clinic Section:

This form must be returned on _____ to _____

WIC Official Date

WIC Official Date Received

WE RESERVE THE RIGHT TO VERIFY THIS INFORMATION, IF NECESSARY.

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GEORGIA WIC PROGRAM
NO PROOF FORM

The Georgia WIC Program requires each applicant to show documentation of identification, residence (address), and income to be eligible for the Georgia WIC Program. This form is to be completed by those who cannot get documentation, such as paycheck stub. Please read the following statement before completing this form.

I understand that by completing, signing, and dating this form, I am certifying that the information I am providing below is correct. I understand that intentional misrepresentation may result in paying the state agency, in cash, the value of the food benefits improperly received.

1. Completion of this form is for: Income Address Identification
(circle the appropriate proof (s))

2. Who do you work for? How much did you make last month?

\$

List working family members: How much did they make last month?

\$

\$

\$

(Family means related or non-related individuals living together)

3. Reason for No Documentation:

List family members applying for WIC:

(Signature of Applicant)

(Date)

(Signature of Clinic Staff)

(Date)

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FAMILY PLUS MEDICAID CARD

BENEFIT DESCRIPTION		CO-PAY	FamilyPlus*	
COPAYS		RX USE ONLY		
OV	\$0	BIN # 600426	MEMBER #	EFF DATE
SP	\$0	PCN #6F	403967045P	02/01/98
ER	\$0	1 (800) 433-4893		
UC	\$0		GROUP# M00101	BIRTH SEX
RX	\$0		MEDICAID OF GA	06/03/94 F
AFD			(404) 525-0600	

*CALL YOUR PCP TO COORDINATE

*ATLANTA CHILDREN’S HEALTH NETWORK

*ALL OF YOUR HEALTHCARE NEED

*The family of health plans that fits.

GEORGIA WIC PROGRAM DISCLOSURE STATEMENT

All Health Department Staff who performs WIC services must complete this form.

County _____

Name (Please print) _____, Title _____

Are you a WIC Participant? _____ Yes _____ No

Do any of the following relatives or household members participate in Georgia's WIC?

Children, grandchildren, sisters, brothers, nieces, nephews, aunts, uncles, parents, spouses, first cousins, in-laws or any person who lives in your household.

_____ Yes _____ No

Table with 3 columns: Name of your relative or household member, Relationship*, Date of Cert. It contains 8 empty rows for data entry.

(If more space is needed, list on back)

I certify that the above information is correct.

Signature/Title

Date

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GEORGIA WIC PROGRAM INCOME CALCULATION FORM (This form must be completed if applicant does not qualify for Adjunctive eligibility)

NAME: First, Last, Middle Initial, Date of Birth; ADDRESS: City, Zip Code

Documentation of Income must be completed for an applicant who does not qualify for adjunctive eligibility.

Section 1: Use This Section to Calculate Income. Includes fields for First Certification Date, Relationship and Name, Income Source, Family Member Income, Other Income, Total Applicant's Income, and Eligibility check.

Section 2: Use This Section to Calculate Income. Identical structure to Section 1 for additional certification.

I have been advised of my rights and obligations under the Program. I certify that the information I will provide, or have provided is correct, to the best of my knowledge. The income I have given is my total gross income (all cash income before deductions).

Signature table with columns: PARENT/GUARDIAN/CAREGIVER SIGNATURE, DATE, SIGNATURE OF WIC OFFICIAL (Who assessed income)

Please place this form in the Client's Medical Record behind the Certification Form.

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IDENTIFICATION, RESIDENCY & INCOME PROOF LIST

Help WIC help you!

“Proof of ID, residency and income is needed for each applicant/participant/guardian/caregiver and infant/child”. Please call your local WIC department for any questions you may have. Whenever your child, infant or you need be certified for WIC, you must present proof of each of the following categories:

Proof of Identifications
(One form of proof required)

Infant:

Birth Certificate
Confirmation of birth letter
Hospital ID bracelet (mom & baby)
Immunization Record
Military ID
Health Records
Social Security Card
Discharge of hospital papers
EVOC/VOC Card (with Additional ID)
Passport Card/Passport

Child:

Birth Certificate
Immunization Record
Health Records
Social Security Card
Military ID
EVOC/VOC Card (with Additional ID)
Passport Card/Passport

Women:

Birth Certificate
Driver’s License
Immunization Record
Military ID
Health Records
Hospital ID bracelet (mom & baby)
Social Security Card
State ID/School ID
EVOC/VOC Card (with Additional ID)
WIC ID (Voucher Pick Up Only)
Work ID
Passport Card/Passport

Proof of Residency (Address)
(One form of proof required)

Cable TV Bill	Gas Bill	Telephone Bill
Electric Bill	Water Bill	Rent/Mortgage Receipt
Medicaid (address must be visible during swipe or internet access)		Health Record

(P.O. Box address is not acceptable)

Proof of Income

(Bring proof of Income for each household member)

Alimony	Rental Income (Net)	Government Retirement
Pay Stub	Dividends or Interest on Bonds	Unemployment Compensation
Annuities	Self Employment (Net Income)	Letter from your Employer
Pensions	Estate Income	Unemployment Notice
Basic Allowance from	Social Security	Medicaid
Private Pensions	Financial Records	Military Retirement
Child Support Payments	Supplemental Social Security	Veteran’s Payment
Public Assistance/Welfare	Supplement Nutrition	Monetary Compensation
Payments (TANF)	Assistance Program (SNAP)	Net Royalties
Contribution from people	Trust	
Current Tax Return		

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LISTA DE IDENTIFICACIÓN, RESIDENCIA Y COMPROBANTE DE INGRESOS
Ayude a que WIC le ayude!

"Comprobantes de identidad, residencia e ingresos son necesarios para cada solicitante, participante, representante legal, proveedor de cuidados y para niños y bebés". Favor de llamara a su oficina local de WIC en caso de tener alguna pregunta.
 Cada vez que su niño(a), infante o usted necesite certificarse para WIC, usted debe presentar comprobantes de cada una de las siguientes categorías:

Comprobantes de Identificación

(Se requiere un tipo de comprobante)

Infante:	Niño(a):	Mujeres:
Certificado de nacimiento	Certificado de nacimiento	Certificado de nacimiento
Carta de confirmación de nacimiento	Historial de inmunizaciones	Licencia de conducir
Bracelete de identificación del hospital (madre y bebé)	Historial de salud	Historial de inmunizaciones
Historial de inmunizaciones	Tarjeta de Seguro Social	Identificación militar
Identificación militar	Identificación militar	Historial de salud
Historial de salud	Tarjetas EVOC/VOC (con identificación adicional)	Bracelete de identificación del hospital (madre y bebé)
Tarjeta de Seguro Social	Tarjeta de pasaporte/pasaporte	Tarjeta de Seguro Social
Documentos de dada de alta del hospital		Identificación estatal, identificación escolar
Tarjetas EVOC/VOC (con identificación adicional)		Tarjetas EVOC/VOC (con identificación adicional)
Tarjeta de pasaporte/pasaporte		Identificación de WIC (sólo para recoger el talón)
		Identificación laboral
		Tarjeta de pasaporte/pasaporte

Comprobantes de Residencia (Dirección)

(Se requiere un tipo de comprobante)

Recibo de televisión por cable	Recibo de gas	Recibo de teléfono
Recibo de electricidad	Recibo de agua	Recibo de alquiler / pago de hipoteca
Medicaid (la dirección debe ser visible en la corrida o acceso por internet)		Historial de salud

(No se aceptan direcciones a cajas postales o P.O. Box)
Comprobantes de Ingresos

(Traiga comprobantes de ingresos para cada miembro del hogar)

Pensión alimentaria entre cónyuges	Ingresos por renta (neto)	Retiro gubernamental
Talones de pago	Dividendos o intereses por bonos	Compensación por desempleo

Anualidades	Empleo Independiente (Ingreso Neto)	Carta del empleador
Pensiones Contribución básica proveniente de pensiones privadas	Ingreso estatal Seguro Social	Notificación de desempleo Medicaid
Pagos de manutención infantil	Historial financiero	Retiro militar
Asistencia pública/bienestar	Seguro Social suplementario	Pago de Veterano
Pagos (TANF)	Documentación Suplemento Nutrición Asistencia Programa (SNAP)	Compensación monetaria
Contribuciones provenientes de personas Declaración actual de impuestos	Fideicomiso	Regalías netas

De acuerdo con la ley federal y las políticas del Departamento de Agricultura de los EE.UU. (USDA, sigla en inglés), se le prohíbe a esta institución que discrimine por razón de raza, color, orgien, sexo, edad, o discapacidad.

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 o llame gratis al (866) 632-9992 (voz). Personas con discapacidad auditiva o del habla pueden contractar con USDA por medio del Servicio Federal de Relevó (Federal Relay Service) al (800) 845-6136 (español) o (800) 877-8339 (inglés)."

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**GEORGIA WIC PROGRAM
Thirty (30) Day Certification/Termination Form**

This Thirty (30) Day Certification Form allows you to be on the Georgia WIC Program for thirty (30) days only. The certification period will be extended if the required documentation is brought back to the clinic within 30 days and eligibility is confirmed.

DATE _____

NAME:	DATE OF BIRTH:
ADDRESS:	
CITY/ZIPCODE:	PHONE NUMBER
<p>____ You will be terminated from the Georgia WIC Program if you fail to bring in the following information by _____.</p> <p align="center">(date)</p> <p>Proof of:</p> <p>____ Family Income or ____ Medicaid, TANF or Supplemental Nutrition Assistance Program (SNAP) Documentation (check one)</p> <p>____ Identification – Client ____ Identification – Parent/Guardian</p> <p>____ Residency</p> <p>WIC Representative _____ Date _____</p> <p>FAILURE TO BRING THIS DOCUMENTATION TO THE HEALTH DEPARTMENT ON OR BEFORE THE ABOVE DATE WILL RESULT IN TERMINATION FROM THE GEORGIA WIC PROGRAM</p> <p>____ You are being terminated from the Georgia WIC Program because you have been found to be over income.</p> <p>WIC Representative _____ Date _____</p> <p>FAIR HEARING SECTION:</p> <p>You have the right to a fair hearing if you do not agree with the reason for your termination. A request for a fair hearing must be made within 60 days of the date of this notice. Fair hearing requests should be addressed to:</p> <p align="center">_____</p> <p align="center">Georgia WIC Program</p> <p align="center">_____</p> <p align="center">Address</p> <p align="center">_____</p> <p align="center">City/Zip Code Phone Number</p> <p>_____</p> <p>Participant Signature/Parent/Caregiver/Guardian WIC Representative Signature/Title</p>	

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Department of Defense WIC Overseas Program

Session Date: _____

Participant's Name: _____

Participant Profile Report/Verification of Certification Card (VOC)

Address 1:			Address 2:			Participant Type:		
Gender: DOB:			Education:			Category:		
Marital:			Unit Phone #:			Home Phone:		
Participant ID:			Language:			Race/Ethnic:		
Spouse/Parent Guardian Name:						Home Phone:		
Address 1:			Address 2:			Unit Phone:		
Annual Income:			Primary Source:			Econ. Unit:		
Sponsor Name:						Home Phone #:		
Sponsor Address 1:			Sponsor Address 2:			Unit Phone #:		
Relationship:			UIC:			DEROS:		
Authorized Proxy:								
Encounter Type:			WIC Site ID:			Begin Cert Date: End Cert Date:		
Height: Weight: BMI:			Hematocrit:			Date of Measurement:		
Nutrition Risks:			Priority:			EDD:		
Nutrition Education:			Date Provided:			Health Care Source:		
Food Prescription ID:								
FI One: xxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxx			FI Two: xxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxx			FI Three: xxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxx		
Food Instrument Issued for Dates:								
<p>Participant Rights and Obligations: I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. I understand I have a right to appeal any decision which I am aggrieved. This certification form is being submitted in connection with the receipt of Federal funds. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and federal law. I hereby certify that I am not currently enrolled in any other WICO or WIC Program. I understand that to do so would be deliberate misuse of program benefits and could result in the loss of these benefits.</p>								
Participant or Parent/Guardian Signature:			Date:			Competent Professional Authority:		
Print Name:								

WIC OVERSEAS PROGRAM CONTACTS

(as of April 2001)

- Lakenheath, England -- Nancy Czarzasty
nancy.czarzasty@lakenheath.af.mil
- Yokosuka, Japan -- Yokosuka Naval Hospital, Honshu, Japan –
Gina Gagui
gaguig@nhyoko.med.navy.mil
- Baumholder, Germany -- LTC Barbara Fretwell
barbara.fretwell@cmtymzil.104asq.army.mil
 - Kadena Air Force Base – Theresa Reiter
theresa.reiter@kadena.af.mil
 - Camp Foster --- Emily Bartz
okibartz@konnnect.net
 - Camp Courtney --- Theresa Reiter
wicoc@mcbbutler.usmc.mil
 - Camp Kinser --- Emily Bartz
okibartz@konnnect.net
- Guantanamo Bay, Cuba -- Dana T. Martin
dtmartin@gtmo.med.navy.mil

For further questions regarding a WIC Overseas Program contact and/or email address, please visit DoD/Tricare's Web Site at <http://www.tricare.osd.mil> for updated information or contact:

Choctaw Management/Services Enterprise
2161 NW Military Drive, Suite 308
San Antonio, Texas 78213
Phone: 1-877-267-3728 (toll-free number)
Fax: 210-341-3455
Email: jbrewer@cmse.net

**PROOF OF RESIDENCY FORM FOR
APPLICANTS WITH P.O. BOX ADDRESS**

The WIC applicant must complete this form when giving a post office box address:

Directions to House

<hr/> Participant Signature	<hr/> Date
<hr/> Participant Signature	<hr/> Date
<hr/> Participant Signature	<hr/> Date

This form must be filed in the applicant/participant’s health record.

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INCOME VERIFICATION LETTER

Date

Dear Mr/Ms:

It has been brought to the attention of the Georgia WIC Program that the income reported in the clinic may not be accurate. In order to qualify for the Georgia WIC Program, you must meet the income guidelines of the Georgia WIC Program.

Please bring in proof of family income on your next clinic appointment on _____ at _____ a.m./p.m. At that time, you may bring either a copy of your most recent pay stub, a letter from your employer verifying your current wages, a copy of your most recent federal tax return, or a verification letter from the local welfare office. Failure to do so will result in termination from the Georgia WIC Program, an investigation may require you to pay the State Agency in cash the value of the benefits improperly issued to you or your family member(s).

Sincerely,

Title

c:

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**GEORGIA WIC PROGRAM
INCIDENT/COMPLAINT FORM**

District/Unit/Clinic:	County:
Date of Incident:	Date Reported:
Follow-Up Date:	
Type of Complaint:	
<p>Sub Category 1:</p> Participant <input type="checkbox"/> Proxy <input type="checkbox"/> Vendor <input type="checkbox"/> Civil Rights <input type="checkbox"/> Local Agency/State WIC Office Staff <input type="checkbox"/> Anonymous <input type="checkbox"/>	
<p>Sub Category 2:</p> Wait Time <input type="checkbox"/> Stolen Vouchers <input type="checkbox"/> Shelf Prices <input type="checkbox"/> Customer Service <input type="checkbox"/> Fraud(Buy/Sell/Dual) <input type="checkbox"/> Vendor <input type="checkbox"/> Transfer <input type="checkbox"/> Clinic Closing <input type="checkbox"/> Appointment <input type="checkbox"/> Formula <input type="checkbox"/> Food Package Change <input type="checkbox"/> Other <input type="checkbox"/> Participant <input type="checkbox"/>	
Person Filing Complaint	
Name:	Participant information
Phone:	Name:
	Guardian:
	Phone:
Vendor Information	
Vendor/Vendor #:	Local Agency/State WIC Office Staff
Employee Name:	Staff Name :
Title:	Phone:
Phone:	Staff Name :
	Phone:
Incident/Complaint:	
Local Agency Resolution:	
Can the complaint be closed at the Local Agency?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature:
Date:	Date:
State Office of Nutrition and WIC Resolution/Comments:	
Can the complaint be closed at the State Office of Nutrition and WIC?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature:
Date:	Date:
Follow-up Report:	
Office of Nutrition and WIC, Customer Service Coordinator:	
Date:	

GEORGIA WIC PROGRAM

How to File a Complaint



If you feel you have been treated unfairly, please let us know by using the information listed below. The Georgia WIC Program will assist you as well as notify the proper authorities if necessary.

ANY COMPLAINT

You may call Georgia WIC Program about any complaints at the toll free phone number: **1-800-228-9173** and/or write about your complaint to the address below:

**Georgia WIC Program Policy Unit
2 Peachtree Street, Suite 10-293
Atlanta, GA 30303**

DISCRIMINATION AND/OR CIVIL RIGHTS

If you feel that you have been discriminated against or that your civil rights have been violated, you may contact the Georgia WIC Program by calling the toll free number **1-800-228-9173**, and/or write about your complaint to the address below:

**Georgia WIC Program Policy Unit
2 Peachtree Street, Suite 10-293
Atlanta, GA 30303**

And/or you may contact the Federal Office of Adjudication directly by calling the phone number below:

1-866-632-9992

and/or you may write the Office of Adjudication at the address below:

**Office of Adjudication
1400 Independence Avenue, SW
Washington, DC 20250-9140**

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.

Revised 3/12

GEORGIA WIC PROGRAM
REQUEST FOR WIC SERVICES LOG
PHONE CALLS/WALK-INS

Name	Address/Telephone Number	P/B/PP Infant/ Child	Date Service Requested	Date of Appointment	Prenatal Re- Appointments	Date Appointment Rescheduled

Revised 3/12

GEORGIA WIC PROGRAM Interview Script

Georgia WIC Program is a nutrition program for Women, Infants and Children who have nutritional needs and are income eligible. Eligible program enrollees receive:

- Nutrition assessment
- Nutrition education
- Healthy foods (milk, eggs, cheese, juice, cereal, peanut butter, dried beans or peas, carrots, tuna and infant formula)
- Support for breastfeeding moms
- Referral to other health and social services

You may qualify for WIC if you:

- **are** pregnant, just had a baby, is breastfeeding a baby, or have small children under age 5;
- **have** a moderately low family income, even if you work; and
- **have** a documented nutrition-related medical need:
- **and live** in the State of Georgia.

The following information is being asked for statistical purposes and the answers will have no effect on the receipt of WIC services

Are you a Migrant Farmworker*? _____ Yes _____ No

***A Migrant Farmworker is an individual whose principal employment is in agriculture on a seasonal basis, who has been employed within the last twenty-four (24) months and who establish for the purpose of such, a temporary abode.**

Are you Hispanic/Latino? _____ Yes _____ No

(Yes = A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.)

What is your RACE ? *You may choose more than one race or all that apply.*

1. _____ **White** – A person having origins in any of the original people of Europe, the Middle East or North Africa.
2. _____ **Black or African American** – A person having origins in any of the Black racial groups of Africa.
3. _____ **Asian** – A person having origins in any of the original people of the Far East, Southeast Asia, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
4. _____ **American Indian/Alaska Native** – A person having origins in any of the original people of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
5. _____ **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.

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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.

Separation of Duty Form/District Office

Type of Certification (Home, Hospital, etc.)	Date of Certification	Was Any Information Missing? (Cert., Voucher Receipt, Nutrition Information)	Name of Person who performed Certification	Nutrition Services Director or Designee's Name	Approved or Disapproved	Completion Date

(This form must be kept on file for 3 years plus current year)

MILITARY INCOME INCLUSIONS AND EXCLUSIONS

BAH	BASIC HOUSING	DO NOT COUNT
BAS	SEPARATE RATIONS	TO BE COUNTED
BASE	BASE PAY	TO BE COUNTED
CAREER SEA PAY	CAREER SEA PAY	TO BE COUNTED
CLOTHING	CLOTHING ALLOWANCE	TO BE COUNTED (DIVIDE BY 12)
COLA	COST OF LIVING ALLOWANCE	DO NOT COUNT
FLPP	FOREIGN LANGUAGE PROFICIENCY PAY	TO BE COUNTED
FLY	FLY PAY	TO BE COUNTED
FSSA	FAMILY SUBSISTANCE SUPPLEMENTAL ALLOWANCE	TO BE COUNTED
FSP	FAMILY SEPARATION PAY	TO BE COUNTED
HDP	HAZARDOUS DUTY PAY	TO BE COUNTED
HFP	HAZARDOUS FIRE PAY	TO BE COUNTED
JUMP	JUMP PAY	TO BE COUNTED
SDP	SPECIAL DUTY PAY	TO BE COUNTED
SEB	SERVICE MEMBER ENLISTMENT BONUS	TO BE COUNTED (DIVIDE BY 12)
SEP	SEPARATION PAY	TO BE COUNTED
SPEC	SPECIAL FORCES	TO BE COUNTED
SRB	STANDARD REENLISTMENT BONUS	TO BE COUNTED (DIVIDE BY 12)
TDY	TEMPORARY DUTY	TO BE COUNTED
REBATE	REBATE	DO NOT COUNT
TLA	TEMPORARY LODGING ALLOWANCE	DO NOT COUNT
FSH	FAMILY SEPARATE HOUSING	DO NOT COUNT
OLA	OVERSEAS LIVING ALLOWANCE	DO NOT COUNT
SAVE	FOREIGN DUTY PAY	TO BE COUNTED
CMAI	CIV CLOTHING MAINT ALLOWANCE	TO BE COUNTED (DIVIDE BY 12)
UEA	ONE TIME CLOTHING ALLOWANCE FOR WI	TO BE COUNTED (DIVIDE BY 12)

Dear WIC Proxy:

The Georgia WIC Program appreciates your help, respects your time and effort in assisting the Georgia WIC Program participants. As a proxy, it is vital that you follow the rules below:

1. A proxy is a person who acts on behalf of the participant. Authorized proxies may pick-up and/or redeem vouchers and may bring a child in for subsequent certifications in restricted situation.
2. A proxy is a person who is named by the WIC participant and given the participants WIC ID card when redeeming WIC Approved food item at the grocery store.
3. A proxy is a responsible person who the participant/parent/guardian/spouse/ caregiver/alternate parent depends on.
4. If a proxy picks up vouchers or brings a child in for subsequent certification, the proxy may sometimes have to remain for nutrition education classes and be able to provide health information for the participant(s).
5. A proxy must be at least sixteen (16) years old unless prior approval is obtained from the WIC staff.
6. A proxy **must not** pick up vouchers for more than two (2) families in the state of Georgia.

Documentation of proxy is recorded on the Georgia WIC Program ID card. The name of the proxy is placed in the WIC participants file. The local agency will notify the WIC participant if the proxy is not listed within the WIC participants file.

Please contact the WIC participant if you can no longer serve as a proxy. The WIC participant must notify the WIC clinic of this change. If you have any questions pertaining to your new role, please ask the person who asked you to serve as a proxy.

Thank you in advance for what you will do to help the Georgia WIC Program.

Sincerely,

Georgia WIC Program Staff

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I. RIGHTS AND OBLIGATIONS OF WIC APPLICANTS/PARTICIPANTS

WIC applicants/participants have certain rights including, but not limited to the following: protection against discrimination, the right to a fair hearing when benefits are denied, and the right to receive information in a language other than English. Translations of material in a language other than English are based on the size and the concentration of a population. All participants must have Dual Participation explained to them at the initial certification. WIC applicants/participants are obligated to provide true information and follow program requirements.

At each certification, the participant or parent/caregiver/guardian/spouse or alternate parent must sign the certification statement on the WIC Assessment Certification Form. Prior to signing, the applicant must read (or have read to them) the certification statement on the WIC Assessment Certification Form. See the statement below:

RIGHTS AND OBLIGATIONS

I have been advised of my rights and obligations for participation in Georgia's WIC. I certify that the information I will provide, or have provided, is correct to the best of my knowledge. The income information that I have provided is my total gross household income (all cash income before deductions). This certification form is being submitted in connection with the receipt of Federal assistance. Georgia's WIC officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying to the Georgia WIC Program, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

NOTICE OF DISCLOSURE

I understand that the chief state health officer for Georgia may authorize the disclosure of information about my participation in the WIC program for non-WIC purposes. This information will be used by the Georgia WIC Program, its local WIC agencies and certain public organizations. These organizations include but are not limited to the Immunization Program, Pregnancy Risk Assessment Monitoring Systems (PRAMS), Epidemiology and other Maternal and Child Health Programs, Emergency Preparedness, Environmental Health and Medicaid. I understand that the Georgia WIC Program, its local agencies and the public organizations can only use my information in the administration of their programs that serve persons eligible for WIC. The public organizations that receive my information must assure that it will not disclose my information to another organization or person without my permission.

I further understand that information about my participation in WIC may be used by the organizations that receive it only to:

1. Determine my eligibility for programs that the organization administers.
2. Conduct outreach for such programs.
3. Enhance the health, education, or well-being of WIC applicants and participants who are currently enrolled in those programs.
4. Streamline administrative procedures to ease the burdens on WIC staff and participants.
5. Assess the responsiveness of the state's health system to participants' health care needs and health care outcomes.

I have been advised that the decision to share my information is not a condition for eligibility for WIC, and if I decide not to share my information, this will not affect my application or participation in the Georgia WIC Program.

_____ Name of WIC Applicant/Participant/Guardian/ Caregiver/Spouse/Alternate Parent (please print)	_____ Date	_____ Name of WIC Official (please print)	_____ Date
	_____ UP:		
_____ Signature of WIC Applicant/Participant/Guardian/ Caregiver/Spouse/Alternate Parent	_____ Date	_____ Signature of WIC Official	_____ Date

Please initial below to indicate your preference:

___ In applying for WIC services, I **AUTHORIZE DISCLOSURE** of my WIC applicant or participant information for the purposes referenced above. I understand that my refusal to allow such disclosure does not affect my application for or participation in WIC or my eligibility for WIC services.

___ In applying for WIC services, I **DO NOT AUTHORIZE DISCLOSURE** of my WIC applicant or participant information for the purposes referenced above. I understand that my refusal to allow such disclosure does not affect my application for or participation in WIC or my eligibility for WIC services.

During the certification process, the participant must receive an explanation of the following:

1. Reason for Certification
2. Program Benefits
3. Reasons for Ineligibility
4. Items that can and cannot be purchased
5. How to file a complaint
6. Nutrition Education Requirements
7. Illegality and consequences of Dual Participation

In addition to the Rights and Obligations stated on the I.D. Card (**see Attachment RO-1 and RO-1A**), the applicant/participant **must not be** charged for any WIC service, e.g., copying of WIC records, laboratory tests.

Each participant in the Georgia WIC Program has the right to be treated with courtesy while in either the Health Department WIC clinic or an authorized WIC vendor's store. A WIC participant must never be singled out in a grocery store by the use of Intercom systems or Coding systems that would draw attention to the fact that they are WIC participants. The use of Intercom systems or Coding systems in this manner violates WIC's non-discrimination policy.

Participants/applicants will be informed that the Policy Unit and/or the Vendor Management Unit will investigate reports of discrimination made to the Georgia WIC Program.

II. NONDISCRIMINATION CLAUSE

The Georgia WIC Program is required to send out Public Notification to inform participants, applicants and the potentially eligible population of their rights and responsibilities, protection against discrimination, and the procedures for filing a complaint. Therefore, any materials that provide information about Georgia WIC benefits and eligibility, regardless of the intent, design, or source, must contain the nondiscrimination statement. These materials include brochures, posters, visuals, and any other literature produced by vendors or other interested parties. Examples of materials that are required to have the nondiscrimination clause include, but are not limited to:

1. Notices of warning or adverse action to applicants/participants, local agencies, vendors, and employees or employment applicants. This includes items such as notices of ineligibility or disqualification, fair hearing procedures, and cards or letters for missed appointments.
2. All outreach and referral materials.
3. Participant Identification (ID) Folder or Food lists for participants and vendors that describe the Georgia WIC Program participation requirements and benefits.
4. Letters of invitation to participate in the Public Comment process that are sent to vendors, Health Department staff, Advocates, organizations, other interested parties, and Media announcements of Public hearings.
5. Newsletters that convey WIC benefits and participation requirements.

The current nondiscrimination statement is:

English

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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

Spanish

De acuerdo con la ley federal y las políticas del Departamento de Agricultura de los EE.UU. (USDA, sigla en inglés), se le prohíbe a esta institución que discrimine por razón de raza, color, origen, sexo, edad, o discapacidad.

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 o llame gratis al (866) 632-9992 (voz). Personas con discapacidad auditiva o del habla pueden contactar con USDA por medio del Servicio Federal de Relevos (Federal Relay Service) al (800) 845-6136 (español) o (800) 877-8339 (inglés).” USDA es un proveedor y empleador que ofrece oportunidad igual para todos.

III. PUBLIC NOTIFICATION

When the Nutrition Services Directors give interviews to local media, the Nondiscrimination statement should be included in verbal statements and on written documents. Any public or media discussions of WIC by local agency staff should be documented for review by the State agency monitoring staff. The Office of Communication prepares a news release annually to publicize the availability of WIC benefits. The news release is distributed to newspapers statewide.

The Georgia WIC Program regulations and guidelines must be made available to the public on request. These documents include WIC components of the relevant Code of Federal Regulations at 7 C.F.R. Part 246, Rules of the Department of Public Health at Chapter 111-9, Georgia WIC State Plan, and the Georgia WIC Program Procedures Manual. The Georgia WIC Program Income Guidelines are part of the Procedures Manual and must be given to the public upon request.

There are three elements of Public Notifications:

1. Program Availability
Inform applicants, participants, and potentially eligible persons of their rights and responsibilities and the steps necessary for WIC participation.

2. Complaint Information

Advise applicants and participants at the service delivery point of their rights to file a complaint, how to file a complaint, and the complaint procedures. Upon receipt of a complaint, WIC clinic staff must complete and submit a Complaint Form (see Attachment CT-39) to the Georgia WIC Program office within 24 (twenty-four) hours of the complaint. All complaints must be processed and closed within 90 (ninety) days upon receipt. All discrimination complaints must go to USDA within 24 (twenty-four) hours of receiving the complaint(s).

3. Nondiscrimination Statement

All information materials and sources, including web sites, used by FNS, State agencies, local agencies, or other sub-recipients to inform the public about FNS programs must contain a nondiscrimination statement. The statement is not required to be included on every page of the Georgia WIC Program web site. At a minimum the nondiscrimination statement or a link to it must be included on the home page of the website.

IV. CIVIL RIGHTS

A. “And Justice for All” Poster

The “And Justice for All” poster must be displayed in a visible and/ or accessible location in each WIC clinic. The poster should have the Non-discrimination statement in both English and Spanish and can be ordered from the Georgia WIC Program.

B. Training

Civil Rights training must be provided annually or as requested for all local agency staff that have contact with WIC applicants/participants. This training must be provided to State agency and District staff annually. New staff must have Civil Rights training prior to working in WIC clinics. A list of participants and an agenda for each training session must be documented and kept on file for three (3) years plus the current year.

Note: When conducting any training/meeting, it is required that District/WIC Clinic and State agency staff ask if anyone needs any special accommodations.

WIC staff must be trained in the specific area matter required, but not limited to:

1. Collection and use of data;
2. Effective public notification systems;
3. Complaint procedures;
4. Compliance review techniques;
5. Resolution of noncompliance;
6. Requirements for reasonable accommodation of persons with disabilities;
7. Requirements for language assistance;
8. Conflict resolution;
9. Customer service; and
10. Investigator’s training.

C. Self Identification of Race, Ethnicity, Migrant and Homeless Status

Each applicant/participant must be coded in the WIC computer system to identify race, ethnic group, migrant and homeless status. In order to do this, local agency staff must:

1. Give each applicant the opportunity to select one or more racial designations by using the Interview Script (see Attachment CT- 42).
2. Request that the applicant make a self-identification. When self-identification is made, the interviewer should make it clear to the applicant that the information is for statistical use only and that no other use will be made of the information without their consent. If the applicant refuses to self identify, WIC staff will make its own identification for the applicant.
3. Accept race information provided by applicants without disputing their description regarding their race.

D. Collection of Racial/Ethnic Data

In collecting the Racial/Ethnic Data, the ethnicity data must be collected first. Ask the client if he/she is of Spanish origin. The terms Hispanic or Latino may also be used. The applicant must then be given the option to select one or more racial designations (See the Certification Section, WIC Assessment form for racial and ethnic categories).

Collecting and reporting racial and ethnic participation data are requirements of Title VI of the Civil Rights Act of 1964. The "Ethnic Participation Summary Report" provides information on client participation by ethnic status and priority. The report records data by local clinic and summarizes the data by district/unit and state. This report should be reviewed and maintained in district/unit files. Data must be maintained for four (4) years under safeguards, which will only allow access to authorized personnel. **The Georgia WIC Program does not allow any coding system on the outside of medical records, Tickler cards, appointment or any other WIC documents which can openly distinguish applicants/participants by race, color, national origin, sex, age, and/or disability.**

The Georgia WIC Program is obligated to safeguard confidential WIC information including identifying WIC applicant/participant information. In many local agencies, charts have the participant's name and birth date on the outside label. In this instance, please remove the birth date or situate your files in a manner, which ensures that confidential WIC participant information will not be exposed to the general public. This may be accomplished (as done in many hospitals) by turning the files to face away from the public's view. (For reference, see the Summary of the HIPAA Privacy rules. Plus review "**What Information is Protected**", pages 3-4 and "**End Notes**", page 19, number 15. Also see, **Federal WIC regulations concerning confidentiality of WIC participant information at 7 C.F.R. 246.26(d)**).

E. Discrimination Complaints

All written or verbal discrimination complaints must be filed as soon as the alleged discriminatory action is known. No applicant/participant should be discouraged from filing a complaint directly to USDA, 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)."

If the District office or a WIC clinic receives a discrimination complaint or an applicant/ participant feels discrimination has occurred, forward a copy of the complaint to the Georgia WIC Program, Policy Unit, Two Peachtree Street, Suite 10-293, Atlanta GA 30303. USDA is an equal opportunity provider and employer. **[SEP Regional Letter 290-7, Rev .2]**

1. Written Complaints

Persons seeking to file discrimination complaints may file their complaint with USDA, the State agency or the local agency. **A copy must be sent to the Georgia WIC Program and will send the complaint to USDA to process.** Do not try to process any discrimination complaint. Please send the complaints directly to Georgia WIC Program. Complaints should include the name of the agency and/or the individual(s) whom the complaint addresses and a description of the alleged violation. Anonymous complaints will be handled in the same manner as any other complaints.

2. Verbal Complaints

In the event a complainant makes verbal allegations and cannot place such allegations in writing, the person to whom the allegations are made will write up the elements of the complaint for the complainant. The documentation must include the following:

- a. Name, address, and telephone number of the complainant.
- b. The specific location and name of the local agency and person(s) delivering WIC services.
- c. The nature of the incident or action that led to the complaint.
- d. The basis on which the complainant feels discrimination exists (e.g. race, color, national origin, sex, age, or disability).
- e. The names, titles, and addresses of persons who may have witnessed the discriminatory action.
- f. The date(s) during which the alleged discriminatory action occurred.
- g. Signature of the person recording the complaint.

F. Handling Complaints at the Service Delivery Point

Advise applicants and participants at the service delivery point of their right to file a complaint, how to file a complaint and the complaint procedures. Display the "How to File a Complaint" flyer at the service delivery point. Clinic staff must also offer the flyer to all applicants/participants at certification, re-certification and mid-certification.

V. FAIR HEARING PROCEDURES – WIC APPLICANTS/PARTICIPANTS

WIC Federal regulations require the State agency to establish hearing procedures that will guarantee the right to appeal a decision or action to deny participation and/or suspend or terminate participation from the program. The applicant/participant must be informed in writing of his/her right to a fair hearing and of the method by which a hearing may be requested.

In the event of denial of benefits followed by a request for a fair hearing, the following should be discussed with the participant:

1. Limited WIC funding

2. The priority system
3. Waiting list
4. Reasons for the denial of benefits or termination from WIC

At the time of fair hearing request, the District Nutrition Services Director will need to conduct a preliminary conference with the applicant/participant. This conference may resolve the issues, particularly if the individual misunderstood WIC policy or was not aware that certain procedures are required by Federal regulations. The State agency will also conduct a preliminary conference with the applicant/participant prior to the actual hearing. The applicant/participant should receive information on fair hearing procedures and their rights and responsibilities concerning the hearing process. Included will be a description of the role of the Administrative Law Judge, the time frame for issuance of fair hearing decisions, and any other pertinent information.

In the event a WIC participant timely requests a fair hearing within fifteen days of the termination date, WIC benefits will continue until the Administrative Law Judge reaches a decision or the certification period expires, whichever occurs first.

The following are the Georgia WIC Program Fair Hearing Procedures:

A. Hearing Official

The Office of State Administrative Hearings (OSAH) is responsible for conducting a fair hearing when requested by a WIC applicant/participant. OSAH, as the impartial administrative tribunal for the State of Georgia, is vested with full authority to conduct the fair hearing. OSAH is responsible for conducting hearings in accordance with the Georgia Administrative Procedures Act and the Rules of the Office of State Administrative Hearings, and 7 C.F.R., Part 246.

The Administrative Law Judge shall:

1. Administer oaths and affirmations;
2. Ensure that all relevant issues are considered;
3. Request, receive and make part of the hearing record all evidence determined necessary to decide the issue(s) being raised;
4. Regulate the conduct and course of the hearing consistent with due process to ensure an orderly hearing;
5. Order, where relevant and necessary, an independent medical assessment or professional evaluation from a source mutually satisfactory to the appellant and the State agency; and
6. Render a fair hearing decision which will resolve the dispute.

B. Request(s) for Hearing

A request for hearing is defined as any clear expression by the applicant/participant or that individual's parent/guardian/caregiver or other representative, that an opportunity to present his/her case to a higher authority is desired. The State and local agency shall not limit or interfere with the freedom of a WIC applicant/participant to request a hearing.

The applicant/participant must request the hearing within sixty (60) days from the date the local agency issues the notice of adverse action to deny, suspend, or terminate benefits. Fair hearing requests shall be submitted to Georgia WIC, 10th Floor, 10-293 Policy Unit, Two Peachtree Street, Atlanta, Georgia 30303.

A fair hearing request shall be effective upon timely receipt of a verbal or written request. A verbal request received within the sixty (60) days shall be considered timely. The forty-five (45) day period allowed for rendering a hearing decision shall begin on the day of receipt of the fair hearing request.

Upon request, the local agency shall assist an applicant/participant in submitting a request for fair hearing. The local agency shall provide contact information for legal services that may be available to represent an appellant (an applicant/participant who requests a fair hearing to contest an adverse action).

C. Georgia WIC Program Record Summary Form

The local agency shall prepare a Georgia WIC Program Record Summary Form (**Attachment RO-2**) and OSAH Form 1 (**Attachment RO-3**). Within three (3) business days from the receipt of the fair hearing request, the completed forms, notice of adverse actions, and written hearing request shall be submitted to Georgia' WIC, 10th Floor, 10-293 Policy Unit, Two Peachtree Street, Atlanta, Georgia 30303. A copy of the form shall be sent to the Georgia WIC Program. If the hearing request is filed initially with the State WIC agency, a copy will be immediately forwarded to the local agency.

The local agency has the responsibility of maintaining contact with the appellant once the hearing is requested and must report promptly to the State WIC agency any change in appellant's circumstances, including changes in mailing address. As soon as the local agency receives notification that a hearing has been scheduled, the local agency Nutrition Services Directors shall immediately review the record to:

1. Re-examine the action of the local agency and the circumstances of the appellants to determine if an adjustment can be made.
2. Review appellant's eligibility on all points other than the point at issue.

All hearing requests, whether timely or not, must be submitted to the Georgia WIC Program. The local agency will secure any additional evidence necessary for the hearing.

D. Document and Record Disclosure Prior to the Hearing

All documents and records to be used in the hearing will be available for examination by the appellant and/designated representative prior to the fair hearing. Such examination shall be made at the local agency. "Designated representative" means an attorney or friend, or personal counselor, of the appellant. Upon request, the local agency shall make available, without charge, the specific materials necessary for an appellant or designated representative to

determine whether a hearing should be requested or to prepare for a hearing. The appellant and/or designated representative will be given an opportunity to copy any materials in the file, which are relevant to the fair hearing. Documents and records that do not support the adverse action for which the fair hearing was requested shall be removed from the file prior to such copying and will not be used at the hearing. When local agency reproduction equipment and supplies are available, the WIC staff will operate the equipment. When reproduction equipment is not available, the appellant or designated representative may make longhand notes.

E. Adjusting Local Agency Decisions Regarding Eligibility

The local agency has the responsibility of taking proper action in adjusting its decisions against WIC applicants/participants regarding their eligibility. If an applicant/participant is dissatisfied with a local agency decision, the local agency shall review the individual's status with him/her. If the applicant/participant who is appealing the local agency decision so desires, the local agency shall assist with the filing of the fair hearing request. If, after the appeal for fair hearing is filed, the appellant and local agency reaches a mutually satisfactory resolution prior to the fair hearing, the appellant may withdraw the request for hearing.

The local agency may amend or reverse its decision regarding WIC applicant/participant eligibility at any time prior to the actual hearing, regardless of whether an appellant withdraws the request for fair hearing. In the event of withdrawal, amendment or reversal, the local agency shall notify the State WIC agency immediately by attaching a copy of the withdrawal, amendment or reversal with a summary supporting the adjustment action taken by the local agency. If time does not permit notification to the State WIC agency, verbal notification to it should be immediately followed with written notification.

F. Continuation of Benefits

Participants who appeal the termination of benefits within fifteen (15) days from date of notification of adverse action shall continue to receive WIC benefits until the Administrative Law Judge reaches a decision or the certification period expires, whichever occurs first. Benefits will be terminated for participants who make a timely appeal after the fifteenth day from the date of notification.

Applicants who are denied benefits at initial certification or at subsequent certifications may appeal the denial, but shall not receive benefits while awaiting the hearing.

The local agency shall promptly inform the individual, in writing, if participation status changes, pending the hearing decision. The Georgia WIC Program will discontinue all program benefits to categorically ineligible applicants/participants while awaiting appeal decision.

G. Denial or Dismissal of a Request for a Hearing

A request for a fair hearing shall not be denied or dismissed unless:

1. The request for hearing is not timely received within the sixty (60) day time limit.
2. The request is withdrawn in writing by the appellant or a representative.
3. The appellant or representative fails, without good cause, to appear at the scheduled hearing.
4. The appellant has been denied WIC participation by a previous hearing and cannot provide evidence that circumstances relevant to WIC eligibility have changed in such a way as to justify a hearing. **(See Attachment RO-2 for timeframes.)**

H. Notification of the Hearing

The hearing shall be conducted within twenty-one (21) days from the date the State receives the hearing request. A time and place shall be arranged in order for the hearing to be accessible to the participant/designated representative. At least ten (10) days prior to the hearing, the Office of State and Administrative Hearings shall provide written notice to all parties involved to permit adequate preparation of the case. The notice of hearing shall contain the following:

1. A statement of the time, place, and nature of the hearing.
2. A statement of the legal authority and jurisdiction under which the hearing is to be held.
3. A reference to the statutes and regulations involved.
4. A short statement of the complaint. If the agency or other party is unable to state the complaint in detail, the notice may be limited to a statement of the issues involved.
5. A statement that the State will dismiss the hearing request if the individual or his/her representative fails to appear at the hearing without good cause.
6. A statement that the participant/designated representative may examine the case files prior to the hearing.
7. Advisement that appellant may be assisted or represented by an attorney or other persons.

The Administrative Law Judge may change the time and place of the hearing upon his own motion or upon motion either or both parties.

The Administrative Law Judge may adjourn, postpone, or reopen the hearing, upon receipt of additional information, at any time prior to mailing the hearing decision. Should the Administrative Law Judge exercise the option of rescheduling the hearing, the appellant shall be given at least ten (10) days advance notice of such action.

I. Conduct of the Hearing and the Appellant's Rights

If, at the hearing, it becomes evident that the issue involved is different from the one on which the hearing was requested, the Administrative Law Judge shall exercise discretion and may conduct the hearing on the newly emerged issue. In such instances, the hearing may be continued so all concerned may prepare

additional evidence.

The claimant/designated representative shall be provided with an opportunity to:

1. Bring witnesses.
2. Advance arguments without undue interference.
3. Question or refute any testimony or evidence, including an opportunity to confront and cross-examine adverse witnesses.
4. Submit evidence to establish all pertinent facts and circumstances in the case.

The local agency shall have the same opportunities listed above.

J. The Hearing Record

The Administrative Law Judge shall keep the official hearing record that includes:

1. The OSAH Form 1 and related attachments as the mandatory formal request for fair hearing.
2. All pleadings, motions, documents and papers filed by the parties.
3. All intermediate rulings made and issued by the Administrative Law Judge.
4. The sworn testimony of all witnesses, with a recording of all oral testimony or an official report containing the substance of what transpired at the hearing.
5. All exhibit evidence offered and all exhibit evidence admitted into evidence that was considered by the Administrative Law Judge.
6. The decision issued by the Administrative Law Judge.
7. Written transcript, if made, of any oral testimony.

Requests for a copy of any recording of oral testimony must be made to the Administrative Law Judge pursuant to the Rules of the Office of State Administrative Hearings. The State or local WIC agency shall retain the hearing record in accordance with the relevant Federal WIC Regulations (7 C.F.R. Section 246.25) and make the hearing record available for copying and inspection to the appellant or representative at any reasonable time.

K. The Hearing Decision

Decisions of the Administrative Law Judge shall be based on the application of relevant law, rules, regulations and policy as related to the facts of the case as established in the hearing record. An initial decision by the Administrative Law Judge shall be binding on the local agency and shall summarize the facts of the case, specify the reasons for the decision, and identify the supporting evidence and the relevant regulations or policy. The decision shall be come part of the hearing record.

L. Notification of the Hearing Decision

Within forty-five (45) days of the receipt of the request for fair hearing, the

appellant and/or his/her representative shall be notified in writing of the Administrative Law Judge's initial decision. In addition, the initial decision will inform the appellant of any right to appeal known to the Administrative Law Judge.

M. Post-Hearing Appeal Rights of the Appellant

When an initial decision is adverse to the appellant, he/she has the right to appeal to a DPH Appeals Reviewer for a final agency decision. The DPH Appeals Reviewer shall allow the appellant thirty (30) days to request review of the Administrative Law Judge's initial decision. The DPH Appeals Reviewer shall have all the powers and delegated authority of the DPH Commissioner to make a final decision. The Appeals Reviewer shall review the entire record and may take additional testimony or remand the case to the Administrative Law Judge for such purpose. The final decision shall affirm, reverse or modify the initial decision to assure full compliance with State and Federal law, rules, regulations and policy.

The appellant and his/her representative shall be notified, in writing, of the final decision of the DPH Appeals Reviewer who shall advise the appellant and his/her representative of any right to judicial review should the appellant be dissatisfied with the final decision of the DPH Appeals Reviewer.

N. State Rules of Procedure

The State agency shall provide and distribute upon request, to any interested party, that portion of the Georgia WIC Program Procedures Manual that outlines the Fair Hearing Procedures.

O. Participant Complaint

The WIC participant may file a complaint (written or oral) regarding staff or clinic treatment (unrelated to discrimination or ineligibility/disqualification). Documentation of this complaint **will be documented on the electronic Complaint Form** (see Attachment CT-39).

VI. FAIR HEARING PROCEDURES - MIGRANTS

Because migrant farm workers and their families may leave a program area after a very short time, it is important that fair hearing procedures for migrants be expedited by contacting them immediately for the hearing process. When a local agency receives a fair hearing request from a migrant, they should attempt to find out how long the migrant will be in the service area and should convey this information to the State WIC agency.

VII. AVAILABILITY OF HEARING RECORDS

The State and local agencies shall make all hearing records and decisions available for public inspection and copying; however, the names and addresses of the participants and other members of the public must be kept confidential.

VIII. NATIONAL VOTER REGISTRATION ACT

The National Voter Registration Act of 1993 (also known as “NVRA” and the “Motor Voter Act”) requires states to provide voter registration through designated governmental agencies that provide public assistance, including SNAP, WIC, TANF, SCHIP and Medicaid. To meet the requirements of the NVRA as a designated agency, the Georgia WIC Program must: distribute voter registration application forms; provide a preference/declination form that contains information on the voter registration process; provide the same level of assistance to all WIC applicants/participants in completing the voter registration application form; accept completed voter registration application forms from the applicant/participant; and transmit each completed application form to the Georgia Office of Secretary of State (SOS) within the prescribed time frame.

The Georgia WIC Program **must** offer applicants/participants the opportunity to register to vote at the time of **all application, renewal, recertification and change of address transactions**. If the Georgia WIC Program were to offer any of the above transactions to be completed by mail or telephone or through the internet, opportunity to register to vote must still be offered.

A preference/declination form must be provided to each WIC applicant/participant, which is separate from the State of Georgia voter registration form. The preference/declination form must include the following information: 1) the question, “If you are not registered to vote where you live now, would you like to apply to register to vote here today?”; 2) “Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency”; 3) boxes to be checked indicating whether the individual would like to register to vote or declines with a statement in close proximity to the boxes in prominent type that reads, “IF YOU DO NOT CHECK EITHER YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.”; 4) the statement, “If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.”; and 5) the statement, “If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of State at 1104 West Tower, 2 Martin Luther King Jr. Drive, S.E. Atlanta, Georgia 30334 or by calling 404-656-2871.” The blank should be completed with the name, address and phone number of the appropriate official at the SOS to whom such a complaint should be addressed.

The State of Georgia voter registration application may be used by the Georgia WIC Program to register a WIC applicant/participant to vote in Georgia, and it includes a separate preference/declination form (FORM DS-07, “Declaration Statement”), which conforms to the requirements of the NVRA regarding the preference/declination form. The State of Georgia voter registration application can be ordered by contacting the SOS at 404/656-2871 or at <http://www.sos.ga.gov/electronicconnection>. No information relating to a declination to register to vote may be used for any purpose other than voter registration. The Georgia WIC Program shall retain the State of Georgia Declaration

Statement as the required preference/declination form for twenty-four (24) months.

The Georgia WIC Program must offer each WIC applicant/participant the same degree of assistance in completing a voter registration application and the same degree of assistance offered in completing WIC forms. WIC staff who offer such assistance are prohibited from: 1) seeking to influence an individual's political preference or party registration; 2) displaying any political preference or party allegiance; 3) taking any action or making any statement to an individual to discourage interest in registering to vote; or 4) taking any action or making any statement that may lead the individual to believe that a decision to register or not to register has any bearing on the availability of or eligibility for WIC services.

The State agency and/or local agency must accept completed voter registration applications and transmit them to the SOS weekly. Completed voter registration applications received within fifteen (15) days before the last day to register to vote in an election must be transmitted to the SOS daily. (The State of Georgia requires an individual to be registered thirty days before any election in which voting is to occur.)

Following these procedures ensures that the Georgia WIC Program is complying with Federal law and USDA guidelines. Please note that, according to USDA guidelines, a WIC applicant/participant need not be a United States citizen. However, the WIC applicant/participant must be a United States citizen to register to vote.

The SOS prepares a quarterly WIC Voter Registration Report to determine local agency compliance. Failure to comply with the NVRA requirements could result in monetary penalties against an out-of-compliance local agency and the State of Georgia. Failure to comply could also result in enforcement action by the United States Department of Justice.

IX. PRE-APPROVAL / PRE-AWARD REVIEW

A new WIC clinic site must not open until a Pre-Approval/Pre-Award Review is conducted by the State agency. For procedures on opening a new WIC clinic site, see the Administrative Section of the WIC Procedures Manual at "Establishing New Clinics/Clinic Changes".

Georgia Department of Public Health Georgia WIC Program Rights and Obligations

RIGHTS AND OBLIGATIONS

1. The rules for signing up and taking part in the Georgia WIC Program are the same for everyone, regardless of race, color, national origin, sex, age, or disability.
2. You may appeal any decision made by the WIC clinic about your eligibility for WIC or disqualification from WIC by asking for a fair hearing.
3. The WIC clinic will give you information about food that is healthy for you. Health service referrals are also available to you. The clinic would like you to use these services.
4. Information on your WIC form will be used to review WIC services and tell us how many people are on WIC.
5. The food you get from WIC is only for WIC participant(s).
6. You may be taken off WIC if:
 - You do not tell the truth about eligibility criteria.
 - **You get vouchers from more than one (1) WIC clinic at the same time.**
 - You do not keep your certification appointments. (Rescheduling WIC appointments may take from 7 to 20 days depending on the clinic schedule).
 - You do not get your vouchers for two (2) months in a row.
 - You sell or trade your WIC vouchers or WIC food for money or any product, good, or service not authorized by the Georgia WIC Program.
 - You use your vouchers to buy food that is not on the authorized WIC food list.
 - You exchange your WIC food items after purchase for any item(s) not listed on the voucher.
 - **You use abusive language with WIC clinic staff, store clerks, or managers.**
 - **You are physically violent with WIC clinic staff, other WIC clients, or store personnel.**
 - **You threaten clinic staff, state staff, store manager or cashiers and or/security in the clinic. Your threat will lead to possible termination or you losing the privileged of coming to the clinic. If you lose that privilege, a proxy will act on your behalf for your child.**
 - **You solicit other participants to violate program rules, including the selling of their vouchers.**
 - **You commit any crime in the WIC clinic or on the grounds of the clinic.**
 - **Your designated proxy engages in any of the listed items in #6 above.**
7. If you do not keep your appointments, the number of vouchers issued to you or your child(ren) will be reduced.
8. A proxy cannot provide services for more than two families.
9. Lost and destroyed/stolen vouchers will not be replaced.

10. The WIC program does not participate in home delivery of WIC foods. If you or your proxy participates in such activities, you will be terminated from the program.

VOUCHER INFORMATION

- Failure to keep appointments will reduce the number of vouchers you receive.
- The fruit and vegetable/cash value voucher can not be prorated. It must always be issued and must be issued in full value (e.g., \$6, \$10, \$15).
- Food packages will be prorated based on the total number of vouchers in the package.

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.

Revised 7/12

Departamento de Salud Pública Programa WIC de Georgia **Derechos Y Obligaciones**

DERECHOS Y OBLIGACIONES

1. Las reglas para inscribirse y participar en el programa WIC de Georgia son las mismas para todos, sin distinción de raza, color de piel, nacionalidad de origen, sexo, edad o discapacidad.
2. Usted puede apelar cualquier decisión tomada por la clínica de WIC acerca de su elegibilidad para el programa WIC o descalificación de WIC pidiendo una audiencia imparcial.
3. La clínica de WIC le dará información acerca de los alimentos que son saludables para usted. También hay a su disposición referencias de servicios de salud. La clínica desea que usted use dichos servicios.
4. La información en el formulario de WIC será utilizada para revisar los servicios de WIC y decirnos cuántas personas están en el programa WIC.
5. Los alimentos que recibe de WIC son solamente para quienes participan en WIC.
6. Usted puede ser suspendido del programa WIC si:
 - No dice la verdad acerca de los criterios de elegibilidad.
 - **Recibe cupones de más de una (1) clínica de WIC al mismo tiempo.**
 - No acude a las citas de certificación. (Cambiar las citas de WIC puede tardar de 7 a 20 días, dependiendo del horario de la clínica).
 - No obtiene sus cupones por dos (2) meses consecutivos.
 - Vende o intercambia sus cupones de WIC o alimentos de WIC por dinero o algún producto, bien o servicio no autorizado por el programa WIC de Georgia.
 - Utiliza sus cupones para comprar alimentos que no está en la lista de alimentos autorizados por WIC.
 - Intercambia sus alimentos de WIC después de comprarlos por algún(os) artículo(s) que no figura(n) en el cupón.
 - **Utiliza un lenguaje abusivo con el personal de la clínica de WIC, los dependientes de las tiendas o los gerentes.**
 - **Emplea violencia física contra el personal de la clínica de WIC, otros clientes de WIC o el personal de las tiendas.**
 - **Amenaza al personal de la clínica, personal estatal, gerente de la tienda, cajeros o personal de seguridad en la clínica. Su amenaza dará lugar a una posible cancelación o a perder el privilegio de venir a la clínica. Si usted pierde ese privilegio, un representante actuará por usted en nombre de su niño(a).**
 - **Solicita a otros participantes que violen las reglas del programa, incluyendo la venta de sus cupones.**
 - **Comete cualquier delito en una clínica local de WIC o en propiedad de la clínica.**
 - **Su apoderado(a) designado(a) se involucra en cualquiera de los puntos mencionados arriba en el no. 6.**
7. Si no mantiene sus citas, se reducirá el número de cupones que se emitan para usted o su(s) niño(s).
8. Un apoderado no puede prestar servicios para más de dos familias
9. Los cupones extraviados, destruidos o robados no serán reemplazados

10. El programa de WIC no participa en entrega a domicilio de los alimentos. Si usted o su apoderado(a) participa en dichas actividades, usted será expulsado(a) del programa.

INFORMACIÓN DEL CUPÓN

- No acudir a las citas reducirá la cantidad de cupones que usted reciba.
- El valor en efectivo del cupón de frutas y vegetales no se puede prorratear. Siempre se debe emitir y emitirse por su valor completo (p. ej., \$6, \$10,\$15).
- Los paquetes de alimentos se pueden prorratear según la cantidad total de cupones que haya en el paquete.

De acuerdo con la ley federal y las políticas del Departamento de Agricultura de los EE.UU. (USDA, sigla en inglés), se le prohíbe a esta institución que discrimine por razón de raza, color, orgien, sexo, edad, o discapacidad.

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 o llame gratis al (866) 632-9992 (voz). Personas con discapacidad auditiva o del habla pueden contactar con USDA por medio del Servicio Federal de Relevos (Federal Relay Service) al (800) 845-6136 (español) o (800) 877-8339 (inglés).

USDA es un proveedor y empleador que ofrece oportunidad igual para todos.

Revisado 7/12

**Georgia Department of Public Health
Georgia WIC Program
APPELLANT'S GEORGIA WIC PROGRAM RECORD SUMMARY**

SECTION I - IDENTIFICATION

District/Unit _____ WIC ID # _____

Applicant/Participant: _____

Appellant (if different from above): _____

Address: _____
Street Number and Name

City State Zip Code

Phone Number: _____

Representative: _____

Applicant/Participant's Race/Sex: (Circle item #)

- Ethnicity:**
 (1) Hispanic or Latino
 (2) Non Hispanic or Latino

- Sex:**
 (1) Male
 (2) Female

- Race:**
 (1) American Indian or Alaskan Native
 (2) Asian
 (3) Black or African-American
 (4) Native Hawaiian or Other Pacific Islander
 (5) White

County: _____ Date of Request: _____

Date of Appointment: _____ Date of Notification: _____

FOR STATE OFFICE USE ONLY:

Request number: _____ Date request filed: _____

Time limits Hearing shall be held within three (3) weeks from the date the State or local agency receives the request for hearing 7 C.F.R Section 246.9(j). The fair hearing decision shall issue within 45 (forty-five) days (7 C.F.R. Section 246.9 (k)(3)) of the date the request for hearing was received by the State or local agency.

SECTION II - TYPE OF AGENCY ACTION OR INACTION

A. Agency Action (Circle item number)

Participation denied/terminated because WIC applicant/participant:

- 1. Is not income eligible. _____ Date
- 2. Does not live in local WIC service area. _____ Date
- 3. Has reached expiration of regulatory eligibility. _____ Date
- 4. Is not pregnant, postpartum, breastfeeding woman or an infant/child under five (5) years old. _____ Date
- 5. Does not meet nutritional risk criteria. _____ Date
- 6. Failed certification appointment on: _____ _____ Date
- 7. Did not pick up vouchers for two (2) consecutive months. _____ Date
- 8. Violated WIC rules and was suspended for three (3) months for: _____ _____ Date
- 9. Is in Priority ____ and WIC has funds to serve only Priority(ies) _____. _____ Date
- 10. Other _____ _____ Date

B. Agency Inaction (Circle item number):

- 1. Failure of local agency to meet processing standards: (specify) _____

- 2. Other: _____ (specify) _____

SECTION III - NARRATIVE SUMMARY OF AGENCY'S ACTION OR INACTION AND PRINCIPAL ISSUES INVOLVED IN THE REQUEST FOR FAIR HEARING

A. Basis for local agency's action or inaction (specify briefly):

B. WIC regulations applied by local agency:

C. Participant's income eligibility information:

Signature/Title of WIC Personnel

Signature of Nutrition Services Director

Name

Address

City State Zip Code

Telephone Number

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Revised 3/12

OSAH FORM 1

This form is available online at <http://www.osah.ga.gov/> or by telephone request at (404) 657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY DPH	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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**GEORGIA DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH CASES**

Non-Agency Party County of Residence:	Date Request for Hearing Filed with Agency:	Agency Case Number:
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Check Here if an Application Was Denied:

Check Only One in This Box:

<input type="checkbox"/> ASL (Ambulatory Service License) <input type="checkbox"/> BCW (Babies Can't Wait) <input type="checkbox"/> CT (Cardiac Technician License) <input type="checkbox"/> EMS (Emergency Medical Service) <input type="checkbox"/> EMT (Emergency Medical Technician License) <input type="checkbox"/> EMTI (Emergency Medical Technician Instructor License)	<input type="checkbox"/> FSEP (Food Service Establishment Permit, If Issued by DCH) <input type="checkbox"/> MFR (Medical First Response Service License) <input type="checkbox"/> NT (Neonatal Transport Service License) <input type="checkbox"/> PI (Paramedic Instructor License) <input type="checkbox"/> SSM (Sewage Management) <input type="checkbox"/> WICV (WIC Vendor)
---	--

CONTACT PERSON IN AGENCY

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL

NON-AGENCY PARTY

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE		EMAIL
<input type="checkbox"/> ATTORNEY <input type="checkbox"/> PERSONAL REPRESENTATIVE NAME (IF APPLICABLE)	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL

AGENCY PARTY

NAME AND TITLE OF CONTACT IN OFFICE	DIRECT TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	EMAIL	
ATTORNEY NAME (IF APPLICABLE)	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	EMAIL	GEORGIA BAR NO

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SECTION ONE - FINANCIAL MANAGEMENT**I. STATE OPERATIONS****A. GENERAL**

The **Division of Finance** of DPH maintains the financial records in a manner that reflects separate accountability for each activity administered by DPH, utilizing disbursement classifications as required by the state auditor and the various federal agencies. The financial system uses a combination of both data processing and manual entries. The process of writing checks, preparing check registers and other mass detail work, is performed by data processing systems. The records kept in the county Health Departments are subsidiary or supplemental. County departments submit monthly reports to the **Division of Finance** according to prescribed uniform reporting procedures. These reports cover the financial operations that will be reimbursed by the Department of Public Health. Supporting data for other county department administrative expenditures are not submitted directly to the **Division of Finance**; they are retained in the county department finance offices. County Health Departments' contract with Certified Public Account (CPA) firms to audit their records.

The State of Georgia Department of Audits performs both financial and program audits. State law mandates that the State Auditors perform a financial audit of the books and accounts of the Department of Public Health each fiscal year. The state auditors perform programmatic audits of specific programs as deemed necessary.

B. COST ALLOCATION PLAN

The Department of Public Health is in the process of securing the Department of Health and Human Services approval for the Cost Allocation Plan.

C. FOOD FUNDS MANAGEMENT / NUTRITION SERVICES ADMINISTRATION

The **Division of Finance** functions as cash manager for the Department of Public Health. Federal funds are drawn from the Office of Treasury and Fiscal Services based upon the reimbursement of actual expenditures. A control disbursement account is used for WIC food redemption. Federal funds are requested and drawn through the electronic funds (Automated Standard Application for Payments system – ASAP) transfer process and transferred into WIC Federal Funds Holding Account. All transfers of federal funds are drawn in accordance with regulations of the United States Department of the Treasury, Cash Management Improvement Act (CMIA), agreements with the Treasury and other cash management policies and procedures as designated by the United States Department of Agriculture (USDA). Monthly cash draws are reconciled and balanced with actual expenditures. Each grant award is recorded, balanced, and reported quarterly as designated. Actual expenditures are tracked through the Budget Cost Comparison Report. **LOCs for each fiscal year are reconciled separately to cash and expenditure accounts.**

When rebate funds are received from the formula contractor, those funds are used first to pay food expenditures. Federal food funds are not utilized until the rebate deposit is depleted. The cashier records the payment against the

receivable by customer number and by invoice number. The cash manager takes the amount of the rebate into consideration before making any future draws on the Letter of Credit.

The Department accounts for transactions on a modified accrual accounting basis to record WIC expenditures and federal revenues. PeopleSoft Accounting System controls and records expenditures to assure expenses are within budget limits. To insure budgets are not exceeded, People Soft performs budget checks at the appropriate levels. If expenditures would exceed budget, PeopleSoft rejects the posting of expenditures at those levels. Before such expenditures can be posted a budget revision will be required at the appropriate level. Staff also analyzes budgets monthly and makes necessary revisions as anticipated.

PeopleSoft Accounting System ensures that withdrawals from the LOC are not in excess of immediate cash needs and are in compliance with the Cash Management Improvement ACT (CMIA). As rebates are received in the state office, the actual food expenditures presented by the WIC Banking system are paid against rebate balances first. The PeopleSoft Accounting System provides for accurate, current and complete disclosure of the financial status of the program, including a procedure which enables prompt and accurate payment of allowable costs. The Uniform Accounting System (UAS) is an independent budget and disbursement system in which the Department allocates and tracks local agency WIC administrative funding. Local agencies are allocated their administrative funding through allotment which they budget in UAS. These budgets are used as control budgets upon which local agencies may expend. Each month, local agencies report their expenditures against those budgets and request reimbursement for those expenditures through the Monthly Income and Expenditure Reports (MIERS) component of UAS. Upon close out of each month's MIERS, the Department's general ledger system (People Soft) is updated by UAS and the monthly local agency expenditures are recorded. By completing this update monthly and reimbursing the locals for their reported expenditures, costs are updated monthly in the general ledger system (i.e. PeopleSoft).

D. LOCAL LEVEL REQUIREMENTS

The local level requirements are as follows:

1. The Master Agreement for the Department of Public Health requires that local agencies maintain their Financial Management Systems in accordance with 45 CFR Parts 74.60 and 74.61 (Subpart H) and Official Code of Georgia Annotated (OCGA), Section 31-3-8. A copy of the Master Agreement for Public Health may be obtained from the Financial Management Section of the Georgia WIC Program.

The DPH Administrative Policy and Procedures Manual and the DPH Grants to Counties Manual give specific instructions on the operation of a financial management system at the local level.

2. Each month local agencies must submit a Monthly Income and Expenditure Report (MIER) to the Public Health Grant-In-Aid office. The Georgia WIC Program staff and/or Financial Management staff monitor

these reports against approved budgets. During program reviews, equipment and computer inventories are reviewed to ensure program compliance.

3. The Public Health Master Agreement requires an annual audit of all local agencies. The DPH Office of Audits is responsible for overseeing this requirement. Non-compliance results in the immediate suspension of payments to the delinquent agency. The financial management staff of each local agency, in keeping with state agency requirements, is charged with oversight and accountability for WIC Program budgets and expenditures according to DPH and USDA Food and Nutrition Services (FNS) guidelines and instructions.
4. The allocation of Nutrition Service and Administration (NSA) Grant funds is based on methodology developed by the Georgia WIC Program and the WIC Allocation Advisory Committee, with final approval from the Director of the Department of Public Health. Funds available for allocation to local agencies are determined by subtracting the cost of operations of the WIC Program, the Office of Nutrition and WIC and the centralized costs for management of the food grant, from the total NSA grant received from USDA. The balance is allocated to local agencies based on participation.
5. The WIC Allocation Advisory Committee is charged with assisting the Program and the Department of Public Health with developing an acceptable methodology for allocating federal grant funds to local agencies. The Georgia WIC Program approved funding formula has been well accepted by local agencies due to its accuracy and fairness. Additionally, the Georgia WIC Allocation Advisory Committee makes recommendations to the WIC Program concerning caseload management strategies. A district health director chairs the committee.
6. Operational and administrative funds are distributed to local agencies by contractual agreements. WIC funding to Georgia eighteen lead counties is part of the DPH Public Health Master Agreement. Funding to non-profit organizations is made through a standard DPH contract. Currently, Georgia WIC only contracts with one non-profit organization.
7. Budgets for local agencies are changed by means of contractual amendments.

E. Procurement and Property Management

1. The Georgia WIC Program adheres to DPH's Procurement Services Policy PR-11001 (see Attachment AD-20). This policy governs the purchases of goods and services by the Georgia WIC Program.
2. According to the Master Agreement, Boards of Health must conduct all purchases of supplies, equipment and services in accordance with the

Board's purchasing policy. The Board must have a purchasing policy in place that does not conflict with any Federal, State or local law.

3. Both the Georgia WIC Program and the Boards of Health must meet the following property management requirements:

a. Maintain property records that meet the minimum requirements set forth in the DPH Asset Management Policy AM-01001 (see Attachment AD-21).

b. Upon termination, the Board should account for all equipment purchased with WIC funds and dispose of such properties in accordance with WIC regulations

F. CASELOAD MANAGEMENT/FOOD COST

Food Cost may come from three sources. A description of each source is listed below:

1. CSC Covansys (the State's Data Processing and Banking Contractor) compiles a monthly Reconciliation Report (EWRR860G) report using a series of four reports:

- Monthly Report of Food Expenditures
- Bank Exception
- Unmatched Redemption
- Bank Listing

This data is based on the issue month of the voucher.

The Division of Finance, DPH, enters the information from the Reconciliation Report (EWRR860G) into the state's financial system (People Soft).

2. The Vendor Section authorizes administrative payments to Vendors for returned vouchers (see Attachment AD-25). Vouchers may be returned for the following reasons:

- Post and Stale date
- Signature of participant missing
- Exceeded maximum amount allowed
- Altered vouchers
- Missing Vendor stamp

Post and Stale dated and altered vouchers are not approved for payment. Once these vouchers have been individually researched and payment has been authorized, the information is entered into People Soft. The Division of Finance will then release payment.

3. Orders for Special Formula are placed by clinics through the State Nutrition Services Unit.

These orders are reviewed for approval prior to the purchase of formula. Once approved, the formula is ordered and the information placed into People Soft for **Division of Finance** to process.

4. Once the **Division of Finance** has received all of the information, the final cost of redeemed month is entered into the FNA-798 Report.
5. Monthly Food expenditures as reported on the 798 report are recorded by issue month.
6. Projected participation is determined by the local agency assigned caseload in accordance to the state funding formula. The monthly projections are distributed using a three year trend analysis of closeout caseload.
7. Closeout Participation means the sum of:
 - a.) The number of persons who received supplemental foods instruments during the reporting period.
 - b.) The number of infants who did not receive supplemental foods or food instruments but whose breastfeeding mother received supplemental foods or food instruments during the report period; and
 - c.) The number of breastfeeding women who did not receive supplemental foods or food instruments but whose infant received supplemental foods or food instruments during the report period.
8. Rebate is post by month received and is expended prior to the draw down of federal dollars.
9. Gross Obligation and Outlays are the unliquidated obligation and ongoing monthly operation cost.

G. Accounts Payable

1. All invoices paid by Georgia WIC at the state level are approved by the Deputy Director for Administration and WIC Director through either approval of a basic expense form, purchase request or contract authorization request. The Deputy Director is responsible for ensuring all purchases when initiated or paid by the guidelines set forth in OMB Circular A-87 (see Attachment AD-24) and in this administrative procedures manual.
2. All payments are made in accordance with DPH's Invoice Payment Policy FN-06038 (see Attachment AD-23).

H. Distribution of Employee Costs – Time Reporting

1. Distribution of Employee Costs occurs via two methods: periodic time and effort reporting and DPH's indirect cost rate.
2. Employees whose full time effort is for the benefit of the Georgia WIC program have their time captured through semi-annual certifications of pay. Certifications are distributed each six months on a calendar year basis to such employees. Such employees are required to certify the portion of their time spent performing duties associated with Georgia WIC. Their supervisors are required to approve these certifications. Non personal services costs associated with these employees are direct charged to WIC accounts
3. Employees whose effort is cost allocable between more than one fund sources are compiled by the Division of Finance and cost allocated through DPH's Indirect Cost Rate Agreement (see **Attachment AD-22**). Allocable non personal services costs associated with these employees are cost allocated also per the Agreement.

I. FNS – 798 Reporting

1. DPH Division of Finance is responsible for compiling and submitting the FNS-798 on a monthly basis. Georgia WIC reviews and approves the report before submission.
2. District level administrative costs are collected through the UAS subsystem of DPH's general ledger system, Peoplesoft. The Division of Finance runs monthly general ledger reports and extracts all administrative cost data from the general ledger and inputs this information on the appropriate lines in the 798 report. Breast feeding expenditures are compiled from the appropriate programs contained within the UAS subsystem annually. Nutrition expenditures are compiled from the nutrition expenditure category contained within PARS annually. Georgia WIC does not use in-kind expenditures to meet either the breast feeding or nutrition education requirements.
3. State level administrative costs are collected through DPH's general ledger system, Peoplesoft via the payroll, accounts payable and purchasing subsystems. The Division of Finance runs monthly general ledger reports and extracts all administrative cost data from the general ledger and inputs this information on the appropriate lines in the 798 report. Breast feeding expenditures are compiled from the appropriate budgets contained within Peoplesoft annually. Nutrition expenditures are compiled from the appropriate budgets contained within Peoplesoft annually. Georgia WIC does not use in-kind expenditures to meet either the breast feeding or nutrition education requirements.
4. Rebates are collected from the Peoplesoft general ledger system. This amount is posted in Peoplesoft and recognized the month it is received. Rebate invoices to the infant formula contractor are developed from reports generated by Georgia WIC's banking and data vendor based on monthly product redemptions. Rebate rates are reconciled to the appropriate contract rates. Rebates collected from the rebate contractor are reconciled to rebates invoiced.

5. Program income is reflected on the report the month it is credited to the accounts Peoplesoft.
6. Food costs are collected from the Peoplesoft general ledger system. Food costs are posted as explained in subsection F. Caseload Management/Food Costs above.

II. LOCAL AGENCY OPERATIONS

Prior to July 1 of each year, all local agencies operating the Georgia WIC Program, excluding contracted local agencies, must sign a copy of DPH Master Agreement which included Annex I and submit to the Budget Office (**See Attachment AD-1**).

District staff receiving WIC funds must:

1. Provide services in accordance with the Child Nutrition Act of 1966, as amended by P. L. 108, for the delivery of services for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). This provider agreement is made pursuant to the Department of Public Health (DPH) Administration Policy and Procedures Manual, Part II A.I., the United States Department of Agriculture/Food and Nutrition Services (USDA/FNS) regulations at 7 C.F.R. Part 246, the Georgia WIC Program Procedures Manual, the Georgia Nutrition and State Plan, the Georgia WIC Program Guidance for Local Agency Planning, and all administered memos. (The aforementioned documents are hereinafter incorporated into the Master Agreement.)
2. Collect and submit accurate client data for WIC participants for the purpose of monitoring program performance. Comply with all Federal and state requirements in the collection of program data and make modifications as appropriate or requested within a specified time.
3. Employ appropriate staff to adequately perform WIC responsibilities in accordance with WIC staffing and processing standards, certification requirements, program integrity, and voucher accountability and security.
4. Participate in development of the Georgia WIC Program State Plan that is annually submitted to USDA. Submit a local agency program plan to the Georgia WIC Program by March 31st, unless another date has been designated as the due date for that year for inclusion in the annual State Plan.
5. When local agencies provide WIC Farmer's Market Nutrition Program services, they must provide WIC Farmer's Market Nutrition Program services according to the Federal regulations at 7 C.F.R. Part 248 and the Georgia WIC Program Farmer's Market Handbook.

Reporting Requirements:

1. Submit an annual report by March 31 and October 31, unless another date has been designated as the due date for that year for the previous Federal fiscal year (October

thru September).

III. FINANCIAL PROCEDURES

A. District Health Agencies

Adhere to:

Georgia WIC Program Procedures Manual

USDA FNS Instruction 808-1

OMB Circular A-87 and A-102

DPH Master Agreement and program specific annexes (WIC – Annex 2)

Title 7 Code of Federal Regulations Part 246 (7 C.F.R. Part 246)

B. Non-profit Agencies

Adhere to the tenets of the negotiated contract and prescribed policies and procedures established by the Georgia WIC Program and Department of Public Health, and by the Federal WIC regulations at 7 C.F.R. Part 246.

C. Unliquidated Obligations

USDA requires that Unliquidated Obligations be reported. District Health Agencies are to report these on their Monthly Income and Expense Reports (MIER).

D. Year-End Funds Obligations

In order to utilize year-end Nutrition Services Administration (NSA) funds, all purchase orders must be completed, properly dated and forwarded to the vendor prior to September 30th.

E. External Entities Audit Standards and Sanctions

Authority/Purpose:

The Georgia Department of Public Health (DPH) has established stands and sanctions for external entities audits under DPH policy number AU-02001 dated July 1, 2011. The authority for this policy is OMB Circular A-133, 7 CFR 277.17 and the Official Code of Georgia Annotated (OCGA): Title 50 Chapter 20, Sections 1-8. The purpose of the policy is to ensure that those non-federal entities which receive funds from the Department of Public Health (DPH) conform to the standards and requirements imposed by federal and state law and by DPH's Contracts. Sanctions are imposed on those entities that do not comply with the standards and/or audit requirements.

Policy:

Entities that contract with the Department must meet certain financial reporting requirements. These requirements are defined in: the Single Audit Act Amendment of 1996; OMB Circular A-133; Contract Provisions; DPH Policy; and Title 50, Chapter 20, Sections 1 through 8 of the Official Code of Georgia Annotated. The requirements vary according to the dollar amount expended by

the entity during its accounting year. These are listed under paragraph 2.3 in the attached policy and delineated in the following paragraphs.

Entities Expending \$500,000 or More in Federal Funds

All entities expending \$500,000 or more in federal funds during their fiscal year comply with: the provisions of the Single Audit Act Amendments of 1996 and their implementing regulation - OMB Circular A-133. Non-profit organizations must comply with the provisions of the O.C.G.A. Annotated, Section 50-20-1 through 50-20-8, as amended, 1998 Legislative Session. Audits of nonprofit organizations must also include a "Schedule of State Awards Expended."

These entities obtain a single entity-wide audit of their financial records performed by an independent auditor. The audit covers all financial activities for the fiscal year and is conducted in accordance with Generally Accepted Government Auditing Standards issued by the Comptroller General of the United States.

Audits for public entities include, for those contracts that were completed during the audit period, a "Statement of Revenues and Expenditures Compared to Budget," presented by program name or contract name and number. Audits of public entities also include a "Schedule of State Awards Expended."

The entity files two copies of the independent auditor's report with the Director, Office of Audits, Inspector General, within 180 days after the end of the organization's fiscal year. Nonprofit organizations must submit one copy of the report to the State Department of Audits and Accounts within the same time period. If an extension of the time period is desired, the State Department of Audits (for private nonprofit entities) or the DPH Office of Audits (for public entities) may waive the requirement for completion if a request is made that shows good cause. The waiver is for an additional period of not more than 90 days, and no such waiver is granted for more than two successive years to the same entity. A plan of corrective action for all deficiencies disclosed in the audit report must be submitted with the audit report.

Entities expending \$100,000 or more in state funds

All entities expending \$100,000 or more in state funds during their fiscal year comply with contract provisions and DPH policy. Nonprofit organizations also comply with the provisions of the O.C.G.A. Annotated, Section 50-20-1 through 50-20-8, as amended, 1998 Legislative Session. Audits of nonprofit organizations also must include a "Schedule of State Awards Expended."

These entities obtain an entity-wide audit of their financial records performed by an independent auditor. The audit is conducted in accordance with Generally Accepted Auditing Standards issued by the American Institute of Certified Public Accountants and the financial statements are prepared in accordance with

generally accepted accounting principles. Audits for public entities include, for those contracts that were completed during the audit period, a "Statement of Revenues and Expenditures Compared to Budget," presented by program name or contract name and number. This statement is presented by contract name and number for the entire contract period. Audits of public entities also must include a "Schedule of State Awards Expended."

The entity files two copies of the independent auditor's report with the Director, Office of Audits, Inspector General, within 180 days after the end of the organization's fiscal year. Nonprofit organizations must submit one copy of the report to the State Department of Audits and Accounts within the same time period. If an extension of the time period is desired, the State Department of Audits (for private nonprofit entities) or the DPH Office of Audits (for public entities) may waive the requirement for completion if a request is made that shows good cause. The waiver is for an additional period of not more than 90 days, and no such waiver is granted for more than two successive years to the same entity. A plan of corrective action for all deficiencies disclosed in the audit report must be submitted with the audit report.

Entities expending between \$25,000 and \$100,000 in state funds

All entities expending at least \$25,000 but less than \$100,000 in state funds during their fiscal year comply with contract provisions and DPH policy by submitting audited or unaudited financial statements. Nonprofit organizations are also required to comply with the provisions of the O.C.G.A. Annotated, Section 50-20-1- through 50-20-8, as amended, 1998 Legislative Session. Audits or financial statements of nonprofit organizations must also include a "Schedule of State Awards Expended."

Financial statements that have been audited include the auditor's report on the financial statements. Audits for public entities include, for those contracts that were completed during the audit period, a "Statement of Revenues and Expenditures Compared to Budget," presented by program name or contract name and number. This statement is presented by contract name and number for the entire contract period. Audits or financial statements of public entities must also include a "Schedule of State Awards Expended."

Financial statements that have not been audited must include a statement from the president or other responsible official of the organization which states that:

-The financial statements are presented in accordance with generally accepted accounting principles and, if not, the basis used for their presentation;

-The financial statements are prepared on a basis consistent with that of the preceding year, and if not, the respects in which they differ from the preceding year;

-The financial statements of public entities include for those contracts that were completed during the audit period, a "Statement of Revenues and Expenditures Compared to Budget," presented by program name or contract name and number. This statement is presented by contract name and number for the entire

contract period. The financial statements of public entities must also include a "Schedule of State Awards Expended."

The entity files two copies of the audit or financial statements with the Director, Office of Audits, Inspector General, within 180 days after the end of the organization's fiscal year. Additionally, private nonprofit organizations submit one copy of the report to the State Department of Audits and Accounts within the same time period. If an extension of the time period is desired, the State Department of Audits (for private nonprofit entities) or the DPH Office of Audits (for public entities) may waive the requirement for completion if a request is made that shows good cause. The waiver is for an additional period of not more than 90 days, and no such waiver is granted for more than two successive years to the same entity. A plan of corrective action for all deficiencies disclosed in the audit report must be submitted with the audit report.

Role of the DPH Office of Audits

-Requests the required audit or financial statements, management reports, memoranda and internal documents from those entities that have failed to provide them;

-Reviews the audit reports for financial settlement amounts, questioned costs, and findings and recommendations;

-Communicates the dollar amounts of financial settlements to the DPH Division of Finance for settlement;

-Requests corrective action plans to preclude recurrence of findings from those entities that have failed to provide them;

-Forwards one copy of the audit report or financial statements to the programmatic Division(s) or Office(s); and

-Notifies the appropriate DPH programmatic Division(s) or Offices(s) of those entities which have not complied with the filing requirements of this policy as well as the DPH Division of Finance that will impose the appropriate sanctions.

Role of the Programmatic Division

-Insures that appropriate programmatic corrective actions are implemented when required by an audit report;

-Reviews audits for compliance with programmatic performance goals;

-Enforces corrective action on repeat findings; and

-Approves or disapproves budget and spending variances.

Details of all these requirements including Definitions of terms and acronyms can be found in DPH Policy AU-02001.

IV. FUNDING REQUIREMENTTHE LOCAL AGENCY MUST:

1. Implement management controls to track and ensure accountability of program funds, assets and property, in accordance with WIC regulations. A penalty of up to \$25,000 may be charged for the misuse or illegal use of program funds, assets or property. This applies to individuals that embezzle, willfully misapply, steal or obtain by fraud, assets or property, whether received directly or indirectly from USDA.
2. Have a central cost allocation plan that has prior approval from DPH, **Division of Finance and the Georgia WIC Program**.
3. Ensure that the local agency staff complies with guidelines and procedures for requesting and expending funds awarded to the local agency for special projects. As an addendum to this annex, the Georgia WIC Program shall outline project specific requirements in the "Local Agency Special Projects Terms and Conditions". Grant funds awarded for special projects shall not be used to supplant existing programs. All equipment purchases made with special projects funds are the property of the Georgia WIC Program and shall be transferred back to the state at the termination of the project.
4. Maintain complete and accurate documentation of allocated funds received and expended by employing General Accepted Accounting Principles (GAAP) and making these records available for audit upon request of the Georgia WIC Program or the Federal Agency.
5. In case of an audit exception, the local agency may be required to repay the Department from the local agency's non-participating funds.
6. Federal regulations require the Georgia WIC Program to spend 97% (ninety-seven percent) of its food grant dollars. Failure to meet this mandate may result in the imposition of a penalty. To be consistent with the federal mandate, each local agency will be expected to serve a minimum number of WIC participants determined by the federal caseload mandate.
7. Request and obtain, through the Georgia WIC Program, prior approval for the purchase of computers and /or related hardware and software regardless of cost and for any expenditure over \$5,000 (five thousand dollars).
8. Complete all monthly Bank Exceptions Reports and Cumulative Unmatched Redemption (CUR) Reports received from the State EIC Branch or the Data Processing Contractor and return within the specified time. Local agencies will monitor clinics for compliance. Failure to correct the errors on the CUR Report when moved to Part Two of the report will require a monetary payback to the Georgia WIC Program when the total amount of the redeemed vouchers exceeds \$1,000.00 (one thousand dollars) monthly.
9. Place all employees who are paid entirely by WIC funds into the 301 cost pool.
10. Ensure that no WIC funds are expended toward a computer system unless the computer system has prior written approval by USDA.
11. The local agency that participates in Using Loving Support to Manage Peer Counseling agrees to the development, operation and evaluation of supervisory clinic staff and Peer Counselors (PC) as prescribed in guidance developed by

Best Start Social Marketing. All peer counseling grant funds will be available as grant-in-aid under Program #329. A Peer Counselor must be a current or former WIC participant and must have breastfed for at least six (6) months. Preferred candidates should have six (6) months of personal breastfeeding experience. The actual number of peer counselors employed may be determined by the Health Director, as long as the individual Peer Counselor hours do not exceed thirty (30) hours a week. A Peer Counselor must be paid a minimum of eleven dollars (\$11.00) per hour.

A Peer Counselor must be reimbursed for all approved work related expenses as stated in the Department of Public Health Travel Regulations. Georgia WIC recommends each local contractor have an equal number of alternate Peer Counselors as hired Peer Counselors. The purpose of alternate Peer Counselors is to have trained replacements immediately available, in event of a Peer Counselor position vacancy. The grant award will include additional funds of ten dollars (\$10.00) per hour for the training of the alternate Peer Counselors and when they perform any peer counseling duties. Local contractors may elect to hire additional Peer Counselors or increase the number of hours a Peer Counselor works instead of having alternates. Funds from this grant must not be used to supplant existing WIC financial resources.

12. Comply with the Georgia DPH Administrative Policy and Procedures and DPH Grants-to Counties Policies for administration of funds.

THE STATE AGENCY MUST:

1. Monitor and track District level expenditures and review those expenditures to insure they are allocable and allowable costs to the grants.

State administration staff will conduct aggregate analysis on a monthly basis to identify irregularities in expenditures by category. This analysis consists of reviewing expenditures by local agency budget and local agency cost category reports. This analysis also includes a determination whether these expenditures are compliant with Subsection II – Basic Cost Principles/WIC Allowable Costs and Subsection IV – Guidelines for Local Agency Cost Allocation Methodology of this manual. These subsections provide the general requirements costs (expenditures) must meet to be an allowable and allocable charge to the WIC grant. These subsections also provide guidance on cost allocation to which Districts must adhere. If an irregularity is identified, the Deputy Director for Administration will request explanation of the irregularity from the Board of Health or request the DPH Audits Section to review the expenditures.

The DPH Audits Section will review sample MIER reimbursement requests. During its district audits, DPH Audits Section samples MIER reimbursement requests to insure documentation reconciles with the request submitted. It also reviews whether the cost associated with the reimbursement are: a) reasonable and necessary and b) allocable to WIC.

State administration staff also reviews specific expenditures with District staff as to their eligibility. This review is conducted in compliance with OMA Circular A-87.

2. Ensure Districts do not exceed their budgets.

State administration staff and Division of Finance Staff reconcile district budgets to each district's allocation. Upon distribution of the Budget Allotment Summary Sheets and execution of the Master Agreements, the lead counties for each district are required to load budgets matching their allotments in the Uniform Accounting System (UAS). UAS is DPH's subsystem for local agency accounting and reporting to the state of Georgia's general ledger accounting system which DPH is required to use. Once the budget is properly loaded in UAS, the UAS budget prevents districts from exceeding their allocation.

3. Conduct District management reviews.

DPH Audits Section performs agreed upon procedures review of District Boards of Health. These are completed for half of the Public Health Districts (nine) each year on a rotating basis. The Audits Section performs the following procedures: a) review of previous audits, b) review of general accounting practices, c) review of expenditures, d) determination of whether the District has conducted its self review and the results of that review, e) review of certification controls, f) review of benefit issuance controls, g) review of WIC voucher security, h) review of asset management, i) review of food instrument accounting, and j), review of Peer Counseling program.

V. EQUIPMENT INVENTORY

Maintenance of a complete and accurate inventory of all equipment leased or purchased with WIC funds is an ongoing district responsibility. Updates to the Georgia WIC Program Inventory Database are required whenever new non-ADP equipment over \$1,000 (one thousand dollars) or new ADP equipment for any dollar amount has been acquired. Equipment that is transferred, surplus, destroyed or reported stolen or missing also requires an immediate update to the database.

Updating the database falls into one of the two categories, acquisition and status change. It is understood that districts will provide the state office with appropriate and immediate notification of their equipment acquisitions and status changes as follows:

A. Acquisition

Acquisition of a new item requires the districts to complete a new record in the database [online](#).

B. Status Change

Change in the status of an item requires the districts to complete the Property Transfer Form (**See Attachment AD-2**) with appropriate fields marked to reflect that change. Forward the completed form to the Georgia WIC Program electronically or by regular mail. Changes to the master file are then made by WIC Personnel [online](#). Instructions for each status change are listed below:

1. Surplus Equipment

Surplus Equipment according to DPH Real and Personal Property Management Manual Regulations.

2. Equipment without Value

Equipment that is no longer valuable and/or usable and is scheduled for destruction must be noted on **Attachment AD-2**. Also attach a Destruction of Surplus Property Affidavit, which must be signed by the appropriate state authority and returned to the district prior to their taking any action.

3. Missing Equipment and Stolen Equipment

Districts are to complete the Property Transfer Form (see **Attachment AD-2**) which gives a brief explanation of the circumstances leading to equipment disappearance. Attach a Police report to this attachment. If the equipment is recovered, complete the Property Transfer Form (see **Attachment AD-2**); attach an explanation for the equipment reappearance. Forward all forms to the Georgia WIC Program.

VI. RETROACTIVE BENEFITS AND REIMBURSEMENTS

- A. Revenue

Any revenue generated as a result of administering the Georgia WIC Program is considered as governmental and/or program income and must be used to further program objectives in accordance with Federal WIC regulations at 7 C.F.R. Part 3016.

- B. Misuse of Funds

Any vendor, local agency or state agency and/or individual(s) that embezzle willfully misapply, steal or obtain by fraud any funds, assets or property provided (whether received directly or indirectly from USDA) valued at \$100.00 (one hundred dollars) or more will have to pay a penalty of \$25,000 (twenty-five thousand dollars). SFP Regional letter, #250-04, March 8, 2004.

VII. LOCAL AGENCY COLLECTIONS

Local agency collections are funds recovered through the collection of local agency claims. The state agency is responsible for monitoring local agency operations including financial management systems (7 C.F.S. Section 246.19(b)). If any food or NSA funding provided to a local agency is misused, diverted from program purposes, or lost as a result of thefts, embezzlements, or unexplained causes, the state agency should assess a claim against the local agency, as well as require the local agency to submit a corrective action plan.

SECTION TWO – STATEWIDE COST ALLOCATION PLAN**I. INTRODUCTION TO WIC STATEWIDE COST ALLOCATION PLAN****PURPOSE**

The statewide cost allocation plan describes methods for assigning costs to a state or local agency's WIC grant or sub-grant. State and local agencies shall use this guide in assigning costs to WIC, except where other documents, such as an Advance Planning Document (APD), statewide cost allocation plan, indirect cost rate agreement, etc., prescribe other methods.

AUTHORITY

The WIC authorizing statute at 42 U.S.C. 17(h)(1)(A) provides that FNS shall allocate Federal WIC funds to States each fiscal year "for costs incurred by State and local agencies for nutrition services and administration for such year." The Federal cost principles stated in OMB Circular A-87 (Cost Principles for State, Local, and Indian Tribal Governments), OMB Circular A-122 (Cost Principles for Nonprofit Organizations), and 31 CFR Part 74, Appendix E (Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts With Hospitals) provide general rules for use by the respective types of organizations to which they apply in charging costs to Federal programs for reimbursement by Federal awarding agencies. Program-specific allowable cost rules are found at 7 CFR 246.14 and in written guidance issued by Food and Nutrition Services. This plan implements these authoritative documents with respect to the Georgia WIC Program.

BACKGROUND

The Congress created the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to serve as an adjunct to good health care for low-income women, infants, and children. Its primary mission is to provide nutritious supplemental foods and nutrition education for such persons during critical times of growth and development.

As important as nutrition is to overall health and well-being, the Congress also recognized that nutritional services without other primary health care and related social services are simply half-measures. Therefore, WIC is also tasked with operating as a front-line health screening and risk assessment program and serving as a linkage or gateway to health care and social services. WIC accomplishes this by performing an aggressive information and referral function.

Many costs incurred by state or local agencies are directly attributable to WIC; these are known as **direct costs**. However, the delivery of WIC benefits has great potential to overlap the health service parameters of a number of other state and federal public health and public assistance programs. Examples of such programs include those funded under Title V of the Maternal and Child Health Block Grant, Community and Migrant Health Centers, Medicaid (especially its Early and Periodic Screening, Diagnostic and Treatment (EPSDT) component), Immunization, Head Start, and the WIC Farmers' Market Nutrition Program. The same costs that benefit WIC often benefit these and other programs as well. Such shared costs must be assigned to programs through a process of allocation.

This is particularly true in cases where state and local agencies have integrated the delivery of program services in order to make them available to clients in a "one-stop shopping" mode. While this operating method minimizes duplication of effort between programs, it results in different programs sharing many costs. The trend toward the integration of health service

delivery magnifies the need for cost allocation systems sophisticated enough to assign WIC its fair share of costs, but not so complex as to create administrative burdens that discourage “one-stop shopping”.

PUBLIC HEALTH GRANT-IN-AID PROGRAM

Georgia county public health departments are the service-delivery arm of the Department of Public Health. While they are independent legal entities, through the means of a contract, they work with the Division to provide public health services to the citizens of the state.

WIC funds are allocated to the lead county health department as part of the Department’s Grant-in-Aid Program and, as such, are recorded into the department’s (Uniform Accounting System) UAS computer system. UAS then interfaces with the department’s financial records. This allows for the reimbursement to the lead county health department for expenditures and for the preparation of financial reports.

COST DISTRIBUTION

Programs that are part of public health’s Grant-in-Aid to counties (GIA) may have some of their costs direct charged. All of the costs that are direct should be directly charged to a program. The remainder should be allocated.

Costs are collected monthly by the UAS and updated to PeopleSoft. When the update to PeopleSoft occurs, the direct charged programs are posted to their funding sources.

COMPOSITION OF COST

Direct Costs are those that can be identified specifically with a particular cost objective. **All WIC expenditures are direct cost including all employees 100% paid by WIC and non WIC paid employees who occasionally perform WIC services.**

II. BASIC COST PRINCIPLES/WIC ALLOWABLE COSTS

GENERAL REQUIREMENTS

The basic guidelines for identifying costs which may be charged to a Federal grant are found in OMB Circular A-87 for state agencies and governmental local agencies, and in A-122 for non-governmental, nonprofit local agencies. These circulars are implemented by departmental regulations at 7 C.F.R. Parts 3016 and 3019. To be deemed an allowable charge to a Federal grant under these guidelines, a cost must:

- A. Be reasonable and necessary to administration of WIC services.
- B. Be treated consistently. This means that costs incurred for the same purpose in like circumstances must be consistently charged to a Federal grant as either direct costs or indirect costs.
- C. Be consistent with and allowable under federal, state and local laws, regulations and policies.
- D. Be determined in accordance with generally accepted accounting principles (except

- where the applicable Federal cost principles expressly provide otherwise) and adequately documented.
- E. Be net of applicable credits.
 - F. Be charged to the correct accounting period.
 - G. Not be charged to more than one Federal grant or used to meet a matching or cost sharing requirement for more than one Federal grant, either in the current or a prior accounting period.
 - H. Be allocable. A cost is allocable to the Federal grant only to the extent that it benefits the grant's objective.
 - I. Costs must be allocated equitably in terms of the benefit derived. To accomplish this requirement, the relative benefit must be approximated through the use of a reasonable method.

A cost is considered **reasonable** if, in nature and amount, it does not exceed what a prudent person would spend for a like item or activity to achieve the program's objectives. Costs incurred to carry out essential WIC functions, and which cannot be avoided without adversely impacting WIC operations, will be considered **necessary**. Costs determined to be reasonable and necessary to meet WIC objectives are allowable charges to the Federal WIC grant, provided these costs meet the other requirements for allow ability. Since the WIC grant is limited in amount, the priority of the expenditure in relation to other demands on available resources must also be considered.

Activities considered necessary to achieve WIC objectives are discussed in this chapter. They may be performed solely for the benefit of meeting WIC objectives, or to meet objectives of both WIC and non-WIC programs. Further, these activities may be performed by WIC-only or multiple-program employees. The costs of the activities are allocable to WIC grant to the extent that the activities are performed to benefit WIC.

COMPONENTS OF FEDERAL WIC GRANT

WIC's authorizing statute, the Child Nutrition Act of 1966, as amended, provides that a state agency's Federal WIC grant will consist of two components: one for the cost of supplemental food benefits and one for the costs of nutrition services and administration (NSA). Costs necessary to fulfill Program objectives e.g., costs to provide WIC participants with supplemental foods, nutrition education, breastfeeding promotion and support and referral to related health services, are allowable charges to the applicable component of the WIC grant.

NUTRITION SERVICE ADMINISTRATION (NSA) COSTS - GENERAL

A state or local agency **must** perform the following functions in order to meet WIC objectives: nutrition education, breastfeeding promotion and support, participant certification and caseload management, food delivery, screenings for and referrals to other social and medical service providers and general programs management. Therefore, the costs associated with these functions are allowable charges to the NSA component of the Federal WIC grant, provided these costs meet the other requirements for allowability.

FOOD COST

The WIC food delivery system is managed by the Georgia WIC Program.

NSA COSTS FOR CLINIC ACTIVITIES

The following activities performed in WIC clinics are considered necessary to meet WIC objectives. Therefore, provided all other requirements for allowability are satisfied, the direct and indirect costs associated with performing these activities are allowable charges to the WIC NSA grant.

- A. Participant Certification/Case Management
 - 1. Data Collection and Risk Assessment for Eligibility Determination
 - i) obtain application data and assess for eligibility - name, income, residency, etc.
 - ii) anthropometric screening (heights, weights) and blood work (hematocrit or hemoglobin)
 - iii) obtain and/or score nutritional practices
 - iv) screening for other medical conditions which affect the participant's nutritional status and needs such as substance abuse, food allergies, diabetes, etc. (no laboratory analysis)
 - 2. Case Management
 - i) Nutrition care plan development
 - ii) Maintenance of participant manual or automated charts/records
 - iii) Appointment scheduling, reminders, and reviewing certification/recertification information needed with applicant/participant
 - iv) Participation in public health needs assessment/surveillance activities related broadly to maternal and child health as long as WIC has access to information gathered
- B. Nutrition Education
 - i) Preparing, scheduling, providing group or individual nutrition education
 - ii) Preparing nutrition education materials
 - iii) Providing High risk nutrition counseling
- C. Breastfeeding Promotion and Support
 - 1. Preparing, scheduling, and providing group or individual breastfeeding promotion and support.
 - 2. Preparing breastfeeding promotion and support materials.

D. Food Delivery

1. Development and assignment of WIC food packages.
2. Issuing food instruments and accounting for food instrument issuances.

E. Health Care Referrals

The costs of some screening (excluding laboratory tests), referrals for other medical/social services such as immunizations, prenatal care, well child care and/or family planning, and follow-up on participants referred for such services, may be charged to the WIC grant. However, the cost of the services performed by the other health care/social service provider to which the participant has been referred shall not be charged to the WIC grant.

A hematological test for anemia such as a hemoglobin, hematocrit, or free erythrocyte protoporphyrin test is the only laboratory test required to determine a person's eligibility for WIC. As such, the cost of a hematological test for anemia is the only laboratory cost that may be charged to the WIC grant. Laboratory tests to screen for other health conditions including, but not limited to, pregnancy, lead and diabetes are not allowable charges to the WIC grant. When WIC operates in a clinic which requires complete blood samples for more complex blood tests, WIC will only pay an agreed upon amount that approximates the cost that WIC would have incurred if it had conducted its own blood tests (hemoglobin, hematocrit or free erythrocyte protoporphyrin tests) for WIC eligibility.

NSA COSTS FOR PROGRAM MANAGEMENT ACTIVITIES

The following program management activities are considered necessary to meet the Georgia WIC Program objectives; and therefore, the costs associated with conducting these activities are allowable charges to the WIC Nutrition Service Administration grant component.

- A. Maintaining accounting records
- B. Audits
- C. Budgeting
- D. Food instrument reconciliation, monitoring and payment
- E. Vendor Monitoring
- F. Outreach

UNALLOWABLE COSTS

Under no circumstances may the Federal WIC grant be charged in full or in part for the costs of services which are demonstrably outside the scope of WIC's authorizing statute. For example, the WIC grant may be charged to screen WIC participants for immunizations and refer and follow-up on WIC participant immunizations, but WIC may not be charged for the cost to administer the shot, the vaccine or vaccine-related equipment. Further, costs which are specifically disallowed by applicable Federal cost principles may not be charged to the WIC grant.

DISTRIBUTION OF FUNDS TO STATES

Below are the official Regulations for Distribution of Funds to the States:

(7 C.F.R. Section 246.16)

“b) *Distribution and application of grant funds to State agencies.* Notwithstanding any other provision of law, funds made available to the State agencies for the Program in any fiscal year will be managed and distributed as follows:

(1) The State agency shall ensure that all Program funds are used only for Program purposes. As a prerequisite to the receipt of funds, the State agency shall have executed an agreement with the Department and shall have received approval of its State Plan.

(2) Notwithstanding any other provision of law, all funds not made available to the Secretary in accordance with paragraph (a)(6) of this section shall be distributed to State agencies on the basis of funding formulas which allocate funds to all State agencies for food costs and NSA costs incurred during the fiscal year for which the funds had been made available to the Department. Final State agency grant levels as determined by the funding formula and State agency breastfeeding promotion and support expenditure targets will be issued in a timely manner.

(i) *Back spend authority.* The State agency may back spend into the prior fiscal year up to an amount equal to one percent of its current year food grant and one percent of its current year NSA grant. Food funds spent back may be used only for food costs incurred during the prior fiscal year. NSA funds spent back may be used for either food or NSA costs incurred during the prior fiscal year. With prior FNS approval, the State agency may also back spend food funds up to an amount equal to three percent of its current year food grant in a fiscal year for food costs incurred in the prior fiscal year. FNS will approve such a request only if FNS determines there has been a significant reduction in infant formula cost containment savings that affected the State agency's ability to maintain its participation level.

(ii) *Spend forward authority.* (A) The State agency may spend forward NSA funds up to an amount equal to three (3) percent of its total grant (NSA plus food grants) in any fiscal year. These NSA funds spent forward may be used only for NSA costs incurred in the next fiscal year. Any food funds that the State agency converts to NSA funds pursuant to paragraph (f) of this section (based on projected or actual participation increases during a fiscal year) may not be spent forward into the next fiscal year. With prior FNS approval, the State agency may spend forward additional NSA funds up to an amount equal to one-half of one percent of its total grant. These funds are to be used in the next fiscal year for the development of a management information system, including an electronic benefit transfer system.

(B) Funds spent forward will not affect the amount of funds allocated to the State agency for any fiscal year. Funds spent forward must be the first funds expended by the State agency for costs incurred in the next fiscal year.

(iii) *Reporting requirements.* In addition to obtaining prior FNS approval for certain spend forward/back spending options, the State agency must report to FNS the amount of all funds it already has or intends to back spend and spend forward. The spending options must be reported at closeout.

(c) *Allocation formula.* State agencies shall receive grant allocations according to the formulas described in this paragraph. To accomplish the distribution of funds under the allocation

formulas, State agencies shall furnish the Department with any necessary financial and Program data.

(1) *Use of participation data in the formula.* Wherever the formula set forth in paragraphs (c)(2) and (c)(3) of this section require the use of participation data, the Department shall use participation data reported by State agencies according to §246.25(b).

(2) The funds available for allocation to State agencies for NSA for each fiscal year must be sufficient to guarantee a national average per participant NSA grant, adjusted for inflation. The amount of the national average per participant grant for NSA for any fiscal year will be an amount equal to the national average per participant grant for NSA issued for the preceding fiscal year, adjusted for inflation. The inflation adjustment will be equal to the percentage change between two values. The first is the value of the index for State and local government purchases, as published by the Bureau of Economic Analysis of the Department of Commerce, for the 12-month period ending June 30 of the second preceding fiscal year. The second is the best estimate that is available at the start of the fiscal year of the value of such index for the 12-month period ending June 30 of the previous fiscal year. Funds for NSA costs will be allocated according to the following procedure:

(i) *Fair share target funding level determination.* For each State agency, FNS will establish, using all available NSA funds, an NSA fair share target funding level which is based on each State agency's average monthly participation level for the fiscal year for which grants are being calculated, as projected by FNS. Each State agency receives an adjustment to account for the higher per participant costs associated with small participation levels and differential salary levels relative to a national average salary level. The formula shall be adjusted to account for these cost factors in the following manner: 90 percent of available funds shall provide compensation based on rates which are proportionately higher for the first 15,000 or fewer participants, as projected by FNS, and 10 percent of available funds shall provide compensation based on differential salary levels, as determined by FNS.

(ii) *Base funding level.* To the extent funds are available and subject to the provisions of paragraph (c)(2)(iv) of this section, each State agency shall receive an amount equal to 100 percent of the final formula-calculated NSA grant of the preceding fiscal year, prior to any operational adjustment funding allocations made under paragraph (c)(2)(iv) of this section. If funds are not available to provide all State agencies with their base funding level, all State agencies shall have their base funding level reduced by a pro-rata share as required by the shortfall of available funds.

(iii) *Fair share allocation.* Any funds remaining available for allocation for NSA after the base funding level required by paragraph (c)(2)(ii) of this section has been completed and subject to the provisions of paragraph (c)(2)(iv) of this section shall be allocated to bring each State agency closer to its NSA fair share target funding level. FNS shall make fair share allocation funds available to each State agency based on the difference between the NSA fair share target funding level and the base funding level, which are determined in accordance with paragraphs (c)(2)(i) and (c)(2)(ii) of this section, respectively. Each State agency's difference shall be divided by the sum of the differences for all State agencies, to determine the percent share of the available fair share allocation funds each State agency shall receive.

(iv) *Operational adjustment funds.* Each State agency's final NSA grant shall be reduced by up to 10 percent, and these funds shall be aggregated for all State agencies within each FNS region to form an operational adjustment fund. The Regions shall allocate these funds to State agencies according to national guidelines and shall consider the varying needs of State agencies within the region.

(v) *Operational level.* The sum of each State agency's stability, residual and operational adjustment funds shall constitute the State agency's operational level. This operational level shall remain unchanged for such year even if the number of Federally-supported participants in the program at such State agency is lower than the Federally-projected participation level. However, if the provisions of paragraph (e)(2)(ii) of this section are applicable, a State agency will have its operational level for NSA reduced in the immediately succeeding fiscal year.

(3) *Allocation of food benefit funds.* In any fiscal year, any amounts remaining from amounts appropriated for such fiscal year and amounts appropriated from the preceding fiscal year after making allocations under paragraph (a)(6) of this section and allocations for nutrition services and administration (NSA) as required by paragraph (c)(2) of this section shall be made available for food costs. Allocations to State agencies for food costs will be determined according to the following procedure:

(i) *Fair share target funding level determination.* (A) For each State agency, FNS will establish a fair share target funding level which shall be an amount of funds proportionate to the State agency's share of the national aggregate population of persons who are income eligible to participate in the Program based on the 185 percent of poverty criterion. The Department will determine each State agency's population of persons categorically eligible for WIC which are at or below 185% of poverty, through the best available, nationally uniform, indicators as determined by the Department. If the Commodity Supplemental Food Program (CSFP) also operates in the area served by the WIC State agency, the number of participants in such area participating in the CSFP but otherwise eligible to participate in the WIC Program, as determined by FNS, shall be deducted from the WIC State agency's population of income eligible persons. If the State agency chooses to exercise the option in §246.7(c)(2) to limit program participation to U.S. citizens, nationals, and qualified aliens, FNS will reduce the State agency's population of income eligible persons to reflect the number of aliens the State agency declares no longer eligible.

(B) The Department may adjust the respective amounts of food funds that would be allocated to a State agency which is outside the 48 contiguous states and the District of Columbia when the State agency can document that economic conditions result in higher food costs for the State agency. Prior to any such adjustment, the State agency must demonstrate that it has successfully implemented voluntary cost containment measures, such as improved vendor management practices, participation in multi-state agency infant formula rebate contracts or other cost containment efforts. The Department may use the Thrifty Food Plan amounts used in SNAP, or other available data, to formulate adjustment factors for such State agencies.

(ii) *Prior year grant level allocation.* To the extent funds are available, each State agency shall receive a prior year grant allocation equal to its final authorized grant level as of September 30 of the prior fiscal year. If funds are not available to provide all State agencies with their full prior year grant level allocation, all State agencies shall have their full prior year grant level allocation reduced by a pro-rata share as required by the shortfall of available funds.

(iii) *Inflation/fair share allocation.* (A) If funds remain available after the allocation of funds under paragraph (c)(3)(ii) of this section, the funds shall be allocated as provided in this paragraph (c)(3)(iii). First, FNS will calculate a target inflation allowance by applying the anticipated rate of food cost inflation, as determined by the Department, to the prior year grant funding level. Second, FNS will allocate 80 percent of the available funds to all State agencies in proportionate shares to meet the target inflation allowance. Third, FNS will allocate 20 percent of the available funds to each State agency which has a prior year grant level allocation, as determined in paragraph (c)(3)(ii) of this section and adjusted for inflation as determined in this paragraph (c)(3)(iii), which is still less than its fair share target funding level. The amount of

funds allocated to each State agency shall be based on the difference between its prior year grant level allocation plus target inflation funds and the fair share funding target level. Each State agency's difference shall be divided by the sum of the differences for all such State agencies, to determine the percentage share of the 20 percent of available funds each State agency shall receive. In the event a State agency declines any of its allocation under either this paragraph (c)(3)(iii) or paragraph (c)(3)(ii) of this section, the declined funds shall be reallocated in the percentages and manner described in this paragraph (c)(3)(iii). Once all State agencies

receive allocations equal to their full target inflation allowance, any remaining funds shall be allocated or reallocated, in the manner described in this paragraph (c)(3)(iii), to those State agencies still under their fair share target funding level.

(B) In the event funds still remain after completing the distribution in paragraph (c)(3)(iii)(A) of this section, these funds shall be allocated to all State agencies including those with a stability allocation at, or greater than, their fair share allocation. Each State agency which can document the need for additional funds shall receive additional funds based on the difference between its prior year grant level and its fair share allocation. State agencies closest to their fair share allocation shall receive first consideration.

(d) *Distribution of funds to local agencies.* The State agency shall provide to local agencies all funds made available by the Department, except those funds necessary for allowable State agency NSA costs and food costs paid directly by the State agency. The State agency shall distribute the funds based on claims submitted at least quarterly by the local agency. Where the State agency advances funds to local agencies, the State agency shall ensure that each local agency has funds to cover immediate disbursement needs, and the State agency shall offset the advances made against incoming claims as they are submitted to ensure that funding levels reflect the actual expenditures reported by the local agency. Upon receipt of Program funds from the Department, the State agency shall take the following actions:

(1) Distribute funds to cover expected food cost expenditures and/or distribute caseload targets to each local agency which are used to project food cost expenditures.

(2) Allocate funds to cover expected local agency NSA costs in a manner which takes into consideration each local agency's needs. For the allocation of NSA funds, the State agency shall develop an NSA funding procedure, in cooperation with representative local agencies, which takes into account the varying needs of the local agencies. The State agency shall consider the views of local agencies, but the final decision as to the funding procedure remains with the State agency. The State agency shall take into account factors it deems appropriate to further proper, efficient and effective administration of the program, such as local agency staffing needs, density of population, number of persons served, and availability of administrative support from other sources.

(3) The State agency may provide in advance to any local agency any amount of funds for NSA deemed necessary for the successful commencement or significant expansion of program operations during a reasonable period following approval of a new local agency, a new cost containment measure, or a significant change in an existing cost containment measure.

(e) *Recovery and reallocation of funds.* (1) Funds may be recovered from a State agency at any time the Department determines, based on State agency reports of expenditures and operations, that the State agency is not expending funds at a rate commensurate with the amount of funds distributed or provided for expenditures under the Program. Recovery of funds may be either voluntary or involuntary in nature. Such funds shall be reallocated by the Department through application of appropriate formulas set forth in paragraph (c) of this section.

(2) *Performance standards.* The following standards shall govern expenditure performance.

(i) The amount allocated to any State agency for food benefits in the current fiscal year shall be reduced if such State agency's food expenditures for the preceding fiscal year do not equal or exceed 97 percent of the amount allocated to the State agency for such costs. Such reduction shall equal the difference between the State agency's preceding year food expenditures and the performance expenditure standard amount. For purposes of determining the amount of such reduction, the amount allocated to the State agency for food benefits for the preceding fiscal year shall not include food funds expended for food costs incurred under the spendback provision in paragraph (b)(3)(i) of this section or conversion authority in paragraph (g) of this section. Temporary waivers of the performance standard may be granted at the discretion of the Department.

(ii) *Reduction of NSA grant.* FNS will reduce the State agency's NSA grant for the next fiscal year if the State agency's current fiscal year per participant NSA expenditure is more than 10 percent higher than it's per participant NSA grant. To avoid a reduction to its NSA grant level, the State agency may submit a "good cause" justification explaining why it exceeded the applicable limit on excess NSA expenditures. This justification must be submitted at the same time as the close-out report for the applicable fiscal year. Good cause may include dramatic and unforeseen increases in food costs, which would prevent a State agency from meeting its projected participation level."

DISTRIBUTION OF FUNDS TO LOCAL AGENCIES

7 C.F.R. Part 246 requires each state that receives Food and Nutrition Services Administration (NSA) Funds must be assigned an initial caseload target.

The Georgia WIC Program Local Agency Funding Front-end Methodology is patterned after the Federal funding formula. The formula is designed to provide greater initial funding, but includes a reward for those local agencies that exceed the initial assigned caseload.

The methodology discussed below as Option A allows those local agencies that are experiencing growth to receive a larger share of NSA funds on the front-end. Agencies failing to meet caseload are assigned Option B for funding.

Funding Options:

- A. Local agencies that meet or exceed caseload targets using the current Federal fiscal year four-month closeout, one month (30) day and one month (issued) will be assigned a new target using the highest one-month participation.
- B. Local agencies that do not meet caseload targets using the current Federal fiscal year four-month closeout, one month-30 day and one month (issue) will be assigned a six-month average caseload target.

Each Federal fiscal year WIC management establishes the amount of NSA funds to be made available to the local agency. The local agency funding formula is established by using two (2) formulas:

Each Federal fiscal year, WIC management establishes the amount of NSA funds to be made available to the local agency. The local agency funding formula is established by using two (2) formulas:

1. **Initial funding dollars ÷ statewide caseload ÷ 12 months = Rate.**
2. **Caseload x Rate x 12 months = Local Agency Allocation.**

Occasionally, additional NSA funds become available for local agency allocations. The additional funds are allocated using the funding formula, but with no increase in assigned caseload.

PARTICIPATION COST ADJUSTMENT

A. Participant Cost Adjustment will be accessed to Local Agencies that are not averaging their assigned caseload for the current federal fiscal year. The adjustment will be based upon the first four (4) months closeout, the issue month and the Thirty-Day report (October through March). The monetary adjustment will be based upon six (6) months average participation times the original funding rate.

1. **Current federal fiscal year initial funding rate x current 6 month average participation x 12 months = Participant Cost Adjustment.**

B. Participate Cost Adjustment will be allocated in the next federal fiscal year to the Local Agencies that exceed their prior year assigned caseload. This allocation will be made based upon the availability of NSA funds and State Management discretion. The Participant Cost Adjustment funding formula is as follows:

1. **Prior federal fiscal year initial funding rate x participant(s) that exceeds caseload x 12 months = Participant Cost Adjustment.**

LOCAL BUDGETS

During, March through June of each fiscal year, WIC Management determines district allocations by Georgia WIC Local Agency Front-end Methodology as described above. Upon completion of the allocation, WIC Management will disseminate these allocations to the NSDs to use for district planning.

During, June through July of each fiscal year, WIC Management will forward the allocations to the DPH Division of Finance to distribute to the District Board of Health Offices through its annual Budget Allotment Summary sheets.

Changes in funding levels due to changes in federal allocations are allocated based on the WIC Local Agency Funding Methodology and budget amendments are made through the Budget Allotment Summary sheets.

Changes due to individual local agency needs are allocated based on special project requests. Districts requiring additional funding for projects such as clinic renovations are required to submit proposals including cost estimates and architectural plans. Once approved by Georgia WIC,

Georgia WIC will submit to USDA for approval. Once USDA approves such projects, funds for that project are distributed through Budget Allotment Summary sheets.

PERFORMANCE STANDARD

WIC Management may establish performance standards that may increase participation over and above the assigned caseload formula.

DEVELOPMENT OF ALLOCATIONS STANDARDS FOR DISTRICTS

When necessary, the WIC Director will convene a committee to develop allocation standards. This committee will consist of District Health Directors, District Health Administrators, District Nutrition Services Directors (NSDs) and the appropriate state level staff. The WIC Director will charge this committee with making recommendations for allocation standards and formula adjustments when appropriate.

COST- RELATED COMPLIANCE REQUIREMENTS

WIC's authorizing statute and program regulations at 7 CFR, section 246.14(c) require a State to incur a stated level of cost for each of two functions, nutrition education, breastfeeding promotion and support.

During each fiscal year, each state agency shall expend, for nutrition education activities and breastfeeding promotion and support activities, an aggregate amount that is not less than the sum of one-sixth of the amount expended by the state agency for costs of NSA and an amount equal to its proportionate share of the national minimum expenditure for breastfeeding promotion and support activities. The amount to be spent on nutrition education shall be computed by taking one-sixth of the total fiscal year NSA expenditures. The amount to be spent by a state agency on breastfeeding promotion and support activities shall be an amount that is equal to at least its proportionate share of the national minimum breastfeeding promotion expenditure as specified in paragraph (c)(1) of this section. The national minimum expenditure for breastfeeding promotion and support activities shall be equal to \$21 multiplied by the number of pregnant and breastfeeding women in the Program, based on the average of the last three months for which the Department has final data. On October 1, 1996 and each October 1 thereafter, the \$21 will be adjusted annually using the same inflation percentage used to determine the national administrative grant per person. If the state agency's total reported nutrition education and breastfeeding promotion and support expenditures are less than the required amount of expenditures, FNS will issue a claim for the difference. The state agency may request prior written permission from FNS to spend less than the required portions of its NSA grant for either nutrition education or for breastfeeding promotion and support activities. FNS will grant such permission if the state agency has sufficiently documented that other resources, including in-kind resources, will be used to conduct these activities at a level commensurate with the requirements of this paragraph (c)(1). However, food costs used to purchase or rent breast pumps may not be used for this purpose. Nutrition education costs are limited to activities which are distinct and separate efforts to help participants understand the importance of nutrition to health. The cost of dietary assessments for the purpose of certification, the cost of prescribing and issuing supplemental foods, the cost of screening for drug and other harmful substance use and making referrals to drug and other harmful substance abuse services, and the cost of other health-related screening shall not be applied to

the expenditure requirement for nutrition education and breastfeeding promotion and support activities. The Department shall advise state agencies regarding methods for minimizing documentation of the nutrition education and breastfeeding promotion and support expenditure requirement. Costs to be applied to the one-sixth minimum amount required to be spent on nutrition education and the target share of funds required to be spent on breastfeeding promotion and support include, but need not be limited to:

- (i) Salary and other costs for time spent on nutrition education and breastfeeding promotion and support consultations whether with an individual or group;
 - (ii) The cost of procuring and producing nutrition education and breastfeeding promotion and support materials including handouts, flip charts, filmstrips, projectors, food models or other teaching aids, and the cost of mailing nutrition education or breastfeeding promotion and support materials to participants;
 - (iii) The cost of training nutrition or breastfeeding promotion and support educators, including costs related to conducting training sessions and purchasing and producing training materials;
 - (iv) The cost of conducting evaluations of nutrition education or breastfeeding promotion and support activities, including evaluations conducted by contractors;
 - (v) Salary and other costs incurred in developing the nutrition education and breastfeeding promotion and support portion of the State Plan and local agency nutrition education and breastfeeding promotion and support plans; and
 - (vi) The cost of monitoring nutrition education and breastfeeding promotion and support activities.
- (2) The cost of Program certification, nutrition assessment and procedures and equipment used to determine nutritional risk, including the following:
- (i) Laboratory fees incurred for up to two hematological tests for anemia per individual per certification period. The first test shall be to determine anemia status. The second test may be performed only in follow up to a finding of anemia when deemed necessary for health monitoring as determined by the WIC state agency;
 - (ii) Expendable medical supplies;
 - (iii) Medical equipment used for taking anthropometric measurements, such as scales, measuring boards, and skin fold calipers; and for blood analysis to detect anemia, such as spectrophotometers, hematofluorometers and centrifuges; and
 - (iv) Salary and other costs for time spent on nutrition assessment and certification.
- (3) The cost of outreach services.
- (4) The cost of administering the food delivery system, including the cost of transporting food.
- (5) The cost of translators for materials and interpreters.
- (6) The cost of fair hearings, including the cost of an independent medical assessment of the appellant, if necessary.
- (7) The cost of transporting participants to clinics when prior approval for using Program funds to provide transportation has been granted by the state agency and documentation that such service is considered essential to assure Program access has been filed at the state agency. Direct reimbursement to participants for transportation cost is not an allowable cost.
- (8) The cost of monitoring and reviewing Program operations.

(9) The cost, exclusive of laboratory tests, of screening for drug and other harmful substance use and making referrals for counseling and treatment services.

(10) The cost of breastfeeding aids which directly support the initiation and continuation of breastfeeding.”

Each health district is responsible for expending 22% (twenty-two percent) of its total expenditures towards Nutrition Education and 9% (nine percent) of its total expenditures toward Breastfeeding Education and Promotion. Failure to expend the required amount will result in the following Federal fiscal year allocation being reduced by the difference.

III. METHOD FOR CHARGING THE COST OF WAGES AND SALARIES

AUTHORITY

A state or local agency must record data on WIC employees and non WIC paid employees that perform WIC services. Time and effort of employees engaged in WIC cost objectives must provide documentation supporting the distribution of time and effort. The recording of employees compensated time to WIC must be supported by a Personnel Activity Record System (PARS). This documentation should reflect a real time recording of the actual activity performed (2 CFR 225 Appendix B, paragraph 11.h (1) - (2); 2 CFR 230 Appendix B, paragraph 7.m (1); 45 CFR Part 92, Appendix E, paragraph 1X, B, 7, C).

PERSONNEL ACTIVITY REPORT SYSTEM (PARS)

Personnel Activity Report System (PARS) is a time keeping system that allows you to post time for WIC services. This document will illustrate a step by step method of recording time spent for Programs and Activities.

RULES FOR PARS

- All 100% WIC paid employees must record a full day work by Program and Activity using PARS
- All non WIC paid employees that perform any WIC services must record a full day of work by Program and Activity using PARS.
- Non WIC paid employees that do not perform any WIC services are not required to use PARS
- WIC dollars will not be allocated to paid non WIC staff for paid time off (breaks, sick, vacation, etc.) unless the non WIC paid employees record all Programs and Activities for a full work day on a daily basis using PARS
- If a non WIC paid employee records a full days work by Program and Activity, WIC's fair share may be allocated using PARS for charges distributed across all Programs for paid time off
- WIC cannot be charged for employees that are paid via Local Agency's State Approved Cost Allocation Plan (Indirect cost)
- WIC cannot be charged for employees that are paid via County's Approved Central Services Cost Allocation Plan

SPECIAL REPORTS

The district will be able to create ad hoc district specific reports using the limited data elements used for the Georgia State Reports (line lists can be obtained via CSV files). Reports cannot be created if the data elements are not currently captured.

PERSONNEL ACTIVITY REPORT SYSTEMS (PARS) ACCESS



Locate the PARs icon then double click to open the application

Enter your Employee ID- numeric field that must be at least 6 characters in length.

Enter Password- Passwords must be at least 4 characters in length. Input can be alpha or numeric or a combination.



If you have forgotten your password, click on the “Forget Your Password?” located at the bottom of the PARs Login window. The below window will appear. You will need to contact the Help Desk at **(800)796-1850** for a reset. Please provide the Help Desk with your Employee ID and Full Name.



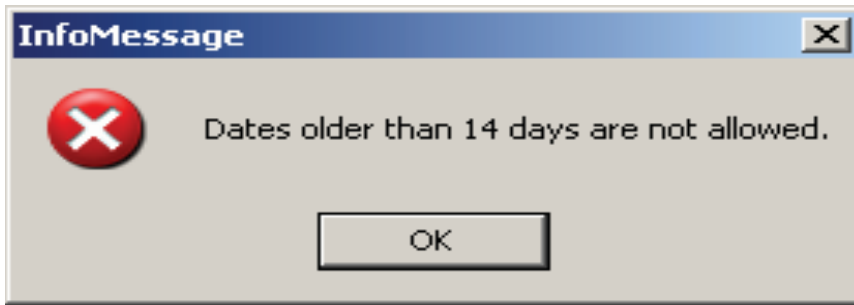
Once the application has been launched the following screen displays. PARs displays with tabs for easy access. The PARs tab is for time entry and the Reports tab displays the reports available to you based on the permissions assigned to your login. Every user will have a reports tab that will include at least one report that allows you to monitor your daily time entry.

PROGRAM / ACTIVITIES


There are multiple Programs and Activities to choose from. Selecting a Program on the right will display the Activities associated with that program below. Break have been added for time entry to all Programs. Paid Time Off is currently only associated with the WIC Program. You will notice the WIC Program is the default upon entry into PARs.

The screenshot shows the PARs software interface. At the top, there are two tabs: "PARs" and "Reports". The "PARs" tab is active and contains several input fields: "Clinic" (a dropdown menu with "999" selected), "Date" (a date field with "12/20/2010" and a calendar icon), "WIC ID" (an empty text field), and "Time in Minutes" (a spinner field with "0"). Below these are three empty "Group WIC ID" fields. To the right, there are two dropdown menus: "Program" (with "WIC" selected) and "Activity" (with "Voucher Issuance" selected). Below the dropdowns is an "Entry Status" text area. At the bottom left is a "History" table with columns for Employee ID, Clinic, Wic ID, Activity, Date, and Time. The table is currently empty. At the bottom center, it says "Todays time: Minute". At the bottom right, there are four buttons: "Save", "Edit", "Refresh", and "Exit".

- Clinic – Choose the Clinic where services are being provided from the drop down.
- Date - The Date defaults to today's date, but can be modified if posting time for a previous date up to 14 calendar days. If a date is entered older than 14 calendar days the following message will display. You will need to correct the date field before proceeding.



Note: If the date field is modified, that date will remain on all entries until a new date is added.

Next to the date field is an ellipsis  by clicking on this button a calendar will display.

You can click on a specific day in the calendar which will populate the Date on the time entry screen.



- WIC ID – Enter a valid WIC ID for the WIC client in which services have been provided.

The screenshot shows the PARs software interface. It is divided into two main sections: 'PARs' and 'Reports'. The 'PARs' section contains several input fields: 'Clinic' (dropdown menu with '999'), 'Date' (calendar icon with '12/28/2010'), 'WIC ID' (text box with '01105147678'), and 'Time in Minutes' (spin box with '75'). Below these are three empty 'Group WIC ID' rows. The 'Time in Minutes' field has a blue label '1 Hr 15 Minutes' below it. The 'Reports' section contains two dropdown menus: 'Program' (with 'WIC' selected) and 'Activity' (with 'Intake' selected). Below these is an 'Entry Status' text area and a 'History' table. The 'History' table has columns for Employee ID, Clinic, Wic ID, Activity, Date, and Time. The first row shows Employee ID '9999999991', Clinic '999', Wic ID, Activity 'Non-Client Nutrition Ed.', Date '12/06/10', and Time '15'. At the bottom, there are buttons for 'Save', 'Edit', 'Refresh', and 'Exit', and a label 'Todays time: Minute'.

- Time – You can select the amount of time spent providing the service by clicking the up/down arrows to the right of the field. The time may also be manually entered in minutes.

NOTE: If 1 hour 15 minutes was spent on an activity the time must be entered as 75 minutes. The screen clip gives you an example of how the Time entry should appear. The time will be entered in minutes, notice below the Time Entry field that the hour and minute displays for you to verify that the time entered is correct.

- Activity – Choose from the list the type of service being provided. There are now sixteen options to choose from under the WIC Program:

- a) Voucher Issuance
 - b) Intake
 - c) Individual Nutrition Ed.
 - d) Nutrition Ed. VICS
 - e) Group Nutrition Ed.
 - f) Non-Client Nutrition Ed.
 - g) BF Ed.
 - h) BF Ed. VICS
 - i) Group BF Ed.
 - j) Non-Client BF Ed. – No WIC ID Required
 - k) Client Services
 - l) Non-Client WIC Services – No WIC ID Required
 - m) Client Ineligible for Service – No WIC ID Required
 - n) WIC Administration – No WIC ID Required
 - o) PTO – Paid Time Off – No WIC ID Required
 - p) Break – No WIC ID Required
- **WIC client based services that must include the WIC ID number are:**
 - a. Client Services
 - Height and weight measurements done by non CPA staff, hemoglobin done by non CPA staff, interpreter services that are not specifically nutrition education or breastfeeding, certification procedures that are not specifically nutrition education or breastfeeding. Phone calls that can be tied to a WIC ID number and is easily accessible.
 - 2. Individual Nutrition Education
 - Nutrition education provided by CPA's at certification, recertification, voucher pickup, infant mid assessment, or secondary contact (Low or high risk follow up).
 - Low risk secondary education provided by a Nutrition Assistant (NA).
 - Language interpretation for nutrition education.
 - 3. Group Nutrition Education.
 - Group setting nutrition education provided by CPA or NA.
 - Language interpretation for group nutrition education.
 - Group nutrition education documentation will require multiple WIC ID numbers. You will enter each WIC ID number and the total number of minutes for the class. The system will calculate time per participant based on the total time and total number of participants.
 - 4. Nutrition Education VICS
 - Individual nutrition education provided to clients by CPA'S via VICS at certification, recertification, voucher pickup, infant mid assessment or secondary contact
 - Low risk secondary education provided by CPA or NA via VICS

- Language interpretation for nutrition education provided via VICS
5. Individual Breast Feeding Education.
 - Nutrition education related to breastfeeding provided by CPA's at certification, recertification, infant mid assessment, or secondary contact (low or high risk follow up).
 - Low risk secondary education provided by a Nutrition Assistant (NA).
 - Language interpretation for individual breastfeeding education.
 6. Group Breastfeeding Education
 - Group setting breastfeeding nutrition education provided by CPA or NA
 - Language interpretation for group breastfeeding education.
 - Group breastfeeding education documentation will require multiple WIC ID numbers. You will enter each WIC ID number and the total number of minutes for the class. The system will calculate time per participant based on the total time and total number of participants.
 7. Breastfeeding Education VICS
 - Individual breastfeeding education provided to clients by CPAS via VICS at certification, recertification, voucher pick up, infant mid assessment or secondary contact
 - Low risk secondary breastfeeding education provide by CPA or NA via VICS
 - Language interpretation for breastfeeding education provided via VICS
 8. Voucher Issuance
 - Vouchers issued to clients at certification, recertification, infant mid assessment, or secondary contact (Low or high risk follow up).
 - Language interpretation for voucher issuance
 9. Intake
 - At certification and recertification when income, ID, residency and demographics are collected and financial eligibility is determined.
 - Language interpretation at intake process.
 10. Nutrition Education VICS
 - Nutrition education as during certification and recertification, or delivery of secondary and high risk nutrition education when used via VICS- (Video Conferencing)
 11. Breastfeeding Education VICS
 - Breastfeeding education as during certification and recertification, or delivery of secondary and high risk nutrition education when used via VICS- (Video Conferencing)
- **WIC client based services that are not tied to a WIC ID number are:**
 1. Non client WIC services

- WIC services that are provided to benefit WIC or potential WIC clients
 - Examples include phone calls, appointments without ID number, reports, chart audits, batching, equipment maintenance, creating client schedules, inventories, ordering medical supplies, making copies, , staff meeting, and language interpretation for any of the above.
2. Client ineligible for service
- Time spent on intake and client cannot be assigned WIC ID # due to ineligibility.
3. Non client Nutrition Education
- Time spent on non client nutrition education such as nutrition education displays, bulletin boards, class prep, and nutrition education material creation, and annual nutrition education plan, procurement of nutrition education supplies, continuing nutrition education for staff, language interpretation for any of the above.
4. Non client Breastfeeding Education
- Time spent on non client breastfeeding education such as breastfeeding coordinator activities, preparing breastfeeding classes, breastfeeding displays, bulletin boards, breastfeeding education material creation, procurement of breastfeeding supplies, breastfeeding continuing education for staff, language interpretation for any of the above.
5. WIC Administration
- Any paid personnel time spent to the benefit of the WIC program that cannot be tied to another activity or cost objective. Example, personnel management (performance management plan), preparing/reviewing reports such as participation, processing standards, etc.
6. WIC PTO (Paid Time Off)
- Staff paid from the 301 cost pool budget would put their annual and sick leave in this category
 - Staff paid from the 001 county budgets can only count a proportion of their time to this category based on the percentage of time they work on WIC services if they do continuous time reporting, i.e. record every minute of every day they work. Example, they must record their full day on the days they work in the WIC program and the days they don't do any work in the WIC program.
7. Break – WIC
- Staff paid from 301 cost pool budget would put any paid break time in this category. Note, lunch is non paid time and should not be entered into the Break – WIC category.

- Staff paid from the 001 county budgets can only enter a proportion of their time in this category based on the percentage of time that they perform WIC services if they do continuous time reporting, i.e. record every minute of every day they work. Example, they must record their full day on the days they work in the WIC program and the days they don't do any work in the WIC program.

Once the information has been input, click the Save button. The information will immediately be sent to CSC via WebServices. You will need to ensure the computer has internet access. If a Client has had multiple services provided, you can choose each one individually and enter a line for each service provided and amount of time spent

NOTE: The ID number will remain for additional activities until a new ID is entered.

PTO (Paid Time Off) is a new activity. This is the only activity within PARs that allows you to post date time to the system. Your entries can be entered for up to 17 days in advance. PARs will display the following message if you exceed the date range. The error message also displays the date that cannot be exceeded for your convenience. This date is calculated 17 days out from today's date.



The following is a list of Programs and Activities, available in PARs for time entry.

WIC

- Voucher Issuance
- Intake
- Individual Nutrition Ed.
- Nutrition Ed. VICS
- Group Nutrition Ed.
- Non-Client Nutrition Ed. - No WIC ID Required
- BF Ed.
- BF Ed. VICS
- Group BF Ed.
- Non-Client BF Ed. - No WIC ID Required
- Client Services
- Non-Client WIC Services - No WIC ID Required
- Client Ineligible for Service - No WIC ID Required

- WIC Administration - No WIC ID Required
- PTO – Paid Time Off
- Break-WIC

Adolescent and Adult Health Promotion

- Adolescent Health and Youth Development
- Cancer Screening and Prevention
- Family Planning
- Health Promotion
- Tobacco Use Prevention
- Break-Adolescent and Adult Health Promotion

Adult Essential Health Treatment Services

- Cancer State Aid
- Hypertension Management
- Refugee Health Services
- Break – Adult Essential Health Treatment Services

Emergency Preparedness-Trauma System

- Emergency Medical Services
- Preparedness Coordination for Emergencies
- Trauma System
- Injury Prevention
- Break – Emergency Preparedness- Trauma System

Epidemiology

- Epidemiology
- Laboratory Services-Health Info & Assessment
- Break – Epidemiology

Immunization

- Immunization
- Break – Immunization

Infant & Child Essential Health Treatment Services

- Babies Born Healthy
- Babies Can't Wait
- Children's Medical Services
- Genetics/Sickle Cell

- Infant & Child Oral Health
- Prenatal/Maternal Health
- Regional Tertiary Care Centers
- Break – Infant & Child Essential Health Treatment

Infant & Child Health Promotions

- Comprehensive Child Health
- ICHP Lab Services
- Nutrition-Woman, Infants and Children
- Break - Infant & Child Health Promotions

Infectious Disease Control

- HIV/Aids
- Laboratory-Infectious Disease
- Sexually Transmitted Disease Treatment and Control
- Tuberculosis Treatment and Control
- Break - Infectious Disease Control

Inspections and Environmental Hazard Control

- Environmental Health
- Laboratory - Environmental Health
- Break - Inspections and Environmental Hazard

County Services

- County Services
- Break - County Services

GROUP ACTIVITY

When entering any type of group education classes in the activity box, a pop up screen will appear, that allows you to enter the number of clients participating in the class, up to 100. The screen defaults to 10 available spaces for ID numbers. Enter the number of clients attending the class in the specified box. This will expand the number of ID boxes available for entry. See the example below.

Group Education Entry				
How many Participants in this group education?		Clinic	Date	Time in Minutes
100		999	12/20/2010	0
Save			Cancel	

Enter the ID#'s in the spaces provided then enter the time in minutes for the length of the class. Upon Save you will be taken back to the main PARs screen, the information will display in the Grid.

The ID#'s displayed in the Grid are the beginning ID # of each set of 10. To edit a specific group make the selection in the Grid then select Edit to make the appropriate changes. The time entered will automatically break down accordingly, based on the number of participants attending and the length of the class for the group.

By monitoring the Grid, it identifies whether CSC received your entry successfully or if there was a problem with the record. The Grid will display entries in, Green, Blue or Red.

Green – Successful record has been sent to CSC.

Blue – If a record displays in Blue in the Grid once Save has been pressed, this means that the record has not yet been sent to CSC. You should check and verify if you are able to access the internet, if not, the record will be sent once connection is restored. If you find you are able to access the internet successfully, but the record is still not sending, please contact the CSC help desk at (800)796-1850 for assistance.

Red - If a record is displayed in red verify the information input is correct. The Entry Status box, displays the information that needs verification. If this is one of the Group Activities, and an invalid ID(s) display in the Entry Status field, you will need to select the appropriate entry from the Grid and click the edit button to display the Group WIC ID's assigned to the activity. If the participant was terminated and is coming back onto the program, or if they are a new participant the ID# will not yet be on file. If you determine that all information is correct leave the record as is, then once the ID# is in the CSC database the record will update when Save is selected. **NOTE:** If the record returns as Green nothing will appear in the Entry Status Box. To Edit, select the record in the Grid by clicking in the gray box to the left of the ID#, this will place an arrow next to the record, then press Edit. This places the information at the top of the time entry window where corrections can be made. Editing cannot be done within the Grid. Once the corrections have been made, press Save to update the information. If you determine you have selected the incorrect record in the Grid or the record does not need editing, you may click the Undo button. This will take you back to the point before Edit was pressed.

PARs EMPLOYEE EDITS

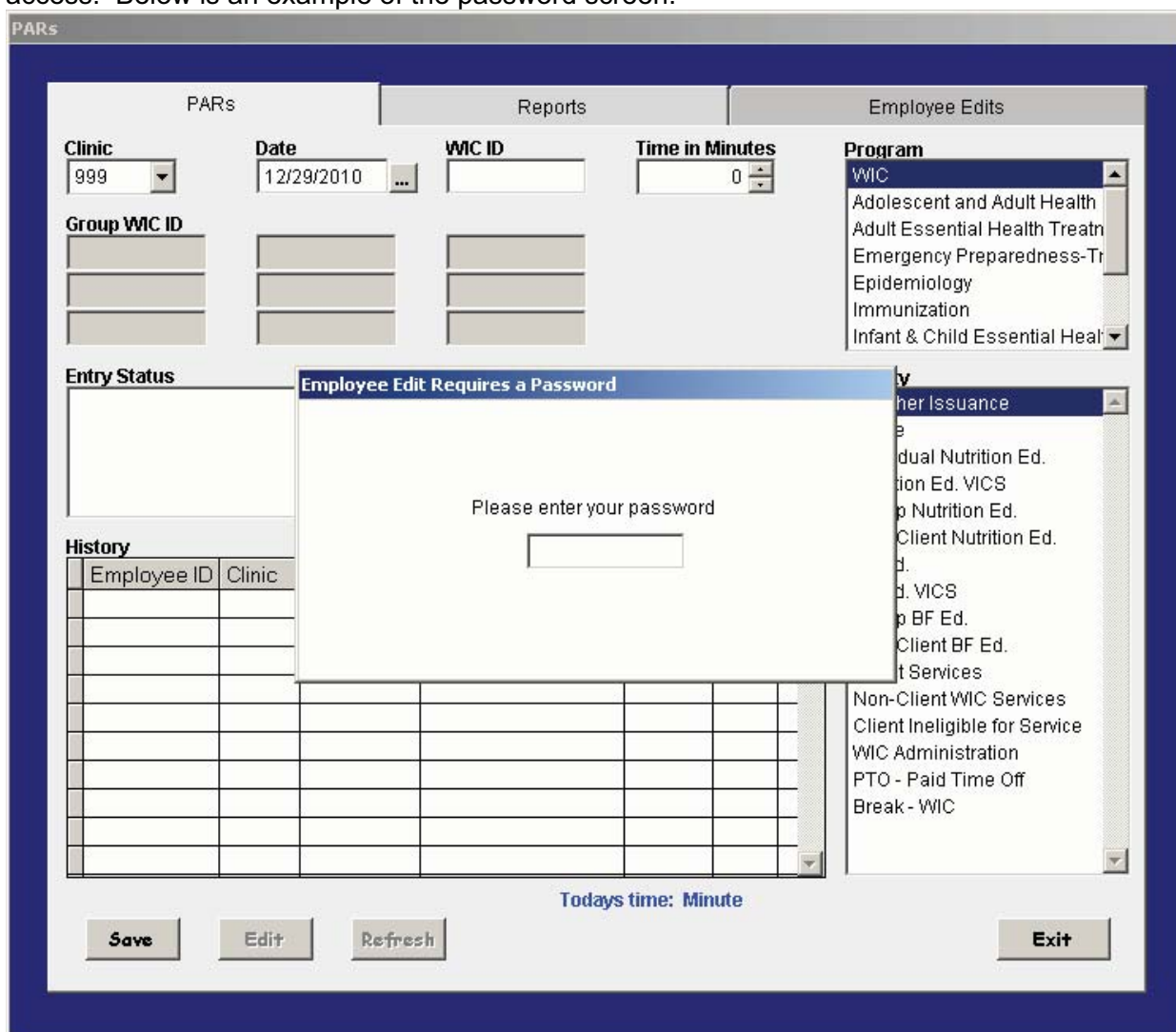
PARs, has an Administrative function that allows you as an Administrator to Add/Edit Employee information. CSC still maintains the Administrator setup for PARs, but once setup, the Administrator can maintain employee information within their district.

This document will step you through the procedures of adding, editing or deactivating an employee.

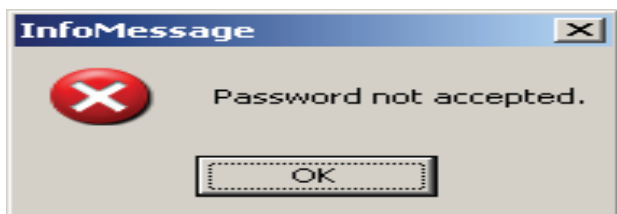
To access the Employee screen, click on the Employee Edits tab.

Note: This tab is only available if an Employee has been granted Administrative access to PARs.

Since this is an Administrative function you will be required to re-enter your password to gain access. Below is an example of the password screen.



Once you have entered your password, press <Enter>. If you have entered an invalid password you will receive the following message.



Click Ok. This will take you back to the PARs screen, click Employee Edits tab again to be prompted to enter the password. Then press the <Enter> on your keyboard.

Once you have entered the correct password, you will then be taken into the Employee screen.

The screenshot shows the 'PARs' software interface. At the top, there are three tabs: 'PARs', 'Reports', and 'Employee Edits'. The 'PARs' tab is active. Below the tabs, there are several input fields: 'Employee ID' (with a search icon), 'First Name', 'Last Name', and 'Pay Rate with fringe' (with '****' as a placeholder). Below these are 'Employee WIC Type' (a dropdown menu) and a checkbox for 'Run Reports'. There is also a dropdown for 'Available Clinics for DU' with '011' selected. A list of available clinics is shown, including BARTOW CO, CATOOSA CO, CHATTOOGA CO, DADE CO, FLOYD CO, GORDON CO, HARALSON CO, PAULDING CO, POLK CO, WALKER CO, POLK CO-ROCKMART, and CATOOSA CO-. To the right of this list are buttons for 'Add To >>>' and 'Add all Clinics in DU to ID >>>'. Further right is a table titled 'Employee Clinics' with columns for 'Clinic' and 'Active'. At the bottom of the interface are three buttons: 'Save', 'Undo', and 'Deactivate Emp ID'.

Enter the Employee number, if this is a new Employee, you will need to enter the First Name, Last Name and the Pay Rate with Fringe. This will be the employee’s hourly rate of pay. You will need to key the decimal between the dollars and cents.

NOTE: The rate of pay will display with asterisks until you place the cursor within this field.

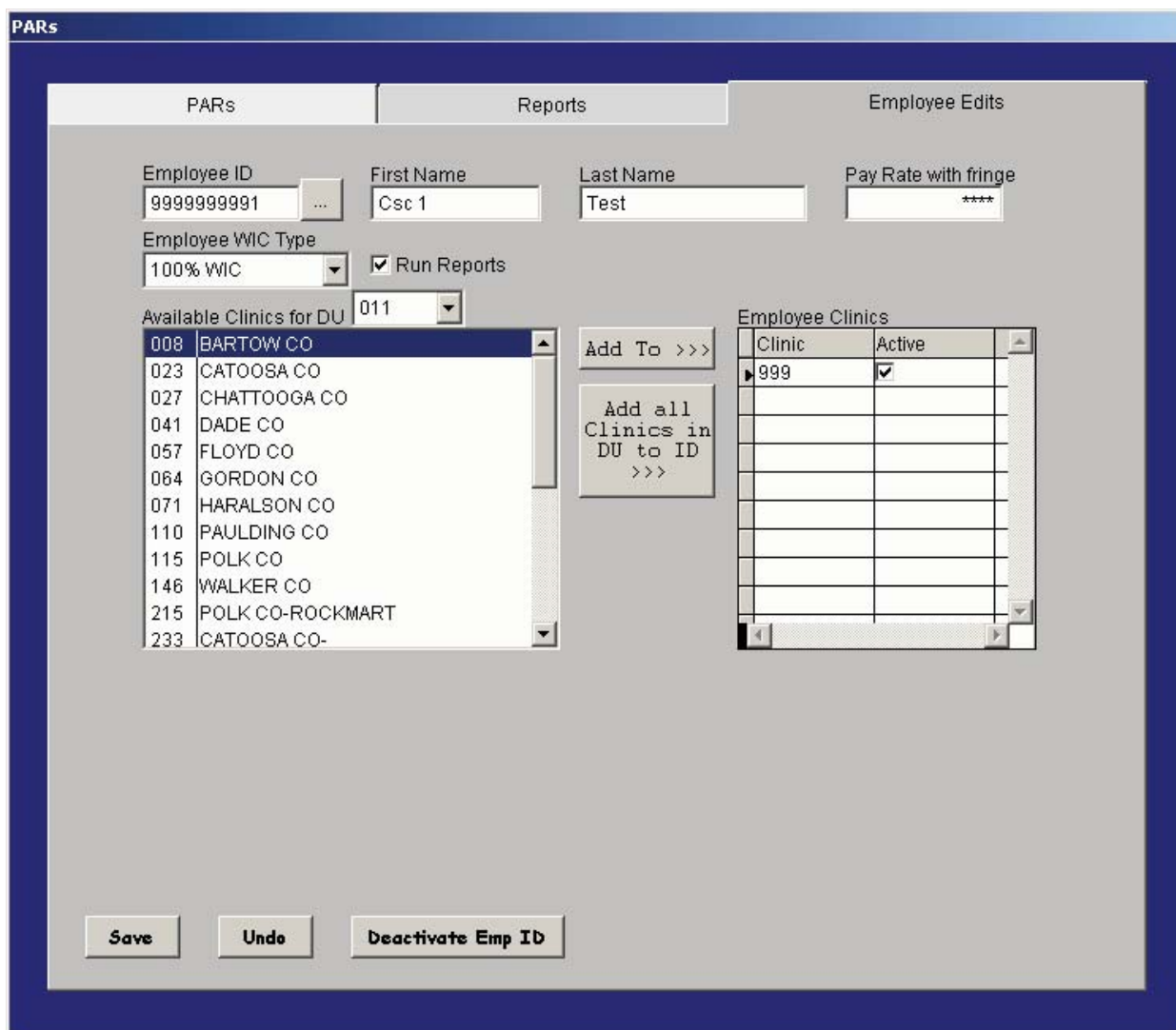
Choose the Employee WIC Type from the drop down. The options available are 100% WIC or Non-WIC.

Place a check mark in the box next to reports if the employee should be granted permissions to run All PARs reports. **Do not place a check mark in this box for the employee to access their personal Daily activity report. All employees have permissions to access their personal time entry report.**

Select the clinic on the left side of the window, the employee is to be assigned to, then click the Add To button to add that clinic to the grid on the right side of the window. If they are to be assigned to more than one clinic select the next clinic, then the Add to button again for each clinic. If the employee needs to be assigned to all clinics within the district then choose the “Add all Clinics in DU to ID”.

NOTE: The clinic selection is limited to the Clinics within your district unit.

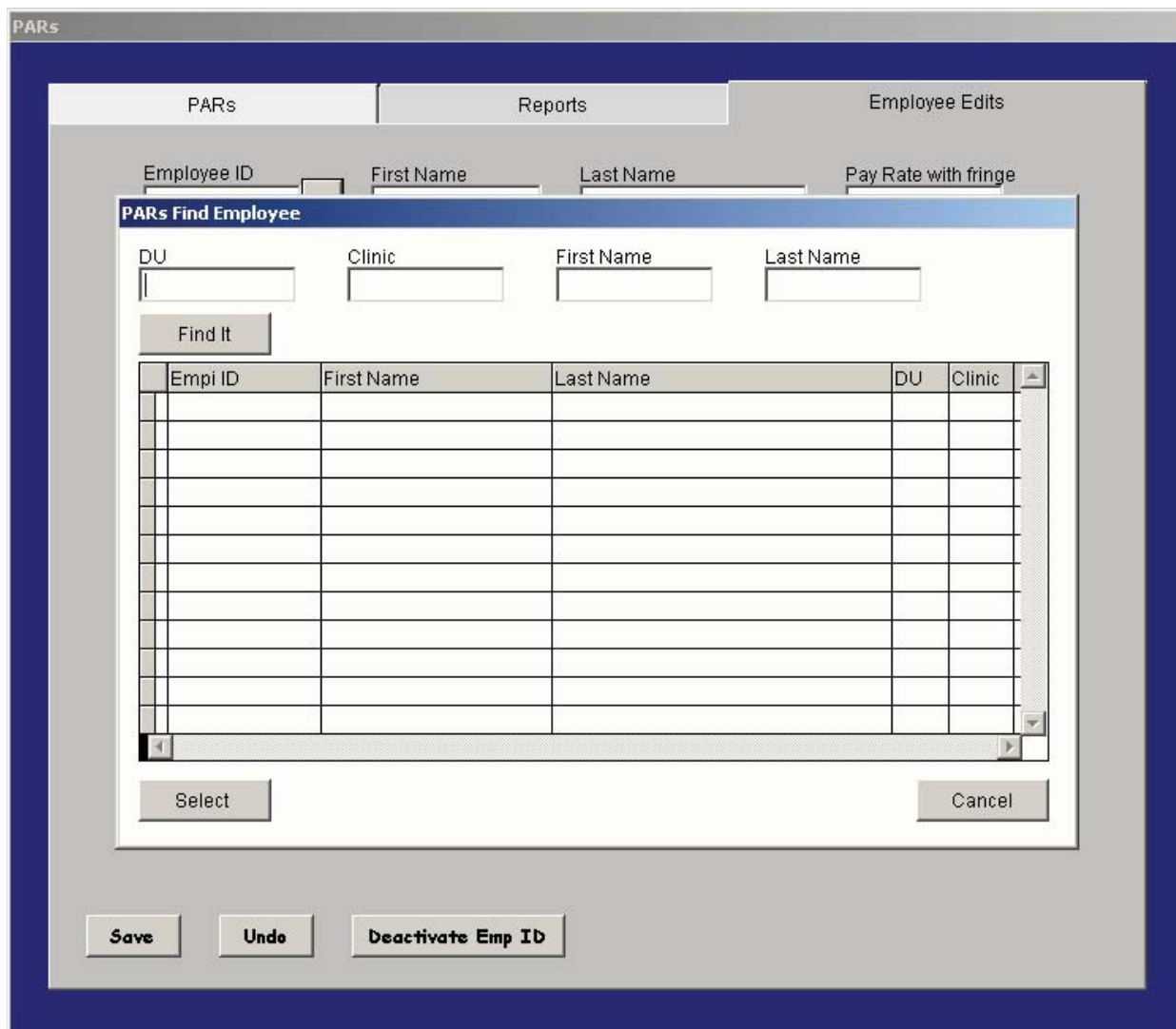
Once the clinic(s) is selected and added to the Grid a check mark will be placed in the Active box located next to the clinic in the Grid. See the screen clip below to see how the window will appear.



If you have selected an incorrect clinic from the list, you can click in the column labeled Active to remove the check mark, next to that clinic.

Click Save this will add the employee information to the employee database, stored at CSC.

To search for an employee click on the ellipses next to the employee ID. This activates the Search window,



A search can be defined by District/Unit, Clinic First Name or Last name, then click Find It. If available the employees information will display in the Grid. To select the employee click in the Gray box to the left of the employee ID this will place an arrow next to the employee, click Select.

The Undo button will allow you to remove information that was keyed, if Save has not yet been selected, it will not remove an employee.

Deactivate Emp ID: Enter the employee ID and select the Deactivate Emp ID Button, this removes the check mark from Emp_active status field within the grid. This will remove the check marks from **all** clinics they have been assigned to. If they only need to be deactivated

from certain clinics, in this case, you would only need to click on the check box to remove the check mark from that specific clinic assignment so they will not be able to add time for that clinic. Once you have completed this step, click Save.

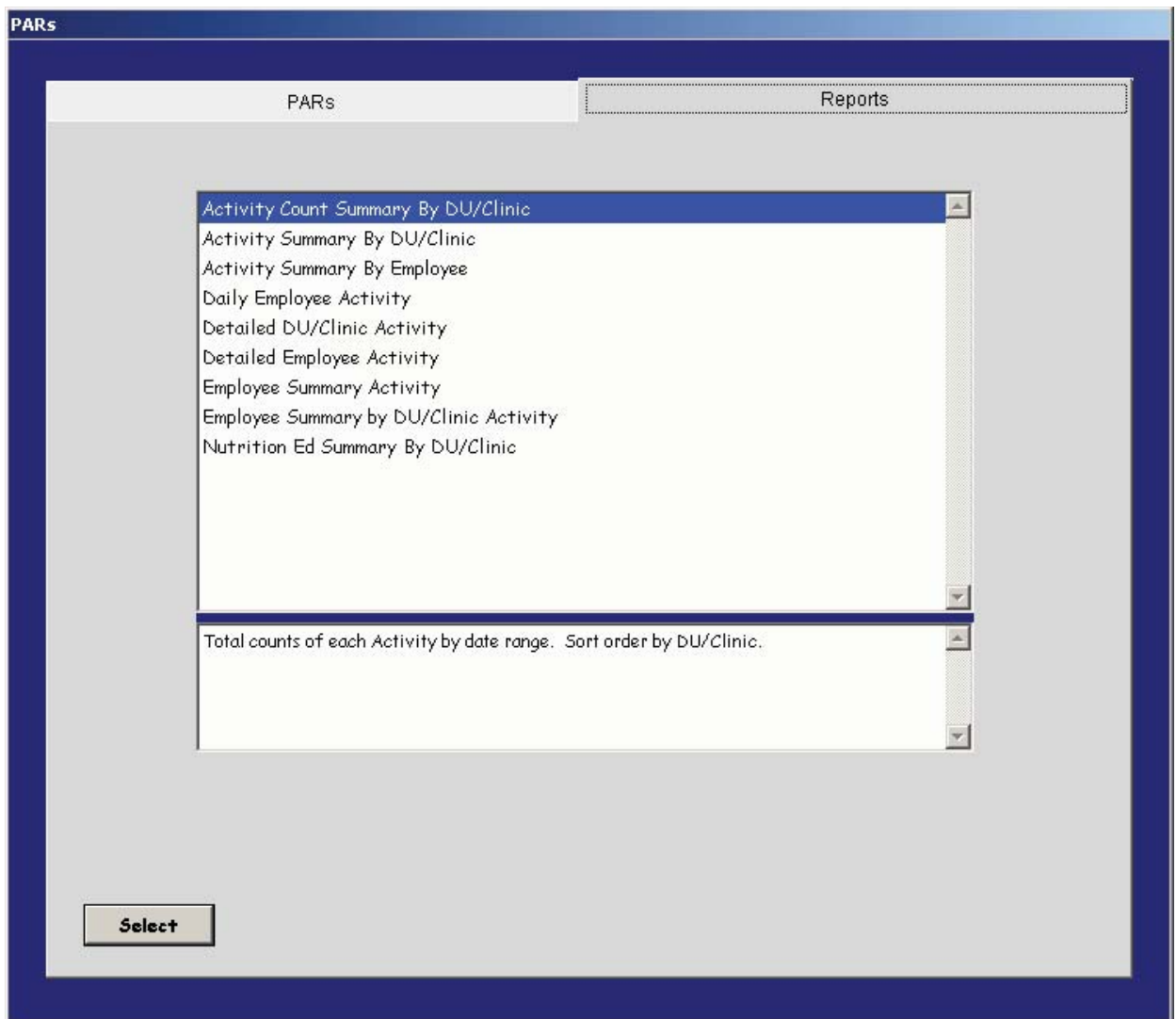
To Edit an Employees record, such as changing their rate of pay or correcting the spelling of a name. Access employee edit as above, then enter the Employee ID, this will populate the fields with the employee's information. To Edit the Rate of Pay click in that field and change the pay rate. **NOTE:** The rate of pay will display with asterisks until you place the cursor within this field. Click Save.

PARs REPORTS

PARs reports are accessible through the PARs time keeping system. The ability to run PARs reports is available to employees who have been given rights by their PARs Administrator within the District.

Note: The PARs Report tab is available to all users so that they may monitor their daily time entry input.

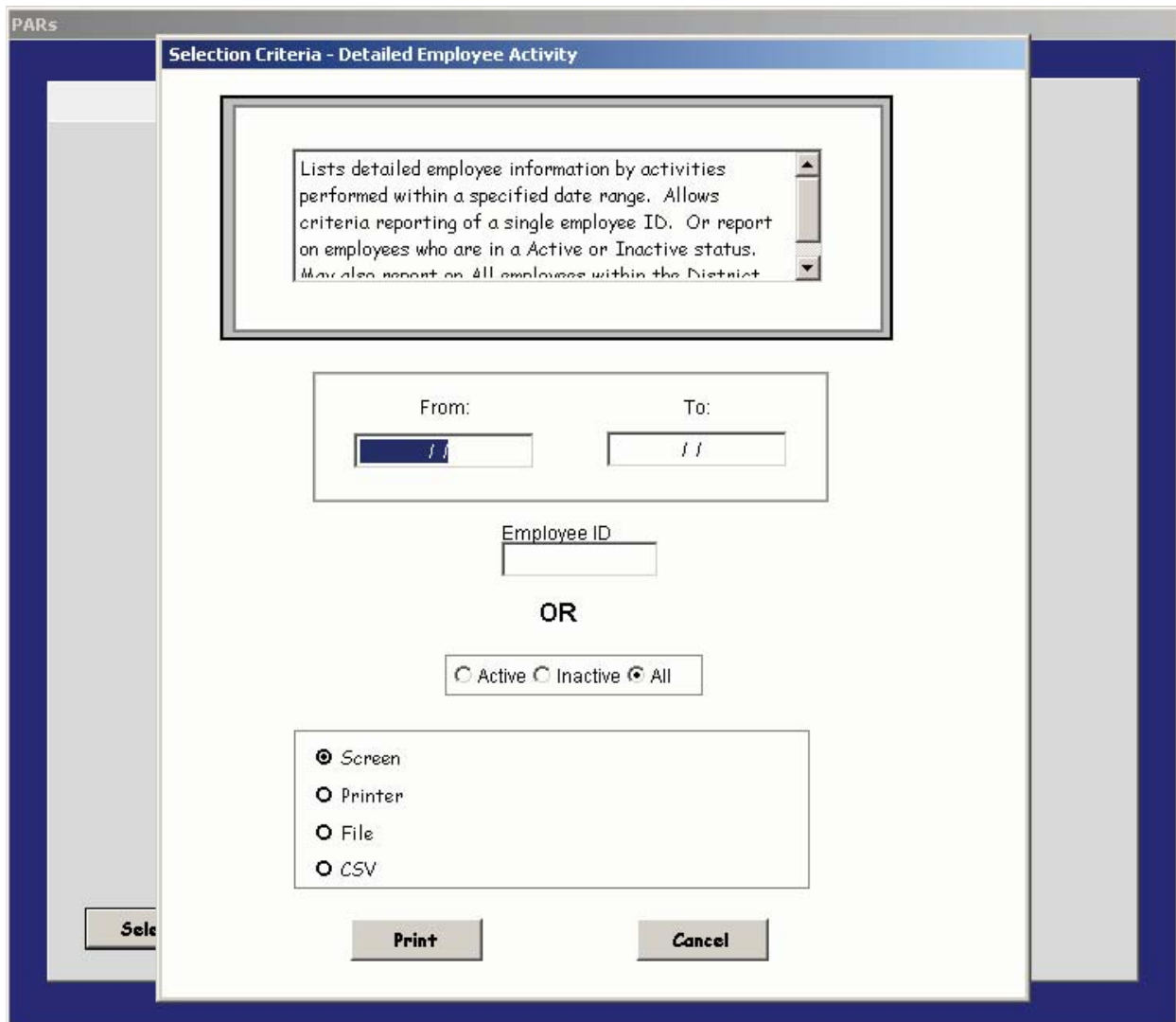
From the PARs time keeping screen click on the Reports tab.



This document is an overview of the catalog of reports available in PARs.

- You may select a report by double clicking on a report name or by clicking on a report name then choosing the select button in the lower left portion of the screen.

Below is a view of the Selection criteria window.



Each selection criteria screen contains a description of the report. The criterion shown depends on the report selected. Each selection criteria window contains the following radio button options.

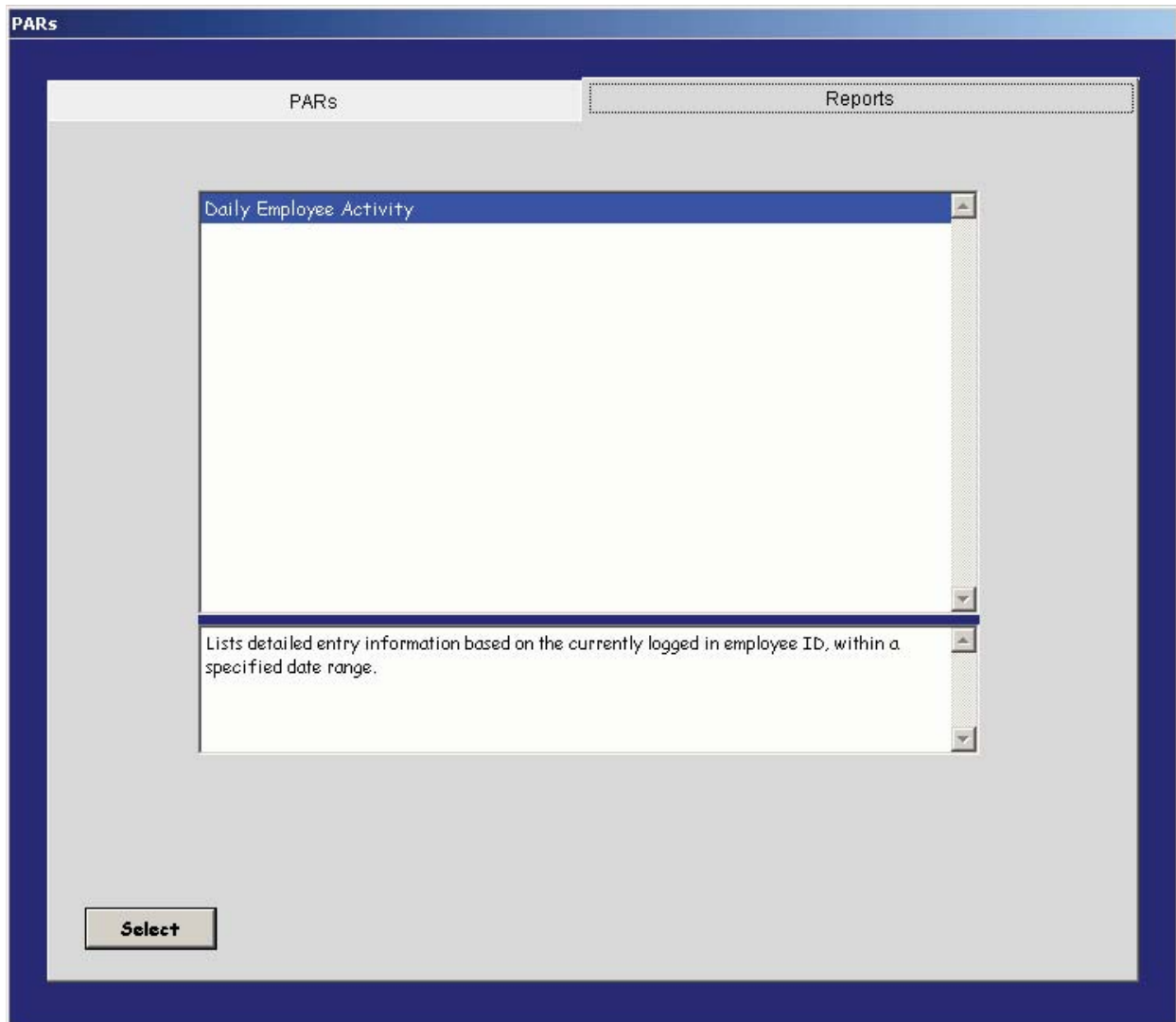
- Screen – This allows you to display the report on screen instead of printing.
- Printer – Sends the selected report to the default printer.
- File – Allows printing to a designated file on your local computer or a network drive.
- CSV - By selecting to print to CSV creates a CSV folder in the C:\Program Files\PARs folder. The CSV report is saved in an Excel Spreadsheet format.

Reports Available in PARs

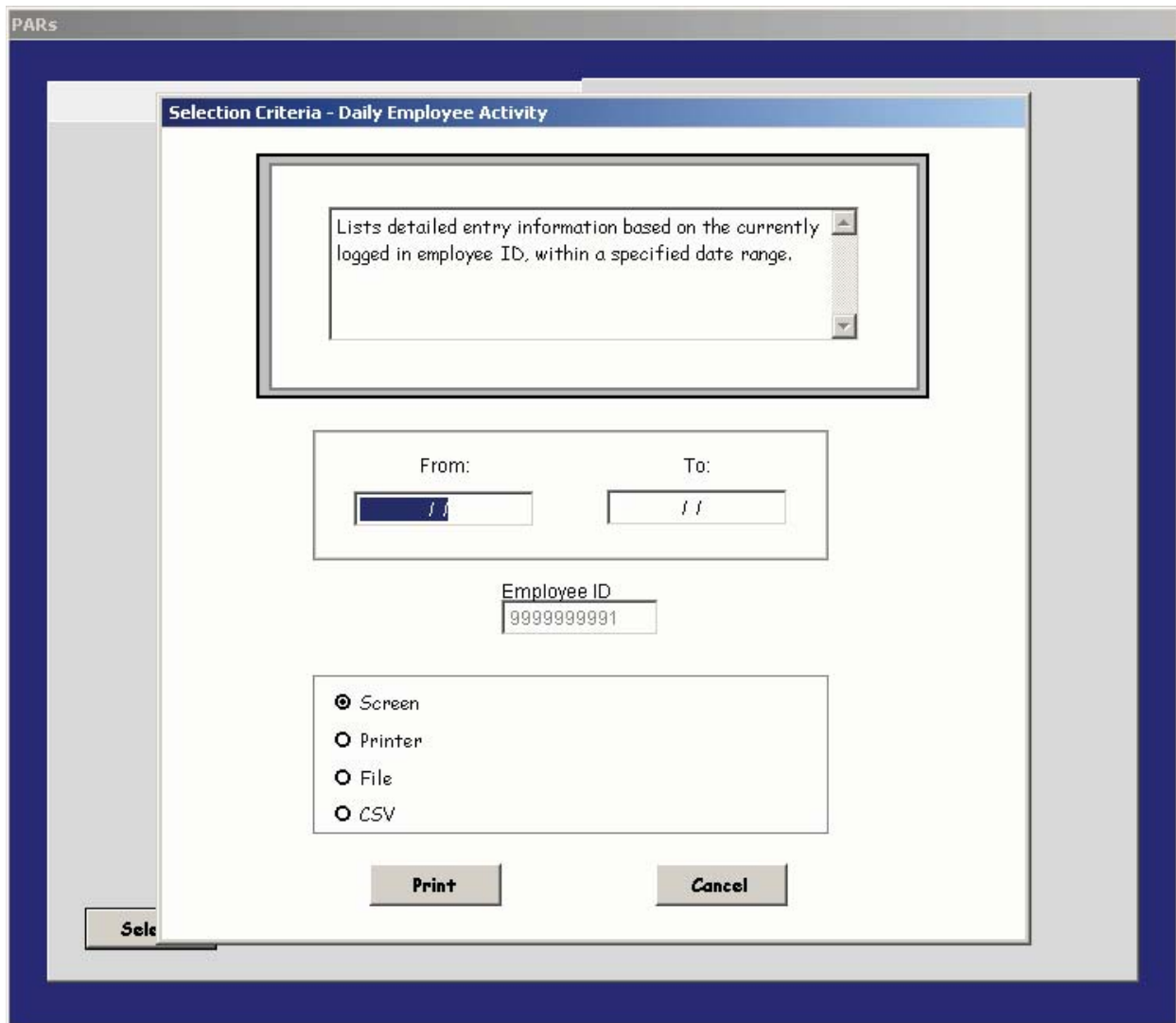
- Activity Count Summary By District/Unit/Clinic – Provides total counts of each activity by specified date range.
- Activity Summary By District/Unit/Clinic – Provides activity counts by specified date range. By selecting specific criteria this allows printing for single or multiple clinics. To achieve gathering of all clinics information within a district only input a date range in the Selection Criteria screen.
- Activity Summary By Employee – Provides activity information for employees by date range. Selection Criteria allows to report on and individual employee number, or by selecting the radio button options of Active employees only, Inactive employees only, or to print for All Active and Inactive employees.
- Daily Employee Activity - Lists detailed entry information based on the currently logged in employee ID, within a specified date range.
- Detailed District/Unit/Clinic Activity – Lists employee activities information by District for all clinics or Individual Clinic, by specified date range.
- Detailed Employee Activity – Lists detailed employee information by activities performed within a specified date range. Allows criteria reporting of a single employee ID, or by selecting the radio button options of Active employees only, Inactive employees only, or to print for All Active and Inactive employees.
- Employee Summary Activity – Summary total of employee activities for specified date range. Sort by single employee ID, or by selecting the radio button options of Active employees only, Inactive employees only, or to print for All Active and Inactive employees.
- Employee Summary by District/Unit/Clinic Activity – Summary total of employee activities for a specified date range. Sort by Clinic or multiple clinic selections. To report for all clinics within a District, only input a date range in the Selection Criteria screen.
- Nutrition Ed Summary by District/Unit/Clinic – Summary count of Nutrition Education activity by selected date range. Sort order by District/Unit/Clinic.

Reports

To access Reports, click on the Reports tab.



If you do not have permissions to run reports, only one report will display in the list. To access this report you may either double click or click the select button. The following selection criteria will display.



Specify a date range for the report. Make a selection to how you would like to view the report by clicking on one of the radio buttons next to Screen, Printer, File or CSV.

Manually Apply Updates

PARs allows electronic updates, which means you are no longer required to download updates manually from GWISnet. On occasion CSC may need to make a change to the PARs.EXE, which will take some user interaction to apply, but the update will be sent to your computer through the self update. If CSC has sent an update that needs to be applied manually, you will see the following message,



Click OK to clear the message, PARs will then load. Exit the application and go to the C:\Program Files\PARs\Updates folder. Highlight the PARs.exe then right click and Cut, then go up a folder to the C:\Program files\PARs and select Paste. You will then be asked to overwrite the existing file, click Yes. You are now ready to access PARs.

DEFINITIONS OF COST CATEGORIES

Duty	PAR Category
Add/ Update Immunizations	client svc
Add/ Update Record in Central Registry	Intake
Add/ Update WIC client in WIC screen 1 (clerical intake or update 30 day)	Intake
Answering phone (checking on clients appointment times, hours of operation, giving directions to clinic, etc)	client svc if know ID#, non client svc if no ID #
Answering questions (or calls) about how to use WIC vouchers or WIC approved foods	client svc if know ID#, non client svc if no ID #
Auditing charts	non client svc, non client NE or BF if done for nutrition QA review
Batching TADs and voucher files	non client svc
Calibrating equipment (scales, height/length boards, Hemocue machines, etc)	non client svc
Checking GWIS for dual participation	client svc
Checking Medicaid/ Updating Medicaid screen	Intake
Classes (preparing) for NE or BF	Non client NE or BF
Classes (teaching) for NE/BF	NE or BF
Client referrals	client svc, NE if done by CPA as part of cert/re-cert
Collecting anthropometrical data (weight & length/height)	client svc, NE if done by CPA
Collecting lab values (Hgb)	client svc, NE if done by CPA
Computer work for clients transferring in	client svc
Creating class (objectives, curriculum, handouts, etc)	NE or BF
Creating client schedules	non client svc
Data input for certification	client svc
Document Secondary Nutrition Education	individual Nutr Ed
Document Update Immunizations	client svc
Document/ Update Record in Central Registry	Intake
Fixing critical errors	client svc
Follow up on breastfeeding progress	individual bf ed
Follow up phone call on issued breastpumps	individual bf ed
GWISnet request forms	non client svc
Health Fairs	Non client svc, Non client NE or non client BF
Home visits to breastfeeding mothers	Individual bf ed (PARS not entered by Peer Counselor)

Hospital visits for breastfeeding mothers	individual bf ed (PARS not entered by Peer Counselor)
Interpretation Services	Individual NE or BF if interpreting for CPA or NA. Client svc for intake, etc.
Inventorying breast pumps	Non client BF
Inventorying manual vouchers	non client svc
Inventorying VPOD	non client svc
Issuing breastpump	individual bf ed
Mailing out supplies/ inventory/ materials/ equipment to the clinics	WIC admin
Maintaining relationship with community partnership	NE or BF
Make/ Change Appointment	client svc if know ID#, non client svc if no ID #
Making copies of materials (i.e. "How to file a complaint form")	non client svc
Ordering & Inventorying formula in stock	non client svc
Ordering Breastpumps	Non client BF
Ordering nutrition education or breastfeeding materials and supplies	NE or BF
Ordering medical or office supplies	Non client svc
Outreach	non client svc
Paperwork/ phone calls to give transfer information	client svc
Paperwork/ phone calls to request transfer information	Intake
Phone calls to doctors	client svc
Preparing requisition for purchases of nutrition education and breastfeeding supplies	NE or BF
Preparing requisition for purchases of medical and office supplies	non client svc
Printing VOC and EVOC reports	client svc
Printing/ voiding vouchers	voucher issuance
Providing clinic with alphabetic master file list (printing and mailing)	non client svc
Reporting computer problems with SWO & M&M	non client svc
Retroactive Reconciliation Report	non client svc
Reviewing clients rights, obligations, and how to file a complaint	client svc
Self-reviews (full audit)	non client svc or non client NE/BF
Sending out memos (action, information, policy)	WIC admin
Staff leave reports, meetings, PMF's, trainings, time reports	WIC admin
Staff Meetings (preparing)	WIC Admin
Staff Meetings (attending) with or without NE content	Non Client WIC or Non-client NE/ BF
Teaching classes	Group nutr ed or group bf ed

Training (attending or preparing) specific to NE or BF	Non client NE or BF
Training (attending) not specific to NE/BF	Non-Client WIC
Training (Preparing) not specific to NE/BF	WIC Admin
Training requests specific to NE/BF	Non client NE or BF
Unmatched redemption report (CUR part 1 and 2)	non client svc
Update TAD (i.e. food package change)	non client svc
Update WIC screen 2-4 for certification	client svc
Vendor training, visits	non client svc
Verifying over-income clients	client ineligible for svc
Voter registration	Intake
Voucher issuance	voucher issuance
WIC equipment inventory	WIC admin
Working on WIC budget	WIC admin
Working the Bank Exception Report	non client svc
Working the batch acknowledgement report	non client svc

FREQUENTLY ASKED QUESTIONS

- How do we log our time if you make an appointment for a client who doesn't have a WIC ID # yet? **Answer- It would be logged under non-client WIC services.**
- Is a voucher pick-up listed under non client WIC services? **Answer- No, it would be coded under voucher issuance.**
- How about when reports are done or someone doing a white envelope. These things can take time. Is it necessary to report these activities? For example, I am doing a white envelope and I review each paper TAD to see if any information needs to be entered. **Answer- First, assuming you fall under the category for county paid WIC staff, it is very important to account for any WIC time. This example would be coded under non-client WIC services.**
- When we add a new baby or a recertification on someone who has not been on in a while, the number comes up red. Because they won't show up at Covansys for several days, my question is: Do we need to go back when that batch shows rec'd and edit that line or will it send auto? **Answer- No, you do not need to do anything else. The system will eventually link this ID number to a WIC active participant.**
- When we do our terminations, do we put each individual ID# in PARs? **Answer- No, you would not need to put each individual ID number into PARs. This would need to be coded under non-client WIC services.**
- I don't see anything that allows me to make changes after I have entered time into this system? **Answer- Yes, you can make edits after the information has been entered: 1. Click the entry to be edited in the history grid. 2. Click the edit button. 3. Make changes as needed on the top row (not on the history grid). 4. Click the save button.**
- When I see a client, I enter them in and then when the nutritionist gets through, and I print vouchers and see them again do I do another entry? Or does the one entry cover all? **Answer- You can enter the data either way. You could track your total time with the client and enter it after all services have been completed or you can enter at the time you are doing each service. However it is important to break the services out. For instance one client will require multiple entries by multiple staff. For instance- An NA staff may perform 15 minutes of individual nutrition education, 15 minutes of intake, 3 minutes of voucher issuance. CPA staff may perform 5 minutes of client service, 10 minutes of individual nutrition education, and 5 minutes of breastfeeding education. The bottom line is the client number and the total time needs to be documented.**
- Can a successful transmission be edited? Example an active ID is put in but it is the wrong ID? **Answer- Yes, click the record in question in the history grid, click the edit button, change the field(s) as needed at the top, then click save.**
- Can info be deleted? Example: an invalid ID is entered. This will not let the transmission go through but it won't let us delete the incorrect ID? **Answer- No, but as above, the line can be edited. If not needed, instead of adding a new record, select it, click edit and just type over it with good information. In effect, turn it into a good record.**

- What about entering ID for new babies and people who have been termed when they are certified? A TAD would not have been created yet so the ID number we give them won't be valid and our time won't transmit? **Answer- The system will keep trying to validate any record that is red. Once the information makes it from your front end system, and we have access to it from the PARs backend system, the fields will turn green if valid. It might take a couple of days, up to 5 days, but it will eventually validate. If the entry turns red or green it has been transmitted to us, it stays blue if it has not been transmitted, but you will get a message on the screen informing you why it is still blue.**

IV. GUIDELINES FOR LOCAL AGENCY COST ALLOCATION METHODOLOGY

OVERVIEW

The fundamental principle for assigning non-salary costs to cost objectives is the same as for salary costs: a state or local agency assigns a cost item incurred solely for a single cost objective to that cost objective; a cost incurred for multiple cost objectives must be distributed to such cost objectives such that each bears a portion of the cost commensurate with the benefit received from it. When allocating shared non-salary costs to several different programs or other cost objectives, it is important to group pools of costs to be allocated and select bases for allocating such costs in a manner which will produce equitable and reasonable charges to each cost objective.

Most government units provide certain services, such as motor pools, computer centers, purchasing, accounting, etc., to operating agencies on a centralized basis. Since federally-supported awards are performed within the individual operating agencies, there needs to be a process whereby these central service costs can be identified and assigned to benefitted activities on a reasonable and consistent basis. The central service cost allocation plan provides that process. All cost and other data used to distribute the costs included in the plan should be supported by formal accounting and other records that will support the propriety of the costs assigned to Federal awards.

Guidelines and illustrations of central service cost allocation plans are provided in a brochure published by the Department of Health and Human Services entitled "A Guide for State and Local Government Agencies (ASMB - C10): Cost Principles and Procedures for Establishing Cost Allocation Plans and Indirect Cost Rates for Grants and Contracts for the Federal Government." A copy of this brochure may be obtained from the Superintendent of Documents, U.S. Government Printing Office.

A. Definitions

1. "Billed central services" means central services that are billed to benefitted agencies and/or programs on an individual fee-for-service or similar basis. Typical examples of billed central services include computer services, transportation services, insurance, and fringe benefits.
2. "Allocated central services" means central services that benefit operating agencies but are not billed to the agencies on a fee-for-service or similar basis. These costs are allocated to benefitted agencies on some reasonable basis. Examples of such services might include general accounting, personnel administration, purchasing, etc.

3. “Agency or operating agency” means an organizational unit or subdivision within a governmental unit that is responsible for the performance or administration of awards or activities of the governmental unit.

B. Scope of the Central Service Cost Allocation Plans

The central service cost allocation plan will include all central services costs that will be claimed (either as a billed or an allocated cost) under Federal awards and will be documented as described in OMB Circular A-87, Section E. Costs of central services omitted from the plan will not be reimbursed.

LEAD COUNTY COST ALLOCATION PLAN

All lead counties claiming central service costs must develop a plan in accordance with the requirements described in OMB Circular A-87 and maintain the plan and related supporting documentation for audit. Since lead counties receive funds as a sub-recipient, the State will be responsible for negotiating indirect cost rates and/or monitoring the sub-recipient’s plan. The health district must submit a Central Cost Allocation to the Department for approval.

CENTRAL COST ALLOCATION PLAN FOR COUNTIES

The lead county may allow the counties within its district to charge a central cost allocation to their WIC funding. A central cost allocation are those costs that are common to all programs, such as gas, electric, water, maintenance, security expenses and other approved cost. All programs must be charged based on an equitable methodology, such as occupied space or number of employees. For a county to charge a central cost allocation, the county must submit a Central Cost Allocation Plan for review and approval to the lead county. The lead county must provide at least annually a review, approval, monitoring and oversight of the Plan. A copy of the county approved Plan must be maintained on sight at the lead county office and available upon the request of auditors. A copy of the Plan must be provided to the State WIC office.

BASES FOR DISTRIBUTING SHARED SERVICES

The following table lists suggested bases for distributing shared costs. The suggested bases are not mandatory for use. Any base which produces an equitable distribution of cost may be used. These bases may be used to distribute and directly charge non-salary costs not covered in an indirect cost agreement approved by the cognizant agency or to negotiate an indirect cost agreement with the cognizant agency.

TYPE OF SERVICE	SUGGESTED BASES FOR ALLOCATION
Accounting	Number of transactions processed.
Budgeting	Direct hours of identifiable services of employees of central budget.
Buildings lease management	Number of leases.
Data processing	System usage.
Disbursing service	Number of checks or warrants issued.
Employees retirement system administration	Number of employees contributing.
Insurance management service	Direct hours.
Legal services	Direct hours.
Mail and messenger service	Number of documents handled or employees served.
Motor pool costs including automotive management	Miles driven and/or days used.
Office machines and equipment maintenance	Direct hours.
Office space use and related costs (heat, light, janitor services, etc.)	Square foot of space occupied.
Organization and management services	Direct hours.
Payroll services	Number of employees.
Personnel administration	Number of employees.
Printing and reproduction	Direct hours, job basis, pages printed, etc.
Procurement service	Number of transactions processed.
Local telephone	Number of telephone instruments.
Health services	Number of employees.
Fidelity bonding program	Employees subject to bond or penalty amounts.

INEQUITABLE METHODS OF COST ALLOCATION

If a cost allocation method produces an inequitable distribution of costs, this may result in questioned or disallowed costs during a subsequent audit. The incidence of inequitable allocation of non-salary costs to WIC occurs much less frequently than the incidence of inequitable allocation of salary costs to WIC. However, the following are just a few examples that have been documented in recent audit reports:

- A. Facility expenses (building use, janitorial services, utilities, etc.) had been allocated on the basis of the number of employees rather than the square footage occupied. This resulted in a disproportionate share of the total cost allocated to WIC. A tour of the facility revealed that the per-employee space was not consistent among programs. Typically, other programs that were co-located

with WIC had much more space per employee than did WIC. Therefore, square footage occupied generally provides a more reasonable and equitable distribution of this cost.

- B. Allocating professional liability insurance coverage to WIC based on the number of patient visits without regard to the risk involved in each visit produced inequitable charges to WIC. When contacted, the insurance company stated that WIC had been included in the insurance coverage at no additional charge due to its low risk. An equitable method for allocating malpractice insurance to WIC would consider the amount of the professional's time spent on WIC operations and the relatively low risk of the certification process.
- C. Supplies as a pool of costs allocated to WIC included supplies not used by nor allowable for WIC, such as popcorn and toothbrushes for a health fair and flowers for an employee on sick leave. When allocating a pool of costs, the pool should consist of only allowable costs.

EXPENSING EQUIPMENT PURCHASES

The preferred method of recovering the cost of a capital asset, such as equipment, is to claim depreciation expense or use allowance under OMB Circular A-87, Attachment B, paragraph 15 or OMB Circular A-122, Attachment B, paragraph 11, as applicable. However, a state or local agency may seek prior approval to charge the entire acquisition cost of the equipment to the Federal grant or subgrant for the fiscal year in which the purchase is made, (meaning to "expense" it). If more than a negligible portion of the "expensed" equipment's use is expected to benefit programs other than WIC, then WIC cannot bear the entire acquisition cost. Rather, the state or local agency must allocate the acquisition cost among programs on the basis of their anticipated respective benefit from the equipment's use.

SECTION THREE - PROGRAM ADMINISTRATION**I. RETENTION OF RECORDS****A. Definition of Records**

Federal regulations state: "Records shall include, but not be limited to, information pertaining to financial operations, food delivery systems, food instrument issuance and inventory, certification, nutrition education, civil rights and fair hearing procedures". (7 C.F.R. Section 246.25(a)(1)).

State policy memos from the previous year may be destroyed once the new Procedures Manual has been received, unless otherwise instructed. For example, FFY '06 Policy Memos may be destroyed once the FFY '07 Procedures Manual has been received.

B. Records and Reports - Accessibility of Records

Food Nutrition Services (FNS) may require the state or local agencies to supply medical data and other information collected for WIC in a form that does not identify particular individuals, yet enable the state agencies to evaluate the effect of food intervention upon low-income individuals determined to be at nutritional risk.

C. Retention Schedule

1. The following documents must be retained for five (5) years plus current Federal fiscal year:
 - (1) WIC Assessment/Certification Forms
 - (2) Nutrition Questionnaires and All Secondary Nutrition Education Contacts
 - (3) Growth Charts/Weight Gain Grids
 - (4) VOC Card Inventories
 - (5) Medical Records
 - (6) WIC Termination/Ineligibility/Waiting List Forms
 - (7) Vendor Monitoring Reports
 - (8) Computer Generated Voucher Registers/Voucher Printing On Demand (VPOD) Receipts
 - (9) Manual Voucher Inventory Records
 - (10) Budgets and Expenditure Reports
 - (11) Contracts
 - (12) Indirect Cost Plan
 - (13) Shared Costs Documentation
 - (14) Fair hearing and civil rights complaints and all related documentation
 - (15) Federal, State, District, County Audit reports
 - (16) Copies of manual vouchers
 - (17) Vouchers Activity Report
 - (18) Dual participation Reports*

- (19) Cumulative Unmatched Redemptions Part 1* (not matched to issuance record)
- (20) Cumulative Unmatched Redemptions Part 2* (not matched to a valid certification record)
- (21) Batch Control Report
- (22) Batch Control Form and Module
- (23) Critical Error Report
- (24) Canceled Food Instruments
- (25) Lost/Stolen/Destroyed/Voided Voucher Report
- (26) Separation of Duty Form/ District office
- (27) Request for WIC Services Log
- (28) Personnel Documentation
- (29) District Self Reviews
- (30) Waiting List
- (31) Formula Tracking Log**

2. The following documents must be kept for two (2) years:

- (1) Voter Registration Documentation
- (2) Master List

3. The following documents must be retained for one (1) year plus the current year:

- (1) Voucher Packing List/VPOD Confirmation Notice

4. Retention of TAD's is not required once the information is verified and correct and listed in the computer system.

*The original copy of these reports with their manual reconciliation must be sent to the Georgia WIC Program *prior* to being destroyed. The Georgia WIC Program will maintain these reports for four (4) years.

D. Prior Approval/Duplication of WIC Records

Local agencies must request prior approval for the reformatting or modification of WIC office forms, e.g., pamphlets, flyers. Please forward revised, reformatted or modified forms to the Georgia WIC Program Nutrition Services Unit for prior approval before distribution.

If the local agency duplicates an official WIC form, the local agency is responsible for ensuring that the form contains the exact information as its original.

The following documents are available through the Georgia WIC Program Information System (GWIS). GWIS documents are accessible via the web for a period of three (3) years plus the current Federal fiscal year:

- a. Monthly Reconciliation - Enrollment Cycle
 - 1. Alphabetic Master File Listing
 - 2. Critical Error Report

3. Enrollee Income by Household Size
4. Grady Hospital Enrollee Distribution
5. Medicaid-Enrollee Income by Household Size
6. Medicaid-Percentage of Poverty Income by Type and Age Categories
7. Medicaid-Priority Counts by Percentage by Poverty Income Level
8. Numeric Master File Listing
9. Percentage of Poverty Level Income Level by Type and Age Categories
10. Priority Counts by Percentage of Poverty Income Level
11. Trimester Analysis Report
12. Unduplicated Participation Report, State Fiscal Year
13. Unduplicated Participation Report, Federal Fiscal Year
14. Waiting List Report
15. WIC Status (Type) by Reason Certified

b. Monthly Reconciliation

1. Bank Exception Report
2. Bank Listing
3. Closeout Reconciliation Report
4. Cumulative Unmatched Redemptions Over 30 Days-Based on CUR-Part 1
5. Cumulative Unmatched Redemption Over 30 Days-Based on CUR-Part 2
6. District Unit/County Compliance Summary
7. Dual Participation Report-Part 1
8. Ethnic Enrollment and Participation by Priority (Issue 30 Day) and Closeout
9. Ethnic Participation Summary
10. Financial and Program Status
11. Food Cost Allocation (Projection)
12. Food Package Create Report
13. Food Package Expenditures Report
14. Infant Formula Rebate Report Concentrated, Powder, Ready To Feed
15. Infant Rebate County Summary
16. Infant Rebate District Unit Summary
17. Migrant Participation Summary
18. Migrant Enrollment and Participation by Priority (Issue 30 Day) and Closeout
19. Monthly Report of Food Expenditures Summary (Issue 30 Day) and Closeout
20. Monthly Report of Food Expenditures by Vouchers Code (Issue 30-Day Closeout)
21. Participant Totals
22. Participation Summary by District/Unit
23. Previously Unmatched Redemptions, Which Were Matched
24. Unmatched Redemption's Report
25. EVOC Card Information

- c. Monthly Reconciliation - Vendor Cycle
 - 1. Cumulative Vendor Totals
 - 2. Detailed Flagged Voucher Listing
 - 3. Flagged Voucher by Vendor per Peer Average
 - 4. Maximum Amount Input Update
 - 5. Statistics File for Vouchers
 - 6. Vendor Exception Report
 - 7. Vendor Listing
 - 8. Vendor Update Listing
 - 9. Vendor Voucher Deviation Report
 - 10. Voucher Redemption Fluctuation Report
 - 11. Voucher Variation Report
 - 12. Voucher by Day Cashed
 - 13. Vouchers Cashed by Clinics
 - 14. Financial Records

II. WIC ACRONYM AND LOGO

A. Authority

The acronym "WIC" was registered with the U.S. Patent and Trademark Office on January 1, 1991. The WIC logo, a stylized representation of a woman holding an infant in her arms and a child by the hand, was registered on April 16, 1991. Regulations authorizing the use of the WIC acronym and logo are provided in 42 U.S.C. Section 1786, 15 U.S.C. Section 1051 *et seq.*, and 7 C.F.R. Part 246.

It is an on-going policy to discourage the industrial use of the WIC acronym and logo on products to avoid certain difficulties that may be encountered.

B. Official Use

The WIC logo and acronym shall be used for official use only. FNS reserved the right to approve and use of the logo and acronym. The Georgia WIC Program may use the logo or acronym on the items below:

- | | |
|--------------------------------|------------------------------|
| Brochures | Leaflets |
| Bulletins | Letters |
| Business Cards (for employees) | Manuals |
| Cups | Newspapers |
| Directories | Posters |
| Food Instruments | Radio and T.V. Announcements |
| Forms (i.e., Cert. forms) | Reports |
| Guides | Studies |
| Immunizations Initiatives | T-Shirts |

C. Special Use

Profit and Non-Profit Organizations: The WIC logo and acronym cannot be used by for profit organizations. These organizations are not permitted to display the acronym or logo in total or in part, including close facsimiles, on any product or

materials. Non-profit organizations may be permitted to use the acronym and/or the logo for non-commercial educational purposes when such use is essential to public service and will contribute to public information and education concerning the Georgia WIC Program. Non-profit organizations are those organizations that are exempt from taxation under Federal law, including charitable and educational organizations. Nonprofit organizations within the jurisdiction of the state of Georgia shall submit a request for use of the WIC acronym or logo to the Georgia WIC Program in writing. The written request must include a copy/sample of the way in which the acronym or logo will be used. The Georgia WIC Program must respond in writing as to whether such use is authorized.

D. WIC Food Vendors

At the discretion of the Georgia WIC Program, a vendor may be authorized to use the acronym and/or logo for the following purposes:

- a. To identify the retailer as an authorized WIC food vendor.
- b. To identify authorized WIC foods by attaching channel strips or shelf-talkers stating “WIC-approved” or “WIC-eligible” to grocery store shelves.

FNS reserves the right to approve any uses of the WIC acronym or logo. Any uses that are considered inappropriate shall be discontinued. Request for use of the WIC acronym or logo must be made in writing along with a copy/sample of the way it will be used. A written response will be issued as to whether such use is authorized.

E. Unauthorized Use

Any person who uses the WIC acronym or the WIC logo in an unauthorized manner, including close facsimiles thereof, in total or in part, may be subject to injunction and the payment of damages. Any person who is aware of such violations should provide the information to FNS.

III. LOBBYING RESTRICTIONS

The state /local agencies must not use Federal funds for the lobbying of specific Federal awards. Recipients of any Federal grants, contracts, loans, or cooperative agreements are required to disclose expenditures made with their own funds for such purpose.

IV. CONFIDENTIALITY

The state and local agencies must restrict disclosure of confidential identifying WIC applicant/participant information.

A. Confidential Information

Confidential WIC applicant and participant information is any information about an applicant or participant, whether it is obtained from the individual, another source, or generated as a result of WIC application, certification, participation,

that individually identifies an applicant or participant and/or family member(s). Applicant or participant information is confidential, regardless of the original source and exclusive of previously applicable confidentiality provided in accordance with other federal, state or local law.

B. Restrictions on Disclosure of Confidential Information

The state agency must restrict the use and disclosure of confidential applicant/participant information to persons directly connected with the administration or enforcement of WIC whom the state agency determines has a need to know the information for WIC purposes.

These persons may include, but are not limited to:

1. Official requests from personnel from local agencies and other WIC state or local agencies
2. Persons under contract with the state agency to perform research regarding WIC
3. Persons investigating or prosecuting WIC violations under federal, state or local law

C. Exceptions to Restrictions on Disclosure of Confidential Information

1. State and local agency staff that is required by State law to report known or suspected child abuse or neglect may disclose confidential WIC applicant/participant information without their consent to the extent necessary to comply with such law.

2. A state or local agency *may* disclose confidential WIC applicant/participant information if the affected WIC applicant/participant signs a release form authorizing the disclosure and specifying the parties to which the information may be disclosed (see Attachment AD-3). The state or local agency must permit the affected applicant/participant to refuse to sign the release form and must notify them that signing the release form is not a condition of eligibility and refusing to sign will not affect their participation in WIC. Release forms authorizing disclosure to private physicians or other health care providers may be included as part of the WIC application or certification process. All other requests release forms must occur after the application and certification process is completed.

3. Release forms include an Authorization for Release of Information form 5459R (see Attachment AD-19) that has been signed by a DFCS case manager when a court has granted legal custody of a WIC applicant/participant to the Georgia Department of Human Services.

- a. The form must specify the parties to which information may be released.
- b. The court order must be attached.

- c. The WIC Legal Services Officer has reviewed and approved the form and court order.
- d. Release the information if approved.

4. A state or local agency *must* provide applicants/participants with access to all information they have provided to WIC. If the applicant/participant is an infant or child, access may be provided to the parent or guardian of the infant or child, assuming that any issues regarding custody have been settled. The state or local agency need not provide access to any other information in the WIC file or records, for example, documentation of income provided by third parties and staff assessments of the participant's condition or behavior unless required by federal, state or local law or policy, or unless the information supports a fair hearing appeal.

5. Representatives from the USDA and the Comptroller General of the United States may inspect, audit, and copy all records that include information pertaining to certification, nutrition education, civil rights and fair hearing procedures, as well as food delivery systems and food instrument issuance and redemption. Reports or other documents resulting from such inspection, audit and copying that are publicly released may not include confidential identifying WIC applicant/participant information.

Note: Information about the use of drugs and alcohol by a WIC applicant/participant must not be shared.

V. Data Sharing

A. Federal Regulation

Identifying information of WIC applicants and participants is confidential. 7 C.F.R. Section 246.26(d). However, Georgia's WIC Program and its local agencies, as defined by relevant Federal WIC regulations, may disclose confidential WIC information to public organizations for use in the administration of their programs that serve persons eligible for WIC benefits, provided the required steps are followed. 7 C.F.R. Section 246.26(d)(2)(ii).

It is recognized that certain public organizations housed in the Georgia Department of Public Health, Community Health, and Human Services share a common mission: to promote, protect and improve the health and safety of all people in Georgia.

The steps required for use and disclosure of confidential WIC applicant/participant information for non-WIC purposes are:

1. The State Health Officer must designate in writing the permitted non-WIC uses of the confidential WIC applicant/participant information and the names of the organizations to whom such information may be disclosed;

2. Notice must be provided to the WIC applicant/participant at the time of application or through subsequent notice that the State Health Officer may authorize the use and disclosure of information about their participation in WIC for non-WIC purposes only in the administration of those programs that serve persons eligible for WIC;

3. Include in the State agency's State plan a list of the designated organizations with which it has executed or intends to execute a written agreement for use and disclosure of WIC applicant/participant information for non-WIC purposes; and

4. Execution of the written agreement that must specify the receiving organization may use the confidential WIC applicant/participant information only to establish eligibility, conduct outreach; enhance health, education or well being; streamline administrative procedures; and/or assess and evaluate responsiveness of the State's health system. The written agreement must also contain the receiving organization's assurance that it will not use the information for any other purpose or disclose it to a third party. 7 C.F.R. Section 246.26(h).

B. State Designation

The State Health Officer has designated the following organizations as those it plans to execute a written agreement with in order to share data at the state level:

1. Department of Public Health

a. Health Promotion Division

1. Maternal and Child Health: Newborn Hearing Screening, Newborn Metabolic Screening, Children's 1st, Babies Can't Wait, Children's Medical Services, Oral Health, Family Planning, Epidemiology, PRAMS, Injury Prevention, and MCH Director's Office

2. Health Promotion and Disease Prevention: Tobacco, Obesity, Adolescent Health

b. Health Protection Division

1. Emergency Preparedness

2. Infectious Diseases and Immunization: Immunization, Perinatal Hepatitis B Prevention

3. Epidemiology: Office of Health Information for Planning

4. Environmental Health: Lead

2. Department of Community Health

a. Medicaid Division**1. Medicaid****2. Peachcare for Kids****b. State Health Benefit Plan Division****3. Department of Human Services****a. Family & Children Services Division****C. Sample Agreement**

The current Intra-Agency Memorandum of Agreement to share data between the Office of Nutrition and WIC and the MCH Program for the following purposes is included as a reference, Attachment AD-4.

1. assessing and evaluating the responsiveness of Georgia's health system to participants' health care needs and health care outcomes; and
2. enhancing the health, education, or well-being of WIC participants.

VI (a). E-MAIL AND FAXING CONFIDENTIAL INFORMATION

Districts that transmit confidential information by e-mail or facsimile transmission should incorporate the confidentiality provision statement into the fax cover sheet information. If the information contained on the fax or in the e-mail is considered Private Health Information (PHI), then the (HIPAA) regulations governing the release of such information applies. The following represents an example of such a statement:

CONFIDENTIALITY NOTE

The information contained in this fax/e-mail message is intended only for the personal and confidential use of the designated recipients named above. This message may involve attorney-client communication and, as such is, privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and any review; dissemination, distribution or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail. Our number is (404) 657-2900, and the fax number is (404) 657-2910.

THANK YOU.

VI (b). WIC VOLUNTEERS AND CONFIDENTIALITY

In order to prevent a breach of confidentiality, The Georgia WIC Program must exercise discretion in screening and selecting capable volunteers who will handle confidential information. It is therefore the responsibility of the state and local agencies to ensure that volunteers who are given access to WIC applicant/participant information are well trained and knowledgeable about the restrictions in disclosure of WIC information.

The following action steps must be taken in order to protect confidential identifying WIC applicant/participant information:

- A. Once volunteers are selected, specific confidentiality requirements governing the Georgia WIC Program must be covered in their orientation or training.
- B. Follow-up training must be conducted periodically to remind volunteers, as well as paid staff, of the importance of maintaining the confidential nature of identifying WIC applicant/participant information.
- C. The state or local agencies may have volunteers sign an agreement acknowledging **restrictions on the disclosure of confidential identifying WIC applicant/participant information**. By signing such a form, the volunteer would agree to keep this information confidential or forfeit the volunteer assignment. Such an agreement would reinforce the importance of maintaining confidential information.
- D. If a volunteer does not appear to be a good candidate for keeping information confidential, assign the volunteer to other activities related to administration of WIC services.

VII. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

By law, all identifying WIC applicant/participant information must remain confidential except where disclosure is authorized by law (see 45 C.F.R. Parts 160 and 164). This is a HIPAA requirement.

The privacy practices of WIC are in compliance with the HIPAA laws. State-to-State transfers are allowable. A request for release of information is advised.

VIII. RETROACTIVE BENEFITS AND REIMBURSEMENTS

Federal WIC regulations do not provide for retroactive benefits and reimbursement. The WIC food packages are designed to be consumed within a specified time period when participants are experiencing critical growth and development.

IX. MANDATORY NO SMOKING POLICY

Public Law 103-111 prohibits the allocation of administrative funds to any clinic providing WIC services if that clinic allows smoking within the space used to perform program functions. In order to avoid administrative penalties, local health department or WIC clinics must display a "No Smoking" sign. These signs must be visible somewhere in the clinic.

The prohibition against smoking applies only during the hours of actual WIC operations. In the event the clinics for voucher issuance are being held at a satellite clinic, i.e., church, public housing, clinic site, community health center, or clinics that are open only once or twice per week, then the no smoking policy would only be in effect during WIC operation hours. If the health department is a no-smoking facility, and such signs are displayed throughout the health department, then there is no need to display a WIC-specific "No Smoking" sign.

X. SUBPOENAS**A. Subpoenas**

A subpoena is an order directed to an individual or entity to compel the court appearance of a witness to give testimony or to compel the production of documents and other exhibits as evidence.

B. Procedures for Responding to a Subpoena

1. Upon receiving the subpoena the local agency must immediately notify its state agency.
2. State or local agencies must determine, based on the content of the subpoena and the requested information, whether to comply with the subpoena and release the information as requested or to attempt to quash the subpoena. In making the determination, state or local agencies must consult with legal counsel determine whether the information is confidential and prohibited from disclosure under the Federal WIC regulations (7 C.F.R. Section 246.26(i)(1)).
3. Determinations to disclose confidential WIC information requested by a subpoena or to attempt to quash a subpoena must be based on the relevant Federal WIC regulations and state laws, and FNS Instruction 800-1. The determination to disclose confidential WIC information without attempting to quash the subpoena should be made only infrequently.
4. Receipt of a subpoena shall be reported to the Georgia WIC Program and the WIC Legal Services Officer. Because subpoenas must be complied with by a date, certain information must be specified in the subpoena and must be reported to the Georgia WIC Program and the WIC Legal Services Officer immediately.

5. If confidential WIC information is disclosed pursuant to a subpoena, inform the court or receiving party that the information is confidential and seek to limit disclosure by:
 - a. Providing only the specific information requested in the subpoena and no other information; and
 - b. Limiting to the greatest extent possible the public access to the confidential information disclosed.

XI. SEARCH WARRANTS

A. Search Warrants

Search warrants can be used by law enforcement to seek disclosure of confidential WIC applicant/participant information. State and local agencies must comply with search warrants to avoid possible incarceration.

B. Procedures for Responding to a Search Warrant

1. Upon receiving a search warrant, the state agency and WIC Legal Services Officer must be notified immediately. Legal counsel for the local agency should also be notified.
2. Individuals serving the search warrant should be notified that the information being sought is confidential. The state or local agency should seek to limit disclosure by:
 - a. Providing only the specific information requested in the search warrant and no other information; and
 - b. Limiting to the greatest extent possible the public access to the confidential information disclosed.

XII. WIC PARTICIPATION

The definition of a WIC participant and enrollee is listed below:

Participant: A participant is a pregnant woman, breastfeeding woman, postpartum woman, infant or child who is receiving nutrition education and supplemental foods or food instruments under WIC, and the exclusively breastfed infant of a participating exclusively breastfeeding woman. A participant is a client who has been issued at least one voucher during the reporting month. The exclusively breastfed infant is issued a voucher message but no formula is issued. Likewise, the some breastfeeding woman is issued a voucher message but no supplemental foods beyond six (6) months postpartum.

Enrollee: A WIC client who is active, during a valid certification period, but did not receive vouchers during the reporting month.

XIII. ESTABLISHING NEW CLINICS/CLINIC CHANGES

All new WIC clinics must have completed a Pre-Approval - Pre-Award Compliance Review before the new clinic can open.

Prior to establishing and opening a new WIC clinic, the district staff must complete and send to the Policy Unit the following information:

Note: Please note that a new clinic applicant is the entity applying for WIC funding to serve WIC participants.

1. Demographics of the population to be served in order to evaluate WIC applicant/participant access racial makeup of the area you will be serving and who will be attending the clinic. A public health website that may be used to collect this information is: <http://oasis.state.ga.us/>.
2. Data collected regarding WIC employment, including use of bilingual public contact employees serving LEP (Limited English Proficiency) beneficiaries of the programs – Racial ethnic data of the employees that will be working at the new clinic.
3. Evaluation of the location of existing or proposed facilities connected with WIC and whether access would be difficult or impossible because of locale – Is there anyone who would be denied services due to the clinic's location and racial makeup of the clinic.
4. Review of the composition of the planning or advisory board for the new WIC clinic – racial makeup of the new facility.
5. Analysis of civil rights impact, if relocation of the clinic is involved – provide an analysis of the new location. This only applies when the WIC clinic is relocating.
6. A written assurance by any new WIC clinic applicant that it will compile and maintain records required by the Food Nutrition Service (FNS) guidelines or other directives.
7. The manner in which WIC services are or will be provided by the new clinic applicant and related data necessary for determining whether any persons are or will be denied WIC services on the basis of prohibited discrimination.
8. A statement from the new WIC clinic applicant as prompt notification to Food Nutrition Service (FNS) of any lawsuit or complaint filed against the applicant that alleges discrimination on the basis of race, color, or national origin. The new WIC clinic applicant's statement **must** also provide a brief description of any pending application to other Federal agencies for assistance, and of Federal assistance being provided at time of application or requested report.
9. A statement or description of previous civil rights reviews conducted on behalf of the new WIC clinic applicant during the two years prior to applying, as well as any information about the agency or organization performing the review and any periodic statements by the new WIC clinic applicant regarding such reviews.

Once the analysis is completed and approved by the state, the Program Review Team will complete the New Clinic Evaluation Report (**see Attachments AD-9 and AD-18**).

Additionally, the Program Review Team will:

- Visit the potential new WIC clinic

- Observe and determine compliance according to the WIC regulations using **Attachment AD-9**
- Mail a report indicating one or more of the following:
 - a. Approval by completing the New Site Permission Request Form (**see Attachment AD-7**)
 - b. Approval with a list of changes needed prior to the establishment of the new clinic
 - c. Disapproval of the establishment of the new clinic

After the new clinic is approved, district staff can complete the Request to Establish New Clinics/Clinic Change form (**see Attachment AD-5**). The Georgia WIC Program Systems staff will verify collection, processing, and submission of the information and forward this form to the data processing contractor (CSC) within five (5) days. The data processing contractor assigns a number for the new clinic. If the district selects its own number, the data processing contractor must verify and approve the number before it may be considered a valid number. The data processing contractor mails the new clinic the supplies necessary to start processing operations, e.g., TADs, vouchers.

Once your district receives an approved clinic number, you may begin to enroll WIC participants. The Georgia WIC Program will provide technical assistance, consultation and training to the local agency in the start up procedures of a new clinic, if needed.

A WIC clinic is a facility where WIC business is conducted. Each clinic that operates in the state must have its own number.

This requirement applies to, but not limited to the following:

- All hospitals locations
- DFCS locations
- Health Departments
- 330 Community Health Organizations
- Health Centers
- Migrant Clinics

Failure to comply to list all of the clinic sites and locations in your district may result in a financial penalty for the district. These penalties may include refunding monies for vouchers issued from the date the clinic sites opened. A financial penalty letter will be sent to your district if the Program Review Team finds clinic sites either a) operating and not on the WIC Clinic Listing or b) not having a unique clinic number.

XIV. CLINIC CLOSINGS

In the event a clinic will be closed temporarily due to an emergency, please notify the Policy Unit at the Georgia WIC Program as early as possible. This will enable the state /local agency staff to better serve WIC applicants/participants and clinic staff.

Closing of clinics causes participants/applicants hardship when they are not notified in writing or in advance.

If your district plans to close a WIC clinic permanently, please complete the Clinic Change form and mail it to the Policy Unit (**see Attachment AD-5**).

XV. REPORTING SYSTEMS PROBLEMS

Local WIC agencies must immediately report any CSC Covansys and/or front-end systems discrepancies to the Systems Information Unit of the Georgia WIC Program. Systems discrepancies may include, but are not limited to, the following: duplicate vouchers, duplicate voucher numbers, inaccurate voucher numbers, vouchers without a number, or any action which causes an unmatched redemption or causes the clinic system to become unusable. Fax the completed Computer Systems Issues and Problem Report Form (see Attachment AD-6) to the Georgia WIC Program. In addition, the clinic must notify the District Nutrition Services Director and Management Information System's staff at the district office.

XVI. REQUEST FOR FINANCIAL AND/OR STATISTICAL DATA

Request for financial and/or statistical data or reports must be made in writing by completing the Data Request Form (see Attachment AD-8). Fax the Data Request Forms to the Georgia WIC Program, (404) 657-2910, attention Systems Information Unit.

XVII. IDENTIFICATION CARDS AND FOOD LIST ORDERS

The WIC ID Cards, Food List and Referral Form will be mailed to your district office from the contracted printer at the beginning of each quarter (January, April, July and October). If the amount received needs to be adjusted based on an increase or decrease in caseload, please contact the Georgia WIC Program.

XVIII. CLINIC/STAFF RATIO

Clinic staff ratio is listed below for administrative, clinical and nutrition education purposes:

- A. One (1) CPA per every 1,000 participants served.
- B. One (1) Administrative staff per every 800 clients served.
- C. One (1) RD/LD per every 5,000 clients served.

XIX. NUTRITION SERVICE DIRECTOR JOB DESCRIPTION

The Nutrition Services Director's position is an administrative position. Attached is a copy of the current job description, which describes the responsibilities (see Attachment AD-10).

XX. COMPLIANCE REVIEWS

- A. There are three (3) types of compliance reviews:
 - Pre-Approval or Pre-Award
 - Post-Award or Routine
 - Special

B. Definitions

Pre-Approval or Pre-Award Review is a review that must be conducted prior to the approval of a clinic opening. No Federal funds can be awarded to a state or local agency until a pre-award compliance review has been conducted and the applicant is determined to be in compliance with civil right rules. This review may be a desk or on-site review. The results of the review must be in writing.

Prior to creating a new clinic site, the following must be reviewed for compliance:

- Demographics of the population to evaluate program access
- Data collection regarding covered employment, including use of bilingual public-contact employees serving LEP beneficiaries of the programs
- Location of existing or proposed facilities connected with WIC and whether access would be unnecessarily denied because of locale
- Makeup of planning or advisory board
- Civil Rights Impact analysis conducted if relocation is involved

Post Award or Routine Review is a regular review or self-review in which civil rights compliance is checked.

When conducting a post review or routine review, look for the number of discrimination complaints filed, information from grass roots and advocacy groups, individuals, state officials and unresolved findings from previous civil rights reviews.

Special Review is a review conducted due to reported alleged noncompliance. Prior to this review, check patterns of complaints of discrimination through reviewing documentation at the state and district level.

XXI. MEDICAL NUTRITION THERAPY

Below are the policies regarding medical nutrition therapy and Medicaid.

1. 100% paid WIC employees (full time or part-time) may not provide medical nutrition therapy which is a Medicaid reimbursed service. Any nurse, dietitian or other nutrition staff paid by WIC or any Federal program may not bill Medicaid for medical nutrition therapy provided within or outside of the WIC clinics. This includes WIC certifications conducted as part of a home visit by non-WIC staff.

Example of inappropriate billing procedures:

- a. Non-WIC paid nurse making home visits, completing a WIC certification, and billing the Georgia WIC Program
- b. Any WIC paid staff in the 301 Cost Pool must not participate in Medicaid reimbursement

XXII. REGISTERED AND/OR LICENSED DIETITIAN CREDENTIALING POLICY FOR THE DEPARTMENT OF PUBLIC HEALTH

It is the policy of the Department of Public Health, that those registered and or licensed professionals providing medical nutrition therapy in public health practice meet all standards and guidelines outlined in the credentialing expectations document. All licensed professionals participating in reimbursable services must be credentialed by June 1, 2006. The District Nutrition Service Directors are responsible for monitoring the credentials and competence of county professionally licensed dietitians in their districts.

I. Professional Licensure

- a. Each professional dietitian shall, at all times, maintain current licenses received by the Georgia Board of Examiners of Licensed Dietitians.
- b. Verification of licensure may be obtained via the internet (www.sos.state.ga.us).

II. Professional Registration

- a. Each professional with the designation of Registered Dietitian shall, at all times, maintain current registration by the Commission on Dietetic Registration of the American Dietetic Association.
- b. Verification of registration may be via internet (www.cdrnet.org).

III. Initial Practice

- a. Academic preparation
 - i. Licensed Dietitian – copy of current license issued by the Georgia Board of Examiners of Licensed Dietitians.
 - ii. Registered/Licensed Dietitian – copy of current registration card from the Commission on Dietetic Registration of the American Dietetic Association and copy of current license issued by the Georgia Board of Examiners of Licensed Dietitians.
 - iii. Provisionally Licensed Dietitian – copy of verification statement from an American Dietetic Association accredited dietetic internship program and copy of provisional license. The Provisional License only lasts for ONE year. If the Dietitian does not pass the RD exam within that time the Provisional License expires, which means they can not function as a Licensed Dietitian in the State of Georgia until they pass the Registration exam. Once the exam is passed, the Dietitian can submit the proper paperwork to the ADA and the Secretary of State to become a RD and LD.
- b. Authority and Scope of Practice
 - i. ADA Code of Ethics – prior to the practice of medical
 - ii. Nutrition therapy- all credentialed professionals will read and agree to abide by the Code of Ethics set forth by the American Dietetic Association.
 - iii. DPH Policy – all credentialed professionals will read and agree to abide by DPH policy regarding other employment.

XXIII. CONFLICT OF INTEREST

The Georgia WIC Program does not support conflict of interest at the state, district or local level. Based on DPH policy, all employees must report outside employment to their immediate supervisor. A determination will be made whether this employment opportunity is a conflict. A definitive time frame for employment will be agreed upon between the employee and his/her immediate supervisor. This will be documented in the employee's personnel file.

The state and local agency must prohibit the following certification practices or provide alternative policies and procedures when such prohibition is not possible:

- (1) Certifying oneself
- (2) Certifying relatives or close friends or
- (3) An employee determining eligibility for all certification criteria and issuing food instruments for some participants. (See Food Delivery Section III. F and Certification Section III. E. for the current procedures).

XXIV. RENOVATIONS

Any capital improvements exceeding \$4,999 must have prior approval from the Georgia WIC Program and USDA. (Capital improvements are any improvements that can be depreciated, such as buildings, renovations, etc.).

XXV. INTER/INTRA AGENCY AGREEMENT

The Inter/Intra Agency Agreement is an agreement that must be used by all multi-county health district with each of their counties. Your district may add additional terms but must not delete or change any of the existing terms (**see Attachment AD-12**).

XXVI PATIENT FLOW ANALYSIS

A Patient Flow Analysis (PFA) is optional and is a tool to analyze the following:

1. The range of time for certification of clients from sign in to first face-to-face visit where services provided.
2. The range of time for certification of clients from sign in to exit.
3. The range of time for clients scheduled for issuance of vouchers.
4. Clinic bottlenecks.
5. Whether clients are seen in the order of appointments.
6. Whether participants are scheduled at a rate appropriate for services received and staff availability.
7. Whether staff has down times for any staff?
8. Whether appropriate staff is present for first morning appointments.
9. Number of appointments and no-shows.

(See Attachment AD-11 for the PFA options)

Procedures for the Patient Flow Analysis consist of the following two options:

OPTION I

Option I contains four (4) forms which include:

- 1) Patient Flow Analysis (PFA) Sign-In Sheet
- 2) Patient Flow Analysis (PFA) Form
- 3) Employee Time Log
- 4) Questions to Answer from the Modified PFA Form

FORM I - PATIENT FLOW ANALYSIS SIGN-IN SHEET

The Patient Flow Analysis Sign-In Sheet is designed to have all WIC applicants/participants sign in at the time of arrival. Each applicant/participant must sign in and document the arrival time.

FORM II - CLINIC FLOW ANALYSIS FORM

The Clinic Flow Analysis form documents the following:

1. **Room #** (if applicable) - Room number is completed in the event a clinic is divided alphabetically and each staff person is keeping his/her own Sign In form.
2. **Clinic** - Name of the clinic where the analysis is being conducted.
3. **Patient #** - Number that is assigned on the Patient Flow Analysis Sign-In Form.
4. **Name** - Name of the applicant/participant.
5. **Date Seen** - Actual date the Patient Flow Analysis is taking place.
6. **WIC Type** – P __ N __ B __ I __ C
Check mark which identifies whether the applicant/participant is a pregnant (P), postpartum (N) or breastfeeding women (B), an infant (I) or a child (C).
7. **Reason for Visit** - Reason the applicant/ participant made a visit to the WIC clinic.

Reason for Visit Codes – Definitions

Initial Certification

Recertification (Subsequent)

Incomplete Certification, i.e., client left without completing certification process

Reinstate

Transfer

Education (with or without vouchers)

Special Formula or Formula Change
 Vouchers only (no nutrition education)
 Other (please specify)

8. **Appointment Time** - Appointment time of the applicant/participant.
9. **Time Started** - Actual time that the clinic staff begins to work with the WIC participant.
10. **Time Finished** - Actual time that staff finishes working with the applicant/participant.
11. **Staff Initials** - Staff that serves the WIC applicant/participant.
Note:
 - a. A record of the staff person’s initials must be placed with the actual Patient Flow Analysis documentation for audit purposes.
 - b. Each applicant/participant must have his/her own Patient Flow Analysis Form. Each family member must have his/her own form.
12. **Patient Arrived** - Actual time that participant signed in at the clinic.
13. **Time Patient Left** - Time the applicant completes all WIC services and is leaving the clinic.
14. **Total Time in Clinic** - Amount of time from arrival to departure for applicant/participant to receive WIC services.
15. **Food Package Change (FPC)/Formula Type (optional)** - FPC or formula type, if applicable, for district use.
16. **Special Services Provided/Comments** - Special services or circumstances which may cause additional time to be taken with the applicant/participant.

FORM III – Employee Time Log

The Employee Time Log documents the following:

1. **Name and Title of Employee** – Employee who is providing services must document their name and official title.
2. **Work Hours** - Employee must document their schedule work hours including the time spent servicing a client doing the clinical work, administrative work and

clerical work. In addition, if an employee is working in the clinic and providing other services that does not require face to face work with the client, that time must be documented. For example, an employee working at the file room or making/receiving work related phone calls or doing administrative work.

3. **Miscellaneous** – Any other duties the employee performed during the day of Patient Flow Analysis.
4. **Lunch/ Break** – Employee must document the time taken for lunch or break during the day of Patient Flow Analysis.

FORM IV - QUESTIONS TO ANSWER FROM THE MODIFIED PFA

Questions from the modified PFA are listed on this form to indicate the type of information you can expect to receive from the PFA.

OPTION II

Option II contains seven (7) forms which include:

- 1) Patient Flow Analysis (PFA) Sign In Form
- 2) Personnel Identification Codes
- 3) Reason for Visit Code Form
- 4) Patient Category Form
- 5) Patient Register Form
- 6) Employee Time Log
- 7) Questions to Answer from the Modified PFA Form

(See Attachment AD-11 for PFA options)

FORM I - PATIENT FLOW ANALYSIS (PFA) SIGN-IN SHEET

The Patient Flow Analysis (PFA) Sign In Sheet is designed to have all WIC applicants / participants sign in at the time of arrival. Each applicant/participant must sign in and document their arrival time.

FORM II - PERSONNEL IDENTIFICATION CODE FORM

The Personnel Identification Code is used to identify clinic staff/title involved, i.e., R.N., in the PFA. A letter from the alphabet must be assigned to each employee before the PFA begins. This form must be completed at the beginning of the Patient Flow Analysis so that each clinic staff is aware of what code is assigned to them to use for the PFA.

FORM III - REASON FOR VISIT CODES

The Reason for Visit Code is used to identify the type of services being rendered to the WIC applicant/participant.

FORM IV – PATIENT CATEGORY FORM

The client category identifies the codes you must use to identify the type of clients who are being served during the PFA.

FORM V - PATIENT REGISTER FORM

The Patient Register Form is to be placed on the record of each participant as they sign in, unless the participant is in the clinic for voucher pick up only and the record is not routinely pulled. The Patient Register Form documents the following:

1. Patient Number (it should match the number on the sign in sheet).
2. Reason for visit (see Reason for Visit Codes).
3. Patient Category (see Form IV, Patient Category Form).
4. Time of Arrival (should be the same as what is recorded on the sign in sheet).
5. Time of clinic appointment (should be the same as what is recorded on the sign in sheet).
6. Patient Service Time:
 - a. Contact number (must match the number on the Participant Sign-in Form).
 - b. Personnel ID code form (must list the staff persons involved in the PF Analysis Form II).
 - c. Start Time (time identified on the sign in sheet Form I).
 - d. End Time (time services are completed).
 - e. Service provided (see the reason for visit code Form III).

FORM VI – EMPLOYEE TIME LOG

The Employee Time Log form documents the following:

1. **Name and Title of Employee** – Employee who is providing services must document their name and official title.
2. **Work Hours** - Employee must document their scheduled work hours, including the time spent servicing a client or doing the clinical work, administrative work and clerical work. In addition, if an employee is working in the clinic and providing other services that do not require face- to-face work with the client, that time must be documented. For example, an employee working at the file room or making/receiving work related phone calls or doing administrative work.
3. **Miscellaneous** – Any other duties the employee performed during the day of Patient Flow Analysis.
4. **Lunch/ Break** – Employee must document the time taken for lunch or break during the day of Patient Flow Analysis.

FORM VII - QUESTIONS TO ANSWER FROM THE MODIFIED PFA

Questions from the modified PFA are listed on this form to indicate the type of information you can expect to receive from the PFA.

XXVII. STATE PLAN

A. Description

1. The FFY annual State Plan has four major chapters: Public Health Overview; WIC and Nutrition Office Overview, Other State Offices Overview; and Goals and Objectives. The Plan covers all aspects of WIC services from administration, certification, to nutrition education.
 - a. The Public Health Overview includes a description of the capacities and structure of the Department, Divisions, Programs, WIC and Nutrition Office, District/Local Agencies, data sharing, and public comments.
 - b. The WIC and Nutrition Office Overview includes a narrative that describes each Unit and its responsibilities at the State level.
 - c. The Goals and Objectives chapter includes accomplishments at both the State and local agency levels for the FFY that is two years prior to the current State Plan year and goals and objectives for the upcoming year. For example, the FFY 2013 plan includes accomplishments for FFY 2011 and the goals and objectives for FFY 2013.

B. Format and Reporting

1. Annually, the state plan format, goals and objectives, and any other information needed will be reviewed and revised as needed. Instructions will be developed and finalized no later than March of each year.
2. The District or local agency annual plan will be due by May 31, unless another date has been designated as the due date for that year.
3. In addition to the District or local agency annual plan, a Breastfeeding Peer Counselor plan is due from those Districts or local agencies who have received designated Breastfeeding Peer Counselor funds. More details, instructions, and the due date for this plan are included in the Breastfeeding Section, BF.
4. The District or local agency mid-year report will be due by October 31, unless another date has been designated as the due date for that year.
5. The State Plan is due to USDA no later than August 15 of each year.

C. Annual Update of the Clinic Listing

The clinic listing should be reviewed and updated at least annually by March 31 so that the clinic locations, contact numbers, addresses, clinic type and types of services are accurate. Instructions for updating the clinic listing are included as **Attachment AD-17**.

XXVIII. LOCAL AGENCIES: APPLICATION, DISQUALIFICATION AND ADMINISTRATIVE REVIEW

A. LOCAL AGENCY APPLICATION PROCESS

Local agencies are public or private health or human services agencies as defined at 7 C.F.R. Section 246.2. A local agency applicant must demonstrate its ability to provide WIC services according to state policies (**see Attachment AD-14**) and in compliance with Federal WIC regulations.

The Georgia WIC Program operates in all 159 counties within the state via local public health departments and **one (1)** Atlanta-based contracted **agency** (Grady Health System). Since FFY 04, the Georgia WIC Program has expanded WIC services into non-public health agencies/providers, such as migrant health centers, health maintenance organizations, community health centers, schools and/or private provider offices.

Applications for expansion of WIC services in an area or special population already being served or for initiation of WIC services in a new area or special population shall be considered based on need as measured by participant priority (see 7 C.F.R. Section 246.7) and the Affirmative Action Plan (see 7 C.F.R. Section 246.4 (a)(5)). The state agency shall establish standards for selection of new local agencies based on considerations set forth at 7 C.F.R. Section 246.5 (d).

Upon request from a local agency interested in operating the Georgia WIC Program, the state agency will supply, within fifteen (15) days of inquiry, a pre-application information package containing of the following documents:

1. A cover letter explaining, at minimum, the overall application process, time frames involved, criteria for selecting agencies and information concerning the appeal process in the event that the application is denied.
2. A copy of Federal WIC regulations (7 C.F.R. Part 246).
3. A list of basic requirements to be included in the local agency's application to operate the Georgia WIC Program including staffing and equipment requirements, as well as clinical and nutritional regulatory mandates.
4. A listing of state and local agency resources.
5. A copy of the Memorandum of Understanding between the state agency and the local agency (the Memorandum of Understanding is included in the Administration Section of the WIC Procedures Manual).

6. A copy of the most current State Plan, Procedures Manual and Georgia WIC Program Information Packet.
7. Examples of nutrition education materials and participant training tapes.

Selection criteria for local agencies will be consistent with the requirements of 7 C.F.R. Section 246.5. Applications will also be reviewed for assurance that, at minimum:

1. The local agency has corrected all past substantiated civil rights problems and/or non-compliance situations.
2. The Civil Rights Assurance is included in the state /local agency Georgia WIC Program Agreement.
3. Civil Rights complaints are being handled in accordance with procedures outlined in the Rights and Obligations Section of the WIC Procedures Manual.
4. Clinic sites, certification offices, vendors and other food distribution sites do not deny access to any person because of his/her race, color, national origin, language, sex, age, or disability.
5. Appropriate staff, volunteers and/or other translation resources is available in areas where a significant proportion of non-English or limited English-Speaking persons reside.
6. A description of the racial/ethnic makeup of the service area is included in the application.
7. The local agency has the ability to provide appropriate WIC services to applicants and participants in accordance with USDA and the Georgia WIC Program regulations and policies.
8. The local agency's space availability is adequate to provide WIC services.
9. The local agency demonstrates the ability to manage financial obligations in accordance with USDA and state regulations and policies.
10. The local agency will demonstrate the ability to ensure the security of WIC vouchers at all times.
11. The local agency agrees to have all agency staff attend any required meetings and training programs.
12. The local agency agrees to comply with all USDA and the Georgia WIC Program reporting and documentation requirements.
13. The local agency demonstrates the ability to comply with all the Georgia WIC Program Automated Data Processing requirements.
14. The local agency agrees to make all documents and records available for review and audits

15. A facility serving homeless participants agrees to ensure that the homeless facility :
 - a. Does not accrue financial or in-kind benefits from a resident's participation in WIC.
 - b. Does not subsume foods provided by the Georgia WIC Program into a communal food service; WIC foods must only be available to the WIC participant.
 - c. Does not allow the homeless facility to place constraints on the ability of the WIC participant to partake of the supplemental foods and nutritional education available through WIC.
16. The local agency agrees to contact the facility that serves the homeless periodically to ensure continued compliance with these conditions.
17. The local agency requires the facility that serves the homeless to notify the state or local agency if it ceases to meet any of these conditions.

B. LOCAL AGENCY - DISQUALIFICATION PROCESS

1. The state agency may disqualify a local agency for the following:
 - Non-compliance with Federal WIC regulations
 - State WIC funds are insufficient to support the continued operation of all its existing local agencies at the current participation level
 - A determination by the state agency following a review of local agency credentials in accordance with 7 C.F.R. Section 246.5(f) that another local agency can provide WIC services more effectively and efficiently
2. When disqualifying a local agency, the state agency must ensure the action is not in conflict with any existing written agreements between the state and local agency, and provide the affected local agency with written notice of not fewer than 60 (sixty) days in advance of the pending disqualification (**see Attachment AD-15**).
3. The written notice must include an explanation of the reasons for disqualification, the date of disqualification, and, except in cases of the expiration of a local agency's agreement, the local agency's right to administrative review as set forth in 7 C.F.R. Section 246.18.

C. LOCAL AGENCY - ADMINISTRATIVE REVIEW

1. The state agency shall give 60 (sixty) days advance notice of an adverse action against a local agency and must provide full administrative review to local agencies.

Actions Subject to Administrative Review

The state agency must provide administrative review for the following:

- Denial of local agency's application
- Disqualification of a local agency
- Any other adverse action that affects a local agency's participation

Actions Not Subject to Administrative Review

The state agency may not provide administrative review for the following:

- Expiration of the local agency's agreement
- Denial of a local agency's application if the state agency's local agency selection is subject to the procurement procedures of the Department of Public Health

2. Effective Date of Adverse Action Against Local Agency

Any denial of a local agency application shall be effective immediately. Adverse actions subject to administrative review shall be effective on the date the local agency receives the review decision. All other adverse actions are effective 60 (sixty) days after the date of adverse action.

3. Administrative Review Requests

The local agency must submit a written request for administrative review to the state agency within 15 (fifteen) days from the date of its receipt of notification of the adverse action the local agency is appealing. The state agency shall immediately refer the local agency's request for administrative review to the Office of State Administrative Hearings (OSAH). The referral should be made within one business day and in a way that allows the state agency to track receipt of the referral by OSAH, e.g., UPS, etc.

The Administrative Law Judge (ALJ) from OSAH who is assigned to the administrative review shall provide adequate notice of the administrative review to the parties. The Georgia WIC Program, which, pursuant to Federal WIC regulations, may set the number of days required for notice of the review, has established that notice should be given 15 (fifteen) days in advance. The ALJ must issue a written review decision within 60 (sixty) days of receipt of the local agency's request for administrative review. A local agency may reschedule a review one (1) time. The state agency should indicate this information on the OSAH Form One as the mandatory referral form.

The ALJ is an impartial decision maker whose determination is based solely on evidence presented at the hearing review as to whether the state agency correctly applied federal and state statutes, regulations, policies and procedures governing WIC when taking the adverse action against the local agency. The DPH appeals reviewer shall review the ALJ's decision on behalf of the state agency to ensure it conforms to approved policies and procedures. If the review decision upholds the adverse action against the local agency, the state agency must inform the local agency that it may be able to pursue judicial review of the

decision. The adverse action is effective upon the local agency's receipt of the review decision.

At the administrative review before the ALJ, the local agency shall have the opportunity to cross examine adverse witnesses and be represented by counsel at its expense. Prior to the review, the local agency may examine the evidence upon which the state agency's adverse action is based. The local agency is responsible for continued compliance with the terms of any written agreement with the state agency pending receipt of the ALJ's written review decision.

XXIX. SPECIAL PROJECT PROGRAM

A. INTRODUCTION

New ideas and concepts that stimulate growth, collaborative partnerships and program effectiveness are the foundational principles that guide the Georgia WIC Special Project Program (GWSPP). In fiscal year 1999, the Georgia WIC Program initiated special funding for new interventions developed by local WIC agencies. The GWSPP offers financial support to local agencies desiring to explore non-traditional means of providing WIC benefits to eligible participants. Resources are available to the local agencies in the form of Local Agency Special Project (LASP) grants. When funds are available, the Georgia WIC Program sets aside Nutrition Service Administration funds to distribute as LASP grant awards.

This section of the project outlines the purpose and processes for local agencies wishing to participate in GWSPP. In instances where grant processes are linked to routine procedures, the related procedures are referenced and must be followed.

B. OVERVIEW OF LOCAL AGENCY SPECIAL PROJECT (LASP) GRANTS

Project Purpose and Priority

LASP grants provide financial support to local agencies endeavoring to implement new program enhancements. The primary intent of the LASP grant is to support the efforts of local agencies to plan, design and implement innovative initiatives that will improve access to WIC benefits, and ultimately increase statewide participation.

Priority is given to projects proposing new concepts that can be replicated, are sustainable after the initial funding, can be implemented and completed within twelve months, and demonstrates collaborative partnerships. The focus areas for new program enhancements include:

1. Non-traditional service delivery sites and collaborative partnerships.
2. Special outreach to hard to reach clients.
3. Breastfeeding initiation and duration.
4. Linguistically and culturally appropriated nutrition education.
5. Efficiency measures for staff and participants.

Project Period

The LASP grant is a twelve-month non-renewable award. Applicants are encouraged to consider the grant period when deciding the complexity and scope of the project. Project proposals selected for funding must illustrate the potential to complete implementation within twelve months. LASP grant funds must be expended by September 30 of the Federal fiscal year in which grant is awarded. The Georgia WIC Program plans to award grants to selected local agencies by October 1.

C. PROPOSAL PROCESS

All interested local agencies must submit a LASP grant proposal. Grants are awarded to an individual local agency or to a consortium of local agencies. Local agencies are encouraged to consider collaborating with other WIC agencies on proposals. A local agency may submit only one proposal per fiscal year. If an agency submits a project proposal as part of a consortium of agencies, it may not submit a separate individual application.

Request for Proposal

The Georgia WIC Program conducts an annual solicitation for LASP grant proposals to give local agencies the opportunity to propose new Program initiatives for the upcoming fiscal year. The Request for Proposal (RFP) outlining funding requirements and deadlines is distributed to all WIC local agencies in April of each year.

The RFP package includes the following:

1. Application procedures
2. Proposal requirements
3. Project criteria
4. Proposal format
5. Focus areas
6. Proposal Evaluation criteria and weights
7. Application checklist

Completed LASP grant proposals must be received by the Georgia WIC Program by August 1 of each year.

Proposal Review Process

It is the intent of the Georgia WIC Program to select LASP grant proposals that offer new and innovative concepts that address one of the focus areas, and have the best chance to continue beyond the initial funding period. Each proposal is reviewed and ranked by a proposal review committee. The committee is comprised of representatives from the Georgia WIC Program, the Maternal and Child Health Program, WIC Nutrition Services Directors who did not submit an application, and a representative from a non-WIC public health program.

After reviewing and ranking proposals, the Georgia WIC Program representatives may interview agencies on site before making selection decisions to: 1. clarify questionable

concerns identified in the application review process; and 2. to collect information that validates the agency's capacity to successfully implement the proposed project.

Selected LASP grant proposals have two funding possibilities: GWSPF funds or USDA infrastructure grant funds. The state submits USDA applications on behalf of local agencies. State staff will provide technical assistance to local agencies to enable full development of proposals to meet USDA requirements. Both funding possibilities are subject to the availability of USDA funds.

D. GRANT MANAGEMENT

The Health Director of local agencies awarded LASP grants, must sign the terms and conditions of the DPH Master Agreement Addendum to Annex 2 with the Director of the Georgia WIC Program agreeing to implement the project and to use the funds as described in the proposal. Special stipulations or instructions are stated in the Agreement. The LASP grant funds will transfer to local agencies as grant-in-aid funds that will not be transferred until the Agreement has been signed.

Reports

General administration of these LASP grants includes quarterly reports of expenditures, performance progress, a final closeout summarizing LASP outcomes and financial reconciliation. Local agencies are required to submit quarterly financial status reports on a Standard Form 269A. The due dates for quarterly reports are as follows:

- January 15
- May 15
- September 15
- December 31 (Final report)

The final summary of project accomplishments and a final Standard Form 269A must be submitted to the Georgia WIC Program no later than ninety (90) days after the last day of the Federal fiscal year to close out the project. Additionally, grantees are required to submit copies of educational curricula, videos or other tangible products produced with LASP grant funds with the final report.

Monitoring

The Georgia WIC Program will monitor grantees as specified in the Agreement. Upon creation of a WIC new service delivery site, the Policy Unit will conduct a monitoring visit. In addition, the Systems Information Unit must assign a unique clinic number. Once the grantee receives permission to proceed with operational plans, a monitoring visit will be conducted. Before the monitoring visit, the local agency is required to complete and submit an inventory of the Georgia WIC Program LASP grant purchases.

XXX. REQUEST FORM FOR A NEW FACILITY

A request form for a new facility must be completed by the state when/if the district requests to move into a new facility (see **Attachment AD-18**).

XXXI. PARTICIPANT CHARACTERISTICS MINIMUM AND SUPPLEMENTAL DATA SETS

The Participant and Program Characteristics report requires that each state electronically submit data on participants and the program biannually (every two years) to FNS or its contractor. The participant data set is separated into two categories, minimum and supplemental.

The participant data set contains data on all participants certified as eligible for benefits for one report month (usually April). Attachment AD-16 contains a list of the minimum and supplemental data sets and indicates which of these data the state will be submitting in FFY 2012.

XXXII. LOCAL AGENCY FUNDING ALLOCATION FOR INFORMATION ON FUNDING ALLOCATION

The current Nutrition Services Administration (NSA) funding formula allows growth **districts** to receive their fair share of funding on the front-end. The combined caseload target is based on the current five (5) months participation closeout October-February and one month March (30 day) and the projected availability of federal food funds (**see Attachment AD-13**).

Annex 2

FY 2013 PUBLIC HEALTH MASTER AGREEMENT ANNEX
PROGRAMMATIC REPORTING REQUIREMENTS

PROGRAM NAME: Georgia WIC, WIC Farmer's Market Nutrition Program, WIC Breastfeeding

PROGRAM CODES: 07, 09, 643, 301

FUNDING REQUIREMENTS:

Restrictions:

Funds may be used for:

- Providing services to improve the health of low-income women, infants and children up to age five years who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating and referrals to health care. The intent of the Grant In-Aid is to support the efforts of local agencies to provide WIC services.

Funds may not be used for:

- Administrative costs unless the Department of Public Health Financial Services has approved a cost allocation plan.

Statement of allowable costs/expenses:

- Those costs that are reasonable and necessary in accordance with 7 C.F.R. Parts 246 and 3016.

Deliverables:

1. Provide services in accordance with the Child Nutrition Act of 1966, as amended by P.L. 108, the delivery of services for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). This provider agreement is made pursuant to the Georgia Department of Public Health policies and procedures, and the referenced United States Department of Agriculture/Food and Nutrition Services (USDA/FNS) regulations, the Georgia WIC Program Procedures Manual, the Georgia WIC Program State Plan, and all administrative memos (i.e. informational, action, policy). The aforementioned documents are hereinafter incorporated into this Annex.
2. Collect client data for participants for the purpose of monitoring and performance. Comply with all Federal and State requirements in the collection of data and make modifications as appropriate or requested within a specified time.
3. Employ appropriate staff to adequately perform responsibilities in accordance with staffing and processing standards, certification requirements, program integrity, and voucher accountability and security.
4. Participate in the annual development of the Georgia WIC Program State Plan and Georgia WIC Program Procedures Manual.
5. Participate in state trainings and meetings.
6. Provide WIC Farmer's Market Nutrition Program services according to the Federal regulations at 7 C.F.R. Parts 248 and Georgia WIC Program Farmer Market Handbook if funded to do so.
7. Ensure that no individual is discriminated against on the basis of disability in the full and equal enjoyment of services and facilities or accommodations of any place that provides such services as expressed in the Americans with Disabilities Act of 1990, as amended (ADA)(42 U.S.C. Section 12101 *et seq.*), including changes made by the ADA Amendments Act of 2008 (ADAAA)(42U.S.C.Section12182).

8. Shall hire a Nutrition Services Director and/or WIC Coordinator position using the State Personnel Administration's job specifications for job title, MG1: Nutrition, and job code #10027.
9. Notify the Office of Nutrition and WIC of termination of this agreement, any county intragency agreements, or closure of a clinic location at least ninety days in advance.

PERFORMANCE MEASURES:

1. Increase average monthly participation to 318,763 statewide.
2. Increase average monthly prenatal participation to 24,375 statewide
3. Increase average monthly infant participation to 79,946 statewide.
4. Increase percentage of prenatal women enrolled in the first trimester to 60%
5. Increase percentage of infants enrolled in the first six weeks to 90%
6. Increase percentage of infants who initiate breastfeeding to 60%
7. Increase percentage of infants who breastfeed for at least six months to 40%
8. Increase percentage of children two to five years old who are within normal weight to 80%
9. Increase percentage of participants who received nutrition education to 90%
10. Increase percentage of high risk participants who received high risk nutrition education to 90%

Federal Fund Source Requirements:

1. Assure that nutrition education expenditures account for at least 22% of all Nutrition Services and Administration (NSA) total expenditures. If the minimum threshold is not met regarding NSA total expenditures, next year's allocation may be negatively adjusted.
2. Assure that breastfeeding education and promotion expenditures account for at least 9% of all Nutrition Services and Administration (NSA) total expenditures. If the minimum threshold is not met regarding NSA total expenditures, next year's allocation may be negatively adjusted.
3. Reimburse the Office of Nutrition and WIC with non-WIC funds in the amount of \$1,000 per clinic that failed to batch and submit electronically participant and or vouchers issuance data to the WIC data processing contractor, Computer Science Corporation, on a daily basis or when clinic activity occurred for each occurrence over three in a quarter.

REPORTING REQUIREMENTS:

1. Submit electronically accurate and complete participant data to the WIC data processing contractor, Computer Science Corporation, on a daily basis or when clinic activity has occurred for the purpose of monitoring and performance.
2. Submit electronically an annual report identifying the status of the previous year's accomplishments and challenges, and a plan for the next year's activities to be included in Georgia WIC Program State Plan using the provided format by May 31, 2013.

Annual report is to be sent to the Programmatic Contact at the address listed below:

Georgia Department of Public Health
 Maternal and Child Health Program
 Office of Nutrition and WIC
 ATTN: Lynn Flen, Deputy Director
 2 Peachtree Street, N.W., Suite 10.293
 Atlanta, Georgia 30303-3142
 Phone: (404) 657-8754

E-mail Address: laflen@dhr.state.ga.us

3. Submit electronically and by mail signed copies of annual budget and county intragency agreements using provided format by June 30, 2012.

Annual budget and county intragency agreements are to be sent to the WIC Financial contact at the address listed below:

Georgia Department of Public Health
Maternal and Child Health Program
Office of Nutrition and WIC
ATTN: Samuel Sims
2 Peachtree Street, N.W., Suite 10.432
Atlanta, Georgia 30303-3142
Phone: (404) 657-2900
E-mail Address: sxsims@dhr.state.ga.us

PROGRAMMATIC CONTACT:

Georgia Department of Public Health
Seema Csukas, MD, PhD
Interim Program Director
Maternal and Child Health and WIC Program
2 Peachtree Street, N.W., Suite 11.415
Atlanta, Georgia 30303-3142
Phone: (404) 657-2850
E-mail Address: secsukas@dhr.state.ga.us

FY2013 PUBLIC HEALTH MASTER AGREEMENT ANNEX
Program Descriptions and Reporting Requirements

ANNEX 2

PROGRAM NAME: Using Loving Support to Manage Peer Counseling Program

PROGRAM CODE: 329

FUNDING REQUIREMENTS:

Restrictions:

- 70 % of funds will be used to pay Peer Counselors' salaries, 15% will be for allowable employee related expenses and 15% for travel/training expenses.
- Administrative costs may not be charged to WIC unless the Department of Public Health (DPH) Financial Services has approved a cost allocation plan.
- Indirect costs cannot exceed what is approved in the cost allocation plan.
- Allowable cost/expenses:
 - Travel reimbursement for workshops/conference fees, home and hospital visits as stated in the Georgia Department of Public Health Travel Reimbursement Policy.
 - Allowable expenses may include: background checks, fingerprinting, supplies and materials for Peer Counselors, printing of documents for Peer Counselors only.
 - Prior approval by the State WIC Breastfeeding Coordinator is required before purchasing equipment (computers, note books, etc.) All computers must be inventoried electronically on the Georgia WIC Program Inventory Log.
 - Funds from this grant must solely be used to support the Using Loving Support to Manage Peer Counseling Program.
 - All peer counseling grant funds must be expended by September 30 of each year.

Deliverables:

- Submit a line item budget to the State WIC Breastfeeding Coordinator for approval.
- All Peer Counselors (PCs) and Peer Counselor Supervisors must attend peer counseling trainings, workshops and continuing education programs as determined by the Georgia WIC Program.
- All PCs must function in Georgia WIC under the direct supervision of a District Breastfeeding Coordinator, a Breastfeeding Peer Counselor Program Manager, a Peer Counselor Supervisor, or a Nutrition Manager with breastfeeding expertise.
- Recruit and hire PCs who are women from the community and are current or former WIC participants with prior breastfeeding experience of at least six (6) months' duration.
- PCs must be paid a minimum of eleven dollars (\$11) per hour.
- Schedule PCs to work between ten (10) and twenty (20) hours per week or approximately 1040 hours. A Peer Counselor's weekly schedule may be adjusted to prevent lapse of funds as long as no single Peer Counselor's hours exceed thirty (30) per week.
- Office space needs to be provided for the PCs to provide breastfeeding support to the WIC clients.
- PCs must have their own login to GroupWise.
- PCs must provide services outside of normal clinic working hours.

PERFORMANCE MEASURES:

- Increase percentage of infants who initiate breastfeeding to 60%.
- Increase percentage of infants who breastfeed for at least six months to 40%.

REPORTING REQUIREMENTS:

- Peer Counselor supervisors must submit electronically, a monthly Peer Counselor Caseload Report by the tenth (10) of each month to the State WIC Breastfeeding Coordinator. The form can be found in the Peer Counselor Program Guidelines, Attachment L.
- Peer Counselor supervisor must provide proof of participation in continuing education at scheduled Nutrition and WIC program reviews to the State WIC Breastfeeding Coordinator. The form can be found in the Peer Counselor Program Guidelines, Attachment K.

PROGRAMMATIC CONTACTS:

SUBMIT ALL REPORTS TO:

Georgia Department of Public Health
 Maternal and Child Health Program
 Nutrition and WIC Unit
 ATTN: Tammy A Fuller, State WIC Breastfeeding Coordinator
 2 Peachtree Street, N.W., Suite 11-256
 Atlanta, Georgia 30303-3142
 Phone: (404) 657-4676
 Email Address: tafuller@dhr.state.ga.us

SUBMIT COMPUTER INVENTORY TO:

Georgia Department of Public Health
 Systems and Information
 ATTN: Jim Laraby
 2 Peachtree Street, N.W., Suite 10-493
 Atlanta, Georgia 30303-3142
 Phone: (404) 463-6263
 E-mail Address: jrlaraby@dhr.state.ga.us

PROGRAMMATIC CONTACT:

Tammy A Fuller, BS, CLC
 State WIC Breastfeeding Coordinator
 Georgia Department of Public Health
 Maternal Child Health Program
 Nutrition and WIC Unit
 2 Peachtree Street, N.W., Suite 11-256
 Atlanta, Georgia 30303-3142
 Tel: (404) 657-4676
 Fax: (404) 657-2886
 E-mail: tafuller@dhr.state.ga.us



Property Transfer Form

Page 1 of __

Date : _____

*Transfer from Agency:	* Transfer to Agency:	DOAS Use: <hr/> Transaction #
*Unit:	* Unit:	
*Address 1:	* Address 1:	
*Address 2:	* Address 2:	
*Point of Contact:	* Point of Contact:	
*Email: |	* Email:	
*Phone:	* Phone:	

Action Requested: Intra Agency Transfer Surplus Center Transfer Destruction On-site Sale Vendor Return DNS

*Line	* Quantity	*Description (Model, Serial #, Inventory #, etc.)		*Funding Information (Funded or Non-Funded)	*Final Disposition (DOAS use only)
1			Select	Make Selection	
2			Select	Make Selection	
3			Select	Make Selection	
4			Select	Make Selection	
5			Select	Make Selection	
6			Select	Make Selection	
7			Select	Make Selection	
8			Select	Make Selection	
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15			Select	Make Selection	
16			Select	Make Selection	
17			Select	Make Selection	
18			Select	Make Selection	
19			Select	Make Selection	
20			Select	Make Selection	

DOAS Surplus Representative Signature
Signature

Property Release Signature

Property Receipt

Title

Title

Title

Date

Date

Date

Releasing signature certifies that ORIGINAL asset funding is accurate and that all software and data have been removed from all computers prior to their transfer.

"I hereby declare that the item(s) purchased through the Surplus Property Section, DOAS, shall not be resold within one (1) year of such transfer without the written consent of the Surplus Property Section, and the Surplus Property Section shall have the right which shall be exercised at their discretion, to supervise the resale of such property at public outcry to the highest responsible bidder is such property is within one (1) year after such transfer. All proceeds derived from that sale of such transferred item will revert to the State of Georgia through the Surplus Property Section."

DOAS-2563E (9/07)
PROPTRF-W

GEORGIA DEPARTMENT OF PUBLIC HEALTH

NAME OF INDIVIDUAL/CONSUMER/PATIENT/APPLICANT	
DATE OF BIRTH	
Requesting Agency ID #	Releasing Agency ID #

AUTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize: _____
 (Name of Person or Agency Requesting Information)

 (Address)

to obtain from: _____
 (Name of Person or Agency Holding the Information)

 (Address)

the following type(s) of information from my records (and any specific portion thereof):

for the purpose of: _____

I understand that the federal Privacy Rule (HIPAA) does not protect the privacy of information if re-disclosed, and therefore request that all information obtained from this person or agency be held strictly confidential and not be further released by the recipient. I further understand that my eligibility for benefits, treatment or payment is not conditioned upon my provision of this authorization. I intend this document to be a valid authorization conforming to all requirements of the Privacy Rule and understand that my authorization will remain in effect for: (PLEASE CHECK ONE)

- ninety (90) days unless I specify an earlier expiration date here: _____
- one (1) year
- the period necessary to complete all transactions on matters related to services provide to me.

I understand that unless otherwise limited by state or federal regulations, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.

 (Date)

 (Signature of Individual/Consumer/Patient/Applicant)

 (Date)

 (Signature of Parent or other legally Authorized Representative, where applicable)

 (Signature of Witness)

 (Title or Relationship to Individual)

USE THIS SPACE ONLY IF AUTHORIZATION IS WITHDRAWN

 (Date this authorization is revoked by Individual)

 (Signature of Individual or legally authorized Representative)

Form Effective 7/1/2011

**STATE OF GEORGIA
INTRA-AGENCY MEMORANDUM OF AGREEMENT
BETWEEN**

**THE GEORGIA DEPARTMENT OF PUBLIC HEALTH
OFFICE OF NUTRITION AND WIC
AND
MATERNAL AND CHILD HEALTH PROGRAM**

WHEREAS, this Agreement is made and entered into by and between the Georgia Department of Public Health, Maternal and Child Health Program, Office of Nutrition and WIC (hereinafter referred to as "WIC") and the Maternal and Child Health Program (hereinafter referred to as "MCH");

WHEREAS, this Agreement will allow for the use of WIC participant information by the following MCH programs:

- 1) Newborn Hearing Screening
- 2) Newborn Metabolic Screening
- 3) Children's 1st
- 4) Babies Can't Wait
- 5) Children's Medical Services
- 6) Oral Health
- 7) Family Planning
- 8) Epidemiology
- 9) Injury Prevention, and
- 10) MCH Director's Office.

This information will be used for the purposes of 1) assessing and evaluating the responsiveness of Georgia's health system to participants' health care needs and health care outcomes; and 2) enhancing the health, education, or well-being of WIC participants.

NOW, THEREFORE, in consideration of the mutual covenants herein set forth, it is agreed by and between the parties hereto as follows:

I. WIC agrees to:

- A.** Provide an annual report by FFY, SFY, and CY in Excel format for all enrolled women, infants and children participants that contains the following information:
 1. Height
 2. Weight
 3. BMI

- 4. Hematocrit
- 5. Hemoglobin
- 6. Participant type (pregnant woman, breastfeeding woman, post partum woman, infant, or child)
- 7. Up to five risk factors
- 8. Services enrolled in
- 9. Services referred to
- 10. Breastfeeding method (none, partially or total)

B. Provide the information specified in Section I (A) of this Agreement to the respective program staff annually from the WIC participant database computer system. The information will be included in the report titled "Enrolled WIC Participant Medical and Nutritional Data File" and electronically transferred. The first report will be sent March 31, 2012 for the year of 2011 and each year thereafter in November.

II. MCH Respective Program agrees to:

- A. Use identifying WIC participant information for the purpose of 1) assessing and evaluating the responsiveness of Georgia's health system to participants' health care needs and health care outcomes; and 2) enhancing the health, education, or well-being of WIC participants.
- B. Not contact WIC participants.
- C. Assure that it shall not disclose information provided by WIC under this Agreement to a third party and resist efforts made by others to obtain the information.
- D. Upon termination of the Agreement, to cease all use of identifying WIC participant information and to assure that it shall not disclose information provided by WIC under the Agreement to a third party and shall resist efforts made by others to obtain the information after termination of the Agreement.
- E. Establish at all times the appropriate administrative, technical, and physical safeguards to protect confidentiality of the identifying WIC participant information and to prevent unauthorized use of or access to the information.

III. Restrictions on Use

The parties to the Agreement shall treat all information that is obtained or viewed by them or through their staff as confidential information and shall not use any information so obtained in any manner, except for the purposes stated in this Agreement.

IV. Notices and Liaisons

The parties will coordinate and conduct communications through their respective Liaisons identified below. Any communication in writing, or any oral communication

confirmed in writing, from the respective liaisons will be deemed communications and notices from the party.

For WIC:

Seema Csukas, MD, PhD
 Georgia Department of Public Health
 2 Peachtree Street, 11th Floor
 Atlanta, Georgia 30303
 Phone #: (404) 657-2850

For MCH:

Brenda Fitzgerald, MD
 Georgia Department of Public Health
 2 Peachtree Street, 15th Floor
 Atlanta, Georgia 30303
 Phone #: (404) 657-2703

V. Entire Agreement; Conflicting Provisions; Amendment

This Agreement contains the entire Agreement between the parties with regard to its subject matter and supersedes all other prior and contemporaneous statements, agreements, and understandings between the parties regarding its subject matter. Only a writing of equal dignity signed by the parties may amend this Agreement. Contractor will not begin to provide revised services until a contract amendment setting forth the revision has been executed.

VI. Period of Agreement:

This Agreement shall become effective March 1, 2012 and shall automatically renew annually unless otherwise terminated as provided for in this Agreement.

VII. Termination

This Agreement may be canceled or terminated by either of the parties by written notice of its intention to cancel or terminate this Agreement to the other party with at least thirty (30) days notice.

VIII. Parties Bound

This Agreement is binding upon all employees, agents and third-party vendors of WIC and the MCH Program and will bind the respective heirs, executors, administrators, legal representatives, successors and assigns of each party.

SIGNATURES

IN WITNESS WHEREOF, the undersigned duly authorized officers or agents of each party have hereunto affixed their signatures on the day and year indicated below.

Seema Csukas, MD, PhD
MCH Interim Program Director

Date

Brenda Fitzgerald, MD
Commissioner

Date

GEORGIA WIC PROGRAM

REQUEST TO ESTABLISH NEW CLINICS/CLINIC CHANGE

PURPOSE OF REQUEST: EST. NEW CLINIC CLINIC CHANGE
 CLINIC NUMBER

EFFECTIVE DATE OF CHANGE _____

TYPE OF CHANGE _____

DIST/UNIT _____ DATE SUBMITTED _____

COUNTY# _____ COORDINATOR _____

CONTRACT # (IF LOCATED OUTSIDE OF HEALTH DEPT.) _____

CONTACT PERSON _____

NEW CLINIC NAME _____

MAILING ADDRESS (not a Post Office Box) _____

PHONE# _____ ATTENTION: _____

CLINIC DAYS AND HOURS OF OPERATION _____

PURPOSE OF PROPOSED CLINIC (circle) initial certification re-certification nutrition education voucher issuance
 Other (specify) _____

SCHEDULE OF VOUCHER ISSUANCE (circle) monthly bi-monthly odd bi-monthly even

PLEASE INDICATE IF TADS & VOUCHERS ARE TO BE SHIPPED TO ANOTHER LOCATION OTHER THAN THIS CLINIC _____

VOUCHER ORDERS	
SPECIAL VOUCHERS	_____
BLANK VOUCHERS	_____

TAD ORDERS	
BLANK TADS	_____
PREPRINTED TADS	_____

PREPRINTED VOUCHER PACKAGES

WOMEN (P&B)	_____	PACKAGES
INFANTS	_____	PACKAGES

WOMEN (N)	_____	PACKAGES
CHILDREN	_____	PACKAGES

PLEASE INDICATE A BEGINNING TAD NUMBER (EXAMPLE: CLINIC #123 WOULD BE 123000001 FOR THE BEGINNING TAD NUMBER) _____

CSC COVANSYS WILL ASSIGN A MAXIMUM NUMBER OF INDIVIDUAL VOUCHERS TO BE PRINTED. THIS NUMBER WILL EQUATE TO 100 PACKAGES FOR WOMEN, 100 PACKAGES FOR INFANTS AND 100 PACKAGES FOR CHILDREN. IF YOU WISH TO INCREASE THIS NUMBER, PLEASE INDICATE: YES _____ NO _____

FOR GEORGIA WIC PROGRAM USE	
APPROVED	_____
DISAPPROVED	_____
FOR CSC COVANSYS USE	
NEW CLINIC # ASSIGNED	_____
EFFECTIVE DATE	_____
COMPLETED BY	_____
SYSTEM MAINTENANCE REPORT #	_____

Revised 3/12

**GEORGIA WIC PROGRAM
COMPUTER SYSTEM ISSUES and PROBLEMS REPORT**

Date submitted:	Date problem discovered:
Clinic number:	District/unit number:
Name of person reporting issue:	Position:
Telephone number:	Email:
Name of person experiencing issue:	Position:
Telephone number:	Email:

Directions: Type an X next to selections and email to the Systems Information Unit or fax to (404) 657-2910.

Severity of problem (select one)	Problem type: (select one and describe below)	
Extremely critical	Batching problem Provide Batch number	Voided voucher numbers (list)
Critical	Incorrect information in system	Multiple copies of same voucher printed () times
Major	Equipment malfunction	Voucher number error
Average	Printer problem	Same voucher number(s) given to different client(s)
Minor	System down (failure)	Vouchers did not print
Enhancement	System slow	Voucher format error
Farmer's Market	Update system information needed	Vouchers printed to wrong destination
	Computer virus (type)	Other

Describe the issue and proposed solution (include voucher numbers if applicable):

Did staff report this issue to anyone? Yes ___ No ___

If yes, provide name and telephone number: _____

Status since report (circle): Resolved Unresolved Pending

Computer report potentially affected: (e.g. CUR) _____

Reason for reporting to state WIC Office (circle): FYI only Take Action

NEW SITE PERMISSION FORM

TO: District Health Directors

FROM: Chief, Office of Nutrition and WIC

DATE: XX XX, 20__

RE: Permission to Open a New WIC Site.

Georgia WIC Program Review Team has completed the site(s) visit located at:

Based on this visit the district site(s) listed above:

May Open: _____

May Not Open; _____

If you have any questions, please contact the Policy Unit at (404) 657-2900.

DATA REQUEST FORM

Date of Request: ___/___/___

Date Data Needed: ___/___/___

Name: _____

D/U/CL: _____

Address: _____

Phone: _____

Fax: _____

Type of Requested Data: _____

Description of Data Requested (Attach additional sheets if necessary)
(Please be specific)

Format: (Excel, Access, other-specify) _____

Media: (Paper, E-mail, CD ROM, other specify) _____

For State Office Use Only:

Date Received: _____

Assigned To: _____

Reviewed By: _____

Date Complete: _____

Notes: _____

NEW CLINIC EVALUATION REPORT

Health District: _____

Clinic: _____

Date: _____

Satisfactory = S

Unsatisfactory = U

Recommendation = R

Not Applicable = NA

Satisfactory, Needs Improvement = SN

This New Clinic Evaluation Report will be used to ensure uniformed adherence to clinic set up specifications. A written summary of activities must be submitted and approved before the clinic in question can officially be opened.

NEW CLINIC SITE	S	U	R	NA	SN
PART I – PROGRAMMATIC					
A. Location of Records Are participant records kept on file?					
B. Documentation of Transfer Methods How are participants transferred?					
C. Security (ID Card, WIC Stamp, VOC Cards, VOC Card Log) Are security procedures being followed?					
D. Equipment in Place with Inventory Numbers Is WIC purchased equipment accurately identified?					
E. Policy/Action Memos Does the new clinic have a copy of all policy memos on file?					
F. Procedures Manual Is a current Procedures Manual located in the clinic?					
G. Poster (No Smoking, Civil Rights, LEP, How to File a Complaint and No Charge) Are required posters displayed in the clinic?					
H. Certification Form Are current certification forms available?					

<p>I. Certification Process Are policies and procedures followed during the certification process?</p>					
<p>J. Processing Standards Are staff aware of WIC processing standards timeframes?</p>					
<p>K. Adequate Space for Intake Is the space provided adequate for patient confidentiality during the intake process?</p>					
<p>L. Copy Machine Is a copy machine available to copy required residency, identification and income proofs?</p>					
<p>M. Clinic Hours of Operation (after hours one day a week) What are the clinic's hours of operation?</p>					
<p>N. Agreement with the State Georgia WIC /District/Hospital Does the Coordinator/District Office/Georgia WIC have a signed copy of the agreement on file?</p>					
<p>O. Civil Rights Has staff been trained in the area of Civil Rights? Note:</p> <ol style="list-style-type: none"> 1. Demographics of the population to be served in order to evaluate program access – Racial makeup of the area you will be serving and who will be attending the clinic. A public health website that may be used to collect this information is http://oasis.state.ga.us/. 2. Data collected regarding covered employment including use of bilingual public-contact employees serving LEP (Limited English Speaking) beneficiaries of the programs – Racial ethnic data of the employees that will be working at the new clinic. 3. Evaluation of the location of existing or proposed facilities connected with the program and whether access would be difficult or impossible because of locale – Is there anyone who would be denied services due to the facility and racial makeup of the clinic. 4. Review of the composition of the planning or advisory board – Racial makeup of the new facility. 5. Analysis of civil rights impact, if relocation of the clinic is involved – Provide an analysis of the new location. This only applies when the clinic is relocating. 6. A written assurance by any program applicant or recipient that it will compile and maintain records required by the (FNS) Food Nutrition Service guidelines or other directives. 7. The manner in which services are or will be provided by the program in question, and related data necessary for determining whether any persons are or will be denied 					

<p>such services on the basis of prohibited discrimination.</p> <p>8. A statement of notification from the program applicant or recipient to promptly notify (FNS) Food Nutrition Service of any lawsuit filed against the program applicant or recipient or sub recipient alleging discrimination on the basis of race, color, or national origin and that each recipient notify (FNS) Food Nutrition Service of any complaints filed against the recipient alleging such discrimination; and that each program applicant or recipient provide a brief description of any pending application to other Federal agencies for assistance, and of Federal assistance being provided at time of application or requested report .</p> <p>9. A statement or description of previous civil rights reviews regarding the program applicant two years prior to applying as well as any information about the agency or organization performing the review and any periodic statements by the recipient regarding such reviews.</p> <p>* Please note that a program applicant or recipient is the entity applying for program funding to serve WIC participants.</p>					
<p>P. Voter Registration Are WIC participants given the opportunity to vote and is documentation batched? Are declaration forms kept on file?</p>					
<p>Q. Prenatal Logs Is documentation available to review rescheduled missed appointments for prenatal applicants?</p>					
<p>R. Separation of Duties If one person conducts certification and issues vouchers, is the documentation sent to the District office to review for approval?</p>					
<p>S. Interview Script Is the applicant/participant given the opportunity to chose race, migrant and Hispanic/Latino status?</p>					
<p>T. Request for Services Log Is the Request for Services Log used in the clinic? If not, what method is used to document processing standards, e.g., appointment book, computer.</p>					
<p>U. Access to VOC/EVOC Cards Are VOC cards located in the clinic? Is staff using the electronic EVOC card system?</p>					
Part II – COMPLIANCE ANALYSIS					
<p>A. Voucher Inventory The VPOD and Manual inventory must be conducted for all vouchers issued to participants.</p>					

B. Voucher Security Vouchers must be stored in a safe and secure location at all times.					
C. Printer Security Printers must not be accessible to participants or any unauthorized personnel.					
D. Transported Vouchers Vouchers in a hospital setting can be transported in a locked clipboard, lockbox or locked briefcase.					
E. Issuance Space Adequate space for issuing vouchers to participant with security of vouchers maintained.					
PART III – NUTRITION SECTION					
A. Anthropometrics					
1. Height Board Meeting Standards?					
2. Length Board Meeting Standards?					
3. Adult Scales Meeting Standards/Certified within Last Year?					
4. Infant Scales Meeting Standards/Certified within Last Year?					
B. Growth Charts					
1. Birth-36 months and 2-20 Years for Boys and Girls?					
2. Prenatal Weight Gain Grid?					
C. Certification					
1. Hemoglobin/Hematocrit Procedures for Evaluation?					
2. Dietary Assessment Sheets?					
3. Certification Forms?					
4. Computer Certification?					
D. Staff Interviews					
1. Nutritionist					
2. Clerk					
3. Nurse					
4. Nutrition Assistant					
E. Staff Training					
1. Nutritionist					
2. Clerk					
3. Nurse					
4. Nutrition Assistant					
F. Breastfeeding Promotion and Support (friendly environment)?					

G. Adequate Space to Work?					
H. Adequate Space for Counseling?					
I. Adequate Space for Voucher Issuance/Waiting Room?					
J. Patient Confidentiality?					
K. Clinic Flow?					
L. Resources					
1. Nutrition Education Materials (provide list of materials available at clinic site)?					
2. Nutrition Education Materials Ordering Catalog (describe process for ordering nutrition education materials)?					
3. Nutrition Guidelines for Practice?					
4. Risk Criteria Handbook?					
5. Calculator?					
PART IV – SYSTEMS INFORMATION					
A. Clinic Information					
1. Clinic Number					
2. Full VPOD					
3. WIC Computers					
4. Clinic Staff Authorized to Use WIC System					
5. Clinic Supervisors Listed					
6. Current Authorized Users Kept on a List					
7. Non-clinic Staff Authorized to Use WIC System Listed					
8. Terminated or Transferred Staff Still on the List					
B. Physical Security					
1. Computer, Printer and Voucher Stock in a Safe Area					
2. Computer is Locked in a Safe Area when Clinic is Closed					
C. Program Security					
1. System Backed Up Daily?					
2. Provisions for Storing Backup Files in Case of Fire or Other Disasters?					
3. Users No Longer Employed by WIC Deleted from the System?					
4. List of Users and their Passwords Kept in the Clinic (No					

such list should be kept <u>anywhere</u>)?					
5. Clinic Maintains a Supply of Both Blank and Pre-numbered Paper TADs for Use in Emergencies?					
6. Clinic Maintains a Supply of Blank Manual Vouchers for Use in Emergencies?					
7. Clinic Maintains a Supply of Blank Standard Vouchers for All WIC Types as well as Blank Manual (999 series) Vouchers for Use in Emergencies?					
8. Acknowledgement Dates for ETAD and Voucher Batches are Posted?					

Comments/Observed Strengths and Weaknesses:

Nutrition Services Director/Clinic Manager Date Completed Date Submitted to the State

For State Agency Use Only

State Staff Receiving Signature

Date Received by the State

Nutrition Services Director Job Description

Under broad supervision of the District Health Director and/or the District Program Manager, plans, implements, monitors, and evaluates the nutrition services of a Public Health District and WIC services to include certification section, rights and obligations section, administrative section, vendor section, food package section, nutrition education section, special population section, outreach section, food delivery section, compliance section, monitoring section, breastfeeding section, computer system section and disaster plan section.

Job Responsibilities and Performance Standards:

- I. Advises and collaborates with the agency health official, senior policy makers, administrators and legislators who have a significant impact on the mission, programs and policies in the District Health Agency. (Performed by all incumbents)
 1. Participates in the development of health policies as a member of the health agency's management team.
 2. Reviews and comments on proposed legislation, regulations, and guidelines promulgated by federal, state and local legislative bodies and regulator agencies and evaluates potential impact on health agency performance and environment.
 3. Participates in development, implementation and compliance with nutrition standards of care and quality assurance throughout health agency.
 4. Collaborates with community agencies or groups and provide nutrition outreach and educational information as needed.

- II. Develops long and short term goals for the health agency and participates in the agency's strategic and operational planning. (Performed by all incumbents)
 1. Identifies programs and services to be implemented.
 2. Conducts agency and community assessments. Uses health and management information databases in decision making.
 3. Identifies available and needed nutrition resources for the target population. Plans future directions by coordinating and writing the State Administrative/Nutrition Education Plans.
 4. Approves the district's nutrition plan within established time frames.

- III. Prepares the agency's multi-million dollar nutrition services budget (i.e., WIC, Medicaid, other third party reimbursements and contract funds) and prepares grant proposals and contracts to obtain funds for expansion of nutrition services. (Performed by all incumbents)
 1. Budgets multiple source nutrition funding, (i.e., WIC, Medicaid, other third party reimbursements, grant and contract funds) in compliance with federal, state and local standards.
 2. Monitors expenditures to ensure conformity to budget category allowance. Identifies potential cost overruns.
 3. Administers grants and contracts for nutrition services according to applicable laws and guidelines.

- IV. Participates as an active member of the agency management team and recommends health program utilization and implementation strategies. (Performed by all incumbents)
 1. Accurately determines staffing, facility and equipment needs. Coordinates staff activities, assign work and set priorities and deadlines for staff.

2. Provides appropriate input in the design and implementation of the agency management information system.
 3. Thoroughly evaluates and monitors nutrition services outcomes for budget justification and for program compliance.
 4. Conducts self-reviews annually using the "Georgia WIC Program Local Agency Monitoring Tool" to evaluate operations and to document findings for usage at the State level and Local level.
 5. Participates as a member of the District Health Emergency Assistance and Resource Team (DHEART).
- V.** Provides expert nutrition information on technical application of nutrition expertise to agency and community administrators, policy makers and advocacy groups. (Performed by all incumbents)
1. Provides timely responses to inquiries regarding nutrition information by human service professionals, related community volunteer agencies and/or educators or academic.
 2. Provides nutrition policy analysis and interpretation to administrators, legislators and/or corporate/industry inquiries as needed.
 3. Collaborates as agency representative in community advocacy or volunteer agencies, providing nutrition and health educational information and agency support.
 4. Responsible for researching and providing training opportunities to nutrition competency for nutritionists, public health nurses and other health care workers.
 5. Responsible for overseeing breastfeeding trainings and to attend biannual coalition meetings.
- VI.** Creates and maintains a high performance environment characterized by positive leadership and a strong team orientation. (Performed by all incumbents)
1. Define goals and/or required results at beginning of performance period and gains acceptance of ideas by creating a shared vision.
 2. Communicates regularly with staff on progress toward defined goals and/or required results providing specific feedback and initiating corrective action when defined goals and/or required results are not met.
 3. Confers regularly with staff and supervision to review employee relation's climate, specific problem areas and actions necessary for improvement.
 4. Evaluates employees at scheduled intervals; obtains and considers all relevant information in evaluations and supports staff by giving praise and constructive criticism.
 5. Recognizes contributions and celebrate accomplishments.
 6. Motivates staff to improve quantity and quality of work performed and provides training and development opportunities as appropriate.
- VII.** Manages human resource and employee relation's functions. (Performed by all incumbents)
1. Interviews applicants or employees to fill vacancies or promotional positions according to applicable laws, rules and policies.
 2. Selects or promotes the appropriate number of individuals who possess the skills needed to perform required work.

3. Provides orientation to new employees. Identifies training needs and ensure that necessary job-related instruction is provided to all staff.
 4. Discusses potential grievance-related concerns with employees in order to identify options or resolve issues prior to the formal filing of a grievance.
 5. Advises employees of established grievance procedures.
 6. Recommends or initiates disciplinary actions according to applicable rules and policies.
- VIII.** Maintains responsibility for personal professional continuing education to enable application of current professional practice. (Performed by all incumbents)
1. Participates in professional workshops, seminars, nutrition staff meetings and other in-services as scheduled. Summarizes relevant information received in the training sessions and shares with other staff either in verbal or written form.
 2. Remains knowledgeable and up-to-date in the field of nutrition through reading nutrition and medical journals and textbooks.
 3. Maintains CPR certification and proficiency by renewing certification bi-annually.

FORM I

OPTION I

PATIENT FLOW ANALYSIS (PFA) SIGN IN

Clinic _____ Date _____ Start Time _____

Patient Number	Name	Arrival Time
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

(See instructions for PFA in the Administration section of the Procedures Manual)

FORM II

OPTION I

Patient Flow Analysis (PFA) Form

Room #: _____ (If Applicable)
 Clinic: _____
 Patient #: _____
 Name: _____
 Date Sent: _____
 Reason for Visit: _____
 WIC Type: P _____ N _____ B _____ I _____ C _____
 Appointment Time: _____

	Time	Time	Time	Staff Started Initials
			Finished	
Patient Arrived:	_____			_____
Initiate Worker:		_____	_____	_____
Clerk:		_____	_____	_____
Lab Worker:		_____	_____	_____
Nurse:		_____	_____	_____
Nutritionist:		_____	_____	_____
Clerk:		_____	_____	_____
Time Patient Left:	_____			_____
Total Time in Clinic:	_____			_____
FPC/Formula Type: (Optional)	_____			
Special Services Provided/Comments:	_____			

- Note: 1. A record of staff initials must be kept on file for audit purposes.
 2. Each applicant/participant must have her/his own PFA Form.

FORM III

OPTION I

Patient Flow Analysis: Employee Time Log

Name & Title of Employee _____

Work Hours (Serving Participant in the Clinic):

Clinical: _____

Administrative: _____

Clerical: _____

Work Hours (Serving Participant outside of Clinic, ie phone/appt/Dr. office):

Clinical: _____

Administrative: _____

Clerical: _____

Miscellaneous
(any other duties perform): _____

Lunch/ Break: _____

FORM IV**OPTION I**

Questions to Answers for Option I

1. What was the length of time that a client waited from sign-in to first clinic staff contact?
2. What was the range of time for certification clients from sign-in to exit?
For clients scheduled for issuance?
3. Were there any clinic bottlenecks?
4. Are clients seen by order of appointment?
5. Are clients scheduled at a rate appropriate for services received and staff availability?
6. Are there down times for any staff?
7. Are the appropriate staff present for first morning appointments?
8. How many appointments were there? Number of no-shows?

FORM I

OPTION II

PATIENT FLOW ANALYSIS (PFA) SIGN IN

Clinic _____ Date _____ Start Time _____

Patient Number	Name	Arrival Time	Appt. Time
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

(See instructions for PFA in the Certification section of the Procedures Manual)

FORM II

OPTION II

PERSONNEL IDENTIFICATION CODES

CODES	NAME	OFFICIAL FUNCTION
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
O		
P		
Q		
R		
S		
T		
U		
V		
W		

FORM III

OPTION II

REASON FOR VISIT CODES

<u>Code</u>	<u>Definition</u>
A.	<i>Initial Certification</i>
B.	Recertification (Subsequent)
C.	Incomplete Certification (i.e. - Client left without completing certification process)
D.	Reinstate
E.	Transfer
F.	Education (with or without vouchers)
G.	Special Formula or Formula Change
H.	Vouchers only (no nutritional education)
I.	Other (please specify)

FORM IV

OPTION II

PATIENT CATEGORY

- A. Pregnant Woman
- B. Postpartum Woman
- C. Breastfeeding Woman
- D. Infant
- E. Child
- F. Family (use only when a combination of family members receives WIC services)
- G. Other (specify)

FORM V

OPTION II

PATIENT REGISTER

Patient Number: _____
 (from sign-in sheet)
 Reason for Visit: _____
 Patient Category: _____
 Time of Arrival: _____
 (from sign-in sheet)
 Time of Clinic: _____
 Appointment

Patient Service Time

Contact #	Personnel ID Code	Start Time	End Time	Service Provided *
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

***Note: Service Provided** – If anything out of the ordinary occurs while serving the participant, please write in the Service Provided Column one of the items listed below that apply.

Computer Problems	<input type="checkbox"/>	Interpreter	<input type="checkbox"/>	Client Left Clinic	<input type="checkbox"/>
Food Package Change	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	Address Change	<input type="checkbox"/>
Multiple Family (No.)	<input type="checkbox"/>	Need Re-cert	<input type="checkbox"/>	Immunization	<input type="checkbox"/>
Telephone Call	<input type="checkbox"/>	New WIC ID Card	<input type="checkbox"/>	Other	<input type="checkbox"/>
Customer Complaint	<input type="checkbox"/>	Verification of ID	<input type="checkbox"/>		<input type="checkbox"/>

FORM VI

OPTION II

Patient Flow Analysis: Employee Time Log

Name & Title of Employee _____

Work Hours (Serving Participant in the Clinic):

Clinical: _____

Administrative: _____

Clerical: _____

Work Hours (Serving Participant outside of Clinic, ie phone/appt/Dr. office):

Clinical: _____

Administrative: _____

Clerical: _____

Miscellaneous
(any other duties performed): _____

Lunch/ Break: _____

FORM VII

OPTION II

Questions to Answer from the Modified PFA

1. What was the length of time that a client waited from sign-in to first clinic staff contact?
2. What was the range of time for certification clients from sign-in to exit?
For clients scheduled for issuance?
3. Were there any clinic bottlenecks?
4. Are clients seen by order of appointment?
5. Are clients scheduled at a rate appropriate for services received and staff availability?
6. Are there down times for any staff?
7. Are the appropriate staff present for first morning appointments?
8. How many appointments were there? Number of no-shows?

INTER/INTRA AGENCY AGREEMENT

- **Use Option that fits District model**

OPTION I

**INTRA-AGENCY AGREEMENT
FOR
THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
FOR WOMEN, INFANTS AND CHILDREN (WIC)
SFY _____**

I. Introduction

This contract (hereinafter, "the Contract") is between the _____ County Board of Health (hereinafter, "Lead County") and the _____ County Board of Health (hereinafter, "Non-Lead County") in accordance with the Child Nutrition Act of 1966, as amended, for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in Georgia (hereinafter, "Georgia WIC Program").

II. Purpose

The Contract is made pursuant to regulations of the United States Department of Agriculture, Food and Nutrition Services (USDA/FNS) at 7 C.F.R. Section 246, the Georgia Department of Public Health (DPH) Policies and Procedures Manual, the Georgia WIC Program Procedures Manual, the Georgia WIC Program State Plan of operation, the Master Agreement and Annex J, the Georgia WIC Program Plan for Local Agency Planning, the WIC Financial Management and Statewide Cost Allocation Plan, and all relevant administrative memos. The aforementioned documents are hereinafter incorporated into the Contract.

Pursuant to the Contract, the Lead County agrees to distribute WIC Nutrition Services Administrative (NSA) funds to the Non-Lead County based upon an assigned caseload target. To receive these funds, the Non-Lead County must perform the following functions in order to meet the Georgia WIC Program objectives: nutrition education, breastfeeding promotion and support, participant certification, caseload management, food delivery, screenings for and referrals to other social and medical service providers, and general WIC management.

III. General Agreement

Both the Lead County and the Non-Lead County agree to:

1. Adhere to the WIC Statewide Cost Allocation Plan.
2. Maintain complete and accurate records of WIC funds received and expended by employing Generally Accepted Accounting Principles (GAAP) and reconciling WIC expenditures to WIC revenue.
3. Make these records available for audit upon request of the Georgia WIC Program, the DPH Office of Audits, the DPH Office of Investigative Services and/or the USDA.

In case of an audit exception in performance, the Non-Lead County may be responsible for payment to the Georgia WIC Program from that County's non-participating funds.

IV. Lead County Agreement

The Lead County agrees to:

1. Provide \$_____ of NSA funding for the reimbursement of non-WIC paid staff for salary and fringe benefits only with an assigned caseload target of _____ to the Non-Lead County.
2. Disburse contracted NSA funds to the Non-Lead County in the first and second quarter of the State fiscal year, and amend the Contract using Attachment 1-A when and if additional NSA funds become available.
3. Reimburse non-WIC paid staff for all WIC approved per diem/travel.
4. Provide medical/supplies, office supplies, equipment and any items required to perform service delivery to WIC clients.
5. Provide manuals, forms and nutrition education materials required for WIC service delivery as specified in the Georgia WIC Program Procedures Manual and the Georgia WIC Program State Plan of operation.
6. Monitor, evaluate and provide technical assistance and training for the Non-Lead County agency staff regarding the delivery of WIC services on a routine basis and/or as requested.
7. Reimburse the Non-Lead County for approved Central Services Cost Allocation expenditures in County Health Departments using Attachment 1-B.

V. Non-Lead County Agreement

The Non-Lead County agrees to:

1. Accept \$_____ of NSA funding with an assigned WIC caseload target of _____ from _____ County Board of Health. **The non-lead county further agrees to** perform the following functions in order to meet WIC's objectives: nutrition education, breastfeeding promotion and support, participant certification, caseload management, food delivery, screenings for and referrals to other social and medical service providers, and general WIC management.
2. Expend twenty-two (22) percent of NSA funds expended toward nutrition education.
3. Expend nine (9) percent of NSA funds expended towards breastfeeding education and promotion.
4. Accept an allocation adjustment if total reported nutrition education and breastfeeding promotion and support expenditures are less than the required amount of expenditures.

The State WIC office will reduce the following federal fiscal years' allocation by the difference.

5. Record all WIC transactions for non-WIC paid employees using the Personnel Activity Report System (PARS), which will be the official record for tracking nutrition education and breastfeeding education and promotion.
6. Submit a projected line item budget to Lead County within thirty (30) days of the acceptance of the Contract and resubmit the Contract using Attachment 1-A when additional funds are allocated to the County.
7. Have appropriate staff adequately perform WIC responsibilities in accordance with WIC staffing and processing standards, certification requirements, WIC services integrity, and voucher accountability and security.
8. Collect client data for WIC participants for the purpose of monitoring WIC services performance and comply with all Federal and State requirements in the collection of WIC data and modify as appropriate or requested within a specified time.
9. Comply with all the fiscal and operational requirements prescribed by the Georgia WIC Program pursuant to: 7 C.F.R. Part 3016, the debarment and suspension requirements of 7 C.F.R. Part 3017 (if applicable), the lobbying restrictions of 7 C.F.R. Part 3018, and FNS guidelines and instructions; provide on a timely basis to the Georgia WIC Program all required information regarding fiscal and WIC services information.
10. Prohibit smoking in the space used to perform WIC services during times of service delivery.
11. Comply with non-discrimination laws by not discriminating against persons on the grounds of race, color, national origin, age, sex or handicap, and compile data, maintain records, and submit reports as required to permit effective enforcement of non-discrimination laws.
12. Maintain on file and have available for review and audit all certification criteria used to determine WIC eligibility.
13. Make available all appropriate health services to WIC participants, whether directly or through referral services; inform WIC applicants and participants about these services; and provide nutrition educational services to WIC participants in compliance with WIC Federal regulations and FNS guidelines and instructions.
14. Maintain complete, accurate, documented and current accounting of all WIC funds received and expended.
15. Provide the Lead County, Georgia WIC Program, and the DPH Office of Audits immediate and complete access to all WIC clinics and all records maintained by WIC clinics within the County.
16. Obtain prior approval from the Lead County for any Central Services Cost Allocation Plan, and adhere to the WIC Cost Allocation Guidelines using Attachment 1-B.

VI. Notice

All notices under this Contract shall be deemed duly given upon delivery, if delivery by hand, or three (3) calendar days after posting, if sent by registered or certified mail, return receipt requested, to a party listed at the addresses below or otherwise designated by notice pursuant to this paragraph:

LEAD COUNTY

Name: _____
 Title: _____
 Address: _____

NON-LEAD COUNTY

Name: _____
 Title: _____
 Address: _____

VII. Entire Agreement

The Contract constitutes the entire agreement between the Lead County and Non-Lead County with respect to the subject matter hereof and supersedes all prior negotiations, representations, or contracts. No written or oral agreements, representations, statements, negotiations, understandings, or discussions that are not set out, referenced, or specifically incorporated in this Contract shall in any way be binding on or of effect between the Lead County and Non-Lead County.

Any section, subsection, paragraph, term, condition, provision, or other part of the Contract that is judged, held, found or declared to be voidable, void, invalid, illegal or otherwise not fully enforceable shall not affect any other part of the Contract, and the remainder of the Contract shall continue to be of full force and effect as set out herein.

VIII. Term and Termination

The Contract shall be effective for the ____ State Fiscal Year beginning on July 1st and ending on June 30th of the given State Fiscal Year.

The Contract is binding on the Lead County and Non-Lead County, and its successors, transferees, and assignees, so long as the County receives assistance or retains possession of any assistance from the Georgia WIC Program. Either party, upon sixty (60) days' written notice, may terminate the Contract.

IX. Amendment

No amendment, waiver, termination or discharge of this Contract, or any of the terms or provisions hereof, shall be binding upon either the Lead County or the Non-Lead County unless confirmed in writing. Nothing may be modified or amended, except in writing executed by both the Lead County and the Non-Lead County.

X. Confidentiality Requirements

The Lead County and Non-Lead County shall not use any information obtained or viewed in performance of the Contract in any manner except as necessary for the proper discharge of their respective obligations under the Contract.

The Lead County and Non-Lead County shall adhere to the confidentiality provisions of the Federal WIC regulations found at 7 C.F.R. Section 246.26(d) concerning confidential WIC applicant and participant information.

XI. Signatures

IN WITNESS WHEREOF, the undersigned duly authorized officers or agents of each party affix their signatures on the day and year so indicated.

DISTRICT HEALTH DIRECTOR

Name

Date

LEAD COUNTY

Name
Title

Date

NON-LEAD COUNTY

Name
Title

Date

Option 1-A

PLANNED BUDGET FOR SFY _____

_____ COUNTY BOARD OF HEALTH
FOR
THE SPECIAL SUPPLEMENT NUTRITION PROGRAM
FOR WOMEN, INFANTS AND CHILDREN (WIC)

A. Personnel Services \$ _____

B. Central Cost Allocation Plan \$ _____

TOTAL COSTS: \$ _____

Prepared by:

Contractor Signature

Contractor Typed Name and Title

Date

Option 1-B

**Central Cost Allocation Plan (643)
SFY _____**

_____ **COUNTY BOARD OF HEALTH
FOR
THE SPECIAL SUPPLEMENT NUTRITION PROGRAM
FOR WOMEN, INFANTS AND CHILDREN (WIC)**

Purpose: The purpose of this Central Cost Allocation Plan is to arrive at an equitable distribution of WIC common expenses reimbursable from the _____ County Board of Health (“Lead County”) to the _____ County Board of Health (“Non-Lead County”) based on square footage of floor space.

Shared Cost: This Central Cost Allocation Plan includes reimbursement for actual costs common to WIC.

Expenses: Expenses will be based on a percentage of the actual cost and will include the following:

Percentage of Common Space allotted to WIC (Identify Space): _____
Total square footage of building: _____

Common Costs:

- Utilities (% of actual cost based on utility bill)
- Cleaning/maintenance/supplies/paper products (% of actual cost)
- Annual Electric Record Room File Maintenance (%of actual cost)
- Toilet paper/paper towels (% of actual cost)
- A/C & Heating Repairs/Maintenance/Insurance (% of actual cost)
- Garbage (% of actual cost)
- Pest control (% of actual cost)
- Scale Calibration (% of actual cost)
- Telephone and Fax (per Phone bill)
- Use of Copy Machine/Supplies (% of actual cost)
- Medical Waste (% of actual cost)

Invoices must be submitted by the fifth day of the current month for expenses incurred during the previous month. Reimbursement is based on WIC funding and is not guaranteed if funding is not available.

Chair, Lead County Board of Health

Chair, Non-Lead County Board of Health

District Health Director

OPTION II

**INTRA-AGENCY AGREEMENT
FOR
THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
FOR WOMEN, INFANTS AND CHILDREN (WIC)
SFY _____**

IV. Introduction

This contract (hereinafter, "the Contract") is between the _____ County Board of Health (hereinafter, "Lead County") and the _____ County Board of Health (hereinafter, "Non-Lead County") in accordance with the Child Nutrition Act of 1966, as amended, for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in Georgia (hereinafter, "Georgia WIC Program").

V. Purpose

The Contract is made pursuant to regulations of the United States Department of Agriculture, Food and Nutrition Services (USDA/FNS) at 7 C.F.R. Section 246, the Georgia Department of Public Health (DPH) Policies and Procedures Manual, the Georgia WIC Program Procedures Manual, the Georgia WIC Program State Plan of operation, the Master Agreement and Annex J, the Georgia WIC Program Plan for Local Agency Planning, the WIC Financial Management and Statewide Cost Allocation Plan, and all relevant administrative memos. The aforementioned documents are hereinafter incorporated into the Contract **by reference**.

III. Lead County Agreement

The Lead County agrees to:

1. Provide \$_____ of NSA funding for the payment of approved Central Services Costs upon prior approval of any Central Services Cost Allocation Plan with adherence to the Statewide Cost Allocation Plan.
2. Maintain complete, accurate, documented and current accounting of all WIC funds received from USDA/FNS and provided to the Non-Lead County.

IV. Non-Lead County Agreement

The Non-Lead County agrees to:

1. Accept \$_____ of NSA funding for the payment of approved Central Services Costs upon prior approval of any Central Services Cost Allocation Plan with adherence to the Statewide Cost Allocation Plan.
2. Collect client data for WIC participants for the purpose of monitoring WIC services performance and comply with all Federal and State requirements in the collection of WIC data and modify as appropriate or requested within a specified time.

3. Comply with all the fiscal and operational requirements prescribed by the Georgia WIC Program pursuant to: 7 C.F.R. Part 3016, the debarment and suspension requirements of 7 C.F.R. Part 3017 (if applicable), the lobbying restrictions of 7 C.F.R. Part 3018, and FNS guidelines and instructions; provide on a timely basis to the Georgia WIC Program all required information regarding fiscal and WIC services information.
4. Prohibit smoking in the space used to perform WIC services during times of service delivery.
5. Comply with non-discrimination laws by not discriminating against persons on the grounds of race, color, national origin, age, sex or handicap, and compile data, maintain records, and submit reports as required to permit effective enforcement of non-discrimination laws.
6. Maintain on file and have available for review and audit all certification criteria used to determine WIC eligibility.
7. Make available all appropriate health services to WIC participants, whether directly or through referral services, and inform WIC applicants and participants about these services.
8. Maintain complete, accurate, documented and current accounting of all WIC funds received and expended.
9. Provide the Lead County, Georgia WIC Program, and the DPH Office of Audits immediate and complete access to all WIC clinics within the County and their WIC records.

V. Notice

All notices under this Contract shall be deemed duly given upon delivery, if delivery by hand, or three (3) calendar days after posting, if sent by registered or certified mail, return receipt requested, to a party listed at the addresses below or otherwise designated by notice pursuant to this paragraph:

LEAD COUNTY

Name: _____
Title: _____
Address: _____

NON-LEAD COUNTY

Name: _____
Title: _____
Address: _____

VI. Entire Agreement

The Contract constitutes the entire agreement between the Lead County and Non-Lead County with respect to the subject matter hereof and supersedes all prior negotiations, representations, or contracts. No written or oral agreements, representations, statements, negotiations, understandings, or discussions that are not set out, referenced, or specifically incorporated in this Contract shall in any way be binding on or of effect between the Lead County and Non-Lead County.

Any section, subsection, paragraph, term, condition, provision, or other part of the Contract that is judged, held, found or declared to be voidable, void, invalid, illegal or otherwise not fully enforceable shall not affect any other part of the Contract, and the remainder of the Contract shall continue to be of full force and effect as set out herein.

VII. Term and Termination

The Contract shall be effective for the _____ State Fiscal Year beginning on July 1st and ending on June 30th of the given State Fiscal Year.

The Contract is binding on the Lead County and Non-Lead County, and its successors, transferees, and assignees, so long as the County receives assistance or retains possession of any assistance from the Georgia WIC Program. Either party, upon sixty (60) days' written notice, may terminate the Contract.

VIII. Amendment

No amendment, waiver, termination or discharge of this Contract, or any of the terms or provisions hereof, shall be binding upon either the Lead County or the Non-Lead County unless confirmed in writing. Nothing may be modified or amended, except in writing executed by both the Lead County and the Non-Lead County.

IX. Confidentiality Requirements

The Lead County and Non-Lead County shall not use any information obtained or viewed in performance of the Contract in any manner except as necessary for the proper discharge of their respective obligations under the Contract.

The Lead County and Non-Lead County shall adhere to the confidentiality provisions of the Federal WIC regulations found at 7 C.F.R. Section 246.26(d) concerning confidential WIC applicant and participant information.

X. Signatures

IN WITNESS WHEREOF, the undersigned duly authorized officers or agents of each party affix their signatures on the day and year so indicated.

DISTRICT HEALTH DIRECTOR

Name

Date

LEAD COUNTY

Name
Title

Date

NON-LEAD COUNTY

Name
Title

Date

Option II-A

PLANNED BUDGET FOR SFY _____

_____ COUNTY BOARD OF HEALTH
FOR
THE SPECIAL SUPPLEMENT NUTRITION PROGRAM
FOR WOMEN, INFANTS AND CHILDREN (WIC)

A. Personnel Services \$ _____

B. Central Cost Allocation Plan \$ _____

TOTAL COSTS: \$ _____

Prepared by:

Contractor Signature

Contractor Typed Name and Title

Date

Option II-B

Central Cost Allocation Plan (643)
SFY _____

_____ COUNTY BOARD OF HEALTH
FOR
THE SPECIAL SUPPLEMENT NUTRITION PROGRAM
FOR WOMEN, INFANTS AND CHILDREN (WIC)

Purpose: The purpose of this Central Cost Allocation Plan is to arrive at an equitable distribution of WIC common expenses reimbursable from the _____ County Board of Health (“Lead County”) to the _____ County Board of Health (“Non-Lead County”) based on square footage of floor space.

Shared Cost: This Central Cost Allocation Plan includes reimbursement for actual costs common to WIC.

Expenses: Expenses will be based on a percentage of the actual cost and will include the following:

Percentage of Common Space allotted to WIC (Identify Space): _____
Total square footage of building: _____

Common Costs:

- Utilities (% of actual cost based on utility bill)
- Cleaning/maintenance/supplies/paper products (% of actual cost)
- Annual Electric Record Room File Maintenance (%of actual cost)
- Toilet paper/paper towels (% of actual cost)
- A/C & Heating Repairs/Maintenance/Insurance (% of actual cost)
- Garbage (% of actual cost)
- Pest control (% of actual cost)
- Scale Calibration (% of actual cost)
- Telephone and Fax (per Phone bill)
- Use of Copy Machine/Supplies (% of actual cost)
- Medical Waste (% of actual cost)

Invoices must be submitted by the fifth day of the current month for expenses incurred during the previous month. Reimbursement is based on WIC funding and is not guaranteed if funding is not available.

Chair, Lead County Board of Health

Chair, Non-Lead County Board of Health

District Health Director

LOCAL AGENCY NSA FUNDING ALLOCATON

The current Nutrition Services Administration (NSA) funding formula allows growth Districts to receive their fair share of funding on the front-end. The combined caseload target is based on the current five (5) months participation closeout October-February and one month March (30 day) and the projected availability of federal food funds.

5. Caseload targets are assigned using two (2) factors.
 - a. Local agencies that meet or exceed caseload targets using the current federal fiscal year five-month closeout and one month (30 day) will be assigned a new target using the highest one-month participation.
 - b. Local agencies that do not meet caseload targets using the current federal fiscal year five-month closeout and one month (30 day) will be assigned a six-month average caseload target.

PROGRAM PARTICIPATION

The definition of a participant is listed below:

Participant: Participants means pregnant women, breastfeeding women, postpartum women, infants and children who are receiving supplemental foods or food instruments under the program and the breastfed infants of participant breastfeeding women. A Participant is a client who has been issued at least one voucher during the reporting month. The exclusive breastfed infant is issued a voucher message but no formula is issued.

PARTICIPANT COST ADJUSTMENT

Participant Cost Adjustment will be allocated in the next federal fiscal year to the Local Agencies that exceeded their prior year assigned caseload. This allocation will be made based upon the availability of NSA funds and State Management discretion. The Participant Cost Adjustment funding formula is as follows:

- a. Number of participant that exceeded caseload.
- b. Prior Federal Fiscal year funding rate per participant or participant times funding rate times 12 months, equals Participant Cost Adjustment.

LOCAL AGENCY APPLICATION
 FOR
 CONSIDERATION AS A PROVIDER
 OF
 SERVICES FOR THE
 SPECIAL SUPPLEMENTAL NUTRITIONAL PROGRAM
 FOR
 WOMEN, INFANTS AND CHILDREN (WIC)



Purpose

The purpose of this application is to provide information to the Georgia WIC Program regarding the applicant's desire, qualifications and capacity to deliver Georgia WIC Program services to eligible clients/patients. Upon review of the completed application, Georgia WIC Program staff will make an initial determination of the agencies suitability for participation in the program. Final determinations will be made pending decisions regarding coordination with existing service providers.

Initial approval will be based on the following factors:

1. The need for WIC services within the service area.
2. An estimate of the number of individuals to be served by the applicant.
3. The capacity of the agency to deliver quality services.
4. The availability of staff required meeting federal guidelines for WIC service providers.

AGENCY NAME _____

ADDRESS _____

CITY, STATE & ZIPCODE _____

TELEPHONE NUMBER _____

CONTACT PERSON _____

ALTERNATE # _____

NAME OF CEO _____

Page 2

LOCAL AGENCY APPLICATION



Identify whether the agency is nonprofit, federally funded, Physician Sponsor Plan (PSP), HMO, clinic plan, local health department, private practice, community health center, etc.

TYPE OF AGENCY _____

AGENCY NAME _____

Describe your service area including geographic area (counties), demographics of the population served, and percent of patients on Medicaid:

Number of pregnant women served: _____

Number of hours for obstetric (OB) services: _____

Number of hours for pediatric services: _____

Number of hours for general services: _____

AGENCY STAFFING

Number of physicians by specialty: _____

Do you have a registered dietitian (RD) on staff? _____

Number of hours per week an RD is available: _____

Number of registered dietitians on staff: _____

Page 3

LOCAL AGENCY APPLICATION



Number of Nutritionists with a B.S. in nutrition and/or Dietetic Technician

Registered: _____

Number of registered nurses (RN) on staff: _____

Number of staff to weigh and measure and perform hemoglobin and hematocrits: _____

CLINIC/FACILITY CAPACITY

How many clinic locations do you operate? _____

List the name and location of each clinic to provide WIC services:

AGENCY NAME: _____

Describe the discussions with your county WIC agency regarding provision of WIC services by your agency.

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LOCAL AGENCY APPLICATION



Four horizontal lines for text entry.

PROPOSED WIC SERVICES AND ESTIMATE OF NEED FOR WIC SERVICES

WIC Program eligibility is prescribed in the Code of the Federal Register (CFR) Title 7 Part 246. To be eligible for participation in the Georgia WIC Program, clients/patients must meet income and categorical eligibility requirements. Eligible clients include Women, Infants and Children to age five (5) years who are at or below 185% of the federal poverty level and have a medical or nutritional risk. Residents and Migrants meeting these requirements can be offered program benefits.

How many WIC eligible clients reside in your service area? _____

Number of WIC eligible clients served by your agency/clinic: _____

Number of pregnant women currently being served: _____

Number of WIC clients you will serve in the first year: _____

Maximum number of persons you can/will serve after the first year: _____

What is the date and source of the information provided above (census data; actual count, etc.)?

Two horizontal lines for text entry.

SOURCE AGENCY: _____

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LOCAL AGENCY APPLICATION



CLINIC/FACILITY CAPACITY

How much space do you plan to designate for WIC service delivery in each clinic location?

Can you perform required Laboratory procedures at each location?

Do you have equipment available to perform Anthropometric (weight, height/length and hematocrit/hemoglobin) Measurements?

What other health-related services do you provide at each clinic location?



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LOCAL AGENCY APPLICATION

BUDGET ESTIMATE

Number of WIC clients you will serve in the first year. _____

First year costs of serving eligible WIC clients. _____

Monthly per client cost for year two and beyond. _____

Signature of Chief Executive Officer (CEO) or Contact Person

Date

For additional information, contact Samuel Sims at (404) 657-2900.

Please return completed form with documents required to:

Department of Public Health
Georgia WIC Program
Two Peachtree Street, Suite 10- 495
Atlanta, GA 30303-3182

Department of Public Health
Georgia WIC Program
Two Peachtree Street, NW
Atlanta, Georgia 30303

Disqualification/Not Accepting an Application Form

Georgia WIC Program is **disqualifying / not accepting** an application from
(Circle One)

_____ for the following reason(s):
Local Agency Name

1. _____

2. _____

3. _____

4. _____

Chief, Office of Nutrition and WIC

Date

Participant Characteristic (PC) Report Minimum and Supplemental Data Sets

Required Minimum Data Set

<input checked="" type="checkbox"/>	State Agency ID	<input checked="" type="checkbox"/>	Nutritional Risk #10	<input checked="" type="checkbox"/>	Food Code #14
<input checked="" type="checkbox"/>	Local Agency ID	<input checked="" type="checkbox"/>	Hemoglobin	<input checked="" type="checkbox"/>	Food Package Type
<input checked="" type="checkbox"/>	Service Site ID	<input checked="" type="checkbox"/>	Hematocrit		
<input checked="" type="checkbox"/>	Case ID	<input checked="" type="checkbox"/>	Date of Blood Test		
<input checked="" type="checkbox"/>	Date of Birth	<input checked="" type="checkbox"/>	Weight in Pounds, Nearest Quarter Pound, or in Grams		
<input checked="" type="checkbox"/>	Race/Ethnicity	<input checked="" type="checkbox"/>	Height in Inches, Nearest Eight of an Inch, or in Centimeters		
<input checked="" type="checkbox"/>	Certification Category	<input checked="" type="checkbox"/>	Date of Height and Weight Measure		
<input checked="" type="checkbox"/>	Expected Date of Delivery	<input checked="" type="checkbox"/>	Currently Breastfed		
<input checked="" type="checkbox"/>	Weeks Gestation	<input checked="" type="checkbox"/>	Ever Breastfed		
<input checked="" type="checkbox"/>	Date of Certification	<input checked="" type="checkbox"/>	Length of Breastfed		
<input checked="" type="checkbox"/>	Sex	<input checked="" type="checkbox"/>	Date of Breastfeeding Data Collected		
<input checked="" type="checkbox"/>	Risk Priority Code	<input checked="" type="checkbox"/>	Food Code #1		
<input checked="" type="checkbox"/>	Participation in TANF	<input checked="" type="checkbox"/>	Food Code #1		
<input checked="" type="checkbox"/>	Participation in SNAP	<input checked="" type="checkbox"/>	Food Code #2		
<input checked="" type="checkbox"/>	Participation in Medicaid	<input checked="" type="checkbox"/>	Food Code #3		
<input checked="" type="checkbox"/>	Migrant Status	<input checked="" type="checkbox"/>	Food Code #4		
<input checked="" type="checkbox"/>	Number in Family/Economic Unit	<input checked="" type="checkbox"/>	Food Code #5		
<input checked="" type="checkbox"/>	Family/Economic Unit Income	<input checked="" type="checkbox"/>	Food Code #6		
<input checked="" type="checkbox"/>	Income Period	<input checked="" type="checkbox"/>	Food Code #7		
<input checked="" type="checkbox"/>	Income Ranges	<input checked="" type="checkbox"/>	Food Code #8		
<input checked="" type="checkbox"/>	Nutritional Risk #1	<input checked="" type="checkbox"/>	Food Code #9		
<input checked="" type="checkbox"/>	Nutritional Risk #2	<input checked="" type="checkbox"/>	Food Code #10		
<input checked="" type="checkbox"/>	Nutritional Risk #3	<input checked="" type="checkbox"/>	Food Code #11		
<input checked="" type="checkbox"/>	Nutritional Risk #4	<input checked="" type="checkbox"/>	Food Code #12		
<input checked="" type="checkbox"/>	Nutritional Risk #5	<input checked="" type="checkbox"/>	Food Code #13		
<input checked="" type="checkbox"/>	Nutritional Risk #6				
<input checked="" type="checkbox"/>	Nutritional Risk #7				
<input checked="" type="checkbox"/>	Nutritional Risk #8				
<input checked="" type="checkbox"/>	Nutritional Risk #9				

Supplemental Data Set

<input checked="" type="checkbox"/>	Date of First Certification				
<input checked="" type="checkbox"/>	Education Level				
<input checked="" type="checkbox"/>	Number in Household in WIC				
<input checked="" type="checkbox"/>	Date Previous Pregnancy Ended				
<input checked="" type="checkbox"/>	Total Number of Pregnancies				
<input checked="" type="checkbox"/>	Total Number of Live Births				
<input checked="" type="checkbox"/>	Prepregnancy Weight in Pounds, Nearest Quarter Pound, or in Grams				
<input checked="" type="checkbox"/>	Participants Weight Gain in Pounds, Nearest Quarter Pound, or in Grams				
<input checked="" type="checkbox"/>	Baby's Birth Weight in Pounds, Ounces, or Grams				
<input checked="" type="checkbox"/>	Baby's Birth Length in Inches, Nearest Eight of an Inch, or Centimeters				
<input checked="" type="checkbox"/>	Participation in the Food Distribution on Indian Reservation Program				

Instructions Georgia WIC Clinic Listing

The “Georgia WIC Clinic Listing” website is a place for WIC Districts to review and update their clinic information. It will also serve as a resource for clients and WIC staff to use when they need to locate clinics, clinic hours, and contact information.

General Information for the clinic listing website:

- If clinic users have trouble using the website, they can contact Mary Sherman at 404-657-2871 for assistance.

1. Create a New Account

- New users to the system, must first send their User Name (same as their Novell login), First Name, Last Name, District Unit, Email Address, and Phone Number via email to Mary Sherman: masherman@dhr.state.ga.us.
- To change a password, log into the system and click the **My Account** tab. After re-entering the password, click the button.

2. Logging On

- Start up the web browser and type <https://sendss.state.ga.us/sendss!/WICClinic.login> in the address box.
- Press **Enter** or click the **Go** button. The Log In screen (Figure 1) will be displayed.
- Enter the individual *user name* and *password* which has been previously by the State WIC Office.
- If you forgot the password, click on the [Forgot Password?](#) link. The **Forgot Password** screen (Figure 2) will display, enter your user id or email address, and click on the button. You will receive your user id and password via email.



Figure 1: Log on Screen



Figure 2: Forgot Password Screen

Click on the button to open the Search Criteria Screen (Figure 3).



Figure 3: Search Criteria Screen

3. To EDIT Existing Clinic Record:

- Click on the **Clinic Search/Edit** tab to open the **Search Criteria** screen (Figure 3).
- Use this screen to search for clinics that you would like to review and update, and click the **Search** button to retrieve results (Figure 4).

DISTRICT NAME	COUNTY NAME	CLI	CLINIC NAME	PHONE	STREET ADDRESS	CITY	ZIP	LOCATION TYPE	
Edit	Dalton	Fannin	055	Fannin County Health Department	(706) 632-3421	95 Ouida Street	Blue Ridge	30513	Health Department
Edit	Dalton	Gilmer	061	Gilmer County Health Department	(706) 276-1821	28 Southside Church Street	Eljay	30540	Health Department
Edit	Dalton	Murray	105	Murray County Health Department	(706) 695-4800	709 Old Dalton Ellijay Hwy	Chatsworth	30705	Health Department
Edit	Dalton	Pickens	112	Pickens County Health Department	(706) 253-6102	60 Health Way	Jasper	30143	Health Department
Edit	Dalton	Whitfield	155	Whitfield County Health Department	(706) 281-2200	800 Professional Boulevard	Dalton	30720	Health Department
Edit	Dalton	Cherokee	266	Cherokee County Health Department	(770) 345-7371	1219 Univeter Road	Canton	30115	Health Department
Edit	Dalton	Cherokee	267	Cherokee County Health Department	(678) 494-5391	7545 North Main Street	Wcodstock	30188	Health Department
Edit	Dalton	Bleckley	289	North Georgia Mobile Wic Clinic Closed	(888) 284-3998	100 W. Walnut Ave Suite 92	Dalton	30720	Mobile Clinic
Edit	Dalton	Whitfield	355	Whitfield County Hospital Clinic	(706) 281-2210	1200memorial Drive	Dalton	30720	Hospital
Edit	Dalton	Whitfield	D012	District/Unit 01-2 North Georgia Health District	(706) 272-2991	100 W. Walnut Avenue, Suite 92	Dalton	30720	District Office

Figure 4: Search Results Sample Screen

- From the list of existing clinics locate the clinic that you wish to edit and click on **Edit** in the first column (Figure 4).
- The **Add New Clinic** screen will open (Figure 5). Review and make your changes, and then click the **Save** button on the bottom of the **Add New Clinic** screen (Figure 5).
- Click the **Log Out** button to end your session.

Figure 5: Section Sample Screen

REQUEST FORM FOR A NEW FACILITY

NOTE: When a District requests space in a new facility, the following form will be used to determine approval of the space by the State WIC Office.
SATISFACTORY

COMMENT

UNSATISFACTORY	COMMENT		
<p>1. Building</p> <ul style="list-style-type: none"> a. Hours of building operations b. Level of security c. Number of Entrances d. Building Management 			
<p>2. Parking</p> <ul style="list-style-type: none"> a. Staff b. Clients c. Availability of free client parking 			
<p>3. Proximity</p> <ul style="list-style-type: none"> a. Public Transportation 			
<p>4. Space</p> <ul style="list-style-type: none"> a. Training room b. Staff c. Interview and Evaluation d. Waiting Area(s) e. Breastfeeding room f. Conference rooms g. Meeting rooms h. Location within building i. Possibility to expand square footage initially under lease j. Any non-removable glass doors, walls and partitions k. Noise level of building and WIC space 			
<p>5. Storage</p> <ul style="list-style-type: none"> a. Closets b. Cupboards 			
<p>6. Safety features:</p> <ul style="list-style-type: none"> a. "Exit" Signs b. Water Sprinklers c. Fire Alarms d. Smoke Alarms e. Fire Extinguishers f. Power Surge Protectors 			
<p>7. Air Conditioner and Heating</p>			
<p>8. Lighting</p> <ul style="list-style-type: none"> a. Electrical outlets b. Cable TV outlets c. Computer Cable outlets d. WIFI 			
<p>9. Condition of Building</p>			

REQUEST FORM FOR A NEW FACILITY COMMENT

SATISFACTORY

UNSATISFACTORY	COMMENT	SATISFACTORY
10. Flooring a. Carpet b. Tile		
11. Elevators a. Escalators b. Stairs		
12. ADA Complaint a. Building entrance b. WIC space c. Bathroom d. Counters		
13. Plumbing a. Sinks b. Waste disposal		
14. Drinking fountains		
15. Janitorial Services		
16. Amenities a. Nearby shops b. Pharmacies c. Food stores d. Food establishments		
17. Mail a. Chute b. Mail c. FedEx d. UPS drops		
18. Lease a. Duration b. Renewability c. Cost per square footage d. Reconfiguration cost per square foot		
19. Landlord and Tenants a. Tenants with who WIC would have conflict of interest b. Landlords acceptance of WIC clients and nature of WIC services c. Acceptance of WIC clients and services by other tenants		
20. Presence and/or proximity of other government agencies and services		
21. Comfort level to WIC clients a. Similarity of other building tenants and guests		

Georgia Department of Human Resources



Name of Individual

Name of Individual

IF AVAILABLE

ID Number Used by Requesting Agency

ID Number Used by Releasing Agency

I hereby request and authorize:

(Name of Agency Holding Information)

(Address)

to provide to:

(Name of Agency Requesting Information)

(Address)

The following types(s) of information from my records (and specific portions thereof):

for the purpose of:

I understand that the federal Privacy Rule ("HIPAA") does not protect the privacy of information if re-disclosed, and therefore request that all information obtained from this person or agency be held strictly confidential and not be further released by the recipient. I further understand that my eligibility for benefits, treatment or payment is not conditioned upon my provision of this authorization. I intend this document to be a valid authorization conforming to all requirements of the Privacy Rule and understand that my authorization will remain in effect for. (PLEASE CHECK ONE)

ninety (90) days unless I specify an earlier expiration date here: (Date)

one (1) year.

the period necessary to complete all transactions on matters related to services provided to me.

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.

(Signature of Witness) (Date)

(Signature of Individual) (Date)

(Title or Relationship to Individual(s))

(Signature of Individual) (Date)

USE THIS SPACE ONLY IF AUTHORIZATION IS WITHDRAWN

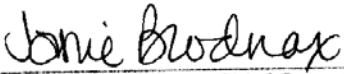
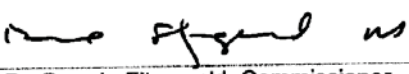
(Signature of Individual)

(Date this Authorization is Revoked)

(Signature of Individual)

(Date this Authorization is Revoked)

**GEORGIA DEPARTMENT OF PUBLIC HEALTH
POLICY # AM-01001
ASSET MANAGEMENT POLICY**

Approval:		7/1/11
	Janie Brodnax, Chief Operations Officer	Date
		7/1/11
	Dr. Brenda Fitzgerald, Commissioner	Date

1 – INTRODUCTION

1.1 AUTHORITY – The Georgia Department of Public Health (DPH) Asset Management Policy is published under the authority of DPH and in compliance with the following:

- 1.1.1 Official Code of Georgia Annotated (OCGA), Sections:
 - 50-16-160 – Inventory of State Property – Central Inventory of Personal Property
 - 50-16-162 – Inventory of State Property – Rules and Regulations
 - 50-16-163 – Power to examine books, records, papers, or personal property of state entities to ensure compliance (with Inventory of State Property)
- 1.1.2 State Accounting Office (SAO) Statewide Accounting Policy and Procedure
- 1.1.3 Code of Federal Regulations (CFR)
 - 45 CFR 92 - U.S. Department of Health and Human Services - Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Tribal Governments
 - 7 CFR 3016 – U.S. Department of Agriculture - Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments
 - 34 CFR 80 – U.S. Department of Education - Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments
- 1.1.3 Georgia Department of Administrative Services (DOAS), Surplus Property Division – Georgia Surplus Property Manual
- 1.1.4 DOAS Office of Fleet Management – Georgia Fleet Management Manual in compliance with OCGA Chapter 50-19.

1.2 DEFINITION OF TERMS AND ACRONYMS

1.2.1 **ASSETS** for all DPH Offices, Programs, local facilities, grantees, and contractors is defined as all tangible personal property having a useful life expectancy of three years or more and an acquisition cost of \$1,000 or more and all CPUs (regardless of cost). The life cycle

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- 1.1.7 Georgia Open Records Act. (O.C.G.A.) 50-18-70 et seq.
<http://sos.georgia.gov/archives/who-are-we/rims/best-practices-resources/open-records-act.htm>
- 1.1.8 Code of Federal Regulations (CFR), 45 CFR 92.36, Procurement
<http://frwebgate.access.gpo.gov/cgi-bin/get-cfr.cgi>
- 1.1.9 Official Code of Georgia Annotated (O.C.G.A.) §Section 45-10-1, State Employee Code of Ethics and Conflicts of Interest
- 1.1.10 Georgia Department of Administrative Services (DOAS), State Purchasing Division, Georgia Procurement Manual
http://pur.doas.ga.gov/gpm/MyWebHelp/GPM_Main_File.htm

1.2 DEFINITION OF TERMS AND ACRONYMS

- 1.2.1 Agency – Department of Public Health (DPH)
- 1.2.2 Agency Procurement Officer (APO) – qualified individual designated by the Agency head to serve as its official agency procurement officer.
- 1.2.3 Americans With Disabilities Act (ADA) – a 1990, Public Law which established a clear and comprehensive prohibition of discrimination on the basis of disability. Title II, Public Services requires all public entities to comply with the requirements of ADA.
- 1.2.4 BO – Business Owner
- 1.2.5 Breach of Contract – failure to fulfill a contract, wholly or in part, without legal excuse.
- 1.2.6 Bribery – An individual who gives to any person acting for or on behalf of the state of Georgia or any state entity any benefit, reward, or consideration to which he is not entitled with the purpose of influencing them in the performance of any act related to the functions of his office or employment shall be guilty of bribery. An agent of the state of Georgia may be guilty of bribery if he solicits or receives such benefit, reward or consideration, (O.C.G.A.), Section 16-10-2.
- 1.2.7 CAR – Contract Action Request
- 1.2.8 Change Order – the purchaser’s document used to amend a purchase

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transaction previously formalized by a purchase order.

- 1.2.9 Collusion – Conspiracy in restraint of free and open competition in transactions with the state of Georgia is prohibited by Georgia law (O.C.G.A.), Section 16-10-22.
- 1.2.10 Commodity – any of the various supplies, materials, goods, merchandise, equipment, printing, or other personal property which is purchased.
- 1.2.11 Commodity Number/NIGP Code – a standardized code assigned to products or services based on their commodity types. Commodity codes provide a standardized format for the identification and classification of commonly produced goods and services. The use of these commodity codes produces valuable data which allows state purchasing officials to better analyze procurement trends which leads to more effective development and negotiation of term contracts.
- 1.2.12 Competitive Negotiation – a method for acquiring goods, services, and construction for public use in which discussions or negotiations may be conducted with responsible offerors who submit proposals in the competitive range.
- 1.2.13 Competitive Sealed Bids of Competitive Sealed Proposals – refers to the receipt of two or more sealed bids or proposals submitted by responsive and qualified bidders or offerors.
- 1.2.14 Contract – a deliberate agreement between two or more competent persons to perform or not to perform a specific act or acts. A contract may be verbal or written. A purchase order, when accepted by a vendor, becomes a contract. Acceptance may be either in writing or be performance, unless the purchase order requires acceptance thereof to be in writing, in which case it must be thus accepted. A unilateral contract is one where only one party promises performance, the performance being in exchange for an act by the other. A bilateral contract is one where both parties promise, each promise being given in exchange for the other.
- 1.2.15 Contractor – the party or parties to a contract that performs work or furnishes materials in accordance with a contract.
- 1.2.16 Contractual Service – the rendering by a contractor of its time and effort rather than the furnishing of specific commodities. The term applies only to those services rendered by individuals and firms who are independent

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contractors. Such services may include, but are not limited to, evaluations; consultations; maintenance; accounting; security; management systems; management consulting; educational training programs; research and development studies or reports on the findings of consultants engaged there under; and professional, technical and social services.

- 1.2.17 Department – as used herein, is the Department of Public Health (DPH), the entirety of the organizational units, and an Agency of the State of Georgia.
- 1.2.18 Division – any one of the formally designated operational units labeled as such within the organizational structure of the Department of Public Health (DPH).
- 1.2.19 DOAS – Georgia Department of Administrative Services
- 1.2.20 DOAS Statewide Contracts – a written agreement which the Department of Administrative Services State Purchasing negotiates with a vendor to furnish agencies items at a predetermined price. The agreement involves a minimum number of units, provides for orders to be placed directly with the vendor by the purchasing agency and is established for a set period of time.
- 1.2.21 DPA – Delegated Purchasing Authority, the State Purchasing Division delegates purchasing authority to state entities so that they can make purchases on their own behalf. The Delegated Purchasing Authority for the Department of Public Health is \$1,000,000.
- 1.2.22 DPH – Georgia Department of Public Health
- 1.2.23 Emergency Purchase – a purchase necessitated by a sudden unexpected turn of events (e.g., acts of God, riot, fires, floods, accidents or any circumstances or cause beyond the control of the agency in the normal conduct of its business) where an immediate danger to the public health, safety or welfare or substantial loss to the State requires emergency action.
- 1.2.24 eRequisition – TGM PeopleSoft electronic requisition.
- 1.2.25 Fraud - an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit or financial gain to him/herself or some other person. It includes any act that constitutes Fraud under applicable federal or state law.
- 1.2.26 GBA – Georgia Building Authority

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- 1.2.27 Georgia Procurement Manual (GPM) – the purpose of the Georgia Procurement Manual is to publish administrative rules issued by the Department of Administrative Services (DOAS) through its State Purchasing Division.
- 1.2.28 GTA – Georgia Technology Authority
- 1.2.29 Health Care - Health Care means care, services, or supplies related to the health of an individual. Health Care includes, but is not limited to, the following: (i) Preventative, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental Condition, or functional status, of an individual or that affects the structure or function of the body; and (ii) Sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.
- 1.2.30 HIPAA - Health Insurance Portability and Accountability Act of 1996. A federal law that includes requirements to protect patient privacy, protect security, and data integrity of electronic medical records, to prescribe methods and formats for exchange of electronic medical information, and to uniformly identify providers and participating hospitals.
- 1.2.31 Information Technology Resources (ITR) – data processing, hardware, software, services, supplies, personnel, facility resources, maintenance and training.
- 1.2.32 Invitation to Bid (ITB) – a written solicitation for competitive sealed bids specifically defining the commodity, group of commodities, or contractual services for which bids are sought. The invitation to bid is used when the agency is capable of specifically defining the scope of work for which a contractual service is required or when the agency is capable of establishing precise specifications defining the actual commodity or group of commodities required. The title, date and hour of the public bid opening must be specified in the solicitation.
- 1.2.33 Minority Owned Business – a business that is owned and controlled by one or more members of a minority race; or a partnership of which at least 51 percent (majority interest) is owned and controlled by one or more members of a minority race; or a public corporation of which at least 51 percent of all of the common stock is owned by one or more members of a minority race.

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- 1.2.34 Notice of Award (NOA) – the state entity’s official announcement of actual contract award to the identified supplier(s).
- 1.2.35 Notice of Intended Award (NOIA) – agency notice of intent to declare award of a winning bid to a particular vendor based on solicitation results.
- 1.2.36 Performance Bond – a bond executed in connection with a contract and which secures the performance and fulfillment of all undertakings, covenants, terms, conditions, and agreements contained in the contract.
- 1.2.37 Procurement – buying, purchasing, renting, leasing, or otherwise acquiring any supplies, services or construction. It also includes all functions that pertain to the obtaining of any supply, service, or construction, including description of requirements, selection and solicitation of sources, preparation and award of contract, and all phases of contract administration.
- 1.2.38 Proposal – is a complete, properly signed response to a solicitation (usually to a RFP), that if accepted, would bind the proposer to perform the resultant contract.
- 1.2.39 Protest – a written objection by an interested party to an RFQ or RFP solicitation, or to a proposed award or award of a contract, with the intention of receiving a remedial result.
- 1.2.40 Purchase Order (P.O.) – an agency’s document to formalize a purchase transaction with a vendor. The purchase orders are numbered consecutively and contain statements regarding the quantity, description, and price of goods and services ordered; applicable terms as to payment, discount, date of performance, and transportation; and other factors or suitable references pertinent to the purchase such as bid number or contract number and should be signed by the authorized purchasing designee.
- 1.2.41 Purchase Requisition – a formal written request to procure commodities or services on behalf of a program area or section within the agency. Requisitions are created through the Team Georgia Marketplace (TGM) and routinely reflect a total requested purchase amount under \$5,000.
- 1.2.42 Purchasing Card (P-Card) – a State of Georgia tax exempt credit card issued to state employees for use in purchasing directly from merchants.
- 1.2.43 Qualified Bidder – a person who has the capability in all respects to perform fully the contract and/or bid requirements and has the integrity and reliability

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which will assure good faith performance.

- 1.2.44 Quotation – a statement of price, terms of sale, and description of goods or services offered by a vendor to a prospective purchaser; a bid. When given in response to an inquiry, is usually considered an offer to sell. Quotation may also be defined as the stating of the current price of a commodity.
- 1.2.45 Request for Proposal (RFP) – a written solicitation for competitive sealed proposals with the title, date, and hour of the public opening designated. The request for proposals is used when the agency is incapable of specifically defining the scope of work for which the commodity, group of commodities or contractual services is required and when the agency is requesting that a qualified offeror propose a commodity, group of commodities or contractual service to meet the specifications of the solicitation document. A request for proposal includes, but is not limited to, general information, applicable laws and rules, functional or general specifications, statement of work, proposal instructions, and evaluation criteria. Requests for proposals will state the relative importance of price and any other evaluation criteria.
- 1.2.46 Request for Qualified Contractors (RFQC) – a prequalification process for suppliers.
- 1.2.47 Request for Quotation (RFQ) - a request for quotation (RFQ) is a document that an organization submits to one or more potential suppliers eliciting quotations for a product or service.
- 1.2.48 Responsive Bid or Responsive Proposal – a bid or proposal submitted by a responsive, and responsible or qualified, bidder or offeror which conforms in all material respects to the invitation to bid or request for proposals.
- 1.2.49 Responsible Bidder or Responsive Offeror – a person who has submitted a bid or proposal which conforms in all material respects to the invitation to bid or request for proposals.
- 1.2.50 SAO – State Accounting Office, State of Georgia
- 1.2.51 Scope of Work – a description of work to be performed to meet the demand of the Department. The scope may include a qualitative or quantitative description of all required equipment, supplies, materials, and/or software to be furnished. The statement should also specify functions to be performed by the Division and all other parties bound under the contract.

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- 1.2.52 Sole Source Purchase – an item or service supplied by only one vendor and which cannot be purchased from any other source.
- 1.2.53 Sole Brand Purchase – a competitive solicitation which includes specifications restricting offered goods to a specific manufacturer or owner’s brand.
- 1.2.54 Solicitation – as applicable, an Invitation to Bid (ITB), Request for Proposal (RFP), Request for Qualifications (RFQ), or a Request for Quotation (RFQ)
- 1.2.55 SPD - State Purchasing Division – Georgia Department of Administrative Services Division providing oversight to the State Purchasing Act.
- 1.2.56 Supplier – the individual, proprietorship, partnership, corporation, venture, or joint venture providing goods or services to the Department.
- 1.2.57 Term Contract – an indefinite quantity contract wherein a party agrees to furnish commodities or contractual services during a prescribed period of time, the expiration of which concludes the contract.
- 1.2.58 TGM – Team Georgia Marketplace.
- 1.2.59 Vendor – one who sells something; a seller.
- 1.2.60 Vendor Prompt Payment – by Executive Order, 12/21/10 – order stating that it is the goal of the State of Georgia to consistently pay its vendors in a prompt and efficient manner for goods and services provided to the state.

2 – APPLICABILITY AND RESPONSIBILITIES

2.1 APPLICABILITY - The information in this policy applies to all of DPH.

2.2 RESPONSIBILITIES

- 2.2.1 DPH Office of Procurement and Contract Services, Purchasing Section is responsible for encumbering non-competitive requests for goods/services and providing a copy of the purchase order to the Business Owner (BO), Budget Office, and vendor as required.
- 2.2.2 DPH Office of Procurement and Contract Services, Procurement Section is responsible for handling solicitations and approving Sole Source/Sole Source Brand or exempt contracts.

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- 2.2.3 DPH Office of Procurement and Contract Services, Purchasing Section is responsible for encumbering the funds for all contracts and providing an electronic copy via email of the purchase order to Contracts Administration, Budgets, the Business Owner (BO), and Contracts Payable Section.
- 2.2.4 DPH Office of Procurement and Contract Services, Purchasing Section is responsible for ensuring that all equipment \$1,000 or greater in value, as well as desktop CPUs and laptop/notebook/tablet computers, regardless of cost, are encumbered as assets.
- 2.2.5 DPH Office of Procurement and Contracts Services, Procurement Section is responsible for obtaining goods and services in a competitive manner, abiding by all state, federal and department regulations, and obtaining the best product (services or goods) for the cost.
- 2.2.6 DPH Office of Procurement and Contract Services, Contracts Administration Section is responsible for creating contract documents and obtaining approvals.

3 - POLICY / ACCOUNTABILITY

3.1 POLICY

- 3.1.1 All commodities, contractual services and construction related projects will be purchased by the Department in accordance with applicable Georgia Code, Georgia State Finance Investment Commission (GSFIC) standards, Department of Administrative Services (DOAS) Guidelines, Department Policy, and in compliance with the requirements of the Americans with Disabilities Act (ADA).
- 3.1.2 All purchases made by the Department shall be based on ethical, fair, and competitive procurement practices. These purchases should be made with as much diversity in vendor selection as possible.
- 3.1.3 DPH employees are prohibited from making unauthorized commitments for the procurement of goods and/or services. A purchase order must be issued before any authorization is given to ship, receive, or pay for any commitments relative to the purchase of commodities and services transacted between the department and a vendor. Authorized Purchasing Card (P-Card) activity is exempted from this requirement (see Section 4. DPH Purchasing Card Program).

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3.1.4 There should be a separation of duties relating to the request, authorization, inspection or approval of commodities, contractual services, or construction and the receipt and approval of invoices to the extent possible.

3.2 ACCOUNTABILITY

3.1.1 Designated Procurement Officers - The DOAS Commissioner may delegate authority to a designee or to any state entity or official as permitted by the State Purchasing Act. Each state entity is required to identify a qualified individual to serve as its official agency procurement officer.

3.1.2 Small, Minority, and Disadvantaged Businesses - It is the policy of the state of Georgia that small, minority, and disadvantaged businesses have a fair and equal opportunity to participate in the state purchasing process. The State Purchasing Division's (SPD) Supplier and Customer Relations unit works with state entities to provide the small, minority, and disadvantaged business communities with access to information and bid opportunities.

3.1.3 Ethical and Professional Conduct – All DPH employees should strive to uphold the principles identified in the following subsections to promote efficient and ethical procurement practices.

3.1.4 State Code of Ethics - The Department of Public Health (DPH) subscribes to the State's Code of Ethics for Governmental Service. Among the provisions relevant to the relationship between state staff and suppliers are the following: All persons in government should:

Uphold the Constitution, laws and regulations of the United States and the state of Georgia, and of all governments therein and should never be a party to their evasion; Never discriminate unfairly by dispensing special favors or privileges to anyone, whether for remuneration or not; and never accept for themselves or their families favors or benefits under circumstances which might be construed by responsible persons as influencing the performance of their governmental duties; Make no private promises of any kind binding upon the duties of office, since a government employee has no private work which can be binding on public duty; Engage in no business with the government either directly or indirectly which is inconsistent with the conscientious performance of their governmental duties; Never use any information divulged to them confidentially in the performance of governmental duties as a means for making private profit; and Expose corruption whenever discovered.

3.1.5 Avoiding Conflicts of Interest - All DPH employees or agents should avoid any

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actions, relationships, or business transactions that conflict with the lawful interests of the employer or otherwise create conflicts of interests that taint the procurement process and the reputation of the state entity and the state of Georgia. All employees must comply with the employer's guidelines with respect to reporting outside employment.

- 3.1.6 The Department of Public Health strictly prohibits the award of agency contracts to current employees or former employees within twelve (12) months of their DPH separation date.
- 3.1.7 **Accepting Gifts or Other Benefits from Suppliers** – DPH employees or agents must not, at any time or under any circumstances, accept directly or indirectly, gifts, gratuities, or other things of value from suppliers which might influence or appear to influence purchasing decisions. The procurement professional must comply with the Department Ethics Policy and be mindful of the Governor's Executive Order with respect to the receipt of personal gifts, favors or gratuities. The procurement professional should also be mindful of any other applicable standards or restrictions, such as policy or directives accompanying the receipt or use of grant funds.

4 – PROCEDURE

4.1 ORDER OF PRECEDENCE

- 4.1.1 When purchasing a product or service, the buyer should adhere to the following order of precedence:
 - Mandatory Statewide Contracts (a mandatory source contract set-up by the SPD to consolidate volume purchases for goods and services)
 - State Entity Contracts (i.e. an existing contract between the State entity, college/university and a supplier)
 - Georgia Correctional Industries (GCI) or Georgia Enterprises for Products and Services (GEPS) for products designated as mandatory (not applicable to preferred products)
 - Convenience Statewide Contracts, "preferred products" available through GEPS, or Open Market Purchases

Note: Notwithstanding the fact that the needed products or services may be

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fulfilled by an existing statewide contract, the buyer may, if desired, procure the needed products and services through an intergovernmental agreement with GCI, Georgia Industries for the Blind, or any other governmental entity. Intergovernmental agreements do not require approval from State Purchasing Division or competitive bidding and are not subject to dollar limits. The use of the P-Card in TGM must follow the VISA purchasing card policy and guidelines set forth in the GPM. When applicable, the P-card holder should not exceed \$2,500 on any single transaction or a card holder's credit limit of \$10,000. The P-card is recommended and should be used for payment on all contracts, exempt items and Point of Sale or in emergency situations per GPM.

4.2 STATE PURCHASING ACT – EXEMPTIONS AND EXCEPTIONS

Georgia Procurement Manual (GPM) 1.2.3.1 - Note: The fact that a purchase may be exempt from the State Purchasing Act is not a representation that no other laws apply or that the purchase may not need to be competitively bid.

4.2.1 Governmental Exempt Contracts

GPM 1.2.2.1 – Intergovernmental Agreements - The Georgia Constitution authorizes state entities to enter into an intergovernmental agreement if the items to be acquired are available from that source. An intergovernmental agreement is a contract between two or more government entities. Permissible government entities include state and local (county, city, etc.) government entities within the state of Georgia as well as other states of the United States of America. Intergovernmental agreements do not require approval from SPD or competitive bidding and are not subject to dollar limits.

Note: To be considered exempt from the competitive bidding requirements of the State Purchasing Act, the good or service must be materially provided by the other governmental entity and not passed through the governmental entity by a private third party.

4.2.2 Professional Services

GPM 1.2.3.1 – Professional Services, which are limited to those services defined by statute as a "profession" or "professional service". For example, the following services are statutorily defined as "professions" or "professional services": certified public accountancy, actuarial services, architecture, landscape architecture, interior design, licensed or accredited appraisers or licensed or accredited financial analysts providing opinions of value, chiropractic, dentistry, professional engineering, podiatry, pharmacy,

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veterinary medicine, registered professional nursing, harbor piloting, land surveying, law, psychology, medicine and surgery, optometry, and osteopathy.

4.2.3 Exempt Goods/Services by NIGP Code

GPM 1.2.4 - As an additional resource to state entities, SPD has established a list of goods/services by NIGP™ Code which are either exempt from the State Purchasing Act or represent goods for which SPD has waived the competitive bidding requirements. This list is available on SPD's website. SPD may update this list from time to time by posting a new version of the list.

4.2.4 Emergency Purchases

GPM 1.3.5 – In accordance with O.C.G.A., Section 50-5-71, the State Purchasing Division (SPD) has granted the authority to state entities to purchase urgently needed items arising from unforeseen causes, including, but not limited to, extreme weather conditions or official declared emergencies.

4.2.5 Non-Profit Exemption for Services

GPM 1.3.4.4 - In accordance with OCGA Section 50-5-51, DOAS has both the authority and duty to canvass all sources of supply to establish contracts for needed goods and services as well as enter into or authorize agreements with private non-profit organizations or other states and their political subdivisions. Pursuant to this authority, DOAS may enter into and/or authorize state entities to enter into contracts with sources of supply established pursuant to competitive bidding conducted by other governmental entities or cooperative purchasing groups. Prior to using a consortia or cooperative purchasing contract, the state entity must request and receive prior approval from SPD by submitting a written request to processimprovement@doas.ga.gov.

GPM 1.2.2 - Non-profit exemptions for services, the state agency must comply with the provisions of OCGA 50-20-1 et seq.

4.2.6 Sole Source or Sole Brand Contracts - The Business Owner should make the request via email to Procurement for approval of Sole Source or Sole Brand contracts. The response should be attached with the Sole Source/Brand Form to the Contract Request Packet.

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GPM 2.3.1 – Sole Brand Solicitation - A sole-brand solicitation is a competitive solicitation which includes specifications restricting offered goods to a specific manufacturer or owner's brand. Before making a determination that only one specific brand of goods will meet the state entity's critical business requirements, research must be conducted by the procurement professional to determine if other brands exist which can also satisfy procurement requirements in a timely manner. Sound procurement practice requires that a sole-brand solicitation be used only when it is the last justifiable option, and not as an attempt to contract for a favored brand of goods. An example of the appropriate use of the sole-brand justification may include certain situations where a specific piece of equipment is needed to match existing equipment or is a replacement. If the desired good is only available from one source, then the sole-brand solicitation is not applicable and the procurement professional must review Section 2.3.2. - Sole Source Purchases.

A valid sole-brand justification allows the procurement professional to process a competitive solicitation with the insertion of "No Substitute" after the good is specified by brand name, model number, or some other designation identifying a specific good of a manufacturer.

To conduct a sole-brand solicitation, the procurement professional must first complete form SPD-PS019 Sole-Brand Justification Form. The procurement professional should access SPD-PS019a Sole-Brand Instructions for additional information regarding the completion of the form. The completed form must be publicly posted as an attachment with the solicitation. A sole-brand solicitation is a competitive solicitation and the procurement professional must comply with all other requirements regarding posting and processing a competitive solicitation.

GPM 2.3.2 – Sole Source Purchases - Based on market analysis, the procurement professional may determine only one supplier is capable of providing the needed goods or services. This is referred to as a sole-source purchase. Sole-source purchases must be distinguished from sole brand purchases in which more than one supplier is capable of providing the specific item.

4.3 PURCHASING THRESHOLD

Purchases totaling \$5,000 or greater require competitive bidding and/or a solicitation, unless the purchase is available from a Statewide Contract, or qualifies for an

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exemption or other exception.

4.4 DELEGATED PURCHASING AUTHORITY (DPA)

All DPH procurement/purchasing professionals must ensure all procurements conducted on behalf of the agency are within the purchasing authority granted by the State Purchasing Division. If the dollar amount of the purchase is within the delegated purchasing authority established for DPH, currently \$1,000,000 for Request for Proposals (RFP), then the procurement professional may begin to prepare the solicitation for processing. If the dollar amount of the purchase exceeds the delegated purchasing authority, the solicitation must be processed by the State Purchasing Division (SPD) unless DPH requests and receives approval to exceed the established threshold amount. Note: The delegated purchasing authority is unlimited for Request for Quotations (RFQ).

4.5 CONVENIENCE STATEWIDE CONTRACTS

- 4.5.1 Any statewide contract that has not been designated by SPD as a mandatory statewide contract (as further described in Tier 1 of the Order of Precedence) is a convenience statewide contract.
- 4.5.2 State entities are not required to use convenience contracts, but ordinarily such contract represents the best value for the state.
- 4.5.3 DPH supports use of state contracts as they save administrative cost and ensure compliance with state rules and regulations.

4.6 CONSORTIA OR COOPERATIVE PURCHASING

It is permissible for state agencies to participate in supply opportunities. In accordance with (O.C.G.A.) Section 50-5-51, DOAS has both the authority and duty to canvass all sources of supply to establish contracts for needed goods and services as well as enter into or authorize agreements with private non-profit organizations or other states and their political subdivisions. Pursuant to this authority, DOAS may enter into and/or authorize state entities to enter into contracts with sources of supply established pursuant to competitive bidding conducted by other governmental entities or cooperative purchasing groups. Prior to using a consortia or cooperative purchasing contract, the state entity must request and receive prior approval from SPD by submitting a written request to processimprovement@doas.ga.gov.

4.7 REQUESTS FOR WAIVER

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Prior approval must be obtained from the State Purchasing Division (SPD) for any requests for waivers not to purchase from mandatory statewide contracts. Justifiable reasons include, but are not limited to:

- The state entity's ability to pay
- Cost
- Delivery time, or
- Compatibility with existing state entity situations.

4.8 CONTRARY PURCHASES

A purchase that is contrary to the rules and regulations established by SPD shall be void and of no effect. Any Department official who willfully purchases or causes to be purchased any materials, supplies or equipment contrary to the rules and regulations will be personally liable for the cost thereof. If paid for from state funds, the amount may be recovered in the name of the state (O.C.G.A.) Section 50-5-79.

4.9 QUALITY CONTROL

4.9.1 Prior to dispatch of the purchase order, the APO or designee will reference the following details to identify errors in Purchase order coding and documentation.

- Appropriate documentation of Purchase Type.
- Appropriate documentation of Purchase Details.
- Confirmation of following Order of Precedence
- NIGP Code Review
- Split Purchase Review
- \$5K Bid Review

4.9.2 Purchase orders that are missing details are returned to the Buyer for edits or may include denial if additional procurement actions are required to validate processing. APO will provide evidence on the outcome of quality inspections monthly and on any corrective action (if applicable).

4.10 PUBLIC POSTING GUIDELINES

4.10.1 The following guidelines dictate posting periods based on Estimated Contract Value:

- Up to \$9,999.99 - Minimum of three (3) business days

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- \$10,000-\$49,999.99 – Minimum of seven (7) calendar days
- \$50,000-\$99,999.99 – Minimum of eight (8) calendar days
- \$100,000-\$249,999.99 – Minimum of ten (10) calendar days
- \$250,000 or greater – Minimum of fifteen (15) calendar days

4.10.2 Solicitations – Minimum Review Period

In the event that the solicitation does not identify a minimum time period for review, the minimum period listed below apply;

- RFQ – Thirty (30) days from solicitation closing date.
- RFQC – Sixty (60) days from solicitation closing date.
- RFP – One hundred twenty (120) days from the solicitation closing date.

4.10.3 Notice of Intent to Award (NOIA)

The Notice of Intent to Award (NOIA) is the state entity's official public announcement of its intended contract award to the apparent supplier/bidder.

If the contract has an estimated value of less than \$100,000, use of the NOIA is not required, but strongly recommended as a best practice. If the contract value is estimated to be \$100,000 or greater, the NOIA posting is mandatory. The NOIA is required to be posted for a period of ten (10) calendar days and no contract award can be made until the official posting period has expired.

4.10.4 Notice of Award (NOA)

The Notice of Award (NOA) is the state entity's official announcement of actual contract award to the identified supplier/bidder. The NOA must be posted publicly within one (1) day of contract award and is mandatory for announcing any and all awards resulting from solicitations regardless of the dollar amount.

4.10.5 Supplier Notice of Protest

A supplier/bidder may file a written protest challenging a state entity's compliance with applicable procurement procedures subject to the supplier's compliance with established protest procedures. Reference the Georgia Procurement Manual (GPM), sections 6.5.1-6.5.8 for protest procedures and remedies.

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4.10.6 Team Georgia Marketplace (TGM)

Team Georgia Marketplace™ is provided by SPD and its partners and serves as an online tool to support various state purchasing functions, including registration of suppliers, advertisement of procurement solicitations and contract opportunities, electronic bidding, and contracts management. All solicitations posted to Team Georgia Marketplace™ are automatically publicly advertised on the Georgia Procurement Registry (GPR).

4.11 NON-COMPETITIVE PROCUREMENT/PURCHASING LIFE CYCLE

- 4.11.1 The DPH Business Owner/Program first identifies the need for goods and/or services.
- 4.11.2 The Business Owner (BO) then develops appropriate procurement documentation (including cost estimate) by following established Procurement/Purchasing guidelines.
- 4.11.3 Non-competitive status is applied to goods and services which are less than \$5,000, or are covered by statewide or agency contracts, or which qualify for a one-time exemption or exception. Although purchases under \$5,000 do not require competition, Procurement Section, when practical, will obtain three (3) competitive quotes.
- 4.11.4 Business owner/Program creates an eProcurement Requisition and enters it into PeopleSoft TGM. It is imperative that the eRequisition includes the following information; Agency contact and delivery requirements, P-Card or P.O., item(s) description, quantity, unit of measure, unit price and shipping cost. The Statewide Contract number (if applicable) and NIGP code shall be referenced on each purchase order.
- 4.11.5 The eRequisition is then reviewed and approved by Manager and Program Director. If the Procurement/Purchase request is not in current year budget or represents a non-standard purchase, Executive Leadership approval is required.
- 4.11.6 The Budget Office then reviews the eRequisition for appropriate approvals and verifies budget information. If approved, the eRequisition is then processed by Purchasing Services.
- 4.11.7 Purchasing then creates a purchase order in PeopleSoft TGM and forwards the purchase order or purchase order number to vendor and a P.O. copy to the

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Business Owner/Program.

4.11.8 End of Non-Competitive Procurement/Purchasing cycle.

4.12 COMPETITIVE PROCUREMENT/PURCHASING LIFE CYCLE - GOODS

4.12.1 The DPH Business Owner/Program first identifies the need for goods (commodities).

4.12.2 The BO/Program then develops appropriate procurement documentation (including cost estimate) by following established Procurement/Purchasing guidelines.

4.12.3 If the cost for goods (commodities) is \$5,000 or greater, and the purchase is not under a statewide contract or qualifies as an exemption or exception under the State Purchasing Act, Official Code of Georgia Annotated (O.C.G.A.), Section 50-5-50, only a purchase order is required. The Office of Procurement and Contract Services reserves the right to utilize a contract based on the conditions of the selected procurement method.

4.12.4 Business Owner/Program creates eRequisition. It is imperative that the eRequisition includes all relevant information or documentation regarding request.

4.12.5 The eRequisition is then reviewed and approved by Manager and Program Director, if the Procurement/Purchase request is not in the current year budget or represents a non-standard purchase, Executive Leadership approval is required.

4.12.6 The Budget Office then reviews the eRequisition for appropriate approvals and verifies budget information. If approved, the eRequisition is then processed by the Purchasing Section.

4.12.7 If the request for goods (commodities) qualifies for a one time exemption under the State Purchasing Act, the eRequisition will be processed by the Purchasing Section and subsequently, a purchase order is created in PeopleSoft TGM. The purchase order is dispatched and copies are routed to the vendor and Business Owner/Program as required.

4.12.8 If the request for goods does not qualify for a one time exemption, with assistance from BO/Program, Procurement Section develops and posts a solicitation document.

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- 4.12.9 Vendor is selected, Notice of Intended Award (NOIA) is posted, purchase order is created in PeopleSoft TGM, followed by Notice of Award (NOA) posting.
- 4.12.10 The purchase order is dispatched and copies are routed to the vendor and Business Owner/Program as required.
- 4.12.11 End of goods request Procurement/Purchasing cycle.

4.13 COMPETITIVE PROCUREMENT/PURCHASING LIFE CYCLE – SERVICES

- 4.13.1 The DPH Business Owner (BO) first identifies the need for services.
- 4.13.2 The BO then develops appropriate procurement documentation (including cost estimate) by following established Procurement/Purchasing guidelines;
- 4.13.3 A contract is required if the cost for services is \$5,000 or greater, the contract is for services, and the purchase is not under a statewide contract or qualifies as an exemption or exception under the State Purchasing Act, Official Code of Georgia Annotated (O.C.G.A.), Section 50-5-50.
- 4.13.4 The BO completes the Contract Action Request (CAR) form, obtains approvals, and forwards document to the Budget Office for review and approval. If the Procurement request is not in the current year budget or represents a non-standard purchase, Executive Leadership approval is required.
- 4.13.5 After review and approval process is completed, the Budget Office returns the Contract Action Request (CAR) to the originating BO. The BO then delivers approved CAR and procurement documentation to the Office of Procurement and Contract Services. OPS will review the CAR and corresponding documentation to determine type of contractual service and appropriate solicitation method.
- 4.13.6 Once the CAR is reviewed and approved by the Procurement Section, the CAR with corresponding procurement documentation is forwarded to the Contracts Section, where it is then logged in and contract development initiated.

Continuation of process life cycle by solicitation types are listed below:

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4.14 EXEMPT STATUS SERVICES REQUEST

- 4.14.1 If the requested contractual service qualifies for exempt status, Procurement Section creates a services request and forwards it to Contracts Administration for development/processing.
- 4.14.2 Contracts Administration adds services request to Pending Log and then forwards the CAR Packet to the BO for additional information if original documentation is deemed insufficient to move forward with the request.
- 4.14.3 If the CAR Packet is approved by Contracts Administration, and no additional information/documentation is required, the draft contract is forwarded to the Business Owner, Program Director, Executive Leadership, Contracts Director, Contracts Attorney, General Counsel, and Commissioner for approval.
- 4.14.4 The final contract is sent electronically to the contractor for review, approval, and instructions for signature.
- 4.14.5 The signed contracts (2) then are forwarded from the contractor to the Commissioner for signature and final execution.
- 4.14.6 Once signed by the Commissioner, Contracts Administration executed and scans the contract, then emails the Contract and CAR to the following;
 - 4.14.6.1 Budget Section – verifies budget and notifies Office of Procurement and Contract Services – Purchasing, Procurement and Contract Sections, change orders are created when required.
 - 4.14.6.2 Purchasing Section – creates purchase order and sends copy to Contracts Administration, Contracts Payable, and Budget. Purchase Order (with executed contract) copy is placed in permanent Contract File.
 - 4.14.6.3 Contracts Payable Section – creates spreadsheet and updates spreadsheet with P.O. information.
 - 4.14.6.4 Business Owner – notifies contractor when work can begin and initiates contract monitoring process.
- 4.14.17 Contracts Administration Section – forwards one copy of the executed contract to contractor.

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- 4.14.18 Contracts Administration – places executed contract copy in permanent Contract File, and then moves contract from the pending log to the active log.
- 4.14.19 Contracts Administration – uploads executed contract into PeopleSoft TGM Contracts Module.
- 4.14.20 End of services request (Exemption Status) Procurement/Purchasing cycle.

4.15 SOLE SOURCE/SOLE BRAND SERVICES REQUEST

- 4.15.1 If the requested contractual service qualifies as a Sole Source or Sole Brand purchase, Procurement Section posts the Sole Source/Sole Brand services request on the Georgia Procurement Registry (GPR) for five business days. This applies to Sole Source requests only. If the purchase is a Sole Brand only, the purchase is posted to the Team Georgia Marketplace (TGM) following the same guidelines as a competitive procurement.
- 4.15.2 If after the required posting period has closed and no protests have been received, the Procurement Section forwards the CAR back to Contracts Administration Section for contract development/processing. If a valid protest to the posting is received, Procurement Section will be required to initiate solicitation proceedings.
- 4.15.3 Contracts Administration Section adds services request to Pending Log and then forwards CAR Packet to Business Owner (BO) for additional information if original documentation is deemed insufficient to move forward with the request.
- 4.15.4 If the CAR Packet (including draft contract) is approved by Contracts Administration, and no additional information/documentation is required, the draft contract is forwarded to the Business Owner, Program Director, Executive Leadership, Contracts Director, Contracts Attorney, General Counsel, and Commissioner for approval.
- 4.15.5 The final contract is sent electronically to the contractor for review, approval, and instructions for signature.
- 4.15.6 The signed contracts (2) then are forwarded to the commissioner for signature and final execution.
- 4.15.7 Once signed by the Commissioner, Contracts Administration executed and

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scans the contract, then emails the Contract and CAR to the following:

- 4.15.7.1 Budget Section – verifies budget and notifies Office of Procurement and Contract Services, Contracts, Procurement and Purchasing Sections, change orders are created when required.
- 4.15.7.2 Purchasing Section – creates purchase order and sends copy to Contracts Administration, Contracts Payable, and Budget. P.O. (with executed contract) copy is placed in permanent Contract File.
- 4.15.7.3 Contracts Payable Section creates spreadsheet and updates spreadsheet with P.O. information.
- 4.15.7.4 Business Owner notifies contractor when work can begin and initiates contract monitoring process
- 4.15.8 Contracts Administration – forwards one copy of executed contract to contractor
- 4.15.9 Contracts Administration places executed contract copy in permanent Contract File, and then moves contract from the pending log to the active log.
- 4.15.10 Contracts Administration uploads executed contract into TGM.
- 4.15.11 End of services request (Sole Source/Sole Brand) Procurement/Purchasing cycle.

4.16 SOLICITATION FOR SERVICES REQUEST

- 4.16.1 If the requested contractual service requires a formal solicitation, Procurement Section forwards CAR packet to Contracts Administration and then initiates development of solicitation package.
- 4.16.2 Contracts Administration assigns contract number and adds services request to Pending Log. The CAR packet is then reviewed to verify that all required information is included in the document. If the documentation provided in the CAR packet is deemed insufficient to move forward with the services request, it is forwarded to Business Owner/Program for additional information.
- 4.16.3 Once all required information is obtained, Contracts Administration creates contract shell. The contract shell is then forwarded to the Business Owner,

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Program Director, Executive Leadership, Contracts Director, Contracts Attorney, General Counsel, and Commissioner for approval.

- 4.16.4 Copy of approved contract shell is then forwarded to the Procurement Section where it is merged with solicitation package.
- 4.16.5 The solicitation package is posted, evaluated and contractor selected. Notice of Intent to Award (NOIA) is posted and the apparent successful bidder is notified of selection.
- 4.16.6 Contracts Administration then updates contract shell with contractor information, and then sends the contract electronically to the contractor for review, approval, and instructions for signature.
- 4.16.7 Once the contractor returns the signed contract to Contracts Administration, Contracts Administration notifies Procurement. The Procurement Section then posts the Notice of Award (NOA).
- 4.16.8 If a protest is received during the five (5) day posting period, and the Department of Administrative Services (DOAS) determines it is valid, the procurement process is terminated and DPH will be required to re-issue the solicitation.
- 4.16.9 If no protests are received after five (5) day posting period, then the signed contracts (2) are forwarded to the commissioner for signature and final execution.
- 4.16.10 Once signed by commissioner, Contracts Administration scans, then forwards Contract and CAR to the following;
 - 4.16.10.1.1 Budget Section – verifies budget and notifies Office of Procurement and Contract Services Contracts, Procurement, and Purchasing Sections, change orders are created when required.
 - 4.16.10.1.2 Purchasing Section – creates purchase order and sends copy to Contracts Administration, Contracts Payable, and Budget. P.O. (with executed contract) copy is placed in permanent Contract File.
 - 4.16.10.1.3 Contracts Payable Section creates spreadsheet and updates spreadsheet with P.O. information.

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4.16.10.1.4 Business Owner notifies contractor when work can begin and initiates contract monitoring process.

4.16.11 Contracts Administration – forwards one copy of executed contract to contractor.

4.16.12 Contracts Administration places executed contract copy in permanent Contract File, and then moves contract from the pending log to the active log.

4.16.13 Contracts Administration uploads executed contract into TGM.

4.16.14 End of services request (Formal Solicitation) Procurement/Purchasing cycle.

4.17 MANAGING PROCUREMENT RECORDS

Each procurement file should be identified so it can be readily located and referenced. All purchasing transactions should be supported with appropriate documentation. The state entity may maintain the files either in hard copy or in electronic form as long as the documentation is accessible. It is important that documentation maintained in electronic form has the same level of detail that would be available in hardcopy, including authorized signatures.

4.18 RETENTION OF PURCHASING RECORDS



The use, retention, and destruction of Georgia records, including procurement records, is governed by the Georgia Records Act. (O.C.G.A.) 50-18-90 et seq. The act requires state entities to manage records in accordance with the procedures and regulations issued by the Division of Archives and History of the Office of the Secretary of State and the retention schedules approved by the State Records Committee. "Retention Schedule" means a set of instructions prescribing how long, where, and in what form records are maintained by the state entity. The Secretary of State's online resources include approved retention schedules and other resources. In addition to maintaining procurement records in accordance with the state entity's approved retention schedule, the APO must manage procurement records in a way that ensures documents are easily located to support contract management, respond to public requests for documents, and facilitate procurement processes such as resolution of protests and completion of audits.

5 – RELATED FORMS

Form #CA05002A – Contract Action Request

<http://health.state.ga.us/phil/dph/docs/Forms/Procurement%20Services/P-Card%20Application.doc>

**GEORGIA DEPARTMENT OF PUBLIC HEALTH
POLICY # AM-01001
ASSET MANAGEMENT POLICY**

Approval:		7/1/11
	Janie Brodnax, Chief Operations Officer	Date
		7/1/11
		Dr. Brenda Fitzgerald, Commissioner	Date

1 – INTRODUCTION

1.1 AUTHORITY – The Georgia Department of Public Health (DPH) Asset Management Policy is published under the authority of DPH and in compliance with the following:

- 1.1.1 Official Code of Georgia Annotated (OCGA), Sections:
 - 50-16-160 – Inventory of State Property – Central Inventory of Personal Property
 - 50-16-162 – Inventory of State Property – Rules and Regulations
 - 50-16-163 – Power to examine books, records, papers, or personal property of state entities to ensure compliance (with Inventory of State Property)
- 1.1.2 State Accounting Office (SAO) Statewide Accounting Policy and Procedure
- 1.1.3 Code of Federal Regulations (CFR)
 - 45 CFR 92 - U.S. Department of Health and Human Services - Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Tribal Governments
 - 7 CFR 3016 – U.S. Department of Agriculture - Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments
 - 34 CFR 80 – U.S. Department of Education - Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments
- 1.1.3 Georgia Department of Administrative Services (DOAS), Surplus Property Division – Georgia Surplus Property Manual
- 1.1.4 DOAS Office of Fleet Management – Georgia Fleet Management Manual in compliance with OCGA Chapter 50-19.

1.2 DEFINITION OF TERMS AND ACRONYMS

1.2.1 **ASSETS** for all DPH Offices, Programs, local facilities, grantees, and contractors is defined as all tangible personal property having a useful life expectancy of three years or more and an acquisition cost of \$1,000 or more and all CPUs (regardless of cost). The life cycle

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information describing assets is required by state law to be entered into and maintained on the PeopleSoft Statewide Property System. In this manual, for the sake of space, the words *property* and *equipment* are used interchangeably with the word *asset*. Property may be defined as assets even though it fails to meet the criteria above. All equipment donated to DPH which can be defined as assets, must be listed on the DPH official equipment listing. Some items are defined as assets regardless of cost. THESE INCLUDE ALL COMPUTER CENTRAL PROCESSING UNITS (CPUs), AND VEHICLES.

- 1.2.1.1 REAL PROPERTY is land and whatever is attached to the land in such a way that it cannot be easily moved, such as buildings.
- 1.2.1.2 PERSONAL PROPERTY is the right or interest in things other than real estate.
- 1.2.1.3 TANGIBLE PERSONAL PROPERTY has substance and is moveable, such as furniture, machinery and automobiles.
- 1.2.1.4 INTANGIBLE PERSONAL PROPERTY is the right of interest, instead of the personal property itself. This would include such things as bonds, notes, and contracts.

1.2.2 Form 5111 -- Detailed Equipment Listing Form (Form 5111)

1.2.5 PC – Property Coordinator

1.2.6 DPH – Georgia Department of Public Health

1.2.7 OFSS – DPH Office of Facilities and Support Services

1.2.8 DOAS – Georgia Department of Administrative Services

1.2.9 SAO – State Accounting Office

1.2.10 GTA – Georgia Technology Authority

1.2.11 AM – OFSS Asset Manager

1.2.12 OCGA - Official Code of Georgia Annotated

2 – APPLICABILITY AND RESPONSIBILITIES

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2.1 APPLICABILITY - The information in this policy applies to all DPH organizational units, service providers and community programs, which use or have assigned DPH state-owned, assets. When applicable, these policies and procedures are to be referenced in all DCH grant and contractual agreements with service providers to allow for the appropriate expenditure of State and/or Federal funds toward the purchase of assets.

2.2 RESPONSIBILITIES

2.2.1 DEPARTMENT OF ADMINISTRATIVE SERVICES (DOAS) utilizes Georgia Technology Authority's computer managed PeopleSoft Asset Inventory System. DOAS is responsible for the overall statewide asset inventory tracking.

2.2.2 GEORGIA TECHNOLOGY AUTHORITY (GTA) maintains an on-line computer system to fulfill its responsibilities under the law for maintaining a central inventory of all assets owned by the State or any agency of the State.

2.2.3 DEPARTMENT OF PUBLIC HEALTH (DPH) is responsible for the accountability, use, maintenance and lawful disposition of all personal property titled to, assigned to, used by, or otherwise in the possession of DPH.

2.2.4 DPH OFFICE OF FACILITIES AND SUPPORT SERVICES (OFSS), ASSET MANAGEMENT UNIT (AMU) is designated as the DPH agent for establishing and maintaining the DPH assets and fleet inventory as well as fulfilling DPH's responsibilities under the law. The Asset Management Unit will maintain a complete inventory of all federal and state funded purchases of equipment valued at \$1,000 or more and all federal and state funded purchases of computers including but not limited to: CPUs, laptops, Ipads, and tablets) regardless of cost. The unit is responsible for adding these items to the state PeopleSoft Inventory System as received. OFSS will conduct internal audits every other year to ensure compliance with state and federal regulations. OFSS will maintain a schedule of internal audits and make available upon request.

2.2.5 DPH PROGRAMS and DISTRICT OFFICES are responsible for maintaining inventory on all state and federal assets purchased or assigned to them and to their agents/contractors. In addition, they must also report any changes to their inventory to OFSS AMU.

2.2.6 DPH OFFICE OF INFORMATION TECHNOLOGY (OIT) is responsible for an updated inventory of all communication devices and their current user assignments. This inventory list will be provided to the OFSS Asset Manager and the Program Director for verification on a quarterly basis beginning July 1, 2011.

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- 2.2.7 DPH OFFICE OF FINANCIAL SERVICES (OFS) is responsible for providing the OFSS Asset Manager with a copy of the Fixed Asset Report on a monthly basis. OFS is also responsible for making journal entries related to DPH district office of equipment or CPUs purchased with Grant-in-Aid funds. As well as, journal entries for all equipment and CPUs purchased by DPH Programs through Contracts or Direct Award Grants.
- 2.2.8 DPH OFFICE OF PROCUREMENT AND PURCHASING (OPP) is responsible for ensuring that all equipment over \$1,000 and all CPUs regardless of cost are encumbered as assets.
- 2.2.9 PROPERTY COORDINATOR RESPONSIBILITIES - The Programs, Offices, and Local Facilities of DPH are responsible for all state and federal personal property assigned to them and to their agents/contractors. To accomplish this task, all Programs and Offices of DPH are required to assign an employee to serve as the Property Coordinator (PC) for the Office, Program or Local Facility. The PC is accountable for the Office or Program's personal property and vehicle inventories. The responsibilities of the PC include, but are not limited to:
 - 2.2.9.1 Ensure adherence to the DPH Asset Management Policy. Including but not limited to the submission of paperwork on new assets and copies of all inventory paperwork.
 - 2.2.9.2 Maintain a complete inventory list and records of all state and federally funded equipment assigned to their program(s), office(s), and their agents/contractors.
 - 2.2.9.3 Notify the DPH Office of Facilities and Support Services (OFSS) Asset Manager of any organizational changes that may affect the accountability or lawful disposition of DPH's personal and fleet property.
 - 2.2.9.4 Obtain all State and Federal property when a contract or grant terminates or an agent or contractor stops doing business for DPH. This includes but is not limited to: obtaining, completing, and submitting all the required paperwork to the OFSS Asset Manager to move or delete the equipment from the Asset Inventory.
 - 2.2.9.5 Notify the OFSS Asset Manager immediately of any change of addresses of Office, Program, or Agents/Contractors using DPH personal property.
 - 2.2.9.6 Verify each Division/Office address annually.
 - 2.2.9.7 Conduct an internal inventory at least every other year of all personal and fleet property located in their assigned program(s), office, and of their

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agents/contractors. Ensure that the inventory is accurate and submitted to the OFSS Asset Manager in a timely manner.

2.2.9.8 Conduct and participate in spot audits of inventories directed by the OFSS Asset Manager throughout the state of Georgia.

2.2.9.9 Assist the OFSS Asset Manager with the training of local Personal Property Coordinators in managing property legally and accurately.

2.2.10 All managers, supervisors and employees using equipment are responsible for ensuring that all state property, regardless of cost, is used properly, maintained appropriately, and protected against damage or theft.

2.2.11 DPH Offices, Programs and Local facilities are responsible for tracking items with a useful life of three years or more that are not entered in the PeopleSoft Inventory system (under \$1,000) on their local inventory in the format provided by OFSS. This list is to be provided to the DPH Risk Manager on an annual basis.

2.2.12 Non-inventory items purchased prior to July 1, 2009 with a purchase cost of \$4,999 or less will not be added to the PeopleSoft system or tagged. Instead these will be maintained on the local inventory tracking list.

3 - PROPERTY ACQUISITION / ACCOUNTABILITY

3.1 ACQUISITION

3.1.1 Property is generally acquired in one of three ways:

3.1.1.1 Purchased using appropriated funds or grant/contract payments.

3.1.1.2 Donations and title transfers.

3.1.1.3 Transferred from other DPH Programs, Offices or Local Facilities surplus.

3.1.2 Once purchased or acquired, property must be added to the Asset Module of PeopleSoft. Equipment-listing reports generated by the PeopleSoft can then be used by State auditors, DPH auditors, the OFSS Asset Manager, and Property Coordinators to conduct physical inventories for proper accountability. DOAS property transfer procedures are used to lawfully dispose of state-owned equipment.

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- 3.1.3 Assets must be reported to the appropriate Property Coordinator in order to ensure that inventory listings are updated on the PeopleSoft Asset system. All acquisitions of equipment, including equipment bought by DPH to be used by contractors or temporary employees, must be reported to their Property Coordinator.
- 3.1.4 **DIRECT PURCHASES** – Direct purchases are assets purchased through DPH Purchase order process.
 - 3.1.4.1 Staff should follow DPH's Procurement policy and procedures to initiate a purchase and notify their Property Coordinator that an asset has been ordered.
 - 3.1.4.2 By the 5th business day of the month, DPH Financial Services will provide the OFSS Asset Manager with the previous month's Fixed Asset Report which lists all paid assets.
 - 3.1.4.3 The OFSS Asset Manager will reconcile the Fixed Asset Report with DPH Financial Services on a monthly basis.
 - 3.1.4.4 The OFSS Asset Manager will complete Form 5111 from information provided in PeopleSoft including all information except for the local organizational unit name and address, the name of the Property Coordinator and the equipment item's serial number and location.
 - 3.1.4.5 DPH Information Technology notifies the OFSS Asset Manager and DPH OFS of any purchases of CPUs to ensure they are added to PeopleSoft Assets.
 - 3.1.4.6 DPH Financial Services completes journal entries to move assets from Grant-in-Aid lump sum line item to assets, any assets purchased through Contracts or Grants, and any computers purchased through GAIT.
 - 3.1.4.7 On a monthly basis, the OFSS Asset Manager will distribute the completed Form 5111 for each piece of equipment purchased to the appropriate Property Coordinator.
 - 3.1.4.8 A DPH decal will be assigned to each piece of equipment that is required to be kept on statewide inventory, and this label will be attached to the partially completed Form 5111. All assets purchased by DPH and entered into the Asset Management system by the OFSS Asset Manager must have a DPH decal assigned in the system, and this decal must be affixed to the asset itself. See Attachment A for requirements on the placement of decals.

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3.1.4.9 The Property Coordinator ensures that the completed Form 5111 and the attached decals are delivered to the sites where the equipment is located. Completed Form 5111 must be returned to the OFSS Asset Manager to the following address:

DPH Office of Facilities and Support Services
Attn: Asset Manager
2 Peachtree Street, NW, 15th Floor
Atlanta, Georgia 30303-3182

3.1.4.10 Property Coordinators will be responsible for completing the shaded portions of the of Form 5111 (local organizational unit name and address, the name of the local coordinator, the serial number and location and the surplus information), affixing the DPH decal to the correct piece of equipment, signing Form 5111 certifying this process has been completed, and returning the completed Form 5111 to the OFSS Asset Manager.

3.1.4.11 This process must be completed within 20 business days of issuance of Form 5111 to the Property Coordinator. The OFSS Asset Manager will keep a log and monitor this process. Directors will be notified of any outstanding assets (those without returned and completed Form 5111) after the 10 day grace period. Program/Office future purchasing capability may be suspended until all Form 5111 requirements are satisfied.

3.1.4.12 The OFSS Asset Manager will enter the serial number and location information into the PeopleSoft Asset Module based on the information supplied on the returned Form 5111 and the process will be complete.

3.1.4.13 For equipment acquired through transfer or donation, it is the responsibility of the Property Coordinator to make sure that a Form 5111 is fully completed for each item acquired. These forms must be submitted to the OFSS Asset Manager at the above address.

3.1.4.14 Incomplete forms will be returned to the originating Property Coordinator.

3.1.4.15 An audit *Exception* can be experienced if your inventories are incorrect or incomplete.

3.1.4.16 Additional steps need to be taken if the item is a vehicle, CPU or communication

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device. These steps are addressed in the DPH Transportation Policy and DPH Information Technology Policy.

3.1.5 INDIRECT PURCHASES - Indirect Purchases are assets purchased through DPH Contract or Grant Agreements, and purchases of CPUs through GAIT.

- 3.1.5.1 When a Grant or Contract contains the purchase of equipment or CPU is made through GAIT, The Business Owner and Program Director sends a copy of the request to OFSS Asset Manager.
- 3.1.5.2 DPH Purchasing ensures that Contracts and Grants with a line item of equipment is encumbered as assets.
- 3.1.5.3 DPH Financial Services completes journal entries to move any assets not separated on the purchase order for Contracts or Grants, and any computers purchased through GAIT.
- 3.1.5.4 The Contractor/Grantee/District/County is responsible for notifying the DPH Business Owner and Program Director when the equipment is received. The DPH Business Owner and Program Director are responsible for notifying the OFSS Asset Manager.
- 3.1.5.5 Within 30 days of receiving notification that the purchase has been made OFSS Asset Manager will initiate the Form 5111 process and forward documentation and instructions to the Business Owner and Program Director for completion.
- 3.1.5.6 The DPH Business Owner and Program Director are responsible for ensuring the completion of Form 5111 and the attachment of DPH decals to the sites where the equipment is located. This must be done immediately to ensure the return to OFSS Asset Manager within 15 business days to:

DPH Office of Facilities and Support Services
Attn: OFSS Asset Manager
2 Peachtree Street, NW, 15th Floor
Atlanta, Georgia 30303-3182

- 3.1.5.6 All Contractors, Grantees, Districts and Counties are required to comply with DPH's instructions on the return/retirement of any asset(s) upon the termination of the agreement.

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3.1.5.7 Contractors, Grantees, Districts and Counties are subject to random and periodic asset management audits.

3.1.6 **BUILDINGS AND CAPITAL IMPROVEMENTS** - Buildings that are constructed by, purchased by, donated to, or transferred to DPH, must be entered into the PeopleSoft Asset System. Capital Improvements that are determined to increase the value or useful life by 25% of the original life period or cost of an existing capital asset, or meets the capitalization threshold must be placed on the PeopleSoft Asset System. In the event of a building acquisition or capital improvement, the DPH Office of Facilities and Support Services, will be responsible for reporting the acquisition cost, or value, as well as the useful life and/or value enhancement to the OFSS Asset Manager. Proper documentation, to include, but not be limited to, invoices, contracts, GSFIC bond obligations, etc., will be accepted by the OFSS Asset Manager in lieu of a Form 5111 in order to properly enter the asset into the PeopleSoft Asset System.

3.1.7 **PROPERTY OBTAINED FROM SURPLUS** -- In order to obtain property from State Surplus, the procedures outlined in the DOAS Georgia Surplus Property Manual must be followed.

3.1.8 **VEHICLES OBTAINED FROM SURPLUS** – This requires extra steps covered under the DOAS Georgia Fleet Manual.

3.1.9 **FEDERAL SURPLUS PROPERTY PROGRAM** - There are specific conditions for surplus of federal property. Refer to section 5.4 for the procedures. The complete policy related to this may be found in the DOAS Georgia Surplus Property Manual.

4 - PHYSICAL INVENTORY – DPH will conduct a complete physical inventory at least every other year. The Statewide Property System’s records are to be verified and updated at that time. Method to complete a physical inventory:

4.1 The OFSS Asset Manager sends the Property Coordinator an inventory equipment listing for their specific location and the date the response is due.

4.2 The Property Coordinator will do the following:

4.2.1 Verify the following information on the inventory equipment listing for each piece of equipment on the listing:

- Name
- Address
- Location

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- Decal number
- Serial number
- Item description

- 4.2.2 Mark through or "strike out" any items on the listing that cannot be physically located at their location.
- 4.2.3 If the new location of the item is known, the coordinator must complete a DOAS Property Transfer Form to indicate where the items are currently located.
- 4.2.4 If the current location of missing items is not known, the Property Coordinator must complete a DOAS Stolen/Missing Property Incident Report and submit that to the OFSS Asset Manager.
- 4.2.5 If there are inventory items at their location that are NOT included on the listing, the coordinator add the information for those assets on the form (use additional sheets if needed) AND complete and attach a Form 5111 Detailed Equipment Listing providing all pertinent information on these items.
- 4.2.6 The inventory verification and all required properly completed forms should be returned to the OFSS Asset Manager before the appropriate "Due Date."
- 4.2.7 If the *Due Date* cannot be met, the property coordinator must contact the OFSS Asset Manager with the reason for the delay to obtain an extension.

4.3 The OFSS Asset Manager will contact the Property Coordinator if there are any questions about the verifications or if additional information is required.

5 – MISSING OR STOLEN PROPERTY – All missing or stolen property must be reported **immediately** to the Property Coordinator, local law enforcement officials, the DPH Risk Manager, and the OFSS Asset Manager via the following procedure:

- 5.1 The Property Coordinator should immediately report the incident to the Police and obtain a copy of the Police Report.
- 5.2 The Property Coordinator should immediately notify OFSS Asset Manager by phone.
- 5.3 The Property Coordinator must complete a DOAS Stolen/Missing Property Incident Report and a DOAS Property Transfer Form to report the property stolen. A copy of the Police report must be attached to these forms. The completed forms and attachments should be sent to OFSS

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Asset Manager.

- 5.4 The OFSS Asset Manager will use the documentation to update PeopleSoft Inventory. When the status information on the missing or stolen item is entered into the PeopleSoft Inventory, the scheduled date to delete should be entered in the comments section.

6 – DISPOSITION OF PROPERTY

- 6.1 DISPOSITION OF PERSONAL PROPERTY - property that is released to the DOAS Surplus Property Division, physically relocated within DPH, transferred to another agency, sold on-site, traded-in, or authorized for destruction.

- 6.1.1 Staff submits request to their Property Coordinator
- 6.1.2 Property Coordinator completes DOAS Property Transfer Form
- 6.1.3 After receiving internal approvals, the Property Coordinator forwards the request that lists the items on PeopleSoft Inventory to the OFSS Asset Manager for approval.
- 6.1.4 After review and approval, the OFSS Asset Manager submits the request to DOAS for final approval. After DOAS provides their approval, the OFSS Asset Manager will contact the Property Coordinator with further instructions.

- 6.2 DISPOSAL OF ELECTRONIC EQUIPMENT (computers, copiers, etc):

- 6.2.1 Staff submits request to their Property Coordinator.
- 6.2.2 Property Coordinator completes DOAS Property Transfer Form
- 6.2.3 After receiving internal approvals, Property Coordinator forwards the request that lists the items on PeopleSoft Inventory to the OFSS Asset Manager for approval.
- 6.2.4 After review and approval, the OFSS Asset Manager submits the request to DOAS for final approval. After DOAS provides there approval, the OFSS Asset Manager will contact the Property Coordinator with further instructions.
- 6.2.5 DOAS sends a simultaneous notification to the OFSS Asset Manager and the DOAS E-scrap vendor (a contractor authorized by DOAS to dispose of electronic equipment) via email that the items are ready for pick-up. An electronic copy of the DOAS Property Transfer Form is attached to the email providing the E-scrap Vendor with the list of

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equipment to be picked up and the contact information for the OFSS Asset Manager.

- 6.2.6 The E-scrap vendor will contact the OFSS Asset Manager directly within 5 business days to arrange for pick-up. The OFSS Asset Manager will coordinate the pick-up time with the Property Coordinator and the E-scrap vendor.
- 6.2.7 The E-scrap vendor will pick up the electronic equipment within 15 business days and will provide a copy of DOAS Property Transfer Form. The Property Coordinator should verify that the appropriate equipment is picked up and the E-scrap vendor should sign off on the DOAS Property Transfer Form on the line located in the bottom right hand corner under the words *Received by:* verifying the pick-up.
- 6.2.8 The E-scrap vendor will remove the equipment.
- 6.2.9 The Property Coordinator sends the signed DOAS Property Transfer Form to the OFSS Asset Manager. The OFSS Asset Manager removes the equipment from the PeopleSoft inventory.

6.3 DISPOSAL OF OTHER EQUIPMENT (except motor vehicles)

- 6.3.1 Staff submits request to their Property Coordinator.
- 6.3.2 Property Coordinator completes DOAS Property Transfer Form. The property coordinator may be required to submit digital photographs of the items on the form to aid in possible re-distribution of the equipment within DPH.
- 6.3.3 After receiving internal approvals, the Property Coordinator reviews the forms and documentation and determines if the equipment can be re-distributed or re-assigned within DPH. If the can be re-distributed or re-assigned within DPH, the property coordinator needs to follow the Property Transfer procedures listed in Section 6.
- 6.3.4 If the equipment is appropriate to be re-distributed or re-assigned within DPH, the coordinator will notify other Programs/Offices of the availability of the item(s) and include the pictures.
- 6.3.5 If the item(s) are wanted by another Programs/Office, the coordinator sends the DOAS Property Transfer Form to the requesting Program/Office property coordinator who makes the re-assignment and indicates the NEW physical location of the equipment on the DOAS Property Transfer Form and forwards the form back to the Property Coordinator.

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- 6.3.6 Property Coordinator forwards the request that lists the items on PeopleSoft Inventory to OFSS Asset Manager for approval. After review and approval, OFSS Asset Manager signs the form and removes or corrects the location of the equipment in the PeopleSoft inventory.
- 6.3.7 If the equipment is NOT re-distributed or re-assigned within DPH, the OFSS Asset Manager forwards the DOAS Property Transfer Form to DOAS for approval to destroy or dispose of the equipment.
- 6.3.8 The OFSS Asset Manager arranges for disposal of the equipment within 14 days of approval and the DOAS Surplus Property Affidavit of Disposal Form from DOAS. This disposal is normally accomplished by arranging for the items to be hauled off to a local landfill (following all local rules and regulations). **NOTE:** At this point, the equipment **MUST** be destroyed or disposed. It **CANNOT** be given, donated or transferred to any individual or organization.
- 6.3.9 The Property Coordinator completes the DOAS Surplus Property Affidavit of Disposal Form (which certifies that the equipment was destroyed or otherwise disposed) includes the disposal authorization number, signs it, obtains a witness signature and sends the signed form. All documents are scanned and emailed to the OFSS Asset Manager for review. This process **MUST** be completed within 14 days of the issue date of the Affidavit or it will be voided by DOAS.
- 6.3.10 Upon receipt of the Affidavit, the OFSS Asset Manager will remove the equipment from PeopleSoft Inventory.

6.4 FEDERAL SURPLUS PROPERTY PROGRAM

- 6.4.1 OGGA 50-5-140 through 50-5-146 provides authority to DOAS to establish and operate a State Agency Surplus Property for the purpose of distributing surplus properties made available by the State and Federal government.
- 6.4.2 There are specific conditions for the surplus of federal property. Property Coordinators should contact DOAS Surplus Property Division for specifics. Policies related to this may be found at www.surplusproperty.doas.ga.gov (See section 5.3)
- 6.4.3 Procedures in conformance with the provisions of Federal and State laws and regulations provide for the management of the Federal Surplus Property Program. These procedures can be found in the Georgia State Agency for Surplus Property

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Division's Manual State Plan of Operations available from the DOAS Surplus Property Office.

- 6.4.4 Categories of eligibility are classified administratively into the following groups:
 - 6.4.4.1 Group A – Departments, Bureaus, Commissions, and other entities of State Government
 - 6.4.4.2 Group B – County Governments and Authorities
 - 6.4.4.3 Group C – Municipal Governments and Authorities
 - 6.4.4.4 Group D – Board of Regents and Colleges of the University System
 - 6.4.4.5 Group E – Department of Technical and Adult Education
 - 6.4.4.6 Group F – Public School Systems
 - 6.4.4.7 Group G – Private, non-profit, and tax-exempt educational institutions, childcare centers, libraries, museums, etc.
 - 6.4.4.8 Group H- - Non-profit and tax exempt health institutions, hospitals, clinics, and health centers
 - 6.4.4.9 Group I – Federal assisted centers for the aging
 - 6.4.4.10 Group J – Public and non-profit tax exempt agencies that provide shelter for the homeless
- 6.4.5 Applicable Service and Handle Charges are assessed on all items of property donated to sustain the Surplus Property Program since there is no funding appropriation. Service and Handling charges are based upon the original acquisition cost of property to the Federal government, the condition of the property, costs of screening and shipping. On average, the charges amount to less than ten percent of the original acquisition cost.

6.5 PROPERTY TRANSFERS

- 6.5.1 Transfer of property within DPH is the most frequent type of disposition used. Under no circumstance is inventoried equipment to be relocated or transferred from its assigned

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location without prior authorization. The OFSS Asset Manager has the authority to redistribute surplus property, which is no longer needed in Programs/Offices. This also includes transfers from one Program/Office to another to help fulfill equipment needs. The procedures for transferring, loaning or temporarily assigning assets within DPH is:

6.5.1.1 The Property Coordinator completes a DOAS Property Transfer Form and forwards the completed form to the OFSS Asset Manager for review and approval.

6.5.1.2 If approved, the OFSS Asset Manager signs and sends all copies back to the Property Coordinator to complete the physical transfer. NOTE: If the item is a computer or electronic piece of equipment with a hard drive, the hard drive must be cleaned prior to being transferred. Verification of the cleaning of the hard drives must be documented by completion of an Information Assets Data Eradication and Software Removal Form (Form AM01001B) and submitted to the OFSS Asset Manager.

6.5.1.3 After receiving the transferred equipment and the accompanying DOAS Property Transfer Form, the receiving program/office signs the transfer document and returns it to the OFSS Asset Manager.

6.5.1.4 The OFSS Asset Manager makes the change of location in the PeopleSoft Inventory system.

6.6 RETURN OF STATE/FEDERAL PROPERTY

6.6.1 Contractors, Grantees, and Agents who stop doing business with DPH are responsible to return all State & Federal property back to the State once the contract/grant is completed and terminated.

6.6.2 The Business Owner and Program Director are responsible to ensure that Agents/Contractors return all State/Federal property to the State and work with the Property Coordinator to complete all necessary paperwork required for such action.

6.7 PROPERTY REMOVAL

6.7.1 If any asset needs to be removed from the building for use at home or off-site, a Property Removal Form (Form # AM01001A) must be submitted to the employee's manager or director for approval.

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- 6.7.2 If the asset is removed on a regular basis, then the requestor writes *Regular* in the Time Out section.
- 6.7.3 Once approved this form is submitted to OFSS Asset Management Unit. OFSS AMU maintains a file of all Equipment Removal forms.
- 6.7.4 If an employee removes any asset without completing the Property Removal Form (Form # AM01001A), the employee is personally responsible for the equipment and can lose the privilege of removing equipment in the future.
- 6.7.5 All assets should be secured and protected from potential loss or damage. Repeated loss or damage to equipment due to neglect and/or not securing appropriately (i.e., leaving in an unlocked car, leaving equipment in sight, etc.) can result in the employee compensating DPH for the equipment and/or losing the privilege of removing equipment in the future.

7 – RELATED FORMS AND ATTACHMENTS

Form 5111 Detailed Equipment Listing

DOAS Surplus Property Affidavit of Disposal
http://doas.ga.gov/StateLocal/Surplus/Docs_SurplusStateGov/Affidavit%20of%20Disposal%201110.doc

DOAS Missing or Stolen Property Form
http://doas.ga.gov/StateLocal/Surplus/Docs_SurplusStateGov/Stolen%20Property%20Report.docx

DOAS Property Transfer Form
http://doas.ga.gov/StateLocal/Surplus/Docs_SurplusStateGov/PropertyTransferForm.doc

Form AM01001A Property Removal Form

Form AM01001B Information Assets Data Eradication and Software Removal

ATTACHMENT A - Property Decals

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ATTACHMENT A – Property Decals

PLACEMENT – The following examples illustrate where decals should be placed. The taking of inventory should be a consideration in placement. With the use of the bar code labels, the decal should be placed where it can be easily seen and the items would not have to be moved to find the decal. The locations (sides, front, etc.) of decals should be kept standard. **DO NOT OBSTRUCT ANY SERIAL OR IDENTIFICATION NUMBERS.**

ITEM	PLACEMENT LOCATION
Computers, laptops, and serial numbered equipment	Where it can be seen without moving the equipment: on top at the bottom right corner.
Items with Manufacturer's identification plate	Near identification plate when in and open location.
File cabinets	Top front above top drawer, near name plate, if possible.
Desks	Inside pedestal, left side near top
Chairs and Stools with back rests	Back of back rest, centered back rests as near the bottom as possible
Chairs and Stools without back rests	Under seat
Tables	Front left on side panel, apron or brace immediately under top (not on top edge)
Window Air Conditioning Units	Right side, as viewed from the front on top
Vehicles	See DOAS regulations
Fine Furniture, Fixtures, and Lounge furniture	Inconspicuous placement so as not to damage or mar appearance. If furniture is too valuable to have a decal, use photo of the furniture with the decal number. Maintain in an inventory file.

DETAILED EQUIPMENT LISTING FORM 5111 * GA DEPT OF PUBLIC HEALTH

Asset ID #	
Form Control #	
Date	

Organization Unit/Contractor Name		Program/Office/District/County		Preparer Printed Name	
Street Address and P.O. Box (if applicable) where equipment is located:					
City where equipment is located:		State	Zip Code	Preparer Phone Number	
		Georgia			
Decal Number		Asset Management Location #		Serial or Identification Number	
Equipment Description					
Equipment Location:					
				Paid with Grant-in-Aid?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Department ID (Org Code)		Project ID		Fund Source	
Fund Source		% of Project		Fund Source	
Purchase Order #		PO Line #		Voucher #	
Account Number		Class Code #		Vendor/Contractor Name	
Is this replacing other equipment?		If yes and this is for computer equipment, enter OIT help desk ticket requesting hard drive removal		If no, explain why this is not replacing equipment or why the equipment is not being surplusd	
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Additional Explanation:					
The decal attached to this form MUST be PLACED on the referenced piece of equipment.					
"I, the undersigned, certify that the decal number referenced above has been affixed to this equipment."					
				Signature	
				Date	

Form# 5111 (Revised 6/27/2011)

PROPERTY REMOVAL FORM

(Permission to REMOVE state property from a work site)

GA DEPT OF PUBLIC HEALTH

Date:	
Time Out:	

Employee Name:		Employee Phone #		Program/Office/District/County	
Work Site Address (including Floor # and/or Cubicle Number - if applicable):					
LIST OF ITEMS TO BE REMOVED:					
Item Name:					
State purpose for removal:					
Item Make:			Item Model:		
Serial or Identification Number:		Decal Number:		Dell Inventory No.:	
Jump Drives: How many?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Employee's Name (Print)		Signature		Date	
Manager/Supervisor/Director (Print)		Approval Signature		Date	
Security Officer Name (Print)		Approval Signature		Date	

Date Returned:	
Time In:	

Employee Signature:		Manager/Supervisor/Director Signature	

Form# AM01001A (Effective 7/1/2011)

CERTIFICATION FORM **GA DEPT OF PUBLIC HEALTH**
INFORMATION ASSETS DATA ERADICATION AND SOFTWARE REMOVAL

I, _____ of _____
(TECHNICIAN) (PROGRAM, OFFICE, DISTRICT, COUNTY)
do hereby certify that on _____ at _____
(DATE) (LOCATION)

all DPH policies and procedures regarding the eradication of data and removal of software on information assets (i.e. computers, laptops, etc) listed below were followed, specifically the DPH procedure for information assets disposal, as described in the Asset Management Policy.

(LIST THE SERIAL NUMBERS AND STATE DECALS OF THE EQUIPMENT BELOW)

Description	Serial Number:	State Decal #

Signed this _____ day of _____, 20____, in _____, Georgia.

(ABOVE OIT TECHNICIAN OR DESIGNEE'S SIGNATURE)

Printed Name: _____

Title: _____

I certify that this process was carried out under my supervision/direction.

(DIRECTOR / ADMINISTRATOR'S SIGNATURE)

Printed Name: _____

Title: _____



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
 Financial Management Service
 Division of Cost Allocation
 Central States Field Office

1301 Young Street
 Room 732
 Dallas, TX 75202
 (214) 767-3261
 (214) 767-3264 FAX

February 14, 2012


Ms. Kathryn Pfirman
 Chief Financial Officer
 Georgia Department of Public Health
 2 Peachtree Street - 15th Floor
 Atlanta, GA 30303

Dear Ms. Pfirman:

A copy of an indirect cost Rate Agreement is being faxed to you for signature. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government.

Please have the original signed by an authorized representative of your organization and fax it to me, retaining the copy for your files. Our fax number is (214) 767-3264. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

An indirect cost proposal, together with the supporting information, are required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on actual costs for the fiscal year ending 06/30/2012, is due in our office by 12/31/2012.

Sincerely,

 Arif Karim
 Director
 Division of Cost Allocation
 Central States Field Office

Enclosures

PLEASE SIGN AND FAX A COPY OF THE RATE AGREEMENT

STATE AND LOCAL GOVERNMENTS RATE AGREEMENT

EIN: 90-0676388

DATE: 02/14/2012

ORGANIZATION:

Georgia Department of Public Health
 2 Peachtree Street - 15th Floor
 Atlanta, GA 30303

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES:	EFFECTIVE PERIOD		RATE(S)	LOCATION	APPLICABLE TO
	FIXED	FINAL			
PROV.	07/01/2011	06/30/2012	17.20	All	All Programs
PROV.	07/01/2012	Until Amended			Use same rate and conditions as those cited for fiscal year ending June 30, 2012.

*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of \$25,000 and flow-through funds.

ORGANIZATION: Georgia Department of Public Health
AGREEMENT DATE: 02/14/2012

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Fringe Benefits include: FICA, health insurance, and retirement.

ORGANIZATION: Georgia Department of Public Health
 AGREEMENT DATE: 02/14/2012

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-87 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Georgia Department of Public Health

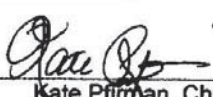

(INSTITUTION)
 (SIGNATURE) *Nathryn Firman*
 (NAME) Nathryn Firman
 (TITLE) Chief Financial Officer
 (DATE) 3/2/12

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)
 (SIGNATURE) *Arif Karim*
 (NAME) Arif Karim
 Director, Central States Field Office
 (TITLE)
 2/14/2012
 (DATE) 7639
 HHS REPRESENTATIVE: June Talbert
 Telephone: (214) 767-3261

**GEORGIA DEPARTMENT OF PUBLIC HEALTH
POLICY # FN-06038
INVOICE PAYMENT POLICY**

Approval:	 Kate Pfirman, Chief Financial Officer	3/8/12 Date
	 Dr. Brenda Fitzgerald, Commissioner	3/14/12 Date

1- INTRODUCTION

1.1. AUTHORITY – The Georgia Department of Public Health (DPH) Invoice Payment policy is published under the authority of DPH and in compliance with the following:

- 1.1.1. Official Code of Georgia Annotated (OCGA), Sections: 50-5B-3(3).
- 1.1.2 Executive Order Governor Sonny Perdue's Executive Order dated December 21, 2010 stating that payment of invoices should be made consistent with the payment terms. Prompt pay discounts are noted as an effective tool for saving the state money.

1.2. DEFINITION OF TERMS AND ACRONYMS

- 1.2.1. DPH – Department of Public Health
- 1.2.2. BO – Business Owner
- 1.2.3. FS – DPH Division of Finance, Financial Services Section
- 1.2.4. AP – DPH Division of Finance, Financial Services Section, Accounts Payable Office
- 1.2.5. Budget– DPH Division of Finance, Budgets Section
- 1.2.6. BEF – Basic Expenditure Form

2- APPLICABILITY AND RESPONSIBILITIES

2.1. APPLICABILITY - The information in this policy applies to invoices received in the Department of Public Health (DPH). Invoices are received directly from the vendor in either in the Financial Services Section (FS) Accounts Payable Office (AP) or in the DPH Sections. Invoices are from vendors who have usually provided goods and services to the DPH and are requesting payment. Each invoice should be approved

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by the Business Owner (BO). Approval assumes that the services or goods provided have been received by the program.

2.1.1. Invoices generated from a purchase order for goods and services must be reviewed and approved by the BO. The payment should be applied against the existing purchase order which will require Team Georgia Marketplace (TGM) access. A TGM receipt should be processed in PeopleSoft. The receipt number and invoice should be forwarded to AP for the payment to be processed within seven (7) days of receipt from vendor. If seven (7) days falls after the net terms, invoice should be submitted as soon as possible to ensure payment within terms. See Contracts Payment Policy for additional instructions.

2.1.2. Invoices generated from a miscellaneous purchase or a purchase unrelated to a purchase order payment must be reviewed and approved by the BO. The payment should be presented to Budgets for payment using a Basic Expenditure Form (BEF) within seven (7) days of receipt from vendor. If seven (7) days falls after the net terms, invoice should be submitted as soon as possible to ensure payment within terms.

2.2. RESPONSIBILITIES

2.2.1. DPH is responsible for paying vendors accurately and timely.

2.2.2. FS is responsible for ensuring that vendor payments are processed accurately and timely.

2.2.3. Budget is responsible for ensuring that the funds are available and that the budget codes used for processing are correct.

2.2.4. BO is responsible for ensuring that invoices are correct; the goods and services have been appropriately received; and that the request for payment is correct and presented for payment within the net terms due.

3- PROCESS / ACCOUNTABILITY

3.1. PROCESS

3.1.1 The BO should submit invoices to FS for payment within seven (7) days of receipt from vendor. If 7 days falls after the net terms due, the invoice should be submitted as soon as possible to ensure payment with terms. All invoices should be date stamped in an area that is readable.

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- 3.1.2 The BO will verify the accuracy of invoices. Invoices requiring vendor correction must be documented and the corrected invoice should be date stamped and processed within four (4) days of receipt.
- 3.1.3 The BO will prepare the Basic Expense Form (BEF) using the appropriate PeopleSoft accounting codes. Initial the BEF in the top right hand corner which will indicate that the BEF has been reviewed. The appropriate Program Manager should date and approve the BEF and submit to Budgets for review and approval of codes and funding availability.
- 3.1.4 The BEF should be reviewed and approved by Budgets prior to being submitted to AP for payment. The BEF should go to Budgets within the four (4) days of receipt from the vendor. Budgets should date stamp the BEFs in an area that is readable. Budgets will verify the accuracy of the BEF, specifically the accounting codes. If the BEF requires corrections Budgets will document and discuss with the BO and corrected within one (1) day. The Budget Analyst will approve the BEF and place in the FS box.
- 3.1.5 AP will clear the inbox twice daily. AP will date stamp and log BEFs. The BEF, Invoice and supporting documents are reviewed for accuracy prior to payment voucher being entered in the financial system. AP will enter the invoice for payment into the Peoplesoft within 2 days with a seven (7) day payout from date of receipt in AP. In the event the payment terms cannot be met, AP will report problem to the Accounts Payable Manager for resolution.
- 3.1.6 The AP staff will enter the information to generate a voucher, and print a copy of the payment schedule panel to attach it to the BEF and invoice. The documents are submitted to the payment Output section where the information is verified for accuracy, remittance statements attached, and checks and EFT information is mailed out. The documents are retained on file for auditing purposes.
- 3.1.7 PeopleSoft queries should be used to reconcile invoices received from the vendor to actual payments made within two weeks of submission for payment. Any outstanding payments should be reconciled to ensure that the accounting records and the vendor records match.
- 3.2 **Request for Postage**
 - 3.2.1 A BEF, an explanation, and a request for a check payable to the US Postmaster should be submitted to FS for postage stamps. The requestor

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will be contacted to pick up the check to redeem for postage stamps from their local post office. The receipt from the Post Office should be submitted to FS within 7 days of picking up the check. The receipt will be filed with the BEF.

3.3 Vendors

3.3.1 To request a vendor Identification number or make changes to an existing vendor, the following forms should be completed and submitted to Accounts Payable:

3.3.1.1 IRS W-9 Form (taxpayer ID form) located on the Internal Revenue website at the following link:
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>

3.3.1.2 Vendor Management Bank Account Form located on the State Accounting Office website at the following link:
http://sao.georgia.gov/vgn/images/portal/cit_1210/34/8/169064623Vendor%20Management%20Bank%20Account%20Form%20and%20Instructions.pdf

3.3.1.3 Vendor Management Change Form (if necessary) located on the State Accounting Office website at the following link:
http://sao.georgia.gov/vgn/images/portal/cit_1210/60/30/168932608Vendor%20Management%20Change%20Form%20and%20Instructionsv1.pdf

4- ATTACHMENT

Basic Expenditure Form

CERTIFICATION OF PAY

OMB Circular A-87, states "where employees are expected to work solely on a single Federal award... their salaries and wages will be supported by periodic certifications that the employees worked solely on that program for the period covered by the certification. These certifications will be prepared at least semi-annually and will be signed by the employee or supervisory official having first hand knowledge of the work performed by the employee."

I _____ certify that 100% of my time has been spent performing duties
(Name and Title)

associated with _____ for the period of 1/1/12 - 6/30/12
(Federal Program)

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

STANDARD OPERATING PROCEDURES (SOP)

To Determine

RETURNED VOUCHER PAYMENT

1. All incoming Returned Food Instruments should be accompanied with an explanation of why they were returned to Georgia WIC.
2. Returned Food Instruments with no explanation will be returned unprocessed to the vendor.
3. Submissions of returned Food Instruments for the following reasons will be returned to the vendor for redeposit:
 - a. Invalid Vendor Stamp
 - b. Unreadable Vendor Stamp
 - c. Missing Vendor Stamp
 - d. Encoding Error
4. If the explanation is based on a Fatal Error that cannot be corrected for redeposit, check VIPS for the following:
 - a. Vendor Status
 - b. Vendor Peer Group
 - c. Redemption History
5. Verify rejection reason for each Food Instrument through WIC Banking.
6. If it is determined that the explanation and Food Instrument verification warrants payment consideration, the vendor submission will be prepared to present to Management with recommendation to pay or not pay.
7. If Management determines the Food Instruments are to be paid, the vendor submission will be prepared and sent to CSC for payment processing.
8. If Management determines the Food Instruments will not be paid, the vendor submission will be returned to the vendor with an explanation as to why the Food Instrument will not pay.

PLEASE NOTE:

- ***WE DO NOT PAY STALE DATED VOUCHERS***
- ***WE DO NOT PAY POST DATED VOUCHERS***
- ***WE DO NOT PAY SIGNATURE MISSING***
- ***WE DO NOT PAY OUT OF STATE VOUCHERS***
- ***WE DO NOT PAY VOUCHERS THAT HAVE BEEN PAID VIA ACH***

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I. NUMBER AND DISTRIBUTION OF AUTHORIZED VENDORS

Any legitimate retailer, pharmacy or military commissary within Georgia and no greater than ten (10) miles outside of the Georgia border may apply to become an authorized vendor.

II. VENDOR APPLICATION PERIODS

The Georgia WIC Program vendor applications are currently accepted year round, on an ongoing basis. (See attachment VM-1, **Application for Vendor Authorization, VM-2 Selection Criteria**).

III. VENDOR SELECTION AND AUTHORIZATION

A. Selection Criteria

All applicants must meet the established criteria to become an authorized Georgia WIC Program vendor and maintain WIC authorization. The vendor must comply with the selection criteria (e.g. SNAP authorization, business integrity, minimum inventory, store operating hours, etc.) throughout the agreement period including any changes to the criteria. Using the current vendor selection criteria, the Georgia WIC Program may reassess the vendor at any time during the agreement period. The Georgia WIC Program will terminate the Vendor Agreement if the vendor fails to meet the current vendor selection criteria at any time during the agreement period. (See attachment VM-2, **Selection Criteria for Vendor Authorization**). When a potential vendor applicant requests an application, the vendor is directed to the Georgia WIC Program Vendor Management website at <http://wic.ga.gov/vendorinfo.asp> to retrieve the application packet, which includes the selection criteria for vendor authorization.

B. On-Site Visit and Authorization

On-site visits are conducted on each vendor applicant prior to initial authorization to verify the information that is received during the application process, including minimum variety and quantity of WIC-approved foods, as well as the current shelf price. If a vendor does not have the correct quantity of approved foods on hand at the time of the on-site pre-approval visit, the application will be denied for a period of six (6) months.

When a vendor meets all authorization criteria and has received interactive training, a vendor agreement is signed by the State agency official and mailed to the vendor or to the corporate vendor's authorized representative.

Vendors are required to submit food sales information within six (6) months of becoming an authorized WIC vendor.

IV. PEER GROUPS

Authorized vendors are classified into eight (8) different peer groups depending on square footage of the store, number of stores in a chain, and potential or actually above 50% status. **(See attachment VM-3, Georgia WIC Program Vendor Handbook-Vendor authorization).**

Vendors found to be above 50% or potentially above 50% are reassigned to Peer Group G.

V. VENDOR AGREEMENTS

The Georgia WIC Program enters into three (3) year agreements with food retailers, pharmacies and military commissaries. **(See attachments VM-4 and VM-5)** Corporate vendors **signed** a new agreement prior to September 30, 2011. This agreement will expire in two years. All agreements will expire September 30, 2013. After September 30, 2013, all agreements will once again be for a period of three years.

Food retailers with the same Federal Employer Identification Number (FEIN) and a corporate home office, or a single owner business entity that serves as a parent company, may sign one single agreement. This vendor is classified as a corporate vendor. Vendors wishing to participate as a corporate vendor must apply for all the stores in the chain seeking WIC authorization on a Corporate Attachment Form. This form becomes a legal addendum to the Corporate Vendor Agreement. **(See attachment VM-6, Corporate Attachment Form)**. If one store in the chain violates the Georgia WIC Program regulations and is disqualified, the remaining stores are not affected.

VI. VENDOR TRAINING

Vendors are provided WIC authorization training sessions in an interactive format prior to authorization. The training sessions are conducted by the State agency with non-corporate vendors and by the corporate representative for vendors who are classified as corporate vendors. At the end of the three (3) year agreement period, authorization training is once again provided to vendors who are re-applying.

Annual training is provided once every year using a variety of formats, e.g. newsletters, interactive. Vendors who have received authorization and annual training must sign corresponding forms as documentation of their training. **(See attachment VM-3, Georgia WIC Program Vendor Handbook, Vendor Training; attachment VM-7, Vendor Training Checklist and attachment VM-8, Corporate Vendor Training Checklist).**

VII. HIGH RISK IDENTIFICATION SYSTEMS

A. VENDOR COMPLAINTS

The Georgia WIC Program provides a toll-free customer service hotline (1-866-814-5468) that WIC vendors and participants may call to report complaints/incidents or to make inquiries. The participant may also contact their local WIC clinic to voice their complaint/incident. The local agency must complete a complaint/ incident form (**see Attachment VM-9, Complaint Form**) and begin the resolution process on all complaints from a WIC participant about a vendor. Once a complaint/incident is resolved at the local level, the form should be sent to the State WIC office for additional processing, e.g. covert or overt visit, warning letters and entry into the vendor's record.

Resolution, at the State agency, will be initiated within twenty-four (24) hours of receipt. The local agency will receive notification regarding how and when the complaint/incident was resolved.

A vendor may be investigated when a complaint/incident appears to be a sanctionable offense.

B. IDENTIFYING HIGH-RISK VENDORS

Programmatic reports, including but not limited to the Vendor Profile Report, are used to identify high-risk vendors. The indicators listed on the Profile are: A) Small amount of price variance; B) Large percent of food instruments redeemed at the same price; H) Vendor has large percent of total area redemption; M) Large percent of participants outside vendor area; E) Large percent of High Priced Food Instruments.

Complaints and incidents that are reported to the Georgia WIC Program about vendors also place them in a high risk category and may lead to a covert investigation of that vendor.

If more than 5% of all vendors are identified as high risk, they must be prioritized so that compliance investigations and/or inventory audits are conducted on those that pose the greatest risk to program compliance.

High risk vendors will be prioritized based on high risk scores and volume of WIC redemption. Those with the highest scores and the highest volume of WIC redemption will be audited first.

C. NOTIFICATION OF VENDOR VIOLATIONS

During an investigation, if a violation is found that requires a pattern of violative incidences, the vendor may receive a courtesy notice informing them of the violation. Vouchers received during the covert investigation must be cashed in order to qualify for the courtesy notice of any violation. Vendors who receive courtesy notices will be given an opportunity to correct the behavior causing the

violation, including training of any personnel involved in WIC transactions. The courtesy notice may include sanctions for violations that occurred which do not require a pattern (see Categories I, II, III under "Sanctions"). The vendor will be notified if a subsequent violation occurs and will be sanctioned accordingly.

Effective October 1, 2004, during a covert compliance investigation, the Georgia WIC Program is required to notify the vendor of an initial violation, for violations requiring a pattern of incidences in order to impose a sanction, prior to documenting another violation, unless the Georgia WIC Program determines that notifying the vendor would compromise an investigation. Therefore, the Georgia WIC Program will send the vendor a written notice of an initial violation during a covert compliance investigation for which a pattern of violative incidences must be established in order to impose a sanction, except when conditions 1 through 8 listed below exist.

1. Your vendor status is considered high-risk consistent with Section 246.12(j) (3) of the WIC federal regulations.
2. Violation(s) outlined in category VI, and category VII of the Georgia WIC Program Vendor Sanction System for which no pattern is required.
3. The Georgia WIC Program became aware of violations taking place during the course of an on-going investigation, during which time other vendors were found to be in violation of Georgia WIC Program regulations, prompting further investigation.
4. The Georgia WIC Program received complaint(s) against vendor.
5. The Georgia WIC Program investigator's identity may be in jeopardy.
6. Threatening conduct or security factors that may occur during the course of a covert/compliance investigation.
7. Covert sting operation by WIC, or in conjunction with other Local, State or Federal agencies.
8. More than one violation occurred during the initial compliance visit.

Vendors will receive notification of all results including violations **after** the investigation is considered closed by the Georgia WIC Program representatives.

When notices of violations are **not** sent to a vendor, **Attachment VM-11** will be placed in the vendor's file.

VIII. PROHIBITION AGAINST CERTAIN VENDORS - CONSOLIDATED APPROPRIATIONS ACT 2005

A new for profit vendor will be authorized and placed into peer group G if that vendor is expected to derive more than 50 percent of its annual food sales revenue from WIC food instruments (**see Attachment VM-12**). Once vendors are authorized, an assessment of WIC redemption to food sales will be conducted within six (6) months of authorization. All current vendors are assessed via the annual assessment as well as during re-authorization. All vendors are required to submit food sales data upon request in order to monitor compliance with the above-50 percent criterion. If it is subsequently

determined that a vendor **does not** meet the above-50 percent criterion, they will be placed into peer group G.

IX. VENDOR COST CONTAINMENT

Vendor Cost Containment is intended to assist State agencies in achieving compliance with section 17(h)(11) of the Child Nutrition Act of 1966, as amended by (42 U.S.C. § 1786).

The new requirements underscore the State agency's responsibility to ensure that WIC pays all vendors competitive prices for supplemental foods. The Georgia WIC Program implemented a cost containment plan to identify and manage vendors who derive more than fifty (50) percent of their annual food revenue from WIC food instruments.

By June 30th of each year the Georgia WIC Program will assess each vendor to determine if the vendor derives more than fifty (50) percent of its food revenue from WIC food instruments annually. New vendors will be assessed six (6) months after enrollment.

X. ROUTINE MONITORING

On-site, overt monitoring is performed on a minimum of five (5) percent of the total active vendors statewide on an annual basis using a standardized monitoring instrument (**see Attachment VM-10, Vendor Review Form**). Vendors statewide (except commissaries and pharmacies) are selected for routine monitoring visits based on : 1) complaints/incidents regarding a specific vendor; 2) a current list of vendors that have been on the program the longest and have not received a routine monitoring visit prior to FFY 2007 and no later than 2010; 3) a current list of vendors who are suspected of being potential above 50 percent vendors or fraudulent vendors; and in addition, 4) requests from investigators as a result of their findings during a covert visit; 5) if the Georgia WIC Program has reason to believe that the vendor is participating in fraudulent activity at anytime during the vendor agreement period; and 6) new vendors within 2 (two) months of authorization will be selected for routine monitoring visits. Vendors receive written notification of the results and copies are sent to the vendor's corporate office, when applicable. (**See Attachment VM-3, Georgia WIC Program Vendor Handbook, Overt Monitoring**).

XI. VENDOR SANCTION SYSTEM

When any authorized vendor is found to be in violation of federal regulations and/or State rules, policies and procedures, the vendor will be assessed a sanction consistent with the severity and nature of the violation. Sanctions may include disqualification or a civil money penalty. (**See attachment VM-3, Georgia WIC Program Vendor Handbook, Sanction System**).

XII. ADMINISTRATIVE REVIEW

The Georgia WIC Program must provide administrative reviews in accordance with Federal WIC regulations at § 246.18. Information on adverse actions the vendor may appeal, adverse actions that are not subject to administrative review, as well as the Georgia WIC Program administrative review procedures are found in the **Section 511-8-1.06 (see Attachment VM-13)** of the Rules and Regulations of the State of Georgia and the most recent publication of the Vendor Handbook. The vendor agrees to abide by said provisions if requesting review of an adverse action.

XIII. COORDINATION WITH SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

A reciprocal agreement between the Georgia WIC Program and the Food and Nutrition Services Supplemental Nutrition Assistance Program (SNAP) is on file at the State WIC office.

All vendors must be licensed as a (SNAP) retail provider. Vendors who withdraw from SNAP, are disqualified from SNAP, or are terminated from SNAP due to non-redemption will be terminated from the Georgia WIC Program. Unless necessary to ensure adequate participant access, the Georgia WIC Program will not authorize an applicant that is currently disqualified from SNAP, or that has been assessed a SNAP civil money penalty (CMP) for hardship and the disqualification period that would otherwise have been imposed has not expired.

The Georgia WIC Program Compliance Analysis Unit routinely coordinates investigative activities with their SNAP counterparts on high-risk WIC vendors. All authorized Georgia WIC Program Vendors must be also be SNAP authorized at the time of WIC authorization and at all times during the vendor agreement period.

XIV. STAFF TRAINING ON VENDOR MANAGEMENT

New employees receive orientation and on the job training on the following Vendor Management topics:

1. Application process (selection and authorization)
2. Vendor training
3. Routine monitoring
4. Compliance investigations
5. Inventory audits (when applicable)
6. Sanctions
7. Vendor appeals/Administrative reviews
8. Federal and State WIC regulations
9. High Risk vendor identification
10. GWIS (Georgia WIC Program Information System) and other internal vendor databases such as VIPS and STARS

GEORGIA WIC APPLICATION FOR VENDOR AUTHORIZATION AND INSTRUCTIONS Please print or type legibly. Follow the attached instructions, starting on page 8, carefully. Incomplete forms and attachments will be returned unprocessed.							
FOR GEORGIA WIC (GW) USE ONLY							
District/Unit		Vendor Number		Peer Group			
Date Received in VMU		Received By		Pre-screened By		Returned By	
Return Date		Date Received		Return Date		Date Received	
Return Date		Date Received		Return Date		Date Received	
Date Placed in bin for Pick-up		Date Reviewer Received					
Date Approved	OAS:	VM:	VD:			Date Stamp Sent	
Date Denied	QAS:	VM:	VD:			Date Denial Letter Sent	
Reason Denied							
Processed By							

Check one

Re-Application (Enter current vendor number) _____ Initial Application
 (New Vendor must provide food sales data within six months of authorization.)

- A. Will this store participate as a corporate vendor? Yes No
- B. Is this store expected to derive more than 50% of its annual food sales from the sale of WIC approved foods? Yes No
- C. Is this application submitted as a result of a change in the store's location? Yes No
- D. Will this store sell medical formula and special medical foods only? Yes No

PART I - STORE IDENTIFICATION

- Full Legal Name of Store _____ Store Number _____

Full Legal Name of Corporation (if applicable) _____

Registered Agent _____

Manager's Name _____

Business Telephone Number _____ - _____ - _____ Fax Number _____ - _____ - _____

Area Code Area Code

E-mail Address (**Required**) _____
- Physical Location**

Street Address/Rural Route _____

City _____ County _____

State _____ Zip +4 _____

Mailing Address (if different from above. P.O. Box must be accompanied by a physical mailing address as well)

Street Address _____

City _____ State _____ Zip + 4 _____

P.O. Box _____

City _____ State _____ Zip + 4 _____
- Square Footage of Store (**including** storage area) _____

4. Food Sales Establishment License Number _____
5. Does this store now participate in the SNAP (formerly the Food Stamp Program)? Yes No
 Indicate the SNAP Authorization Number _____
6. Type of Business - Check Only One
 Independent Commissary
 Chain Pharmacy
7. Federal Employer Identification Number (FEIN) _____ or Owner's SSN# _____ - _____ - _____
8. A. Is this store dependent upon receiving WIC Authorization before it can open for business? Yes No
- B. What date did (or will) the store open for business under the applying owner(s)? _____ / _____ / _____
Month Day Year
- C. What date will the store have the required minimum inventory of approved WIC foods in stock? _____ / _____ / _____
Month Day Year
9. A. Are you related to previous owner(s) by blood or marriage? Yes No
 If YES, what is the relationship? _____
- B. Have the owner(s) ever owned a business(es) authorized by the Georgia WIC Program? If YES, list stores below. Attach additional paper if necessary. Yes No
1. _____
STORE NAME VENDOR NUMBER
2. _____
STORE NAME VENDOR NUMBER
- C. Has this store ever operated under another name in Georgia or states that are 25 miles outside of the Georgia border? Yes No
 If YES, indicate name. _____

PART II - STORE OWNERSHIP AND MANAGEMENT

10. Type of Ownership – Check one
- | | |
|--|--|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> Privately owned corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Publicly owned corporation |
| <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Government owned |
| | <input type="checkbox"/> Non-profit |

11. List the full name (**NO INITIALS**) of *every* owner with five percent (5%) or more financial interest in the company. If the type of ownership listed above is a publicly owned corporation or government owned, **DO NOT** complete this section. Attach additional sheets if needed. Shortened versions of a name are not acceptable.

A.

1.				
	First Name	Middle Name	Last Name	SSN#
	Date of Birth			
2.				
	First Name	Middle Name	Last Name	SSN#
	Date of Birth			
3.				
	First Name	Middle Name	Last Name	SSN#
	Date of Birth			

B.

Name of Registered Agent _____

Address of Registered Agent _____

12. Ownership History

- A. Including this store, has the current owner(s), officer(s) or manager(s) ever owned or managed a business that violated the Georgia WIC Program, receiving a disqualification or assessment of a Civil Money Penalty?
If YES, attach an explanation identifying the person, business name, location and nature of violation. Yes No
- B. Including this store, has the current owner(s), officer(s) or manager(s) ever owned or managed a business that violated the SNAP regulations, receiving a warning letter or was withdrawn, disqualified or assessed a Civil Money Penalty?
If YES, attach an explanation identifying the person, business name and nature of violation. Yes No
- C. Has the current owners, officers or managers ever been convicted of or had a civil judgment for fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims or obstruction of justice? Yes No
- If YES, attach an explanation identifying the person, date and nature of violation.

PART III A – OPERATIONS AND SALES

13. Hours of Business

Check here if opened 24 hours each day

Sunday	_____	Thursday	_____
Monday	_____	Friday	_____
Tuesday	_____	Saturday	_____

14. A. Number of Cash Registers _____
- B. Number of Scanners _____
- C. Can Scanners detect WIC eligible foods? Yes No
- D. Does your store have a Point of Sale Device? Yes No
- E. Please check the forms of payment your store will be accepting.
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Cash | EBT | Debit | Credit | Checks |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15. Bank Information – Enter information pertaining to where you will deposit all WIC food instruments and cash value vouchers.

Bank _____

Account Number _____

Street _____

City State Zip _____

Telephone Number: Area Code _____ Number _____

PART III B - OPERATIONS AND SALES – VENDOR COST CONTAINMENT

Applicant vendors must submit purchase invoice receipts, bills of lading or recent invoices which depict the purchase of all items intended for sale in their stores upon request. This includes WIC food items, non-WIC food items, household products, miscellaneous items, etc. Failure to submit the requested documentation within 10 (ten) days of the request will result in denial of the vendor application.

16. A. What is the estimated percent of annual **food** sales you anticipate deriving from the following types of payment? Total must equal 100%

Cash/Personal Checks _____ %
 Debit/Credit Cards _____ %
 Food Stamps _____ %
 WIC Food Instruments _____ %
Total 100%

B. CHECK APPROPRIATE BOX – PLEASE GIVE YEARLY (NOT MONTHLY) AMOUNT: Check the sales figure you are providing (Actual or Estimated). If giving estimated sales, you must provide a dollar amount for one year that is equal to one month times 12 (1month X12). However, report estimated sales only if you do not have actual sales figures for the most recent tax year. You may be required to provide updated information when actual sales figures are available.

___ Actual Gross Sales \$ _____ For tax year _____

___ Estimated Gross Sales \$ _____ For tax year _____

STAPLE FOODS CATEGORIES CARRIED IN STOCK: All vendors (pharmacies excluded) must carry food items other than WIC Approved Foods. These items are considered non-WIC inventory. This includes dried, frozen, canned/jar, boxed, fresh, refrigerated, etc. (Staple foods do not include any prepared foods or accessory foods such as candy, condiments, spices, tea, coffee, or carbonated and un-carbonated drinks.)

17. What percentage of each item does this store carry from the following food groups? **The total percentage must equal one-hundred percent (100%).**

- _____ A. Meats, Poultry and/or Seafoods (refrigerated)
- _____ B. Dairy (milk, cheese, yogurt, etc.)
- _____ C. Shelf Staples (e.g., flour, sugar, pasta, pudding mix, etc.)
- _____ D. Cans, Jars, Bottled Goods (i.e. mayo, ketchup, relish, etc)
- _____ E. Beverages
- _____ F. Breads and Cereal Products

18. A. Does the current owner(s), officer(s) or manager(s) currently or previously own(ed) or manage (d) a business whereby more than fifty percent (50%) of the total annual food sales is derived from the sale of WIC approved foods? Yes No

B. If YES, identify the name of the store, identification number (ID), city and state. Include stores nationwide, and Georgia.

- 1. Store Name _____ ID _____
City _____ State _____
- 2. Store Name _____ ID _____
City _____ State _____
- 3. Store Name _____ ID _____
City _____ State _____

19. A. Was all infant formula that will be used to redeem WIC vouchers, purchased from suppliers listed on the Approved Infant Formula Supplier list? Yes No
(see www.health.state.ga.us/programs/WIC/vendorinfo.asp)

Note: Records of all infant formula purchases must be maintained according to the terms of the WIC Vendor Agreement, III, I.3.

B. If yes, indicate the name of the supplier, address, city and State. (Attach additional paper if necessary.)

- Supplier _____ Address _____
City _____ State _____
- Supplier _____ Address _____
City _____ State _____
- Supplier _____ Address _____
City _____ State _____

20. Has this store ever been denied or disqualified from SNAP?

YES NO.

IF YES, attach a written explanation, giving the date denied or disqualified, and the reasons.

Has this store ever been placed on probation or received a Civil Money Penalty from SNAP?

YES NO.

IF YES, attach a written explanation including the probation period or amount of Civil Money Penalty.

PART IV - INVENTORY AND PRICE LIST

Food Item	Brand Name	Size	Highest Price or Least Expensive where indicated	On-Site Price
21.	Juice	46-48 oz. bottle	_____	
		64 oz. plastic bottle	_____	
22.	Cereal	11 to 13 oz box	Size _____	
23.	Peas/Beans	1 pound bag	_____	
	Peas/Beans	14-16 oz cans	Size _____	
24.	Peanut Butter	16-18 oz. jar	Size _____	
25.	Infant Cereal – Rice	8 oz. box	_____	
	Gerber Good Start Gentle	13 oz. can concentrate	_____	
26.	Gerber Good Start Soy	13 oz. can concentrate	_____	
	Gerber Good Start Gentle	12.7 oz. can powdered	_____	
27.	Gerber Good Start Soy	12.9 oz. can powdered	_____	
28.	Whole Pasteurized Milk	1 gallon container (Least Expensive)	_____	
29.	2%, 1% or Skim Milk	1 gallon container (Least Expensive)	_____	
30.	Dry Milk	Makes 3 quarts	_____	
31.	Cheese	1 pound package (Least Expensive)	_____	
32.	Eggs (Large Only)	1 dozen carton (Least Expensive)	_____	
33.	Fresh Fruit	10 pounds	_____	
34.	Fresh Vegetables	10 pounds	_____	
35.	Bread	16 oz. loaf	_____	
36.	Fish - Tuna or Salmon	5 oz. can 7.5 or 14.75 oz. can Product _____ Size _____	_____	
37.	Baby Food – Fruits and vegetables	4 oz. jar	_____	
38.	Baby Food – Meats	2.5 oz. jar	_____	

Please ensure that you have the following inventory, as well as a substantial amount of non-WIC inventory, in stock by the date you specified in question 8C. Failure to do so will result in denial of the application.

	Food Item	Brands (B) Types (T)	Size	Minimum Quantity
39.	Juice	2 (T)	46 oz.	12
40.	Juice	2 (T)	64 oz.	12
41.	Cereal (2 types must be Whole Grain)	4 (T)	11 to 36 oz.	24
42.	Dried Peas/Beans	2 (T)	1 lb. pkg.	5
43.	Canned Peas/Beans	2 (T)	14-16 oz.	18
44.	Peanut Butter	2 (B)	18 oz.	6
45.	Infant Cereal (1 type must be rice)	2 (T)	8 oz.	12
46.	Gerber Good Start Gentle	1 (B)	13 oz.	30
47.	Gerber Good Start Soy	1 (B)	13 oz.	20
48.	Gerber Good Start Gentle	1 (B)	12.7 oz. (powder)	50
49.	Gerber Good Start Soy	1 (B)	12.9 oz. (powder)	20
50.	Pasteurized Milk - whole	1 (B)	1 gallon	8
51.	Pasteurized Milk – 2%, 1% or skim	1 (B)	1 gallon	12
52.	Dry Milk – non-fat OR Evaporated	1 (B)	Makes 3 qt. 12 oz	3 boxes 12 cans
53.	Cheese	2 (T)	1 pound	8
54.	Eggs (Large Only)	1 (B)	1 dozen	8
55.	Bread	1 (B)	16 oz. loaf	6
56.	Fruit (fresh and canned or frozen)	4 (T)	10 pounds	10 lbs.
57.	Vegetables (fresh and canned or frozen)	4 (T)	10 pounds	10 lbs.
58.	Fish - Tuna Salmon	1 (T)	5 oz can 7.5 -14.75 oz. can	18 combined
59.	Baby Food Fruits	2 (T)	4 oz. or twin pack (2 x 3.5 oz. plastic)	96 combined
60.	Baby Food Vegetable	2 (T)	4 oz. or twin pack (2 x 3.5 oz. plastic)	
61.	Baby Food Meat	2 (T)	2.5 oz	31

PART V - STATEMENTS AND CERTIFICATION

PRIVACY ACT STATEMENT – The collection of this information is authorized by Part 246.12 of Federal Regulations 7CFR, Ch.11 which governs the Special Supplemental Nutrition Program for Women, Infants and Children. It will be used to determine whether a store qualifies to participate in the WIC Program, monitor compliance with program regulations and for program management. The provision of the requested information, including the Federal Employer Identifier Number or Social Security Number, is voluntary. However, failure to provide information may result in the denial or termination of authorization to participate in the WIC Program. The purpose of collection of this information is for audit and enforcement of WIC regulations.

WARNING STATEMENT – Information in this application may be verified with other agencies. The authorization of the vendor to participate in the Georgia WIC Program can be denied or terminated if it is determined that the vendor applicant provided false statements, made false representations, or used any false writing or documentation in conjunction with this application. WIC participation can be terminated if the business violates any laws or regulations issued by Federal or State programs including the Food Stamp Program and Food Stamp Program regulations.

CERTIFICATION AND SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE

1. I have authority to apply for authorization for this store to participate in the Georgia WIC Program.
2. I will update the information on this application as required by the WIC Program.
3. I affirm that all statements made in this application are true.
I authorize Georgia WIC to investigate my background for purposes of evaluating my vendor application. I understand that I may withhold my permission, and that in such case, no background check will be done and my vendor application will not be processed further.

SIGNATURE

(no initials)

First Middle Last

DATE _____

PRINT NAME

(no initials)

First Middle Last

TITLE

“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.”

Return application to: Georgia WIC Program
DO NOT FAX Vendor Management Unit
DO NOT HAND DELIVER 2 Peachtree Street, NW
 Suite 10-476
 Atlanta, Georgia 30303-3142
 Toll free **1-866-814-5468**

Instructions for Completing the Vendor Application

Check appropriate box to indicate if application is a re-application or initial application. If application is a Re-application, please enter the current vendor number in the space provided.

- A. Answer "yes" or "no" if your store will participate as a corporate vendor.
- B. Answer "yes" or "no" if your store expects to derive more than 50% of its annual food sales from the sale of WIC approved foods.
- C. Answer "yes" or "no" if application submitted as a result of a change in store's location?
- D. Answer "yes" or "no" if you will be selling medical formula (formula other than the contract formula) and special medical foods **only**.

PART I - STORE IDENTIFICATION

1. FULL LEGAL NAME OF STORE. Enter the name of the store. Include the store number, if applicable.
Corporate Vendors with two or more locations, enter CA (*Corporate Attachment Form*).
FULL LEGAL NAME OF CORPORATION (if applicable). Enter the legal name of the corporation under which the store(s) is licensed. Include the name for public-owned and private-owned corporations. If the corporation has a division or department that is dedicated to handling WIC issues, enter the name of the division or department after the name.
MANAGER'S NAME. Enter the name of the person responsible for this store location.
Corporate vendors, enter "CA".
BUSINESS TELEPHONE NUMBER. Enter the main telephone number located at the store. **DO NOT LIST CELLULAR TELEPHONE NUMBERS.**
Corporate vendors enter the main telephone number for the corporation. If the corporation has a division or department dedicated to handling WIC issues, enter the number of the division or department.
FAX NUMBER. Enter the fax number for the store entered above.
Corporate vendors enter the main fax number for the corporation. If the corporation has a division or department dedicated to handling WIC issues, enter the fax number of the division or department.
E-MAIL ADDRESS. Enter the e-mail address for the manager listed above.
Corporate vendors enter the main e-mail for the company.
2. **Physical Location**
STREET ADDRESS. Enter the street name and number of the store.
Corporate vendors enter "CA". DO NOT enter a post office box address here.
CITY. Enter the name of the city.
COUNTY. Enter the county where the business is located.
STATE. Enter the state in which the business is located.
ZIP+4. Enter the postal code plus the four digit locator code.
Mailing Address
STREET ADDRESS. Enter the street name and number for the store where mail is to be delivered for the location above. DO NOT enter a post office box address in this space unless you are also including a physical mailing address.
Corporate vendors enter the street address of the home office of the corporation. If the corporation has a division or department dedicated to handling WIC issues, include the floor/suite of the department or division.
CITY. Enter the name of the city.
Corporate vendors enter the city of the home office.
STATE. Enter the name of the state.
Corporate vendors enter the state of the home office.
ZIP+4. Enter the postal code plus the four digit locator code.
3. SQUARE FOOTAGE. Enter the store's total square footage, **including** storage area.
Corporate vendors enter CA.

4. **FOOD SALES ESTABLISHMENT LICENSE NUMBER.** Enter the Food Sales Establishment License Number issued in the current owner’s name. The owner’s name listed on the application must match the name on the license. Some pharmacies and military commissaries may not be required to have this license and should enter Not Applicable (N/A). Corporate vendors enter “CA”.
5. Answer “yes” or “no”. Does this store participate in the Supplement Nutrition Assistance Program (SNAP: formerly the Food Stamp Program)? If yes, enter the authorization number for this location.
Corporate vendors should answer this question based on the answer that applies to the majority of the stores.
6. **TYPE OF BUSINESS.** Check the box that best fits the type of business for your store or corporation:
Independent - A store independently owned by a person or group.
Chain - A business entity that has multiple locations throughout one or more states.
Commissary - A military outlet providing goods and services for military personnel and their families. Commissaries receive exemptions through the 1983 Memorandum of Understanding between the Food and Nutrition Service and the United States Department of Defense.
Pharmacy - A “drug” store applying to redeem exempt and/or special infant formulas, including medical foods. No contract brand infant formula or other standard WIC approved food sales are allowed for pharmacies
7. **FEDERAL EMPLOYER IDENTIFICATION NUMBER.** Enter the Federal Employer Identification Number (FEIN) assigned to the store by the Internal Revenue Service (IRS). If the owner is a sole proprietor and does not have a FEIN, enter the owner’s Social Security Number (SSN). If a FEIN is entered, DO NOT enter the SSN.
Corporate Vendors, enter “CA”.
8. Answer the question regarding minimum inventory and opening date
 - A. Answer “yes” or “no” whether this store is dependent upon WIC authorization before it can open for business.
 - B. **OPENING DATE** - Enter the specific month, day and year that the store will open under the applying owner(s). If the store is currently open for business at the time of application, enter the official date the store opened or the date a change of ownership became effective. Enter Not Applicable (N/A) if the store is currently authorized as a WIC vendor and is re-applying for authorization.
 - C. **MINIMUM INVENTORY** - Enter the specific month, day and year that **ALL** required quantity and variety of WIC approved foods and non-WIC food items (including perishables) will be in stock and ready for inspection. *See Selection Criteria for Vendor Authorization for exact quantities.* Enter “Not Applicable” (N/A) if the store is currently authorized as a WIC vendor and is re-applying for authorization.
9. Answer the questions regarding ownership history.
 - A. **RELATION TO OWNER.** Check “yes” or “no” to indicate if you are related to the previous owner by blood or marriage. If yes, indicate the relationship.
 - B. **OTHER WIC-AUTHORIZED STORES.** Check yes or no to indicate if any owner(s) also own other WIC authorized stores. If the owner(s) listed in question 11 have additional stores that are WIC authorized, list the name of the store in the space provided. Include the WIC vendor number. Attach additional paper if necessary. Corporate vendors enter “CA”.
 - C. **OPERATION UNDER ANOTHER NAME.** Check “yes” or “no” to indicate if the store has ever operated under another name. If yes, indicate the name.

Part II – STORE OWNERSHIP AND MANAGEMENT

10. **TYPE OF OWNERSHIP.** Check the one type that closely represents your business:
Sole proprietorship. A business owned by a single individual.
Partnership. A business owned by two or more individuals.
Limited Liability Company (LLC). A business combining both corporations and partnerships

in that the business is required to register with the Secretary of State but do not have the same filing and record maintenance as a corporation.

Privately owned corporation. For purposes of this application, a privately owned corporation is one which has shares or stock that are not traded on a stock exchange nor available for purchase by the general public.

Publicly owned corporation. For purposes of this application, a publicly owned corporation is one which has shares or stocks that are traded on a stock exchange and are available for purchase by the general public.

Government owned entity. A business entity that may include commissaries, pharmacies or clinics owned and operated by county, state or federal government agencies.

Nonprofit. A business entity that has been granted nonprofit, tax exempt status from the Internal Revenue Service.

11. NAMES OF OWNERS.

A. Enter the information for **all** owners with a 5% or more interest in the store. List the full name (first, middle and last) for each owner. Also list the social security number and the date of birth for each owner. Attach additional paper if necessary. Initials or shortened versions of a name are not acceptable. Do not complete if the store is government owned or publicly owned.

B. Enter the corporation information. List the full name of the registered agent. Also list the mailing address of the registered agent.

12. OWNERSHIP HISTORY

A. PREVIOUS GEORGIA WIC VIOLATIONS. Check “yes” or “no” to indicate if the current owners, officers or managers have ever violated Georgia WIC Program by receiving a warning, probation, disqualification, or have been assessed a civil money penalty. If yes, attach an explanation identifying the date, the person, store name and address, and nature of the violation.

B. SNAP (Supplemental Nutrition Assistant Program – formerly Food Stamps) VIOLATIONS. Check “yes” or “no” to indicate if the current owners, officers or managers have ever violated the SNAP Program by receiving a warning, disqualification, or have been assessed a civil money penalty. If yes, attach an explanation identifying the date, person, store name and address, and nature of the violation.

C. CONVICTIONS/JUDGEMENTS. Check “yes” or “no” to indicate if the owner, current officers, or manager ever had a civil judgment involving fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims or obstruction of justice. If yes, attach an explanation identifying the person, date and nature of the violation.

PART III – OPERATIONS AND SALES

13. HOURS OF BUSINESS. Enter the hours the store is actually open for business each day. Corporate vendors, enter the hours that the majority of the stores are actually open for business.

14. A. NUMBER OF CASH REGISTERS. Enter number of cash registers in the store. Corporate vendors, enter the average number of cash registers per store. Corporate vendors must enter the exact number of cash registers per store on the Corporate Attachment Form.

B. NUMBER OF SCANNERS. Enter the number of scanners in the store. Corporate vendors must enter the average number of scanners per store on the vendor application but must enter the exact number of scanners per store on the Corporate Attachment Form.

C. OPTICAL SCANNERS. Check “yes” or “no” if the scanner(s) can detect WIC eligible products.

- D. POINT OF SALE (POS) DEVICES. Check “yes” or “no” if there is a Point of Sale device at each register. (The POS device is the machine used to swipe credit or debit cards at each checkout.)
- E. Check all the types of payment your store will/does accept.

15. Banking Information – Enter the banking institution where WIC food instruments and cash values vouchers will be deposited.

PART III B – OPERATIONS AND SALES – VENDOR COST CONTAINMENT

- 16. Enter the percentage of sales you anticipate being made per each type of payment, e.g. of all food being purchased by your customers, what percentage do you anticipate will purchase items using cash/checks, what percentage do you anticipate will purchase items using debit/credit, what percentage do you anticipate will purchase items using SNAP, what percentage do you anticipate will purchase items using WIC.
 - B. Enter the amount you have actually made in food sales to date for the year or enter the amount you anticipate making for the year in food sales.
- 17. Enter the percentage of what you carry next to each category of food. Percentage totals must equal one hundred percent (100%). If your store is new and/or there is no history of food sales, enter the percentage of foods in each category you anticipate carrying.
- 18. A. Answer “yes” or “no” if any owners or managers of this store owns or manages a currently WIC authorized store(s) that derives more than fifty percent (50%) of its total annual food sales from WIC voucher transactions.
 - B. If yes, enter the name, ID number assigned by the authorizing WIC agency, city and state.
- 19. A. Answer yes or no whether all infant formula purchases, which will be used with WIC vouchers, were purchased from the approved list. (This excludes medical foods and specialized infant formula).
 - B. If yes, enter the suppliers name, address, city and state.
- 20. Answer yes or no if the applying store is or has ever been disqualified from SNAP. If yes attach a written explanation including date denied or disqualified and the reason. Answer yes or no if the applying store has ever been placed on probation or received a Civil Money Penalty from SNAP. If yes attach a written explanation including the probationary period and the amount of the Civil Money Penalty.

PART IV – STORE PRICE LIST AND INVENTORY

21-38. Enter the **brand name** and **highest price or least expensive price** of each approved WIC food item in the sizes listed. Use the current WIC-Approved Foods List to complete this section. Do not complete the shaded area.

Corporate vendors: List the brand and highest price or least expensive price that exists among all the stores in the chain.

Pharmacy Vendors: Do not complete Items 19-36.

39-61 Please ensure that you have the following inventory, as well as a substantial amount of non-WIC inventory (minimum of one hundred (100) items in each of the designated categories) in stock by the date you specified in question 8C. (All stores must be fully functioning grocery stores and must carry enough food items which constitute them as being such. Please refer to the most current copy of the Georgia WIC Vendor handbook for specific brands, types and sizes. Pharmacies are exempt.)

Corporate vendors: Please ensure that all stores which are added to the current agreement

carry the WIC minimum inventory as well as a substantial amount of non-WIC inventory.

Pharmacy Vendors: N/A

Review the Privacy Act Statement, Warning Statement and Certification.

An owner or authorized representative must sign, print name and date the application. Initials or a shortened version of a name is not acceptable.

Selection Criteria for Vendor Authorization

All applicants must meet the following criteria at the time of application and sustain the criteria throughout the entire agreement period. Georgia WIC will deny the application or terminate the Vendor Agreement if it is determined that the applicant provided false information in connection with the application.

It is a violation of Federal law to accept WIC vouchers without authorization from the appropriate agency. If it is determined that an applicant has accepted WIC vouchers prior to authorization, they will be subject to criminal prosecution and reimbursement for the unauthorized transactions. In addition, their application will be denied for a twelve month period.

Changes mandated by the USDA may occur to the selection criteria after an application has been submitted. When this happens, applicants will be notified regarding the changes, and must comply with the changes in order to become authorized. **If an applicant is denied for failure to meet any of the selection criteria below, the application will be denied for a six-month period. Applicants may re-apply after their denial period has expired.**

All requested information must be provided in order to process the application. This includes, but is not limited to, Bill of Sale, Articles of Incorporation, Driver's License or State issued ID card, Social Security card, food sales, etc. Applications will not be processed until all information is received by Georgia WIC. Vendor applications that are held pending receipt of additional information will expire ten days after the date of the written request for information.

1. **Minimum Inventory of WIC-Approved Foods.** Each vendor is required to stock and maintain daily the minimum inventory of approved WIC foods as well as a substantial amount of non-WIC foods. The inventory must be in the store or the store's stockroom. Expired foods do not count towards minimum inventory; **all** WIC minimum inventory must be within the expiration dates during the application process, including the pre-authorization visit. Pharmacies and military commissaries are exempt from minimum inventory requirements. The vendor must carry other foods outside of the WIC minimum inventory and WIC approved foods.

The minimum inventory requirements are listed on the following pages.

Georgia WIC Program Minimum Inventory Requirements Effective October 24 , 2011				
Food Item	Types/Brands	Size	Minimum Inventory	<input checked="" type="checkbox"/>
MILK Least Expensive Brand of type selected/allowed	Whole Milk	Gallon	8 Gallons	<input type="checkbox"/>
	Fat free/Skim, Low-fat (1%), Reduced Fat (2%) Milk	Gallon	12 Gallons (Can be Combined)	<input type="checkbox"/>
	Dry powdered milk OR Evaporated milk	Makes 3 quarts	3 Boxes	<input type="checkbox"/>
12 oz.		12 cans	<input type="checkbox"/>	
CHEESE Least Expensive Brand of type selected/allowed	One pound package--	16 oz. (1 pound)	8 – 1 lb packages	<input type="checkbox"/>
EGGS Least Expensive Brand	Grade A Large	1 Dozen carton	8 – 1 Dozen	<input type="checkbox"/>
PEANUT BUTTER	Any brand Creamy, Crunchy, or Extra Crunchy (Regular or Low-salt)	16-18 oz	6 - 16-18 oz Containers – 2 types	<input type="checkbox"/>
BEANS / PEAS / LENTILS	Dried Beans / Peas / Lentils	1 pound packages	5 Packages - 2 types	<input type="checkbox"/>
	Canned Beans / Peas / Lentils	14 to 16 oz cans	18 Cans - 2 types	<input type="checkbox"/>
JUICE	Ready to Serve Container	46-48 oz	12 Containers - 2 types	<input type="checkbox"/>
	Ready to Serve Container	64 oz	12 Containers - 2 types	<input type="checkbox"/>
WHOLE GRAIN- BREAD	Whole Grain Bread	16 oz loaf	6 Loaves	<input type="checkbox"/>
CEREAL – Whole Grain	WIC Approved Cereal Brands and Types (see <i>WIC Approved Foods List</i>)	11-36 oz	24 Boxes - 4 types, 2 must be whole grain, 2 must be in 11 to 14 oz size	<input type="checkbox"/>
FISH Least Expensive of type selected	Tuna	5 oz Can	18 Cans Combined	<input type="checkbox"/>
	Pink Salmon	7.5 oz or 14.75 oz		
INFANT FORMULA	Milk Based – Gerber Good Start Gentle PLUS	13 oz Concentrate	Milk Based - 30	<input type="checkbox"/>
	Soy Based – Gerber Good Start Soy Plus		Soy Based - 20	<input type="checkbox"/>

Georgia WIC Program Minimum Inventory Requirements Effective October 24 , 2011			
Food Item	Types/Brands	Size	Minimum Inventory <input checked="" type="checkbox"/>
	Milk Based – Gerber Good Start Gentle PLUS	12.7 oz Powder	Milk Based -50 <input type="checkbox"/>
	Soy Based – Gerber Good Start Soy Plus	12.9 oz Powder	Soy Based - 20 <input type="checkbox"/>
INFANT CEREAL	Dry cereal in	8 oz box	12 Boxes - 2 types, 1 must be rice <input type="checkbox"/>
INFANT FRUIT & VEGETABLES	Fruit and /or Vegetable	4 oz Jars	96 Jars Combined <input type="checkbox"/>
INFANT MEATS	Meats in Gravy	2.5 oz Jars	31 Meat <input type="checkbox"/>
FRUITS & VEGETABLES	Fruits	10 Pounds Combined (fresh, frozen or canned)	4 types must be fresh <input type="checkbox"/>
	Vegetables	10 Pounds Combined (fresh, frozen or canned)	4 types must be fresh <input type="checkbox"/>

Non-WIC Inventory Requirement		
Food Item	Type	Minimum in each category
Meats, Poultry and/or Seafood (refrigerated or frozen)	NON-WIC	200
Breads and Cereal Products	NON-WIC	200
Dairy (e.g. milk, cheese, yogurt, etc.)	NON-WIC	200
Shelf Staples (e.g. flour, sugar, pasta, pudding mix, etc.)	NON-WIC	200
Cans, Jars, Bottled Goods (e.g. mayo, ketchup, relish, etc.)	NON-WIC	200
Beverages (e.g. soda, water, powdered drinks, etc.)	NON-WIC	200
Snack Foods (e.g. crackers, granola bars, etc.)	NON-WIC	200

- 2. Pre-Approval Visit.** Only those vendor applicants that pass initial screening will receive an announced on-site pre-approval visit from Georgia WIC representatives to verify the information listed on the application and items A & B above. For non-corporate vendors, pre-approval visits will not be conducted until a vendor has attended training and passed the evaluation with a score of 80 or above. For corporate vendors, only one authorized representative from the store is required to attend training. Georgia WIC will conduct the visit based on the date the vendor states they will have the required minimum inventory of WIC approved foods in stock (question 8C on the application). If the vendor will not have the inventory by the date stated on the application, the vendor must contact our office **IMMEDIATELY** to prevent denial of the application by calling 1-866-814-5468 or (404) 657-2900. The vendor will only be allowed to change this date once within 30 days from the application date. Applications from vendors unable to acquire the necessary inventory for authorization will expire 30 days from date the applicant declared they will have the minimum inventory, and the applications will be denied.

3. **Non-Profit Vendor.** Non-profit vendors are not authorized in Georgia.
4. **Adequate Access for Participants.** The store must be open for business at least eight hours per day, six days per week, and must be open during the hours specified on the Vendor Application (exceptions may be granted for pharmacies at the State agency's discretion). There should be no barriers to participant entry to the store during opening hours (e.g. required store membership or controlled access or entry to the store).
5. **Suitable Store Location.** Stores must contain at least 3,000 square feet of retail food sales space open to the public **including** administrative and storage space. New vendors applying to Georgia WIC for the first time must meet this requirement at the time of application. Vendors already participating in Georgia WIC as of December 1, 2011 will have until October 1, 2012 to comply with this requirement. There must be a store sign to identify the store with the name of the business clearly marked. The store must not be located inside of another facility that is not food retail in nature (e.g. a suite on the upper floors of an office building, inside a community center, daycare, floral shop, etc.) The applicant must provide proof of a lease for at least a three-year period, or proof of ownership of the store location.
6. **Licensed by the Georgia Department of Agriculture.** Each store must have a valid Retail Food Sales Establishment License in the current owner's name. Pharmacies and military commissaries are exempt from this requirement. Stores that are on the border of Georgia and another state must have a comparable food sales establishment license from that other state's Department of Agriculture.
7. **Competitive Prices with Similar Stores.** Georgia WIC will establish procedures to ensure that an applicant vendor whose prices exceed maximum allowable prices for food items will not be authorized. Georgia WIC will establish procedures to ensure that a vendor selected for participation in the program will not, subsequent to selection, increase prices to levels that would make the vendor ineligible for authorization. Prices are compared with other stores within the vendor's peer group, except for above 50% vendors, whose prices are based on the statewide average of all regular vendors. Maximum allowable prices for food items are determined using the vendor-submitted shelf pricing by peer group. Any applicant or existing vendor who exceeds the maximum allowable price as determined using a standard methodology for more than 10% of all food items listed on the shelf pricing survey will not be authorized.
8. **Compliance with the Supplemental Nutrition Assistance Program (SNAP) Regulations.** All vendors must be licensed as a SNAP retail provider. **Pharmacies are exempt.** Vendors who withdraw from SNAP, are disqualified from SNAP, or are terminated from SNAP due to non-redemption will be terminated from Georgia WIC. Unless necessary to ensure adequate participant access, Georgia WIC will not authorize an applicant that is currently disqualified from SNAP, or that has been assessed a SNAP civil money penalty (CMP) for hardship and the disqualification period that would otherwise have been imposed has not expired.
9. **Compliance with Georgia WIC Program Policies and Procedures.** For existing vendors, any violations found during the re-authorization process may result in denial of the application for re-authorization. Vendors and applicants will be required to comply with all federal and state WIC policies.
10. **Business Integrity/ Background Checks.** All new applicant vendors will be subject to background checks to determine the applicant's business integrity as a part of the pre-

screening process. Any vendor that has a history of fraud, embezzlement or trafficking, or has engaged in any activity that Georgia WIC deems to be indicative of a lack of business integrity will be denied. Unless necessary to ensure adequate participant access, Georgia WIC will not authorize an applicant that does not meet the business integrity criteria, and may rely upon its own investigation as well as information provided on the application. This includes but is not limited to the following:

- a. Criminal conviction or civil judgments during the past six years against the applicant, the applicant's owners, officers or managers for any activity indicating a lack of business integrity such as fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice or any crime of moral turpitude.
 - b. Official records of removal from other federal, state or local programs will also be considered.
11. **Store Acquisition.** Georgia WIC will not approve a store location or entity that was sold or assigned to transfer the ownership of a disqualified vendor or his/ her partners, members, owners, officers, directors, employees, relatives by blood or marriage, heirs or assigns. If it is later determined that the applicant failed to abide by this provision, the vendor will be subject to civil liability, fines, and penalties.
12. **50% Criterion.** All vendors are required to submit food sales data, purchase invoice receipts, and any other records requested to validate food sales upon request for Georgia WIC to monitor whether the vendor derives more than 50% of its annual foods sales revenue from WIC food instruments. Vendors and applicants found to be actual or potential above 50% vendors at application, the six-month assessment, annual assessment or re-authorization will be assigned to peer group G.
13. **Infant Formula Suppliers.** All vendor applicants are required to purchase infant formula, solely from a list of suppliers selected and approved by Georgia WIC. The list can be obtained via the Internet at www.wic.ga.gov/vendorinfo.asp, (click on "Approved Infant Formula Suppliers"). If a supplier is not listed, a vendor may call 866-814-5468 to inquire about adding the supplier to the list. After the vendor has requested the addition, the vendor must ensure that Georgia WIC has authorized the supplier, prior to purchasing any infant formula from that supplier. Records of the infant formula purchase must be maintained for the three previous years plus the current year or until any pending investigations are closed, if longer.
14. **WIC Acronym and Logo.** A WIC vendor or applicant may not use the WIC acronym, the WIC logo, or close facsimiles thereof, in total or in part, either in the official name in which the vendor is registered or in the name in which it does business. The WIC vendor or applicant may not use the WIC acronym, the WIC logo or close facsimiles thereof, in total or in part, in an unauthorized manner on packages, product labels, proprietary materials including pamphlets and brochures, or in any form of marketing, promotional material or advertisement of the store.
15. **Purchase Invoice Receipts.** Vendor applicant vendors must submit upon request purchase invoice receipts, bills of lading or recent invoices that show the purchase of items intended for sale in their stores. Failure to submit the requested documentation within the time frame stated in the request will result in denial of the vendor application.

16. **Automatic Clearing House (ACH) Application.** Vendors who are authorized for participation in Georgia WIC will receive an ACH enrollment form. Vendors will have five business days from the date of receipt of the form to enroll. Failure to enroll in ACH within the allotted timeframe will result in termination of the vendor agreement.
17. **Provision of Incentive Items.** Georgia WIC will not authorize or continue authorization of a vendor that advertises, promises, provides, or indicates an intention to provide prohibited incentive items to customers. Incentives include, but are not limited to free or complimentary gifts, home delivery of goods, store memberships, and other free or discounted services that are offered to WIC customers to entice them to transact food instruments.
18. **Pharmacies.** A pharmacy vendor shall redeem only exempt or special infant formulas, including medical foods.
19. **Acceptance of WIC Vouchers prior to Authorization**
It is a violation of Federal law to accept WIC vouchers without authorization from the appropriate agency. If it is determined that an applicant has accepted WIC vouchers prior to authorization, they will be subject to criminal prosecution and reimbursement for the unauthorized transactions. In addition, their application will be denied for a twelve (12) month period.
20. **Denial of Vendor Authorization**
If an applicant has been denied because they have accepted WIC vouchers prior to authorization, then the application will be denied for a period of twelve months. If an applicant is denied for failure to meet the selection criteria above, the application will be denied for a period of six months. A current vendor will be terminated if it fails to meet the selection criteria during a re-assessment. Vendors may re-apply after their denial period has expired.

The vendor may appeal certain denials of vendor authorization through the administrative review process. For more information on actions that may be appealed and the administrative review process, please refer to page 41 of the Vendor Handbook.

GEORGIA WIC PROGRAM VENDOR HANDBOOK



Effective December 1, 2011



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INTRODUCTION

The Vendor Handbook

The Georgia Special Supplemental Nutrition Program for Women, Infants and Children (Georgia WIC) Vendor Handbook is an addendum to and incorporated into the Vendor Agreement. Vendors, pharmacy vendors and military commissaries must adhere to all information provided in the most recent edition of the Vendor Handbook to ensure compliance with federal and state regulations, rules, policies, and procedures. The vendor's role is important to the success of Georgia WIC. Vendors must assure that the participant, parent, caretaker and/or proxy, also known as the WIC customer, purchase only the prescribed foods. Prices charged by the vendor must be reasonable and competitive. Competitive prices will enable Georgia WIC to maximize services to its citizens. Authorized WIC vendors redeemed approximately \$250,174,551 in WIC food vouchers during federal fiscal year 2010.

Georgia WIC

WIC is a federally funded special supplemental food program intended to provide supplemental foods, nutrition education, and nutrition counseling to Georgia's citizens. WIC saves lives and improves the health of nutritionally at-risk women, infants, and children. Since its beginning in 1974, the WIC program has earned the reputation of being one of the most successful federally funded programs in the United States. Collective findings of studies, reviews, and reports illustrate that the WIC program is cost-effective in protecting and improving the nutritional status of low-income women, infants, and children.

A list of some of the positive health outcomes associated with WIC participation follows.

- Reduces fetal deaths and infant mortality
- Reductions in the rate of low birth weight infants
- Increases in pregnancy duration
- Improves the growth of nutritionally at-risk infants and children
- Decreases in the incidence of iron deficiency anemia in children
- Improves the dietary intake of pregnant and postpartum women and improves weight gain in pregnant women
- Increases early initiation into prenatal care
- Increases the number of children who have a regular source of medical care
- Helps children get ready to start school
- Improves intellectual development
- Improves children's diets

Georgia's health professionals determine who is eligible to participate in the WIC program according to criteria established by federal regulations. These health professionals also provide nutrition education, counseling and prescribe nutritious foods. Instruments used to obtain the supplemental foods are called WIC food instruments, which are redeemed through WIC authorized vendors statewide.



WIC ACRONYM AND LOGO, ADVERTISEMENTS AND INCENTIVES

Use of the WIC Acronym and Logo

A WIC vendor must not use the acronym “WIC”, the WIC logo, or close facsimiles thereof, in total or in part, either in the vendor’s official registered name or in the name under which it does business.

A WIC authorized vendor shall not use the WIC acronym, the WIC logo, or close facsimiles thereof, in total or in part, in an unauthorized manner on packages, product labels, proprietary materials including pamphlets and brochures, or in any form of marketing, promotional material or advertisement of the store.

Any person who uses the acronym “WIC” or the WIC logo in an unauthorized manner, including close facsimiles thereof, in total or in part, may be subject to injunction by the United States Department of Agriculture and the payment of damages.

Georgia WIC will terminate the Vendor Agreement for misuse or unauthorized use of the WIC acronym or the WIC logo. If a vendor applicant misuses the WIC acronym or the WIC logo prior to or at application, the Vendor Application will be denied.

Advertisements, Shelf Talkers, Channel Strips, and Posters

Channel Strips and Shelf Talker, and “We Welcome WIC” posters

The Vendor is permitted to use shelf talkers or channel strips stating “WIC approved” or “WIC eligible” on grocery shelves at the exact spot that contains WIC approved foods. These items have been developed by Georgia WIC and are available upon request. Vendors who wish to develop their own shelf talkers or channel strips must obtain written permission from Georgia WIC by submitting a copy or sample of the final version for approval **prior to use**.

To identify the retailer as an authorized WIC vendor, vendors are required to prominently display in plain sight a poster or decal provided by Georgia WIC which states that the store accepts WIC.

Payment Posters

A WIC vendor must accept at least two other forms of payment other than WIC and EBT (Electronic Benefit Transfer.) If a payment poster is displayed all forms of payment accepted by a vendor must be listed so as not to solicit the WIC customer. Payment posters cannot imply that the vendor only takes WIC or EBT. EBT or WIC cannot be more pronounced on the poster than other forms of payment (e.g. EBT and WIC should not be in a larger or different font, or in boldface.)



Bread Manufacturers

Bread manufacturers are allowed to create their own shelf talkers and channel strips. Final artwork must be submitted to the Georgia WIC office for approval or revision prior to implementation.

It is the responsibility of the vendor to ensure that the labels used by bread manufacturers have been approved by Georgia WIC. Should a non-approved label be used, the vendor will be subject to sanctions (see page 34, 'State Agency Sanctions- Category II'). Please contact Georgia WIC prior to allowing a bread manufacturer to label your shelves to ensure that their labels are approved.

Incentives

Georgia WIC prohibits any vendor from using incentives to solicit the patronage of WIC participants. Vendors who use advertisements to solicit the business of WIC participants, or who offer incentives or delivery services to participants, will be subject to sanctions as explained in the Vendor Agreement and this handbook. Incentives are defined as any item, service, or gimmick used to solicit the patronage of a WIC participant. Incentives include, but are not limited to, free or complimentary gifts, home delivery of foods, store memberships, and other free or discounted services that are offered to WIC customers to entice them to transact food instruments.



VENDOR AUTHORIZATION AND PARTICIPATION

Vendor Authorization Process for Authorization

WIC Vendor Applications are accepted year round. All applicants must meet the Georgia WIC selection criteria at the time of application. After authorization, the vendor must continue to comply with all selection criteria throughout the agreement period including any changes to the criteria. Georgia WIC may reassess any authorized vendor at any time during the vendor's agreement period using the selection criteria in effect at the time of reassessment, and must terminate the agreement of any vendors that fail to meet the current criteria. Georgia WIC will deny an application or terminate the vendor agreement if it is determined that the applicant provided false information in connection with the application. During the application process, Georgia WIC may request additional information that must be provided within the time period specified in the request.

All requested information must be provided in order to process the application. This includes, but is not limited to, Bill of Sale; Articles of Incorporation, Driver's License or State issued ID card, Social Security card, food sales, etc. Applications will not be processed until all information is received by Georgia WIC. Vendor applications that are held pending receipt of additional information will expire ten days after the date of the written request for information.

It is a violation of Federal law to accept WIC vouchers without authorization from the appropriate agency. If it is determined that an applicant has accepted WIC vouchers prior to authorization, they will be subject to criminal prosecution and reimbursement for the unauthorized transactions. In addition, their application will be denied for a twelve (12) month period.

If an applicant is denied for failure to meet the selection criteria below, the application will be denied for a period of six months. Applicants may re-apply after their denial period has expired.

1. Minimum Inventory of WIC-Approved Foods. Each vendor is required to stock and maintain daily the minimum inventory of approved WIC foods as well as a substantial amount of non-WIC foods. The inventory must be in the store or the store's stockroom. Expired foods do not count towards minimum inventory; **all** WIC minimum inventory must be within the expiration dates during the application process, including the pre-authorization visit. The minimum inventory requirements are listed in the charts on pages 14 through 15 of this handbook. Pharmacies and military commissaries are exempt from minimum inventory requirements. The vendor must carry other foods outside of the WIC minimum inventory and WIC approved foods.
2. Pre-Approval Visit. Only those vendor applicants that pass initial screening will receive an announced on-site pre-approval visit from Georgia WIC representatives to verify the information listed on the application and items A and B above. For non-corporate vendors, pre-approval visits will not be conducted until the vendor has attended training and passed the evaluation with a score of 80 or above. For corporate vendors, only one authorized representative from the store is required to attend training (see page 11.) Georgia WIC will conduct the visit based on the date the vendor states that they will have the required minimum inventory of WIC approved foods in stock (question 8C on the application.) If the



vendor will not have the inventory by the date stated on the application, the vendor must contact our office **IMMEDIATELY** to prevent denial of the application by calling 1-866-814-5468 or (404) 657-2900. The vendor will only be allowed to change this date once within 30 days from the application date. Applications from vendors unable to acquire the necessary inventory for authorization will expire thirty days from date the applicant declared they will have the minimum inventory, and the applications will be denied.

3. Non-Profit Vendor. Non-profit vendors are not authorized in Georgia.
4. Adequate Access for Participants. The store (with the exception of military commissaries and pharmacies) must be open for business at least eight hours per day, six days per week, and must be open during the hours specified on the Vendor Application. Military commissaries and pharmacies must be open for business at least five hours per day, five days per week. There should be no barriers to participant entry to the store during opening hours (e.g. required store membership or controlled access or entry to the store.)
5. Suitable Store Location. Stores must contain at least 3,000 square feet of retail food sales space open to the public, **including administrative and storage space**. New vendors applying to Georgia WIC for the first time must meet this requirement at the time of application. Vendors already participating in the program as of December 1, 2011 will have until October 1, 2012 to comply with this requirement. There must be a store sign to identify the store with the name of the business clearly marked. The store must not be located inside of another facility that is not food retail in nature (e.g. a suite on the upper floors of an office building, inside a community center, daycare, floral shop, etc.) The applicant must provide proof of a lease for at least a three-year period, or proof of ownership of the store location.
6. Licensed by the Georgia Department of Agriculture. Each store must have a valid Retail Food Sales Establishment License in the current owner's name. Pharmacies and military commissaries are exempt from this requirement. Stores that are on the border of Georgia and another state must have a comparable food sales establishment license from that other state's Department of Agriculture.
7. Competitive Prices with Similar Stores. Georgia WIC will establish procedures to ensure that an applicant vendor whose prices exceed maximum allowable prices for food items will not be authorized. Georgia WIC will establish procedures to ensure that a vendor selected for participation in the program will not, subsequent to selection, increase prices to levels that would make the vendor ineligible for authorization. Prices are compared with other stores within the vendor's peer group, except for above 50% vendors, whose prices are based on the statewide average of all regular vendors. Maximum allowable prices for food items are determined using the vendor-submitted shelf pricing by peer group. Any applicant or existing vendor who exceeds the maximum allowable price as determined using a standard methodology for more than 10% of all food items listed on the shelf pricing survey will not be authorized.
8. Compliance with the Supplemental Nutrition Assistance Program (SNAP) Regulations. All vendors must be licensed as a SNAP retail provider. **Pharmacies are exempt.** Vendors who withdraw from SNAP, are disqualified from SNAP, or are terminated from SNAP due to non-redemption will be terminated from Georgia WIC. Unless necessary to ensure



adequate participant access, Georgia WIC will not authorize an applicant that is currently disqualified from SNAP, or that has been assessed a SNAP civil money penalty (CMP) for hardship and the disqualification period that would otherwise have been imposed has not expired.

9. Compliance with Georgia WIC Program Policies and Procedures. For existing vendors, any violations found during the re-authorization process may result in denial of the application for re-authorization. Vendors and applicants will be required to comply with all federal and state WIC policies.

10. Business Integrity/ Background Checks. All new applicant vendors will be subject to background checks to determine the applicant's business integrity as a part of the pre-screening process. Any vendor that has a history of fraud, embezzlement or trafficking, or has engaged in any activity that Georgia WIC deems to be indicative of a lack of business integrity will be denied. Unless necessary to ensure adequate participant access, Georgia WIC will not authorize an applicant that does not meet the business integrity criteria, and may rely upon its own investigation as well as information provided on the application. This includes but is not limited to the following:
 - a. Criminal conviction or civil judgments during the past six years against the applicant, the applicant's owners, officers or managers for any activity indicating a lack of business integrity such as fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any crime of moral turpitude.
 - b. Official records of removal from other federal, state or local programs will also be considered.

11. Store Acquisition. Georgia WIC will not approve a store location or entity that was sold or assigned to transfer the ownership of a disqualified vendor or his/ her partners, members, owners, officers, directors, employees, relatives by blood or marriage, heirs or assigns. If it is later determined that the applicant failed to abide by this provision, the vendor will be subject to civil liability, fines, and penalties.

12. 50% Criterion. All vendors are required to submit food sales data, purchase invoice receipts, and any other records requested to validate food sales upon request for Georgia WIC to monitor whether the vendor derives more than 50% of its annual food sales revenue from WIC food instruments. Vendors and applicants found to be actual or potential above 50% vendors at application, the six-month assessment, annual assessment or re-authorization will be assigned to peer group G.

13. Infant Formula Suppliers. All vendor applicants are required to purchase infant formula solely from a list of suppliers selected and approved by Georgia WIC. The list can be obtained via the Internet at www.wic.ga.gov/vendorinfo.asp (click on "Approved Infant Formula Suppliers"). If a supplier is not listed, the vendor may call 866-814-5468 to inquire about adding the supplier to the list. After the vendor has requested the addition, the vendor must ensure that Georgia WIC has authorized the supplier prior to purchasing any infant formula from that supplier. Records of the infant formula purchase must be



maintained for the three previous years plus the current year or until any pending investigations are closed, if longer.

14. WIC Acronym and Logo. A WIC vendor or applicant may not use the WIC acronym, the WIC logo, or close facsimiles thereof, in total or in part, either in the official name in which the vendor is registered or in the name in which it does business. The WIC vendor or applicant may not use the WIC acronym, the WIC logo, or close facsimiles thereof, in total or in part, in an unauthorized manner on packages, product labels, proprietary materials including pamphlets and brochures, or in any form of marketing, promotional material or advertisement of the store (see page 2).
15. Purchase Invoice Receipts. Vendor Applicants must submit upon request purchase invoice receipts, bills of lading or recent invoices that show the purchase of items intended for sale in their stores. Failure to submit the requested documentation within the time frame stated in the request will result in denial of the vendor application.
16. Automatic Clearing House (ACH) Application. Vendors who are authorized for participation in Georgia WIC will receive an ACH enrollment form. Vendors will have five business days from the date of receipt of the form to enroll. Failure to enroll in ACH within the allotted timeframe will result in termination of the vendor agreement.
17. Provision of Incentive Items. Georgia WIC will not authorize or continue the authorization of a vendor that advertises, promises, provides, or indicates an intention to provide prohibited incentive items to customers. Incentives include, but are not limited to, free or complimentary gifts, home delivery of foods, store memberships, and other free or discounted services (see page 3).
18. Pharmacies. A pharmacy vendor shall redeem only exempt or special infant formulas, including medical foods.

Invoice Assessment

Vendor applicants must submit upon request purchase invoice receipts, bills of lading or recent invoices which show the purchase of **all** items intended for sale in their stores. This includes WIC food items, non-WIC food items, household products, and miscellaneous items. Purchase invoices must reflect the name and address of the wholesaler or supplier, date of the purchase, list of the items purchased, size, stock number, quantity, unit price and total dollar amount for the quantity purchased. Itemized cash receipts must include the name and address of the store or a code number by which the store can be identified, the date of purchase, description of the items purchased, unit price and total purchase price. Itemized cash receipts that do not completely describe the item should have a computer code that can be verified by calling the store manager. Affidavits or oral statements are not acceptable as proof of inventory.

Failure to submit the requested documentation within the time specified will result in denial of the vendor application.



Peer Groups

Authorized vendors are classified into eight different peer groups depending on square footage of the store (including administrative and storage space), number of stores in the chain, and potential or actual 50% status.

Peer Group	Type	Description
A	Small	3,000 to 10,000 Square Feet
B	Medium	10,001 to 15,000 Square Feet
C	Chain	15,001 or more Square Feet and 20 or more locations
D	Large Independent	15,001 or more Square Feet and less than 20 locations
E	Military Commissary	Located on Military Bases serving military personnel only
F	Pharmacy	Pharmacy – Redeem exempt and/or special infant formulas only including medical foods. No contract formula stated infant formula or other standard WIC foods are allowed for this peer group.
G	Above 50%	Vendors and applicants found to be actual or potential above 50% vendors at application, the six-month assessment, annual assessment or re-authorization will be assigned to peer group G.



RESPONSIBILITIES AND PROCEDURES FOR SELECTED VENDOR TYPES

Corporate Vendors (Multiple Locations and a Single FEIN)

A business entity having two or more stores operating under the same Federal Employer Identification Number (FEIN) and a corporate/home office or single owner/business entity that serves as the parent shall be classified as a “corporate vendor” by Georgia WIC for program purposes. An authorized representative of the business entity shall sign one agreement and list required information about each store that is an authorized vendor on Corporate Attachment Form 3771A. To add a new store, the corporate vendor must first amend their agreement by submitting the Corporate Attachment Form 3771A that includes required information about the new location and a Corporate Vendor Training Checklist. The new store **shall not** begin to accept vouchers until a vendor stamp has been received.

The Corporate Attachment Form is an addendum to the Corporate Vendor Agreement. The attachment serves as verification that the location listed is the authorized location in which WIC vouchers are to be redeemed. Vendors are not permitted to redeem vouchers in a location other than the authorized location listed in the Vendor Agreement or Corporate Attachment. The location listed on the Corporate Attachment Form will correspond to the Vendor Number that has been assigned to the store.

Pharmacy Vendors

Pharmacy vendors may redeem exempt and special infant formula only, including medical foods. No contract formula (i.e. contract infant formula listed on a standard food instrument) or other standard WIC foods listed on a food instrument may be redeemed by this peer group. Pharmacy vendors are exempt from maintaining minimum inventory requirements. Programmatic reports will be used to verify performance compliance, such as whether a pharmacy vendor is redeeming only exempt infant formula food instruments. If authorized pharmacy vendors wish to change their classification to allow for the redemption of all WIC approved foods, a new application must be submitted. Pharmacy vendors shall not accept food instruments through the mail, nor mail any approved formula/medical foods directly to the WIC customer. Doing so will result in termination of the vendor agreement.

Corporations

New vendors who are incorporated will be required to complete the corporation information on the application including the name of their corporation and registered agent. Current vendors will be asked to download a corporate information form from the Georgia WIC website, and complete and submit it to the Georgia WIC office to update the vendor file. The form can be found at www.wic.ga.gov/vendorinfo.asp. **Error! Hyperlink reference not valid.**



Release of State Tax Information

Vendors are required to sign and submit to Georgia WIC and the Georgia Department of Revenue (DOR), upon request, a form authorizing DOR to release certain sales and use tax information to Georgia WIC, for use in determining if the vendor derives more than fifty percent of its annual food sales revenue from WIC food instruments. At the time that vendors submit their Sales and Use Tax Return (ST3 Form) to DOR, vendors are also required to submit the Georgia WIC ST3 Addendum to DOR. Both the authorization and the Georgia WIC ST3 Addendum are available at www.wic.ga.gov/vendorinfo.asp.



VENDOR TRAINING

Vendor training will be conducted to ensure that all vendors are familiar with Georgia WIC program policies and procedures. Training will be offered in one of the following formats: newsletters, videos, videoconferences, or interactive training sessions. A score of eighty points or higher on the training evaluation is required before a pre-approval visit will occur.

Vendors must register to attend training and must attend on the date they have elected. If the vendor is unable to attend training on the date selected, they must alert Georgia WIC with an alternate date. For authorization training, vendors will be required to show a government issued picture ID before they will be admitted.

Pre-Authorization and Re-Authorization Training

Georgia WIC will provide an initial training session in an interactive format prior to, or at the time of authorization, and at least once every three years thereafter at the time of vendor re-authorization. Georgia WIC will provide vendors with at least one alternative date on which to attend interactive training. Attendance at training will be documented, a checklist of items discussed must be signed by the vendor and a Post Vendor Training Evaluation test will be given. A passing score of eighty points or higher is required to become authorized. Vendor applicants cannot attend the initial authorization training session until an application for authorization has been submitted and the vendor has registered to attend.

For corporate vendors, a representative of the corporate vendor must initially complete the authorized training session and receive a passing score of eighty points or higher. After completing and passing the training session, the corporate vendor is allowed to conduct authorization training for: 1) existing authorized stores at the time of re-application and, 2) new unauthorized stores that will be added to an existing Vendor Agreement. The corporate vendor must conduct authorization training for existing and new locations. The representative must ensure that all training topics are provided to a management representative in each authorized store.

Attendance at a training session, prior to becoming an authorized vendor, does not grant the right to begin accepting WIC vouchers. Only a fully executed vendor agreement that is signed by both parties and the receipt of a vendor stamp constitutes authorization.

Annual Training

Georgia WIC will conduct annual training for vendors regarding changes and updates to policies and procedures. Annual training may be conducted in a variety of formats including newsletters, videos and interactive training. Authorized vendors must provide documentation of participation in annual training by the deadline specified. In addition, corporate vendors must ensure that each store listed in the current Vendor Agreement receives annual training by the deadline specified. Failure to do so will result in termination of the Vendor Agreement. Failure to provide documentation that each store participated in annual training will result in termination of the store(s).

Customized Training



Georgia WIC representatives may conduct training for employees of WIC vendors at their request. Training requests should be made in writing to Georgia WIC, Vendor Management Unit, 2 Peachtree Street, Suite 10-476, Atlanta, Georgia, 30303. Please specify the desired training topics and the type and number of employees who will attend. Georgia WIC and the WIC vendor will mutually agree upon location and dates for the training.



WIC APPROVED FOODS

The WIC Approved Foods posted on the WIC Vendor Management website at www.wic.ga.gov/vendorinfo.asp are foods that are available to the WIC customer. **ONLY these foods may be purchased by the participant or proxy using the WIC food instrument.**

Because the brand names and types of infant formula as well as special medical foods are too numerous to list, approved foods will be printed directly on the front of the WIC food instrument. **The WIC customer is allowed to purchase the brand, type and size of infant formula or medical food that is printed on the front of the food instrument. Do not allow the WIC customer to purchase infant formula or medical food that is NOT listed on the food instrument.**

The vendor will receive an updated list of approved foods as changes are made, and can always check the WIC Vendor Management website for current information. Vendors will periodically receive pamphlets and posters of WIC approved food items that can be used as displays or as a training resource.

List of Infant Formula Wholesalers, Distributors, Retailers, and Manufacturers

All currently authorized WIC vendors **and** all stores applying for WIC authorization are required to purchase infant formula solely from a list of suppliers selected and approved by Georgia WIC. The list is located at www.wic.ga.gov/vendorinfo.asp (click on “Approved Infant Formula Suppliers”). If a supplier is not listed, a vendor may call 866-814-5468 or 404-657-2900 to inquire about adding them to the list. After the vendor has requested the addition, the vendor must ensure that Georgia WIC has authorized the supplier, prior to purchasing any infant formula from that supplier. Records of the infant formula purchase must be maintained according to the terms of the WIC Vendor Agreement.

Non-WIC Inventory Requirement

All vendors except pharmacies are required to carry foods other than WIC approved foods. These food items must consist of qualifying food items approved by SNAP in addition to the WIC minimum inventory and WIC-approved foods, and foods that are intended for home preparation and consumption, such as meat, fish, and poultry bread and cereal products dairy products, fruits, and vegetables. Items such as condiments and spices, coffee, tea, cocoa, carbonated and noncarbonated beverages are included in food sales only when offered for sale along with foods in the four primary categories. Non-food items, alcoholic beverages, hot foods, or food that will be eaten on the store premises are not considered a part of USDA’s definition of eligible foods.

At least two hundred items in each of the following categories must be in stock at all times.

Non-WIC Inventory Requirement

Food Item	Minimum in each category
Meats, Poultry and/or Seafood (<i>refrigerated or frozen</i>)	200
Breads and Cereal Products	200
Dairy (<i>e.g. milk, cheese, yogurt, etc.</i>)	200
Shelf Staples (<i>e.g. flour, sugar, pasta, pudding mix, etc.</i>)	200
Cans, Jars, Bottled Goods (<i>e.g. mayo, ketchup, relish, etc.</i>)	200
Beverages (<i>e.g. soda, water, powdered drinks, etc.</i>)	200
Snack Foods (<i>e.g. crackers, granola bars, etc.</i>)	200

Minimum WIC Food Inventory Requirements

Vendors are **REQUIRED** to maintain in stock a minimum variety and quantity of the WIC foods as described in the chart below. An on-site inventory audit of the below mentioned food items (WIC-approved and non-WIC) is a component to the pre-approval and routine monitoring visits.

Georgia WIC Program Minimum Inventory Requirements Effective October 24, 2011			
Food Item	Types/Brands	Size	Minimum Inventory
MILK Least Expensive Brand of type selected/allowed	Whole Milk	Gallon	8 Gallons
	Fat free/Skim, Low-fat (1%), Reduced Fat (2%) Milk	Gallon	12 Gallons (Can be Combined)
	Dry powdered milk OR Evaporated milk	Makes 3 quarts 12 oz	3 Boxes 12 cans
CHEESE Least Expensive Brand of type selected/allowed	One pound package--	16 oz. (1 pound)	8 – 1 lb packages – 2 types
EGGS Least Expensive Brand	Grade A Large	1 Dozen carton	8 – 1 Dozen
PEANUT BUTTER	Any brand Creamy, Crunchy, or Extra Crunchy (Regular or Low-salt)	16-18 oz	6 - 16-18 oz Containers – 2 brands
BEANS / PEAS / LENTILS	Dried Beans / Peas / Lentils	1 pound packages	5 Packages - 2 types
	Canned Beans / Peas / Lentils	14 to 16 oz cans	18 Cans - 2 types
JUICE	Ready to Serve Container	46-48 oz	12 Containers - 2 types
	Ready to Serve Container	64 oz	12 Containers - 2 types



**Georgia WIC Program
Minimum Inventory Requirements
Effective October 24, 2011**

Food Item	Types/Brands	Size	Minimum Inventory
WHOLE GRAIN-BREAD	Whole Grain Bread	16 oz loaf	6 Loaves
CEREAL – Whole Grain	WIC Approved Cereal Brands and Types <i>(see WIC Approved Foods List)</i>	11-36 oz	24 Boxes - 4 types, 2 must be whole grain, 2 must be in 11 to 14 oz size
FISH Least Expensive of type selected	Tuna	5 oz Can	18 Cans Combined
	Pink Salmon	7.5 oz or 14.75 oz	
INFANT FORMULA	Milk Based – Gerber Good Start Gentle	13 oz Concentrate	Milk Based - 30
	Soy Based – Gerber Good Start Soy		Soy Based - 20
	Milk Based – Gerber Good Start Gentle	12.7 oz Powder	Milk Based -50
	Soy Based – Gerber Good Start Soy	12.9 oz Powder	Soy Based - 20
INFANT CEREAL	Dry cereal in	8 oz box	12 Boxes - 2 types, 1 must be rice
INFANT FRUIT & VEGETABLES	Fruit and /or Vegetable	4 oz Jars	96 Jars Combined
INFANT MEATS	Meats in Gravy	2.5 oz Jars	31 Meat
FRUITS &VEGETABLES	Fruits	10 Pounds Combined	4 types fresh
	Vegetables	10 Pounds Combined	4 types fresh



THE WIC FOOD INSTRUMENT

The WIC food instrument is similar to a check. A vendor must accept all valid food instruments, with the exception of a pharmacy vendor, who may only redeem food instruments for exempt and special infant formula, including medical foods. The vendor shall not accept counterfeit or altered food instruments.

When food instruments are properly redeemed, the vendor will receive credit for the amount of the purchase by depositing the food instrument into the specific account number provided to Georgia WIC by the vendor for deposit of all WIC food instruments at the vendor's bank.

Food instruments are not transferable and cannot be sold. They must only be redeemed and deposited to the account of the vendor that corresponds with the WIC vendor stamp and location listed on the Vendor Agreement or Corporate Attachment Form. Vendors who commit fraud or abuse in the program are subject to criminal prosecution. Those who have willfully misapplied, stolen or fraudulently obtained program funds will be subject to a fine of not more than \$25,000 or imprisonment for not more than five years, or both, if the value of the funds is \$100 or more. If the value is less than \$100, the penalties are fines of not more than \$1000 or imprisonment for not more than one year, or both.

Food Instrument Types and Descriptions

There are five types of WIC food instruments: laser-printed, blank manual, standard manual, computer generated and cash value vouchers. Descriptions and pictures of the food instruments are below.

Laser Printed Food Instruments. The laser-printed food instrument is printed at the clinic site at the time of the participant, parent's, caretaker's and/or proxy's visit.

DIST/UNIT/CLINIC 10 0 007	WIC ID NO. 007 001 834	G 6	P 2	PARTICIPANT Test Child		VOUCHER NO. 14598113	ISSUED BY EEE
United Community Bank 06-1119-684 GEORGIA WIC PROGRAM PAY TO THE ORDER OF ANY AUTHORIZED GEORGIA WIC VENDOR FOR THESE ITEMS/QUANTITIES ONLY - WIC APPROVED FOODS ONLY - NO SUBSTITUTIONS				NOT NEGOTIABLE WITHOUT WIC VENDOR STAMP HERE		FIRST DAY TO USE 10/20/2009	LAST DAY TO USE 11/20/2009
CPA FPC C21 DRY MILK: 1-3 quart non-fat dry powder				FPC C21 VC C02		VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE	
WHOLE GRAIN: BEANS OR PEANUT BUTTER:				Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns 1 lb dried or 4 cans (14 to 16 oz) beans or 18 oz peanut butter		PAY EXACTLY DOLLARS CENTS	
IMPROPER USE OF THIS VOUCHER IS SUBJECT TO STATE AND FEDERAL PROSECUTION				PARTICIPANT/GUARDIAN/PROXY SIGNATURE		rev. 7-2009	

⑈ 145981134⑈ ⑆061119684⑆ 2072106621⑈

Blank Manual/Handwritten Food Instruments. All information on the food instrument is either handwritten or typed. Redeem only for the amount of food indicated. Only one (1) number should appear in each box. X's are placed in all boxes where there are no numbers. This helps to eliminate any possible unauthorized alterations on the food instrument. There are two types of Blank Manual/ Handwritten Food Instruments, which are shown below.

DIST / UNIT / CLINIC	WIC ID NUMBER	PARTICIPANT NAME		RSN	VOUCHER NO.	ISSUED BY
GEORGIA WIC PROGRAM PAY TO THE ORDER OF ANY AUTHORIZED					FIRST DAY TO USE	
FOR THESE ITEMS / QUANTITIES ONLY - NO SUBSTITUTIONS						
MILK (circle one):	WHOLE	LOW FAT	GOAT MILK EVAP.	12 oz cans	BEANS	VC
MILK	gallon	half gallon	SOY MILK	half gallon		14 to 16 oz canned
3 QUART POWDERED	boxes	12 oz cans	UHT MILK	8 oz boxes	JUICE	16 oz dried
EVAPORATED MILK	gallon	quart	CHEESE	dozen		46 oz cans
LACTOSE FREE, ACIDOPHILUS, OR ACIDOPHILUS WITH BIFIDUM	half gallon	quart	EGGS	dozen	WHOLE GRAIN BREAD	64 oz containers
GOAT MILK	quart	quart	TOFU	pounds	TORTILLA	12 oz cans frozen
			FISH	oz	BROWN RICE	11.5 oz cans pourable
			PEANUT BUTTER	16 to 18 oz		16 oz package
SIGN HERE AT WIC OFFICE			IMPROPER USE OF THIS VOUCHER IS SUBJECT TO STATE AND FEDERAL PROSECUTION		SIGN HERE AT GROCERY	
UNITED COMMUNITY BANK 64-1968-611						

⑈000000000⑈ ⑆061119684⑆ 2072106621⑈

DIST / UNIT / CLINIC	WIC ID NUMBER	PARTICIPANT NAME		RSN	VOUCHER NO.	ISSUED BY
GEORGIA WIC PROGRAM PAY TO THE ORDER OF ANY AUTHORIZED GEORGIA WIC VENDOR					FIRST DAY TO USE	
FOR THESE ITEMS / QUANTITIES ONLY - NO SUBSTITUTIONS						
CPA FOOD PACKAGE CODE		FOOD PACKAGE CODE		VOUCHER CODE		
Name	FORMULA	INFANT FOODS		FRUITS AND VEGETABLES		
Form (circle one)	Powder	INFANT CEREAL	oz infant	Fresh, frozen, or canned. No potatoes except sweet potatoes or yams. No products with added sugar, seasoning, fats, or oils. No creamed vegetables. No stewed or diced tomatoes.		
	Concentrate	INFANT FRUITS AND VEGETABLES	4 oz jars	\$ _____ Not to exceed \$15.00		
	Ready To Feed	INFANT MEATS	2.5 oz jars			
CONTAINER SIZE		NOTE: If using as a fruit and vegetable voucher then do not issue formula and/or infant foods.				
NUMBER OF CONTAINERS		SIGN HERE AT GROCERY STORE				
SIGN HERE AT WIC OFFICE		IMPROPER USE OF THIS VOUCHER IS SUBJECT TO STATE AND FEDERAL PROSECUTION			SIGN HERE AT GROCERY STORE	
UNITED COMMUNITY BANK 64-1968-611						

⑈000000000⑈ ⑆061119684⑆ 2072106621⑈

Blank Standard Manual Food Instruments. Blank standard manual vouchers have the WIC approved foods preprinted on the vouchers. The top portion of the voucher is completed (handwritten) by the clinic staff. These vouchers have two signature boxes.

GEORGIA WIC PROGRAM 80000073

PAY TO THE ORDER OF ANY AUTHORIZED GEORGIA WIC VENDOR
FOR THESE ITEMS / QUANTITIES ONLY — NO SUBSTITUTIONS

MILK: 1 gallon low-fat (fat-free, 1%, 2%)
No whole milk. Least expensive brand.

EGGS: 1 dozen

CEREAL: No more than 36 oz

FOOD PACKAGE #01 VOUCHER #01

CHASE PRICE EXCEED

PAY EXACTLY

DOLLARS CENTS

SIGN HERE AT WIC OFFICE

IMPROPER USE OF THIS VOUCHER IS SUBJECT TO STATE AND FEDERAL PROSECUTION

SIGN HERE AT GROCERY STORE

UNITED COMMUNITY BANK 64-1968-611

Emergency Computer Generated Food Instruments. These food instruments are used in case of emergencies. All information on the food instrument is computer printed.

DISTRICT/UNIT/CLINIC	WIC ID NO.	C	P	PARTICIPANT
01 1 008	008	679	543	2 6 Wicperson, Jane

GEORGIA WIC PROGRAM VOUCHER NO. **24612297**

FOR THESE ITEMS / QUANTITIES ONLY — NO SUBSTITUTIONS

FOOD PACKAGE CODE 404 VOUCHER CODE 028

MILK: 1 GAL OR 4-12 OZ CNS EVAP OR 1-5 QT BOX

EGGS: 1 DOZEN

JUICE: 2-12 OZ CANS FROZEN OR 2-46 OZ CANS OR 2-11.5 OZ CANS POURABLE

CHASE PRICE EXCEED

7.

PAY EXACTLY

DOLLARS CENTS

NOT NEGOTIABLE WITHOUT WIC VENDOR STAMP HERE

YOUR BABY NEEDS SHOTS AT 2 MONTHS, 4 MONTHS, 6 MONTHS, 15 MONTHS, & 5 YEARS

IMPROPER USE OF THIS VOUCHER IS SUBJECT TO STATE AND FEDERAL PROSECUTION

SIGN HERE AT GROCERY STORE

VOID VOID VOID VOID

Cash Value/Fruit and Vegetable Vouchers (CVV). A CVV is issued for fruits and vegetables.

- CVVs are used to purchase approved fresh, frozen, and canned fruits and vegetables.
- CVVs have a maximum amount listed (e.g. \$6, \$7, \$8 or \$10.)
- The WIC participant will be allowed to pay the difference when the cost of their produce exceeds the price stated on the CVV. The amount over the CVV maximum is be subject to tax, when applicable. The WIC participant is responsible for paying the difference plus the applicable sales tax.
- The vendor may need to adjust its current procedures to allow for WIC clients to use payment methods such as Food Stamps EBT cards, cash, credit cards, or debit cards to complete the CVV transaction.

DIST/UNIT/CLINIC 10 0 007	WIC ID NO. 007 001 834	C 6	P 2	PARTICIPANT Test Child		VOUCHER NO. 14598112	ISSUED BY EEE
United Community Bank 06-1119-684 GEORGIA WIC PROGRAM PAY TO THE ORDER OF ANY AUTHORIZED GEORGIA WIC VENDOR FOR THESE ITEMS/QUANTITIES ONLY - WIC APPROVED FOODS ONLY - NO SUBSTITUTIONS				NOT NEGOTIABLE WITHOUT WIC VENDOR STAMP HERE		FIRST DAY TO USE 10/20/2009	LAST DAY TO USE 11/20/2009
CPA FPC C21 PRODUCE:				FPC C21 \$6 for fresh, frozen, or canned fruit and vegetables		VC P03 VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE	
						PAY EXACTLY	
						DOLLARS	CENTS
No potatoes - except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed or diced tomatoes.							

IMPROPER USE OF THIS VOUCHER IS SUBJECT TO STATE AND FEDERAL PROSECUTION

PARTICIPANT/GUARDIAN/PROXY SIGNATURE rev. 7-2009

⑈ 145981125⑈ ⑆061119684⑆ 2072106621⑈



Processing WIC Food Instruments Including Cash Value Vouchers

The vendor's bank should be informed that WIC food instruments are negotiable instruments that must be processed through the Federal Reserve Bank. Georgia WIC will provide each vendor a stamp that is embossed with a unique WIC identification number. All food instruments accepted by the vendor must be stamped with this number in preparation for a bank deposit. Only food instruments stamped with an authorized vendor stamp that is issued by Georgia WIC will be paid. The stamp should be fully depressed onto the WIC food instrument so that it is clearly recognizable on the food instrument. Lost, stolen or damaged stamps must be reported to Georgia WIC immediately. **DO NOT REPRODUCE THE VENDOR STAMP.** Food Instruments stamped with an unauthorized vendor stamp will not be paid (see section entitled 'Vendor Stamp' on page 25 for further instructions on the vendor stamp). Payment on any voucher rejected by the WIC banking system is at the sole discretion of Georgia WIC.

Minimum Requirements for Payment

- Food instruments must be issued by Georgia WIC or its authorized local agencies, printed on official Georgia WIC paper, and unaltered.
- Food instruments are accepted on the "First Day to Use" date through the "Last Day to Use" date.
- An authorized WIC vendor stamp appears on the food instrument, is legible, and the food instrument is deposited to the single account provided to Georgia WIC by the vendor.
- Deposited within sixty days of the "First Day to Use" date.
- The amount of purchase is entered in the "PAY EXACTLY SPACE" in ink.
- A signature is obtained from the participant, in ink, at the time of purchase.
- For cash value vouchers, the vendor must not issue change to a WIC customer for purchases that are less than the total value of the cash value voucher.
- For cash value vouchers, the WIC customer may use his/ her own funds for purchase amounts in excess of the monetary limit for his/her cash value voucher.

WIC Customer Transactions at the Store

WIC food instruments may be presented at authorized vendor locations by WIC participants, parents, caretakers or proxies (WIC customer). WIC customers are required to take their WIC ID folder to each visit to the store. Vendors must request the WIC customer to present the WIC ID folder at the time of the transaction. WIC vendors shall **not** request any other form of identification from WIC customers in order to transact a WIC food instrument.

WIC foods must be separated from other food purchases prior to the WIC transaction. When approved supplemental food is being purchased with a WIC food instrument, the cashier must complete each food instrument separately and do the following:

Steps to Follow When Accepting WIC Food Instruments



1. Check the participant’s WIC ID card/folder. The WIC customer’s name must be listed on the ID card/folder. If the WIC customer does not present a WIC ID card, then the food instruments cannot be redeemed.
2. For manual vouchers that contain two signature boxes, make sure that the “*Sign here at WIC office*” signature box contains a signature.
3. Check the dates on the food instrument. Food Instruments cannot be used before the “First Day to Use” or after the “Last Day to Use” dates.
4. Ring up the current shelf price of the food for each food instrument. Make sure that the exact types and amounts of approved WIC foods are being purchased.
5. Print in ink the amount of the WIC purchase in the “Pay Exactly” space on the food instrument in the presence of the WIC customer. Complete this step for one food instrument prior to moving on to the next food instrument.
6. Obtain a signature from the WIC customer, which must match the signature on the WIC ID card.
7. WIC customers must not be given credit or cash in exchange for WIC food instruments.
8. If the cashier makes a mistake entering the price on the food instrument, the incorrect price should be marked through and the correct price written above the error. The cashier must initial the correction as verification.
9. If the cash registers do not automatically imprint “WIC” on the receipt, cashiers must write “WIC” vertically on all receipts for food purchased with WIC food instruments.
10. The cashier must provide the WIC customer with a receipt and keep a copy of the receipt for the vendor’s records.

Steps to Follow When Accepting Cash Value Vouchers (CVV)

1. Check the participant’s WIC ID card/ folder. The WIC customer’s name must be listed on the ID card/ folder. If the WIC customer does not present a WIC ID card, then the food instruments cannot be redeemed.
2. For manual vouchers that contain two signature boxes, make sure that the “*Sign here at WIC office*” signature box contains a signature.
3. Check the date on the face of the food instrument. CVVs cannot be used before the “First Day to Use” date or after the “Last day to Use” date.
4. Check the food items. They must be fruits and vegetables that cannot be purchased with the regular WIC food instrument.



5. Weigh the fruits or vegetables and/or ring up the current shelf price of the food for each item chosen. Make sure that the exact types of approved WIC foods (fruits and vegetables) are being purchased.
6. Check the value of the CVV. CVVs will be in \$6, \$7, \$8 or \$10 amounts.
7. Ring up price of the purchase
8. Write the price of the purchase in the “Pay Exactly” space in ink in the presence of the WIC Customer. Complete this step for one CVV before moving on to the next CVV.
9. Obtain a signature from the WIC customer, which must match the signature on the WIC ID card.
10. If the purchase amount is over the max price listed on the face of the CVV, the participant may pay cash or check, credit or EBT for the amount over the max price on the CVV.
11. Include tax for the amount over the maximum on the face of the CVV, if applicable. This amount is not a part of the WIC transaction. Give change for any amount over the face of the CVV. This is not a part of the WIC transaction. Change is not permitted for purchases that are less than the max price listed on the CVV.
12. WIC customers must not be given credit or cash in exchange for CVVs.
13. If the cashier makes a mistake entering the price on the CVV, the incorrect price should be marked through and the correct price written above the error. The cashier must initial the correction.
14. If the cash register does not automatically print “WIC” on the receipt, cashiers must write “WIC” vertically on all receipts for WIC food purchases.
15. The cashier must provide the WIC customer with a receipt, and keep a copy for the vendor’s records.

If the amount of the CVV is less than the maximum amount on the face of the food instrument, do not give change and do not charge sales tax. If the price of the purchase is over the amount on the face of the CVV, charge the maximum amount of the purchase to the CVV. Your store will be responsible for collecting any difference over the maximum amount of the CVV. Tax can be charged for the amount over the maximum on the face of the food instrument. The WIC customer can pay the amount over the maximum in cash, credit, debit, EBT, or check. Change can be given for cash payment for any difference over the amount of the maximum for the CVV. That amount is not a part of the WIC transaction.

Important Notes about the WIC Customer for Cashiers and Store Managers

The WIC customer.



1. Must present a WIC ID card to redeem food instruments.
2. Must sign the food instrument at the time of purchase.
3. May not use a WIC food instrument to purchase items not listed on the food instrument.
4. Must never be required to pay cash for items purchased except for items purchased with the cash value/ fruit and vegetable food instrument, in excess of the amount on the food instrument.
5. Must be allowed to purchase all foods listed on the food or CVV, regardless of price.
6. Must be afforded the same courtesies given to other store customers.
7. Must be permitted to purchase eligible food items without making other purchases.
8. Must be charged the same shelf prices as other customers.
9. Must not be charged sales tax, except on the purchase amount that is in excess of the amount on the cash value/ fruit and vegetable voucher, if applicable.
10. Must be reported to Georgia WIC immediately if they attempt to purchase foods that are not approved or create other problems in the store.
11. Must not be required to purchase every item on the food instrument.
12. Must not be contacted regarding restitution, payment or to obtain a missing signature.

More Important Notes.

1. WIC approved foods purchased with a WIC food instrument cannot be returned for a cash refund.
2. WIC food instruments from other states must not be accepted.
3. If a manager is called to approve a WIC food instruments transaction, it is imperative that the customer is not identified as a WIC participant, parent, caretaker and/or proxy. Every effort must be made to protect confidentiality and discussion of the transaction should be kept at a conversational level.
4. Separate checkout lines for the WIC customer are prohibited. Signs such as “WIC food instruments not allowed in this line” or “No Checks-No WIC” cannot be displayed. However, vendors who wish to ensure that the WIC customer does not enter certain lines, such as express lines, may post “Cash Only” signs in those lines.
5. Every store must check the customer’s WIC identification card for the proper WIC ID number and authorized signature(s). WIC customers have been instructed about the importance of carrying the WIC ID card to the grocery store when using WIC food



instruments. Food Instruments cannot be redeemed without the WIC ID card which shows the name of the person redeeming the food instruments.

6. Whenever food instruments are lost or stolen from a WIC health facility, Georgia WIC will notify area vendors that a stop payment has been placed on the food instruments. Vendors will be provided the food instrument numbers and informed not to accept the food instruments for redemption. These food instruments will not be paid.
7. The vendor must not provide refunds or permit exchanges for authorized supplemental foods obtained with food instruments except for exchanges of the same brand and size of authorized supplemental food item when the original authorized supplemental food item is defective, recalled, spoiled, or has exceeded its “sell by” or “best if used by,” or other date limiting the sale or use of the food item.
8. The WIC customer must be allowed to participate in in-store or manufacturer promotions that are available to all other customers, and that include WIC approved food items. This includes ‘buy one get one or more free’ promotions.
9. The WIC authorized vendor, its paid or unpaid owners, officers, managers, agents and employees shall not engage in any activity with the WIC participant, proxy, or caretaker that would create a conflict of interest, as determined by Georgia WIC. Authorized WIC vendors are not permitted to act as a proxy for a WIC participant.
10. The vendor is not permitted to provide transportation for the WIC customer to or from the vendor’s premises.
11. The vendor is not permitted to deliver WIC approved foods to the WIC customer’s residence.
12. The vendor shall not take back items purchased by the participant nor shall a vendor ask about obtaining food items that the participant chooses not to buy with the WIC food instrument.
13. The vendor must not provide unauthorized food or non-food items, cash, credit (including “rain checks”) in exchange for food instruments.
14. Georgia WIC will review food instruments submitted for redemption to ensure compliance with price limitations and to detect suspected vendor overcharges and other errors.
15. Georgia WIC may require reimbursement for the full price of the food instrument that contains a vendor overcharge or other error detected as a result of compliance investigations, food instrument reviews, or other reviews or investigations of a vendor’s operations.

Food Instrument Payment Procedures

All authorized vendors are required to enroll in the Automated Clearing House (ACH) for payment of WIC food instruments that exceed the maximum allowable price. At the time of authorization and re-authorization, vendors are also required to provide a single account number to which the

vendor will deposit all WIC food instruments. If this account number changes, the vendor must notify Georgia WIC in writing within two business days. Upon authorization the ACH Enrollment Form is sent with the Vendor Stamp. **The form must be completed and submitted immediately to the address indicated on the form.** Vendors will have five business days from the date of receipt of the ACH Enrollment Form to enroll. Failure to enroll within the allotted timeframe will result in termination of the vendor agreement.

Approved payments will be posted to the vendor's bank account immediately. Vendors will be able to view their ACH statements on-line at any time on the WIC Banking website at www.wicbanking.com by entering their personal User ID and Password.


User ID and Passwords will be provided by Georgia WIC once the ACH enrollment form has been completed and forwarded to the WIC data processing contractor indicated on the form. Users are urged to change their password when entering the system for the first time. Assistance with changing passwords may be obtained from Georgia WIC, Systems Information Unit at 404-657-2900 or toll free at 1-800-228-9173.

Return Food Instrument Payment Procedure

- If the purchase price on a food instrument exceeds the maximum allowable price for the food instrument, it will be returned from the bank and stamped "Amount Exceeds Limit – Paid via ACH – Do Not Resubmit". The food instrument will be paid at a rate equal to the **average redeemed price for that food instrument code for the vendor's peer group.**
- Food instruments returned by the vendor's bank stamped "invalid vendor stamp," "unreadable vendor stamp," "missing vendor stamp," or "encoding error" should be corrected and resubmitted for payment through the vendor's bank of deposit. Once a submitted food instrument has been rejected for any of the above reasons, the vendor has 45 days to resubmit the food instrument before it will be considered stale and unredeemable.
- If the redeposit is unsuccessful, or for food instruments returned by the vendor's bank for reasons other than those listed above, send the returned food instruments along with an explanation of why they were returned to Georgia WIC, Vendor Management Unit, 2 Peachtree Street, Suite 10-476, Atlanta, Georgia, 30303, for review and payment consideration.
- Food Instrument returned by the vendor's bank stamped "stale date," "post date" "altered" or "signature missing **will not be paid.**

Redemption Assessment

Any vendor with less than \$2,000 in annual WIC redemption will be terminated from the program for a period of one year. Food Instrument redemption data on all vendors will be reviewed on a monthly basis. A vendor must remain price-competitive throughout the agreement period. Non-competitive pricing occurs when the amount paid per food instrument by Georgia WIC to a vendor for a month's payment for all food instruments except cash value food instruments, exempt infant formulas, and medical foods exceeds the statewide average amount paid per food instrument



redeemed within the peer group by more than 50%. If a vendor is found to be non-competitive during an assessment, the vendor will receive written notice. If the vendor is identified as non-competitive for three additional assessments, the vendor agreement will be terminated for a period of twelve months.

USDA's Rule on Vendor Cost Containment

The dollar amount that a store will be paid for each WIC food instrument will be calculated pursuant to the terms and conditions prescribed and approved by USDA. (See USDA website at <http://www.fns.usda.gov/wic/regspublished/vendorccinterim.pdf>). Food Instruments that are deposited in the vendor's bank, and that contain a dollar amount in the "pay exactly box" that exceeds the statewide and/or peer group Maximum Allowable Reimbursement Level (MARL) will be returned by the bank.

By June 30 of each year, Georgia WIC will conduct an annual assessment of each current vendor to determine if they derive more than fifty percent of their food revenue from WIC food instruments. New vendors will be assessed six months after enrollment to determine if they derive more than fifty percent of their food revenue from WIC food instruments.

Georgia WIC uses vendor reported shelf prices to determine the Maximum Allowable Prices for food items and the Maximum Allowable Reimbursable Limit for food instruments redeemed monthly. Food instruments submitted by vendors in peer groups A through F are paid according to the MARL for their peer group. The WIC vendor agrees to accept an adjustment in the dollar amount written in the 'pay exactly' box of the WIC food instrument if the dollar amount exceeds the statewide average and/or peer group MARL. Vendors who exceed the MARL will be paid based upon the average shelf price, which will be based on the average shelf prices for all comparable stores in the same peer group and/or the statewide average for a given time period. Above 50% vendors will be paid the statewide average across peer groups A through F.

Important Notes About The Vendor Stamp

- Lost, stolen, or damaged stamps must be reported to Georgia WIC immediately.
- The vendor stamp must be kept in a secure location at all times.
- Vendors are NOT permitted to reproduce the vendor stamp. Vendors who redeem food instruments stamped with a reproduced stamp may be subject to investigation for fraud and a claim for restitution.
- Vendors will be held responsible for the unauthorized use of the vendor stamp by their paid or unpaid owners, officers, managers, agents, and employees.
- If the inkpad dries out, it is the vendor's responsibility to replenish the removable pad. Use only black liquid ink that is specifically designed for stamping mechanisms.
- The vendor stamp is not transferable to another location or individual.
- Food instruments stamped with an unauthorized vendor stamp will not be paid.



CHANGES IN VENDOR INFORMATION

Any changes to the information provided on the vendor application must be communicated to Georgia WIC. Georgia WIC requires the vendor to provide advance written notice of any changes in vendor information including ownership, store location or cessation of operations.

Changes in Store Location or Information

The vendor must provide Georgia WIC with at least twenty-one days advance written notice of any changes in location or other information including, but not limited to, the name of store and telephone number. Each store is authorized based on the ownership and street address that exists at the time of authorization, and authorization is not transferable to another location. Therefore, if a change in location is ten miles or more from the original store location, the vendor must complete and submit an updated application (non corporate vendor) or corporate attachment form (corporate vendor) **and** sign a new agreement. If the change in location is less than ten miles from the original store location, the vendor must only complete and submit an updated application or corporate attachment form.

If Georgia WIC discovers that a change in location has occurred before notice is received, then the vendor authorization number will be immediately terminated. All food instruments submitted for payment will be returned unpaid and Georgia WIC will establish a claim for reimbursement of redemptions.

Changes in Ownership and Cessation of Operation

The vendor must provide Georgia WIC with at least twenty-one days advance written notice of any change in ownership or cessation of business and the effective date. Georgia WIC will acknowledge the receipt of this information. Upon the effective date, the vendor authorization number will be terminated. Any food instruments submitted for payment after the effective date will be returned unpaid. If the vendor wishes to change the effective date, a written notification is required. Otherwise, the vendor authorization number will be terminated, as originally confirmed. Once termination occurs, a vendor must submit a new application and meet all current selection criteria. New owners must submit an application, since WIC vendor agreements are not transferable.

If Georgia WIC discovers that a change in ownership has occurred before notice is received, then the vendor authorization number will be immediately terminated. All food instruments submitted for payment will be returned unpaid and Georgia WIC will establish a claim for reimbursement of redemptions.

Upon the sale of the store, the authorized WIC vendor should inform the new owner that the Georgia WIC Vendor Agreement is non-transferable and that the new owner must submit an application to be considered for authorization as a WIC vendor. If the new owner submits a Vendor Application, then the new owner will be required to provide proof of purchase of the store from the previous WIC vendor.



If a vendor is disqualified from Georgia WIC, the vendor shall not continue operating as a Georgia WIC vendor by selling, assigning or otherwise transferring ownership to the vendor's partners, members, owners, officers, directors, employees, relatives by blood or marriage, heirs or assigns. Similarly, upon or after the assessment of a sanction, the vendor may not withdraw from the program, close the store or transfer ownership of the store to the vendor's partners, members, owners, officers, directors, employees, relatives by blood or marriage, heirs or assigns. Failure to abide by this provision may subject the vendor to civil liability, fines, and penalties.

Reporting and Changing Shelf Prices

Each vendor is required to submit the shelf prices for WIC food items carried in each store. Georgia WIC collects mandatory shelf prices quarterly, but reserves the right to collect shelf prices outside of that time frame at its discretion. Georgia WIC may request shelf prices for as many or as few items as it desires. Should an authorized Georgia WIC vendor change prices subsequent to authorization, the vendor is requested to inform Georgia WIC of such changes within forty-eight hours of implementing the new prices. The vendor should make the changes at <https://sendss.state.ga.us/wicpricing>. To access the database, please use the password provided in the notice for shelf price collection. In the event the vendor fails to update Georgia WIC of such changes, WIC may rely on the latest submission of shelf prices by the vendor in determining its current shelf prices. Collection of shelf prices is neither approval nor denial by Georgia WIC of the actual shelf prices that the vendor charges WIC participants.



PERFORMANCE COMPLIANCE

A vendor is subject to compliance performance activities. Any violations that are found may result in sanctions (See Sanction System). Compliance with Georgia WIC policies and procedures is determined using the following methods:

1. Covert (undercover) compliance investigations
2. Overt unannounced monitoring visits
3. Inventory audits
4. Research of programmatic reports and database

Covert Compliance Investigation

Vendors will not receive prior notice when a covert investigation has been scheduled. A vendor will not be advised of any violation that is discovered while the investigation is ongoing unless the violation requires proof of a pattern. In such cases, the vendor will receive written notice of the violation prior to documenting a second violation, unless Georgia WIC determines that notifying the vendor would compromise the investigation.

Vendors will receive notification of all results including violations **after** the investigation is considered closed by the WIC Program representatives.

Vendors may be identified for covert compliance investigations via:


1. Research of programmatic reports and vendor database, including but not limited to the Vendor Score section of the Vendor Profile report;
2. Vendors who have been reported for potentially violating program policies; or
3. Random selection.

Overt Monitoring

Representatives of the federal or state agencies may conduct unannounced overt monitoring visits any time that the store is open for business. All records must be available for review by the representative of the agency upon request.

Audits

Georgia WIC may conduct record or inventory audits on any vendor at any time. Inventory audits will include the examination of food invoices or other proofs of purchase to determine whether a vendor has purchased sufficient quantities of supplemental foods to provide WIC customers the quantities specified on food instruments redeemed by the vendor during a given period of time.



Purchase invoices should reflect the name and address of the wholesaler or supplier, date of the purchase, list of the items purchased, size, stock number, quantity, unit price and total dollar amount for the quantity purchased. Itemized cash receipts must include the name and address of the store or a code number by which the store can be identified, the date of purchase, description of the items purchased, unit price and total purchase price. Itemized cash receipts that do not completely describe the item should have a computer code that can be verified by calling the store manager. Affidavits or oral statements are not acceptable as proof of inventory. During an audit, the vendor must supply Georgia WIC or its representative with documentation of pertinent records upon request. Vendors must retain copies of all invoices relating to the purchase of WIC food items for the three previous years plus the current year.

Programmatic Reports and Database

The WIC Program will review data from specific programmatic reports or databases to identify vendors who may be out of compliance. If a vendor is out of compliance because of overpricing based on a programmatic report, notification will be given to the vendor to provide an opportunity to reimburse Georgia WIC for the excess amount charged. Failure to repay will result in a program sanction (see “Sanction System”).

Programmatic reports will also be generated to determine if a pharmacy vendor is accepting food instruments other than those for exempt or special infant formulas, including medical foods. Failure to comply shall result in termination of the vendor agreement for cause.

Programmatic reports, such as the Vendor Profile report, also will be generated. If a vendor’s score causes a flag in any category, the vendor will be considered high risk and may receive a covert compliance investigation.

High Risk Identification

Georgia WIC must identify high-risk vendors at least once a year using criteria developed by the USDA or other criteria developed by Georgia WIC. Compliance investigations will be conducted on vendors identified as high-risk. Vendors found to be high-risk may receive notice indicating that they qualify as high-risk.



TERMINATION OF THE VENDOR AGREEMENT

Summary Termination

Georgia WIC will immediately terminate this agreement if it determines that the vendor provided false information or made a material omission in connection with its application for authorization or re-authorization.

Termination upon Notice

Georgia WIC may terminate the vendor agreement for cause after providing at least fifteen days advance written notice. Use of the vendor stamp shall be discontinued fifteen days after the date of the termination notice. Any vouchers submitted for payment after fifteen days of the date of the termination notice will not be paid. All terminations shall remain in effect during the administrative review process. Reasons for termination **may include, but are not limited to, the following:**

1. Voluntary withdrawal from the WIC program.
2. The decision to sell the store.
3. Civil Money Penalty imposed by SNAP in lieu of disqualification.
4. Use of the WIC acronym, WIC logo, or close facsimiles thereof, in total or in part, in a manner that violates the provisions of this vendor handbook.
5. Accepting food instruments through the mail or mailing any approved formula/medical foods directly to the WIC customer.
6. Failure to complete and submit documentation for annual training by the deadline specified by Georgia WIC.
7. Failure to provide Georgia WIC with written notice of a change in the vendor's business within at least twenty-one days in advance of the change (including but is not limited to a change in ownership, name, location, corporate structure, sale or transfer of the business, or cessation of operation.)
8. Two failed attempts by Georgia WIC to contact the vendor during business hours at the vendor's reported address and telephone number.
9. Determination that the vendor's SNAP license is invalid or not current.
10. Intentionally providing false information or vendor records, other than information or records provided in connection with a vendor application for authorization or re-authorization.



11. Failure to provide food instruments, inventory records, food sales or tax information upon request.
12. Failure to allow monitoring by WIC representatives, or harassing or threatening any WIC representative.
13. Forging a participant's signature on a WIC food instrument.
14. Reproducing the WIC vendor stamp.
15. Identification by Georgia WIC of a conflict of interest as defined by applicable state laws, regulations, and policies, between the vendor and Georgia WIC or its local agencies.
16. Failure to enroll in ACH within the time specified.
17. Four failed assessments for non-competitive prices within a 12-month period or less.
18. Providing prohibited incentive items as part of a WIC transaction, in a manner that violates the provisions of this handbook.
19. Failure to meet the selection criteria (see pages 4-7) in effect at the time of assessment at any time throughout the agreement period.
20. Less than \$2,000 in annual WIC redemptions or not redeeming any WIC food instruments in sixty days.
21. Violation of any federal or state law or regulation, or terms of the WIC Vendor Agreement or Vendor Handbook not otherwise covered by the sanction system.

After being terminated from the Georgia WIC Program, the vendor will not be automatically reinstated as an authorized WIC vendor. The vendor may re-apply no sooner than one year after being terminated from Georgia WIC. To re-apply, the vendor must complete the application process in its entirety.



SANCTIONS AND THE SANCTION SYSTEM

Sanctions

Any authorized WIC vendor found to be in violation of federal regulations or Georgia WIC policy will be assessed a sanction consistent with the severity and nature of the violation. Vendor violations means any intentional or unintentional action of a vendor's paid or unpaid owners, officers, managers, agents or employees, with or without the knowledge of management, that violates the WIC Vendor Agreement or federal or state statutes, regulations, policies or procedures governing the Program.

There are seven categories of sanctions: three categories of state agency sanctions and four categories of federal mandatory sanctions. State agency sanctions are established by Georgia WIC program representatives and have been approved by the United States Department of Agriculture (USDA) prior to implementation. State agency sanctions include disqualification, and civil money penalties assessed in lieu of disqualification in the event of inadequate participant access. Federal mandatory sanctions are established by the USDA. Both state agency and federal mandatory sanctions must be enforced when violations occur.

Violations are categorized by the nature and severity of the violation. Each category has a prescribed period of disqualification. Sanctions shall be assessed as follows:

1. In the event of multiple violations, the highest sanction assessed to a vendor shall determine the period of disqualification.
2. All State agency sanctions assessed are retained in the vendor's file for a period of one year and will roll off at the end of that period.
3. If both mandatory and state agency sanctions result from a single investigation, and the disqualification for a mandatory sanction is not upheld during the administrative review process, then Georgia WIC may impose the state agency sanction.

Georgia WIC will notify a vendor in writing when an investigation reveals an initial incidence of a program violation for which a pattern of incidences must be established to impose a sanction before another violation is documented, unless Georgia WIC determines that notifying the vendor would compromise an investigation.

Disqualification

A vendor will be disqualified from Georgia WIC for committing certain program violations. The actual disqualification period is determined using the same criteria for every vendor.

1. Georgia WIC will not accept voluntary withdrawal as an alternative to disqualification.
2. A vendor that has been disqualified from SNAP will be disqualified from WIC for the same period of time. If a vendor has been assessed a CMP in lieu of disqualification for a SNAP violation, the vendor agreement will be terminated.



3. Disqualification from the WIC Program may also result in a civil money penalty or disqualification from SNAP. Such disqualification may not be subject to administrative or judicial review under SNAP.
4. If a vendor is disqualified or assessed a civil money penalty (CMP) for a federal mandatory sanction from the WIC Program in another state (see federal mandatory sanctions on pages 35-36), the vendor will be disqualified from the Georgia WIC Program for the same period of time.
5. A vendor may be assessed (CMP) in lieu of disqualification, if the disqualification will result in inadequate participant access. Upon assessment of a CMP, the disqualification period will be waived. Subsequent visits may be conducted during a waived disqualification period. If violations occur during a subsequent visit, the vendor will be disqualified for a period equal to the period that the CMP was assessed or a second CMP may be imposed.

Effective Date of Adverse Actions

Denials of vendor authorization and permanent disqualifications are effective on the **date of receipt** of the notice of the adverse action, at which time the vendor stamp will be discontinued. All other adverse actions against a vendor are effective fifteen days after the **date of the notice** of the adverse action. For those adverse actions resulting in disqualification (other than denials of vendor authorization and permanent disqualifications), use of the vendor stamp shall be discontinued fifteen days after the date of the notice of the adverse action. Any vouchers submitted for payment after fifteen days of the date of the notice of the adverse action will not be paid. All adverse actions shall remain in effect during the administrative review process.

The Sanction System

Below is a description of the Georgia WIC sanction system and how it works. For those violations that require a pattern, a pattern is established when the same violation occurs twice. Enforcement of all sanctions is required when violations have been committed.

State Agency Sanctions

If a violation occurs in Category I, the vendor will receive written warning for the first offense. If the **same** violation occurs a second time, the vendor will receive another warning for the second offense. If the **same** violation occurs a third time, the vendor will be required to complete training. If the violation occurs again after training, the vendor will be disqualified for the time period specified for that category (six months.)

If a violation occurs in Category II, the vendor will receive written warning for the first offense. If the **same** violation occurs a second time, the vendor will receive another warning for the second offense. If the **same** violation occurs a third time, the vendor will be disqualified for the time period specified for that category (eight months.)

If a violation occurs in Category III, the vendor will receive written warning for the first offense. If the **same** violation occurs again after receiving the first warning, the vendor will be disqualified for the time period specified for that category (ten months.)



If a vendor receives a warning letter and desires further explanation, the vendor may call Georgia WIC and speak with the Vendor Management Unit Manager or submit a written request for further explanation to Georgia WIC.

State Agency Sanctions Category I - Disqualification for six months on fourth violation

1. Stocking one or more WIC food items outside of manufacturer's expiration date.
2. Failure to allow in-store or manufacturers' promotional or free item with a WIC purchase.
3. Failure to submit or return requested documentation, other than food instruments or inventory records, food sales, tax information, or documentation for annual training, by the stated deadline.
4. Failure to stock the required inventory of contract formula.
5. Failure to stock the required inventory of any WIC food items other than contract formula.
6. WIC redemptions in excess of SNAP redemptions.

State Agency Sanctions Category II - Disqualification for eight months on third violation

1. Allowing the purchase of WIC foods in unauthorized container sizes.
2. Requiring WIC participants to show any identification other than the WIC identification card.
3. Use of a non-approved label by a bread manufacturer in the vendor's store.

State Agency Sanctions Category III - Disqualification for ten months on second violation

1. Failure to ring up a sale of WIC purchases.
2. Failure to write the price on a food instrument before the participant signs in plain sight of the participant during the WIC transaction.
3. Refusing to accept a valid WIC food instrument from a participant.
4. Allowing the substitution of one WIC approved food item listed on the food instrument for another WIC approved food item not listed on the food instrument.
5. Failure to repay charges within thirty days.



6. Contacting WIC participants for any reason regarding a WIC transaction.
7. Requiring participant to pay cash to redeem WIC food instruments, except for personal payments for amounts over the maximum amount of a Cash Value/Fruit and Vegetable Food Instrument.
8. Allowing the purchase of any formula other than the one specified on the front of the food instrument.
9. Failing to provide a WIC participant with the same courtesies as other customers
10. Prices not marked clearly on or near a WIC food item.
11. Allowing WIC food items to exceed the quantity specified on the food instrument (except for manufacturers' or in-store promotional or free items that are offered to all customers.)
12. Failure to allow the purchase of any WIC food item.
13. Issuing a "rain check"/IOU for WIC approved foods.
14. Charging sales tax on a WIC food item other than on the amount that exceeds the value of the Cash Value Fruit and Vegetable Voucher.
15. Failure to provide WIC participants with a receipt.
16. Failure to check a WIC customer's WIC ID card/folder.

Federal Mandatory Sanctions

If a pattern is required but not established for a Category IV or V violation, then one occurrence of a violation during a covert compliance investigation will be treated as a Category III sanction.

If a vendor previously has been assessed a Mandatory Sanction for any of the violations carrying one, three or six year disqualifications, and receives another sanction for any of these violations, then the second sanction will be doubled. If a civil money penalty is imposed in lieu of disqualification, then the amount of that penalty will be doubled up to the maximum limits per violation.

If a vendor previously has been assessed two or more sanctions for any of the violations carrying one, three or six year disqualifications, and receives another sanction for any of these violations, then the third sanction and all subsequent sanctions will be doubled. Civil money penalties shall not be imposed in lieu of disqualification for third or subsequent sanctions.

Federal Mandatory Sanctions Category IV - Disqualification for one year



1. A pattern of providing unauthorized food items in exchange for food instruments or cash value vouchers, including charging for supplemental foods provided in excess of those listed on the food instrument.
2. A pattern of an above-50-percent vendor providing prohibited incentive items to customers.

Federal Mandatory Sanctions Category V - Disqualification for three years

1. A pattern of receiving, transacting, or redeeming food instruments or cash-value vouchers outside of authorized channels, such as at locations different from the authorized location listed on the Vendor Agreement, or the use of an unauthorized vendor or an unauthorized person. This includes but is not limited to delivering WIC food items to WIC participants or collecting WIC food instruments prior to completing the WIC transaction.
2. A pattern of providing credit or non-food items (other than alcohol, alcoholic beverages, tobacco products, cash, firearms, ammunition, explosives or controlled substances) in exchange for WIC food instruments or cash-value vouchers.
3. A pattern of vendor overcharges.
4. A pattern of charging for supplemental food not received by the participant. This includes but is not limited to vendor representatives receiving WIC foods not received by the participants. The WIC participant does not have the authority to give WIC foods to vendor or its representatives and neither does the vendor or its representatives have the authority to accept such WIC food items.
5. A pattern of claiming reimbursement for the sale of an amount of a specific supplemental food item which exceeds the store's documented inventory of that supplemental food item for a specific period of time.
6. One incidence of providing alcohol or alcoholic beverages or tobacco products in exchange for WIC food instruments or cash-value vouchers.

Federal Mandatory Sanctions Category VI - Disqualification for six years

1. One incidence of buying or selling WIC food instruments or cash value vouchers for cash (trafficking).
2. One incidence of selling firearms, ammunition, explosives, or controlled substances, in exchange for food instruments or cash-value vouchers.

Federal Mandatory Sanctions Category VII - Permanent disqualification

1. Conviction for trafficking in food instruments or cash-value vouchers
2. Conviction for selling firearms, ammunition, explosives, or controlled substances in exchange for food instruments or cash value vouchers.



Additional Notes on Violations

Vendors who commit fraud or abuse in the program are subject to criminal prosecution. Those who have willfully misapplied, stolen or fraudulently obtained program funds will be subject to a fine of not more than \$25,000 or imprisonment for not more than five years, or both, if the value of the funds is \$100 or more. If the value is less than \$100, the penalties are fines of not more than \$1,000 or imprisonment for not more than one year, or both. Georgia WIC will refer all criminal activity including theft and fraud to law enforcement.

When Georgia WIC determines that a vendor has committed a vendor violation that affects payment to the vendor, Georgia WIC will delay payment and establish a claim. In addition to delaying payment and asserting a claim, Georgia WIC may sanction the vendor for vendor overcharges or other errors in accordance with the sanction schedule. Payment of food instruments submitted through the banking system by the vendor will be suspended as of the date of the notice of adverse action pending review by Georgia WIC. The vendor will be instructed to submit all outstanding food instruments to Georgia WIC for review and payment consideration.

Civil Monetary Penalties (CMP)

Prior to disqualifying a vendor for any mandatory or state agency violations, Georgia WIC must determine if disqualification of the vendor will result in inadequate participant access. Inadequate participant access occurs when there is not another authorized WIC vendor within ten miles of the vendor who has committed the violation. Only when Georgia WIC determines and documents that disqualification of the vendor would result in inadequate participant access, a civil money penalty must be imposed in lieu of disqualification. CMPs will only be assessed for both state and mandatory sanctions in the event of inadequate participant access, as determined by Georgia WIC. The CMP shall not exceed \$11,000 per violation, or \$44,000 for multiple violations occurring during a single investigation.

CMPs must be paid within thirty days of the notice of approval. Installments may be considered up to a maximum of six months. If a vendor does not pay, partially pays, or fails to pay a CMP assessed in lieu of disqualification on time, the Georgia WIC Program will disqualify the vendor for the length of the disqualification corresponding to the to the violation for which the CMP was assessed.

CMP Methodology for State Agency Sanctions

CMPs will be assessed in lieu of disqualification for State Agency sanctions based on the chart below.

Civil Money Penalty Formula for State Agency Sanctions Based on Six Month WIC Redemption		
Category	For \$0 to \$11,000 in Redemptions (CMP Base Rate)	For Redemption Amount Above \$11,000 (CMP= Base Rate + % of Total Redemption over \$11,000)
Category I	\$500	\$500 + 1% of redemption over \$11,000
Category II	\$1,000	\$1,000 + 2% of redemption over \$11,000
Category III	\$1,500	\$1500 + 3% of redemption over \$11,000



For State agency Sanctions, the first CMP will be reduced by fifty percent if the vendor presents documented proof that they had an effective training program in place. The vendor must also submit documentation listing the names of the personnel trained and the date of training. This training date must be during the fiscal year and before the disqualification notification.

CMPs cannot exceed \$11,000 per violation or \$44,000 per investigation. If more than one violation is detected during a compliance investigation, a CMP must be imposed for each violation (up to the \$11,000/\$44,000 limits.) Only two CMPs can be assessed against a vendor. CMPs cannot be imposed in lieu of disqualification for third and subsequent sanctions in these categories.



CMP Methodology for Mandatory Sanctions

For a violation that warrants permanent disqualification, the amount of the CMP shall be \$11,000 for each violation.

For each violation subject to a mandatory sanction, the following formula will be used to calculate the amount of the CMP imposed in lieu of disqualification.

1. Determine the vendor's average monthly redemptions for at least the six months ending immediately preceding the month during which the notice of the adverse action is dated.
2. Multiply the average monthly redemptions figure by ten percent.
3. Multiply the amount from step 2 above by the number of months for which the store would have been disqualified. This is the amount of the civil money penalty, provided that the civil money penalty shall not exceed \$11,000 per violation. The total amount of the CMP assessed for violations that occur during a single investigation may not exceed \$44,000.

If a vendor who received a Categories IV, V or VI sanction receives a second sanction in any of these categories, the second sanction must be doubled. However, CMPs can only be doubled up to the limits stated above. CMPs cannot be imposed in lieu of disqualification for third and subsequent sanctions in these categories.



ADMINISTRATIVE REVIEW AND APPEAL PROCEDURES

A vendor may appeal certain adverse action(s) imposed by Georgia WIC. Adverse actions a vendor may appeal, as well as Georgia WIC’s administrative review procedures are detailed below. Vendors are required to adhere to these procedures if requesting review of an adverse action. Vendor shall receive a ruling, including the basis for the decision within 90 days of receipt of the request of the appeal. However, if this timeframe is not met this does not provide a basis for reversing the decision. For those decisions where the vendor may pursue judicial review, the state agency will notify the vendor of the availability of that remedy.

If reimbursement is owed to Georgia WIC by the vendor as a result of the adverse action being affirmed after administrative review, neither the vendor nor its affiliates shall be eligible to participate as an authorized WIC vendor until the reimbursement is paid in full. The vendor may not circumvent reimbursement by selling or otherwise making any changes or amendments to its corporate structure that was in place since the time of its initial authorization.

Procedures for Vendor Administrative Review, Hearings and Appeals

(1) **Effective Date of Adverse Actions** Unless a later date is specified in the notice of adverse action against a vendor by the State agency, all adverse actions (except denials of vendor authorization and permanent disqualifications which are effective on the date of receipt of the notice) shall be effective fifteen days after the date of the notice of the adverse action. All adverse actions shall remain in effect during the administrative appeal process.

(2) Full Administrative Review

(a) The following adverse actions shall be subject to full administrative review upon timely request by the vendor:

- (i) denial of authorization based on the application of the vendor selection criteria for minimum variety and quantity of authorized supplemental foods, or on a determination that the vendor is operating a store sold by its previous owner in an attempt to circumvent a sanction, as stated in 7 C.F.R. § 246.12(g)(7) ;
- (ii) termination of an agreement for cause;
- (iii) disqualification; and
- (iv) imposition of a fine or a civil money penalty in lieu of disqualification.

(b) These procedures shall be followed in cases meriting full administrative review:

- (i) The State agency shall give written notice to the vendor of the adverse action, the procedures to follow to obtain full administrative review, the causes for and the effective date of the action. When a vendor is disqualified due in whole or in part for any of the violations listed in 7 C.F.R § 246.12(l)(1), the



notice shall include the following statement: "This disqualification from WIC may result in disqualification as a retailer in SNAP. Such disqualification is not subject to administrative or judicial review under SNAP."

- (ii) A vendor seeking review must send a written request for review to the Commissioner of the State agency within fifteen days from the date of the notice of adverse action, with a copy of the decision to be reviewed;
- (iii) Upon receiving a timely request for review, the Commissioner shall refer the case to the Office of State Administrative Hearings (OSAH) for initial decision.
- (iv) The hearing before OSAH shall be conducted in accordance with the Georgia Administrative Procedures Act and the rules of OSAH. In addition, the Administrative Law Judge (ALJ) shall ensure that the vendor is given:
 - (A) Adequate advance notice of the time and place of the administrative review to provide all parties involved sufficient time to prepare for the review;
 - (B) The opportunity to present its case and at least one opportunity to reschedule the administrative review date upon specific request;
 - (C) The opportunity to cross-examine adverse witnesses. When necessary to protect the identity of WIC Program investigators, such examination may be conducted behind a protective screen or other device to conceal the investigator's face and body;
 - (D) The opportunity to be represented by counsel; and
 - (E) The opportunity to examine prior to the hearing the evidence upon which the State agency's action is based.
- (v) The ALJ's determination shall be based solely on whether the State agency has correctly applied Federal and State statutes, regulations, policies, and procedures governing the WIC Program, according to the evidence presented at the review.
- (vi) The Commissioner shall appoint an attorney from the Office of General Counsel as a reviewing official to review the ALJ's initial decision at the request of either party within ten days of the date of the ALJ's initial decision, to ensure that it conforms to approved policies and procedures, and to render the final agency decision in accordance with O.C.G.A. § 50-13-41. If neither party requests that the ALJ's decision be reviewed, then the ALJ's decision shall become the final agency decision thirty days after it was entered.
- (vii) When the ALJ's decision is reviewed at the request of either party, the reviewing official shall provide written notification of the final agency decision, including the basis for the decision, and the vendor's right to seek judicial review pursuant to O.C.G.A. § 50-13-19, within the time period prescribed by O.C.G.A. § 50-13-41. If the adverse action under review has not already taken effect, the review official's decision shall be effective on the date of receipt by the vendor.



(3) Abbreviated Administrative Review

(a) The following adverse actions shall be subject to abbreviated administrative review upon timely request by the vendor:

- (i) denial of authorization based on the vendor selection criteria for business integrity or for a current SNAP disqualification or civil money penalty for hardship;
- (ii) denial of authorization based on the application of the vendor selection criteria for competitive price;
- (iii) the application of the State agency's vendor peer group criteria and the criteria used to identify vendors that are above-50-percent vendors or comparable to above-50-percent vendors;
- (iv) denial of authorization based on a State agency-established vendor selection criterion if the basis of the denial is a WIC vendor sanction or a SNAP withdrawal of authorization or disqualification;
- (v) denial of authorization based on the State agency's vendor limiting criteria;
- (vi) denial of authorization because a vendor submitted its application outside the timeframes during which applications are being accepted and processed as established by the State agency;
- (vii) termination of an agreement because of a change in ownership or location or cessation of operations;
- (viii) disqualification based on a trafficking conviction;
- (ix) disqualification based on the imposition of a SNAP civil money penalty for hardship;
- (x) disqualification or a civil money penalty imposed in lieu of disqualification based on a mandatory sanction imposed by another WIC State agency;
- (xi) a civil money penalty imposed in lieu of disqualification based on a SNAP disqualification; and
- (xii) denial of an application based on a determination of whether an applicant vendor is currently authorized by SNAP.

(b) These procedures shall be followed in cases meriting abbreviated administrative review:

- (i) The State agency shall give written notice to the vendor of the adverse action, the procedures to follow to obtain an abbreviated administrative review, the causes for and the effective date of the action;



- (ii) A vendor seeking review must send a written request for review to the Commissioner of the State agency within fifteen days from the date of the notice of adverse action, with a copy of the decision to be reviewed and any documents, argument, or information that the vendor contends would justify reversal;
- (iii) Upon receiving a timely request for review, the Commissioner shall appoint a decision-maker who is someone other than the person who rendered the initial decision on the action to review the information provided to the vendor concerning the causes for the adverse action and the vendor's response, and to make a determination based solely on whether the State agency has correctly applied Federal and State statutes, regulations, policies, and procedures governing the Program;
- (iv) The decision-maker shall provide written notification of the final agency decision, including the basis for the decision, and the vendor's right to seek judicial review pursuant to O.C.G.A. § 50-13-19, within 90 days of the date of receipt of the request for an administrative review. If the adverse action under review has not already taken effect, the decision-maker's ruling shall be effective on the date of receipt by the vendor.

(4) Actions not Subject to Administrative Review

The following adverse actions are not subject to administrative review:

- (a) The validity or appropriateness of the State agency's vendor limiting criteria or vendor selection criteria for minimum variety and quantity of supplemental foods, business integrity, and current SNAP disqualification or civil money penalty for hardship;
- (b) The validity or appropriateness of the State agency's selection criteria for competitive price, including, but not limited to, vendor peer group criteria and the criteria used to identify vendors that are above-50-percent vendors or comparable to above-50-percent vendors;
- (c) The validity or appropriateness of the State agency's participant access criteria and the State agency's participant access determinations;
- (d) The State agency's determination to include or exclude an infant formula manufacturer, wholesaler, distributor, or retailer from the list required pursuant to §246.12(g)(11);
- (e) The validity or appropriateness of the State agency's prohibition of incentive items and the State agency's denial of an above-50-percent vendor's request to provide an incentive item to customers pursuant to §246.12(h)(8);
- (f) The State agency's determination whether to notify a vendor in writing when an investigation reveals an initial violation for which a pattern of violations must be established in order to impose a sanction, pursuant to §246.12(l)(3);
- (g) The State agency's determination whether a vendor had an effective policy and program in effect to prevent trafficking and that the ownership of the vendor was not aware of, did not approve of, and was not involved in the conduct of the violation;
- (h) Denial of authorization if the State agency's vendor authorization is subject to the procurement procedures applicable to the State agency;
- (i) The expiration of a vendor's agreement;



(j) Disputes regarding food instrument or cash-value voucher payments and vendor claims (other than the opportunity to justify or correct a vendor overcharge or other error, as permitted by §246.12(k)(3); and

(k) Disqualification of a vendor as a result of disqualification from SNAP.



WHERE TO GET MORE INFORMATION

Georgia WIC has a vendor customer service hotline (toll free in Georgia) available to assist Georgia WIC vendors with any aspect of the WIC Program. The hotline is available Monday through Friday, except State holidays, from 8:00 AM – 4:30 PM Eastern Standard Time (EST). After 4:30 PM and during periods of high volume calling, please leave a voice message.

Georgia WIC
Vendor Management Unit
2 Peachtree Street, NW
Suite 10-476
Atlanta, Georgia 30303-3142
404-657-2900

Customer service hotline: 1-866-814-5468 (toll free within Georgia)

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, U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call toll free (866) 632-9992 (Voice) or (202) 260-1026 (local).

TTY users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TTY) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.



GLOSSARY

Above-50 percent vendors – A vendor that derives more than fifty percent of its annual food sales revenue from WIC food instruments, and new vendor applicants expected to meet this criterion under guidelines approved by FNS. New vendors will be assessed within six months of authorization, and all vendors will be assessed annually to determine if they are an above-50% vendor.

Automatic Clearing House (ACH) – An electronic funds transfer network which enables participating financial institutions to distribute electronic credit and debit entries to bank accounts and to settle such entries.

Administrative Review – A review process offered to vendors attempting to challenge decisions made by the program. Such decisions include, but are not limited to, denial of authorization, disqualification, and termination of the vendor agreement.

Affiliates – Any partner, member, owner, officer, director, employee, relative by blood or marriage, heirs, or assigns.

Annual Training – A yearly mandatory training session for all vendors to receive program updates and reminders, and to ensure their understanding of program updates and reminders.

Authorized Supplemental Foods – Those supplemental foods authorized by Georgia WIC for issuance to a particular participant.

Cash-Value/Fruit and Vegetable Voucher (CVV) – A fixed-dollar amount check, voucher, electronic benefit transfer (EBT) card or other document which is used by a participant to obtain authorized fruits and vegetables.

Civil Money Penalty – A monetary penalty that can be assessed in lieu of a sanction.

Contracted Brand Infant Formula – All infant formulas (except EXEMPT INFANT FORMULAS) produced by the manufacturer awarded the infant formula cost containment contract.

Corporate Vendor – A WIC authorized vendor that has the more than one store with the same FEIN. The term does not mean that the vendor is an incorporated entity.

Covert Compliance Investigation or Compliance Buy – An undercover, onsite investigation in which a representative of the WIC Program poses as a participant, parent, or caretaker of an infant or child participant, or proxy, transacts one or more food instruments, and does not reveal during the visit that he or she is a program representative.

Customized Training – Training that vendors can request to suit their specific training needs.

Days – Calendar days, unless otherwise noted.

Delivery – The act of transferring a product from a seller to its buyer outside the confines of the retail food establishment.



Disqualification – The act of ending the Program participation of a participant, authorized food vendor, or authorized State or local agency, whether as a punitive sanction or for administrative reasons (e.g. termination of vendors from Georgia WIC for program violations.)

Documentation – The presentation of written documents which substantiate statements made by a WIC applicant or participant or a person applying on behalf of an applicant.

Exempt Infant Formula – An infant formula that meets the requirements for an exempt infant formula under section 412(h) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 350a(h)) and the regulations at 21 C.F.R. parts 106 and 107.

Federal Mandatory Vendor Sanction – A sanction required by federal law for a vendor's violation of the WIC Vendor Agreement or the laws, regulations, rules, and policies governing the WIC program, imposed pursuant to 7 C.F.R. 246.12(l) (1).

First date of use – The first date on which the food instrument may be used to obtain supplemental foods.

Food Instrument – A voucher, check, electronic benefits transfer (EBT) card, coupon or other document which is used by a participant to obtain supplemental foods.

Food Sales – Sales of all Supplemental Nutrition Assistance Program (SNAP) - eligible foods intended for home preparation and consumption, including meat, fish, and poultry; bread and cereal products; dairy products; fruits and vegetables. Food items such as condiments and spices, coffee, tea, cocoa, and carbonated and noncarbonated drinks may be included in food sales when offered for sale along with foods in the categories identified above. Food sales do not include sales of any items that cannot be purchased with SNAP benefits, such as hot foods or food that will be eaten in the store.

Food Sales Establishment License – A license granted by the Georgia Department of Agriculture which permits the retail food vendor to sell food items.

High-Risk Vendor – A vendor identified as having a high probability of committing a vendor violation through application of the criteria established in § 246.12(j)(3) and any additional criteria established by Georgia WIC.

Inadequate Participant Access – Not another WIC authorized vendor within ten miles of another WIC authorized vendor.

Inventory – Supplemental foods in stock, received, and issued.

Inventory audit – The examination of food invoices or other proofs of purchase to determine whether a vendor has purchased sufficient quantities of supplemental foods to provide participants the quantities specified on food instruments redeemed by the vendor during a given period of time.

Last Date of Use – The last date on which the food instrument may be used to obtain authorized supplemental foods.

Minimum Inventory – Required inventory that all vendors must carry everyday at all times, including, but not limited to, fruits and vegetables, and whole grains. Pharmacies are exempt from keeping minimum inventory.

Non-Contract Brand Infant Formula – All infant formula, including exempt infant formula, that is not covered by an infant formula cost containment contract awarded by that State agency.

Non-Corporate Vendor – A WIC authorized vendor that has only one store or a vendor with more than one store, each with a different FEIN. The term does not mean that the vendor is not an incorporated entity.

Non-WIC Inventory – Food items that are not a part of the WIC minimum inventory or the WIC Approved Foods List.

Participants – Persons who are receiving supplemental foods or food instruments under the WIC Program, such as pregnant women, breastfeeding women, postpartum women, infants and children, and the breastfed infants of participant breastfeeding women.

Pharmacy Vendor – A WIC authorized vendor that is allowed to only redeem vouchers for exempt and special infant formulas, including medical foods. No contract formula or other standard WIC food sales are allowed for these vendors.

Pre Approval Visit – An on-site visit to a vendor's retail food establishment to verify location, inventory, and all other information submitted on the vendor application.

Price Adjustment – An adjustment made by Georgia WIC, in accordance with the vendor agreement, to the purchase price on a food instrument after it has been submitted by a vendor for redemption to ensure that the payment to the vendor for the food instrument complies with Georgia WIC's price limitations.

Proxy – Any person designated by a woman WIC participant, or by a parent or caretaker of an infant or child WIC participant, to obtain and transact food instruments or to obtain supplemental foods on behalf of a WIC participant.

Purchase price – A space for the purchase price to be entered on the WIC food instrument.

Offense or Violation – An act against the programs rules, regulation, policies or procedure.

Routine Monitoring – Overt, on-site monitoring during which program representatives identify themselves to vendor personnel.

Redemption – The act of cashing the WIC voucher according to WIC banking standards.

Redemption period – The date by which the vendor must submit the food instrument for redemption. This date must be no more than sixty days from the first date on which the food instrument may be used.

Sanction – A penalty that is imposed when WIC program rules, regulations, policies or procedures are violated.



Sign or Signature – A handwritten signature on paper or an electronic signature.

State agency – The health department or comparable agency of each state. In this instance, the Georgia Department of Public Health, Maternal and Child Health Program, Office of Nutrition and WIC.

Supplemental Nutrition Assistance Program (SNAP) – *SNAP* is the new name for the federal *Food Stamp Program*.

Termination – Discontinuance of vendor participation in the Georgia WIC program.

Vendor – A sole proprietorship, partnership, cooperative association, corporation, or other business entity operating one or more stores authorized by Georgia WIC to provide authorized supplemental foods to participants under a retail food delivery system. Each store operated by a business entity is considered to be a separate vendor and must be authorized separately from other stores operated by the business entity. Each store must have a single, fixed location. Mobile stores are authorized in Georgia only when necessary to meet the special needs described in the Georgia WIC State Plan in accordance with § 246.4(a)(14)(xiv).

Vendor Authorization – The process by which Georgia WIC assesses, selects, and enters into agreements with stores that apply or subsequently reapply to be authorized as vendors.

Vendor Number – A unique four digit number that is used to identify each vendor authorized to provide WIC food items. Redemption activity must be identified by the vendor that submitted the food instrument, using the vendor number. Each vendor operated by a single business entity must be identified separately.

Vendor Peer Group System – A classification of authorized vendors into groups based on common characteristics or criteria that affect food prices, for the purpose of applying appropriate competitive price criteria to vendors at authorization and limiting payments for food to competitive levels.

Vendor Overcharge – Intentionally or unintentionally charging Georgia WIC more for authorized supplemental foods than is permitted under the vendor agreement. It is not a vendor overcharge when a vendor submits a food instrument for redemption and Georgia WIC makes a price adjustment to the food instrument.

Vendor Selection Criteria – The criteria established by Georgia WIC to select individual vendors for authorization consistent with the requirements in § 246.12(g)(3) and (g)(4).

Vendor Training – The procedures Georgia WIC will use to train vendors in accordance with 7 C.F.R 246.12(i). Georgia WIC will provide training annually to at least one representative from each vendor. Vendor Applicants will receive training at the time of authorization. Participating Vendors will receive re-authorization training at least once every three years in an interactive format.

Vendor Violation – Any intentional or unintentional action of a vendor's paid or unpaid owners, officers, managers, agents, or employees (with or without the knowledge of management) that

violates the vendor agreement or Federal or State statutes, regulations, policies, or procedures governing the Program.

WIC – The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) authorized by section 17 of the Child Nutrition Act of 1966, as amended (42 U.S.C. §1786).

WIC-eligible medical foods – Certain enteral products that are specifically formulated to provide nutritional support for individuals with a qualifying condition, when the use of conventional foods is precluded, restricted, or inadequate. Such WIC eligible medical foods must serve the purpose of a food, meal or diet (may be nutritionally complete or incomplete) and provide a source of calories and one or more nutrients; be designed for enteral digestion via an oral or tube feeding; and may not be a conventional food, drug, flavoring, or enzyme. WIC eligible medical foods include many, but not all, products that meet the definition of medical food in Section 5 (b)(3) of the Orphan Drug Act (21 U.S.C 360ee(b)(3)).

GEORGIA WIC PROGRAM
VENDOR AGREEMENT

Full Legal Name of
Store or Corporation

Doing Business As
(If applicable)

Street Address

Store location or corporate home office

City

State

Zip

Business Telephone

(Area Code)

Number

County

Mailing Address

(If different from above)

City

State

Zip

Email Address

Fax Number

Federal Employer Identification Number

Registered Agent

(If applicable)

Mailing Address

City

State

Zip

NOTE: All communications, i.e. disqualifications, sanctions, addendums, annual training, etc. will be mailed to all listed addresses

DO NOT WRITE BELOW THIS LINE

GEORGIA WIC PROGRAM USE ONLY
WIC VENDOR NUMBER
(Non-corporate vendors only)

Empty rectangular box for WIC Vendor Number

This Agreement is by and between the Georgia Special Supplemental Nutrition Program for Women, Infant and Children ("Georgia WIC" or the "Program") having a mailing address of Two Peachtree Street NW, Suite 10-476, Atlanta, Georgia, 30303-3142, and the above-named business entity ("the Vendor"). This agreement is effective for the period beginning _____ and ending September 30, 2013.

I. PURPOSE

The purpose of this agreement is to establish the terms and conditions for an authorized vendor to sell prescribed supplemental foods under the Georgia WIC Program, in accordance with federal and state laws and regulations.

II. VENDOR ELIGIBILITY AND LOCATION

- A. An eligible vendor is a business entity that is 1) licensed by the Georgia Department of Agriculture and, 2) without a debarment or suspension from United States Department of Agriculture. Military commissaries and pharmacies do not have to be licensed by the Georgia Department of Agriculture.
- B. An eligible vendor is a business entity that is 1) registered and licensed by the United States Department of Agriculture Food & Nutrition Service as a retail participant in the Supplemental Nutrition Assistance Program or SNAP (formally the Food Stamp Program) and 2) is in good standing without debarment or suspension from the United States Department of Agriculture or the SNAP program. Military commissaries and pharmacies do not have to be SNAP participants.
- C. An eligible vendor must have a fixed location with an official physical address.
- D. For corporate vendors owning two (2) or more locations, the requested information for each location must be listed on the Corporate Attachment (Form 3771A) and made part of the agreement. The corporate attachment form is an addendum to the corporate vendor agreement. The attachment form serves as verification that the location listed is the authorized location at which WIC vouchers are to be redeemed. Vendors are not permitted to redeem vouchers in a location other than the authorized location listed in the vendor agreement or corporate attachment.
- E. An eligible vendor must meet all requirements as described in the most recent version of the Georgia WIC Program Vendor Handbook and all addendums.
- F. The vendor must comply with the selection criteria (including any changes to those criteria, throughout the agreement period. The Georgia WIC Program may reassess any authorized vendor at any time during the vendor agreement period using the current vendor selection criteria, and will terminate the agreement if the vendor fails to meet those criteria.
- G. A vendor authorized as a military commissary, pharmacy or corporate vendor will be given certain exceptions to this agreement. The exceptions are outlined in this Agreement and the Georgia WIC Program Vendor Handbook.

III. RESPONSIBILITIES – VENDOR

The Vendor agrees to comply with the provisions of this agreement and all federal and state laws, policies, procedures, rules and regulations, including those contained in the most recent publication of the Vendor Handbook and State Plan of Program Operation and Administration, and any subsequent revisions to the policies, procedures, laws, rules and regulations issued by the federal government and the Georgia WIC Program during the agreement period. This Agreement will be interpreted according to the laws of the state of Georgia.

A. THE VENDOR AGREES AND COVENANTS:

1. To be fully accountable for the actions of its paid or unpaid owners, officers, managers, agents and employees, including any vendor violations committed by such persons.
2. To abide by the rules, policies and procedures as outlined in the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums, and all federal and state laws and regulations.
3. To not solicit the WIC customer on the premises of WIC clinics.
4. To only purchase infant formula, that will be redeemed for WIC vouchers, from the Approved Infant Formula Supplier list. If a supplier is not listed, a vendor may call 866-814-5468 or 404-657-2900 to inquire about adding that supplier to the list. The vendor must ensure that the requested supplier has been authorized by the Georgia WIC Program, prior to purchasing any infant formula from that supplier. Records of the infant formula purchase must be maintained according to Section III.J.3 of this Agreement.
5. To submit total food sales and gross sales revenue records, and any other records needed to validate total food sales and gross sales, as requested by the Georgia WIC Program, and to complete and submit upon request, the specified Sales and Use Tax Report Form ST-3 for the Georgia WIC Program vendors.
6. To not use the WIC acronym, the WIC logo or close facsimiles thereof, in total or in part, either in the official name in which the vendor is registered or under the name in which it does business; or in any unauthorized manner on packages, product labels, proprietary materials including pamphlets and brochures, or in any form of marketing, promotional material or advertisement of the store.
7. To carry a substantial amount of non-WIC food inventory at all times. The vendor must carry the minimum amount of items in each category as specified in the Vendor Handbook.
8. To comply with the vendor selection criteria throughout the agreement period, including any changes to the criteria.
9. To not offer, advertise, promise or indicate an intention to provide incentives to WIC participants. Vendors who use advertisements or incentives to solicit the business of WIC participants, or offer incentives or delivery services will be subject to sanctions as explained in this Vendor Agreement and the Vendor Handbook. Incentives include but are not limited to free or complimentary gifts, home delivery of foods, store memberships, and free or discounted services.

10. To prominently display in plain sight the poster provided by the Georgia WIC Program indicating that the store welcomes or accepts WIC.

B. VENDOR TRAINING

Prior to accepting WIC vouchers, the vendor or his authorized representative must receive interactive authorized training. The vendor must also participate in annual training on changes and updates on the Georgia WIC Program policies and procedures. The Georgia WIC Program will provide the date, time and location of the training, and will provide vendors with at least one alternative date on which to attend interactive training. The vendor may submit a written request for the Georgia WIC Program to provide subsequent customized training to store personnel at any time after both parties have signed the agreement.

The vendor agrees and covenants:

1. To participate in all required training, including annual training.
2. To provide training on the requirements of the WIC program to paid and unpaid employees, agents and all personnel involved in WIC transactions.
3. To not participate in the Georgia WIC Program until Authorized Training has been completed and a vendor stamp has been issued.
4. To not participate in the Georgia WIC Program until the vendor has received a passing score of eighty points or higher on the Post Vendor Training Evaluation.
5. For vendors with multiple locations that have separately been authorized to participate in the WIC program, to provide documentation that a management representative(s) from each authorized store location has been trained on the required topics as listed on the Corporate Vendor Training Checklist (Form 3757A), (Corporate vendors only).

C. NO SUBSTITUTIONS, CASH, REFUNDS, OR EXCHANGES

The vendor agrees and covenants:

1. To only charge for authorized supplemental foods selected by the WIC customer as listed on the food instrument or cash value/fruit and vegetable voucher, and not charge for WIC approved items that are not received by the WIC customer.
2. To not provide unauthorized food items, non-food items, cash or credit (including rain checks) in exchange for food instruments or cash value/fruit and vegetable vouchers.
3. To not provide refunds or permit exchanges for authorized supplemental foods obtained with food instruments or cash-value vouchers, except for exchanges of the same brand and size when the original authorized supplemental food item is defective, spoiled, recalled or has exceeded its "sell by" or "best if used by" or other date limiting the sale or use of the food item.

4. To provide only the authorized infant formula which the vendor has obtained pursuant to paragraph III A (4) of this agreement, to participants in exchange for food instruments for infant formula.

D. FOOD VOUCHER TRANSACTIONS

The vendor agrees and covenants:

1. To accept food instruments and cash-value vouchers only from WIC participants, parents or caretakers of infants and child participants or proxies (the "WIC customer).
2. To ensure that WIC food instrument transactions are processed in accordance with the procedures set forth in the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.
3. To not demand that a WIC customer purchase every eligible WIC food item listed on the voucher.
4. To allow WIC customers the right to purchase the eligible foods of their choice as listed on the WIC food instrument, cash value voucher and the approved food list.
5. To ensure that the purchase price is entered on food instruments and cash-value vouchers in accordance with the procedures governing the processing of WIC food instruments in the most recent publication of the Vendor Handbook. The purchase price must include only the authorized supplemental food items actually provided and must be entered on the food instrument or cash-value voucher in plain sight of the WIC customer during the WIC transaction.
6. To ensure that the WIC customer signs the food instrument or cash-value voucher in the presence of the cashier.
7. To only allow the purchase of supplemental foods listed on the food instrument and cash value/fruit and vegetable voucher.
8. To offer the WIC customer the same courtesies offered to all other customers.
9. To ensure that all information including the identity of the WIC customer is kept confidential, in accordance with federal and state law and regulation.
10. To ensure that the Georgia WIC Program is not being charged for foods not received by the participant.
11. To not charge the WIC customer for authorized supplemental foods obtained with food instruments or cash-value vouchers.
12. To not contact or seek restitution from the WIC customer for WIC food vouchers not paid or partially paid by the Georgia WIC Program.
13. To not request cash from the WIC customer for any WIC transaction except for transactions involving the cash value/fruit and vegetable vouchers, for which the total amount of the transaction exceeds the amount on the voucher.
14. To not provide the WIC customer with unauthorized food or non-credit food items, rain checks/IOUs, credit slips, due bills or other similar receipts for WIC foods not obtained at the time of the purchase.

15. To allow the WIC customer to participate in in-store and/or manufacturer promotions that include WIC approved food items. This includes 'buy one, get one or more free' promotions.
16. To not collect sales tax on authorized WIC food purchases, except on the purchase amount that is in excess of the amount on a cash value/fruit and vegetable voucher, if applicable.
17. To not charge the WIC customer or the Georgia WIC Program for bank fees or other fees related to food instrument redemption.
18. To allow the WIC customer to use their own funds in excess of the monetary limits for their cash value/fruit and vegetable voucher.
19. To not issue cash change to a WIC customer for purchases less than the total value of the cash value/fruit and vegetable voucher.
20. To only use the cash value/fruit and vegetable voucher for fruit and vegetable purchases.
21. To enroll in the Automatic Clearing House upon authorization for the payment of WIC vouchers that exceeds the maximum allowable price.
22. To provide a single account number to which all WIC vouchers will be deposited.

E. PRICING

The vendor agrees and covenants:

1. To clearly mark the price of WIC foods on the item, container, shelf or sign near the WIC food item.
2. To provide each WIC food item at or below the current shelf price.
3. To not accept WIC food instruments or cash value/fruit and vegetable vouchers before the "First Date to Use" or after the "Last Date to Use" as printed on the food instrument.
4. To submit vouchers to the bank for payment within sixty days from the "First Date to Use" as indicated on each food instrument.
5. To submit food instruments and cash-value vouchers for redemption in accordance with the redemption and voucher payment procedures outlined in the most recent version of the Vendor Handbook.
6. To accept an adjustment in the amount written in the "pay exactly" box of the WIC food instrument submitted for redemption if the amount exceeds the statewide and/ or peer group Maximum Allowable Reimbursement Level. The amount to be paid will be based upon the average shelf price, which will be based on the average shelf prices for all comparable stores in the same peer group or the statewide average for above 50% vendors for a given time period.
7. To remain price-competitive throughout the agreement period. Non-competitive pricing occurs when the amount paid per food instrument by the Georgia WIC Program to the vendor for a month's payment for all food instruments except cash value vouchers, exempt infant formulas and medical foods exceeds the statewide average amount paid per food instrument within the peer group by more than 50%. If the vendor is found to be non-competitive during an assessment, the vendor will receive written notice. If the vendor is identified as non-competitive for three additional assessments for a total of four (4) failed assessments within a twelve-month period or less, the vendor agreement will be terminated.

F. OVERCHARGING

The vendor agrees and covenants:

To not overcharge the WIC customer or the Georgia WIC Program by charging more than the vendor's current shelf price for a WIC approved food item(s), or charging a WIC participant more for food than a non WIC customer.

G. VENDOR COST CONTAINMENT

The Georgia WIC Program is responsible for ensuring that the WIC program pays all vendors competitive prices for supplemental foods. The Georgia WIC Program implemented a cost containment plan to identify and manage vendors who derive more than 50 percent of their annual food revenue from WIC food instruments.

By June 30th of each year the Georgia WIC Program will conduct an annual assessment of each current vendor to determine if they derive more than 50 percent of their food revenue from WIC food instruments. New vendors will be assessed six months after enrollment to determine if they derive more than 50 percent of their food revenue from WIC food instruments. The State WIC Program utilizes a methodology that uses shelf prices to determine the maximum allowable reimbursement levels (MARL) for food instruments. If the Georgia WIC Program determines that the vendor derived more than 50 percent of its food revenue from WIC, the vendor will be assigned to peer group G.

If upon reassessment the Georgia WIC Program reassigns a vendor to a peer group offering a lower level of reimbursement in error, and on appeal the vendor is restored to their original peer group, damages to the vendor will be limited to the difference between the reimbursement they should have the received, and the reimbursement actually received.

H. NON-DISCRIMINATION

In accordance with federal law and U.S. Department of Agriculture (USDA) policy, all organizations that participate in the WIC program are prohibited from discriminating or denying benefits or participation to any person on the grounds of race, color, national origin, age, sex or handicap.

I. CHANGE OF OWNERSHIP, LOCATION OR CESSATION OF OPERATION

The vendor agrees and covenants:

1. To submit, upon request, to the Georgia WIC Program proof of ownership, identity and any other requested documents, (e.g. articles

of incorporation, bill of sale, partnership declaration, evidence of sole proprietorship, social security card, driver's license, etc.)

2. To notify the Georgia WIC Program in writing at least twenty-one days in advance of any change in location or other information (including but not limited to the name of the store and telephone number), change in ownership or cessation of business operations.

J. PERFORMANCE COMPLIANCE AND CONFLICT OF INTEREST

The vendor agrees and covenants:

1. To be monitored for compliance with program requirements.
2. To permit unannounced visits by federal or state agency representatives to review adherence to federal and state laws and the Georgia WIC Program policies and procedures.
3. To provide access to WIC food instruments and cash value/fruit and vegetable vouchers on hand, inventory records (invoices) and any other business records during a monitoring visit or inventory audit by any authorized federal or state agency representative.
4. To maintain records used for federal tax reporting purposes, inventory records including purchase and sales invoices and receipts, and all other records related to WIC transactions and participation in the WIC program for the three previous years and the current year, or until pending investigations are completed, if longer.
5. To disclose any potential or actual conflict of interest between the vendor and the Georgia WIC Program or its employees.
6. To not engage in any activity with the WIC customer that would create a conflict of interest, as determined by the Georgia WIC Program. This includes, but is not limited, acting as a proxy for the WIC customer.
7. To not attempt to circumvent a sanction(s) by selling, assigning or otherwise transferring ownership to any person including the vendor's partners, members, owners, officers, directors, employees, relatives by blood or marriage, heirs or assigns.
8. To not use the WIC acronym, the WIC logo or close facsimiles thereof, in total or in part, either in the official name in which the vendor is registered or under the name in which it does business; or in any unauthorized manner on packages, product labels, proprietary materials including pamphlets and brochures, or in any form of marketing, promotional material or advertisement of the store.

K. VENDOR SANCTION SYSTEM AND VENDOR CLAIMS

The vendor agrees and covenants:

1. To pay any claim assessed by the Georgia WIC Program if the Georgia WIC Program determines that vendor has committed a violation affecting payment to the vendor (such as overcharging), and delays payment or assesses a claim.
2. To pay claims and penalties levied for audit citations and for sanctions levied pursuant to this agreement and the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.

L. STATE PROPERTY

The vendor agrees and covenants:

1. To return the vendor stamp(s) to the Georgia WIC Program upon termination, change of ownership or disqualification.
2. To report lost, stolen or damaged vendor stamps to the Georgia WIC Program immediately.
3. To not reproduce the vendor stamp.

IV. RESPONSIBILITIES – GEORGIA WIC PROGRAM

The Georgia WIC Program agrees to adhere to federal and state laws, policies, procedures, rules and regulations, including the most recent publication of the Vendor Handbook and all addendums.

Any subsequent revisions to the policies, procedures, laws, rules and regulations that relate to the Georgia WIC Program issued by the federal government are hereby made a part of this agreement.

Georgia WIC Program further agrees:

- A. To provide the vendor with the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.
- B. To ensure that WIC customers are informed of the proper food instrument redemption procedures and the correct use of WIC food instruments.
- C. To notify the vendor of new program requirements set forth by the U.S. Department of Agriculture regulations and the Georgia WIC Program.
- D. To provide training for the vendor on policies and procedures of the Georgia WIC Program, at a time, place and in a manner prescribed by the Georgia WIC Program.
- E. To monitor and audit vendors for possible violations of the Georgia WIC Program rules, regulations, policies or procedures.
- F. To enforce rules, regulations, policies and procedures of the Georgia WIC Program through a system of claims, penalties, and/or sanctions as described in the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.
- G. To provide appropriate written notice of intent or reason(s) to terminate this agreement.
- H. To notify the vendor of the right to appeal those adverse actions that are appealable.
- I. To provide payment for food instruments validly redeemed and submitted to the Georgia WIC Program as prescribed in the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.
- J. To deny payment for food instruments that are fraudulent or improperly completed, redeemed or submitted.
- K. To delay payment or establish a claim when it determines the vendor has committed a vendor violation that affects payment to the vendor.
- L. To notify vendor of stolen vouchers. Stolen vouchers may not be redeemed.

- M. To maintain an up-to-date listing of Approved Infant Formula retailers, wholesalers, manufactures and distributors that authorized vendors must use to purchase infant formula, and to consider approval of additional suppliers upon request.

V. TERMINATION OF THE VENDOR AGREEMENT

Summary Termination. The Georgia WIC Program will immediately terminate this agreement if it determines that the vendor provided false information or made a material omission in connection with its application for authorization or re-authorization.

Termination Upon Notice. The Georgia WIC Program may terminate the vendor agreement for cause after providing at least 15 days advance written notice. Reasons for termination **may include, but are not limited to, the following:**

1. Voluntary withdrawal from the WIC program.
2. The decision to sell the store.
3. Expiration of the agreement without a new application being submitted.
4. Civil Money Penalty imposed by SNAP in lieu of disqualification.
5. Use of the WIC acronym, WIC logo, or close facsimiles thereof, in total or in part, in a manner that violates the provisions of this agreement and the vendor handbook.
6. Accepting food instruments through the mail or mailing any approved formula/medical foods directly to the WIC customer.
7. Failure to complete and submit documentation for annual training by the deadline specified by the Georgia WIC Program.
8. Failure to provide the Georgia WIC Program with written notice of a change in the vendor's business within at least twenty-one days in advance of the change (including but is not limited to a change in ownership, name, location, corporate structure, sale or transfer of the business, or cessation of operation.)
9. Two failed attempts by the Georgia WIC Program to contact the vendor during business hours at the vendor's reported address and telephone number.
10. Determination that the vendor's SNAP license is invalid or not current.
11. Intentionally providing false information or vendor records, other than information or records provided in connection with a vendor application for authorization or re-authorization.
12. Failure to provide food instruments, inventory records, food sales or tax information upon request.
13. Failure to allow monitoring by WIC representatives, or harassing or threatening any WIC representative.
14. Forging a participant's signature on a WIC food instrument.
15. Reproducing the WIC vendor stamp.
16. Identification by the Georgia WIC Program of a conflict of interest as defined by applicable state laws, regulations, and policies, between the vendor and the Georgia WIC Program or its local agencies.
17. Failure to enroll in ACH within the time specified.

18. Four failed assessments for non-competitive prices within a 12-month period or less.
19. Providing prohibited incentive items as part of a WIC transaction, in a manner that violates the provisions of this agreement and the vendor handbook.
20. Failure to meet the selection criteria in effect at the time of assessment at any time throughout the agreement period.
21. Less than \$2,000 in annual WIC redemptions or failure to redeem any WIC food instruments in sixty days.
22. Violation of any federal or state law or regulation, or terms of the WIC Vendor Agreement or Vendor Handbook not otherwise covered by the sanction system.

After being terminated from the Georgia WIC Program, the vendor will not be automatically reinstated as an authorized WIC vendor. The vendor may re-apply no sooner than one year after being terminated from the Georgia WIC Program. To re-apply, the vendor must complete the application process in its entirety.

In the event a termination is overturned on appeal, the Georgia WIC Program shall not be liable for consequential damages, including but not limited to lost profits and attorney's fees.

VI. SANCTIONS

Any authorized WIC vendor found to be in violation of federal regulations or the Georgia WIC Program policy will be assessed a sanction consistent with the severity and nature of the violation, in accordance with the Georgia WIC Program sanction schedule. Vendor violations means any intentional or unintentional action of a vendor's current owners, officers, managers, agents or paid or unpaid employees (with or without the knowledge of management) that violates the WIC Vendor Agreement or Federal or State statutes, regulations, policies or procedures governing the Program.

There are seven categories of sanctions, three categories of State agency sanctions and four categories of federal mandatory sanctions. State agency sanctions are established by Georgia WIC program representatives and have been approved by the United States Department of Agriculture (USDA) prior to implementation. State agency sanctions include disqualification, and civil money penalties assessed in lieu of disqualification in the event of inadequate participant access. Federal mandatory sanctions are established by the USDA. Both State agency and Federal mandatory sanctions must be enforced when violations occur.

The vendor is required to abide by the provisions of the current Georgia WIC Program Vendor Handbook, as amended, including the sanction schedule outlined therein. The vendor will be sanctioned for program violations according to the version of the handbook and all amendments in effect at the time the violation occurs.

The Georgia WIC Program will notify the vendor in writing when an investigation reveals an initial incidence of a violation for which a pattern of incidences must be established in order to impose a sanction, before another such incidence is documented, unless the Georgia WIC Program determines, in its sole discretion,

on a case by case basis, that notifying the vendor would compromise the investigation.

If there is credible evidence that the vendor has committed fraud or abuse in excess of \$1000 or other major criminal activity has occurred, the Georgia WIC Program will immediately advise the USDA Food and Nutrition Service Regional Office, which will refer the case to the appropriate USDA Office of the Inspector General Regional Office.

Disqualification from the WIC program may result in disqualification as a retailer in the Supplemental Nutrition Assistance Program. Such disqualification may not be subject to administrative or judicial review under SNAP.

VII. SANCTIONS/VIOLATIONS FROM PREVIOUS AGREEMENT PERIODS

Sanctions - any sanction(s) that are in the vendor's record at the time of re-authorization will remain on the vendor's record for the period of time specified when the sanction was issued. Prior year's sanctions may result in a denial of the authorization of the application and/or additional sanctions up to and including disqualification, in accordance with the most recent Georgia WIC Program Vendor Handbook and all addendums.

Violations - Pending and/or potential violations, that exists at the time of re-authorization will accrue and may result in sanctions up to and including disqualification, in accordance with the most recent Georgia WIC Program Vendor Handbook and all addendums.

VIII. CRIMINAL PENALTIES

The vendor will be subject to criminal prosecution under applicable federal, state or local law for fraud or abuse in the program (including but not limited to redeeming vouchers prior to becoming an authorized vendor or without being an authorized vendor). Those who have willfully misapplied, stolen or fraudulently obtained program funds will be subject to a fine of not more than twenty-five thousand dollars or imprisonment for not more than five years, or both, if the value of the funds is one hundred dollars or more. If the value is less than one hundred dollars, the penalties are fines of not more than one thousand dollars or imprisonment for not more than one year, or both. The Georgia WIC Program will refer all criminal activity including theft, fraud and embezzlement to local law enforcement.

IX. ADVERSE ACTIONS AND REVIEW PROCEDURES

Information on adverse actions the vendor may appeal, adverse actions that are not subject to administrative review, as well as Georgia WIC's administrative review procedures are found in the Section 111-9-.06 of the Rules and Regulations of the State of Georgia and the most recent publication of the Vendor Handbook. The vendor agrees to abide by said provisions if requesting review of an adverse action.

X. SEVERABILITY

If any one provision of this agreement or form attached to or incorporated by reference is waived or held to be invalid, such waiver or invalidity shall not affect other provisions of this agreement.

XI. RENEWABILITY

This agreement is not renewable. If the vendor wishes to continue to be authorized beyond the current agreement period, the vendor must re-apply for authorization.

XII. NON – TRANSFERABILITY

This agreement is not transferable.

XIII. MISCELLANEOUS

The vendor certifies, through the signature of the owner, or an authorized representative below, that he or she understands and accepts all terms of this agreement. The individual signing this agreement certifies that they are authorized to sign the agreement on behalf of the vendor.

This agreement becomes valid only upon the signature of an authorized representative of the Georgia WIC Program and upon receipt, by the vendor, of an executed copy along with vendor stamps for each authorized location.

This agreement does not constitute a license or property interest. If the vendor wishes to continue to be authorized beyond the period of this agreement, the vendor must apply for re-authorization. If the vendor is disqualified, the Georgia WIC Program will terminate this agreement, and the vendor will have to re-apply to be authorized after the disqualification period is over. The vendor's new application will be subject to the vendor selection criteria and any vendor limiting criteria in effect at the time of re-application.

The Georgia WIC Program Vendor Handbook is part of this agreement, and is incorporated by reference.

VENDOR SIGNATURE

Signature of Authorized Representative (no initials)	First	Middle	Last	Date
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Authorized Representative (Type or Print) (no initials)	First	Middle	Last	Date
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Title (Type or Print)

DO NOT WRITE BELOW THIS LINE

GEORGIA WIC PROGRAM USE ONLY

GEORGIA WIC PROGRAM SIGNATURE

Signature	Date
-----------	------

Authorized Representative (Type or Print)

Title (Type or Print)

GEORGIA WIC PROGRAM
VENDOR AGREEMENT

Full Legal Name of
Store or Corporation

Doing Business As
(If applicable)

Street Address
Store location or corporate home office

City State Zip

Business Telephone County
(Area Code) Number

Mailing Address
(If different from above)

City State Zip

Email Address

Fax Number

Federal Employer Identification Number

Registered Agent
(if applicable)

Mailing Address

City State Zip

NOTE: All communications, i.e. disqualifications, sanctions, addendums, annual training, etc. will be mailed to all listed addresses

DO NOT WRITE BELOW THIS LINE

GEORGIA WIC PROGRAM USE ONLY
WIC VENDOR NUMBER
(Corporate vendors only)

See Attached Spreadsheet

This Agreement is by and between the Georgia Special Supplemental Nutrition Program for Women, Infant and Children ("Georgia WIC " or the "Program") having a mailing address of Two Peachtree Street NW, Suite 10-476, Atlanta, Georgia, 30303-3142, and the above-named business entity ("the Vendor"). This agreement is effective for the period beginning _____ and ending September 30, 2013.

I. PURPOSE

The purpose of this agreement is to establish the terms and conditions for an authorized vendor to sell prescribed supplemental foods under the Georgia WIC program, in accordance with federal and state laws and regulations.

II. VENDOR ELIGIBILITY AND LOCATION

- A. An eligible vendor is a business entity that is 1) licensed by the Georgia Department of Agriculture and, 2) without a debarment or suspension from United States Department of Agriculture. Military commissaries and pharmacies do not have to be licensed by the Georgia Department of Agriculture.
- B. An eligible vendor is a business entity that is 1) registered and licensed by the United States Department of Agriculture Food & Nutrition Service as a retail participant in the Supplemental Nutrition Assistance Program or SNAP (formally the Food Stamp Program) and 2) is in good standing without debarment or suspension from the United States Department of Agriculture or the SNAP program. Military commissaries and pharmacies do not have to be SNAP participants.
- C. An eligible vendor must have a fixed location with an official physical address.
- D. For corporate vendors owning two (2) or more locations, the requested information for each location must be listed on the Corporate Attachment (Form 3771A) and made part of the agreement. The corporate attachment form is an addendum to the corporate vendor agreement. The attachment form serves as verification that the location listed is the authorized location at which WIC vouchers are to be redeemed. Vendors are not permitted to redeem vouchers in a location other than the authorized location listed in the vendor agreement or corporate attachment.
- E. An eligible vendor must meet all requirements as described in the most recent version of the Georgia WIC Program Vendor Handbook and all addendums.
- F. The vendor must comply with the selection criteria (including any changes to those criteria, throughout the agreement period. The Georgia WIC Program may reassess any authorized vendor at any time during the vendor agreement period using the current vendor selection criteria, and will terminate the agreement if the vendor fails to meet those criteria.
- G. A vendor authorized as a military commissary, pharmacy or corporate vendor will be given certain exceptions to this agreement. The exceptions are outlined in this Agreement and the Georgia WIC Program Vendor Handbook.

III. RESPONSIBILITIES – VENDOR

The Vendor agrees to comply with the provisions of this agreement and all federal and state laws, policies, procedures, rules and regulations, including those contained in the most recent publication of the Vendor Handbook and State Plan of Program Operation and Administration, and any subsequent revisions to the policies, procedures, laws, rules and regulations issued by the federal government and the Georgia WIC Program during the agreement period. This Agreement will be interpreted according to the laws of the state of Georgia.

A. The vendor agrees and covenants:

1. To be fully accountable for the actions of its paid or unpaid owners, officers, managers, agents and employees, including any vendor violations committed by such persons.
2. To abide by the rules, policies and procedures as outlined in the most recent publication of Georgia WIC Program Vendor Handbook and all addendums, and all federal and state laws and regulations.
3. To not solicit the WIC customer on the premises of WIC clinics.
4. To only purchase infant formula, that will be redeemed for WIC vouchers, from the Approved Infant Formula Supplier list. If a supplier is not listed, a vendor may call 866-814-5468 or 404-657-2900 to inquire about adding that supplier to the list. The vendor must ensure that the requested supplier has been authorized by the Georgia WIC Program, prior to purchasing any infant formula from that supplier. Records of the infant formula purchase must be maintained according to Section III.J.3 of this Agreement.
5. To submit total food sales and gross sales revenue records, and any other records needed to validate total food sales and gross sales, as requested by the Georgia WIC Program, and to complete and submit upon request, the specified Sales and Use Tax Report Form ST-3 for the Georgia WIC Program vendors.
6. To not use the WIC acronym, the WIC logo or close facsimiles thereof, in total or in part, either in the official name in which the vendor is registered or under the name in which it does business; or in any unauthorized manner on packages, product labels, proprietary materials including pamphlets and brochures, or in any form of marketing, promotional material or advertisement of the store.
7. To carry a substantial amount of non-WIC food inventory at all times. The vendor must carry the minimum amount of items in each category as specified in the Vendor Handbook.
8. To comply with the vendor selection criteria throughout the agreement period, including any changes to the criteria.
9. To not offer, advertise, promise or indicate an intention to provide incentives to WIC participants. Vendors who use advertisements or incentives to solicit the business of WIC participants, or offer incentives or delivery services will be subject to sanctions as explained in this Vendor Agreement and the Vendor Handbook. Incentives include but are not limited to free or complimentary gifts, home delivery of foods, store memberships, and free or discounted services.

10. To prominently display in plain sight the poster provided by the Georgia WIC Program indicating that the store welcomes or accepts WIC.

B. VENDOR TRAINING

Prior to accepting WIC vouchers, the vendor or his authorized representative must receive interactive authorized training. The vendor must also participate in annual training on changes and updates on the Georgia WIC Program policies and procedures. The Georgia WIC Program will provide the date, time and location of the training, and will provide vendors with at least one alternative date on which to attend interactive training. The vendor may submit a written request to the Georgia WIC Program to provide subsequent customized training to store personnel at any time after both parties have signed the agreement.

The vendor agrees and covenants:

1. To participate in all required training, including annual training.
2. To provide training on the requirements of the WIC program to paid and unpaid employees, agents and all personnel involved in WIC transactions.
3. To not participate in the Georgia WIC Program until Authorized Training has been completed and a vendor stamp has been issued.
4. To not participate in the Georgia WIC Program until the vendor has received a passing score of eighty points or higher on the Post Vendor Training Evaluation.
5. For vendors with multiple locations that have separately been authorized to participate in the WIC program, to provide documentation that a management representative(s) from each authorized store location has been trained on the required topics as listed on the Corporate Vendor Training Checklist (Form 3757A), (Corporate vendors only).

C. NO SUBSTITUTIONS, CASH, REFUNDS, OR EXCHANGES

The vendor agrees and covenants:

1. To only charge for authorized supplemental foods selected by the WIC customer as listed on the food instrument or cash value/fruit and vegetable voucher, and not charge for WIC approved items that are not received by the WIC customer.
2. To not provide unauthorized food items, non-food items, cash or credit (including rain checks) in exchange for food instruments or cash value/fruit and vegetable vouchers.
3. To not provide refunds or permit exchanges for authorized supplemental foods obtained with food instruments or cash-value vouchers, except for exchanges of the same brand and size when the original authorized supplemental food item is defective, spoiled, recalled or has exceeded its "sell by" or "best if used by" or other date limiting the sale or use of the food item.

4. To provide only the authorized infant formula which the vendor has obtained pursuant to paragraph III A (4) of this agreement, to participants in exchange for food instruments for infant formula.

D. FOOD VOUCHER TRANSACTIONS

The vendor agrees and covenants:

1. To accept food instruments and cash-value vouchers only from WIC participants, parents or caretakers of infants and child participants or proxies (the "WIC customer.")
2. To ensure that WIC food instrument transactions are processed in accordance with the procedures set forth in the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.
3. To not demand that a WIC customer purchase every eligible WIC food item listed on the voucher.
4. To allow WIC customers the right to purchase the eligible foods of their choice as listed on the WIC food instrument, cash value voucher and the approved food list.
5. To ensure that the purchase price is entered on food instruments and cash-value vouchers in accordance with the procedures governing the processing of WIC food instruments in the most recent publication of the Vendor Handbook. The purchase price must include only the authorized supplemental food items actually provided and must be entered on the food instrument or cash-value voucher in plain sight of the WIC customer during the WIC transaction.
6. To ensure that the WIC customer signs the food instrument or cash-value voucher in the presence of the cashier.
7. To only allow the purchase of supplemental foods listed on the food instrument and cash value/fruit and vegetable voucher.
8. To offer the WIC customer the same courtesies offered to all other customers.
9. To ensure that all information including the identity of the WIC customer is kept confidential, in accordance with federal and state law and regulation.
10. To ensure that the Georgia WIC Program is not being charged for foods not received by the participant.
11. To not charge the WIC customer for authorized supplemental foods obtained with food instruments or cash-value vouchers.
12. To not contact or seek restitution from the WIC customer for WIC food vouchers not paid or partially paid by the Georgia WIC Program.
13. To not request cash from the WIC customer for any WIC transaction except for transactions involving the cash value/fruit and vegetable vouchers, for which the total amount of the transaction exceeds the amount on the voucher.
14. To not provide the WIC customer with unauthorized food or non-credit food items, rain checks/IOUs, credit slips, due bills or other similar receipts for WIC foods not obtained at the time of the purchase.
15. To allow the WIC customer to participate in in-store and/or manufacturer promotions that include WIC approved food items. This includes 'buy one, get one or more free' promotions.

16. To not collect sales tax on authorized WIC food purchases, except on the purchase amount that is in excess of the amount on a cash value/fruit and vegetable voucher, if applicable.
17. To not charge the WIC customer or the Georgia WIC Program for bank fees or other fees related to food instrument redemption.
18. To allow the WIC customer to use their own funds in excess of the monetary limits for their cash value/fruit and vegetable voucher.
19. To not issue cash change to a WIC customer for purchases less than the total value of the cash value/fruit and vegetable voucher.
20. To only use the cash value/fruit and vegetable voucher for fruit and vegetable purchases.
21. To enroll in the Automatic Clearing House upon authorization for the payment of WIC vouchers that exceed the maximum allowable price.
22. To provide a single account number to which all WIC vouchers will be deposited.

E. PRICING

The vendor agrees and covenants:

1. To clearly mark the price of WIC foods on the item, container, shelf or sign near the WIC food item.
2. To provide each WIC food item at or below the current shelf price.
3. To not accept WIC food instruments or cash value/fruit and vegetable vouchers before the "First Date to Use" or after the "Last Date to Use" as printed on the food instrument.
4. To submit vouchers to the bank for payment within sixty days from the "First Date to Use" as indicated on each food instrument.
5. To submit food instruments and cash-value vouchers for redemption in accordance with the redemption and voucher payment procedures outlined in the most recent version of the Vendor Handbook.
6. To accept an adjustment in the amount written in the "pay exactly" box of the WIC food instrument submitted for redemption if the amount exceeds the statewide and/ or peer group Maximum Allowable Reimbursement Level. The amount to be paid will be based upon the average shelf price, which will be based on the average shelf prices for all comparable stores in the same peer group or the statewide average for above 50% vendors for a given time period.
7. To remain price-competitive throughout the agreement period. Non-competitive pricing occurs when the amount paid per food instrument by the Georgia WIC Program to the vendor for a month's payment for all food instruments except cash value vouchers, exempt infant formulas and medical foods exceeds the statewide average amount paid per food instrument within the peer group by more than 50%. If the vendor is found to be non-competitive during an assessment, the vendor will receive written notice. If the vendor is identified as non-competitive for three additional assessments for a total of four (4) failed assessments within a twelve-month period or less, the vendor agreement will be terminated.

F. OVERCHARGING

The vendor agrees and covenants:

To not overcharge the WIC customer or the Georgia WIC Program by charging more than the vendor's current shelf price for a WIC approved food item(s), or charging a WIC participant more for food than a non WIC customer.

G. VENDOR COST CONTAINMENT

The Georgia WIC Program is responsible for ensuring that the WIC program pays all vendors competitive prices for supplemental foods. Georgia WIC Program implemented a cost containment plan to identify and manage vendors who derive more than 50 percent of their annual food revenue from WIC food instruments.

By June 30th of each year the Georgia WIC Program will conduct an annual assessment of each current vendor to determine if they derive more than 50 percent of their food revenue from WIC food instruments. New vendors will be assessed six months after enrollment to determine if they derive more than 50 percent of their food revenue from WIC food instruments. The State WIC Program utilizes a methodology that uses shelf prices to determine the maximum allowable reimbursement levels (MARL) for food instruments. If the Georgia WIC Program determines that the vendor derived more than 50 percent of its food revenue from WIC, the vendor will be assigned to peer group G.

If upon reassessment the Georgia WIC Program reassigns a vendor to a peer group offering a lower level of reimbursement in error, and on appeal the vendor is restored to their original peer group, damages to the vendor will be limited to the difference between the reimbursement they should have the received, and the reimbursement actually received.

H. NON-DISCRIMINATION

In accordance with federal law and U.S. Department of Agriculture (USDA) policy, all organizations that participate in the WIC program are prohibited from discriminating or denying benefits or participation to any person on the grounds of race, color, national origin, age, sex or handicap.

I. CHANGE OF OWNERSHIP, LOCATION OR CESSATION OF OPERATION

The vendor agrees and covenants:

1. To submit, upon request, to the Georgia WIC Program, proof of ownership, identity and any other requested documents, (e.g. articles of incorporation, bill of sale, partnership declaration, evidence of sole proprietorship, social security card, driver's license, etc.)

2. To notify the Georgia WIC Program in writing at least twenty-one days in advance of any change in location or other information (including but not limited to the name of the store and telephone number), change in ownership or cessation of business operations.

J. PERFORMANCE COMPLIANCE AND CONFLICT OF INTEREST

The vendor agrees and covenants:

1. To be monitored for compliance with program requirements.
2. To permit unannounced visits by federal or state agency representatives to review adherence to federal and state laws and the Georgia WIC Program policies and procedures.
3. To provide access to WIC food instruments and cash value/fruit and vegetable vouchers on hand, inventory records (invoices) and any other business records during a monitoring visit or inventory audit by any authorized federal or state agency representative.
4. To maintain records used for federal tax reporting purposes, inventory records including purchase and sales invoices and receipts, and all other records related to WIC transactions and participation in the WIC program for the three previous years and the current year, or until pending investigations are completed, if longer.
5. To disclose any potential or actual conflict of interest between the vendor and the Georgia WIC Program or its employees.
6. To not engage in any activity with the WIC customer that would create a conflict of interest, as determined by the Georgia WIC Program. This includes, but is not limited, acting as a proxy for the WIC customer.
7. To not attempt to circumvent a sanction(s) by selling, assigning or otherwise transferring ownership to any person including the vendor's partners, members, owners, officers, directors, employees, relatives by blood or marriage, heirs or assigns.
8. To not use the WIC acronym, the WIC logo or close facsimiles thereof, in total or in part, either in the official name in which the vendor is registered or under the name in which it does business; or in any unauthorized manner on packages, product labels, proprietary materials including pamphlets and brochures, or in any form of marketing, promotional material or advertisement of the store.

K. VENDOR SANCTION SYSTEM AND VENDOR CLAIMS

The vendor agrees and covenants:

1. To pay any claim assessed by the Georgia WIC Program if the Georgia WIC Program determines that vendor has committed a violation affecting payment to the vendor (such as overcharging), and delays payment or assesses a claim.
2. To pay claims and penalties levied for audit citations and for sanctions levied pursuant to this agreement and the most recent publication of Georgia WIC Program Vendor Handbook and all addendums.

L. STATE PROPERTY

The vendor agrees and covenants:

1. To return the vendor stamp(s) to the Georgia WIC Program upon termination, Change of ownership or disqualification.
2. To report lost, stolen or damaged vendor stamps to the Georgia WIC Program immediately
3. To not reproduce the vendor stamp.

IV. RESPONSIBILITIES – GEORGIA WIC PROGRAM

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- A. To provide the vendor with the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.
- B. To ensure that WIC customers are informed of the proper food instrument redemption procedures and the correct use of WIC food instruments.
- C. To notify the vendor of new program requirements set forth by the U.S. Department of Agriculture regulations and the Georgia WIC Program.
- D. To provide training for the vendor on policies and procedures of the Georgia WIC Program, at a time, place and in a manner prescribed by the Georgia WIC Program.
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- H. To notify the vendor of the right to appeal those adverse actions that are appealable.
- I. To provide payment for food instruments validly redeemed and submitted to the Georgia WIC Program as prescribed in the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.
- J. To deny payment for food instruments that are fraudulent or improperly completed, redeemed or submitted.
- K. To delay payment or establish a claim when it determines the vendor has committed a vendor violation that affects payment to the vendor.
- L. To notify vendor of stolen vouchers. Stolen vouchers may not be redeemed.

- M. To maintain an up-to-date listing of Approved Infant Formula retailers, wholesalers, manufactures and distributors that authorized vendors must use to purchase infant formula, and to consider approval of additional suppliers upon request.

V. TERMINATION OF THE VENDOR AGREEMENT

Summary Termination. Georgia WIC Program will immediately terminate this agreement if it determines that the vendor provided false information or made a material omission in connection with its application for authorization or re-authorization.

Termination Upon Notice. Georgia WIC Program may terminate the vendor agreement for cause after providing at least 15 days advance written notice. Reasons for termination **may include, but are not limited to, the following:**

1. Voluntary withdrawal from the WIC program.
2. The decision to sell the store.
3. Expiration of the agreement without a new application being submitted.
4. Civil Money Penalty imposed by SNAP in lieu of disqualification.
5. Use of the WIC acronym, WIC logo, or close facsimiles thereof, in total or in part, in a manner that violates the provisions of this agreement and the vendor handbook.
6. Accepting food instruments through the mail or mailing any approved formula/medical foods directly to the WIC customer.
7. Failure to complete and submit documentation for annual training by the deadline specified by the Georgia WIC Program.
8. Failure to provide the Georgia WIC Program with written notice of a change in the vendor's business within at least twenty-one days in advance of the change (including but is not limited to a change in ownership, name, location, corporate structure, sale or transfer of the business, or cessation of operation.)
9. Two failed attempts by the Georgia WIC Program to contact the vendor during business hours at the vendor's reported address and telephone number.
10. Determination that the vendor's SNAP license is invalid or not current.
11. Intentionally providing false information or vendor records, other than information or records provided in connection with a vendor application for authorization or re-authorization.
12. Failure to provide food instruments, inventory records, food sales or tax information upon request.
13. Failure to allow monitoring by WIC representatives, or harassing or threatening any WIC representative.
14. Forging a participant's signature on a WIC food instrument.
15. Reproducing the WIC vendor stamp.
16. Identification by the Georgia WIC Program of a conflict of interest as defined by applicable state laws, regulations, and policies, between the vendor and the Georgia WIC Program or its local agencies.
17. Failure to enroll in ACH within the time specified.
18. Four failed assessments for non-competitive prices within a 12-month period or less.

19. Providing prohibited incentive items as part of a WIC transaction, in a manner that violates the provisions of this agreement and the vendor handbook.
20. Failure to meet the selection criteria in effect at the time of assessment at any time throughout the agreement period.
21. Less than \$2,000 in annual WIC redemptions or failure to redeem any WIC food instruments in sixty days.
22. Violation of any federal or state law or regulation, or terms of the WIC Vendor Agreement or Vendor Handbook not otherwise covered by the sanction system.

After being terminated from the Georgia WIC Program, the vendor will not be automatically reinstated as an authorized WIC vendor. The vendor may re-apply no sooner than one year after being terminated from the Georgia WIC Program. To re-apply, the vendor must complete the application process in its entirety.

In the event a termination is overturned on appeal, the Georgia WIC Program shall not be liable for consequential damages, including but not limited to lost profits and attorney's fees.

VI. SANCTIONS

Any authorized WIC vendor found to be in violation of federal regulations or the Georgia WIC Program policy will be assessed a sanction consistent with the severity and nature of the violation, in accordance with the Georgia WIC Program sanction schedule. Vendor violations means any intentional or unintentional action of a vendor's current owners, officers, managers, agents or paid or unpaid employees (with or without the knowledge of management) that violates the WIC Vendor Agreement or Federal or State statutes, regulations, policies or procedures governing the Program.

There are seven categories of sanctions, three categories of State agency sanctions and four categories of federal mandatory sanctions. State agency sanctions are established by the Georgia WIC Program representatives and have been approved by the United States Department of Agriculture (USDA) prior to implementation. State agency sanctions include disqualification, and civil money penalties assessed in lieu of disqualification in the event of inadequate participant access. Federal mandatory sanctions are established by the USDA. Both State agency and Federal mandatory sanctions must be enforced when violations occur.

The vendor is required to abide by the provisions of the current Georgia WIC Program Vendor Handbook, as amended, including the sanction schedule outlined therein. The vendor will be sanctioned for program violations according to the version of the handbook and all amendments in effect at the time the violation occurs.

The Georgia WIC Program will notify the vendor in writing when an investigation reveals an initial incidence of a violation for which a pattern of incidences must be established in order to impose a sanction, before another such incidence is documented, unless the Georgia WIC Program determines, in its sole discretion,

on a case by case basis, that notifying the vendor would compromise the investigation.

If there is credible evidence that the vendor has committed fraud or abuse in excess of \$1000 or other major criminal activity has occurred, the Georgia WIC Program will immediately advise the USDA Food and Nutrition Service Regional Office, which will refer the case to the appropriate USDA Office of the Inspector General Regional Office.

Disqualification from the WIC program may result in disqualification as a retailer in the Supplemental Nutrition Assistance Program. Such disqualification may not be subject to administrative or judicial review under SNAP.

VII. SANCTIONS/VIOLATIONS FROM PREVIOUS AGREEMENT PERIODS

Sanctions - any sanction(s) that are in the vendor's record at the time of re-authorization will remain on the vendor's record for the period of time specified when the sanction was issued. Prior year's sanctions may result in a denial of the authorization of the application and/or additional sanctions up to and including disqualification, in accordance with the most recent Georgia WIC Program Vendor Handbook and all addendums.

Violations - Pending and/or potential violations, that exists at the time of re-authorization will accrue and may result in sanctions up to and including disqualification, in accordance with the most recent Georgia WIC Program Vendor Handbook and all addendums.

VIII. CRIMINAL PENALTIES

The vendor will be subject to criminal prosecution under applicable federal, state or local law for fraud or abuse in the program (including but not limited to redeeming vouchers prior to becoming an authorized vendor or without being an authorized vendor). Those who have willfully misapplied, stolen or fraudulently obtained program funds will be subject to a fine of not more than twenty-five thousand dollars or imprisonment for not more than five years, or both, if the value of the funds is one hundred dollars or more. If the value is less than one hundred dollars, the penalties are fines of not more than one thousand dollars or imprisonment for not more than one year, or both. The Georgia WIC Program will refer all criminal activity including theft, fraud and embezzlement to local law enforcement.

IX. ADVERSE ACTIONS AND REVIEW PROCEDURES

Information on adverse actions the vendor may appeal, adverse actions that are not subject to administrative review, as well as the Georgia WIC Program administrative review procedures are found in the Section 111-9-.06 of the Rules and Regulations of the State of Georgia and the most recent publication of the Vendor Handbook. The vendor agrees to abide by said provisions if requesting review of an adverse action.

X. SEVERABILITY

If any one provision of this agreement or form attached to or incorporated by reference is waived or held to be invalid, such waiver or invalidity shall not affect other provisions of this agreement.

XI. RENEWABILITY

This agreement is not renewable. If the vendor wishes to continue to be authorized beyond the current agreement period, the vendor must re-apply for authorization.

XII. NON – TRANSFERABILITY

This agreement is not transferable.

XIII. MISCELLANEOUS

The vendor certifies, through the signature of the owner, or an authorized representative below, that he or she understands and accepts all terms of this agreement. The individual signing this agreement certifies that they are authorized to sign the agreement on behalf of the vendor.

This agreement becomes valid only upon the signature of an authorized representative of the Georgia WIC Program and upon receipt, by the vendor, of an executed copy along with vendor stamps for each authorized location.

This agreement does not constitute a license or property interest. If the vendor wishes to continue to be authorized beyond the period of this agreement, the vendor must apply for re-authorization. If the vendor is disqualified, the Georgia WIC Program will terminate this agreement, and the vendor will have to re-apply to be authorized after the disqualification period is over. The vendor's new application will be subject to the vendor selection criteria and any vendor limiting criteria in effect at the time of re-application.

The Georgia WIC Program Vendor Handbook is part of this agreement, and is incorporated by reference.

VENDOR SIGNATURE

Signature of Authorized Representative (no initials)	First	Middle	Last	Date
--	-------	--------	------	------

Authorized Representative (Type or Print) (no initials)	First	Middle	Last	Date
---	-------	--------	------	------

Title (Type or Print)

DO NOT WRITE BELOW THIS LINE

GEORGIA WIC PROGRAM USE ONLY

GEORGIA WIC PROGRAM SIGNATURE

Signature	Date
-----------	------

Authorized Representative (Type or Print)

Title (Type or Print)

GEORGIA WIC PROGRAM
CORPORATE ATTACHMENT FORM

FOR GEORGIA WIC (GW) USE ONLY					
District/Unit	Vendor Number			Peer Group	
Date Received					
Date Approved	QAS:	VM:	VD:		
Date Denied	QAS:	VM:	VD:		
Reason Denied					
Processed By					

- A. Is this store expected to derive more than 50% of its annual food sales from the sale of WIC approved foods? (Food sales mean foods that are eligible items under SNAP.) Yes No
- B. Is this form submitted due to a change in the store's location? Yes No

STORE IDENTIFICATION

Full Legal Name of Corporation _____

Full Legal Name of Store _____ Store Number _____ WIC Vendor No. _____

Address _____ County _____

City _____ State _____ Zip _____

Business Telephone _____ (Area Code) _____ Number _____ Fax _____ (Area Code) _____ Number _____

Mailing Address (If Different From Above) _____ County _____

City _____ State _____ Zip _____

Store Contact and Title _____ Name _____ Title _____

E-mail Address _____ (Required) _____ Square Footage of Store (including storage area) _____

LICENSING

Federal Employer Identification Number (FEIN) _____

Food Stamp Authorization Number (Required For Approval) _____

Food Sales Establishment License Number _____

Date store representative received WIC Authorization Training (Form #3757A – Corporate Training Checklist is required as documentation.) _____

COST CONTAINMENT, INVENTORY, AND PRICE LIST

Applicant vendors must submit purchase invoice receipts, bills of lading or recent invoices which depict the purchase of all items intended for sale in their stores upon request. This includes WIC food items, non-WIC food items, household products, miscellaneous items, etc. Failure to submit the requested documentation within 10 (ten) days of the request will result in denial of the vendor application.

A. What is the estimated percent of annual **food** sales you anticipate deriving from the following types of payment? Total must equal 100%

Cash/Personal Checks _____ %
 Debit/Credit Cards _____ %
 Food Stamps _____ %
 WIC Food Instruments _____ %
Total 100%

B. CHECK APPROPRIATE BOX – PLEASE GIVE YEARLY (NOT MONTHLY) AMOUNT: Check the sales figure you are providing (Actual or Estimated). If giving estimated sales, you must provide a dollar amount for one year that is equal to one month times 12 (1month X12). However, report estimated sales only if you do not have actual sales figures for the most recent tax year. You may be required to provide updated information when actual sales figures are available.

___ Actual Gross Sales \$ _____ For tax year _____

___ Estimated Gross Sales \$ _____ For tax year _____

STAPLE FOODS CATEGORIES CARRIED IN STOCK: All vendors (pharmacies excluded) must carry food items other than WIC Approved Foods. These items are considered non-WIC inventory. This includes dried, frozen, canned/jar, boxed, fresh, refrigerated, etc. (Staple foods do not include any prepared foods or accessory foods such as candy, condiments, spices, tea, coffee, or carbonated and un-carbonated drinks.)

What percentage of each item does this store carry from the following food groups? **The total percentage must equal one-hundred percent (100%).**

- _____ A. Meats, Poultry and/or Seafoods (refrigerated)
- _____ B. Dairy (milk, cheese, yogurt, etc.)
- _____ C. Shelf Staples (e.g., flour, sugar, pasta, pudding mix, etc.)
- _____ D. Cans, Jars, Bottled Goods (i.e. mayo, ketchup, relish, etc)
- _____ E. Beverages
- _____ F. Breads and Cereal Products
- _____

Does the current owner(s), officer(s) or manager(s) currently or previously own(ed) or manage(d) a business whereby more than fifty percent (50%) of the total annual food sales is derived from the sale of WIC approved foods? Yes No

If YES, identify the name of the store, identification number (ID), city and state. Include stores nationwide, and Georgia.

1. Store Name _____ ID _____
 City _____ State _____

2. Store Name _____ ID _____
 City _____ State _____

3. Store Name _____ ID _____
 City _____ State _____

INFANT FORMULA SUPPLIER

1 A Were all infant formula, that will be used to redeem WIC vouchers, purchased from suppliers listed on the Approved Infant Formula Supplier list? (see www.health.state.ga.us/programs/WIC/vendorinfo.asp) Yes No

Note: Records of all infant formula purchases must be maintained according to the terms of the WIC Vendor Agreement, III, I.3.

B If yes, indicate the name of the supplier, address, city and State. (Attach additional paper if necessary.)

Supplier _____ Address _____
 City _____ State _____

Supplier _____ Address _____
 City _____ State _____

Supplier _____ Address _____
 City _____ State _____

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

A. Has this store ever been denied or disqualified from SNAP?
 ___ YES ___ NO.

IF YES, attach a written explanation, giving the date denied or disqualified, and the reasons.

B. Has this store ever been placed on probation or received a Civil Money Penalty from SNAP?
 ___ YES ___ NO.

IF YES, attach a written explanation including the probation period or amount of Civil Money Penalty.

OPERATIONAL AND BANKING INFORMATION

Enter information pertaining to where you will deposit all WIC food instruments and cash value vouchers.

Bank _____

Account Number _____

Street _____

City State Zip _____

Telephone Number: Area Code _____ Number _____

INVENTORY AND PRICES

Date store will open(ed) _____

Date store will have minimum and non-WIC inventory in stock _____

Number of Cash Registers _____

Number of Scanners _____

Can scanners detect WIC eligible foods?

Yes

No

Does this store have a point of sale device?

Yes

No

	Food Item	Brand Name	Size	Highest Price or Least Expensive where indicated	On-Site Price
1.	Juice	_____	46-48 oz. bottle	_____	
		_____	64 oz. plastic bottle	_____	
2.	Cereal	_____	11-36 oz. box Size _____	_____	
3.	Peas/Beans	_____	1 pound bag 14-16 oz cans Size _____	_____	
	Peas/Beans	_____		_____	
4.	Peanut Butter	_____	16-18 oz. jar Size _____	_____	
5.	Infant Cereal – Rice	_____	8 oz. container	_____	
6.	Gerber Good Start Gentle		13 oz. can concentrate	_____	
	Gerber Good Start Soy		13 oz. can concentrate	_____	
7.	Gerber Good Start Gentle		12.7 oz. can powdered	_____	
	Gerber Good Start Soy		12.9 oz. can powdered	_____	
8.	Whole Pasteurized Milk	_____	1 gallon container (Least Expensive)	_____	
9.	2%, 1% or Skim Milk	_____	1 gallon container (Least Expensive)	_____	
10.	Dry Milk	_____	Makes 3 quarts	_____	
11.	Cheese	_____	1 pound package (Least Expensive)	_____	
12.	Eggs (Large Only)	_____	1 dozen carton (Least Expensive)	_____	
13.	Fresh Fruit	_____	10 pounds	_____	
14.	Fresh Vegetables	_____	10 pounds	_____	
15.	Bread	_____	16 oz. loaf	_____	
16.	Fish – Tuna or Salmon	_____	5 oz. can 7.5 or 14.75 oz can Product _____ Size _____	_____	
17.	Baby Food – Fruits and vegetables	_____	4 oz. jar or twin pack (2 x 3.5 oz. plastic)	_____	
18.	Baby Food – Meats	_____	2.5 oz. jar	_____	

Please ensure that this store location has the following inventory, as well as a substantial amount of non-WIC inventory, in stock by the date you specified above. Failure to do so will result in denial of the application.

	Food Item	Brands (B) Types (T)	Size	Minimum Quantity
19.	Juice	2 (T)	46-48 oz.	12
20.	Juice	2 (T)	64 oz.	12
21.	Cereal (2 types must be Whole Grain)	4 (T)	11 to 36 oz.	24
22.	Dried Peas/Beans	2 (T)	1 lb. pkg.	5
23.	Canned Peas/Beans	2 (T)	14-16 oz.	18
24.	Peanut Butter Infant Cereal	2 (B)	16-18 oz.	6
25.	(1 type must be rice)	2 (T)	8 oz.	12
26.	Gerber Good Start Gentle	1 (B)	13 oz.	30
27.	Gerber Good Start Soy	1 (B)	13 oz.	20
28.	Gerber Good Start Gentle	1 (B)	12.7 oz. (powder)	50
29.	Gerber Good Start Soy	1 (B)	12.9 oz. (powder)	20
30.	Pasteurized Milk - whole	1 (B)	1 gallon	8
31.	Pasteurized Milk – 2%, 1% or skim	1 (B)	1 gallon	12
32.	Dry Milk – non-fat OR Evaporated	1 (B)	Makes 3 qt. 12 oz	3 boxes 12 cans
33.	Cheese	2 (T)	1 pound	8
34.	Eggs (Large Only)	1 (B)	1 dozen	8
35.	Bread	1 (B)	16 oz. loaf	6
36.	Fruit (fresh and canned or frozen)	4 (T)	10 pounds	10 lbs.
37.	Vegetables (fresh and canned or frozen)	4 (T)	10 pounds	10 lbs.
38.	Fish - Tuna Salmon	1 (T)	5 oz can 7.5 -14.75 oz. can	18 combined
39.	Baby Food Fruits	2 (T)	4 oz. or twin pack (2 x 3.5 oz. plastic)	96 combined
40.	Baby Food Vegetable	2 (T)	4 oz. or twin pack (2 x 3.5 oz. plastic)	
41.	Baby Food Meat	2 (T)	2.5 oz.	31

STORE OPERATIONS

Hours of Business Open 24 Hours

Sunday _____ Thursday _____
Monday _____ Friday _____
Tuesday _____ Saturday _____
Wednesday _____

Signature of Authorized Representative

Date

Authorized Representative (Type or Print)

Title (Type or Print)

Telephone Number

GEORGIA WIC PROGRAM
VENDOR TRAINING CHECKLIST
AUTHORIZED TRAINING

Please print all information.

STORE NAME &
NUMBER or
PARENT/CORPORATE
OFFICE

(Provide Parent Office or
Corporation information if this
is initial or re-authorization
training for WIC corporate
vendor status)

VENDOR
NUMBER
(if applicable)

I have been trained on and I understand:

- 1. The purpose of the Georgia WIC Program and how to contact Georgia WIC.
2. Terms of the vendor agreement. The agreement is null and void upon change of ownership. The vendor must re-apply to continue as a vendor upon expiration of agreement.
3. I understand the vendor's responsibility for adhering to the selection criteria throughout the agreement period. This includes but is not limited to:
a. Stocking a minimum quantity and variety of approved WIC foods daily
b. Stocking at least 200 items in each category of non-WIC food inventory daily
c. Maintaining prices that are compatible to stores in same peer group
d. Compliance with Supplemental Nutrition Assistance Program (SNAP - formally the Food Stamp Program) regulations
e. Maintaining a favorable business integrity
f. The prohibition of the unauthorized use of the WIC acronym and logo
4. The purpose of vendor training and the requirement to attending training. The vendor is responsible for training its employees on the information discussed at training. The vendor is responsible for the actions of its officers, managers, agents and paid or unpaid employees.
5. The WIC-approved food items and the requirement to stock and maintain the minimum inventory of approved WIC food items and non-WIC food items on a daily basis.
6. The types of valid WIC vouchers and the procedures for transacting Georgia WIC vouchers.
7. The requirement to enroll in the Automatic Clearing House (ACH) following authorization to the Georgia WIC Program.
8. The procedures for redeeming Georgia WIC vouchers/Cash Value Fruit and Vegetable Vouchers (CVFVV) and the use of the vendor stamp.
9. Returned voucher payment procedures and the provision for Georgia WIC to make price adjustments.
10. The responsibility of the vendor to be in compliance with the review of the store via overt monitoring, audits, covert investigations and analyses of programmatic reports.
11. The Vendor Sanction System and violations of program, including the federally mandated sanctions, disqualification periods, vendor claims, and civil money penalties. Disqualifications from the Georgia WIC Program may result in disqualification from SNAP.
12. The right to request an administrative review for adverse action(s) taken against the vendor.

I ACKNOWLEDGE THAT I HAVE BEEN TRAINED ON THE ITEMS LISTED ABOVE AND RECEIVED A CURRENT VERSION OF GEORGIA'S WIC VENDOR HANDBOOK.

Signature of Store/Corporate Representative

Date

Print Name

Title

**GEORGIA WIC PROGRAM
CORPORATE VENDOR TRAINING CHECKLIST**

Complete for each store under the Corporate Agreement.

**CORPORATE
VENDOR NAME** _____

**STORE NAME &
NUMBER** _____

**VENDOR
NUMBER**
(if applicable) _____

A representative from my company has trained me and I understand:

- _____ 1. The purpose of the Georgia WIC Program and how to contact Georgia WIC.
- _____ 2. Terms of the vendor agreement. The agreement is null and void upon change of ownership. The vendor must re-apply to continue as a vendor upon expiration of agreement.
- _____ 3. I understand the vendor's responsibility for adhering to the selection criteria throughout the agreement period. This includes but is not limited to:
 - a. Stocking a minimum quantity and variety of approved WIC foods daily
 - b. Stocking at least 200 items in each category of non-WIC food inventory daily
 - c. Maintaining prices that are compatible to stores in same peer group
 - d. Compliance with Supplemental Nutrition Assistance Program (SNAP - formally the Food Stamp Program) regulations
 - e. Maintaining a favorable business integrity
 - f. The prohibition of the unauthorized use of the WIC acronym and logo
- _____ 4. The purpose of vendor training and the requirement to attending training. The vendor is responsible for training its employees on the information discussed at training. The vendor is responsible for the actions of its officers, managers, agents and paid or unpaid employees.
- _____ 5. The WIC-approved food items and the requirement to stock and maintain the minimum inventory of approved WIC food items and non-WIC food items on a daily basis.
- _____ 6. The types of valid WIC vouchers and the procedures for transacting Georgia WIC vouchers.
- _____ 7. The requirement to enroll in the Automatic Clearing House (ACH) following authorization to the Georgia WIC Program.
- _____ 8. The procedures for redeeming Georgia WIC vouchers/Cash Value Fruit and Vegetable Vouchers (CVFVV) and the use of the vendor stamp.
- _____ 9. Returned voucher payment procedures and the provision for Georgia WIC to make price adjustments.
- _____ 10. The responsibility of the vendor to be in compliance with the review of the store via overt monitoring, audits, covert investigations and analyses of programmatic reports.
- _____ 11. The Vendor Sanction System and violations of program, including the federally mandated sanctions, disqualification periods, vendor claims, and civil money penalties. Disqualifications from the Georgia WIC Program may result in disqualification from SNAP.
- _____ 12. The right to request an administrative review for adverse action(s) taken against the vendor.

I ACKNOWLEDGE THAT I HAVE BEEN TRAINED ON THE ITEMS LISTED ABOVE AND RECEIVED A CURRENT VERSION OF THE GEORGIA WIC PROGRAM VENDOR HANDBOOK.

Signature of Store/Corporate Representative

Date

Print Name

Title

**GEORGIA DEPARTMENT OF PUBLIC HEALTH
GEORGIA WIC PROGRAM
INCIDENT/COMPLAINT FORM**

District/Unit/Clinic:	County:		
Date of Incident:	Date Reported:		
Follow-up Date:			
Type of Complaint:			
Sub Category 1:			
Participant <input type="checkbox"/>	Proxy <input type="checkbox"/>	Wait Time <input type="checkbox"/>	Stolen Vouchers <input type="checkbox"/>
Vendor <input type="checkbox"/>	Civil Rights <input type="checkbox"/>	Vendor <input type="checkbox"/>	Transfer <input type="checkbox"/>
Local Agency/State WIC Office Staff <input type="checkbox"/>	Local Agency/State WIC Office Staff <input type="checkbox"/>	Food Package Change <input type="checkbox"/>	Other <input type="checkbox"/>
Anonymous <input type="checkbox"/>		Participant <input type="checkbox"/>	
Sub Category 2:			
		Shelf Prices <input type="checkbox"/>	Customer Service <input type="checkbox"/>
		Clinic Closing <input type="checkbox"/>	Appointment <input type="checkbox"/>
			Fraud(Buy/Sell/Dual) <input type="checkbox"/>
			Formula <input type="checkbox"/>
Person Filing Complaint		Vendor Information	
Name:	Name:	Vendor/Vendor #:	Staff Name :
Phone:	Guardian:	Employee Name:	Phone:
	Phone:	Title:	Staff Name :
		Phone:	Phone:
Incident/Complaint:			
Local Agency Resolution:			
		Can the complaint be closed at the Local Agency? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Signature: Date:	
State Office of Nutrition and WIC Resolution/Comments:			
		Can the complaint be closed at the State Office of Nutrition and WIC? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Signature: Date:	
Follow-up Report:			
Office of Nutrition and WIC, Customer Service Coordinator:			
Date:			

Revised 4/1/12

Georgia's WIC VENDOR REVIEW FORM		VENDOR NUMBER		District/Unit	
				Date of Visit Month _____ Date _____ Year _____	
Vendor Name:					
Store Owner:		Store Manager:			
Store Address:					
City:		County:		State:	
				Zip:	
Review Type <i>(check one)</i>			Complete during Monitoring Visit, if applicable:		
PRE-APPROVAL _____		FOLLOW-UP _____		IS THIS A FOLLOW-UP VISIT? YES _____ NO _____	
MONITORING _____		COMPLAINT _____		IF SO, WHAT VISIT IS THIS? _____	
MINIMUM INVENTORY REQUIREMENTS: PHYSICAL INVENTORY MUST BE IN STOCK AND WITHIN CURRENT DATE LIMIT WHEN VIEWED BY WIC REPRESENTATIVE AT TIME OF VISIT. PURCHASE ORDERS AND SALE RECEIPTS SHALL NOT BE ACCEPTED.					
FRESH FRUITS <i>(Can and frozen fruits are NOT counted as part of the Fresh Fruits TYPES minimum inventory)</i>					
4 Types Fresh Fruits In Store _____ / _____ / _____ / _____					
Highest Price and Item: \$ _____ / _____					
				YES	NO
1) Are there at least 4 types of fresh fruits in stock? If not, how many? _____					
2) Are there at least 10 pounds of fruit in stock? If not, how many pounds? _____					
3) Is the price marked on or near the fruits or produce bin?					
4) Do all fruits appear to be edible?					
FRESH VEGETABLES <i>(Can and frozen vegetables are NOT counted as part of the Fresh Vegetables TYPES minimum inventory)</i>					
4 Types Fresh Vegetables In Store _____ / _____ / _____ / _____					
Highest Price and Item: \$ _____ / _____					
				YES	NO
1) Are there at least 4 types of fresh vegetables in stock? If not, how many? _____					
2) Are there at least 10 pounds of vegetables in stock? If not, how many pounds? _____					
3) Is the price marked on or near the vegetables or produce bin?					
4) Do all vegetables appear to be edible?					

JUICE Brand & Type: _____ 46-48oz Highest Price _____ 64oz Highest Price _____		YES	NO
1) Are there at least 12 plastic bottles or cans of 46-48 oz. juice in stock? If not, how many? ____			
2) Are there at least 12 plastic bottles or cans of 64 oz. juice in stock? If not, how many? ____			
3) Are there two flavors of juice in stock in 46-48 oz. cans or plastic bottles? If not, how many? ____			
4) Are there two flavors of juice in stock in 64 oz. bottles? If not, how many? ____			
5) Is the price marked on juice or posted on or above the shelf/dairy case?			
CEREAL Brand & Type: _____ 11oz -36oz box Highest Price _____		YES	NO
1) Are there at least 24 boxes of 11 oz. - 36 oz. cereal in stock? If not, how many? ____			
2) Are there at least 4 kinds of cereal in stock? If not, how many? ____			
3) Are there at least 2 kinds of whole grain cereal in stock? If not, how many? ____			
4) Is the price marked on the cereal or on the shelf? ____			
5) Are all boxes of WIC approved cereal within date limit? If no, how many are not? ____			
PEAS/BEANS Brand & Type: _____ 11b. Bag Highest Price _____ 14oz Can Highest Price _____		YES	NO
1) Are there at least 5-16oz. bags of peas/beans in stock? If not, how many? ____			
2) Are there at least 2 kinds of peas/beans in the 16 oz. bag in stock? If not, how many? ____			
3) Are there at least 18-14 to 16 oz. cans of peas/beans in stock? If not, how many? ____			
4) Are there at least 2 kinds of peas/beans in the 14 to 16 oz. cans in stock? If not how many? ____			
5) Is the price marked on the peas and beans or on the shelf?			
INFANT CEREAL Brand & Type: _____ Highest Price _____		YES	NO
1) Are there at least 12 boxes of 8 oz. infant cereal in stock? If not, how many? ____			
2) Is rice cereal in stock?			
3) Is the price marked on the cereal or on the shelf?			
4) Are all boxes of WIC approved infant cereal within the date limit? If no, how many are not? ____			

PEANUT BUTTER Brand & Type: _____ Highest Price _____		YES	NO
1) Are there at least 6 jars of 16 -18 oz. peanut butter in stock? If not, how many? _____			
2) Are there at least 2 brands of peanut butter in stock? If not, how many? _____			
3) Is the price marked on the peanut butter or on the shelf?			
FISH Pink Salmon Brand & Lowest Price _____ Tuna Brand / Lowest Price _____		YES	NO
1) Are there at least 18 cans combined of Tuna in the 5oz. can and Pink Salmon in the 7.5 oz. - 14.75 oz. can in stock? If not, how many? _____			
2) Is the price marked on the cans or posted on the shelf?			
3) Are all the cans of WIC approved fish within the date limit? If no, how many are not? _____			
INFANT FORMULA (<i>Gerber Good Start Gentle is Milk Based; Gerber Good Start Soy is Soy Based</i>)			
MILK BASED 13 OZ. CONCENTRATE CAN PRICE: \$ _____ MILK BASED 12.7 OZ. POWDERED CAN PRICE: \$ _____			
SOY BASED 13 OZ. CONCENTRATE CAN PRICE: \$ _____ SOY BASED 12.9 OZ. POWDERED CAN PRICE: \$ _____			
		YES	NO
1) Are there at least 30 cans of 13 oz. concentrate milk based contract formula in stock? If not, how many? _____			
2) Are there at least 20 cans of 13 oz. concentrate soy based contract formula in stock? If not, how many? _____			
3) Are there at least 50 cans of 12.7 oz. powdered milk based contract formula in stock? If not, how many? _____			
4) Are there at least 20 cans of 12.9 oz. powdered soy based contract formula in stock? If not, how many? _____			
5) Is the price marked on the Infant Formula or posted on the shelf? _____			
6) Are all the cans of WIC approved Infant Formula within the date limit? If no, how many are not? _____			
BABY FOOD			
BABY FRUIT IN 4OZ. JAR HIGHEST PRICE: \$ _____ BABY VEGETABLES IN 4OZ. JAR HIGHEST PRICE: \$ _____			
BABY MEATS IN 2.5OZ JAR HIGHEST PRICE: \$ _____			
		YES	NO
1) Are there at least 96-4oz jars of baby fruits & vegetables in stock? If not, how many? _____			
2) Are there at least 31-2.5oz jars of baby meats in stock? If not, how many? _____			
3) Are all jars of WIC approved baby food in current date limit? If no, how many are not? _____			
4) Is the price marked on the jars or shelf?			

WHOLE GRAIN LOAF BREAD Brand: _____ Highest Price _____		YES	NO
1) Are there at least 6 loaves of WIC approved whole grain bread in stock? If not, how many? _____			
2) Are they 16 oz. packages? If not, what sizes are in stock? _____			
3) Is the price marked on the bread or posted on the shelf?			
4) Are all the loaves of WIC approved bread within the date limit? If no, how many are not? _____			
MILK		YES	NO
Whole Milk	Lowest Price: \$ _____ Brand: _____		
Skim, 1%, 2% Milk	Lowest Price: \$ _____ Brand: _____		
Dry Powdered Milk/ Evaporated Milk	Lowest Price: \$ _____ Type & Brand: _____		
1) Are there at least 8 gallons of whole milk in stock? If not, how many? _____			
2) Are there at least 12 gallons of skim, 1% or 2% milk in stock? If not, how many? _____			
3) Are there at least 3 boxes of dry powdered milk that makes 3 quarts or 12 -12oz cans of evaporated milk in stock? If quantities of either are not in stock, how many? _____			
4) Are the prices marked on the milk, shelf or dairy case?			
5) Are all of the containers of WIC approved milk within the date limit? If no, how many are not? _____			
CHEESE Brand & Type: _____ Lowest Price _____		YES	NO
1) Are there at least 8 one pound packages of cheese in stock? If no, how many? _____			
2) Are there at least two kinds of cheese in stock? If no, how many? _____			
3) Is the price marked on the cheese or posted on the shelf or dairy case?			
4) Are all packages of WIC approved cheese within the date limit? If no, how many are not? _____			
EGGS Brand: _____ Lowest Price _____		YES	NO
1) Are there at least 8 dozen grade A large eggs in stock? If no, how many? _____			
2) Is the price marked on the eggs or posted on the dairy case?			
3) Are all cartons of WIC approved eggs within date limit? If no how many are not? _____			

<u>NON-WIC INVENTORY</u>		
A) Beef, Poultry, Fish, Pork, other Seafood (<i>Refrigerated</i>)	0 to 100 ()	200 or more ()
B) Non-WIC Approved Cereal Products	0 to 100 ()	200 or more ()
C) Non-WIC Dairy Products	0 to 100 ()	200 or more ()
D) Staple Items (<i>Flour, Sugar, Pasta, Pudding, etc</i>)	0 to 100 ()	200 or more ()
E) Can, Jar and Bottled Foods (<i>Meats, Condiments, Veggies, etc</i>)	0 to 100 ()	200 or more ()
F) Beverages (<i>Juice, Water, Powder Mixes, etc</i>)	0 to 100 ()	200 or more ()
G) Other Food Items (<i>Specify: _____</i>)	0 to 100 ()	200 or more ()

GENERAL OBSERVATION and QUESTIONS	YES	NO
1) Are there any WIC vouchers on hand in the store? 1b) If the answer is YES, were the amounts filled in? _____	<input type="checkbox"/>	<input type="checkbox"/>
2) Did you observe a participant making a purchase? 2b) If the answer is YES, were appropriate procedures followed? _____	<input type="checkbox"/>	<input type="checkbox"/>
3) Is there a need for additional training at this time?	<input type="checkbox"/>	<input type="checkbox"/>
4) Is the store open for business 6 days per week 8 hours per day?	<input type="checkbox"/>	<input type="checkbox"/>
5) Does the store have scanners that can scan WIC eligible products?	<input type="checkbox"/>	<input type="checkbox"/>
6) Does the vendor use the WIC acronym or logo in the name or advertisements?	<input type="checkbox"/>	<input type="checkbox"/>
<u>WIC REPRESENTATIVE'S NOTES</u>		
<u>VENDOR REPRESENTATIVE'S NOTES</u>		
<p>The results of this monitoring review have been discussed with me and I have been informed of any issue(s) or violation(s) that were found.</p> <p>Vendor Representative Signature _____ Date _____</p> <p>Vendor Representative Print _____ Title _____</p> <p>I hereby certify that I have reviewed all WIC and non -WIC food items on this form. I have discussed all findings and informed the vendor representative of any issue(s) or violation(s). I have provided the vendor representative an opportunity for questions and answers. I have discussed any training needs.</p> <p>WIC Representative Print _____ Date _____</p>		

Authorized date: 10/01/04

Revised: 08/31/11(ks)

**GEORGIA WIC
Compliance Analysis Section
Non-Notification for 1st Violation**

Vendor Name: _____ Vendor Number: _____

Notification of the initial violation, prior to a pattern being established, was not given due to the following reason(s): Check all that apply.

Your vendor status is considered high-risk consistent with Section 246.12 (3) of the Special Supplemental Nutrition Program for WIC Program federal regulations Explain: _____	
Violation(s) outlined category VI and category VII of the Georgia WIC Vendor Sanction System for which no pattern is required. Explain: _____	
The WIC Program became aware of violations taking place during the course of an on-going investigation, during which time other vendors were found to be in violations of the WIC Program regulations, prompting further investigation. Explain: _____	
WIC Investigator's identity may be in jeopardy. Explain: _____	
Threatening conduct or security factors that may occur during the course of a covert/compliance investigation. Explain: _____	
Covert sting operation by WIC, or in conjunction with other federal agencies. Explain: _____	
WIC Program received complaint (s) against vendor. Explain: _____	
More than one violations occurred during the initial compliance visit. Explain: _____	
Other Explain: _____	

Note: Vendor violation means any intentional or unintentional action of a vendor's current owners, officers, managers, agents or paid or unpaid employees (with or without the knowledge of management) that violates the WIC Vendor Agreement or Federal or State statutes, regulations, policies or procedures governing the Program. See 246.2.7 CFR Ch. II (1-1-05), the vendor handbook and vendor agreement.

CAS Director's Signature: _____ Date: _____

Comments:

Above 50% Application Verification

Date: _____

QAS: _____

Store Name: _____

Vendor Number, if applicable: _____

The assessment of this vendor's potential to be an above 50% vendor has revealed the following:

_____ The vendor is dependent upon the authorization of WIC before it can open for business

_____ The vendor carries mostly WIC approved food items and is deficient in the non-WIC food item categorized by USDA as food

_____ The dollar amount assessment of WIC food items to all food items purchased for sell denotes that the applicant vendor has the potential to be an above 50% vendor.

_____ The applicant will not accept more than 3 types of payment for food items and as such will be expected to accept WIC food instruments as the primary source of payment for supplemental food items

_____ The vendor currently has at least one authorized WIC location that has been categorized as an above 50% vendor

_____ Vendor failed to submit requested documentation by the stated deadline

_____ The vendor is not expected to derive more than 50% of it's total food sales form the sale of WIC food items.

Summary of Findings: _____

_____ Application is approved

_____ Application is denied for meeting the above 50% criterion

Verified by Project Administrator for Vendor Cost Containment
(Initial) _____ Date _____

**RULES
OF
DEPARTMENT OF PUBLIC HEALTH**

**CHAPTER 511-8-1-
THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS
AND CHILDREN (WIC)**

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511-8-1-.01 Legal Authority.

These rules are adopted and published pursuant to Section 17 of the Child Nutrition Act of 1966, as amended.

Authority: 42 U.S.C. § 1786; 7 C.F.R. § 246; O.C.G.A. §§ 31-2A-6(a), 31-5-1.

511-8-1-.02 Title and Purpose.

These rules shall be known as the Administrative Rules for the Special Supplemental Nutrition Program for Women, Infants and Children (Georgia WIC). The purpose of these rules is to provide for the administration of Georgia WIC as set forth by the Child Nutrition Act of 1966, as amended, and the Code of Federal Regulations.

Authority: 42 U.S.C. § 1786; 7 C.F.R. § 246; O.C.G.A. §§ 31-2A-6(a), 31-5-1.

511-8-1-.03 Definitions.

(1) "Adverse action" means an action taken by the State agency, and which is subject to full or abbreviated administrative review as provided by 7 C.F.R. § 246.18(a)(1)(i)(ii), as a result of a vendor violation of the Georgia WIC rules and regulations.

(2) "Days" means calendar days.

(3) "Department" means the U.S. Department of Agriculture.

(4) "FNS" means the Food and Nutrition Service of the U.S. Department of Agriculture.

(5) "Food delivery system" means the method used by State and local agencies to provide supplemental foods to participants.

(6) "State" means the state of Georgia.

(7) "State agency" means the Georgia Department of Public Health.

(8) "State Plan" means the Georgia WIC plan of operation and administration that describes the manner in which the State agency intends to implement and operate all aspects of Georgia WIC.

(9) "Vendor" means a sole proprietorship, partnership, cooperative association, corporation, or other business entity operating one or more stores authorized by the State agency to provide authorized supplemental foods to participants under a retail food delivery system. Each store operated by a business entity constitutes a separate vendor and must be authorized separately from other stores operated by the business entity. Each store must have a single, fixed location, except when the authorization of mobile stores is necessary to meet the special needs described in the Georgia WIC State Plan of operation.

(10) "Vendor authorization" means the process by which the State agency assesses, selects, and enters into agreements with stores that apply or subsequently reapply to be authorized as vendors."

(11) "WIC" means the Special Supplemental Nutrition Program for Women, Infants and Children authorized by section 17 of the Child Nutrition Act of 1966, 42 U.S.C. 1786.

Authority 42 U.S.C. § 1786; 7 C.F.R. § 246.2; O.C.G.A. §§ 31-2A-6(a), 31-5-1.

511-8-1-.04 Purpose and Administration.

(1) Purpose. The Special Supplemental Nutrition Program for Women, Infants and Children follows from the Child Nutrition Act of 1966 which states, in part, that the Congress finds that substantial numbers of pregnant, postpartum and breastfeeding women, infants and young children from families with inadequate income are at special risk with respect to their physical and mental health by reason of inadequate nutrition or health care, or both. The purpose of Georgia WIC is to:

(a) provide supplemental foods, and nutrition education and counseling through payment of cash grants to State agencies which administer Georgia WIC through local agencies at no cost to eligible persons;

(b) serve as an adjunct to good health care during critical times of growth and development, in order to prevent the occurrence of health problems, including drug and other harmful substance abuse, and to improve the health status of these persons; and

(c) supplement the Supplemental Nutrition Assistance Program (SNAP) and any program under which foods are distributed to needy families in lieu of food stamps and receipt of food or meals from soup kitchens, or shelters or other forms of emergency food assistance.

(2) Administration of State Plan. The State agency shall administer the Georgia WIC State Plan of operation in accordance with these Rules and all relevant Federal and State law, rules and regulations, and policies and procedures governing Georgia WIC.

(3) Policies, Guidelines and Manuals. The State agency shall promulgate policies, guidelines and manuals to facilitate operation of Georgia WIC in accordance with the agreement with the Department, the guidelines and instructions issued by the Department and FNS in policy letters and management evaluations, and the Georgia WIC State Plan of operation and the rules contained in this Subchapter.

Authority: 42 U.S.C. § 1786; 7 C.F.R. § 246.1 and 246.3; O.C.G.A. §§ 31-2A-6(a), 31-5-1.

511-8-1-.05 Vendor Terms and Conditions.

The State agency shall publish the terms and conditions for vendor authorization and participation under the Georgia WIC State Plan of operation through the Georgia WIC Procedures Manual, the Vendor Agreement, and Georgia WIC Vendor Handbook. A copy of the Georgia WIC Vendor Handbook containing the terms and conditions for vendor authorization and participation shall be made available to each authorized vendor. Such terms and conditions may be amended from time to time when Georgia WIC finds it necessary or appropriate to do so. All such amendments shall be made available to vendors at the addresses provided by the vendors to Georgia WIC. Vendors are required to abide by the provisions of the current Vendor Handbook, as amended, including the sanction system outlined therein. Vendors will be subject to sanctions for program violations in accordance with the version of the handbook and all amendments in effect at the time the violation occurs. Amended terms and conditions shall be effective as specified by Georgia WIC at the time of publication.

Authority: 42 U.S.C. § 1786; 7 C.F.R. §§ 246.4 and 246.12; O.C.G.A. §§ 31-2A-6(a), 31-5-1.

511-8-1-.06 Procedures for Vendor Administrative Review, Hearings and Appeals.

(1) Intent. It is the intent of this regulation to comply with the requirements of 7 C.F.R. § 246.18 while following the existing procedures of the Georgia Administrative Procedure Act, O.C.G.A. § 50-13-1 *et seq.*, in cases entitled to full administrative review; and to provide for the prompt, fair, and efficient internal review of cases entitled to abbreviated administrative review in accordance with the requirements of 7 C.F.R. § 246.18.

(2) Full Administrative Review

(a) The following adverse actions shall be subject to full administrative review upon timely request by the vendor:

1. Denial of authorization based on the application of the vendor selection criteria for minimum variety and quantity of authorized supplemental foods, or on a determination that the vendor is operating a store sold by its previous owner in an attempt to circumvent a sanction, as stated in 7 C.F.R. § 246.12(g)(7) ;
 2. Termination of an agreement for cause;
 3. Disqualification; and
 4. Imposition of a fine or a civil money penalty in lieu of disqualification.
- (b) These procedures shall be followed in cases meriting full administrative review:
1. The State agency shall give written notice to the vendor of the adverse action, the procedures to follow to obtain full administrative review, the causes for and the effective date of the action. When a vendor is disqualified due in whole or in part for any of the violations listed in 7 C.F.R § 246.12(l)(1), the notice shall include the following statement: "This disqualification from WIC may result in disqualification as a retailer in SNAP. Such disqualification is not subject to administrative or judicial review under SNAP."
 2. A vendor seeking review must send a written request for review to the Commissioner of the State agency within fifteen days from the date of the notice of adverse action, with a copy of the decision to be reviewed;
 3. Upon receiving a timely request for review, the Commissioner shall refer the case to the Office of State Administrative Hearings (OSAH) for initial decision.
 4. The hearing before OSAH shall be conducted in accordance with the Georgia Administrative Procedures Act and the rules of OSAH. In addition, the Administrative Law Judge (ALJ) shall ensure that the vendor is given:
 - (i) Adequate advance notice of the time and place of the administrative review to provide all parties involved sufficient time to prepare for the review;
 - (ii) The opportunity to present its case and at least one opportunity to reschedule the administrative review date upon specific request;
 - (iii) The opportunity to cross-examine adverse witnesses. When necessary to protect the identity of WIC Program investigators, such examination may be conducted behind a protective screen or other device to conceal the investigator's face and body;
 - (iv) The opportunity to be represented by counsel; and
 - (v) The opportunity to examine prior to the hearing the evidence upon which the State agency's action is based.
 5. The ALJ's determination shall be based solely on whether the State agency has correctly applied Federal and State statutes, regulations, policies, and procedures governing the WIC Program, according to the evidence presented at the review.
 6. The Commissioner shall appoint an attorney from the Office of General Counsel as a reviewing official to review the ALJ's initial decision at the

request of either party within ten days of the date of the ALJ's initial decision, to ensure that it conforms to approved policies and procedures, and to render the final agency decision in accordance with O.C.G.A. § 50-13-41. If neither party requests that the ALJ's decision be reviewed, then the ALJ's decision shall become the final agency decision thirty days after it was entered.

7. When the ALJ's decision is reviewed at the request of either party, the reviewing official shall provide written notification of the final agency decision, including the basis for the decision, and the vendor's right to seek judicial review pursuant to O.C.G.A. § 50-13-19, within the time period prescribed by O.C.G.A. § 50-13-41. If the adverse action under review has not already taken effect, the review official's decision shall be effective on the date of receipt by the vendor.

(3) Abbreviated Administrative Review

(a) The following adverse actions shall be subject to abbreviated administrative review upon timely request by the vendor:

1. Denial of authorization based on the vendor selection criteria for business integrity or for a current SNAP disqualification or civil money penalty for hardship;
2. Denial of authorization based on the application of the vendor selection criteria for competitive price;
3. The application of the State agency's vendor peer group criteria and the criteria used to identify vendors that are above-50-percent vendors or comparable to above-50-percent vendors;
4. Denial of authorization based on a State agency-established vendor selection criterion if the basis of the denial is a WIC vendor sanction or a SNAP withdrawal of authorization or disqualification;
5. Denial of authorization based on the State agency's vendor limiting criteria;
6. Denial of authorization because a vendor submitted its application outside the timeframes during which applications are being accepted and processed as established by the State agency;
7. Termination of an agreement because of a change in ownership or location or cessation of operations;
8. Disqualification based on a trafficking conviction;
9. Disqualification based on the imposition of a SNAP civil money penalty for hardship;
10. Disqualification or a civil money penalty imposed in lieu of disqualification based on a mandatory sanction imposed by another WIC State agency;
11. A civil money penalty imposed in lieu of disqualification based on a SNAP disqualification; and
12. Denial of an application based on a determination of whether an applicant vendor is currently authorized by SNAP.

(b) These procedures shall be followed in cases meriting abbreviated administrative review:

1. The State agency shall give written notice to the vendor of the adverse action, the procedures to follow to obtain an abbreviated administrative review, the causes for and the effective date of the action;
2. A vendor seeking review must send a written request for review to the Commissioner of the State agency within fifteen days from the date of the notice of adverse action, with a copy of the decision to be reviewed and any documents, argument, or information that the vendor contends would justify reversal;
3. Upon receiving a timely request for review, the Commissioner shall appoint a decision-maker who is someone other than the person who rendered the initial decision on the action to review the information provided to the vendor concerning the causes for the adverse action and the vendor's response, and to make a determination based solely on whether the State agency has correctly applied Federal and State statutes, regulations, policies, and procedures governing the Program;
4. The decision-maker shall provide written notification of the final agency decision, including the basis for the decision, and the vendor's right to seek judicial review pursuant to O.C.G.A. § 50-13-19, within 90 days of the date of receipt of the request for an administrative review. If the adverse action under review has not already taken effect, the decision-maker's ruling shall be effective on the date of receipt by the vendor.

(4) Actions not Subject to Administrative Review

The following adverse actions are not subject to administrative review:

- (a) The validity or appropriateness of the State agency's vendor limiting criteria or vendor selection criteria for minimum variety and quantity of supplemental foods, business integrity, and current SNAP disqualification or civil money penalty for hardship;
- (b) The validity or appropriateness of the State agency's selection criteria for competitive price, including, but not limited to, vendor peer group criteria and the criteria used to identify vendors that are above-50-percent vendors or comparable to above-50-percent vendors;
- (c) The validity or appropriateness of the State agency's participant access criteria and the State agency's participant access determinations;
- (d) The State agency's determination to include or exclude an infant formula manufacturer, wholesaler, distributor, or retailer from the list required pursuant to §246.12(g)(11);
- (e) The validity or appropriateness of the State agency's prohibition of incentive items and the State agency's denial of an above-50-percent vendor's request to provide an incentive item to customers pursuant to §246.12(h)(8);

- (f) The State agency's determination whether to notify a vendor in writing when an investigation reveals an initial violation for which a pattern of violations must be established in order to impose a sanction, pursuant to §246.12(l)(3);
- (g) The State agency's determination whether a vendor had an effective policy and program in effect to prevent trafficking and that the ownership of the vendor was not aware of, did not approve of, and was not involved in the conduct of the violation;
- (h) Denial of authorization if the State agency's vendor authorization is subject to the procurement procedures applicable to the State agency;
- (i) The expiration of a vendor's agreement;
- (j) Disputes regarding food instrument or cash-value voucher payments and vendor claims (other than the opportunity to justify or correct a vendor overcharge or other error, as permitted by §246.12(k)(3); and
- (k) Disqualification of a vendor as a result of disqualification from SNAP.

Authority: 42 U.S.C. § 1786; 7 C.F.R. § 246.18; O.C.G.A. §§ 31-2A-6(a), 31-5-1.

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I. AUTHORIZATION OF FOODS

A Competent Professional Authority (CPA) shall prescribe the categories of authorized supplemental foods in quantities that do not exceed the regulatory maximum and are appropriate for the participant, taking into consideration the participant's age, nutritional needs, and feeding type. The provision of less than the maximum monthly allowances of supplemental foods to an individual WIC participant is appropriate only when:*

- 1. Medically or nutritionally warranted (e.g., eliminate a food due to an allergy);*
- 2. A participant refuses or cannot use the maximum monthly allowances.*

The amounts of supplemental foods shall not exceed the maximum quantities specified in this Section. All participants/caregivers should be instructed on how to select WIC-approved foods to receive their maximum allowance.

*A CPA is a nutritionist, Registered Dietitian, Licensed Dietitian, Registered Nurse, Licensed Practical Nurse, physician, or Physician Assistant who has been trained by the State or local agency to perform WIC assessments.

II. PRESCRIBING FOODS, GENERAL

A. Contract Versus Non-Contract Formula

The State of Georgia has entered into a contract with Nestlé Nutrition / Gerber (effective date: October 1, 2010 through September 30, 2013), to provide formula for WIC participants. All infants participating in Georgia WIC will be provided with vouchers for a contract formula. The contract infant formulas are **Gerber Good Start Gentle** (milk-based), **Gerber Good Start Soy** (soy-based), **Gerber Good Start Soothe** (lactose-reduced), **Gerber Good Start 2 Gentle** and **Gerber Good Start 2 Soy**. This contract also covers children and women who require a contract infant formula as a source of nutrition. The contract currently provides a rebate on each container of Gerber Good Start Gentle, Gerber Good Start Soy, **Gerber Good Start Soothe**, Gerber Good Start 2 Gentle, and Gerber Good Start 2 Soy purchased.

Contract formulas not requiring medical documentation for infants:

Gerber Good Start Gentle
Gerber Good Start Soy
Gerber Good Start Soothe
Gerber Good Start 2 Gentle *
Gerber Good Start 2 Soy *

*For infants ages nine (9) through 11 (eleven) months only. Children require medical documentation to receive any formula products.

1. **Milk-Based Formula:**

All participants who receive a milk-based infant formula will receive the contract formula *Gerber Good Start Gentle*.

Georgia WIC does **NOT APPROVE** the following non-contract milk-based infant formulas for distribution for which **medical documentation will NOT** be accepted:

Gerber Good Start Protect
Gerber Good Start 2 Protect
Enfamil LIPIL 24 w/Iron
Enfamil RestFull
Enfamil PREMIUM Infant
Enfagrow PREMIUM Toddler
Enfagrow PREMIUM Toddler Chocolate
Enfagrow PREMUIM Toddler Vanilla
Parent's Choice (milk-based)
Similac Advance EarlyShield
Similac Go & Grow EarlyShield Milk-Based
Store brand milk-based infant formulas
Organic formula (Any Type)

2. **Soy-Based Formula:**

All participants who receive a soy-based infant formula will receive the contract formula *Gerber Good Start Soy*.

Georgia WIC does **NOT APPROVE** the following non-contract soy-based infant formulas for distribution for which **medical documentation will NOT** be accepted:

Enfagrow Soy Toddler
Enfamil ProSobee
Parent's Choice Soy
Similac Go & Grow EarlyShield Soy-Based
Similac Sensitive Isomil Soy or Similac Soy Isomil
Store brand soy-based formulas that are USDA approved
Organic formula (Any Type)

3. **Lactose-Reduced**

Participants requiring a milk-based, standard lactose-free, lactose-reduced, infant formula will receive the contract formula Gerber Good Start Soothe. Medical documentation is not required.

Georgia WIC does **NOT APPROVE** the following non-contract lactose-reduced milk based infant formulas for distribution for which **medical documentation will NOT** be accepted:

Enfamil Gentlease

Enfagrow Gentlease Toddler

Similac Sensitive

Store brand lactose-free, lactose-reduced infant formula

4. **Rice Added Formula: Medical Documentaiton Required**

For participants requesting a milk-based *rice-added formula* **the following two conditions** must exist prior to issuance:

1) Diagnosis of **Gastroesophageal** reflux disease (GERD)

2) **AND** an additional qualifying condition: Pneumonia, Tube feed, GERD Surgery (Fundoplication), Poor weight gain; Drop of at least one weight channel on growth chart. (If weight not provided it will be based on weight obtained at WIC clinic).

OR, diagnosis of GERD documented by pH probe test, Endoscopy, X-ray (Document type and date of test provided).

Participants meeting the requirements for a rice-added infant formula may receive the following non-contract formulas:

Enfamil A.R.

Similac Sensitive for Spit Up

Store brand milk-based rice-added formulas

5. **Formula Changes:**

Whenever medical condition(s)/diagnosis(es) warrant a change from the contract formula, WIC may provide the infant another approved formula upon receipt of proper medical documentation. Vouchers will specify the prescribed formula. Refer to Section VIII (Medical Documentation) for information regarding the required medical documentation for qualifying medical conditions.

B. Food Package Categories

There are seven (7) food package categories authorized by Federal WIC regulations. Each group is specified according to age, condition, and/or formula type (in the case of Food Package III). The groups are:

Food Package Name from the Federal WIC Regulations	Age/Condition	Food Package Series Number (Internal)
Food Package IA	Fully Formula Fed (FFF) infants ages 0 through 3 months	A00-A99
	Mostly Breastfed (MBF) infants ages 0 through 1 month	E02 – E60, E70 – E99
	Mostly Breastfed (MBF) infants ages 1 through 3 months	E02 – E60, E70 – E99 F00 – F99, J00 – J99, K00 – K99
	Exclusively Breastfed (EBF) infants ages 0 through 5 months	E00
Food Package IB	Fully Formula Fed (FFF) infants ages 4 through 5 months	B00 – B99
	Mostly Breastfed (MBF) infants ages 4 through 5 months	G00 – G99 E00 – E99, J00 – J99, K00 – K99
Food Package II	Fully Formula Fed (FFF) infants ages 6 through 11 months	(D00 – D99)
	Mostly Breastfed (MBF) infants ages 6 through 11 months	(H00 – H99), (L00 – L99), (M00 – M99), (N00 – N99)
	Exclusively Breastfed (EBF) infants ages 6 through 11 months	(E01)
Food Package III	Medically fragile women, infants, and children with qualifying medical conditions receiving special formulas/medical foods	R00 – R99, (S00 – S99), (T00 – T99) X00 – X99, Z00 – Z99
Food Package IV	Children ages 1 through 4 years	C00 – C99
Food Package V	Pregnant women Mostly breastfeeding women	W01 – W19
Food Package VI	Non-breastfeeding women Women breastfeeding some	W20 – W39
Food Package VII	Exclusively breastfeeding women Women pregnant with multiple fetuses Women mostly breastfeeding multiples	W40 – W79 (V60 – V79)

C. Food Packages

Food Packages are foods from the Georgia WIC-Approved Foods List in combinations and amounts that meet USDA Federal regulations for WIC participants by WIC type.

Food packages translate the foods authorized in each food package category group into allowed amounts of Georgia WIC-approved foods. Food packages include standard food packages and packages to meet special nutritional needs (e.g., lactose intolerance). (See Attachments FP-1 to FP-23.)

All formulas, medical foods and supplemental foods that are authorized for distribution through WIC must first be determined WIC-eligible by the Food and Nutrition Service, United States Department of Agriculture. The Nutrition Unit may then approve distribution of the product through Georgia WIC.

1. Tailoring: Available state-created food packages contain the maximum amounts of allowed foods. This is called the “full nutritional benefit.” Any food grouping that includes maximum amounts of allowed foods may be prescribed. (See Attachments FP-1 to FP-23 for a list of numbered food packages.)

No matter how many family members are participating in WIC, each participant's nutritional needs must be given individual consideration.

Participants or their caretaker should be advised that the supplemental foods issued are only for their personal use. However, the supplemental foods are not authorized for participant use while hospitalized on an in-patient basis. In addition, supplemental foods are not authorized for use in the preparation of meals served in a communal food service. This restriction does not preclude the provision or use of supplemental foods for individual participants in a nonresidential setting (e.g., child care facility, family day care home, school, or other educational program); a homeless facility or a residential institution (e.g., home for pregnant teens, prison, or residential drug treatment center) that allows for individuals to store their WIC foods for their personal use apart from community prepared foods.

2. Assignment of CPA Food Package Code (CPA FPC): CPA FPC is the “umbrella” code assigned to a WIC participant that reflects the types and quantities of foods to be issued over a certification period. Each CPA FPC may be subcategorized into multiple internal food package codes based on the participant's age at voucher issuance and – in the case of infants – feeding type. The CPA assigns the CPA FPC that coincides with the types of foods desired based on the participant's category. If a state-created food package that meets the needs of the participant is not available, the CPA specifies the quantities/items desired and assigns a District/clinic-created 999 food package (i.e., food package in the 900-999 number series). A 999 food package may include any allowed food combination, up to the maximum allowed. Allowable foods and maximum quantities will vary depending on participant category. (Refer to Attachments FP-24 to FP-32)

for maximum monthly amounts authorized; see Attachment FP-4⁸ for voucher codes for single food items and small quantity vouchers.)

3. Assignment Method: The CPA must evaluate and assign food packages:
 - a. At each WIC assessment/certification
 - b. Upon receipt of medical documentation prescribing a new food/foods
 - c. At the request of the participant

Only WIC CPA staff is authorized to assign food packages.

D. Required Documentation

1. General Documentation:
 - a. During the WIC assessment/certification, the CPA must enter the CPA Food Package Code in the "Food Package" space provided on the WIC Assessment/ Certification Form or directly into the applicable field in the front-end computer system. Specific foods or voucher codes to be issued for food package 999 must be documented on the WIC Assessment/Certification Form or in the progress notes of the participant's health record.
 - b. Food package changes occurring within a valid WIC certification period must be documented on the WIC Assessment/Certification Form. The date of the food package change and the CPA's signature and title must be included in the documentation. The use of a signature stamp is not acceptable. Secondary nutrition education provided with food package changes must be documented in the medical record.
2. Medical Documentation:

Documentation from a health care provider is required for the following situations:

- a. Rice-added standard infant formulas (e.g., Enfamil A.R., Similac for Spit Up, Parent's Choice Added Rice Starch, or other store brand rice-added formulas approved by USDA). See "Rice Added Formula" issuance conditions above prior to approval.
- b. Authorized non-contract infant formulas for infants, any infant formulas for children or women, any exempt infant formulas, and any medical foods (e.g., as indicated for chronic diseases or medical conditions).

- c. Women and children who require more than one pound of cheese per month or women receiving Food Package VII who require more than three pounds of cheese per month.
 - d. Children who require any amount of tofu or soy milk.
 - e. Women who require more than four pounds of tofu or women receiving Food Package VII who require more than six pounds of tofu.
3. CPA documentation is required for:
- a. Issuance of ready-to-feed formulas, unless ready-to-feed is the only available form of the product.
 - b. Disaster situations.
 - c. Issuing less than the maximum monthly allowance of supplemental foods (e.g., to omit a food due to a food allergy).

III. INFANTS

Food Package I is for infants 0 through five (5) months of age and consists only of iron-fortified infant formula that is not an exempt infant formula. Food Package II is for infants six (6) through 11 (eleven) months of age and consists of iron-fortified infant formula, iron-fortified infant cereal, and infant fruits and vegetables. Infant cereal and infant fruits and vegetables may not be assigned to an infant less than 6 months old. Exclusively breastfed infants six (6) through 11 (eleven) months of age also receive infant meats. Food Packages I and II are designed for issuance to infants who do not have a medical condition qualifying them to receive Food Package III. Infant formula is the only category of formula authorized in this food package. Exempt infant formulas and WIC-eligible medical foods are authorized only in Food Package III.

Cow's milk and goat's milk are not authorized for infants in the first 12 (twelve) months of life.

Infant Formula: A nutritionally complete, iron-fortified standard or slightly modified (e.g., reduced-lactose or rice-added) formula for use in full-term infants. Infant formulas provide 20 (twenty) calories per fluid ounce at standard reconstitution. Examples include Gerber Good Start Gentle, Gerber Good Start Soy, **Gerber Good Start Soothe, Similac Sensitive for Spit Up, Enfamil A.R.**, and Gerber Good Start 2 Soy.

Exempt Infant Formula: An infant formula designed for infants with medical conditions (e.g., prematurity, low birth weight, metabolic disorders, etc.). Some exempt infant formulas are also classified as medical foods. Examples of exempt infant formulas include EleCare for Infants, Nutramigen with Enflora LGG, premature infant formulas (such as Similac Expert Care NeoSure, Similac Special Care products, Enfamil Premature 20, and Gerber Good Start Premature 24), Cyclinex-1, Similac Expert Care Alimentum, Enfaport, Similac Expert Care for Diarrhea, and Pregestimil.

Medical Foods: A WIC-eligible medical food refers to certain enteral products that are specifically formulated to provide nutritional support for individuals with a diagnosed medical condition when the use of conventional foods is precluded, restricted, or inadequate. Such WIC-eligible medical foods may be nutritionally complete or incomplete, but they must serve the purpose of a food, provide a source of calories and one or more nutrients, and be designed for enteral digestion via oral or tube feeding. WIC-eligible medical foods include many, but not all, products that meet the definition of medical foods. Examples of medical foods include PediaSure, EO28 Splash, Nutren 2.0, KetoCal 4:1, Boost, Pediasure Peptide, Peptamen Jr., Polycose, Boost Kid Essentials, Cyclinex-1, Portagen, and human milk fortifier.

To determine if a product is an infant formula, an exempt infant formula, or a medical food, visit the WIC Works Formula Database at the following website:

http://wicworks.nal.usda.gov/nal_web/wicworks/formulas/FormulaSearch.php .

A. Tailoring

1. **Breastfed Infants:** To fully establish the maternal milk supply, it is best if no formula is offered to infants prior to four (4) to six (6) weeks of age. If the mother requests it and the CPA deems it appropriate, one can of powder formula may be issued during the first month of life. However, large cans of powder formula (e.g., 22-25.7 oz. cans) cannot be issued as they exceed the maximum number of reconstituted fluid ounces (104 fluid oz.) allowed to be issued.

If a mother chooses to both breastfeed and formula feed her infant, powder formula is recommended. However, liquid concentrate formula is allowed. The CPA should assign a food package with only the amount of formula the infant requires (e.g., one can, two cans, or three cans powder). The CPA should reassess the infant's needs any time the mother requests more formula. Any problems with breastfeeding should be addressed at this time. Requests for increases in the amount of formula should not be honored without assessment and counseling of the mother/baby dyad. Refer to Attachment BF-5 in the Breastfeeding Section for a chart to assist CPAs in determining the approximate amount of formula needed based on the infant's usual formula intake.

2. **Formula Fed Infants:** When the participant is not breastfed, a contract infant formula should be prescribed unless appropriate medical documentation is provided. The amount of formula provided varies with age and feeding type.

The issuance of any contract brand or non-contract brand infant formula that contains less than ten (10) milligrams of iron per liter at standard dilution (i.e., approximately 20 (twenty) kilocalories per fluid ounce of prepared formula) is prohibited.

3. Cereal: Cereal is not authorized for the infant 0 through five (5) months of age. Infants six (6) to 11 (eleven) months old will receive the full nutritional benefit of twenty-four (24) ounces of infant cereal per month.
4. Infant Fruits and Vegetables: Infant fruits and vegetables are containers of baby food in either 4 oz or 7 oz twin packs. They may be single ingredient or a WIC-approved mixture. Infant fruits and vegetables are not authorized for the infant 0 through five (5) months of age. The full nutritional benefit for Fully Formula Fed (FFF) and Mostly Breastfed (MBF) infants is 128 ounces (32 – 4 oz jars or 18 – 7 oz) of infant fruits and/or vegetables. Exclusively Breastfed (EBF) infants receive 256 ounces (64 – 4 oz jars or 32 – 7 oz) of infant fruits and/or vegetables. Georgia WIC authorizes only Stage 2 (2nd Foods) or Stage 2 1/2 infant fruits and vegetables.
5. Infant Meats: Infant meats are jars of baby food containing single-ingredient meats (e.g., baby food beef and beef broth or chicken and chicken gravy). Infant meat is not authorized for the infant 0 through five (5) months of age. The full nutritional benefit is 77.5 ounces (31 – 2.5 oz jars) of infant meat. No meat mixtures are allowed. Infant meat is only authorized for Exclusively Breastfed (EBF) infants six (6) through 11 (eleven) months of age.

B. Feeding Type Assignment

Three infant feeding options are available – Exclusively Breastfed (EBF), Mostly Breastfed (MBF), or Fully Formula Fed (FFF).

1. Exclusively Breastfed (EBF) infants receive no formula from WIC.
2. Mostly Breastfed (MBF) infants receive formula in amounts that do not exceed the maximum allowed for mostly breastfed infants in the federal regulations (approximately half [50%] of the full formula package issued to FFF infants).
3. Fully Formula Fed (FFF) infants receive formula in excess of the amount allowed for mostly breastfed infants in the federal regulations. This feeding type assignment applies even if they are receiving some breast milk in addition to the formula.

C. Food Package Assignment

1. For Fully Formula Fed (FFF) infants each CPA Food Package Code (CPA FPC) represents three or more packages – one for each infant age group (0 through three [3] months, four [4] through five [5] months, and six [6] through 11 [eleven] months). A different amount of formula is allowed for each age group. Infants age four (4) through five (5) months receive slightly more formula than do infants age 0 through three (3) months. Infants six (6) through 11 (eleven) months old receive less formula and the addition of baby cereal and infant food fruits and vegetables.

Georgia WIC computer systems are automated to progress the infant through these three age groups. The CPA FPCs for FFF infant packages start with an “A.” The computer will issue internal system food packages beginning with an “A” to FFF infants ages 0 through three (3) months old, a “B” package to FFF infants ages four (4) through five (5) months old, and a “D” package to FFF infants ages six (6) through 11 (eleven) months old. However, the CPA FPC assigned by the CPA that began with an “A” and remains unchanged throughout the entire transition from birth through eleven (11) months of age, unless there is a food package change. The WIC computer system will automatically sequence the formula quantities and add the cereal and baby food to the food packages at the appropriate age.

- 2. Mostly Breastfed (MBF) infants are infants who receive formula from WIC in amounts that do not exceed the maximum allowed for mostly breastfed infants (approximately half [50%] of the full formula package issued to FFF infants).

- a. Food Packages

Food packages containing the maximum formula allowed for a MBF infant begin with an “F.” The computer will issue food packages beginning with an “F” to MBF infants ages one (1) month through three (3) months old, a “G” package to MBF infants ages four (4) through five (5) months old, and an “H” package to MBF infants ages six (6) through 11 (eleven) months old for the Mostly Breastfed maximum formula food package. Food packages for MBF infants needing only one (1) can, two (2) cans or three (3) cans of powder formula per month begin with “E,” “K,” and “J,” respectively. The WIC computer system will automatically add the cereal and baby food to the food packages when the infant is six (6) months old.

Food Package Code Begins With:	Infant Age	Formula Amount
F	1-3 months	Maximum MBF
G	4-5 months	Maximum MBF
H	6-11 months	Maximum MBF
E	0-5 months	1 can powder
K	1-5 months	2 cans powder
J	1-5 months	3 cans powder
L	6-11 months	1 can powder
M	6-11 months	2 cans powder
N	6-11 months	3 cans powder

- b. First Month

During the first month of life, the Mostly Breastfed (MBF) infant may not receive more than 104 reconstituted fluid ounces of formula from WIC (approximately one [1] can of powder formula).

Formulas that are only available in large powder container sizes (e.g., 22-25.7 oz) cannot be issued to a MBF infant during the first month of life since their reconstituted yield exceeds the maximum allowed. CPAs must verify the formula yield per can prior to issuance of a 999 food package to a MBF infant during the first month of life. Infant formula issuance is limited during this time period to support the successful establishment of breastfeeding.

When an infant's initial certification is during the first month of life, the CPA will assign the CPA FPC that provides the amount of formula that should be issued after the first month. After entering the CPA FPC **for a MBF package** in the computer system, a second box will appear for the CPA to enter the FPC for the first month. From 0 to 20 (twenty) days of age this can either be E00 (no formula) or the appropriate FPC for one (1) can of powder formula (i.e., E17 for Gerber Good Start Gentle).

From 21 (twenty-one) days to one (1) month of age, the CPA is allowed a third choice for the first month's food package. Since the infant is almost one (1) month old, the CPA can assign the same package as the CPA FPC or the full amount of formula being prescribed after the first month. For example, entering F17 in the second box would provide the maximum formula amount of five (5) cans allowed for ages one (1) to three (3) months. This option is only available at the initial certification.

For additional formula to be issued during the first 30 days of life both mother and baby must be switched to some breastfeeding or fully formula feeding.

3. Exclusively Breastfed (EBF) infants receive no formula from WIC. At six (6) months of age, EBF infants receive infant cereal, infant fruits and vegetables, and infant meats. EBF infant food package codes are E00 and E01. The computer will automatically advance the food package at age six (6) months from E00 to E01.

D. Matching Mother/Baby Packages

"Mother/baby dyad" refers to the process of thinking of a mother and her infant as a unit or pair rather than as two individuals. The mother/baby dyad food packages must agree. **For instance, the infant of an Exclusively Breastfeeding Woman (EBF) must be issued an Exclusively Breastfed food package. The table below matches the appropriate infants food package to their mothers food package.**

Mother Receives:	Infant Receives:	Federal Terminology:
Exclusively Breastfeeding (EBF) woman food package	Exclusively Breastfed (EBF) food package (receives no formula from WIC)	Fully Breastfed infant and Fully Breastfeeding Woman
Mostly Breastfeeding (MBF) woman food package	Mostly Breastfed (MBF) food package (does not exceed monthly formula allowance for Mostly Breastfed infant)	Partially Breastfed Infant and Partially Breastfeeding Woman where a singleton infant receives formula from the WIC program in amounts that does not exceed the maximum allowances for FP I-BF/FF A, B, C or II-BF/FF
If less than 6 months postpartum: a Some Breastfeeding (SBF) woman food package If greater than 6 months postpartum: Some Breastfeeding (SBF) woman food package W80 (with no foods)	Formula in an amount that exceeds the monthly allowance for a Mostly Breastfed infant (e.g., a Fully Formula Fed [FFF] food package) and breast milk	Partially Breastfed Infant and Partially Breastfeeding Woman where a singleton infant receives formula from the WIC program in amounts that exceeds the maximum allowances for FP I-BF/FF A, B, C or II-BF/FF
If less than 6 months postpartum: Non-Breastfeeding woman food package If greater than 6 months postpartum: mother is no longer WIC eligible	Fully Formula Fed (FFF) food package and no breast milk	Fully Formula Fed

E. Manual Food Package

When Voucher Printing on Demand (VPOD) is not available, a manual food package for age or equivalent (i.e., concentrate or powder) should be issued to infants. Manual vouchers are available for Gerber Good Start Gentle for food packages A17, B17, and D17. If a manual food package is not available for the type and/or the amount of formula the infant receives, the food package should be issued on a blank voucher(s). When using blank vouchers for state-created food packages, the CPA FPC, the age-appropriate internal food package code (FPC), and the voucher code (VC) must be listed on the blank voucher. For example, a FFF three (3)-month-old infant on powder **Gerber Good Start Soothe would be issued two vouchers with the following codes: CPA FPC A37, FPC A37, and VC L01 and L02.**

F. Rounding Infant Age

“First Day to Use” date is the date the WIC participant is first allowed to cash their WIC voucher. When calculating infant’s age to determine which food package to issue when using manual or blank vouchers, **issuing from stock or ordering formula from the state office**, round as follows:

- If the infant’s age on the “First Day to Use” date for the voucher is 0 to 15 (fifteen) days old, round down to nearest month.
- If the infant’s age on the “First Day to Use” date for the voucher is 16 (sixteen) – 30 (thirty) days old, round up to nearest month.

The WIC computer system will normally make this age determination. The WIC staff only have to calculate age when the WIC computer system is unavailable.

G. Requests for Additional Formula for Mostly Breastfed (MBF) Infants

To promote breastfeeding, the infant should be issued the smallest amount of formula needed. Additional formula can be issued as long as the infant does not exceed the maximum monthly allowance for Mostly Breastfed (MBF) infants.

At no time should a mostly breastfed receive additional formula during the first 30 days of life after the initial certification. To receive more than one can of formula for the first month they must change feeding types to fully formula fed.

If the infant’s needs exceed the maximum monthly allowance for Mostly Breastfed (MBF) infants and the mother has used some of her vouchers for that month, use the instructions in Attachment FP-33 to calculate whether a food package change can be made for the current month. The standard woman’s MBF food package W01 cannot be changed to food package W21 during the same month if voucher code W02 or both voucher codes 041 and 040 have already been spent by the mother. The women can be issued any foods allowed in the new food package that she has not already received by cashing a voucher from her old food package. State-created vouchers have been designed for use in converting the standard Mostly Breastfeeding package (W01) to the standard Some Breastfeeding or Non-Breastfeeding package (W21). See Attachment FP-33 on how to use voucher codes A34 and W71 to make this transition. If the infant’s needs exceed the maximum monthly allowance for Mostly Breastfed (MBF) infants and the mother has used vouchers for that month which would result in her food package not being able to be converted to the new food package, then the food package change for both the infant and mother would be effective the following month.

If the mother has not used any of her vouchers for that month, then the clinic may void the current vouchers for the mother and re-issued the new food package. When reissuing the infant's vouchers take into consideration which, if any, of the infant vouchers have already been cashed. Subtract any formula already issued from the amount being reissued.

H. Physical Form

Local agencies must issue all WIC formulas (infant formula, exempt infant formula and WIC-eligible medical foods) in concentrated liquid or powder physical forms. Ready-to-feed WIC formulas may be authorized when the CPA determines and documents that:

- (1) The participant's household has an unsanitary or restricted water supply or poor refrigeration;
- (2) The person caring for the participant may have difficulty in correctly diluting concentrated or powder forms; or
- (3) The formula is only available in a ready-to-feed form.

In addition, participants with qualifying medical conditions who are assigned to Food Package III can also be issued ready-to-feed formulas for the additional reasons below:

- (4) If the ready-to-feed form better accommodates the participant's medical condition (Food Package III clients only); or
- (5) If the ready-to-feed form improves the participant's compliance in consuming the prescribed formula (Food Package III clients only).

IV. WOMEN, CHILDREN AND INFANTS WITH QUALIFYING MEDICAL CONDITIONS

Food Package III is reserved for issuance to women, infants and children who have a documented qualifying medical condition(s) that requires the use of a WIC formula (infant formula [children & women only], exempt infant formula or WIC-eligible medical food) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. Medical documentation must meet the requirements described in Section VI of the Food Package (FP) Section.

A. Qualifications for Food Package III Issuance

1. Food Package III requires two components:

- (a) Diagnosis of one or more qualifying medical conditions *and*
- (b) The prescription of:
 - (1) An exempt infant formula or medical food for an infant,
 - or**
 - (2) A medical food, infant formula, or an exempt infant formula for a woman or child

- 2. Qualifying medical conditions must be diagnosed by a health care professional licensed to write medical prescriptions in the State of Georgia. Qualifying medical conditions include, but are not limited to, premature birth, low birth weight, failure to thrive, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutrition status. Food Package III may not be issued solely for the purpose of enhancing nutrient intake or managing body weight (e.g., to treat "weight loss" or "poor weight gain").

B. Disqualifications for Food Package III

- 1. Food Package III is **not** authorized for infants whose only condition is:
 - a. A diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of an exempt infant formula; or
 - b. A non-specific formula or food intolerance.
- 2. Other participants who do not qualify for Food Package III include:
 - a. Infants receiving non-contract standard infant formulas.
 - b. Infants receiving standard infant formula via tube-feeding due to a medical condition.
 - c. Children or women diagnosed with a medical condition that does **not** require the use of a formula or medical food.

C. Food Packages

- 1. Infant food packages in Food Package III **only** consist of exempt infant formula or medical food(s) plus infant cereal and infant fruits and

vegetables as allowed for age, if appropriate for the medical condition. Infant meats are not authorized for issuance in Food Package III since Exclusively Breastfed (EBF) infants by definition do not receive any formula from WIC and therefore could not be receiving exempt infant formula or medical food(s) as required for Food Package III.

2. Child and woman food packages in Food Package III may consist of infant formula, exempt infant formula, and/or medical food(s) and any of the foods in the standard children or women packages (cereal, juice, milk, cheese, whole grain bread or alternatives, beans, peanut butter, eggs, and fruits and vegetables). Children and women in Food Package III are also allowed to receive infant cereal, if appropriate for their medical condition(s).

D. Tailoring

Due to the varying ages and medical conditions, tailoring for Food Package III must be carefully individualized. Georgia WIC *Medical Documentation Form for WIC Special Formulas and Approved WIC Foods* (Form #1) allows the health care provider to list the name of the special formula prescribed and indicate which authorized supplemental foods, if any, are **not** allowed due to the participant's medical condition. (See section VIII of this Food Package [FP] Section of the manual for medical documentation procedures.)

E. Food Package Assignment

1. Infant

Each infant CPA Food Package Code (FPC) represents three packages – one for each infant age group (0 through three [3] months, four [4] through five [5] months, and six [6] through 11 [eleven] months). A different amount of formula is allowed for each age group. Infants four (4) through five (5) months of age receive slightly more formula than the 0 through three (3) month-old infant. Infants six (6) through 11 (eleven) months of age receive less formula, but with the addition of baby cereal and baby food fruits and vegetables. Infant CPA FPCs for exempt infant formulas begin with an “R.” The computer will automatically sequence the infant through the “S” (four [4] through five [5] months) and “T” packages (six [6] through 11 [eleven] months).

Infants ages six (6) through 11 (eleven) months old who are unable to consume solid foods due to their qualifying medical condition(s) and who are assigned to Food Package III are eligible to receive formula at the higher maximum allowance rate allowed for infants ages four (4) through five (5) months old. If the infant age six (6) through 11 (eleven) months old is unable to eat any solid foods as indicated on the medical documentation form, the CPA can assign a CPA FPC code beginning with an “S” so that the infant can receive additional

formula in place of the supplemental foods. Although used differently, the internal "S" food package is identical to the CPA FPC "S" package.

Exceptions – there are a few powder exempt infant formulas that do not follow the standard sequencing described in the preceding paragraphs. The state-created food packages for powder Similac Expert Care Alimentum, Nutramigen AA, and Pregestimil have special sequencing patterns to avoid over or under issuance. (See Attachment FP-34 to view the sequencing patterns for these formulas.)

2. Women and Children

The food package codes for special formulas for women and children begin with an "X" or "Z." When the CPA assigns a special formula package beginning with an "X" or "Z," a second food package field will be enabled in the computer system to allow the CPA to enter a food package for the appropriate supplemental foods based on the medical documentation provided. The food package could be a child or woman's state-created food package or a 999 food package if none of the standard state-created food packages meet the medical food prescription. The special formula food package (food package beginning with an "X" or "Z") must be entered into the computer as the first food package code to enable the second field.

If the WIC participant only needs the "X" or "Z" package, enter "000" in the second food package field to indicate that supplemental foods do not need to be issued.

If none of the state-created formula food packages meet the prescription needs of the participant, a 999 food package can be assigned in the first box to allow the CPA to design an individualized package.

F. Manual Food Package

There is no standard manual food package for Food Package III. Each package is tailored to meet the participant's needs. If manual vouchers are needed, use blank vouchers.

G. WIC Foods

1. Children may receive any infant formula, pediatric formula or medical food on Georgia WIC-approved formula list. Women may receive any adult formula or medical food on Georgia WIC-approved formula list. (See Attachment FP-34 or visit Georgia WIC website at <http://www.wic.ga.gov/wicformula.asp>.)

2. The maximum amount of formula or medical food allowed is based on reconstituted fluid ounces of the product. To determine the maximum number of containers allowed, see Attachments FP-24, FP-25, FP-26, and FP-29. If the product does not have standard mixing instructions (e.g., many metabolic formulas), then the formula should be issued by weight (See Attachments FP-24, FP-25, FP-29.) If the prescribed product reconstitutes to an amount not listed or if the container size (if calculating by weight) is not on the tables, then call the Nutrition Unit for assistance.
3. Infants receive the maximum amount of formula allowed regardless of the amount physician requests on the medical documentation form. Their needs are constantly changing, and we do not require new medical documentation for each change.
4. Children and women receive only the amount of formula prescribed for them. The number of containers may be rounded up as long as the federal maximum of 910 fluid ounces is not exceeded.
5. Women and children may receive up to the maximum quantities allowed for their WIC category of the juice, milk, cereal, eggs, fruits and vegetables, whole wheat bread or alternative, peanut butter and beans/peas as prescribed by their health provider on the Medical Documentation Form (Form #1). No supplemental foods may be issued to a Food Package III participant without appropriate medical documentation. (See maximum food quantities for children on Attachment FP-30 and women on Attachment FP-31.)

Cereal: Infant cereal may be issued in place of adult cereals to children or women in Food Package III, if appropriate. Up to 32 ounces of infant cereal may be substituted for the 36 ounces of adult cereal for a woman or child in Food Package III if deemed appropriate by either the prescribing health care provider or by the CPA.

Infant Fruits and Vegetables: Jars of infant food fruits and vegetables cannot be issued to women or children on their WIC vouchers, even in Food Package III. However, women or children can use their cash value fruit and vegetable produce voucher to purchase baby food fruits and vegetables, if needed.

For a Food Package III participant, if the prescribing authority requests whole milk on the medical documentation form (Form #1 only), whole milk may be issued to women and children over age two (2) years in Food Package III.

H. Responsibilities

Due to the nature of the health conditions of participants who are issued supplemental foods that require medical documentation, close medical supervision is essential for each participant's nutritional management. Per federal regulations, this responsibility remains with the participant's health care provider for this medical oversight and instruction. This responsibility cannot be assumed by personnel at the WIC State or local agency. However, it is the responsibility of the local WIC agency to ensure that only the amounts and types of supplemental foods prescribed by the participant's health care provider are issued in the participant's food package. CPAs should provide high risk counseling according to WIC procedures.

Medical documentation and/or prescriptions signed by dietitians cannot be accepted. Dietitians do not have prescriptive authority as outlined in the laws of the State of Georgia. However, a Registered or Licensed Dietitian or CPA may:

- a. Recommend to a physician, certified nurse practitioner, or physician assistant a suitable alternative formula, or
- b. Refer a participant to a physician, certified nurse practitioner, or physician assistant for evaluation.

I. Maximum Amounts:

(See Attachment FP-29 for maximum amounts of formula authorized for women and children.) The maximum amounts of formula, cereal, and infant food fruits and vegetables authorized for infants is the same as infants in Food Packages I and II. (See Attachments FP-24 to FP-26.) The maximum amount of supplemental foods for women and children is the same as the amounts they would have received had they not qualified for Food Package III. (See Attachments FP-30 to FP-31.)

V. CHILDREN AGES 1 through 4 YEARS

Food Package IV is for children 1 through 4 years of age. This food group consists of milk, cheese, cereal, juice, eggs, whole grain bread or alternative, fruits and/or vegetables, and beans/peas or peanut butter.

A. Tailoring

It is federally mandated that a food package be prescribed that provides the maximum monthly allowance of supplemental foods. This applies even when there are two (2) or more family members participating on WIC.

The CPA can assign a standard package or a package with an alternative dairy option such as lactose reduced milk or goat's milk.

B. Food Package Assignment

The food packages for children ages one (1) to five (5) years old are listed in Attachments FP-15 and FP-16. Food package codes for children ages 12 through 23 months are C01 – C13 and ages two (2) through five (5) years old are C21 – C33. Refer to Attachments FP-30 for the maximum amounts of each food item allowed per month.

Children ages 24 months and older in Food Package IV are required by federal regulations to be issued only low-fat milk. Younger children (ages 12 through 23 months old) are only authorized to receive whole milk from WIC. The computer system will automatically transition a child from the whole milk food package to the low-fat milk food package on the first set of vouchers printed with a "First Day to Use" date on or after the child is age 23 months, 16 days old.

C. Manual Food Package

When Voucher Printing on Demand (VPOD) is not available, a manual food package should be issued. If a manual food package is not available for the food package the child receives, then the food package should be issued using blank vouchers.

Manual vouchers are available for the standard food packages for children: C01 for children ages 12 through 23 months and C21 for children 2 through 5 years old.

D. WIC Foods

1. Juice: Children will be issued single strength juice in 64 oz bottles.
2. Milk: Children greater than 23 months 15 days of age will have a choice between two standard food packages – C21 (with 1 pound of cheese substituted for part of the milk) or C28 (with all milk and no cheese). Food package C21 does include one box of dry powder milk or four 12-oz cans of evaporated milk in order to provide the full nutritional benefit mandated by federal regulation. If the participant does not want the dry powder/evaporated milk, the clinic can issue food package C28 with no cheese instead.

Participants who prefer evaporated milk can be issued the state created

evaporated milk food package C12 (12-23 months) or C32 (2 through 5 years).

The standard package for children 12 through 23 months of age contains whole milk and no cheese. A 999 food package can be used to issue cheese to this age group. Federal regulations prohibit issuance of low-fat milk by WIC to children ages 12 through 23 months old. Therefore, prescriptions for low-fat milk cannot be accepted *for any reason* for children in this age group. Children ages 12 through 23 months old with a medically indicated need to reduce their fat or caloric intake should be instead provided appropriate nutritional counseling according to standard high risk education procedures.

Children ages 24 months and older will receive low-fat milk. Prescriptions for whole milk cannot be accepted *for any reason* for children ages 24 months or older receiving Food Package IV. (Note: Only children ages 24 months or older receiving a formula or medical food due to a qualifying medical condition [in Food Package III] can be issued whole milk and when medical documentation provided **requests whole milk**.)

3. Cheese: The standard food package for children 12 through 23 months old does not include cheese. However, a 999 food package containing cheese can be created for children in this age range.

For children 2 through 5 years of age, the CPA may assign a food package with or without cheese substituted for a portion of the milk allowance. The **standard** food package containing cheese has some of the milk given **as** dry powder **or evaporated milk**.

Additional cheese may be issued in place of milk to children with medical documentation. When “extra cheese” is prescribed, any remaining milk allotment must be issued in full. This may require the issuance of either dry powder milk or evaporated milk for a portion of the milk allowance. (See Attachment FP-39 for a chart listing the amount of fluid and dry powder milk to be issued based on the amount of cheese prescribed.) Issuing greater than one (1) pound of cheese per month to a child requires medical documentation.

4. Fruits and Vegetables: The fruit and vegetable voucher cannot be prorated. If a participant is eligible to receive any voucher for the month, the participant must be issued the fruit and vegetable voucher.
5. Peanut Butter: The food packages for children ages 12 through 23 months old do not contain peanut butter because of the risk of choking.
6. Cereal: Infant cereal **cannot** be issued to children ages 1 through 5 years in Food Package IV. Only children with qualifying medical conditions who are receiving formulas or medical foods in Food Package III are eligible to receive infant cereal in place of adult cereal.

7. Jars of infant food fruits and vegetables **cannot** be issued to children on their WIC vouchers. However, children can use their cash value fruit and vegetable produce voucher to purchase baby food fruits and vegetables, if needed.
8. Other WIC Foods: For information on package sizes and restrictions see Georgia WIC-Approved Food List (Attachment FP-4⁵).

E. Milk Alternatives

For children, cheese, calcium-set tofu, or soy milk may be substituted for milk as described below. The issuance of any soy milk, any tofu, or extra cheese (greater than 1 pound per month) to children requires medical documentation to ensure that the medical provider is aware that the child is receiving a cow's milk substitution. Medical documentation can include religious and cultural reasons (e.g., vegan or vegetarian) as acceptable reasons to issue soy milk and tofu.

Cheese: Cheese may be substituted for milk at the rate of 1 pound of cheese per 3 quarts of milk. A maximum of 1 pound of cheese can be substituted in this manner without requiring medical documentation. With medical documentation of a qualifying medical condition such as lactose intolerance, additional amounts of cheese may be substituted – up to the maximum of four (4) pounds of cheese.

Soy Milk: Soy milk may be substituted for cow's milk at the rate of 1 quart of soy milk for 1 quart of milk, up to the total maximum monthly allowance of milk (16 quarts). Children must have medical documentation of a qualifying medical condition to receive any amount of soy milk.

Tofu: Calcium-set tofu may be substituted for milk at the rate of 1 pound of tofu per 1 quart of milk, up to a maximum of 8 pounds of tofu per month. Children must have medical documentation for a qualifying medical condition to receive any amount of tofu.

F. Additional Documentation

CPAs must thoroughly document any situation in which less than the full maximum allotment of a supplemental food is issued to a participant (e.g., at the participant's request, due to a food allergy, etc.).

Medical documentation is required in the following situations:

1. Any authorized soy milk or tofu issued to children.
2. Any authorized cheese issued to children that exceeds the maximum substitution rate of one (1) pound per month.

VI. WOMEN

Women participating in WIC and who do not have a medical condition qualifying them for Food Package III are categorized into three Federal Food Packages: V, VI, and VII. Each Federal Food Package consists of different quantities of supplemental foods, different allowed supplement foods, and/or different eligibility periods and requirements.

A. Food Package V is for two categories of women:

- (1) Women with a singleton pregnancy (“Prenatal”)
- (2) Women who are mostly breastfeeding up to one year postpartum (“Mostly Breastfeeding Women”) and whose Mostly Breastfed (MBF) infants receive formula from Georgia WIC in amounts that do not exceed the maximum allowances for Mostly Breastfed infants.

Food Package V consists of milk, cheese, cereal, juice, eggs, whole grain bread or alternative, fruits and/or vegetables, beans/peas or peanut butter.

B. Food Package VI is for two categories of women:

- (1) Women up to six months postpartum who are not breastfeeding their infants (“Non-Breastfeeding/Fully Formula Feeding Women”). At six months postpartum, the non-breastfeeding postpartum women are no longer eligible for WIC.
- (2) Breastfeeding women (“Some Breastfeeding”) accepting formula for their infants in amounts that exceed the maximum monthly allowance for Mostly Breastfed (MBF) infants. At six months postpartum, the breastfeeding women in Food Package VI will no longer be issued supplemental foods in their food package (CPA FPC W80) but do remain eligible for WIC. Such women may remain on WIC as breastfeeding participants and receive nutrition education and breastfeeding support if in a current certification (up until they discontinue breastfeeding or their infants reach age 12 months, whichever happens first).

Food Package VI consists of milk, cheese, cereal, juice, eggs, fruits and/or vegetables, beans/peas or peanut butter. Refer to Attachment FP-3¹ for the authorized foods and the maximum amounts allowed per month for women.

C. Food Package VII is for four categories of women:

- (1) Breastfeeding women up to one year postpartum whose infants do not receive any formula or medical foods from WIC (“Exclusively Breastfeeding Women”). These women are assumed to be exclusively breastfeeding their infants.
- (2) Women who are pregnant with two or more fetuses (“Prenatal with Multiples”).
- (3) Women who are mostly breastfeeding multiple infants (“Mostly Breastfeeding Multiples”) from the same pregnancy.

(4) Food Package VII also includes a “super” food package for women exclusively breastfeeding multiple infants (“Exclusively Breastfeeding Multiples”) from the same pregnancy. None of the infants of a woman in this classification can receive any formula or medical foods from WIC in order for the woman to qualify for this “super” food package. This package contains 1.5 times the amount of foods in the standard Food Package VII. Each of these “super” food packages consists of two monthly packages that are issued in alternating months. The rotation is done automatically by the computer system.

Food Package VII consists of milk, cheese, cereal, juice, eggs, whole grain bread or alternative, fruits and/or vegetables, beans/peas, peanut butter and fish. Refer to Attachment FP-3¹ for the authorized foods and the maximum amounts allowed per month for women.

D. Tailoring

It is federally mandated that the maximum monthly allowance be prescribed. This applies even where there are two (2) or more family members participating on WIC.

The CPA can assign a standard package or a package with an alternative dairy option such as goat milk, tofu, or soy milk.

E. Food Package Assignment

The food packages for women are listed on Attachments FP-1¹ to FP-1⁴. The Food Package Codes (FPCs) for Prenatal and Mostly Breastfeeding Women are W00– W13. The FPCs for Postpartum Non-Breastfeeding/Fully Formula Feeding and Some Breastfeeding Women are W20 – W33 plus W80 for Some Breastfeeding women greater than 6 months postpartum. The FPCs for Exclusively Breastfeeding Women are W40 – W79.

If at any time the mother requests an additional amount of formula, the CPA should reassess the mother/baby pair to determine what changes need to be made to both the mother’s and the infant’s food package and feeding type. CPAs must change both the food package of the mother and infant(s) to reflect any changes in their joint status; for example, transitioning from Exclusively Breastfeeding to Mostly Breastfeeding or from Mostly Breastfeeding to Some Breastfeeding. Refer to Attachment FP-3¹ for the authorized foods and the maximum amounts allowed per month for women.

F. Manual Food Package

When Voucher Printing on Demand (VPOD) is not available, a manual food package should be issued. If a manual food package is not available for the food package the woman receives, then a food package should be issued using blank vouchers.

The standard food package for Prenatal and Mostly Breastfeeding Women is W01. For Non-Breastfeeding/Fully Formula Feeding Women and Some Breastfeeding Women the standard food package is W21. It is W41 for Exclusively Breastfeeding Women.

G. WIC Foods

1. Juice

Women have a choice of three forms of juice – frozen concentrate, pourable concentrate, or 46 to 48 oz containers of single strength juice.

2. Milk

Only low-fat milk is allowed for women. Women in Food Package V or VII have a choice of two standard packages – one with cheese and one without cheese. The package containing cheese also contains one box of dry powder milk or four 12-oz cans of evaporated milk in order to provide the full nutritional benefit mandated by federal regulations. If the participant does not want the dry powder milk/evaporated milk the clinic can issue the food package without cheese (all milk).

Participants who prefer evaporated milk can be issued the state created evaporated milk food packages.

The standard food package for women in Food Package VII contains cheese.

3. Fish

Women receiving Food Package VII receive 30 ounces of fish (tuna or salmon). Women in Food Package V or VI are not authorized to receive fish.

4. Beans/Peas and Peanut Butter

Canned beans/peas may be substituted for dried beans/peas at the rate of 64 oz. of canned for one (1) pound of dried beans/peas. Issuance of additional combinations of dried or canned beans/peas and peanut butter is authorized as listed below:

(a) 1 pound of dried plus 64 oz. of canned beans/peas (and no peanut butter)

(b) 2 pounds of dried beans/peas (and no peanut butter)

(c) 128 oz. of canned beans/peas (and no peanut butter)

(d) 2 containers (16-18 oz. each) of peanut butter (and no beans/peas)

6. Fruits and Vegetables: The fruit and vegetable voucher cannot be counted when prorating vouchers. If the participant receives any voucher for the month, she must receive the fruit and vegetable voucher.
7. Cereal: Infant cereal **cannot** be issued to women in Food Packages V, VI, or VII. Only women with qualifying medical conditions who are receiving formulas or medical foods in Food Package III are eligible to receive infant cereal in place of adult cereal.
8. Jars of infant food fruits and vegetables cannot be issued to women on their WIC vouchers. However, women can use their cash value fruit and vegetable produce voucher to purchase baby food fruits and vegetables, if needed.
9. Other WIC Foods: For information on package sizes and restrictions see Georgia WIC-Approved Foods List (Attachment FP-45).

H. Milk Alternatives

For women, cheese, calcium-set tofu, or soy milk may be substituted for milk as described below.

Cheese: Cheese may be substituted for milk at the rate of one (1) pound of cheese for 3 quarts of milk. A maximum of one (1) pound of cheese may be substituted in this manner without medical documentation of a qualifying medical condition for Food Packages V and VI. No more than two (2) pounds of cheese may be substituted for milk for Food Package VII recipients. With medical documentation women receiving Food Package VI may receive up to four (4) pounds of cheese and women receiving Food Package V and VII may receive up to six (6) pounds of cheese.

Soy Milk: Soy milk may be substituted for milk at the rate of 1 quart of soy milk for 1 quart of milk up to the total maximum monthly allowance of milk. Women are **not** required to have medical documentation in order to receive soy milk. Please note, soy-based beverages are not recommended for women with breast cancer.

Tofu: Calcium-set tofu may be substituted for milk at a rate of one (1) pound of tofu for 1 quart of milk. Medical documentation is required for women to receive more than four (4) pounds or six (6) pounds of tofu per month, depending on their category, feeding method and number of infants being carried or breastfed. With medical documentation women may receive up to 12 pounds of tofu. There are state-created vouchers containing tofu. If a different amount of tofu is needed, then a 999 food package will need to be developed using state-created vouchers.

I. Additional Documentation

CPAs must thoroughly document any situation in which less than the full maximum allotment of a supplemental food is issued to a participant (e.g., at the participant's request, due to a food allergy, etc.).

Medical documentation is required in the following situation:

Any authorized cheese or tofu issued to women that exceeds the maximum substitution rate.

VII. HOMELESSNESS, MIGRANCY, AND DISASTER SITUATIONS

A. Alternative Food Package Assignment

Local agencies have the option to convert participants to an alternative food package under the following circumstances:

1. A participant lacks a fixed and regular nighttime residence.
2. A participant's primary nighttime residence is:
 - a. A publicly or privately operated shelter designed to provide temporary living accommodations.
 - b. A temporary accommodation in the residence of another individual.
 - c. A public or private place not designed for or ordinarily used as a regular sleeping accommodation.
3. A participant's primary residence lacks refrigeration and/or contains a contaminated or limited water supply.
4. In disaster situations such as floods, tornadoes, etc., that temporarily displace participants from their normal residences or that result in an unsafe water supply.

B. Food Package Assignment

The CPA must reevaluate and assign appropriate food packages when the participant locates a permanent residence with adequate refrigeration and/or a safe water supply.

C. Manual Food Package

When Voucher Printing on Demand (VPOD) is not available, a manual food package should be issued when possible. If a manual food package is not available that will meet the participant's needs, then a food package should be issued using blank voucher(s).

D. Assignment of Food Package Codes

1. Infants

- a. Alternative food packages for infants consist of 8.45 oz containers of ready-to-feed formula **which are issued in four (4) packs.**
 - (1) Contract milk-based formula: CPA FPC is **A19.**
 - (2) **C** contract soy-based formula: **CPA FPC is A29.**
- b. Each infant CPA Food Package Code (FPC) represents three packages - one for each infant age group (0 through 3 months, 4 through 5 months, and 6 through 11 months.) A different amount of formula is allowed for each age group. Infants 4 through 5 months receive slightly more formula than do the infants 0 through 3 months old. Infants 6 through 11 months old receive less formula and the addition of baby cereal and infant food fruits and vegetables.

Georgia computer systems are automated to progress the infant through these three age groups. The CPA FPCs for Fully Formula Fed (FFF) infant packages start with an "A." The computer will issue internal food packages beginning with a "B" to infants ages 4 through 5 months, and packages beginning with "D" to infants ages 6 through 11 months. For maximum amounts see Attachment FP-2**6** for infant food and Attachment FP-3**2** for alternative formula.

2. Children 1 To 5 Years

Alternative food packages for this group consist of ultra high temperature (UHT) milk, iron fortified cereal, vitamin C fortified juice, fruits and vegetables, whole grain bread or alternative and canned beans or peanut butter. The food package codes for children's alternative packages are C10 and C30. For maximum amounts see Attachment FP-**30**.

3. Pregnant and Breastfeeding Women

Food packages for this group consist of ultra high temperature (UHT) milk, iron fortified cereal, and 100% vitamin C fortified juice, fruits and vegetables, whole grain bread or alternative, canned beans and/or peanut butter. Food package W10 may be assigned to pregnant and Mostly Breastfeeding women. The alternative package for Exclusively Breastfeeding women is W50. For maximum amounts see Attachment FP-3¹.

4. Non-Breastfeeding Women

Food packages for this group consist of ultra high temperature (UHT) milk, iron fortified cereal, 100% vitamin C fortified juice, fruits and vegetables, canned beans and/or peanut butter. The alternative package for women Breastfeeding Some (SBF) and Non-Breastfeeding women is W30. For Maximum amounts see Attachment FP-3¹.

VIII. MEDICAL DOCUMENTATION

No medical foods, formulas requiring a prescription, supplemental foods (for clients in Food Package III), or special milk substitutions requiring medical documentation may be issued to a participant without appropriate medical documentation, as outlined below.

Participants with expired medical documentation cannot be issued any vouchers until current medical authorization, either verbal or written, is obtained.

WIC-approved formulas designed for enteral feeding (i.e., tube feeding) may be authorized. However, WIC does not authorize distribution of formulas designed for parenteral (i.e., intravenous) infusion. All apparatus, equipment, or devices (e.g., enteral feeding tubes, bags and pumps) designed to administer WIC formulas are not allowable WIC costs.

A. Situations Requiring Medical Documentation

1. Infants:

- a) Issuance of Georgia WIC-approved non-contract brand infant formula.
- b) Issuance of any Georgia WIC-approved exempt infant formula or medical food.

2. Children:

- a) Issuance of any Georgia WIC-approved infant formula, exempt infant formula, or medical food.
- b) Issuance of any quantity of soy milk or tofu.

c) Issuance of more than one (1) pound of cheese per month.

3. Women:

a) Issuance of any Georgia WIC-approved formula, exempt formula, or medical food.

b) Issuance of more than one or two (1 or 2) pounds of cheese per month.*

c) Issuance of more than four or six (4 or 6) pounds of tofu per month.*

*Note: The exact quantity depends upon a woman participant's category, the number of infants she is pregnant with or has just delivered, and her infant feeding method.

B. Acceptable & Unacceptable Forms of Documentation

1. Clinics may accept medical documentation in the form of an original written document, an electronic document, or medical documentation received by facsimile or telephone. Verbal orders received by telephone to a CPA must be followed with written documentation (original, electronic, or faxed) within two (2) weeks of the original verbal order. Please refer to Section D below for verbal order procedures.

2. Medical documentation must be written on a physician's prescription pad, private medical office letterhead, District/County letterhead, or on one of the two Georgia WIC forms described below.

3. Clinics are encouraged to promote the use of Georgia WIC medical documentation forms to reduce the likelihood of missing information when other forms are used. It is not mandatory for the health care providers to use Georgia WIC medical documentation forms, but other forms described in #2 above must contain all of the required information described in this section. Georgia WIC medical documentation forms are:

a) *Medical Documentation Form for WIC Special Formula and Approved WIC Foods (Form #1)*. This form is for prescribing formulas and medical foods. Please refer to Attachments FP-40 and FP-41 for a copy of the form and complete instructions on form use.

b) *Referral Form and Medical Documentation for Special Food Substitutions (Form #2)*. This form is for providing referral data and for authorizing special milk substitutions requiring medical documentation (e.g., tofu, extra cheese, soy milk). Please refer to Attachments FP-42 and FP-43 for a copy of the form and complete instructions on form use.

4. Georgia WIC clinics may not accept the following forms:
 - a) Prescription forms or prescription pads which are pre-printed or pre-stamped with a formula requiring a prescription.
 - b) Forms or prescription pads containing formula advertising.
 - c) Prescription pads or forms that include a pre-printed list of formulas from which the healthcare provider is expected to choose are not allowed. For example, a prescription form that lists ten (10) common special formulas and one (1) blank "other" formula option with a check box next to each is unacceptable. The prescription pad or form must not contain any pre-printed or "suggested" formulas.

C. Required Medical Documentation Components

1. The complete brand name of the authorized WIC formula prescribed and the amount of formula needed per day in reconstituted fluid ounces.
2. The authorized supplemental food(s) appropriate for the qualifying medical condition(s) and any restrictions. This section (Section 3 of Medical Documentation Form #1) must be completed before supplemental foods are issued to women, infants, and children. **Only the foods prescribed on the MDF should be issued.**
3. The length of time the prescribed WIC formula is required by the participant.
4. The qualifying medical condition(s) requiring the issuance of the authorized WIC formula.
5. The original signature, date, and contact information of the authorized prescribing health care provider.
 - a) Medical documentation must contain the original signature of a health care professional licensed by the State of Georgia to write prescriptions in accordance with state laws. Stamped, electronic, or pre-printed signatures will not be accepted. Medical documentation for Georgia WIC may **only** be signed by the following healthcare providers:
 - Physicians (e.g., MD, DO)
 - Nurse Practitioners (e.g., APRN, NP, CPNP, CNP, PNP, CNNP, FNP)
 - Physician Assistants (e.g., PA, PA-C)
 - b) Prescriptions signed by any other health professionals **cannot** be accepted. Registered Dietitians (RDs), including those with advanced certifications such as certified nutrition support dietitians (CNSDs) and dietitians who are board certified specialists in

pediatric nutrition (e.g., CSPs), cannot sign prescriptions for WIC. Although such dietitians are experts in their respective areas of specialization, they do not have prescriptive authority in the State of Georgia and therefore cannot sign prescriptions for use in Georgia WIC as outlined by Federal regulations.

D. Verbal Orders

1. For Participants Without Any Medical Documentation (Verbal Order)

- a) Written medical documentation or a verbal order from an authorized healthcare provider is required prior to food package assignment by the WIC CPA.
- b) Verbal orders must only be received and documented by a CPA.
- c) The CPA must promptly document the verbal order. Document the details of the verbal order in the participant's paper or electronic WIC record (including all medical documentation components required in Section C above) and sign/date the information. The complete name and credentials (e.g., MD or NP) of the authorized prescribing health care provider is to be recorded in place of his/her original signature.
- d) Confirmation of a verbal order **must** be requested from the health care provider and **must** be received within two (2) weeks of the initial verbal order.
- e) Only one (1) month of vouchers may be issued to a participant when a verbal order is received. Do not issue a second month of vouchers until the written documentation is received by the clinic. Medical documentation must be written and may be provided as an original written document, an electronic document, or by facsimile.
- f) All medical documentation must be kept on file at the local clinic.

2. For Participants With Incomplete Medical Documentation (Verbal Clarification)

- a) Verbal **clarification** orders also may be accepted by a CPA to complete *minor* missing or incomplete information on Form #1 or Form #2. For example:
 1. A missing ICD-9 code (when the name of the diagnosis is already recorded on the form), if the ICD-9 code would help to better clarify the participant's condition
 2. To clarify the full formula product name (e.g., did "Neocate" mean Neocate Infant DHA + ARA, or Neocate Junior?)

3. A missing product form (powder, concentrate, or ready-to-feed)
 4. A missing “planned length of use”
 5. A missing zip code, phone number, or fax number
 6. Incorrectly documented amount of formula prescribed per day (e.g., prescribed amount was written as the number of cans required per day instead of the number of reconstituted fluid ounces required per day)
- b) The CPA must document the missing information on the form, initial and date *each* change, and record the name and credentials of the physician, physician assistant, nurse practitioner, or nurse (relaying the information on behalf of the provider) who gave the verbal clarification by *each* change who gave the verbal clarification by *each* change. A new medical documentation form does not need to be completed.
1. If extensive information is missing or if any information needs to be corrected or revised, the health care provider must complete a new form.
 2. If the health care provider’s signature is missing, was completed using a “signature stamp,” or if the form was signed by an unauthorized provider, a new form must be completed.
 3. This process cannot be used in place of the “verbal order” procedures outlined above for use when no medical documentation exists (i.e., instead of getting written medical documentation from a health care provider). This process must only be used to add minor missing information to an existing form.
- c) A participant may be issued the full set of vouchers once the missing/incomplete information is obtained and fully documented by the CPA.

E. Frequency & Records

1. Current medical documentation is required, at a minimum, every six (6) months, with any change in the order, and at every recertification/sub-certification/mid-certification* for the prescription of special formulas and medical foods on Form #1.
2. Current medical documentation is required, at a minimum, every six (6) months, with any change in the order, and at every recertification/sub-certification/mid-certification* for the prescription of special milk substitutions on Form #2.

*Note: If the medical documentation on file was signed and dated by the health care provider more than 30 (thirty) days prior to the date of the recertification / sub-certification / mid-certification, then new medical documentation must be provided by the client.

3. Current medical documentation is defined as medical documentation that was signed and dated by the health care provider less than or equal to 30 (thirty) days of being processed by the WIC staff (i.e., within the past 30 [thirty] days prior to certification or food package change).
4. All medical documentation must be kept on file at the local clinic.

F. Issuance of Ready-To-Feed Products

Local agencies must issue all WIC formulas (all infant formula, exempt infant formula and WIC-eligible medical foods) in concentrated liquid or powder physical forms. Ready-to-feed WIC products may be authorized when the CPA determines and documents that:

1. The participant's household has an unsanitary or restricted water supply or poor refrigeration;
2. The person caring for the participant may have difficulty in correctly diluting concentrated or powder forms; or
3. The formula is only available in a ready-to-feed form.
4. In addition, participants with qualifying medical conditions who are assigned to Food Package III can also be issued ready-to-feed formulas for the additional reasons below:
 - If the ready-to-feed form better accommodates the participant's medical condition (*Food Package III clients only*); or
 - If the ready-to-feed form improves the participant's compliance in consuming the prescribed formula (*Food Package III clients only*).

Use of either of these two additional reasons must be clearly documented by the CPA in the participant's paper or electronic WIC record. These two reasons are only applicable for participants who have medical documentation on Form #1 *and* who meet the below criteria:

- a) Infants must be prescribed an exempt infant formula or medical food on Form #1. Infants who are receiving a standard non-contract infant formula requiring a prescription are not eligible for Food Package III, and therefore are not eligible to receive ready-to-feed products for the above two additional reasons. Examples of **ineligible** products include **Similac for Spit Up, and Enfamil A.R.**

- b) Children or women may be prescribed any infant formula, exempt infant formula, or medical food on Form #1 to qualify for the two (2) additional ready-to-feed options.

G. Medical Diagnoses

1. Non-specific, general medical diagnoses are not sufficient for the purpose of WIC prescriptions. The below list of unacceptable diagnoses is not all-inclusive. WIC clients with prescriptions containing the below diagnoses may need additional documentation or a more specific diagnosis. Please contact the prescribing health care professional for a more specific, updated prescription. If a prescription includes more than one diagnosis (including one of those listed below), the other listed diagnosis(es) may be sufficient for approval. CPAs should use their professional judgment or contact their Nutrition Manager for guidance. The below diagnoses are not permitted for use as the **sole diagnosis** on WIC prescriptions:

- “Milk intolerance” or “formula intolerance” (e.g., sometimes ICD-9 code 579.8 is used)
- “Severe milk allergy” or “milk allergy”
- “Multiple food allergies”
- “Feeding difficulties” or “feeding problems” (e.g., 783.3, 779.3)
- “Colic,” “fussiness,” “constipation,” “gas,” or “cramps” (e.g., 787.3, 789.0, 780.91, 780.92)
- “Spitting up”
- “Digestive disturbances”
- “Picky eater,” “poor appetite,” or “inadequate/poor intake”

Insufficient Diagnosis	Sample Acceptable Alternative Diagnosis/Diagnoses
“783.3” when used alone	“Feeding problems (783.3) with supporting information such as NG-tube”
“Feeding problems”	“Oral-motor feeding disorder 783.40”
“Spitting up”	“GERD/reflux 530.81”
“Formula intolerance”	“Cow’s milk protein intolerance” or “malabsorption syndrome NOS” (e.g., 558.3, 579.8, 579.9, 693.1)

2. The following diagnoses require an **underlying medical condition** be present and documented:

- a) “Underweight” or “inadequate/poor weight gain”
- b) “Feeding disorder”

- c) “Inadequate/poor growth”

Georgia WIC cannot accept these diagnoses alone – a more specific, primary medical condition must be present and listed among the diagnoses (e.g., Cerebral Palsy, Failure-to-Thrive, Oral-Motor Feeding Disorder, Prematurity, Dysphagia, etc.).

3. Medical diagnoses must be consistent with the participant’s anthropometric data (e.g., length/height, weight, BMI). CPAs should use their professional judgment and, if needed, seek additional guidance from their Nutrition Managers or Nutrition Services Directors. For example:
 - a) A diagnosis of “Failure to Thrive/FTT” for a child whose BMI is at the 75th percentile or above should be questioned.
 - b) A diagnosis of “Food Aversion” for a child whose BMI is above the 50th percentile and whose caregiver reports that the child eats chips, candy, junk food, and sweets all day but refuses healthier foods should be questioned.
 - c) A diagnosis of “Food Aversion” for a child whose BMI is below the 25th percentile and who is receiving therapy (e.g., speech, physical, or occupational therapy) need not be questioned.
4. Medical diagnoses must be consistent with the formula or medical food prescribed. CPAs should use their professional judgment and, if needed, seek additional guidance from their Nutrition Managers or Nutrition Services Directors. For example:
 - a) “Lactose intolerance” should not be accepted as a diagnosis if the product prescribed contains lactose.
 - b) A diagnosis of “GERD” is not an appropriate diagnosis for the issuance of PediaSure or Boost Kid Essentials.
 - c) “Milk protein allergy” is not an appropriate diagnosis for the issuance of a milk-based formula or medical food.
5. A “suspected” diagnosis is allowable as long as it still meets the other diagnostic criteria (e.g., “suspected milk protein allergy”).
6. See Attachments FP-4¹ and FP-4³ for Medical Documentation Form (Form 1) and Referral Form (Form 2).

IX. FORMULA DISTRIBUTION/TRACKING GUIDELINES

Local agency procedures for tracking formula returned to the clinic for various reasons and tracking formula received and distributed related to special formula ordered through the Nutrition Unit (see Attachment FP-4⁶).

- A. Reasons to Issue Formula.** See the *Formula Distribution / Tracking Guidelines* table below for guidance on allowable and non-allowable reasons for issuing formula.

Formula Distribution / Tracking Guidelines (Returned Formula)	
Allowable reasons to issue Formula:	Non-allowable reasons to issue Formula:
<ul style="list-style-type: none"> • Trading formula- 1 for 1 trade of returned formula (based on equivalent quantity of reconstituted formula). Issuance may include a combination of vouchers and formula. • Food Package Change • Error in purchase • Damaged Formula • Clinic error with appointment given • Adjusting pick up code for family • Disaster situations: Fire, flood etc. • Partial or full issuance as Food Package 	<ul style="list-style-type: none"> • Pre-certification issuance of formula to last until scheduled appointment • Client missed recertification appointment • For client to try out another formula to determine if it is better tolerated • Participant reporting lost or stolen vouchers • Client running out of formula • Distribution to non-WIC clients
<p>*Document returned formula on the Formula Tracking Log (Attachment FP-46). All formula must be accounted for when issued to a client or destroyed.</p>	

- B. Maximum Amount to be Issued.** Not to exceed the maximum monthly amounts authorized for the participant category in question.

- C. Documentation.** Documentation of issuance must be written on the Formula Tracking Log (Attachment FP-46). When applicable, also document issuance in the client’s health record.

- a. Formula Tracking Log: Formula issued to a WIC client or destroyed must be documented on the Formula Tracking Log (Attachment FP-46).
- b. WIC client’s health record: If a detailed medical explanation is needed (i.e., transition from one formula to another), document the quantity of formula issued, type of formula, reason for issuance and signature of individual issuing the formula.

- D. Disposal of Expired Formula.** Expired formula should be opened and disposed of properly. Document expired formula that was disposed of on the Formula Tracking Log.

- E. Staff Responsibility.** It is the responsibility of a CPA to complete all duties related to the Formula Tracking Log. These duties including formula

documentation; acceptance, issuance, and destruction of formula; signing the Formula Tracking Log for each transaction completed; ensuring that formula on hand is not expired or damaged; calculating the correct quantity of formula for exchanges based on the fluid ounces of formula returned (as both formula containers returned & formula on returned vouchers); and conducting quarterly inventories."

X. NUTRITION UNIT SPECIAL FORMULA ORDERS

When ordering special formulas through the Nutrition Unit the "Special Formula Order Form" (Attachment FP-37) should be used. A fillable version of the "Special Formula Order Form" is also available on Georgia WIC website listed below. The fillable order form can be completed online, saved, printed, signed, and then faxed to Nutrition Unit (404-657-2886) along with the client's medical documentation. Also calling to alert staff of the in-coming fax is helpful. In addition, the link contains a copy of the ordering procedures and a copy of the current WIC-Approved Formulas/Medical Foods List.

Web resources for special formula ordering:

<http://www.wic.ga.gov/wicformula.asp> (under "Procurement of Special Formula")

A. Ordering

The Nutrition Unit can only order special formula in whole case quantities. This will often result in the District/clinic receiving more formula than was ordered and more formula than is allowed to be issued to a client. (Do not automatically give a client all of the formula that was delivered, since that will usually result in over-issuance. **Issuance must be limited to the total amount allowed based on medical documentation and WIC maximum amounts.**)

B. Tracking Log

Districts/clinics are responsible for tracking the additional partial cases of formula received in the appropriate Formula Tracking Log. Such leftover formula must be taken into consideration when determining how much special formula to request on subsequent special formula orders. Leftover formula one month indicates that less formula will need to be requested from the Nutrition Unit the following month. Document request for formula and distribution in participant's health record.

C. Amount to Order

When completing the "Special Formula Order Form," Districts/clinics must specify in Line #6 the **exact** number of cans/containers of special formula needed for that client for that issue month (taking into consideration any leftover formula on hand, the prescribed quantity, the maximum allowed for the client category [infant, child, woman], the maximum allowed for infants [if applicable] based on infant age and infant feeding type, and the product type [powder, concentrate, ready-to-feed]). The Nutrition Unit will convert the number of cans/containers to case quantities for the order. **Please do not simply write "max. allowed," "9 cases," or enter the same quantity of formula each month (e.g., "10 cans").** Districts/clinics are encouraged to maintain a spreadsheet(s) to track the special

formula orders submitted for their participants in addition to tracking leftover partial cases of formula in the applicable Formula Tracking Log. Please refer to Attachment FP-38 for a sample tracking document.

For **infant** participants, enter the infant's age on the "Special Formula Order Form" as of the "First Day To Use" date on the vouchers for the current issuance month. The infant's age must be documented in months and days to ensure that the correct amount of formula is being requested based on the infant's age. For child and women participants you need not calculate the age.

Remember to use the correct charts to determine maximum formula allowed if you are ordering formula for an infant who is also being breastfed.

D. Special Formula Order Form

Districts/clinics should complete and submit the "Special Formula Order Form" each month for each client allowing for realistic shipping time. Orders can be shipped overnight, if necessary, for new clients. However, ongoing orders for existing special formula clients should be submitted at least seven (7) to ten (10) business days prior to the date the formula is needed for pick-up by the client to ensure sufficient processing time. Special formula orders should not routinely be requested for "rush" delivery due to the additional fees often charged for expedited delivery. All efforts will be made by state staff to ensure timely delivery of special formula for WIC clients. However, since WIC is a supplemental program, caregivers may need to purchase some formula in the interim. Under routine circumstances, an order should be received within five (5) business days of placing the order.

E. Frequency

The Nutrition Unit only accepts orders for a one-month supply of any special formula(s) at a time for a client. Please do not submit requests for multiple months' worth of formula on one order form or submit several orders covering several months at one time. Many clients on special formulas frequently change formulas and/or food packages.

F. Medical Documentation

Districts/clinics must include current medical documentation with each special formula order submitted each month.

G. Printing Tracking Voucher

Clinics must print a CPA FPC 199 for every month that a client is issued formula ordered through the Nutrition Unit. **The 199 food package should be printed at the time of issuance, one month at a time.** The tracking voucher in this food package allows the client to be counted in the clinic caseload, as failure to do so underreports the District caseload. In addition, USDA requires monthly reconciliation of state-ordered formulas with their tracking vouchers so that formula expenditures can be matched to active WIC participants. **A copy of the 199 voucher receipt must be faxed to the State Office.**

H. Flavor

Specify product flavor(s), when applicable, on the Special Formula Order Form every month.

I. Processing the Order

After the order is received and verified as correct and complete the packing slip should be signed and dated. The special order packing slip should then be returned to the Nutrition Unit by mail or fax:

Mail: 2 Peachtree Street NW, Suite 11-222, Atlanta, GA, 30303-3142

Fax: 404-657-2886

Notify the Nutrition Unit immediately if an incorrect order is delivered or if there is a change in the formula order.

The CPA FPC for all WIC types for special formulas ordered through Nutrition Unit is 199. When the CPA assigns food package 199 a second field will be enabled in the computer system to allow the CPA to select a food package for the appropriate supplemental foods or additional formula based on the medical documentation provided. The food package could be a child or woman's state-created food package or a 999 food package if none of the standard state-created food packages meet the medical food prescription. The special formula food package must be entered into the computer as the first food package code to enable the second field.

If the WIC participant only needs the "199" food package, enter "000" in the second food package box to indicate that additional foods do not need to be issued.

For infants receiving a "199" food package needing to be issued infant fruits and vegetables and/or cereal enter "999" in the second box and select appropriate voucher codes.

If a client is late picking up formula, the amount of formula should be prorated.

XI. EMORY GENETIC WIC CLIENTS

Under the State of Georgia's Newborn Screening Program, all infants are screened for specific metabolic and genetic conditions. The Emory Genetics program is responsible for following up on all infants who have positive screenings. In most cases Emory Genetics also provides ongoing medical services – including highly specialized nutritional management – to those individuals with diagnosed metabolic or genetic disorders.

Georgia WIC has an agreement with Emory University that permits Emory Genetics to provide WIC-approved formulas and medical foods to active WIC clients. Georgia WIC food package system allows a WIC clinic to issue a special “Emory Genetics food package” or food package 099 to active WIC clients who are under the medical care of Emory Genetics, which provides the prescribed formula or combination of formulas to each of their WIC clients on a monthly basis. Emory Genetics then submits a report to Georgia WIC requesting reimbursement for the formulas provided (up to the maximum monthly formula amounts authorized per client according to Federal WIC regulations).

A. Emory Genetics Prescriptions

When active WIC clients present medical documentation **from Emory Genetics** to their WIC clinics, special precautions must be taken to eliminate the possibility of duplicate issuance of formula.

Emory Genetics clients who are active WIC clients should be issued a CPA FPC 099 to cover the formula issued by Emory Genetics. The 099 food package only contains tracking vouchers (no formula or supplemental food vouchers). Emory Genetics will provide the WIC clinic with medical documentation **indicating** any supplemental foods allowed for the participant.

The WIC clinic must print the Emory Genetics food package for each issuance month based on the active WIC client’s pick-up code. Follow the instructions on each voucher. Food package 099 contains four (4) vouchers. Have the active WIC client sign the voucher receipt(s).

The WIC clinic will then fax the two (2) “Emory Genetics Copy” vouchers (voucher code #299) for each month to the fax number listed on the voucher. Do not complete the “Formula Name” or “Cost” lines on the voucher; those lines are for Emory Genetics use. Retain the “Emory Genetics Copy” and “Chart Copy” vouchers in the client’s medical record or WIC chart. Provide the “Client Copy” to the client/caregiver.

B. Provision of Formula and WIC Foods

WIC clinics do not issue any formula to an Emory Genetics WIC client. WIC clinics should **not** print any vouchers containing formula or provide any formula from stock on hand to an Emory Genetics WIC client. Emory Genetics provides **all** of the formula to the WIC client and then invoices the state for the allowable amount of formula based on WIC policies. Clinics that issue any formula to their Emory Genetics WIC clients risk formula over-issuance. Districts will be held financially responsible for repaying Georgia WIC for such duplicate formula issuance errors. Any exceptions identified will be reported to the state’s contracted financial auditor. The Auditor will be notified to immediately conduct a financial desk audit of the District in question. If substantiated by the contracted auditor, funds will be recouped from subsequent grant in aid.

The clinic will issue any supplemental foods Emory Genetics has prescribed. If supplemental foods are authorized, enter the appropriate state-created special food package code on the 2nd FPC field in the computer system. If none of the

State-created food packages match the participant's prescription, enter "999" and create a 999 food package using state-created vouchers for individual supplemental foods. If the client is not approved to receive any supplemental foods enter "000" in the second food package box.

C. Breastfeeding

If an infant receiving formula from Emory Genetics is also being breastfed, be sure the medical documentation includes enough information for you to assign the correct feeding type for the infant and its mother.

XII. Creating 999 Food Packages

Districts are allowed to create food packages for formulas and combinations of foods not available in state created food packages. These food packages are referred to as 999 food packages. Each District must maintain a record of all District created food packages which include a description of the package, food package code, voucher codes, and amounts and types of formula/food allowed. The description should include WIC type, age group and feeding type as applicable.

It is recommended that one person in each District be responsible for creating and/or approving all 999 food packages.

Each package must provide the full nutritional benefit for each food category as allowed for WIC Type based on age and feeding type. Documentation is required for the issuance of less than the full nutritional benefit. However, remember that children and women prescribed special formulas and medical foods are only to be issued the formula quantity prescribed, up to the maximum allowed.

State created voucher codes must be used for all food categories (i.e., milk and whole grains). The District is allowed to create voucher codes for WIC approved formulas and medical food when no state created vouchers are available for these products.

Attachments FP-2⁴ through FP-3² contain the maximum monthly allowed tables; Attachment FP-3⁹ provides information on milk/cheese/tofu substitutions; and Attachment FP-4⁸ is a list of commonly used voucher codes for single foods or small amounts of formulas. These resources are provided to help in the creation of 999 food packages.

Formula Summary: Standard Formulas for Infants and Children

CPA FPC	Status / Age	System FPC	Formula
Gerber Good Start Gentle Concentrate			
A18	FFF 0-3 m	A18	34-12.1 oz concentrate Gerber Good Start Gentle
	FFF 4-5 m	B18	37-12.1 oz concentrate Gerber Good Start Gentle
	FFF 6-11 m	D18	26-12.1 oz concentrate Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F18	MB 1-3 m	F18	15-12.1 oz concentrate Gerber Good Start Gentle
	MB 4-5 m	G18	18-12.1 oz concentrate Gerber Good Start Gentle
	MB 6-11 m	H18	13-12.1 oz concentrate Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
X18	Child	X18	37-12.1 oz concentrate Gerber Good Start Gentle
Gerber Good Start Gentle Powder			
A17	FFF 0-3 m	A17	9-12.7 oz cans powder Gerber Good Start Gentle
	FFF 4-5 m	B17	10-12.7 oz cans powder Gerber Good Start Gentle
	FFF 6-11 m	D17	7-12.7 oz cans powder Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F17	MB 1-3 m	F17	4-12.7 oz cans powder Gerber Good Start Gentle
	MB 4-5 m	G17	5-12.7 oz cans powder Gerber Good Start Gentle
	MB 6-11 m	H17	4-12.7 oz cans powder Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
E17	MB 0-5	E17	1-12.7 oz can powder Gerber Good Start Gentle
	MB 6-11 m	L17	1-12.7 oz can powder Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
K17	MB 1-5 m	K17	2-12.7 oz cans powder Gerber Good Start Gentle
	MB 6-11 m	M17	2-12.7 oz cans powder Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
J17	MB 1-5 m	J17	3-12.7 oz cans powder Gerber Good Start Gentle
	MB 6-11 m	N17	3-12.7 oz cans powder Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
Z17	Child	Z17	10-12.7 oz cans powder Gerber Good Start Gentle
Gerber Good Start Gentle RTF			
A19	FFF 0-3 m	A19	25-33.8 oz (4-packs) Gerber Good Start Gentle
	FFF 4-5 m	B19	27-33.8 oz (4-packs) Gerber Good Start Gentle
	FFF 6-11 m	D19	19-33.8 oz (4-packs) Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F19	MB 1-3 m	F19	12-33.8 oz (4-packs) Gerber Good Start Gentle
	MB 4-5 m	G19	14-33.8 oz (4-packs) Gerber Good Start Gentle
	MB 6-11 m	H19	10-33.8 oz (4-packs) Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
X19	Child	X19	26-33.8 oz (4-packs) Gerber Good Start Gentle
Gerber Good Start Soy Concentrate			
A28	FFF 0-3 m	A28	34-12.1 oz concentrate Gerber Good Start Soy
	FFF 4-5 m	B28	37-12.1 oz concentrate Gerber Good Start Soy
	FFF 6-11 m	D28	26-12.1 oz concentrate Gerber Good Start Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal

CPA FPC	Status / Age	System FPC	Formula
F28	MB 1-3 m	F28	15-12.1 oz concentrate Gerber Good Start Soy
	MB 4-5 m	G28	18-12.1 oz concentrate Gerber Good Start Soy
	MB 6-11 m	H28	13-12.1 oz concentrate Gerber Good Start Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
X28	Child	X28	37-12.1 oz concentrate Gerber Good Start Soy
Gerber Good Start Soy Powder			
A27	FFF 0-3 m	A27	9-12.9 oz cans powder Gerber Good Start Soy
	FFF 4-5 m	B27	10-12.9 oz cans powder Gerber Good Start Soy
	FFF 6-11 m	D27	7-12.9 oz cans powder Gerber Good Start Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F27	MB 1-3 m	F27	4-12.9 oz cans powder Gerber Good Start Soy
	MB 4-5 m	G27	5-12.9 oz cans powder Gerber Good Start Soy
	MB 6-11 m	H27	4-12.9 oz cans powder Gerber Good Start Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
E27	MB 0-5	E27	1-12.9 oz can powder Gerber Good Start Soy
	MB 6-11 m	L27	1-12.9 oz can powder Gerber Good Start Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
K27	MB 1-5 m	K27	2-12.9 oz cans powder Gerber Good Start Soy
	MB 6-11 m	M27	2-12.9 oz cans powder Gerber Good Start Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
J27	MB 1-5 m	J27	3-12.9 oz cans powder Gerber Good Start Soy
	MB 6-11 m	N27	3-12.9 oz cans powder Gerber Good Start Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
X27	Child	X27	10-12.9 oz cans powder Gerber Good Start Soy
Gerber Good Start Soy RTF			
A29	FFF 0-3 m	A29	25-33.8 oz (4-packs) Gerber Good Start Soy
	FFF 4-5 m	B29	27-33.8 oz (4-packs) Gerber Good Start Soy
	FFF 6-11 m	D29	19-33.8 oz (4-packs) Gerber Good Start Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F29	MB 1-3 m	F29	12-33.8 oz (4-packs) Gerber Good Start Soy
	MB 4-5 m	G29	14-33.8 oz (4-packs) Gerber Good Start Soy
	MB 6-11 m	H29	10-33.8 oz (4-packs) Gerber Good Start Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
X29	Child	X29	26-33.8 oz (4-packs) Gerber Good Start Soy
Gerber Good Start Soothe			
A37	FFF 0-3 m	A37	9-12.4 oz cans powder Gerber Good Start Soothe
	FFF 4-5 m	B37	10-12.4 oz cans powder Gerber Good Start Soothe
	FFF 6-11 m	D37	7-12.4 oz cans powder Gerber Good Start Soothe 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F37	MB 1-3 m	F37	4-12.4 oz cans powder Gerber Good Start Soothe
	MB 4-5 m	G37	5-12.4 oz cans powder Gerber Good Start Soothe
	MB 6-11 m	H37	4-12.4 oz cans powder Gerber Good Start Soothe 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
E37	MB 0-5	E37	1-12.4 oz can powder Gerber Good Start Soothe
	MB 6-11 m	L37	1-12.4 oz can powder Gerber Good Start Soothe 32 jars baby fruit/vegetable, 3-8 oz box infant cereal

CPA FPC	Status / Age	System FPC	Formula
K37	MB 1-5 m	K37	2-12.4 oz cans powder Gerber Good Start Soothe
	MB 6-11 m	M37	2-12.4 oz cans powder Gerber Good Start Soothe 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
J37	MB 1-5 m	J37	3-12.4 oz cans powder Gerber Good Start Soothe
	MB 6-11 m	N37	3-12.4 oz cans powder Gerber Good Start Soothe 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
Gerber Good Start 2 Gentle Powder			
D67	FFF 9- 11 m	D67	4-22 oz cans powder Gerber Good Start 2 Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F67	MB 9-11 m	F67	2-22 oz cans powder Gerber Good Start 2 Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
Z67	Child	Z67	5-22 oz cans powder Gerber Good Start 2 Gentle
Gerber Good Start 2 Soy Powder			
D77	FFF 9- 11 m	D77	4-24 oz cans powder Gerber Good Start 2 Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F77	MB 9-11 m	F77	2-24 oz cans powder Gerber Good Start 2 Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
Z77	Child	Z77	5-24 oz cans powder Gerber Good Start 2 Soy

**Contract Formula Food Packages
Fully Formula Fed Infant
0 – 3 months**

Gerber Good Start Gentle

Food Package Code	Rank	VC	Voucher Message	
A17 9-12.7 oz powder Gerber Good Start Gentle	2	G04	Formula:	4-12.7 oz cans powder Gerber Good Start Gentle
	4	G05	Formula:	5-12.7 oz cans powder Gerber Good Start Gentle
A18 34-12.1 oz concentrate Gerber Good Start Gentle	2	G14	Formula:	16-12.1 oz containers concentrate Gerber Good Start Gentle
	4	G17	Formula:	18-12.1 oz containers concentrate Gerber Good Start Gentle
A19 25-33.8 oz ready to feed Gerber Good Start Gentle	4	G19	Formula:	12-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle
	2	G48	Formula:	13-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle

Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message	
A27 9-12.9 oz powder Gerber Good Start Soy	2	N40	Formula:	4-12.9 oz cans powder Gerber Good Start Soy
	4	N41	Formula:	5-12.9 oz cans powder Gerber Good Start Soy
A28 34-12.1 oz concentrate Gerber Good Start Soy	2	G27	Formula:	18-12.1 oz containers concentrate Gerber Good Start Soy
	4	N37	Formula:	16-12.1 oz concentrate Gerber Good Start Soy
A29 25-33.8 oz ready to feed Gerber Good Start Soy	2	N44	Formula:	13-33.8 oz (4-packs) ready to feed Gerber Good Start Soy
	4	G56	Formula:	12-33.8 oz (4-packs) ready to feed Gerber Good Start Soy

Gerber Good Start Soothe

Food Package Code	Rank	VC	Voucher Message	
A37 9-12.4 oz powder Gerber Good Start Soothe	2	L01	Formula:	4-12.4 oz cans powder Gerber Good Start Soothe
	4	L02	Formula:	5-12.4 oz cans powder Gerber Good Start Soothe

**Contract Infant Formula
Fully Formula Fed
4 – 5 months**

Gerber Good Start Gentle

Food Package Code	Rank	VC	Voucher Message	
B17 (Assign A17) 10-12.7 oz powder Gerber Good Start Gentle	2	G04	Formula:	4-12.7 oz cans powder Gerber Good Start Gentle
	4	G06	Formula:	6-12.7 oz. cans powder Gerber Good Start Gentle
B18 (Assign A18) 37-12.1 oz concentrate Gerber Good Start Gentle	2	G17	Formula:	18-12.1 oz containers concentrate Gerber Good Start Gentle
	4	G18	Formula:	19-12.1 oz containers concentrate Gerber Good Start
B19 (Assign A19) 27-33.8 oz ready to feed Gerber Good Start Gentle	2	G13	Formula:	14-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle
	4	G48	Formula:	13-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle

Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message	
B27 (Assign A27) 10-12.9 oz powder Gerber Good Start Soy	2	N41	Formula:	5-12.9 oz cans powder Gerber Good Start Soy
	4	N41	Formula:	5-12.9 oz cans powder Gerber Good Start Soy
B28 (Assign A28) 37-12.1 oz concentrate Gerber Good Start Soy	2	G27	Formula:	18-12.1 oz containers concentrate Gerber Good Start Soy
	4	N38	Formula:	19-12.1 oz containers concentrate Gerber Good Start Soy
B29 (Assign A29) 27-33.8 oz ready to feed Gerber Good Start Soy	2	N45	Formula:	14-33.8 oz (4-packs) ready to feed Gerber Good Start Soy
	4	N44	Formula:	13-33.8 oz (4-pack) ready to feed Gerber Good Start Soy

Gerber Good Start Soothe

Food Package Code	Rank	VC	Voucher Message	
B37 (Assign A37) 10-12.4 oz powder Gerber Good Start Soothe	2	L02	Formula:	5-12.4 oz cans powder Gerber Good Start Soothe
	4	L02	Formula:	5-12.4 oz cans powder Gerber Good Start Soothe

**Contract Infant Formula
 Infant Fully formula Fed
 6-11 months**

Gerber Good Start Gentle

Food Package Code	Rank	VC	Voucher Message	
D17 (Assign A17) 7-12.7 oz powder Gerber Good Start Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	2	G03	Formula:	3-12.7 oz cans powder Gerber Good Start Gentle
	4	G04	Formula:	4-12.7 oz cans powder Gerber Good Start Gentle
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
D18 (Assign A18) 26-12.1 oz concentrate Gerber Good Start Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	2	G12	Formula:	13-12.1 oz containers concentrate Gerber Good Start Gentle
	4	G12	Formula:	13-12.1 oz containers concentrate Gerber Good Start Gentle
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
D19 (Assign A19) 19-33.8 oz ready to feed Gerber Good Start Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	2	G10	Formula:	10-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle
	4	G49	Formula:	9-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)

Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message	
D27 (Assign A27) 7-12.9 oz powder Gerber Good Start Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	N40	Formula:	4-12.9 oz cans powder Gerber Good Start Soy
	2	N55	Formula:	3-12.9 oz cans powder Gerber Good Start Soy
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
D28 (Assign A28) 26-12.1 oz concentrate Gerber Good Start Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	2	N39	Formula:	13-12.1 oz containers cans concentrate Gerber Good Start Soy
	4	N39	Formula:	13-12.1 oz containers cans concentrate Gerber Good Start Soy
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
D29 (Assign A29) 19-33.8 oz ready to feed Gerber Good Start Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	2	N46	Formula:	10-33.8 oz (4-packs) ready to feed Gerber Good Start Soy
	4	G52	Formula:	9-33.8 oz (4-packs) ready to feed Gerber Good Start Soy
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)

Gerber Good Start Soothe

Food Package Code	Rank	VC	Voucher Message	
D37 (Assign A37)	2	L01	Formula:	4-12.4 oz cans powder Gerber Good Start Soothe
7-12.4 oz powder Gerber Good Start Soothe	4	L03	Formula:	3-12.4 oz cans powder Gerber Good Start Soothe
32 jars baby fruit/vegetable	4	N01	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
3-8 oz box infant cereal			Infant cereal:	3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)

**Contract Toddler Formula
9 to 12 months only**

Powder Gerber Good Start 2 Gentle

Food Package Code	Rank	VC	Voucher Message	
D67 4-22 oz powder Gerber Good Start 2 Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	2	G42	Formula:	2-22 oz cans powder Gerber Good Start 2 Gentle
	4	G42	Formula:	2-22 oz cans powder Gerber Good Start 2 Gentle
	4	N01	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
			Infant cereal:	3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)

Powder Gerber Good Start 2 Soy

Food Package Code	Rank	VC	Voucher Message	
D77 4-24 oz powder Gerber Good Start 2 Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	2	G44	Formula:	2-24 oz cans powder Gerber Good Start 2 Soy
	4	G44	Formula:	2-24 oz cans powder Gerber Good Start 2 Soy
	4	N01	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
			Infant cereal:	3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)

Food Packages for Exclusively Breastfed Infant

Food Package Code	Rank	VC	Voucher Message	
E00 Breastfeeding message	9	059	Message only	Nurse your baby often. The more you breastfeed the more milk you will have for your baby. This does voucher has no cash value Grocers should not accept this voucher
E01 (Assign E00) Breastfeeding message 64-4 oz infant food 3-8 oz cereal 31-2.5 oz infant meat	9	059	Message only	Nurse your baby often. The more you breastfeed the more milk you will have for your baby Grocers do not accept this voucher
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
	4	N52	Infant foods:	31-2.5 oz containers baby food meat (Stage 1 or 2nd foods only)

Contract Formula Packages for Mostly Breastfed Infant

1 – 3 months – Maximum

Gerber Good Start Gentle

Food Package Code	Rank	VC	Voucher Message	
F17 4-12.7 oz powder Gerber Good Start Gentle	4	G04	Formula:	4-12.7 oz cans powder Gerber Good Start Gentle
F18 15-12.1 oz concentrate Gerber Good Start Gentle	4	G55	Formula:	15-12.1 oz cans concentrate Gerber Good Start Gentle
F19 12-33.8 oz ready to feed Gerber Good Start Gentle	4	G19	Formula:	12-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle

Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message	
F27 4-12.9 oz powder Gerber Good Start Soy	4	N40	Formula:	4-12.9 oz cans powder Gerber Good Start Soy
F28 15-12.1 oz concentrate Gerber Good Start Soy	4	G26	Formula:	15-12.1 oz containers concentrate Gerber Good Start Soy
F29 12-33.8 oz ready to feed Gerber Good Start Soy	4	G56	Formula:	12-33.8 oz (4-packs) ready to feed Gerber Good Start Soy

Gerber Good Start Soothe

Food Package Code	Rank	VC	Voucher Message	
F37 4-12.4 oz powder Gerber Good Start Soothe	4	L01	Formula:	4-12.4 oz cans powder Gerber Good Start Soothe

**Contract Infant Formula
Mostly Breastfed
4 – 5 months – Maximum**

Gerber Good Start Gentle

Food Package Code	Rank	VC	Voucher Message	
G17 (Assign F17) 5-12.7 oz powder Gerber Good Start Gentle	4	G05	Formula:	5-12.7 oz cans powder Gerber Good Start Gentle
G18 (Assign F18) 18-12.1 oz concentrate Gerber Good Start Gentle	4	G17	Formula:	18-12.1 containers concentrate Gerber Good Start Gentle
G19 (Assign F19) 14-33.8 oz ready to feed Gerber Good Start Gentle	4	G13	Formula:	14-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle

Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message	
G27 (Assign F27) 5-12.9 oz powder Gerber Good Start Soy	4	N41	Formula:	5-12.9 oz cans powder Gerber Good Start Soy
G28 (Assign F28) 18-12.1 oz concentrate Gerber Good Start Soy	4	G27	Formula:	18-12.1 oz containers concentrate Gerber Good Start Soy
G29 (Assign F29) 14-33.8 oz ready to feed Gerber Good Start Soy	4	N45	Formula:	14-33.8 oz (4-packs) ready to feed Gerber Good Start Soy

Gerber Good Start Soothe

Food Package Code	Rank	VC	Voucher Message	
G37 (Assign F37) 5-12.4 oz powder Gerber Good Start Soothe	4	L02	Formula:	5-12.4 oz cans powder Gerber Good Start Soothe

**Contract Infant Formula
6 – 11 months – Maximum**

Gerber Good Start Gentle

Food Package Code	Rank	VC	Voucher Message	
H17 (Assign F17) 4-12.7 oz powder Gerber Good Start Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	G04	Formula:	4-12.7 oz cans powder Gerber Good Start Gentle
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
H18 (Assign F18) 13-12.1 oz concentrate Gerber Good Start Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	G12	Formula:	13-12.1 oz containers concentrate Gerber Good Start Gentle
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
H19 (Assign F19) 10-33.8 oz ready to feed Gerber Good Start Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	G10	Formula:	10-33.8 oz (4- packs) ready to feed Gerber Good Start Gentle
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)

Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message	
H27 (Assign F27) 4-12.9 oz powder Gerber Good Start Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	N40	Formula:	4-12.9 oz cans powder Gerber Good Start Soy
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
H28 (Assign F28) 13-12.1 oz concentrate Gerber Good Start Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	N39	Formula:	13-12.1 oz containers concentrate Gerber Good Start Soy
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
H29 (Assign F29) 10-33.8 oz ready to feed Gerber Good Start Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	N46	Formula:	10-33.8 oz (4-packs) ready to feed Gerber Good Start Soy
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)

Gerber Good Start Soothe

Food Package Code	Rank	VC	Voucher Message	
H37 (Assign F37) 4-12.4 oz powder Gerber Good Start Soothe 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	L01	Formula:	4-12.4 oz cans powder Gerber Good Start Soothe
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)

**Contract Infant Formula
9 to 12 months only**

Powder Gerber Good Start 2 Gentle

Food Package Code	Rank	VC	Voucher Message	
F67 2-22 oz powder Gerber Good Start 2 Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	G42	Formula:	2-22 oz cans powder Gerber Good Start 2 Gentle
	4	N01	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
			Infant cereal:	3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)

Powder Gerber Good Start 2 Soy

Food Package Code	Rank	VC	Voucher Message	
F77 2-24 oz powder Gerber Good Start 2 Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	G44	Formula:	2-24 oz cans powder Gerber Good Start 2 Soy
	4	N01	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
			Infant cereal:	3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)

**Contract Infant Formula
Mostly Breastfed Infant
1- 3 cans per month**

Gerber Good Start Gentle

Food Package Code	Rank	VC	VC	Voucher Message
E17 1-12.7 oz powder Gerber Good Start Gentle	4	G01	Formula:	1-12.7 oz can powder Gerber Good Start Gentle
L17 (Assign E17) 1-12.7 oz powder Gerber Good Start Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	G01	Formula:	1-12.7 oz can powder Gerber Good Start Gentle
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
K17 2-12.7 oz powder Gerber Good Start Gentle	4	G02	Formula:	2-12.7 oz can powder Gerber Good Start Gentle
M17 (Assign K17) 2-12.7 oz powder Gerber Good Start Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	G02	Formula:	2-12.7 oz can powder Gerber Good Start Gentle
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
J17 3-12.7 oz powder Gerber Good Start Gentle	4	G03	Formula:	3-12.7 oz can powder Gerber Good Start Gentle
N17 (Assign J17) 3-12.7 oz powder Gerber Good Start Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	G03	Formula:	3-12.7 oz can powder Gerber Good Start Gentle
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) -8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)

Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message	
E27 1-12.9 oz powder Gerber Good Start Soy	4	476	Formula:	1-12.9 oz can powder Gerber Good Start Soy
L27 (Assign E27) 1-12.9 oz powder Gerber Good Start Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	476	Formula:	1-12.9 oz can powder Gerber Good Start Soy
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
K27 2-12.9 oz powder Gerber Good Start Soy	4	G22	Formula:	2-12.9 oz cans powder Gerber Good Start Soy
M27 (Assign K27) 2-12.9 oz powder Gerber Good Start Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	G22	Formula:	2-12.9 oz cans powder Gerber Good Start Soy
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
J27 3-12.9 oz powder Gerber Good Start Soy	4	N55	Formula:	3-12.9 oz cans powder Gerber Good Start Soy
N27 (Assign J27) 3-12.9 oz powder Gerber Good Start Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	N55	Formula:	3-12.9 oz cans powder Gerber Good Start Soy
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)

Gerber Good Start Soothe

Food Package Code	Rank	VC	Voucher Message	
E37 1-12.4 oz powder Gerber Good Start Soothe	4	L04	Formula:	1-12.4 oz cans powder Gerber Good Start Soothe
L37 (Assign E37) 1-12.4 oz powder Gerber Good Start Soothe 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4 4 2	L04 N01 N26	Formula: Infant foods: Infant cereal: Infant foods:	1-12.4 oz cans powder Gerber Good Start Soothe 16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers 16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
K37 2-12.4 oz powder Gerber Good Start Soothe	4	L05	Formula:	2-12.4 oz cans powder Gerber Good Start Soothe
M37 (Assign K37) 2-12.4 oz powder Gerber Good Start Soothe 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4 4 2	L05 N01 N26	Formula: Infant foods: Infant cereal: Infant foods:	2-12.4 oz cans powder Gerber Good Start Soothe 16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers 16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
J37 3-12.4 oz powder Gerber Good Start Soothe	4	L03	Formula:	3-12.4 oz cans powder Gerber Good Start Soothe
N37 (Assign J37) 3-12.4 oz powder Gerber Good Start Soothe 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4 4 2	L03 N01 N26	Formula: Infant foods: Infant cereal: Infant foods:	3-12.4 oz cans powder Gerber Good Start Soothe 16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers 16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)

Contract Infant Formula Packages for Children

Gerber Good Start Gentle

Food Package Code	Rank	VC	Voucher Message	
Z17 10-12.7 oz powder Gerber Good Start Gentle	2	G05	Formula:	5-12.7 oz cans powder Gerber Good Start Gentle
	4	G05	Formula:	5-12.7 oz cans powder Gerber Good Start Gentle
Medical Documentation Required				
X18 37- 12.1 oz concentrate Gerber Good Start Gentle	4	G18	Formula:	19-12.1 oz containers concentrate Gerber Good Start Gentle
	2	G17	Formula:	18-12.1 oz containers concentrate Gerber Good Start Gentle
Medical Documentation Required				
X19 26-33.8 ready to feed Gerber Good Start Gentle	2	G48	Formula:	13-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle
	4	G48	Formula:	13-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle
Medical Documentation Required				

Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message	
X27 10-12.9 oz powder Gerber Good Start Soy	2	N41	Formula	5-12.9 oz cans powder Gerber Good Start Soy
	4	N41	Formula	5-12.9 oz cans powder Gerber Good Start Soy
Medical Documentation Required				
X28 37-12.1 oz concentrate Gerber Good Start Soy	4	N38	Formula	19-12.1 oz cans concentrate Gerber Good Start Soy
	2	N37	Formula	16-12.1 oz cans concentrate Gerber Good Start Soy
Medical Documentation Required				
X29 26-33.8 oz ready to feed Gerber Good Start Soy	2	N44	Formula	13-33.8 oz (4-packs) ready to feed Gerber Good Start Soy
	4	N44	Formula	13-33.8 oz (4-packs) ready to feed Gerber Good Start Soy
Medical Documentation Required				

Powder Gerber Good Start 2 Gentle

Food Package Code	Rank	VC	Voucher Message	
Z67 5-22 oz powder Gerber Good Start 2 Gentle	2	G42	Formula:	2-22 oz cans powder Gerber Good Start 2 Gentle
	4	G42	Formula:	2-22 oz cans powder Gerber Good Start 2 Gentle
	4	G41	Formula:	1-22 oz cans powder Gerber Good Start 2 Gentle
Medical Documentation Required				

Powder Gerber Good Start 2 Soy

Food Package Code	Rank	VC	Voucher Message	
Z77 5-24 oz powder Gerber Good Start 2 Soy	2	G44	Formula:	2-24 oz cans powder Gerber Good Start 2 Soy
	4	G44	Formula:	2-24 oz cans powder Gerber Good Start 2 Soy
	4	G43	Formula:	1-24 oz can powder Gerber Good Start 2 Soy
Medical Documentation Required				

**Formula Summary – Non-Contract Infant Formula Summary
Medical Documentation Required**

CPA FPC	Status / Age	System FPC	Formula
Enfamil AR Powder			
A44	FFF 0-3 m	A44	9-12.9 oz cans powder Enfamil AR
	FFF 4-5 m	B44	10-12.9 oz cans powder Enfamil AR
	FFF 6-11 m	D44	7-12.9 oz cans powder Enfamil AR, 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F44	MB 1-3 m	F44	4-12.9 oz cans powder Enfamil AR
	MB 4-5 m	G44	5-12.9 oz cans powder Enfamil AR
	MB 6-11 m	H44	4-12.9 oz cans powder Enfamil AR 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
E44	MB 0-5	E44	1-12.9 oz can powder Enfamil AR
	MB 6-11 m	L44	1-12.9 oz can powder Enfamil AR 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
K44	MB 1-5 m	K44	2-12.9 oz cans powder Enfamil AR
	MB 6-11 m	M44	2-12.9 oz cans powder Enfamil AR 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
J44	MB 1-5 m	J44	3-12.9 oz cans powder Enfamil AR
	MB 6-11 m	N44	3-12.9 oz cans powder Enfamil AR 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
X44	Child	X44	9–12.9 oz cans powder Enfamil AR
Enfamil AR RTF			
A46	FFF 0-3 m	A46	26-quart cans RTF Enfamil AR
	FFF 4-5 m	B46	28-quart cans RTF Enfamil AR
	FFF 6-11 m	D46	20-quart cans RTF Enfamil AR 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F46	MB 1-3 m	F46	12-32 oz RTF containers Enfamil AR
	MB 4-5 m	G46	14-32 oz RTF containers Enfamil AR
	MB 6-11 m	H46	10-32 oz RTF containers Enfamil AR 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
X46	Child	X46	28–32 oz cans RTF Enfamil AR
Similac Sensitive for Spit Up or Similac for Spit up Powder			
A41	FFF 0-3 m	A41	9-12.3 oz cans powder Similac Sensitive for Spit Up
	FFF 4-5 m	B41	10-12.3 oz cans powder Similac Sensitive for Spit Up
	FFF 6-11 m	D41	7-12.3 oz cans powder Similac Sensitive for Spit Up 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F41	MB 1-3 m	F41	4-12.3 oz cans powder Similac Sensitive for Spit Up
	MB 4-5 m	G41	5-12.3 oz cans powder Similac Sensitive for Spit Up
	MB 6-11 m	H41	4-12.3 oz cans powder Similac Sensitive for Spit Up 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
E41	MB 0-5	E41	1-12.3 oz powder Similac Sensitive for Spit Up
	MB 6-11 m	L41	1-12.3 oz powder Similac Sensitive for Spit Up 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
K41	MB 1-5 m	K41	2-12.3 oz powder Similac Sensitive for Spit Up
	MB 6-11 m	M41	2-12.3 oz powder Similac Sensitive for Spit Up

CPA FPC	Status / Age	System FPC	Formula
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal
J41	MB 1-5 m	J41	3-12.3oz powder Similac Sensitive for Spit Up
	MB 6-11 m	N41	3-12.3 oz powder Similac Sensitive for Spit Up 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
X41	Child	X41	9-12.3 oz cans powder Similac Sensitive for Spit Up
Similac Sensitive for Spit Up or Similac for Spit up RTF			
A43	FFF 0-3 m	A43	26- quart RTF container Similac Sensitive for Spit Up
	FFF 4-5 m	B43	28- quart RTF container Similac Sensitive for Spit Up
	FFF 6-11 m	D43	20- quart RTF container Similac Sensitive for Spit Up 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F43	MB 1-3 m	F43	12-quart RTF container Similac Sensitive for Spit Up
	MB 4-5 m	G43	14-quart RTF container Similac Sensitive for Spit Up
	MB 6-11 m	H43	10-quart RTF container Similac Sensitive for Spit Up 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
X43	Child	X43	28-quart RTF container Similac Sensitive for Spit Up

Non-Contract Standard Formula Food Packages for Fully Formula Fed Infant

0 – 3 months

Enfamil AR

Food Package Code	Rank	VC	Voucher Message	
A44 9-12.9 oz powder Enfamil AR	2	N33	Formula	4-12.9 oz cans powder Enfamil AR
	4	168	Formula	5-12.9 oz cans powder Enfamil AR
Medical Documentation Required				
A46 26-1 quart ready to feed Enfamil AR	2	169	Formula	13-1 quart containers ready to feed Enfamil AR
	4	169	Formula	13-1 quart containers ready to feed Enfamil AR
Medical Documentation Required				

Similac Sensitive for Spit Up or Similac for Spit up

Food Package Code	VC	Voucher Message	
A41 9-12.3 oz powder Similac Sensitive for Spit Up or Similac for Spit up	N60	Formula	5-12.3 oz cans powder Similac Sensitive for Spit Up (green and white label)
	N61	Formula	4-12.3 oz cans powder Similac Sensitive for Spit Up (green and white label)
Medical Documentation Required			
A43 26-32 oz ready to feed Similac Sensitive for Spit Up or Similac for Spit up	137	Formula	13-quart containers ready to feed Similac Sensitive for Spit Up (green and white label)
	137	Formula	13-quart containers ready to feed Similac Sensitive for Spit Up (green and white label)
Medical Documentation Required			

**Non-Contract Formulas
 Infant Fully formula Fed
 4-5 months**

Enfamil AR

Food Package Code	Rank	VC	Voucher Message	
B44 (Assign A44) 10-12.9 oz Enfamil AR	2	168	Formula	5-12.9 oz cans powder Enfamil AR
	4	168	Formula	5-12.9 oz cans powder Enfamil AR
Medical Documentation Required				
B46 (Assign A46) 28-1 quart ready to feed Enfamil AR	2	309	Formula	14-1 quart containers ready to feed Enfamil AR
	4	309	Formula	14-1 quart containers ready to feed Enfamil AR
Medical Documentation Required				

Similac Sensitive for Spit Up or Similac for Spit up

Food Package Code	Rank	VC	Voucher Message	
B41 (Assign A41) 10-12.3 oz powder Similac Sensitive for Spit Up or Similac for Spit up	2	N60	Formula	5-12.3 oz cans powder Similac Sensitive for Spit Up or Similac for Spit up (green and white label)
	4	N60	Formula	5-12.3 oz cans powder Similac Sensitive for Spit Up or Similac for Spit up (green and white label)
Medical Documentation Required				
B43 (Assign A43) 28-32 oz ready to feed Similac Sensitive for Spit Up or Similac for Spit up	2	139	Formula	14- quart containers ready to feed Similac Sensitive for Spit Up or Similac for Spit up (green and white label)
	4	139	Formula	14- quart containers ready to feed Similac Sensitive for Spit Up or Similac for Spit up (green and white label)
Medical Documentation Required				

**Non-Contract Formulas
Infant Fully formula Fed
6-11 months**

Enfamil AR

Food Package Code	Rank	VC	Voucher Message	
D44 (Assign A44) 7-12.9 oz Enfamil AR 32 jars baby fruit/vegetable 3-8 oz box infant cereal Medical Documentation Required	4	N33	Formula	4-12.9 oz cans powder Enfamil AR
	2	N34	Formula	3-12.9 oz cans powder Enfamil AR
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
D46 (Assign A46) 20-1 quart ready to feed Enfamil AR 32 jars baby fruit/vegetable 3-8 oz box infant cereal Medical Documentation Required	2	N35	Formula	10-1 quart containers ready to feed Enfamil AR
	4	N35	Formula	10-1 quart containers ready to feed Enfamil AR
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)

Similac Sensitive for Spit Up or Similac for Spit up

Food Package Code	Rank	VC	Voucher Message	
D41 (Assign A41) 7-12.3 oz cans powder Similac Sensitive for Spit Up 32-4 oz infant food 3-8 oz cereal Medical Documentation Required	4	N61	Formula	4-12.3 oz cans powder Similac Sensitive for Spit Up (green and white label)
	2	N62	Formula	3-12.3 oz cans powder Similac Sensitive for Spit Up (green and white label)
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
D43 (Assign A43) 20-32 oz ready to feed Similac Sensitive for Spit Up 32-4 oz infant food 3-8 oz cereal Medical Documentation Required	2	N11	Formula	10- quart containers ready to feed Similac Sensitive for Spit Up (green and white label)
	4	N11	Formula	10- quart containers ready to feed Similac Sensitive for Spit Up (green and white label)
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers

**Non-Contract Infant Formula
Mostly Breastfed Infant – Maximum
1-3 months Mostly Breastfeeding – Max**

Enfamil AR

Food Package Code	Rank	VC	Voucher Message	
F44 4-12.9 oz powder Enfamil AR	4	N33	Formula	4-12.9 oz cans powder Enfamil AR
F46 12-32 oz ready to feed Enfamil AR	4	M43	Formula	12-1 quart containers ready to feed Enfamil AR

4-5 months Mostly Breastfeeding – Max

Enfamil AR

Food Package Code	Rank	VC	Voucher Message	
G44 (Assign F44) 5-12.9 oz powder Enfamil AR	4	168	Formula	5-12.9 oz cans powder Enfamil AR
G46 14-32 oz ready to feed Enfamil AR	4	309	Formula	14-1 quart containers ready to feed Enfamil AR

6-11 months Mostly Breastfeeding – Max

Enfamil AR

Food Package Code	Rank	VC	Voucher Message	
H44 (Assign F44) 4-12.9 oz powder Enfamil AR 32-4 oz infant food 3-8 oz cereal	4	N33	Formula	4-12.9 oz cans powder Enfamil AR
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
H46 (Assign F46) 10-32 oz ready to feed Enfamil AR 32-4 oz infant food 3-8 oz cereal	4	N35	Formula	10-1 quart ready to feed Enfamil AR
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers

**Mostly Breastfed Infant
1-3 months - Maximum**

Similac Sensitive for Spit Up or Similac for Spit up

Food Package Code	VC	Voucher Message	
F41 4-12.9 oz powder Similac Sensitive for Spit Up Medical Documentation Required	N61	Formula	4-12.9 oz cans powder Similac Sensitive for Spit Up (green and white label)
F43 12-32 oz ready to feed Similac Sensitive for Spit Up Medical Documentation Required	136	Formula	12-32 oz containers ready to feed Similac Sensitive for Spit Up (green and white label)

**Mostly Breastfed Infant
4-5 months - Maximum**

Similac Sensitive for Spit Up or Similac for Spit up

Food Package Code	VC	Voucher Message	
G41 (Assign F41) 5-12.9 oz powder Similac Sensitive for Spit Up or Similac for Spit up Medical Documentation Required	N60	Formula	5-12.9 oz cans powder Similac Sensitive for Spit Up or Similac for Spit up (green and white label)
G43 (Assign F43) 14-32 oz ready to feed Similac Sensitive for Spit Up or Similac for Spit up Medical Documentation Required	139	Formula	14-32 oz containers ready to feed Similac Sensitive for Spit Up or Similac for Spit up (green and white label)

**Mostly Breastfed Infant
6-11 months - Maximum**

Similac for Spit up

Food Package Code	VC	Voucher Message	
H41 (Assign F41) 4-12.9 oz powder Similac Sensitive for Spit Up or Similac for Spit up 32-4 oz infant food 3-8 oz cereal Medical Documentation Required	N61	Formula	4-12.9 oz cans powder Similac Sensitive for Spit Up or Similac for Spit up (green and white label)
	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
H43 (Assign F43) 10-32 oz ready to feed Similac Sensitive for Spit Up or Similac for Spit up 32-4 oz infant food 3-8 oz cereal Medical Documentation Required	N11	Formula	10-32 oz containers ready to feed Similac Sensitive for Spit Up or Similac for Spit up (green and white label)
	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers

**Non-Contract Infant Formula
Mostly Breastfed Infant
1- 3 cans per month**

Enfamil AR

Food Package Code	Rank	VC	Voucher Message	
E44 1-12.9 oz powder Enfamil AR	4	307	Formula	1-12.9 oz can powder Enfamil AR
L44 (Assign E44) 1-12.9 oz powder Enfamil AR 32-4 oz infant food 3-8 oz cereal Medical Documentation Required	4	307	Formula	1-12.9 oz can powder Enfamil AR
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
K44 2-12.9 oz powder Enfamil AR	4	M42	Formula	2-12.9 oz cans powder Enfamil AR
M44 (Assign K44) 2-12.9 oz powder Enfamil AR 32-4 oz infant food 3-8 oz cereal Medical Documentation Required	4	M42	Formula	2-12.9 oz cans powder Enfamil AR
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
J44 3-12.9 oz powder Enfamil AR Medical Documentation Required	4	N34	Formula	3-12.9 oz cans powder Enfamil AR
N44 (Assign J44) 3-12.9 oz powder Enfamil AR 32-4 oz infant food 3-8 oz cereal Medical Documentation Required	4	N34	Formula	3-12.9 oz cans powder Enfamil AR
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers

Similac Sensitive for Spit Up

Food Package Code	VC	Voucher Message	
<p>E41 1-12.6 oz powder Similac Sensitive for Spit Up or Similac for Spit up</p> <p>Medical Documentation Required</p>	111	Formula	1-12.6 oz can powder Similac Sensitive for Spit Up or Similac for Spit up (green and white label)
<p>L41 (Assign E41) 1-12.6 oz powder Similac Sensitive for Spit Up or Similac for Spit up</p> <p>32-4 oz infant food</p> <p>3-8 oz cereal</p> <p>Medical Documentation Required</p>	111	Formula	1-12.6 oz can powder Similac Sensitive for Spit Up or Similac for Spit up (green and white label)
	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
<p>K41 2-12.6 oz powder Similac Sensitive for Spit Up or Similac for Spit up</p> <p>Medical Documentation Required</p>	N64	Formula	2-12.6 oz cans powder Similac Sensitive for Spit Up or Similac for Spit up (green and white label)
<p>M41 (Assign K41) 2-12.6 oz powder Similac Sensitive for Spit Up or Similac for Spit up</p> <p>32-4 oz infant food</p> <p>3-8 oz cereal</p> <p>Medical Documentation Required</p>	N64	Formula	2-12.6 oz cans powder Similac Sensitive for Spit Up or Similac for Spit up (green and white label)
	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
<p>J41 3-12.6 oz powder Similac Sensitive for Spit Up or Similac for Spit up</p> <p>Medical Documentation Required</p>	N65	Formula	3-12.6 oz cans powder Similac Sensitive for Spit Up or Similac for Spit up (green and white label)

Food Package Code	VC	Voucher Message	
N41 (Assign J41) 3-12.6 oz powder Similac Sensitive for Spit Up or Similac for Spit up 32-4 oz infant food 3-8 oz cereal Medical Documentation Required	N65	Formula	3-12.6 oz cans powder Similac Sensitive for Spit Up or Similac for Spit up (green and white label)
	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers

Non-Contract Standard Infant Formula for Children

Enfamil AR

Food Package Code	Rank	VC	Voucher Message	
X44 9-12.9 oz powder Enfamil AR	2	N33	Formula	4-12.9 oz cans powder Enfamil AR
	4	168	Formula	5-12.9 oz cans powder Enfamil AR
Medical Documentation Required				
X46 28-1 quart ready to feed Enfamil AR	2	309	Formula	14-1 quart containers ready to feed Enfamil AR
	4	309	Formula	14-1 quart containers ready to feed Enfamil AR
Medical Documentation Required				

Similac Sensitive for Spit Up or Similac for Spit up

Food Package Code	Rank	VC	Voucher Message	
X41 9-12.3 oz cans powder Similac Sensitive for Spit Up or Similac for Spit up	2	N61	Formula	4-12.3 oz cans powder Similac Sensitive for Spit Up or Similac for Spit up (green and white label)
	4	N60	Formula	5-12.3 oz cans powder Similac Sensitive for Spit Up or Similac for Spit up (green and white label)
Medical Documentation Required				
X43 Similac Sensitive for Spit Up or Similac for Spit up	2	139	Formula	14- quart containers ready to feed Similac Sensitive for Spit Up or Similac for Spit up (green and white label)
	4	139	Formula	14- quart containers ready to feed Similac Sensitive for Spit Up or Similac for Spit up (green and white label)
Medical Documentation Required				

Summary of Food Packages for Women and Children

<u>Women Food Packages:</u>	
Prenatal/Mostly Breastfeeding W00 – W19	
W01	Standard Prenatal/Mostly Breastfeeding Women
W02	Lactose Intolerant Prenatal/Mostly Breastfeeding Women
W03	Goat Milk for Prenatal/Mostly Breastfeeding Women
W04	Extra Cheese for Prenatal/Mostly Breastfeeding Women MEDICAL DOCUMENTATION REQUIRED
W05	Limited Tofu for Prenatal/Mostly Breastfeeding Women
W06	Extra Tofu for Prenatal/Mostly Breastfeeding Women MEDICAL DOCUMENTATION NEEDED
W07	Whole Milk Prenatal/Mostly Breastfeeding Women MEDICAL DOCUMENTATION REQUIRED
W08	No Cheese for Prenatal/Mostly Breastfeeding Women
W09	No Milk for Prenatal/Mostly Breastfeeding Women MEDICAL DOCUMENTATION REQUIRED
W10	Prenatal/Mostly Breastfeeding Women – Alternative Package
W11	Soy Milk for Prenatal/Mostly Breastfeeding Women
W12	Evaporated Milk for Prenatal/Mostly Breastfeeding Women
W13	Soy Milk with Tofu for Prenatal/Mostly Breastfeeding Women
Postpartum Non-Breastfeeding/Some Breastfeeding W20 – W39, W80	
W21	Standard Postpartum Women
W22	Lactose Intolerant Postpartum Women
W23	Goat Milk for Postpartum Women
W24	Extra Cheese for Postpartum Women MEDICAL DOCUMENTATION REQUIRED
W25	Limited Tofu for Postpartum Women
W26	Extra Tofu for Postpartum Women– Extra Tofu MEDICAL DOCUMENTATION REQUIRED
W27	Whole Milk for Postpartum Women MEDICAL DOCUMENTATION REQUIRED
W28	No Cheese for Postpartum Women
W29	No Milk for Postpartum Women MEDICAL DOCUMENTATION REQUIRED
W30	Postpartum Women – Alternative Package
W31	Soy Milk for Postpartum Women
W32	Evaporated Milk for Postpartum Women
W33	Soy Milk with Tofu for Postpartum Women
W80	Some Breastfeeding >6 months Postpartum

Exclusively Breastfeeding Woman – Single Infant/Prenatal with Multiples /Mostly Breastfeeding Multiples W40 – W59	
W41	Standard Exclusively Breastfeeding/Prenatal with Multiples
W42	Lactose Intolerant Exclusively Breastfeeding/Prenatal with Multiples
W43	Goat Milk for Exclusively Breastfeeding/Prenatal with Multiples
W44	More Cheese for Exclusively Breastfeeding/Prenatal with Multiples
W45	Limited Tofu for Exclusively Breastfeeding/Prenatal with Multiples
W46	Extra Tofu for Exclusively Breastfeeding/Prenatal with Multiples MEDICAL DOCUMENTATION NEEDED
W47	Whole Milk for Exclusively Breastfeeding/Prenatal with Multiples MEDICAL DOCUMENTATION REQUIRED
W49	No Milk for Exclusively Breastfeeding/Prenatal with Multiples MEDICAL DOCUMENTAION REQUIRED
W50	Exclusively Breastfeeding/Prenatal with Multiples Alternative Package
W51	Soy Milk for Exclusively Breastfeeding/Prenatal with Multiples
W52	Evaporated Milk for Exclusively Breastfeeding/Prenatal with Multiples
W53	Soy Milk with Tofu for Exclusively Breastfeeding/Prenatal with Multiples
Exclusively Breastfeeding Multiples W60 – W79 (V60 – V79)	
W61	Standard Exclusively Breastfeeding Multiples Package A
V61	Standard Exclusively Breastfeeding Multiples Package B
W62	Lactose Intolerant Exclusively Breastfeeding Multiples Package A
V62	Lactose Intolerant Exclusively Breastfeeding Multiples Package B
W63	Goat Milk for Exclusively Breastfeeding Multiples Package A
V63	Goat Milk for Exclusively Breastfeeding Multiples Package B
W65	Tofu for Exclusively Breastfeeding Multiples Package A
V65	Tofu for Exclusively Breastfeeding Multiples Package B
W69	No milk for Exclusively Breastfeeding Multiples Package A MEDICAL DOCUMENTATION REQUIRED
V69	No milk for Exclusively Breastfeeding Multiples Package B MEDICAL DOCUMENTATION REQUIRED
W71	Soy Milk for Exclusively Breastfeeding Multiples Package A
V71	Soy Milk for Exclusively Breastfeeding Multiples Package A

Child Food Packages:	
12 – 23 Month Old Child C00 – C19	
C01	Standard Child 1-2 years old
C02	Lactose Intolerant 1-2 year old
C03	Goat Milk for 1 -2 year old
C05	Limited Tofu for 1-2 yr old MEDICAL DOCUMENTATION REQUIRED
C06	Extra Tofu for 1-2 year old MEDICAL DOCUMENTATION REQUIRED
C09	No milk for 1-2 year old MEDICAL DOCUMENTAION NEEDED
C10	1-2 year old Alternative Package
C11	Soy Milk for 1-2 years old MEDICAL DOCUMENTATION REQUIRED
C12	Evaporated Milk for 1-2 year old
C13	Soy Milk with Tofu for 1-2 years old MEDICAL DOCUMENTATION REQUIRED
2 - 5 Year Old Child C20 – C39	
C21	Standard 2-5 year old
C22	Lactose Intolerant 2- 5 year old
C23	Goat Milk for 2-5 year old
C24	Extra Cheese for 2-5 yr old child MEDICAL DOCUMENTATION REQUIRED
C25	Limited Tofu for 2-5 yr child MEDICAL DOCUMENTATION REQUIRED
C26	Extra Tofu for 2-5 yr child MEDICAL DOCUMENTATION REQUIRED
C27	Whole Milk for 2 -5 year old MEDICAL DOCUMENTATION REQUIRED
C28	No Cheese for 2-5 year old
C29	No milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED
C30	2-5 year old Alternative Package
C31	Soy Milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED
C32	Evaporated Milk for 2-5 year old
C33	Soy Milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED

**Prenatal/Mostly Breastfeeding Women Packages
W00-W13**

Food Package Number	Rank	VC	Voucher Message	
W01 Standard Prenatal/Mostly Breastfeeding Women \$10 fruit and vegetable 4 gallons of milk 1-3 qt box dry milk 1 lb cheese 3-48 oz cans of juice 1 dozen eggs 36 oz cereal 16 oz whole grains 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	3	041	Milk: Eggs: Juice: Cereal:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand 1 dozen 2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate No more than 36 oz.
	2	W01	Milk: Dry Milk: Cheese: Peanut butter:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand 1- 3 quart container non-fat dry powder OR 4-12 oz cans low-fat (fat-free, skimmed, 2%) evaporated 1-16 oz package 1 container (16 to 18 oz)
	4	W02	Milk: Whole Grain: Beans:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns 1 lb dried OR 4 cans (14 to 16 oz)
	1	040	Milk: Juice:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand 1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate

Food Package number	Rank	VC	VC Message	
W02 Lactose Intolerant Prenatal/Mostly Breastfeeding Women \$10 fruit and vegetable 19 qt lactose reduced milk 1 lb cheese 3-48 oz juice 1 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	2	034	Milk:	1 gallon OR 4 quarts OR 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	2	024	Milk:	1 gallon OR 4 quarts OR 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
	3	033	Milk:	1 gallon OR 4 quarts OR 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
			Cereal:	No more than 36 oz
	1	501	Milk:	1 gallon OR 4 quarts OR 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	4	W07	Milk:	1-3 quart (96 oz) container OR 1-half gallon low-fat (fat-free, 1%, 2%) Lactose-free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
			Cheese:	1-16 oz package

	4	W80	Eggs: Whole grain: Peanut butter:	1 dozen Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns 1 container (16 to 18 oz)
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Food Package	Rank	VC	Voucher Message	
W03 – Goat Milk for Prenatal/Mostly Breastfeeding Women \$10 fruit and vegetable 19 quarts goat milk 1 lb cheese 3-48 oz juice 1 dozen eggs 36 oz cereal 16 oz whole grains 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	4	W11	Goat milk:	3 quarts low-fat goat milk. No whole Milk.
			Cheese:	1-16 oz package
			Peanut butter:	1 container (16 to 18 oz)
	4	W12	Goat milk:	4 quarts low-fat goat milk. No whole Milk.
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Whole grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
	1	W13	Goat milk:	4 quarts low-fat goat milk. No whole milk.
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
	2	W14	Goat milk:	4 quarts low-fat goat milk. No whole milk.
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Eggs:	1 dozen
	3	W15	Goat milk:	4 quarts low-fat goat milk. No whole milk.
			Cereal:	No more than 36 oz

Food Package Number	Rank	VC	Voucher Message	
W04 – Extra Cheese for Prenatal/Mostly Breastfeeding Women MEDICAL DOCUMENTATION REQUIRED \$10 fruit and vegetable 4 gallon milk 2 lb cheese 3-48 oz juice 1 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried bean	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	2	041	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Eggs:	1 dozen
			Cereal:	No more than 36 oz.
	3	W45	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Cheese:	1-16 oz package
			Peanut butter:	1 container (16 to 18 oz)
	4	W02	Milk:	1gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
	1	031	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Cheese:	1-16 oz package

Food Package Number	Rank	VC	Voucher Message	
W05 – Limited Tofu for Prenatal/Mostly Breastfeeding Women \$10 fruit and vegetable 5 gallons of milk 2 lb of tofu 3-48 oz juice 1 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	2	041	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Eggs:	1 dozen
			Cereal:	No more than 36 oz.
	3	W37	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Cheese:	1-16 oz package
			Tofu:	No more than 2 pounds
			Peanut butter:	1 container (16 to 18 oz)
	4	W02	Milk:	1gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
	1	051	Milk:	2 gallons low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate

Food Package Number	Rank	VC	Voucher Message	
W06 – Extra Tofu for Prenatal/Mostly Breastfeeding Women MEDICAL DOCUMENTATION NEEDED \$10 fruit and vegetable 3 gallon milk 10 lb tofu 3-48 oz juice 1 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	2	041	Milk: Juice: Eggs: Cereal:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand 2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate 1 dozen No more than 36 oz.
	3	W37	Milk: Cheese: Tofu: Peanut butter:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand 1-16 oz package No more than 2 pounds 1 container (16 to 18 oz)
	4	W38	Tofu: Whole Grain: Beans:	No more than 4 pounds Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns 1 lb dried OR 4 cans (14 to 16 oz)
	1	W43	Milk: Tofu: Juice:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand No more than 4 pounds 1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate

Food Package Number	Rank	VC	Voucher Message	
W07 – Whole Milk for Prenatal/Mostly Breastfeeding Women Can only be given with food package III MEDICAL DOCUMENTATION REQUIRED \$10 fruit and vegetable 5 ½ gallon whole milk 3-48 oz juice 1 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	1	046	Milk:	1 gallon Whole milk only Least expensive brand
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	3	C04	Milk:	1 gallon Whole milk only Least expensive brand
			Cereal:	No more than 36 oz
			Eggs:	1 dozen
	4	W47	Milk:	2 gallons Whole milk only Least expensive brand
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	4	W48	Milk:	1 gallon Whole milk only Least expensive brand
			Whole Grains:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
	2	W49	Milk:	1 half gallon whole milk only Least expensive brand
			Peanut butter:	1 container (16 to 18 oz)

Food Package	Rank	VC	Voucher Message	
W08 – No Cheese for Prenatal/Mostly Breastfeeding Women \$10 fruit and vegetable 5 ½ gallon milk 3-48 oz juice 1 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	3	039	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Eggs:	1 dozen
	4	W02	Milk:	1gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
	1	040	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	2	029	Milk:	2 gallons low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	4	W20	Milk:	1-half gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Cereal:	No more than 36 oz
			Peanut Butter:	1 container (16-18 oz)

Food Package	Rank	VC	Voucher Message	
W09 – No Milk for Prenatal/Mostly Breastfeeding Women MEDICAL DOCUMENTATION REQUIRED Can only be given with food package III \$10 Fruit and vegetable 1 lb cheese 3-48 oz juice 1 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed or diced tomatoes.
	2	W54	Cheese:	1-16 oz package
			Eggs:	1 dozen
			Cereal:	No more than 36 oz
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	4	W55	Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
	3	W56	Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Peanut Butter:	1 container (16-18 oz)

Food Package Number	Rank	VC	Voucher Message	
W10 – Prenatal/Mostly Breastfeeding Women – Alternative Package \$10 fruit and vegetable 88-8 oz UHT milk 24-6oz cans juice 36 oz cereal 16 oz whole grains 2 containers of peanut butter (16-18 oz. each)	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	3	H14	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.
			Juice:	6 cans (5.5 to 6 oz)
	2	H15	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.
			Juice:	6 cans (5.5 to 6 oz)
			Peanut butter:	1 container (16 to 18 oz)
	4	H15	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.
			Juice:	6 cans (5.5 to 6 oz)
			Peanut butter:	1 container (16 to 18 oz)
	2	H13	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.
		Cereal:	No more than 18 oz	
	3	H13	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.
		Cereal:	No more than 18 oz	
	1	H14	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.
			Juice:	6 cans (5.5 to 6 oz)
	4	H01	Milk:	16-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.
		Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns	

Food Package	Rank	VC	Voucher Message	
W11 – Soy Milk for Prenatal/Mostly Breastfeeding Women \$10 fruit and vegetable 5 ½ gallons soy milk 3-48 oz juice 1 dozen eggs 36 oz cereal 16 oz whole grains 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	3	W28	Soy Milk: Peanut butter:	3 half gallons 8 th Continent (Original OR Vanilla flavors only) 1 container (16 to 18 oz)
	4	W30	Soy milk: Juice: Whole grain:	2 half gallons 8 th Continent (Original OR Vanilla flavors only) 2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
	1	W57	Soy milk: Beans:	2 half gallons 8 th Continent (Original OR Vanilla flavors only) 1 lb dried OR 4 cans (14 to 16 oz)
	2	W69	Soy milk: Juice: Eggs:	2 half gallons 8 th Continent (Original OR Vanilla flavors only) 1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate 1 dozen
	4	W70	Soy milk: Cereal:	2 half gallons 8 th Continent (Original OR Vanilla flavors only) No more than 36 oz

Food Package	Rank	VC	Voucher Message	
W12 - Evaporated Milk for Prenatal/Mostly Breastfeeding \$10 fruit and vegetable 1 gallon of milk 20-12 oz cans evaporated milk 1 lb cheese 3-48 oz cans of juice 1 dozen eggs 36 oz cereal 16 oz whole grains 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P02	Produce	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	4	W83	Milk:	4-12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated Least expensive brand
			Eggs:	1 dozen
			Cereal:	No more than 36 oz
	4	W55	Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
	1	W41	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	2	W84	Milk:	8-12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated Least expensive brand
			Peanut Butter:	1 container (16-18 oz)
	3	W85	Milk:	8-12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated Least expensive brand
			Cheese:	1-16 oz package

Food Package	Rank	VC	Voucher Message	
W13 – Soy Milk with Tofu for Prenatal/Mostly Breastfeeding Women \$10 fruit and vegetable 4 ½ gallons soy milk 4 lbs tofu 3-48 oz juice 1 dozen eggs 36 oz cereal 16 oz whole grains 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	2	W28	Soy Milk: Peanut butter:	3 half gallons 8 th Continent (Original OR Vanilla flavors only) 1 container (16 to 18 oz)
	4	W30	Soy milk: Juice: Whole grain:	2 half gallons 8 th Continent (Original OR Vanilla flavors only) 2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
	1	W57	Soy milk: Beans:	2 half gallons 8 th Continent (Original OR Vanilla flavors only) 1 lb dried OR 4 cans (14 to 16 oz)
	3	W69	Soy milk: Juice: Eggs:	2 half gallons 8 th Continent (Original OR Vanilla flavors only) 1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate 1 dozen
	4	W91	Tofu: Cereal:	No more than 4 pounds tofu No more than 36 oz

Non-Breastfeeding Postpartum /Some Breastfeeding Woman W20 - W39

Food Package Number	Rank	VC	Voucher Message	
W21 Standard Postpartum/Some Breastfeeding Women \$10 fruit and vegetable 2 ½ gallon milk 1-3 qt box dry milk 2-48 oz juice 1 lb cheese 1 dozen eggs 36 oz cereal 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P02	Produce :	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	3	W41	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	2	W04	Milk:	1 half gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Cheese:	1-16 oz package
	4	W05	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Eggs:	1 dozen
			Cereal:	No more than 36 oz.
	1	W06	Dry milk:	1- 3 quart container non-fat dry powder OR 4-12 oz cans low-fat (fat-free, skimmed, 2%) evaporated
			Beans/peanut butter:	1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package	Rank	VC	Voucher Message	
W22 – Lactose Intolerant Postpartum/Some Breastfeeding Women \$10 fruit and vegetable 13 quarts of lactose reduced milk 1 lb cheese 2-48 oz juice 1 dozen eggs 36 oz cereal 1 lb dried bean or 1 container of peanut butter (16-18 oz.)	9	P02	Produce :	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	2	034	Milk:	1 gallon OR 4 quarts OR 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free, Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 211.5 oz cans pourable concentrate
	3	W92	Milk:	1-half gallon low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
			Cereal:	No more than 36 oz
	1	045	Milk:	1 gallon OR 4 quarts or 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
			Beans/peanut butter:	1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter
	4	W90	Milk:	1-3 quart (96 oz) container low-fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
			Cheese:	1-16 oz package
			Eggs:	1 dozen

Food Package	Rank	VC	Voucher Message	
W23 – Goat Milk for Postpartum/Some Breastfeeding Women \$10 fruit and vegetable 13 quarts goat milk 1 lb cheese 2-48 oz juice 1 dozen eggs 36 oz cereal 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	2	W14	Goat milk:	4 quarts low-fat goat milk. No whole milk.
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Eggs:	1 dozen
		4	W15	Goat milk:	4 quarts low-fat goat milk. No whole milk.
			Cereal:	No more than 36 oz
	1	W18	Goat milk:	4 quarts low-fat goat milk. No whole Milk.
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	3	W19	Goat milk:	1 quart low-fat goat milk. No whole Milk.
			Cheese:	1-16 oz package
			Beans/peanut butter	1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package Number	Rank	VC	Voucher Message	
W24 – Extra Cheese for Postpartum/Some Breastfeeding Women MEDICAL DOCUMENTATION REQUIRED \$10 Fruit and vegetable 2 ½ gallon milk 2 lb cheese 2-48 oz juice 1 dozen eggs 36 oz cereal 1 lb dried bean or 1 container of peanut butter (16-18 oz.)	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	1	040	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	2	W04	Milk:	1 half gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Cheese:	1-16 oz package
	3	W05	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Eggs:	1 dozen
			Cereal:	No more than 36 oz
	4	W46	Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Cheese:	1-16 oz package
			Beans/ Peanut butter:	1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package Number	Rank	VC	Voucher Message	
W25 – Limited Tofu for Postpartum/Some Breastfeeding Women \$10 fruit and vegetable 3 gallon of milk 4 lb tofu 2-48 oz juice 1 dozen eggs 36 oz cereal 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	1	040	Milk:	1 gallon only low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	2	040	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	3	W05	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Eggs:	1 dozen
			Cereal	No more than 36 oz.
	4	W42	Tofu:	No more than 4 pounds
			Beans/ Peanut butter:	1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package Number	Rank	VC	Voucher Message	
W26 – Extra Tofu for Postpartum/Some Breastfeeding Women MEDICAL DOCUMENTATION REQUIRED \$10 Fruit and vegetable 2 gallon milk 8 lb tofu 2-48 oz juice 1 dozen eggs 36 oz cereal 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	1	040	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	3	W05	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Eggs: Cereal	1 dozen No more than 36 oz.
	4	W42	Tofu:	No more than 4 pounds
			Beans or Peanut butter:	1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter
	2	W39	Tofu:	No more than 4 pounds
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate

Food Package Number	Rank	VC	Voucher Message	
W27 – Whole Milk for Postpartum/Some Breastfeeding Women Can only be given with food package III MEDICAL DOCUMENTATION REQUIRED \$10 fruit and vegetable 4 gallons whole milk 2-48 oz juice 1 dozen eggs 36 oz cereal 1 dried beans or 1 container of peanut butter (16-18 oz.)	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	1	046	Milk:	1 gallon Whole milk only Least expensive brand
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	4	C04	Milk:	1 gallon Whole milk only Least expensive brand
			Cereal: Eggs:	No more than 36 oz 1 dozen
	3	046	Milk:	1 gallon Whole milk only Least expensive brand
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	2	W52	Milk:	1 gallon whole milk only Least expensive brand
			Beans/ peanut butter:	1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package	Rank	VC	Voucher Message	
W28 – No Cheese for Postpartum/Some Breastfeeding Women \$10 fruit and vegetable 4 gallon milk 2-48 oz juice 1 dozen eggs 36 oz cereal 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	4	039	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Eggs:	1 dozen
		1	040	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	3	W21	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Cereal:	No more than 36 oz
	2	W22	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Beans/ Peanut butter:	1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package	Rank	VC	Voucher Message	
W29 – No Milk for Postpartum/Some Breastfeeding Women MEDICAL DOCUMENTATION REQUIRED Can only be given with food package III \$10 fruit and vegetable 1 lb cheese 2-48 oz juice 1 dozen eggs 36 oz cereal 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	2	W46	Cheese: Juice: Beans/ Peanut butter:	1-16 oz package 1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate 1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter
	4	W71	Juice: Eggs: Cereal:	1 container (46 to 48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate 1 dozen No more than 36 oz

Food Package	Rank	VC	Voucher Message	
W30 – Postpartum/Some Breastfeeding Women – Alternative Package \$10 fruit and vegetable 64- 8 oz UHT milk 16-6 oz juice 36 oz cereal 1 container of peanut butter (16-18 oz.)	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	4	H15	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.
			Juice:	6 cans (5.5 to 6 oz)
			Peanut butter:	1 container (16 to 18 oz)
	1	H14	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.
			Juice:	6 cans (5.5 to 6 oz)
	4	H13	Milk:	12-84oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.
		Cereal:	Not more than 18 oz	
2	H13	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.	
		Cereal:	Not more than 18 oz	
3	H02	Milk:	16-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.	
		Juice:	4 cans (5.5 to 6 oz)	

Food Package	Rank	VC	Voucher Message		
W31 – Soy Milk for Postpartum/Some Breastfeeding Women \$10 fruit and vegetable 4 gallons soy milk 2-48 oz juice 1 dozen eggs 36 oz cereal 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.	
	4	W69	Soy milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)	
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate	
			Eggs:	1 dozen	
		3	W70	Soy milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
				Cereal:	No more than 36 oz
	1	W72	Soy milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)	
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate	
	2	W73	Soy milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)	
			Beans/peanut butter:	1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter	

Food Package	Rank	VC	Voucher Message	
W32 - Evaporated Milk for Postpartum/ Some Breastfeeding Women \$10 fruit and vegetable 1 gallon milk 12-12 oz cans evaporated milk 2-48 oz juice 1 lb cheese 1 dozen eggs 36 oz cereal 1 lb dried beans or 1 container of peanut butter (16-18 oz)	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	4	W86	Milk: Eggs: Cereal:	8-12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated Least expensive brand 1 dozen No more than 36 oz.
	3	W87	Juice: Beans/ Peanut butter:	1 container (46-48 oz) OR 1-12 oz can frozen or 1-11.5 oz can pourable concentrate 1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter
	1	W41	Milk: Juice	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand 1-46 oz container OR 1-12 oz can frozen or 11.5 oz can pourable
	2	W85	Milk: Cheese:	4-12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated Least expensive brand 1-16 oz package

Food Package	Rank	VC	Voucher Message		
W33 – Soy Milk with Tofu for Postpartum/Some Breastfeeding Women \$10 fruit and vegetable 3 gallons soy milk 4 lb tofu 2-48 oz juice 1 dozen eggs 36 oz cereal 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.	
	3	W69	Soy milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)	
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate	
			Eggs:	1 dozen	
		4	W91	Tofu:	No more than 4 pounds tofu
				Cereal:	No more than 36 oz
	1	W72	Soy milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)	
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate	
	2	W73	Soy milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)	
			Beans/peanut butter:	1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter	

Food Package Number	Rank	VC	Voucher Message	
W80 – Some Breastfeeding >6 months postpartum and <50% of the time	9	W60	Good Job! Keep breastfeeding to provide your baby with the BEST milk.	

Exclusively Breastfeeding Single Infant/Prenatal Woman Pregnant with Multiples W40-W59

Food package Number	Rank	VC	Voucher message	
W41 Standard Exclusively Breastfeeding/Prenatal Women with Multiples Package/MBF Multiples \$10 fruit and vegetable 6 gallons milk 1 lb cheese 3-48 oz juice 2 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans 30 oz fish	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	4	W82	Milk: Juice: Eggs: Cereal:	2 gallons low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand 2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate 1 dozen No more than 36 oz
	1	039	Milk: Juice: Eggs:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand 1 container (46 to 48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate 1 dozen
	2	W02	Milk: Whole Grain: Beans:	1gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns 1 lb dried OR 4 cans (14 to 16 oz)
	3	W03	Milk: Cheese: Peanut Butter: Fish:	2 gallons low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand 1-16 oz package 1 container (16 to 18 oz) No more than 30 oz (canned tuna or canned salmon)

Food Package number	Rank	VC	VC Message	
W42 Lactose Intolerant Exclusively Breastfeeding/ Prenatal women with Multiples/ MBF Multiples \$10 fruit and vegetable 24 qt lactose reduced milk 1 lb cheese 3-48 oz juice 2 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans 30 oz fish	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	4	034	Milk:	1 gallon OR 4 quarts OR 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	2	024	Milk:	1 gallon OR 4 quarts OR 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
	3	033	Milk:	1 gallon OR 4 quarts OR 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
			Cereal:	No more than 36 oz
	1	501	Milk:	1 gallon OR 4 quarts OR 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate

	3	W09	Milk:	2 gallon OR 8 quarts OR 4 half gallons low- fat (fat-free, 1%, 2%) Lactose-free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
			Cheese:	1-16 oz package
			Eggs:	1 dozen
	4	W08	Eggs:	1 dozen
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
			Peanut butter:	1 container (16 to 18 oz)
			Fish:	No more than 30 ounces (canned tuna or canned salmon)

Food Package	Rank	VC	Voucher Message	
W43 – Goat Milk for Exclusively Breastfeeding/ Prenatal Women with Multiples/ MBF Multiples \$10 fruit and vegetable 24 quarts goat milk 1 lb cheese 3-48 oz juice 2 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans 30 oz fish	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	3	W12	Goat Milk:	4 quarts low-fat goat milk. No whole Milk.
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
	4	W17	Goat Milk:	6 quarts low-fat goat milk. No whole milk.
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
		Eggs:	1 dozen	
	1	W14	Goat Milk:	4 quarts low-fat goat milk. No whole milk.
			Juice:	1 container (46 to 48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Eggs:	1 dozen
	2	W15	Goat Milk:	4 quarts low-fat goat milk. No whole milk.
			Cereal	No more than 36 oz
	4	W16	Goat Milk:	6 quarts low-fat goat milk. No whole milk.
			Cheese:	1-16 oz package
			Peanut Butter:	1 container (16 to 18 oz)
			Fish:	No more than 30 oz (canned tuna or canned salmon)

Food Package Number	Rank	VC	Voucher Message	
W44 – More cheese for Exclusively Breastfeeding/ Prenatal Women with Multiples/MBF Multiples \$10 Fruit and Vegetable 4 ½ gallon milk 3 lb cheese 3-48 oz juice 2 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans 30 oz fish	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	4	041	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Eggs:	1 dozen
			Cereal:	No more than 36 oz.
	2	039	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Eggs:	1 dozen
	4	W03	Milk:	2 gallons low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Cheese:	1-16 oz package
			Peanut Butter:	1 container (16 to 18 oz)
			Fish:	No more than 30 oz (canned tuna or canned salmon)
	1	W04	Milk:	1 half gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Cheese:	1-16 oz package
	3	W44	Cheese:	1-16 oz package
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)

Food Package Number	Rank	VC	Voucher Message	
W45 – Limited Tofu for Exclusively Breastfeeding/ Prenatal Women with Multiples/MBF Multiples \$10 fruit and vegetables 5 gallons milk 1 lb cheese 4 lb tofu 3-48 oz cans juice 2 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried Beans 30 oz fish	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	3	W82	Milk:	2 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Eggs:	1 dozen
			Cereal:	No more than 36 oz.
	1	039	Milk:	1 gallon only low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	1 container (46 to 48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Eggs:	1 dozen
	4	W38	Tofu:	No more than 4 pounds
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
			Beans	1 lb dried OR 4 cans (14 to 16 oz)
	2	W03	Milk:	2 gallons low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Cheese:	1-16 oz package
			Peanut Butter:	1 container (16 to 18 oz)
			Fish:	No more than 30 oz (canned tuna or canned salmon)

Food Package Number	Rank	VC	Voucher Message	
W46 – Extra Tofu for Exclusively Breastfeeding/ Prenatal Women with Multiples/ MBF Multiples MEDICAL DOCUMENTATION REQUIRED \$10 fruit and vegetable 3 gallons milk 1 lb cheese 12 lb tofu 3-48 oz juice 2 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans 30 oz fish	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	4	W38	Tofu: Whole Grain: Beans	No more than 4 pounds Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns 1 lb dried OR 4 cans (14 to 16 oz)
	2	039	Milk: Eggs: Juice:	1 gallon only low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand 1 dozen 1 container (46 to 48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	4	050	Milk: Juice: Eggs Cereal:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand 1 container (46 to 48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate 1 dozen No more than 36 oz
	3	W39	Tofu: Juice:	No more than 4 pounds 1-12 oz can frozen OR 1-46 oz container OR 1-11.5 oz can pourable concentrate
	3	W40	Milk: Cheese: Peanut Butter: Fish:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand 1-16 oz package 1 container (16 to 18 oz) No more than 30 oz (canned tuna or canned salmon)
	1	A11	Tofu:	No more than 4 pounds

Food Package Number	Rank	VC	Voucher Message	
W47 – Whole Milk for Exclusively breastfeeding/ Prenatal Women with Multiples/MBF Multiples Can only be given with food package III MEDICAL DOCUMENTATION REQUIRED \$10 fruit and vegetable 6 gallons whole milk 1 lb cheese 3-48 oz juice 2 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans 30 oz fish	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	1	W51	Milk:	1 gallon Whole milk only Least expensive brand
			Juice:	1 container (46 to 48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Fish:	No more than 30 oz (canned tuna or canned salmon)
	4	C04	Milk:	1 gallon Whole milk only Least expensive brand
			Cereal:	No more than 36 oz
		Eggs:	1 dozen	
	2	W47	Milk:	2 gallons Whole milk only Least expensive brand
		Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate	
	4	W48	Milk:	1 gallon Whole milk only Least expensive brand
		Whole Grains:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns	
		Beans:	1 lb dried OR 4 cans (14 to 16 oz)	
	3	W50	Milk:	1 gallon Whole milk only Least expensive brand
		Cheese:	1-16 oz package	
		Eggs:	1 dozen	
		Peanut Butter:	1 container (16 to 18 oz)	

Food Package	Rank	VC	Voucher Message	
W49 – No milk – Exclusively Breastfeeding/ Prenatal with Multiples/ MBF Multiples MEDICAL DOCUMENTAION REQUIRED Can only be given with food package III \$10 fruit and vegetable 1 lb cheese 3-48 oz juice 2 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans 30 oz fish	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	4	W44	Cheese:	1-16 oz package
	2	W58	Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
	1	W59	Beans:	1 lb dried OR 4 cans (14 to 16 oz)
	3	W61	Eggs:	1 dozen
	1	W59	Cereal:	No more than 36 oz
			Juice:	1 container (46 to 48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Fish:	No more than 30 oz (canned tuna or canned salmon)
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Eggs:	1 dozen
			Peanut Butter:	1 container (16 to 18 oz)

Food Package	Rank	VC	Voucher Message	
W50 – Exclusively Breastfeeding/Prenatal with Multiples/MBF Multiples – Alternative Package \$10 fruit and vegetable 96-8 oz UHT milk 16 oz cheese 24-6 oz juice 36 oz cereal 16 oz whole grain 2 containers of peanut butter (16-18 oz. each) 8-16 oz cans beans 30 oz fish	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	1	H14	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk. 6 cans (5.5 to 6 oz)
	3	H20	Milk:	15-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.
			Cereal:	Not more than 18 oz
			Juice:	6 cans (5.5 to 6 oz)
			Peanut butter:	1 container (16 to 18 oz)
	4	H20	Milk:	15-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk. Not more than 18 oz
			Cereal:	6 cans (5.5 to 6 oz)
		Juice:		
		Peanut butter:	1 container (16 to 18 oz)	
4	H03	Milk:	15-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk. 1-16 oz package	
		Cheese:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns	
		Whole grain:		
2	H04	Milk:	15-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk. 4 cans (14 to 16 oz)	
		Beans:		
3	H14	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.	
		Juice:	6 cans (5.5 to 6 oz)	

CONTINUED – W50	2	H05	Milk: Beans: Fish:	12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk. 4 cans (14 to16 oz) No more than 30 ounces (canned tuna or canned salmon)
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Food Package	Rank	VC	Voucher Message	
W51 – Soy Milk for Exclusively Breastfeeding/ Prenatal Women with Multiples/ MBF Multiples \$10 fruit and vegetable 6 gallons soy milk 1 lb cheese 3-48 oz juice 2 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans 30 oz fish	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	4	W30	Soy Milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
	Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate		
	Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns		
	3	W74	Soy Milk:	4 half gallons 8 th Continent (Original OR Vanilla flavors only)
	Eggs:	1 dozen		
	Beans:	1 lb dried OR 4 cans (14 to 16 oz)		
1	W69	Soy Milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)	
Juice:	1 container (46 to 48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			
Eggs:	1 dozen			
2	W70	Soy Milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)	
Cereal	No more than 36 oz			
4	W75	Soy Milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)	
Cheese:	1-16 oz package			
Peanut Butter:	1 container (16 to 18 oz)			
Fish:	No more than 30 oz (canned tuna or canned salmon)			

Food Package	Rank	VC	Voucher Message	
W52-Evaporated Milk for Exclusively Breastfeeding/Prenatal Women with Multiples Package/MBF Multiples \$10 fruit and vegetable 28-12 oz cans evaporated milk 2 lb cheese 3-48 oz juice 2 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans 30 oz fish	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	4	W44	Cheese:	1-16 oz package
	4	W86	Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
	4	W86	Beans:	1 lb dried OR 4 cans (14 to 16 oz)
	4	W86	Milk:	8-12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated Least expensive brand
	4	W86	Eggs:	1 dozen
	4	W86	Cereal:	No more than 36 oz
	3	W66	Eggs:	1 dozen
3	W66	Peanut Butter:	1 container (16-18 oz)	
3	W66	Fish:	No more than 30 oz (canned tuna OR canned salmon)	
1	W88	Milk:	4-12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated Least expensive brand	
1	W88	Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable	
2	W89	Milk:	8-12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated Least expensive brand	
2	W89	Juice:	1 container (46 to 48 oz) OR 1-12 oz cans frozen OR 1-11.5 oz cans pourable	
2	W85	Milk:	8-12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated Least expensive brand	
2	W85	Cheese:	1-16 oz package	

Food Package	Rank	VC	Voucher Message	
W53 – Soy Milk with Tofu for Exclusively Breastfeeding/ Prenatal Women with Multiples/ MBF Multiples \$10 fruit and vegetable 5 gallons soy milk 4 lb tofu 1 lb cheese 3-48 oz juice 2 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans 30 oz fish	9	P02	Produce:	\$10 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	4	W30	Soy Milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
	2	W74	Soy Milk:	4 half gallons 8 th Continent (Original OR Vanilla flavors only)
			Eggs:	1 dozen
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
	1	W69	Soy Milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
			Juice:	1 container (46 to 48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Eggs:	1 dozen
	4	W91	Tofu:	No more than 4 pounds
			Cereal:	No more than 36 oz
	3	W75	Soy Milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
			Cheese:	1-16 oz package
			Peanut Butter:	1 container (16 to 18 oz)
			Fish:	No more than 30 oz (canned tuna or canned salmon)

Exclusively Breastfeeding Multiples W60 – W79 (V60 – V79)

Food Package	Rank	VC	Voucher Message	
W61 – Exclusively Breastfeeding Multiples - Standard – Package A \$15 fruit and vegetable 9 gallon milk 2 lb cheese 4-48 oz juice 3 dozen eggs 54 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 2 lb dried beans 45 oz fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	4	W82	Milk:	2 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Eggs::	1 dozen
		Cereal:	No more than 36 oz.	
	4	W03	Milk:	2 gallons low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
		Cheese:	1-16 oz package	
		Peanut butter:	1 container (16 to 18 oz)	
		Fish:	No more than 30 ounces (canned tuna or canned salmon)	
	1	029	Milk:	2 gallons low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	1 container (46 to 48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate

	2	031	Milk: Juice: Cheese:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand 1 container (46 to 48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate 1-16 oz package
	3	W23	Milk: Eggs: Cereal:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand 1 dozen No more than 18 oz
	3	W02	Milk: Whole Grain: Beans:	1gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns 1 lb dried OR 4 cans (14 to 16 oz)
	2	W24	Eggs: Beans: Fish:	1 dozen 1 lb dried OR 4 cans (14 to 16 oz) No more than 15 oz (canned tuna or canned salmon)

Food Package	Rank	VC	Voucher Message	
V61 – (Assign W61) Exclusively Breastfeeding Multiples Standard Package B \$15 fruit and vegetables 9 gallons of milk 1 lb cheese 5-48 oz juice 3 dozen eggs 54 oz cereal 32 oz whole grains 2 container of peanut butter (16-18 oz. each) 1 lb dried beans 45 oz fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	4	W82	Milk: Juice: Eggs: Cereal:	2 gallons low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand 2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate 1 dozen No more than 36 oz
	2	W03	Milk: Cheese: Peanut Butter: Fish:	2 gallons low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand 1-16 oz package 1 container (16 to 18 oz) No more than 30 oz (canned tuna OR canned salmon)
	1	029	Milk: Juice:	2 gallons low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand 1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	3	W23	Milk: Eggs: Cereal:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand 1 dozen No more than 18 oz
	4	W53	Eggs: Whole Grain: Fish:	1 dozen Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns No more than 15 oz (canned tuna OR canned salmon)

	3	W26	Milk: Juice: Peanut butter: Beans:	2 gallons low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand 2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate 1 container (16 to 18 oz) 1 lb dried OR 4 cans (14 to 16 oz)
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Food Package	Rank	VC	Voucher Message	
W62 – Lactose Intolerant Exclusively Breastfeeding Multiples Package A \$15 fruit and vegetables 36 quarts lactose reduced milk 2 lb cheese 4-48 oz cans juice 3 dozen eggs 54 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 2 lb dried beans 45 oz fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	2	W27	Milk:	2 gallons OR 8 quarts or 4 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Eggs:	1 dozen
	2	W09	Milk:	2 gallons OR 8 quarts OR 4 half gallons low-fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
			Cheese:	1-16 oz package
			Eggs:	1 dozen
	3	024	Milk:	1 gallon OR 4 quarts OR 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, or Acidophilus and Bifidum No whole milk. Least expensive brand
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)

	1	034	Milk:	1 gallon OR 4 quarts OR 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	3	033	Milk:	1 gallon OR 4 quarts OR 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
			Cereal:	No more than 36 oz
	4	W29	Milk:	1 gallon OR 4 quarts OR 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
		Cheese:	1-16 oz package	
		Cereal:	No more than 18 oz	
		Fish:	No more than 15 oz (canned tuna OR canned salmon)	
4	W08	Eggs:	1 dozen	
		Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns	
		Peanut Butter:	1 container (16-18 oz)	
		Fish:	No more than 30 oz (canned tuna OR canned salmon)	
3	024	Milk:	1 gallon OR 4 quarts OR 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand	
		Beans:	1 lb dried OR 4 cans (14 to 16 oz)	

Food Package	Rank	VC	Voucher message	
V62 – (Assign W62) Lactose Intolerant Exclusively Breastfeeding Multiples Package B \$15 fruits and vegetables 36 quarts lactose reduced milk 1 lb cheese 5-48 oz juice 3 dozen eggs 54 oz cereal 32 oz whole grains 2 container of peanut butter (16-18 oz. each) 1 lb dried beans 45 oz fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	4	W27	Milk:	2 gallons OR 8 quarts OR 4 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Eggs:	1 dozen
	2	W09	Milk:	2 gallons OR 8 quarts OR 4 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
			Cheese:	1-16 oz package
			Eggs:	1 dozen
	1	024	Milk:	1 gallon OR 4 quarts OR 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)

	2	034	Milk:	1 gallon OR 4 quarts OR 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	3	033	Milk:	1 gallon OR 4 quarts OR 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free OR Acidophilus OR Acidophilus and Bifidum No whole milk. Least expensive brand
			Cereal:	No more than 36 oz.
	1	501	Milk:	1 gallon OR 4 quarts OR 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free OR Acidophilus OR Acidophilus and Bifidum No whole milk. Least expensive brand
		Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate	
3	W31	Milk:	1 gallon OR 4 quarts OR 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand	
		Peanut Butter:	2-containers (16 to 18 oz) peanut butter	
		Fish:	No more than 30 oz (canned tuna OR canned salmon)	
4	W25	Eggs:	1 dozen	
		Cereal:	No more than 18 oz	
		Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns	
		Fish:	No more than 15 oz (canned tuna OR canned salmon)	

Food Package	Rank	VC	Voucher message	
W63 – Goat Milk for Exclusively Breastfeeding Multiples Package A \$15 fruits and vegetables 36 quarts of goat milk 2 lb cheese 4-48 oz juice 3 dozen eggs 54 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 2 lb dried beans 45 oz fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	3	W17	Goat Milk:	6 quarts low-fat goat milk. No whole milk.
	Eggs:	1 dozen		
	Beans:	1 lb dried OR 4 cans (14 to 16 oz)		
	4	W16	Goat Milk:	6 quarts low-fat goat milk. No whole milk.
Cheese:	1-16 oz package			
Peanut Butter:	1 container (16 to 18 oz)			
Fish:	No more than 30 oz (canned tuna OR canned salmon)			
2	W14	Goat Milk:	4 quarts low-fat goat milk. No whole milk.	
Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			
Eggs:	1 dozen			
3	W32	Goat Milk:	8 quarts low-fat goat milk. No whole milk.	
Cheese:	1-16 oz package			
Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate			

	2	W33	Goat Milk:	6 quarts low-fat goat milk. No whole milk.
			Juice:	1-46 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Cereal:	No more than 36 oz
	4	W34	Goat Milk:	6 quarts low-fat goat milk. No whole milk.
			Cereal:	No more than 18 oz
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
	1	W24	Eggs:	1 dozen
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
			Fish:	No more than 15 oz (canned tuna OR canned salmon)

Food Package	Rank	VC	Voucher message	
V63 – (Assign W63) Goat Milk for Exclusively Breastfeeding Multiples Package B \$15 fruits and vegetables 36 qt goat milk 1 lb cheese 5-48 oz juice 3 dozen eggs 54 oz cereal 32 oz whole grain 2 containers of peanut butter (16-18 oz. each) 1 lb dried beans 45 oz fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	3	W17	Goat milk:	6 quarts low-fat goat milk. No whole milk.
			Eggs:	1 dozen
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
	4	W16	Goat milk:	6 quarts low-fat goat milk. No whole milk.
		Cheese:	1-16 oz package	
		Peanut butter:	1 container (16 to 18 oz)	
		Fish:	No more than 30 oz (canned tuna OR canned salmon)	
	1	W14	Goat milk:	4 quarts low-fat goat milk. No whole milk.
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Eggs:	1 dozen
	3	W33	Goat milk:	6 quarts low-fat goat milk. No whole milk.
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Cereal:	No more than 36 oz

	2	W35	Goat milk: Juice:	6 quarts low-fat goat milk. No whole milk. 2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	2	W36	Goat milk: Juice: Peanut butter:	8 quarts low-fat goat milk. No whole milk. 1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate 1 container (16 to 18 oz)
	4	W25	Eggs: Cereal: Whole grain: Fish:	1 dozen No more than 18 oz Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns No more than 15 oz (canned tuna OR canned salmon)

Food Package Number	Rank	VC	Voucher Message	
W65 – Tofu for Exclusively Breastfeeding Multiples Package A \$15 fruit and vegetable 8 gallon milk 2 lb cheese 4 lb tofu 4-48 oz juice 3 dozen eggs 54 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 2 lb dried beans 45 oz fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	4	W82	Milk:	2 gallons only low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
	Juice	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate		
	Eggs:	1 dozen		
		Cereal:	No more than 36 oz.	
	3	W03	Milk:	2 gallons only low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
		Cheese:	1-16 oz package	
		Peanut butter:	1 container (16 to 18 oz)	
		Fish:	No more than 30 oz (canned tuna OR canned salmon)	
	2	029	Milk:	2 gallons only low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
		Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate	

	3	031	Milk:	1 gallon only low-fat (fat-free, 1%, 2%) No whole milk Least expensive brand
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Cheese:	1-16 oz package
	2	W23	Milk:	1 gallon only low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
		Eggs:	1 dozen	
		Cereal:	No more than 18 oz.	
	4	W38	Tofu:	No more than 4 pounds
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
			Beans	1 lb dried OR 4 cans (14 to 16 oz)
	1	W24	Eggs:	1 dozen eggs
			Beans:	1 lb dried or 4 cans (14 to 16 oz)
			Fish:	No more than 15 oz (canned tuna OR canned salmon)

Food Package Number	Rank	VC	Voucher Message	
V65 (Assign W65) – Tofu for Exclusively Breastfeeding Multiples Package B \$15 fruit and vegetables 8 gallons of milk 1 lb cheese 4 lb tofu 5-48 oz juice 3 dozen eggs 54 oz cereal 32 oz whole grains 2 containers of peanut butter (16-18 oz. each) 1 lb dried beans 45 oz fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	3	050	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
	Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate 1 dozen		
	Eggs:	No more than 36 oz		
	Cereal:			
2	W03	Milk:	2 gallons low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand	
Cheese:	1-16 oz package			
Peanut butter:	1 container (16 to 18 oz)			
Fish:	No more than 30 oz (canned tuna OR canned salmon)			
1	029	Milk:	2 gallons low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand	
Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			
2	W23	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand	
Eggs:	1 dozen			
Cereal:	No more than 18 oz			

	3	W53	Eggs:	1 dozen
			Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
			Fish	No more than 15 oz (canned tuna OR canned salmon)
	4	W26	Milk:	2 gallons low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Peanut butter:	1 container (16 to 18 oz)
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
	4	W39	Tofu:	No more than 4 pounds
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate

Food Package Number	Rank	VC	Voucher Message	
W69 – No milk for Exclusively Breastfeeding Multiples Package A MEDICAL DOCUMENTATION REQUIRED Can only be given with food package III \$15 fruit and vegetables 2 lb cheese 4-48 oz cans juice 3 dozen eggs 54 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 2 lb dried beans 45 oz fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	2	W62	Cheese:	1-16 oz package
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	4	W08	Eggs:	1 dozen
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
			Peanut Butter:	1 container (16-18 oz)
			Fish:	No more than 30 oz (canned tuna OR canned salmon)
	1	W24	Eggs:	1 dozen
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
			Fish:	No more than 15 oz (canned tuna OR canned salmon)
	4	W54	Cheese:	1-16 oz package
			Eggs:	1 dozen
			Cereal:	No more than 36 oz
	3	W63	Juice	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
			Cereal:	No more than 18 oz

Food Package number	Rank	VC	Voucher Message	
V69 – (Assign W69)No Milk for Exclusively Breastfeeding Multiples Package B MEDICAL DOCUMENTATION REQUIRED Can only be given with food package III \$15 fruit and vegetable 1 lb cheese 5-48 oz juice 3 dozen eggs 54 oz cereal 32 oz whole grains 2 containers of peanut butter (16-18 oz. each) 1 lb dried beans 45 oz fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	1	W62	Cheese:	1-16 oz package
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	2	W66	Eggs:	1 dozen
			Peanut Butter:	1 container (16-18 oz)
			Fish:	No more than 30 oz (canned tuna OR canned salmon)
	3	W64	Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
		Peanut butter:	1 container (16 to 18 oz)	
		Beans:	1 lb dried OR 4 cans (14 to 16 oz)	
4	W65	Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate	
		Eggs:	1 dozen	
		Cereal:	No more than 36 oz	
4	W25	Eggs:	1 dozen	
		Cereal:	No more than 18 oz	
		Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns	
		Fish:	No more than 15 oz (canned tuna OR canned salmon)	

Food Package	Rank	VC	Voucher message	
W71– Soy milk for Exclusively Breastfeeding Multiples Package A \$15 fruits and vegetables 9 gallons soy milk 2 lb cheese 4-48 oz juice 3 dozen eggs 54 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 2 lb dried beans 45 oz fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	1	W74	Soy Milk:	4 half gallons 8 th Continent (Original OR Vanilla flavors only)
			Eggs:	1 dozen
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
	3	W75	Soy Milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
			Cheese:	1-16 oz package
		Peanut Butter:	1 container (16 to 18 oz)	
		Fish:	No more than 30 oz (canned tuna OR canned salmon)	
	2	W69	Soy Milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
		Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate	
		Eggs:	1 dozen	
	2	W76	Soy Milk:	4 half gallons 8 th Continent (Original OR Vanilla flavors only)
		Cheese:	1-16 oz package	
		Cereal:	No more than 18 oz	

	4	W77	Soy Milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
			Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Cereal:	No more than 36 oz
	4	W30	Soy Milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
	3	W78	Soy milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
			Eggs:	1 dozen
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
			Fish:	No more than 15 oz (canned tuna OR canned salmon)

Food Package	Rank	VC	Voucher message	
V71 (Assign W71) Soy Milk for women Exclusively Breastfeeding Multiples Package B \$15 fruits and vegetables 9 gallons soy milk 1 lb cheese 5-48 oz juice 3 dozen eggs 54 oz cereal 32 oz whole grain 2 containers of peanut butter (16-18 oz. each) 1 lb dried beans 45 oz fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	9	P07	Produce:	\$7 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	3	W74	Soy milk:	4 half gallons 8 th Continent (Original OR Vanilla flavors only)
			Eggs:	1 dozen
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
	4	W75	Soy milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
			Cheese:	1-16 oz package
		Peanut butter:	1 container (16 to 18 oz)	
		Fish:	No more than 30 oz (canned tuna OR canned salmon)	
	1	W69	Soy milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
		Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate	
		Eggs:	1 dozen	
	3	W77	Soy milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
		Juice:	1 container (46-48 oz) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate	
		Cereal:	No more than 36 oz	

	2	W79	Soy milk:	4 half gallons 8 th Continent (Original OR Vanilla flavors only)
			Juice:	2 containers (46 to 48 oz) OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	2	W81	Soy milk:	4 half gallons 8 th Continent (Original OR Vanilla flavors only)
			Juice:	1-46 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Peanut butter:	1 container (16 to 18 oz)
	4	W25	Eggs:	1 dozen
			Cereal:	No more than 18 oz
			Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
			Fish:	No more than 15 oz (canned tuna OR canned salmon)

Children 12 – 23 Month (C00-C19)

Food Package number	Rank	VC	Voucher Message	
C01 - Standard Child 1-2 years old \$6 fruit and vegetables 4 gallon whole milk 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	1	C03	Milk:	1 gallon Whole milk only Least expensive brand
			Juice:	1-64 oz container
	2	C04	Milk:	1 gallon Whole milk only Least expensive brand
			Cereal:	No more than 36 oz
			Eggs:	1 dozen
	3	C03	Milk:	1 gallon Whole milk only Least expensive brand
			Juice:	1-64 oz container
	4	C05	Milk:	1 gallon Whole milk only Least expensive brand
			Whole Grains:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)

Food Package	Rank	VC	Voucher Message	
C02 – Lactose Intolerant 1-2 year old \$6 fruit and vegetable 16 quarts lactose reduced whole milk 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grains 1 lb beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables (No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	1	C08	Milk:	1 gallon OR 4 quarts OR 2 half gallons whole lactose free, OR Acidophilus, OR Acidophilus and Bifidum No low-fat milk. Least expensive brand
			Juice:	1-64 oz container
			Eggs:	1 dozen
	3	C09	Milk:	1 gallon OR 4 quarts OR 2 half gallons whole lactose free, OR Acidophilus, OR Acidophilus and Bifidum No low-fat milk. Least expensive brand
		Juice:	1-64 oz container	
		Cereal:	No more than 36 oz	
	2	C10	Milk:	1 gallon OR 4 quarts OR 2 half gallons whole lactose free, OR Acidophilus, OR Acidophilus and Bifidum No low-fat milk. Least expensive brand
		Beans:	1 lb dried OR 4 cans (14 to 16 oz)	
	4	C12	Milk:	1 gallon OR 4 quarts OR 2 half gallons whole lactose free, OR Acidophilus, OR Acidophilus and Bifidum No low-fat milk. Least expensive brand
		Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns	

Food Package	Rank	VC	Voucher Message	
C03 – Goat Milk for 1-2 year old \$6 fruit and vegetable 16 quarts of whole goat milk or 21 quarts evaporated goat milk 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	4	C15	Goat Milk:	3 quarts whole goat milk OR 4-12 oz cans evaporated goat milk No low-fat milk.
			Cereal:	No more than 36 oz
	2	C18	Goat Milk:	3 quarts whole goat milk OR 4-12 oz cans evaporated goat milk No low-fat milk.
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
	3	C16	Goat Milk:	3 quarts whole goat milk OR 4-12 oz cans evaporated goat milk No low-fat milk.
		Juice:	1-64 oz container	
		Eggs:	1 dozen	
	4	C17	Goat Milk:	3 quarts whole goat milk OR 4-12 oz cans evaporated goat milk No low-fat milk.
		Juice:	1-64 oz container	
		Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns	
	1	A25	Goat Milk:	4 quarts whole goat milk OR 5-12 oz cans evaporated goat milk. No low-fat milk.

Food Package Number	Rank	VC	Voucher Message	
C05 – Limited Tofu for 1-2 yr old MEDICAL DOCUMENTATION REQUIRED \$6 Fruit and vegetable 3 gallon whole milk 4 lb tofu 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grains 1 lb dried beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	1	C03	Milk: Juice:	1 gallon Whole milk only Least expensive brand 1-64 oz container
	2	C04	Milk: Cereal: Eggs:	1 gallon Whole milk only Least expensive brand only No more than 36 oz 1 dozen
	3	C20	Tofu: Juice:	No more than 4 pounds 1-64 oz container
	4	C05	Milk: Whole Grains: Beans:	1 gallon Whole milk only Least expensive brand Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns 1 lb dried OR 4 cans (14 to 16 oz)

Food Package Number	Rank	VC	Voucher Message	
C06 Extra Tofu for 1-2 year old MEDICAL DOCUMENTATION REQUIRED \$6 fruit and vegetable 2 gallon whole milk 8 lb tofu 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	1	C20	Tofu:	4 pounds
	2	C04	Juice:	1-64 oz container
	2	C04	Milk:	1 gallon Whole milk only Least expensive brand
	2	C04	Cereal:	No more than 36 oz
			Eggs:	1 dozen
	3	C20	Tofu:	4 pounds
			Juice:	1-64 oz container
	4	C05	Milk:	1 gallon Whole milk only Least expensive brand
			Whole Grains:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)

Food Package	Rank	VC	Voucher Message	
C09 – No Milk 1-2 year old MEDICAL DOCUMENTAION REQUIRED Can only be given with Food Package III \$6 fruit and vegetable 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	2	C23	Juice: Eggs: Cereal:	1-64 oz container 1 dozen No more than 36 oz
	4	C24	Juice: Whole grain: Beans:	1-64 oz container Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns 1 lb dried OR 4 cans (14 to 16 oz)

Food Package	Rank	VC	Voucher Message	
C10 – 1-2 year old Alternative Package \$6 fruits and vegetables 64-8 oz UHT whole milk 21-6 oz juice 36 oz cereal 32 oz whole grain 4-16 oz cans beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	4	H06	Milk:	12-8 oz OR half pint boxes whole UHT
			Juice:	6 cans (5.5 to 6 oz)
			Cereal:	No more than 18 oz
	1	H07	Milk:	12-8 oz OR half pint boxes whole UHT
			Juice:	6 cans (5.5 to 6 oz)
	3	H07	Milk:	12-8 oz OR half pint boxes whole UHT
		Juice:	6 cans (5.5 to 6 oz)	
	2	H10	Milk:	12-8 oz OR half pint boxes whole UHT
			Cereal:	Not more than 18 oz
	4	H08	Milk:	16-8 oz OR half pint boxes whole UHT
			Juice:	3 cans (5.5 to 6 oz)
			Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
			Beans:	4 cans (14 to 16 oz)

Food Package	Rank	VC	Voucher Message	
C11 – Soy Milk for 1 -2 year old MEDICAL DOCUMENTATION REQUIRED \$6 fruit and vegetable 4 gallons soy milk 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	3	W70	Soy Milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
			Cereal:	No more than 36 oz
	1	W57	Soy Milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
	2	C28	Soy Milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
			Juice:	1-64 oz container
			Eggs:	1 dozen
	4	C29	Soy Milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
			Juice:	1-64 oz container
			Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns

Food Package	Rank	VC	Voucher Message	
C12 - Evaporated Milk for Standard 1-2 year old - evaporated \$6 fruit and vegetable 1 gallon whole milk 16-12 oz cans evaporated milk 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potato or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	3	C33	Milk:	4-12 ounce cans evaporated (whole) Least expensive brand
			Eggs:	1 dozen
			Cereal	No more than 36 oz
		2	C31	Milk:	8-12 ounce cans evaporated (whole) Least expensive brand
			Cheese:	1-16 oz package
			Juice:	1-64 oz container
	1	C32	Milk	4-12 ounce cans evaporated (whole) Least expensive brand
			Juice:	1-64 oz container
	4	C05	Milk:	1 gallon Whole milk only Least expensive brand
			Whole Grains:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)

Food Package	Rank	VC	Voucher Message	
C13 – Soy Milk with Tofu for 1 -2 year old MEDICAL DOCUMENTATION REQUIRED \$6 fruit and vegetable 3 gallons soy milk 4 lb tofu 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	4	W91	Tofu:	No more than 4 pounds tofu
			Cereal:	No more than 36 oz
	1	W57	Soy Milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
			Beans:	1 lb dried OR 4 cans (14 to 16 oz)
	2	C28	Soy Milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
		Juice:	1-64 oz container	
		Eggs:	1 dozen	
	3	C29	Soy Milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
		Juice:	1-64 oz container	
		Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns	

Children 2 -5 Years (C20-C39)

Food Package	Rank	VC	Voucher Message	
C21 Standard 2-5 year old \$6 fruit and vegetable 2 ½ gallons milk 1-3 qt dry milk 1 lb cheese 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potato or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	1	C01	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
	2	W04	Juice:	2-64 oz containers
	2	W04	Milk:	1 half gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
	2	W04	Cheese:	1-16 oz package
3	W05	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand	
		Eggs:	1 dozen	
		Cereal	No more than 36 oz	
4	C02	Dry milk:	1-3 quart container non-fat dry powder OR 4-12 oz cans low-fat (fat-free, skimmed, 2%) evaporated	
		Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns	
		Beans/peanut butter:	1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter	

Food Package	Rank	VC	Voucher Message	
C22- Lactose Intolerant 2-5 year old \$6 fruit and vegetable 13 quarts of lactose reduced milk 1 lb cheese 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	2	C11	Milk:	1 gallon OR 4 quarts OR 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
			Cheese:	1-16 oz package
			Juice:	2-64 oz containers
	3	W92	Milk:	1-half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
		Cereal:	No more than 36 oz	
	1	045	Milk:	1 gallon OR 4 quarts OR 2 half gallons low- fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
			Beans/peanut butter:	1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter
	4	C35	Milk:	1-3 quart (96 oz) low-fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole milk. Least expensive brand
			Eggs:	1 dozen
			Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns

Food Package	Rank	VC	Voucher Message	
C23 – Goat Milk for 2-5 year old \$6 fruit and vegetable 13 quarts of goat milk 1 lb cheese 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grains 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	2	W15	Goat milk:	4 quarts low-fat goat milk. No whole milk.
			Cereal:	No more than 36 oz
	3	W19	Goat milk:	1 quart low-fat goat milk. No whole Milk. 1-16 oz package
			Cheese:	1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter
	1	C13	Goat milk:	4 quarts low-fat goat milk. No whole milk.
			Juice:	1-64 oz container
			Eggs:	1 dozen
	4	C14	Goat Milk:	4 quarts low-fat goat milk. No whole milk.
			Juice:	1-64 oz container
			Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns

Food Package Number	Rank	VC	Voucher Message	
C24 – Extra Cheese for 2-5 year old child MEDICAL DOCUMENTATION REQUIRED \$6 Fruit and vegetable 2 ½ gallon milk 2 lb cheese 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	1	C01	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	2-64 oz containers
	2	W04	Milk:	1 half gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Cheese:	1-16 oz package
	3	W05	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
		Eggs:	1 dozen	
		Cereal	No more than 36 oz.	
	4	C21	Beans/peanut butter:	1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter
		Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns	
		Cheese:	1-16 oz package	

Food Package Number	Rank	VC	Voucher Message	
C25- Limited Tofu for 2-5 year old child MEDICAL DOCUMENTATION REQUIRED \$6 Fruit and vegetable 3 gallon milk 4 lb tofu 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	1	C01	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
	2	C19	Juice:	2-64 oz containers
	2	C19	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
	4	C19	Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
4	W05	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand	
		Eggs:	1 dozen	
3	W42	Cereal:	No more than 36 oz	
		Tofu:	No more than 4 pounds	
			Bean/ Peanut butter:	1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package Number	Rank	VC	Voucher Message	
C26 – Extra Tofu for 2-5 year old child MEDICAL DOCUMENTATION REQUIRED \$6 fruit and vegetable 2 gallon milk 8 lb tofu 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	1	C06	Tofu:	No more than 4 pounds
			Juice:	2-64 oz containers
	4	C19	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
	2	W05	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Eggs:	1 dozen
			Cereal:	No more than 36 oz.
	3	W42	Tofu:	No more than 4 pounds
			Beans/ Peanut butter:	1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package Number	Rank	VC	Voucher Message	
C27 – Whole Milk for 2 -5 year old MEDICAL DOCUMENTATION REQUIRED Can only be given with food package III \$6 fruit and vegetable 4 gallon milk 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	1	C03	Milk:	1 gallon Whole milk only Least expensive brand
	2	C04	Juice:	1-64 oz container
	2	C04	Milk:	1 gallon Whole milk only Least expensive brand
	2	C04	Cereal:	No more than 36 oz
2	C04	Eggs:	1 dozen	
3	C03	Milk:	1 gallon Whole milk only Least expensive brand	
3	C03	Juice:	1-64 oz container	
4	C22	Milk:	1 gallon Whole milk only Least expensive brand	
4	C22	Whole Grains:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns	
4	C22	Beans/peanut Butter:	1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter	

Food Package	Rank	VC	Voucher Message	
C28 – No Cheese for 2-5 year old \$6 fruit and vegetable 4 gallon milk 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	1	C01	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Juice:	2-64 oz containers
	3	W05	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Eggs:	1 dozen
			Cereal:	No more than 36 oz
	2	W22	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Beans/peanut butter:	1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter
	4	C19	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
			Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns

Food Package	Rank	VC	Voucher Message	
C29 – No Milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED Can only be given with Food Package III \$6 fruit and vegetable 1 lb cheese 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb beans or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	2	C27	Cheese:	1-16 oz package
			Juice:	1-64 oz container
			Eggs:	1 dozen
			Cereal:	No more than 36 oz
	4	C26	Juice:	1-64 oz container
			Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns
			Beans/peanut butter:	1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package	Rank	VC	Voucher Message	
C30 – 2-5 year old Alternative Package \$6 fruit and vegetable 64-8 oz UHT milk 21-6 oz juice 36 oz cereal 32 oz whole grain 1 container of peanut butter (16-18 oz.) 4 cans beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	3	H12	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk. 6 cans (5.5 to 6 oz)
			Juice:	No more than 18 oz
			Cereal:	
	4	H15	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.
			Juice:	6 cans (5.5 to 6 oz)
		Peanut butter:	1 container (16 to 18 oz)	
	1	H11	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.
			Juice:	6 cans (5.5 to 6 oz)
			Beans:	4 cans (14 to 16 oz)
	2	H13	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk. Not more than 18 oz
			Cereal:	
	4	H09	Milk:	16-8 oz OR half pint boxes low-fat (fat-free, 1%, 2%) UHT. No whole milk.
			Juice:	3 cans (5.5 to 6 oz)
			Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns

Food Package	Rank	VC	Voucher Message	
C31 – Soy Milk for 2 -5 year old MEDICAL DOCUMENTATION REQUIRED \$6 fruit and vegetable 4 gallons soy milk 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	3	W70	Soy Milk: Cereal:	2 half gallons 8 th Continent (Original OR Vanilla flavors only) No more than 36 oz
	1	W73	Soy Milk: Beans/peanut butter:	2 half gallons 8 th Continent (Original OR Vanilla flavors only) 1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter
	2	C28	Soy Milk: Juice: Eggs:	2 half gallons 8 th Continent (Original OR Vanilla flavors only) 1-64 oz container 1 dozen
	4	C29	Soy Milk: Juice: Whole grain:	2 half gallons 8 th Continent (Original OR Vanilla flavors only) 1-64 oz container Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns

Description	Rank	VC	Category	Message
<p>C32 - Evaporated Milk for Standard 2-5 year old</p> <p>\$6 fruit and vegetable</p> <p>1 gallon milk</p> <p>12-12 oz cans evaporated milk</p> <p>1 lb cheese</p> <p>2-64 oz juice</p> <p>1 dozen eggs</p> <p>36 oz cereal</p> <p>32 oz whole grain</p> <p>1 lb dried beans or 1 container of peanut butter (16-18 oz.)</p>	9	P03	Produce:	<p>\$6 for fresh, frozen, or canned fruit and vegetables</p> <p>No potatoes-except for sweet potato or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.</p>
	2	W05	Milk: Eggs: Cereal	<p>1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand</p> <p>1 dozen</p> <p>No more than 36 oz</p>
	3	C25	Milk: Juice:	<p>8-12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated Least expensive brand</p> <p>1-64 oz container</p>
	1	C34	Milk: Juice:	<p>4-12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated Least expensive brand</p> <p>1-64 oz container</p>
	4	C21	Beans/ peanut butter: Whole Grain: Cheese:	<p>1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter</p> <p>Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns</p> <p>1-16 oz package</p>

Food Package	Rank	VC	Voucher Message	
C33 – Soy Milk with tofu for 2 -5 year old MEDICAL DOCUMENTATION REQUIRED \$6 fruit and vegetable 3 gallons soy milk 4 lb tofu 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables No potatoes-except for sweet potatoes or yams. No products with added sugar, seasonings, fat, or oils. No creamed vegetables. No stewed tomatoes.
	4	W91	Tofu:	No more than 4 pounds tofu
	1	W73	Cereal:	No more than 36 oz
	1	W73	Soy Milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
	1	W73	Beans/peanut butter:	1 lb dried OR 4 cans (14 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter
	2	C28	Soy Milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
	2	C28	Juice:	1-64 oz container
	2	C28	Eggs:	1 dozen
	3	C29	Soy Milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)
	3	C29	Juice:	1-64 oz container
	3	C29	Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 14 to 16 oz pkg buns

Special Formula Summary

CPA FPC	Status / Age	System FPC	Formula
Similac Expert Care Alimentum Powder			
R01	FFF 0-2 m	R01	7-16 oz cans powder Similac Expert Care Alimentum
	FFF 3-5 m	S01	8-16 oz cans powder Similac Expert Care Alimentum
	FFF 6-11 m	T01	6-16 oz cans powder Similac Expert Care Alimentum 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S01	FFF 6-11 m	S01	8-16 oz cans powder Similac Expert Care Alimentum
X01	Child	X01	7-16 oz cans powder Similac Expert Care Alimentum
Similac Expert Care Alimentum RTF			
R03	FFF 0-3 m	R03	26-32 oz cans RTF Similac Expert Care Alimentum
	FFF 4-5 m	S03	28-32 oz cans RTF Similac Expert Care Alimentum
	FFF 6-11 m	T03	20-32 oz cans RTF Similac Expert Care Alimentum 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S03	FFF 6-11 m	S03	28-32 oz cans RTF Similac Expert Care Alimentum
X03	Child	X03	28-32 oz cans RTF Similac Expert Care Alimentum
Boost			
X39	Women	X39	30-8 oz containers Boost
X40	Women	X40	60-8 oz containers Boost
X02	Women	X02	90-8 oz containers Boost
X42	Women	X42	112-8 oz containers Boost
Boost Kid Essentials (Retail)			
X07	Child	X07	30-8.25 oz containers ready to feed Boost Kid Essentials
X08	Child	X08	60-8.25 oz containers ready to feed Boost Kid Essentials
X09	Child	X09	90- .25 oz containers ready to feed Boost Kid Essentials
X16	Child	X16	110-8.25 oz containers ready to feed Boost Kid Essentials
Boost Kid Essentials 1.5			
X90	Child	X90	30-8 oz containers ready to feed Boost Kid Essentials 1.5
X93	Child	X93	60-8 oz containers ready to feed Boost Kid Essentials 1.5
X94	Child	X94	90-8 oz containers ready to feed Boost Kid Essentials 1.5
X95	Child	X95	113-8 oz containers ready to feed Boost Kid Essentials 1.5
Boost Kid Essentials 1.5 With Fiber			
X96	Child	X96	30-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber
X97	Child	X97	60-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber
X98	Child	X98	90-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber
X99	Child	X99	113-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber
Compleat Pediatric			
Z31	Child	Z31	30-250 ml containers Compleat Pediatric
Z32	Child	Z32	60-250 ml containers Compleat Pediatric
Z33	Child	Z33	90-250 ml containers Compleat Pediatric
Z35	Child	Z35	107-250 ml containers Compleat Pediatric
EleCare Jr Powder			
X89	Child	X89	9-14.1 oz cans powder EleCare Jr

CPA FPC	Status / Age	System FPC	Formula
EleCare for Infants Powder			
R41	FFF 0-3 m	R41	9-14.1 oz cans powder EleCare for Infants
	FFF 4-5 m	S41	10-14.1 oz cans powder EleCare for Infants
	FFF 6-11 m	T41	7-14.1 oz cans powder EleCare for Infants 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S41	FFF 6-11 m	S41	10-14.1 oz cans powder EleCare for Infants
Enfamil EnfaCare Powder			
R24	FFF 0-3 m	R24	10-12.8 oz cans powder Enfamil EnfaCare
	FFF 4-5 m	S24	11-12.8 oz cans powder Enfamil EnfaCare
	FFF 6-11 m	T24	8-12.8 oz cans powder Enfamil EnfaCare 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S24	FFF 6-11 m	S24	11-12.8 oz oz cans powder Enfamil EnfaCare
Enfamil EnfaCare RTF			
R26	FFF 0-3 m	R26	26-32 oz cans RTF Enfamil EnfaCare
	FFF 4-5 m	S26	28-32 oz cans RTF Enfamil EnfaCare
	FFF 6-11 m	T26	20-32 oz cans RTF Enfamil EnfaCare 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S26	FFF 6-11 m	S26	28-32 oz cans RTF Enfamil EnfaCare
Enfamil EnfaCare RTF			
R20	FFF 0-3 m	R20	414-2 oz cans RTF Enfamil EnfaCare
	FFF 4-5 m	S20	444-2 oz cans RTF Enfamil EnfaCare
	FFF 6-11 m	T20	318-2 oz cans RTF Enfamil EnfaCare 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S20	FFF 6-11 m	S20	444-2 oz cans RTF Enfamil EnfaCare
Enfamil Premature 20 RTF			
R30	FFF 0-3 m	R30	414-2 oz cans RTF Enfamil Premature 20
	FFF 4-5 m	S30	444-2 oz cans RTF Enfamil Premature 20
	FFF 6-11 m	T30	318-2 oz cans RTF Enfamil Premature 20 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S30	FFF 6-11 m	S30	444-2 oz cans RTF Enfamil Premature 20
Enfamil Premature 24 RTF			
R40	FFF 0-3 m	R40	414-2 oz cans RTF Enfamil Premature 24
	FFF 4-5 m	S40	444-2 oz cans RTF Enfamil Premature 24
	FFF 6-11 m	T40	318-2 oz cans RTF Enfamil Premature 24 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S40	FFF 6-11 m	S40	444-2 oz cans RTF Enfamil Premature 24
Enfaport			
R12	FFF 0-3 m	R12	102-8 oz cans Enfaport
	FFF 4-5 m	S12	112-8 oz cans Enfaport
	FFF 6-11 m	T12	78-8 oz cans Enfaport 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S12	FFF 6-11 m	S12	112-8 oz cans Enfaport
Z49	Child	Z49	30-8 oz cans Enfaport
Z50	Child	Z50	60-8 oz cans Enfaport
Z51	Child	Z51	90-8 oz cans Enfaport
Z52	Child	Z52	113-8 oz cans Enfaport

CPA FPC	Status / Age	System FPC	Formula
			Ensure
X06	Women	X06	30-8 oz containers Ensure
X38	Women	X38	60-8 oz containers Ensure
X45	Women	X45	90-8 oz containers Ensure
X15	Women	X15	108-8 oz containers Ensure
			EO28 Splash
X51	Child	X51	31-237 ml containers EO28 Splash
X52	Child	X52	62-237 ml containers EO28 Splash
X53	Child	X53	113-237 ml containers EO28 Splash
			Gerber Good Start Nourish
R07	FFF 0-3 m	R07	10-12.6 oz Gerber Good Start Nourish
	FFF 4-5 m	S07	11-12.6 oz Gerber Good Start Nourish
	FFF 6-11 m	T07	8-12.6 oz Gerber Good Start Nourish 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
			Gerber Good Start Premature 24
R02	FFF 0-3 m	R02	272-3 oz containers RTF feed Gerber Good Start Premature 24
	FFF 4-5 m	S02	296-3 oz containers RTF feed Gerber Good Start Premature 24
	FFF 6-11 m	T02	208-3 oz containers RTF feed Gerber Good Start Premature 24 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S02	FFF 6-11 m	S02	296-3 oz containers RTF feed Gerber Good Start Premature 24
			Neocate Infant DHA & ARA Powder
R61	FFF 0-3 m	R61	10-400 grams (14.1 oz) cans powder Neocate Infant DHA & ARA
	FFF 4-5 m	S61	11-400 grams (14.1 oz) cans powder Neocate Infant DHA & ARA
	FFF 6-11 m	T61	8-400 grams (14.1 oz) cans powder Neocate Infant DHA & ARA 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S61	FFF 6-11 m	S61	11-400 grams (14.1 oz) cans powder Neocate Infant DHA & ARA
			Neocate Junior Powder
X75	Child	X75	14-400 grams (14.1 oz) cans powder Neocate Junior
			Similac Expert Care Neosure Powder
R71	FFF 0-3 m	R71	10-13.1 oz Similac Expert Care NeoSure
	FFF 4-5 m	S71	11-13.1 oz Similac Expert Care NeoSure
	FFF 6-11 m	T71	8-13.1 oz Similac Expert Care NeoSure 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S71	FFF 6-11 m	S71	11-13.1 oz Similac Expert Care NeoSure
X92	Child	X92	10-13.1 oz Similac Expert Care NeoSure
			Similac Expert Care NeoSure – 32 oz RTF
R73	FFF 0-3 m	R73	26-32 oz cans RTF Similac Expert Care NeoSure
	FFF 4-5 m	S73	28-32 oz cans RTF Similac Expert Care NeoSure
	FFF 6-11 m	T73	20-32 oz cans RTF Similac Expert Care NeoSure 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S73	FFF 6-11 m	S73	28-32 oz cans RTF Similac Expert Care NeoSure
X73	Child	X73	28-32 oz cans RTF Similac Expert Care NeoSure
			Similac Expert Care NeoSure – 2 oz RTF
R70	FFF 0-3 m	R70	416-2 oz cans RTF Similac Expert Care NeoSure
	FFF 4-5 m	S70	448-2 oz cans RTF Similac Expert Care NeoSure

CPA FPC	Status / Age	System FPC	Formula
	FFF 6-11 m	T70	320-2 oz cans RTF Similac Expert Care NeoSure 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S70	FFF 6-11 m	S70	448-2 oz cans RTF Similac Expert Care NeoSure
Nepro RTF			
Z41	Child	Z41	30-8 oz cans Nepro
Z42	Child	Z42	60-8 oz cans Nepro
Z43	Child	Z43	90-8 oz cans Nepro
Z44	Child	Z44	112-8 oz cans Nepro
Nutramigen with Enflora LGG Powder			
R81	FFF 0-3 m	R81	10-12.6 oz cans powder Nutramigen with Enflora IGG
	FFF 4-5 m	S81	11-12.6 oz cans powder Nutramigen with Enflora LGG
	FFF 6-11 m	T81	8-12.6 oz cans powder Nutramigen with Enflora LGG 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S81	FFF 6-11 m	S81	11-12.6 oz cans powder Nutramigen with Enflora LGG
X81	Child	X81	10-12.6 oz cans powder Nutramigen with Enflora LGG
Nutramigen Concentrate			
R82	FFF 0-3 m	R82	31-13 oz cans concentrate Nutramigen
	FFF 4-5 m	S82	34-13 oz cans concentrate Nutramigen
	FFF 6-11 m	T82	24-13 oz cans concentrate Nutramigen 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S82	FFF 6-11 m	S82	34-13 oz cans concentrate Nutramigen
X82	Child	X82	35-13 oz cans concentrate Nutramigen
Nutramigen – 32 oz RTF			
R83	FFF 0-3 m	R83	26-32 oz cans RTF Nutramigen
	FFF 4-5 m	S83	28-32 oz cans RTF Nutramigen
	FFF 6-11 m	T83	20-32 oz cans RTF Nutramigen 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S83	FFF 6-11 m	S83	28-32 oz cans RTF Nutramigen
X83	Child	X83	28-32 oz cans RTF Nutramigen
Nutramigen AA Powder			
R91	FFF 0-2 m	R91	8-400 gram (14.1 oz) cans powder Nutramigen AA
	FFF 3-5 m	S91	9-400 gram (14.1 oz) cans powder Nutramigen AA
	FFF 6-11 m	T91	7-400 gram (14.1 oz) cans powder Nutramigen AA 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S91	FFF 6-11 m	S91	9-400 gram (14.1 oz) cans powder Nutramigen AA
Nutren 1.5			
Z45	Women	Z45	30-250 ml containers Nutren 1.5
Z46	Women	Z46	60-250 ml containers Nutren 1.5
Z47	Women	Z47	90-250 ml containers Nutren 1.5
Z48	Women	Z48	107-250 ml containers Nutren 1.5
Nutren 2.0			
X54	Women	X54	35-250 ml containers Nutren 2.0
X55	Women	X55	59-250 ml containers Nutren 2.0
X56	Women	X56	107-250 ml containers Nutren 2.0

CPA FPC	Status / Age	System FPC	Formula
Nutren Junior			
X57	Child	X57	35-250 ml containers Nutren Junior
X58	Child	X58	59-250 ml containers Nutren Junior
X59	Child	X59	107-250 ml containers Nutren Junior
Nutren Junior Fiber			
X60	Child	X60	35-250 ml containers Nutren Junior Fiber
X37	Child	X37	59-250 ml containers Nutren Junior Fiber
X62	Child	X62	107-250 ml containers Nutren Junior Fiber
PediaSure Ready to Feed			
X84	Child	X84	30-8 oz containers PediaSure
X30	Child	X30	60-8 oz containers PediaSure
X87	Child	X87	90-8 oz containers PediaSure
X88	Child	X88	108-8 oz containers PediaSure
PediaSure 1.5 Cal			
Z53	Child	Z53	30-8 oz containers PediaSure 1.5 Cal
Z54	Child	Z54	60-8 oz containers PediaSure 1.5 Cal
Z55	Child	Z55	90-8 oz containers PediaSure 1.5 Cal
Z56	Child	Z56	113-8 oz containers PediaSure 1.5 Cal
PediaSure 1.5 Cal with fiber			
Z57	Child	Z57	30-8 oz containers PediaSure 1.5 Cal with fiber
Z58	Child	Z58	60-8 oz containers PediaSure 1.5 Cal with fiber
Z59	Child	Z59	90-8 oz containers PediaSure 1.5 Cal with fiber
Z60	Child	Z60	113-8 oz containers PediaSure 1.5 Cal with fiber
PediaSure Enteral			
Z27	Child	Z27	30-8 oz containers PediaSure Enteral
Z28	Child	Z28	60-8 oz containers PediaSure Enteral
Z29	Child	Z29	90-8 oz containers PediaSure Enteral
Z30	Child	Z30	113-8 oz containers PediaSure Enteral
PediaSure Enteral with Fiber and scFOS			
Z37	Child	Z37	30-8 oz containers PediaSure Enteral with Fiber and scFOS
Z38	Child	Z38	60-8 oz containers PediaSure Enteral with Fiber and scFOS
Z39	Child	Z39	90-8 oz containers PediaSure Enteral with Fiber and scFOS
Z40	Child	Z40	113-8 oz containers PediaSure Enteral with Fiber and scFOS
Pediasure Peptide 1.0 Cal			
Z10	Child	Z10	30-8 oz containers ready to feed Pediasure Peptide 1.0 Cal
Z11	Child	Z11	60-8 oz containers ready to feed Pediasure Peptide 1.0 Cal
Z12	Child	Z12	90-8 oz containers ready to feed Pediasure Peptide 1.0 Cal
Z13	Child	Z13	113-8 oz containers ready to feed Pediasure Peptide 1.0 Cal
PediaSure with Fiber Ready to Feed			
X76	Child	X76	30-8 oz containers PediaSure with Fiber
X85	Child	X85	60-8 oz containers PediaSure with Fiber
X78	Child	X78	90-8 oz containers PediaSure with Fiber
X79	Child	X79	108-8 oz containers PediaSure with Fiber
Peptamen			
X63	Women	X63	35-250 ml containers Peptamen
X64	Women	X64	59-250 ml containers Peptamen

CPA FPC	Status / Age	System FPC	Formula
X65	Women	X65	107-250 ml containers Peptamen
			Peptamen Junior
X66	Child	X66	35-250 ml containers Peptamen Junior
X67	Child	X67	59-250 ml containers Peptamen Junior
X68	Child	X68	107-250 ml containers Peptamen Junior
			Peptamen Junior Fiber
Z05	Child	Z05	30-250 ml containers Peptamen Junior Fiber
Z06	Child	Z06	60-250 ml containers Peptamen Junior Fiber
Z07	Child	Z07	90-250 ml containers Peptamen Junior Fiber
Z08	Child	Z08	107-250 ml containers Peptamen Junior Fiber
			Peptamen Junior with Prebio
X69	Child	X69	35-250 ml containers Peptamen Junior with Prebio
X70	Child	X70	59-250 ml containers Peptamen Junior with Prebio
X05	Child	X05	107-250 ml containers Peptamen Junior with Prebio
			Peptamen Junior 1.5
Z01	Child	Z01	30-250 ml containers Peptamen Junior 1.5
Z02	Child	Z02	60-250 ml containers Peptamen Junior 1.5
Z03	Child	Z03	90-250 ml containers Peptamen Junior 1.5
Z04	Child	Z04	107-250 ml containers Peptamen Junior 1.5
			Portagen Powder
X20	Child	X20	13-1 lb cans powder Portagen
			Pregestimil Powder
R04	FFF 0-2 m	R04	7-16 oz cans powder Pregestimil
	FFF 3-5 m	S04	8-16 oz cans powder Pregestimil
	FFF 6-11 m	T04	6-16 oz cans powder Pregestimil 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S04	FFF 6-11 m	S04	8-16 oz cans powder Pregestimil
X04	Child	X04	8-16 oz cans powder Pregestimil
			Pregestimil 20 cal RTF
R05	FFF 0-2 m	R05	414- 2 oz containers ready to feed Pregestimil 20 Calorie
	FFF 3-5 m	S05	444-2 oz containers ready to feed Pregestimil 20 Calorie
	FFF 6-11 m	T05	318- 2 oz containers ready to feed Pregestimil 20 Calorie 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S05	FFF 6-11 m	S05	444- 2 oz containers ready to feed Pregestimil 20 Calorie
			Pregestimil 24 cal RTF
R06	FFF 0-2 m	R06	414- 2 oz containers ready to feed Pregestimil 24 Calorie
	FFF 3-5 m	S06	444-2 oz containers ready to feed Pregestimil 24 Calorie
	FFF 6-11 m	T06	318- 2 oz containers ready to feed Pregestimil 24 Calorie 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S06	FFF 6-11 m	S06	444- 2 oz containers ready to feed Pregestimil 24 Calorie
			Resource Breeze
Z19	Child	Z19	30-8 oz containers ready to feed Resource Breeze
Z20	Child	Z20	60-8 oz containers ready to feed Resource Breeze
Z21	Child	Z21	90-8 oz containers ready to feed Resource Breeze

CPA FPC	Status / Age	System FPC	Formula
Z22	Child	Z22	113-8 oz containers ready to feed Resource Breeze
Similac PM 60/40 Powder			
R14	FFF 0-3 m	R14	8-14.1 oz cans powder Similac PM 60/40
	FFF 4-5 m	S14	9-14.1 oz cans powder Similac PM 60/40
	FFF 6 m	V14	7-14.1 oz cans powder Similac PM 60/40 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
	FFF 7-11 m	T14	6-14.1 oz cans powder Similac PM 60/40 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S14	FFF 6-11 m	S14	9-14.1 oz cans powder Similac PM 60/40
X14	Child	X14	8-14.1 oz cans powder Similac PM 60/40
Similac Special Care 20 – 2 oz RTF			
R10	FFF 0-3 m	R10	416-2 oz cans RTF Similac Special Care 20
	FFF 4-5 m	S10	448-2 oz cans RTF Similac Special Care 20
	FFF 6-11 m	T10	320-2 oz cans RTF Similac Special Care 20 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S10	FFF 6-11 m	S10	448-2 oz cans RTF Similac Special Care 20
Similac Special Care 24 – 2 oz RTF			
R50	FFF 0-3 m	R50	416-2 oz cans RTF Similac Special Care 24
	FFF 4-5 m	S50	448-2 oz cans RTF Similac Special Care 24
	FFF 6-11 m	T50	320-2 oz cans RTF Similac Special Care 24 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S50	FFF 6-11 m	S50	448-2 oz cans RTF Similac Special Care 24
Similac Special Care 30 – 2 oz RTF			
R60	FFF 0-3 m	R60	416-2 oz cans RTF Similac Special Care 30
	FFF 4-5 m	S60	448-2 oz cans RTF Similac Special Care 30
	FFF 6-11 m	T60	320-2 oz cans RTF Similac Special Care 30 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S60	FFF 6-11 m	S60	448-2 oz cans RTF Similac Special Care 30
Suplena			
Z14	Child	Z14	30-8 oz containers ready to feed Suplena
Z15	Child	Z15	60-8 oz containers ready to feed Suplena
Z16	Child	Z16	90-8 oz containers ready to feed Suplena
Z18	Child	Z18	113-8 oz containers ready to feed Suplena
Vivonex Pediatric			
Z23	Child	Z23	30-1.7 oz packets powder Vivonex Pediatric
Z24	Child	Z24	60-1.7 oz packets powder Vivonex Pediatric
Z25	Child	Z25	90-1.7 oz packets powder Vivonex Pediatric
Z26	Child	Z26	102-1.7 oz packets powder Vivonex Pediatric
Tracking Vouchers			
099	All	099	Emory Genetics tracking voucher
197	All	197	Formula Provided from stock on hand
199	All	199	Formula ordered from Nutrition Unit

Special Formulas for Fully Formula Fed Infants

Similac Expert Care Alimentum

Food Package Code	Rank	VC	Voucher Message	
R01 7-16 oz cans powder Similac Expert Care Alimentum	4	360	Formula	4-16 oz cans powder Similac Expert Care Alimentum
	2	S01	Formula	3-16 oz cans powder Similac Expert Care Alimentum
Medical Documentation Required				
S01 (Assign R01) 8-16 oz cans powder Similac Expert Care Alimentum	2	360	Formula	4-16 oz cans powder Similac Expert Care Alimentum
	4	360	Formula	4-16 oz cans powder Similac Expert Care Alimentum
Medical Documentation Required				
T01 (Assign R01) 6-16 oz cans powder Similac Expert Care Alimentum 32-4 oz infant food 3-8 oz infant cereal	2	S01	Formula	3-16 oz cans powder Similac Expert Care Alimentum
	4	S01	Formula	3-16 oz cans powder Similac Expert Care Alimentum
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
Medical Documentation Required				
R03 26-32 oz containers ready to feed Similac Expert Care Alimentum	2	130	Formula	13-32 oz containers ready to feed Similac Expert Care Alimentum
	4	130	Formula	13-32 oz containers ready to feed Similac Expert Care Alimentum
Medical Documentation Required				

Food Package Code	Rank	VC	Voucher Message	
S03 (Assign R03) 28-32 oz containers ready to feed Similac Expert Care Alimentum	2	150	Formula	14-32 oz containers ready to feed Similac Expert Care Alimentum
	4	150	Formula	14-32 oz containers ready to feed Similac Expert Care Alimentum
Medical Documentation Required				
T03 (Assign R03) 20-32 oz containers ready to feed Similac Expert Care Alimentum 32-4 oz infant food 3-8 oz infant cereal	2	N05	Formula	10-32 oz containers ready to feed Similac Expert Care Alimentum
	4	N05	Formula	10-32 oz containers ready to feed Similac Expert Care Alimentum
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
Medical Documentation Required				

EleCare for Infants

Food Package Code	Rank	VC	Voucher Message	
R41 9-14.1 oz cans powder EleCare for Infants	4	S33	Formula	6-14.1 oz cans powder EleCare DHA and ARA or EleCare for Infants (1 case)
	2	S34	Formula	3-14.1 oz cans powder EleCare with DHA and ARA or EleCare for Infants
Medical Documentation Required				
S41 (Assign R41) 10-14.1 oz cans powder EleCare for Infants	4	S33	Formula	6-14.1 oz cans powder EleCare with DHA and ARA or EleCare for Infants (1 case)
	2	S35	Formula	4-14.1 oz cans powder EleCare with DHA and ARA or EleCare for Infants
Medical Documentation Required				
T41 (Assign R41) 7-14.1 oz cans powder EleCare for Infants 32-4 oz infant food 3-8 oz infant cereal	4	S33	Formula	6-14.1 oz cans powder EleCare with DHA and ARA or EleCare for Infants (1 case)
	2	S36	Formula	1-14.1 oz can powder EleCare with DHA and ARA or EleCare for Infants
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
Medical Documentation Required				

Enfamil EnfaCare

Food Package Code	Rank	VC	Voucher Message	
R24 10-12.8 oz cans powder Enfamil EnfaCare	4	541	Formula	6-12.8 oz cans powder Enfamil EnfaCare
	2	542	Formula	4-12.8 oz cans powder Enfamil EnfaCare
Medical Documentation Required				
S24 (Assign R24) 11-12.8 oz cans powder Enfamil EnfaCare	4	541	Formula	6-12.8 oz cans powder Enfamil EnfaCare
	2	S11	Formula	5-12.8 oz cans powder Enfamil EnfaCare
Medical Documentation Required				
T24 (Assign R24) 8-12.1 oz cans powder Enfamil EnfaCare 32-4 oz infant food 3-8 oz infant cereal	2	542	Formula	4-12.8 oz cans powder Enfamil EnfaCare
	4	542	Formula	4-12.8 oz cans powder Enfamil EnfaCare
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
Medical Documentation Required				
R26 26-32 oz containers ready to feed Enfamil EnfaCare	2	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	2	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	S13	Formula	2-32 oz containers ready to feed Enfamil EnfaCare
Medical Documentation Required				
S26 (Assign R26) 28-32 oz containers ready to feed Enfamil EnfaCare	2	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	2	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	2	S12	Formula	4-32 oz containers ready to feed Enfamil EnfaCare
Medical Documentation Required				

Food Package Code	Rank	VC	Voucher Message	
T26 (Assign R26) 20-32 oz containers ready to feed Enfamil EnfaCare 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	2	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	2	S13	Formula	2-32 oz containers ready to feed Enfamil EnfaCare
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers

Food Package Code	Rank	VC	Voucher Message	
R20 414-2 oz containers ready to feed Enfamil EnfaCare Medical Documentation Required	2	589	Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	2	589	Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	4	589	Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	4	589	Formula	96-2 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	540	Formula	18-2 oz containers ready to feed Enfamil EnfaCare
	2	S20	Formula	12-2 oz containers ready to feed Enfamil EnfaCare
S20 (Assign R20) 444-2 oz containers ready to feed Enfamil EnfaCare Medical Documentation Required	2	589	Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	2	589	Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	4	589	Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	4	589	Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 case)
	4	539	Formula	48-2 oz containers ready to feed Enfamil EnfaCare (1 case)
	2	S20	Formula	12-2 oz containers ready to feed Enfamil EnfaCare
T20 (Assign R20) 318-2 oz containers ready to feed Enfamil EnfaCare 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	2	589	Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	4	589	Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	4	589	Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	2	540	Formula	18-2 oz containers ready to feed Enfamil EnfaCare
	2	S20	Formula	12-2 oz containers ready to feed Enfamil EnfaCare
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers

Enfamil Premature 20

Food Package Code	Rank	VC	Voucher Message	
R30 414-2 oz containers ready to feed iron fortified Enfamil Premature 20 Medical Documentation Required	2	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	2	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	546	Formula	18-2 oz containers ready to feed iron fortified Enfamil Premature 20
	2	S21	Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 20
S30 (Assign R30) 444-2 oz containers ready to feed iron fortified Enfamil Premature 20 Medical Documentation Required	2	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	2	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	545	Formula	48-2 oz containers ready to feed iron fortified Enfamil Premature 20 (1 case)
	2	S21	Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 20

Food Package Code	Rank	VC	Voucher Message	
T30 (Assign R30) 318-2 oz containers ready to feed iron fortified Enfamil Premature 20 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	2	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	2	546	Formula	18-2 oz containers ready to feed iron fortified Enfamil Premature 20
	2	S21	Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 20
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers

Enfamil Premature 24

Food Package Code	Rank	VC	Voucher Message	
R40 414-2 oz containers ready to feed iron fortified Enfamil Premature 24 Medical Documentation Required	2	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 case)
	2	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	2	548	Formula	18-2 oz containers ready to feed iron fortified Enfamil Premature 24
	4	S22	Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 24
S40 (Assign R40) 444-2 oz containers ready to feed Enfamil Premature 24 Medical Documentation Required	2	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	1	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	547	Formula	48-2 oz containers ready to feed iron fortified Enfamil Premature 24 (1 case)
	2	S22	Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 24

Food Package Code	Rank	VC	Voucher Message	
T40 (Assign R40) 318-2 oz containers ready to feed iron fortified Enfamil Premature 24 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	2	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	2	S22	Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 24
	2	548	Formula	18-2 oz containers ready to feed iron fortified Enfamil Premature 24
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers

Enfaport

Food Package Code	Rank	VC	Voucher Message	
R12 102-8 oz cans ready to feed Enfaport Medical Documentation Required	2	N90	Formula	48-8 oz cans ready to feed Enfaport (2 cases)
	4	N91	Formula	24-8 oz cans ready to feed Enfaport (1 case)
	4	N91	Formula	24-8 oz cans ready to feed Enfaport (1 case)
	4	N93	Formula	6-8 oz cans ready to feed Enfaport (one 6-pack)
S12 (Assign R12) 112-8 oz cans ready to feed Enfaport Medical Documentation Required	4	N90	Formula	48-8 oz cans ready to feed Enfaport (2 cases)
	2	N91	Formula	24-8 oz cans ready to feed Enfaport (1 case)
	2	N91	Formula	24-8 oz cans ready to feed Enfaport (1 case)
	4	N92	Formula	12-8 oz cans ready to feed Enfaport (two 6-packs)
	2	N96	Formula	4-8 oz cans ready to feed Enfaport
T12 (Assign R12) 78-8 oz cans ready to feed Enfaport 32-4 oz infant food 3-8 oz boxes infant cereal Medical Documentation Required	4	N90	Formula	48-8 oz cans ready to feed Enfaport (2 cases)
	2	N91	Formula	24-8 oz cans ready to feed Enfaport (1 case)
	2	N93	Formula	6-8 oz cans ready to feed Enfaport (one 6-pack)
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers

Gerber Good Start Nourish

Food Package Code	Rank	VC	Voucher Message	
R07	2	L06	Formula:	5-12.6 oz cans powder Gerber Good Start Nourish
10-12.6 oz powder Gerber Good Start Nourish	4	L06	Formula:	5-12.6 oz cans powder Gerber Good Start Nourish
Medical Documentation Required				
S07 (Assign R07)	2	L06	Formula:	5-12.6 oz cans powder Gerber Good Start Nourish
11-12.6 oz powder Gerber Good Start Nourish	4	L07	Formula:	6-12.6 oz cans powder Gerber Good Start Nourish
Medical Documentation Required				
T07 (Assign R07)	2	L08	Formula:	4-12.6 Noz cans powder Gerber Good Start Nourish
8-12.6 oz powder Gerber Good Start Nourish	4	L08	Formula:	4-12.6 oz cans powder Gerber Good Start Nourish
32 jars baby fruit/vegetable	4	N01	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
3-8 oz box infant cereal			Infant cereal:	3-8 oz containers
Medical Documentation Required	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)

Gerber Good Start Premature 24

Food Package Code	Rank	VC	Voucher Message	
R02 272 - 3 oz containers ready to feed Gerber Good Start Premature 24 Medical Documentation Required	2	S38	Formula	96-3 oz containers ready to feed Gerber Good Start Premature 24 (2 cases)
	4	S38	Formula	96-3 oz containers ready to feed Gerber Good Start Premature 24 (2 cases)
	4	S39	Formula	48-3 oz containers ready to feed Gerber Good Start Premature 24 (1 case)
	2	S40	Formula	32-3 oz containers ready to feed Gerber Good Start Premature 24 (four 8-packs)
S02 (Assign R01) 296 - 3 oz containers ready to feed Gerber Good Start Premature 24 Medical Documentation Required	2	S38	Formula	96-3 oz containers ready to feed Gerber Good Start Premature 24 (2 cases)
	4	S38	Formula	96-3 oz containers ready to feed Gerber Good Start Premature 24 (2 cases)
	4	S39	Formula	48-3 oz containers ready to feed Gerber Good Start Premature 24 (1 case)
	2	S39	Formula	48-3 oz containers ready to feed Gerber Good Start Premature 24 (1 case)
	4	S41	Formula	8-3 oz containers ready to feed Gerber Good Start Premature 24 (one 8-pack)
T02 (Assign R01) 208 - 3 oz containers ready to feed Gerber Good Start Premature 24 32-4 oz infant food 3-8 oz boxes infant cereal Medical Documentation Required	4	S38	Formula	96-3 oz containers ready to feed Gerber Good Start Premature 24 (2 cases)
	2	S39	Formula	48-3 oz containers ready to feed Gerber Good Start Premature 24 (1 case)
	2	S39	Formula	48-3 oz containers ready to feed Gerber Good Start Premature 24 (1 case)
	4	S42	Formula	16-3 oz containers ready to feed Gerber Good Start Premature 24 (two 8-packs)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
		N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)

Neocate Infant DHA & ARA

Food Package Code	Rank	VC	Voucher Message	
R61 10-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA	2	500	Formula	4-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA
	4	500	Formula	4-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA
	2	505	Formula	1-400 gram (14.1 oz) can powder Neocate Infant DHA & ARA
Medical Documentation Required	4	505	Formula	1-400 gram (14.1 oz) can powder Neocate Infant DHA & ARA
S61 (Assign R61) 11-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA	2	500	Formula	4-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA
	4	500	Formula	4-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA
	2	505	Formula	1-400 gram (14.1 oz) can powder Neocate Infant DHA & ARA
	4	505	Formula	1-400 gram (14.1 oz) can powder Neocate Infant DHA & ARA
	4	505	Formula	1-400 gram (14.1 oz) can powder Neocate Infant DHA & ARA
Medical Documentation Required				
T61 (Assign R61) 8-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA 32-4 oz infant food 3-8 oz infant cereal	2	500	Formula	4-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA
	4	500	Formula	4-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
Medical Documentation Required				

Similac Similac Expert Care Neosure

Food Package Code	Rank	VC	Voucher Message	
R71 10-13.1 oz Similac Expert Care Neosure	4	519	Formula	6-13.1 oz cans Similac Expert Care NeoSure (1 case)
	2	520	Formula	4-13.1 oz cans Similac Expert Care NeoSure
Medical Documentation Required				
S71 (Assign R71) 11-13.1 oz Similac Expert Care Neosure	4	519	Formula	6-13.1 oz cans Similac Expert Care NeoSure (1 case)
	2	S25	Formula	5-13.1 oz cans Similac Expert Care NeoSure
Medical Documentation Required				
T71 (Assign R71) 8-13.1 oz Similac Expert Care Neosure 32-4 oz infant food 3-8 oz infant cereal	2	520	Formula	4-13.1 oz cans Similac Expert Care NeoSure
	4	520	Formula	4-13.1 oz cans Similac Expert Care NeoSure
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
Medical Documentation Required				

Food Package Code	Rank	VC	Voucher Message	
R73 Similac Expert Care NeoSure Medical Documentation Required	2	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	2	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	4	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	4	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	4	S10	Formula	2-32 oz containers ready to feed Similac NeoSure or Similac Expert Care NeoSure
S73 (Assign R73) 28-32 oz containers ready to feed Similac NeoSure or Similac Expert Care NeoSure Medical Documentation Required	2	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	4	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	4	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	2	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	2	S09	Formula	4-32 oz containers ready to feed Similac Expert Care NeoSure

Food Package Code	Rank	VC	Voucher Message	
T73 (Assign R73) 20-32 oz containers ready to feed Similac Expert Care NeoSure 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	2	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	4	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	4	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	2	S10	Formula	2-32 oz containers ready to feed Similac Expert Care NeoSure
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
R70 416-2 oz containers ready to feed Similac Expert Care NeoSure Medical Documentation Required	2	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	2	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	4	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	4	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	2	516	Formula	16-2 oz containers ready to feed Similac Expert Care NeoSure
	4	516	Formula	16-2 oz containers ready to feed Similac Expert Care NeoSure

Food Package Code	Rank	VC	Voucher Message	
S70 (Assign R70) 448-2 oz containers ready to feed Similac Expert Care NeoSure Medical Documentation Required	2	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	2	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	4	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	4	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	4	515	Formula	48-2 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	2	516	Formula	16-2 oz containers ready to feed Similac Expert Care NeoSure
T70 (Assign R70) 320-2 oz containers ready to feed Similac Expert Care NeoSure 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	2	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	4	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	4	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	2	516	Formula	16-2 oz containers ready to feed Similac Expert Care NeoSure
	2	516	Formula	16-2 oz containers ready to feed Similac Expert Care NeoSure
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	2	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers

Nutramigen

Food Package Code	Rank	VC	Voucher Message	
R82 31-13 oz cans concentrate Nutramigen	2	N08	Formula	15-13 oz cans concentrate Nutramigen LIPIL or Nutramigen
	4	N67	Formula	16-13 oz cans concentrate Nutramigen LIPIL or Nutramigen
Medical Documentation Required				
S82 (Assign R82) 34-13 oz cans concentrate Nutramigen	2	N08	Formula	15-13 oz cans concentrate Nutramigen LIPIL or Nutramigen
	4	N57	Formula	19-13 oz cans concentrate Nutramigen LIPIL or Nutramigen
Medical Documentation Required				
T82 (Assign R82) 24-13 oz cans concentrate Nutramigen 32-4 oz infant food 3-8 oz infant cereal	2	163	Formula	12-13 oz cans concentrate Nutramigen LIPIL or Nutramigen
	4	163	Formula	12-13 oz cans concentrate Nutramigen LIPIL or Nutramigen
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
Medical Documentation Required				
R81 10-12.6 oz cans powder Nutramigen with Enflora LGG	2	156	Formula	5-12.6 oz cans powder Nutramigen LIPIL with Enflora LGG or Nutramigen with Enflora LGG
	4	156	Formula	5-12.6 oz cans powder Nutramigen LIPIL with Enflora LGG or Nutramigen with Enflora LGG
Medical Documentation Required				
S81 (Assign R81) 11-12.6 oz cans powder Nutramigen with Enflora LGG	2	156	Formula	5-12.6 oz cans powder Nutramigen LIPIL with Enflora LGG or Nutramigen with Enflora LGG
	4	155	Formula	6-12.6 oz cans powder Nutramigen LIPIL with Enflora LGG or Nutramigen with Enflora LGG
Medical Documentation Required				

Food Package Code	Rank	VC	Voucher Message	
T81 (Assign R81) 8-12.6 oz cans powder Nutramigen with Enflora LGG 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	4	156	Formula	5-12.6 oz cans powder Nutramigen LIPIL with Enflora LGG or Nutramigen
	2	S32	Formula	3-12.6 oz cans powder Nutramigen LIPIL with Enflora LGG or Nutramigen
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
R83 26-32 oz containers ready to feed Nutramigen Medical Documentation Required	2	S30	Formula	13-32 oz containers ready to feed Nutramigen LIPIL or Nutramigen
	4	S30	Formula	13-32 oz containers ready to feed Nutramigen LIPIL or Nutramigen
S83 (Assign R83) 28-32 oz containers ready to feed Nutramigen LIPIL Medical Documentation Required	2	S03	Formula	14-32 oz containers ready to feed Nutramigen LIPIL or Nutramigen
	4	S03	Formula	14-32 oz containers ready to feed Nutramigen LIPIL or Nutramigen
T83 (Assign R83) 20-32 oz containers ready to feed Nutramigen LIPIL 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	2	S29	Formula	10-32 oz containers ready to feed Nutramigen LIPIL or Nutramigen
	4	S29	Formula	10-32 oz containers ready to feed Nutramigen LIPIL or Nutramigen
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers

Nutramigen AA

Food Package Code	Rank	VC	Voucher Message		
R91 8-14.1 oz cans powder Nutramigen AA	2	706	Formula	4-400 gram (14.1 oz) cans powder Nutramigen AA LIPIL or Nutramigen AA	
	4	706	Formula	4-400 gram (14.1 oz) cans powder Nutramigen AA LIPIL or Nutramigen AA	
Medical Documentation Required					
	S91 (Assign R91) 9-14.1 oz cans powder Nutramigen AA	2	706	Formula	4-400 gram (14.1 oz) cans powder Nutramigen AA LIPIL or Nutramigen AA
		4	706	Formula	4-400 gram (14.1 oz) cans powder Nutramigen AA LIPIL or Nutramigen AA
Medical Documentation Required					
	T91 (Assign R91) 7-14.1 oz cans powder Nutramigen AA	4	707	Formula	1-400 gram (14.1 oz) can powder Nutramigen AA LIPIL or Nutramigen AA
32-4 oz infant food 3-8 oz infant cereal	4	706	Formula	4-400 gram (14.1 oz) cans powder Nutramigen AA LIPIL or Nutramigen AA	
	2	S14	Formula	3-400 gram (14.1 oz) cans powder Nutramigen AA LIPIL or Nutramigen AA	
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)	
	4	N01	Infant Foods: Infant Cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers	
Medical Documentation Required					

Pregestimil

Food Package Code	Rank	VC	Voucher Message	
R04 7-16 oz cans powder Pregestimil	4	140	Formula	4-16 oz cans powder Pregestimil LIPIL or Pregestimil
	2	S08	Formula	3-16 oz cans powder Pregestimil LIPIL or Pregestimil
Medical Documentation Required				
S04 (Assign R04) 8-16 oz cans powder Pregestimil	2	140	Formula	4-16 oz cans powder Pregestimil LIPIL or Pregestimil
	4	140	Formula	4-16 oz cans powder Pregestimil LIPIL or Pregestimil
Medical Documentation Required				
T04 (Assign R04) 6-16 oz cans powder Pregestimil 32-4 oz infant food 3-8 oz infant cereal	2	S08	Formula	3-16 oz cans powder Pregestimil LIPIL or Pregestimil
	4	S08	Formula	3-16 oz cans powder Pregestimil LIPIL or Pregestimil
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
Medical Documentation Required				

Pregestimil 20 Calorie

Food Package Code	Rank	VC	Voucher Message	
R05 414-2 oz containers ready to feed Pregestimil 20 Calorie Medical Documentation Required	2	S61	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (2 cases)
	2	S61	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (2 cases)
	4	S61	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (2 cases)
	4	S61	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (2 cases)
	4	S62	Formula	30-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (five 6-packs)
S05 (Assign R05) 444-2 oz containers ready to feed Pregestimil 20 Calorie Medical Documentation Required	2	S61	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (2 cases)
	2	S61	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (2 cases)
	4	S61	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (2 cases)
	4	S61	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (2 cases)
	4	S63	Formula	48-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (1 case)
	2	S64	Formula	12-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (two 6-packs)
T05 (Assign R05) 318-2 oz containers ready to feed Pregestimil 20 Calorie 32-4 oz infant food 3-8 oz boxes infant cereal Medical Documentation Required	4	S61	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (2 cases)
	4	S61	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (2 cases)
	2	S61	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (2 cases)
	2	S62	Formula	30-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (five 6-packs)

	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers

Pregestimil 24 Calorie

Food Package Code	Rank	VC	Voucher Message	
R06 414-2 oz containers ready to feed Pregestimil 24 Calorie Medical Documentation Required	2	S65	Formula	96- 2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (2 cases)
	2	S65	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (2 cases)
	4	S65	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (2 cases)
	4	S65	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (2 cases)
	4	S66	Formula	30-2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (five 6-packs)
S06 (Assign R06) 444-2 oz containers ready to feed Pregestimil 24 Calorie Medical Documentation Required	2	S65	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (2 cases)
	2	S65	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (2 cases)
	4	S65	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (2 cases)
	4	S65	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (2 cases)
	4	S67	Formula	48-2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (1 case)
	2	S68	Formula	12-2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (two 6-packs)
T06 (Assign R06) 318-2 oz containers ready to feed Pregestimil 24 Calorie 32-4 oz infant food 3-8 oz boxes infant cereal Medical Documentation Required	4	S65	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (2 cases)
	4	S65	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (2 cases)
	2	S65	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (2 cases)
	2	S66	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (2 cases)

	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers

Similac PM 60/40

Food Package Code	Rank	VC	Voucher Message	
R14 8-14.1 oz cans powder Similac PM 60/40	2	529	Formula	4-14.1 oz cans powder Similac PM 60/40
	4	529	Formula	4-14.1 oz cans powder Similac PM 60/40
Medical Documentation Required				
S14 (Assign R14) 9-14.1 oz cans powder Similac PM 60/40	4	527	Formula	6-14.1 oz cans powder Similac PM 60/40
	2	528	Formula	3-14.1 oz cans powder Similac PM 60/40
Medical Documentation Required				
V14 (Assign R14) 7-14.1 oz cans powder Similac PM 60/40 (special package given at six months of age for one month) 32-4 oz jars infant fruit and vegetables 3-8 oz infant cereal	4	529	Formula	4-14.1 oz cans powder Similac PM 60/40
	2	528	Formula	3-14.1 oz cans powder Similac PM 60/40
	4	N01	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
Medical Documentation Required				
T14 (assign R14) 6-14.1 oz cans powder Similac PM 60/40 32-4 oz infant food 3-8 oz infant cereal	2	528	Formula	3-14.1 oz cans powder Similac PM 60/40
	4	528	Formula	3-14.1 oz cans powder Similac PM 60/40
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers
Medical Documentation Required				

Similac Special Care 20

Food Package Code	Rank	VC	Voucher Message	
R10 416-2 oz containers ready to feed Similac Special Care 20 With Iron Medical Documentation Required	2	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	2	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	4	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	4	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	2	522	Formula	16-2 oz containers ready to feed Similac Special Care 20 With Iron
	4	522	Formula	16-2 oz containers ready to feed Similac Special Care 20 With Iron
S10 (Assign R10) 448-2 oz containers ready to feed Similac Special Care 20 With Iron Medical Documentation Required	2	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	2	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	4	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	4	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	4	521	Formula	48-2 oz containers ready to feed Similac Special Care 20 With Iron
	2	522	Formula	16-2 oz containers ready to feed Similac Special Care 20 With Iron

Food Package Code	Rank	VC	Voucher Message	
T10 (Assign R10) 320-2 oz containers ready to feed Similac Special Care 20 With Iron 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	2	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	4	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	4	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	2	522	Formula	16-2 oz containers ready to feed Similac Special Care 20 With Iron
	4	522	Formula	16-2 oz containers ready to feed Similac Special Care 20 With Iron
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers

Similac Special Care 24

Food Package Code	Rank	VC	Voucher Message	
R50 416-2 oz containers ready to feed Similac Special Care 24 With Iron Medical Documentation Required	2	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	2	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	4	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	4	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	2	524	Formula	16-2 oz containers ready to feed Similac Special Care 24 With Iron
	4	524	Formula	16-2 oz containers ready to feed Similac Special Care 24 With Iron
S50 (Assign R50) 448- 2 oz containers ready to feed Similac Special Care 24 With Iron Medical Documentation Required	2	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	2	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	2	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	4	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	4	523	Formula	48-2 oz containers ready to feed Similac Special Care 24 With Iron (1 case)
	2	524	Formula	16-2 oz containers ready to feed Similac Special Care 24 With Iron

Food Package Code	Rank	VC	Voucher Message	
T50 (Assign R50) 320-2 oz containers ready to feed Similac Special Care 24 With Iron 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	2	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	4	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	4	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	2	524	Formula	16-2 oz containers ready to feed Similac Special Care 24 With Iron
	2	524	Formula	16-2 oz containers ready to feed Similac Special Care 24 With Iron
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	4	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods) 3-8 oz containers

Similac Special Care 30

Food Package Code	Rank	VC	Voucher Message	
R60 416-2 oz containers ready to feed Similac Special Care 30 With Iron Medical Documentation Required	2	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	2	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	2	526	Formula	16-2 oz containers ready to feed Similac Special Care 30 With Iron
	4	526	Formula	16-2 oz containers ready to feed Similac Special Care 30 With Iron
S60 (Assign R60) 448-2 oz containers ready to feed Similac Special Care 30 With Iron Medical Documentation Required	2	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	2	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	525	Formula	48-2 oz containers ready to feed Similac Special Care 30 With Iron (1 case)
	2	526	Formula	16-2 oz containers ready to feed Similac Special Care 30 With Iron

Food Package Code	Rank	VC	Voucher Message	
T60 (Assign) 320-2 oz containers ready to feed Similac Special Care 30 With Iron 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	2	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	2	526	Formula	16-2 oz containers ready to feed Similac Special Care 30 With Iron
	2	526	Formula	16-2 oz containers ready to feed Similac Special Care 30 With Iron
	2	N26	Infant foods:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
	2	N01	Infant foods: Infant cereal:	16-4 oz OR 9-7 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2, Stage 2 1/2 or 2nd foods)
				3-8 oz containers

Food Package III - Special Infant Formulas for Children

Similac Expert Care Alimentum

Food Package Code	Rank	VC	Voucher Message	
X01 7-1 lb cans powder Similac Expert Care Alimentum	4	360	Formula	4-1 lb cans powder Similac Expert Care Alimentum
	2	S01	Formula	3-1 lb cans powder Similac Expert Care Alimentum
Medical Documentation Required				
X03 28-32 oz containers ready to feed Similac Expert Care Alimentum	2	150	Formula	14-32 oz containers ready to feed Similac Expert Care Alimentum
	4	150	Formula	14-32 oz containers ready to feed Similac Expert Care Alimentum
Medical Documentation Required				

Boost Kid Essentials

Food Package Code	Rank	VC	Voucher Message	
X07 30-8.25 oz containers ready to feed Boost Kid Essentials Medical Documentation Required	4	S02	Formula	16 - 8.25 oz containers ready to feed Boost Kid Essentials (1 case)
	2	S04	Formula	12 - 8.25 oz containers ready to feed Boost Kid Essentials (three 4-packs)
	2	S07	Formula	2 - 8.25 oz containers ready to feed Boost Kid Essentials
X08 60-8.25 oz containers ready to feed Boost Kid Essentials Medical Documentation Required	4	S05	Formula	32-8.25 oz containers ready to feed Boost Kid Essentials (2 cases)
	2	S02	Formula	16-8.25 oz containers ready to feed Boost Kid Essentials (1 case)
	2	S04	Formula	12-8.25 oz containers ready to feed Boost Kid Essentials (three 4-packs)
X09 90-8.25 oz containers ready to feed Boost Kid Essentials Medical Documentation Required	4	S05	Formula	32-8.25 oz containers ready to feed Boost Kid Essentials (2 cases)
	2	S05	Formula	32-8.25 oz containers ready to feed Boost Kid Essentials (2 cases)
	3	S02	Formula	16-8.25 oz containers ready to feed Boost Kid Essentials (1 case)
	1	S06	Formula	8-8.25 oz containers ready to feed Boost Kid Essentials (two 4-packs)
	1	S07	Formula	2-8.25 oz containers ready to feed Boost Kid Essentials
X16 110-8.25 oz containers ready to feed Boost Kid Essentials Medical Documentation Required	4	S05	Formula	32-8.25 oz containers ready to feed Boost Kid Essentials (2 cases)
	3	S05	Formula	32-8.25 oz containers ready to feed Boost Kid Essentials (2 cases)
	2	S05	Formula	32-8.25 oz containers ready to feed Boost Kid Essentials (2 cases)
	1	S04	Formula	12-8.25 oz containers ready to feed Boost Kid Essentials (three 4-packs)
	1	S07	Formula	2-8.25 oz containers ready to feed Boost Kid Essentials

Boost Kid Essentials 1.5

Food Package Code	Rank	VC	Voucher Message	
X90 30 - 8 oz containers ready to feed Boost Kid Essentials 1.5	4	S15	Formula	27 - 8 oz containers ready to feed Boost Kid Essentials 1.5 (1 case)
	2	S17	Formula	3 - 8 oz containers ready to feed Boost Kid Essentials 1.5
Medical Documentation Required				
X93 60 - 8 oz containers ready to feed Boost Kid Essentials 1.5	4	S15	Formula	27 - 8 oz containers ready to feed Boost Kid Essentials 1.5 (1 case)
	2	S15	Formula	27 - 8 oz containers ready to feed Boost Kid Essentials 1.5 (1 case)
	4	S18	Formula	6 - 8 oz containers ready to feed Boost Kid Essentials 1.5
Medical Documentation Required				
X94 90 - 8 oz containers ready to feed Boost Kid Essentials 1.5	4	S16	Formula	54 - 8 oz containers ready to feed Boost Kid Essentials 1.5 (2 cases)
	2	S15	Formula	27 - 8 oz containers ready to feed Boost Kid Essentials 1.5 (1 case)
	2	S19	Formula	9 - 8 oz containers ready to feed Boost Kid Essentials 1.5
Medical Documentation Required				
X95 113 - 8 oz containers ready to feed Boost Kid Essentials 1.5	4	S16	Formula	54 - 8 oz containers ready to feed Boost Kid Essentials 1.5 (2 cases)
	2	S15	Formula	27 - 8 oz containers ready to feed Boost Kid Essentials 1.5 (1 case)
	1	S15	Formula	27 - 8 oz containers ready to feed Boost Kid Essentials 1.5 (1 case)
	3	S23	Formula	5 - 8 oz containers ready to feed Boost Kid Essentials 1.5
Medical Documentation Required				

Boost Kid Essentials 1.5 With Fiber

Food Package Code	Rank	VC	Voucher Message	
X96 30-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber	4	S24	Formula	27-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber (1 case)
	2	S26	Formula	3-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber
Medical Documentation Required				
97 60-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber	4	S24	Formula	27-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber (1 case)
	2	S24	Formula	27-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber (1 case)
	4	S27	Formula	6-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber
Medical Documentation Required				
X98 90- oz containers ready to feed Boost Kid Essentials 1.5 With Fiber	4	S28	Formula	54-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber (2 cases)
	2	S24	Formula	27-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber (1 case)
	2	S31	Formula	9-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber
Medical Documentation Required				
X99 113-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber	4	S28	Formula	54-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber (2 cases)
	2	S24	Formula	27-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber (1 case)
	1	S24	Formula	27-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber (1 case)
	3	S37	Formula	5-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber
Medical Documentation Required				

EleCare Jr

Food Package Code	Rank	VC	Voucher Message	
X89 9-14.1 oz cans powder EleCare Jr	4	532	Formula	6-14.1 oz cans powder EleCare Jr (1 case)
	2	533	Formula	3-14.1 oz cans powder EleCare Jr
Medical Documentation Required				

Enfaport

Food Package Code	Rank	VC	Voucher Message	
Z49 30-8 oz cans ready to feed Enfaport	4	N91	Formula	24-8 oz cans ready to feed Enfaport (1 case)
	2	N93	Formula	6-8 oz cans ready to feed Enfaport (one 6-pack)
Medical Documentation Required				
Z50 60-8 oz cans ready to feed Enfaport	2	N91	Formula	24-8 oz cans ready to feed Enfaport (1 case)
	4	N91	Formula	24-8 oz cans ready to feed Enfaport (1 case)
	4	N92	Formula	12-8 oz cans ready to feed Enfaport (two 6-packs)
Medical Documentation Required				
Z51 90-8 oz cans ready to feed Enfaport	4	N90	Formula	48-8 oz cans ready to feed Enfaport (2 cases)
	2	N91	Formula	24-8 oz cans ready to feed Enfaport (1 case)
	1	N92	Formula	12-8 oz cans ready to feed Enfaport (two 6-packs)
	3	N93	Formula	6-8 oz cans ready to feed Enfaport (one 6-pack)
Medical Documentation Required				
Z52 113-8 oz cans ready to feed Enfaport	4	N90	Formula	48-8 oz cans ready to feed Enfaport (2 cases)
	2	N91	Formula	24-8 oz cans ready to feed Enfaport (1 case)
	1	N91	Formula	24-8 oz cans ready to feed Enfaport (1 case)
	3	N92	Formula	12-8 oz cans ready to feed Enfaport (two 6-packs)
	3	N96	Formula	4-8 oz cans ready to feed Enfaport
	3	A64	Formula	1-8 oz can ready to feed Enfaport
Medical Documentation Required				

Similac Expert Care Neosure

Food Package Code	Rank	VC	Voucher Message	
X92 10-13.1 oz Similac Expert Care Neosure	4	519	Formula	6-13.1 oz cans Similac Expert Care NeoSure (1 case)
	2	520	Formula	4-13.1 oz cans Similac Expert Care NeoSure
Medical Documentation Required				
X73 28-32 oz containers ready to feed Similac Expert Care NeoSure	1	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	2	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	3	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	4	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	4	S09	Formula	4-32 oz containers ready to feed Similac Expert Care NeoSure
Medical Documentation Required				

Nutramigen

Food Package Code	Rank	VC	Voucher Message	
X81 10-12.6 oz cans powder Nutramigen with Enflora LGG	2	156	Formula	5-12.6 oz cans powder Nutramigen LIPIL with Enflora LGG or Nutramigen with Enflora LGG
	4	156	Formula	5-12.6 oz cans powder Nutramigen LIPIL with Enflora LGG or Nutramigen with Enflora LGG
Medical Documentation Required				
X82 35-13 oz cans concentrate Nutramigen	2	N67	Formula	16-13 oz cans concentrate Nutramigen LIPIL or Nutramigen
	4	N57	Formula	19-13 oz cans concentrate Nutramigen LIPIL or Nutramigen
Medical Documentation Required				
X83 28-32 oz containers ready to feed Nutramigen	1	S03	Formula	14-32 oz containers ready to feed Nutramigen LIPIL or Nutramigen
	1	S03	Formula	14-32 oz containers ready to feed Nutramigen LIPIL or Nutramigen
Medical Documentation Required				

Pregestimil

Food Package Code	Rank	VC	Voucher Message	
X04 8-1 lb cans powder Pregestimil	2	140	Formula	4-1 lb cans powder Pregestimil LIPIL or Pregestimil
	4	140	Formula	4-1 lb cans powder Pregestimil LIPIL or Pregestimil
Medical Documentation Required				

Portagen

Food Package Code	Rank	VC	Voucher Message	
X20 13-1 lb cans powder Portagen	3	060	Formula	4-1 lb cans powder Portagen
	4	060	Formula	4-1 lb cans powder Portagen
	2	260	Formula	5-1 lb cans powder Portagen
Medical Documentation Required				

Similac PM 60/40

Food Package Code	Rank	VC	Voucher Message	
X14 8-14.1 oz cans powder Similac PM 60/40	2	529	Formula	4-14.1 oz cans powder Similac PM 60/40
Medical Documentation Required	4	529	Formula	4-14.1 oz cans powder Similac PM 60/40

Food Package III - Special Formulas for Children

Compleat Pediatric

Food Package Code	Rank	VC	Voucher Message	
Z31 30-50 ml containers ready to feed Compleat Pediatric Medical Documentation Required	4	N68	Formula	24-250 ml containers ready to feed Compleat Pediatric (1 case)
	2	N70	Formula	6-50 ml containers ready to feed Compleat Pediatric
Z32 60-250 ml containers ready to feed Compleat Pediatric Medical Documentation Required	2	N68	Formula	24-250 ml containers ready to feed Compleat Pediatric (1 case)
	4	N68	Formula	24-250 ml containers ready to feed Compleat Pediatric (1 case)
	4	N71	Formula	12-250 ml containers ready to feed Compleat Pediatric
Z33 90-250 ml containers ready to feed Compleat Pediatric Medical Documentation Required	4	N69	Formula	48-250 ml containers ready to feed Compleat Pediatric (2 cases)
	2	N68	Formula	24-250 ml containers ready to feed Compleat Pediatric (1 case)
	3	N70	Formula	6-250 ml containers ready to feed Compleat Pediatric
	1	N71	Formula	12-250 ml containers ready to feed Compleat Pediatric
Z35 107-250 ml containers ready to feed Compleat Pediatric Medical Documentation Required	4	N69	Formula	48-250 ml containers ready to feed Compleat Pediatric (2 cases)
	1	N68	Formula	24-250 ml containers ready to feed Compleat Pediatric (1 case)
	2	N68	Formula	24-250 ml containers ready to feed Compleat Pediatric (1 case)
	3	N73	Formula	11-250 ml containers ready to feed Compleat Pediatric

EO28 Splash

Food Package Code	Rank	VC	Voucher Message	
X51 31-237 ml containers ready to feed EO28 Splash Medical Documentation required	4	513	Formula	27-237 ml containers ready to feed EO28 Splash (1 case)
	2	514	Formula	4-237 ml containers ready to feed EO28 Splash
X52 62-237 ml containers ready to feed EO28 Splash Medical Documentation Required	2	513	Formula	27-237 ml containers ready to feed EO28 Splash (1 case)
	4	513	Formula	27-237 ml containers ready to feed EO28 Splash (1 case)
	1	514	Formula	4-237 ml containers ready to feed EO28 Splash
	3	514	Formula	4-237 ml containers ready to feed EO28 Splash
X53 113-237 ml containers ready to feed EO28 Splash Medical Documentation Required	1	513	Formula	27-237 ml containers ready to feed EO28 Splash (1 case)
	2	513	Formula	27-237 ml containers ready to feed EO28 Splash (1 case)
	3	513	Formula	27-237 ml containers ready to feed EO28 Splash (1 case)
	4	513	Formula	27-237 ml containers ready to feed EO28 Splash (1 case)
	4	514	Formula	4-237 ml containers ready to feed EO28 Splash
	4	310	Formula	1-237 ml container ready to feed EO28 Splash

Neocate Junior

Food Package Code	Rank	VC	Voucher Message	
X75 14-400 gram (14.1 oz) cans powder Neocate Junior Medical Documentation required	2	508	Formula	4-400 gram (14.1 oz) cans powder Neocate Junior
	3	508	Formula	4-400 gram (14.1 oz) cans powder Neocate Junior
	4	508	Formula	4-400 gram (14.1 oz) cans powder Neocate Junior
	1	509	Formula	2-400 gram (14.1 oz) cans powder Neocate Junior

Nutren Junior

Food Package Code	Rank	VC	Voucher Message	
X57 35-250 ml containers ready to feed Nutren Junior Medical Documentation required	4	559	Formula	24-250 ml containers ready to feed Nutren Junior (1 case)
	2	560	Formula	11-250 ml containers ready to feed Nutren Junior
X58 59-250 ml containers ready to feed Nutren Junior Medical Documentation Required	2	559	Formula	24-250 ml containers ready to feed Nutren Junior (1 case)
	4	559	Formula	24-250 ml containers ready to feed Nutren Junior (1 case)
	3	560	Formula	11-250 ml containers ready to feed Nutren Junior
X59 107-250 ml containers ready to feed Nutren Junior Medical Documentation Required	1	559	Formula	24-250 ml containers ready to feed Nutren Junior (1 case)
	2	559	Formula	24-250 ml containers ready to feed Nutren Junior (1 case)
	3	559	Formula	24-250 ml containers ready to feed Nutren Junior (1 case)
	4	559	Formula	24-250 ml containers ready to feed Nutren Junior (1 case)
	4	560	Formula	11-250 ml containers ready to feed Nutren Junior

Nutren Junior Fiber

Food Package Code	Rank	VC	Voucher Message	
X60 35-250 ml containers ready to feed Nutren Junior Fiber Medical Documentation required	4	561	Formula	24-250 ml containers ready to feed Nutren Junior Fiber (1 case)
	2	562	Formula	11-250 ml containers ready to feed Nutren Junior Fiber
X37 59-250 ml containers ready to feed Nutren Junior Fiber Medical Documentation Required	2	561	Formula	24-250 ml containers ready to feed Nutren Junior Fiber (1 case)
	4	561	Formula	24-250 ml containers ready to feed Nutren Junior Fiber (1 case)
	3	562	Formula	11-250 ml containers ready to feed Nutren Junior Fiber
X62 107-250 ml containers ready to feed Nutren Junior Fiber Medical Documentation Required	1	561	Formula	24-250 ml containers ready to feed Nutren Junior Fiber (1 case)
	2	561	Formula	24-250 ml containers ready to feed Nutren Junior Fiber (1 case)
	3	561	Formula	24-250 ml containers ready to feed Nutren Junior Fiber (1 case)
	4	561	Formula	24-250 ml containers ready to feed Nutren Junior Fiber (1 case)
	4	562	Formula	11-250 ml containers ready to feed Nutren Junior Fiber

PediaSure

Food Package Code	Rank	VC	Voucher Message	
X84 30-8 oz containers ready to feed PediaSure Medical Documentation required	4	730	Formula	30-8 oz containers ready to feed PediaSure
X30 60-8 oz containers ready to feed PediaSure Medical Documentation Required	2	730	Formula	30-8 oz containers ready to feed PediaSure
	4	730	Formula	30-8 oz containers ready to feed PediaSure
X87 90-8 oz containers ready to feed PediaSure Medical Documentation Required	2	730	Formula	30-8 oz containers ready to feed PediaSure
	3	730	Formula	30-8 oz containers ready to feed PediaSure
	4	730	Formula	30-8 oz containers ready to feed PediaSure
X88 108-8 oz containers ready to feed PediaSure Medical Documentation Required	2	730	Formula	30-8 oz containers ready to feed PediaSure
	3	730	Formula	30-8 oz containers ready to feed PediaSure
	4	730	Formula	30-8 oz containers ready to feed PediaSure
	1	718	Formula	18-8 oz containers ready to feed PediaSure (three 6-packs)

PediaSure 1.5

Food Package Code	Rank	VC	Voucher Message	
Z53 30-8 oz containers ready to feed PediaSure 1.5 Cal Medical Documentation Required	4	N97	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal (1 case)
	2	N98	Formula	6-8 oz containers ready to feed PediaSure 1.5 Cal
Z54 60-8 oz containers ready to feed PediaSure 1.5 Cal Medical Documentation Required	2	N97	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal (1 case)
	4	N97	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal (1 case)
	4	N99	Formula	12-8 oz containers ready to feed PediaSure 1.5 Cal
Z55 90-8 oz containers ready to feed PediaSure 1.5 Cal Medical Documentation Required	4	R01	Formula	48-8 oz containers ready to feed PediaSure 1.5 Cal (2 cases)
	2	N97	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal (1 case)
	3	N98	Formula	6 - 8 oz containers ready to feed PediaSure 1.5 Cal
	1	N99	Formula	12-8 oz containers ready to feed PediaSure 1.5 Cal
Z56 113-8 oz containers ready to feed PediaSure 1.5 Cal Medical Documentation Required	4	R01	Formula	48-8 oz containers ready to feed PediaSure 1.5 Cal (2 cases)
	2	N97	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal (1 case)
	1	N97	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal (1 case)
	3	R03	Formula	17-8 oz containers ready to feed PediaSure 1.5 Cal

PediaSure 1.5 with fiber

Food Package Code	Rank	VC	Voucher Message	
Z57 30-8 oz containers ready to feed PediaSure 1.5 Cal with fiber Medical Documentation Required	4	R04	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (1 case)
	2	R05	Formula	6-8 oz containers ready to feed PediaSure 1.5 Cal with fiber
Z58 60-8 oz containers ready to feed PediaSure 1.5 Cal with fiber Medical Documentation Required	2	R04	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (1 case)
	4	R04	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (1 case)
	4	R06	Formula	12-8 oz containers ready to feed PediaSure 1.5 Cal with fiber
Z59 90-8 oz containers ready to feed PediaSure 1.5 Cal with fiber Medical Documentation Required	4	R07	Formula	48-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (2 cases)
	2	R04	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (1 case)
	3	R05	Formula	6-8 oz containers ready to feed PediaSure 1.5 Cal with fiber
	1	R06	Formula	12-8 oz containers ready to feed PediaSure 1.5 Cal with fiber
Z60 113 - 8 oz containers ready to feed PediaSure 1.5 Cal with fiber Medical Documentation Required	4	R07	Formula	48-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (2 cases)
	2	R04	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (1 case)
	1	R04	Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (1 case)
	3	R09	Formula	17-8 oz containers ready to feed PediaSure 1.5 Cal with fiber

PediaSure Enteral

Food Package Code	Rank	VC	Voucher Message	
Z27 30-8 oz containers ready to feed PediaSure Enteral Medical Documentation Required	4	S94	Formula	24-8 oz containers ready to feed PediaSure Enteral (1 case)
	2	S96	Formula	6-8 oz containers ready to feed PediaSure Enteral
Z28 60-8 oz containers ready to feed PediaSure Enteral Medical Documentation Required	2	S94	Formula	24-8 oz containers ready to feed PediaSure Enteral (1 case)
	4	S94	Formula	24-8 oz containers ready to feed PediaSure Enteral (1 case)
	4	S97	Formula	12-8 oz containers ready to feed PediaSure Enteral
Z29 90-8 oz containers ready to feed PediaSure Enteral Medical Documentation Required	4	S95	Formula	48-8 oz containers ready to feed PediaSure Enteral (2 cases)
	2	S94	Formula	24-8 oz containers ready to feed PediaSure Enteral (1 case)
	3	S86	Formula	6-8 oz containers ready to feed PediaSure Enteral
	1	S97	Formula	12-8 oz containers ready to feed PediaSure Enteral
Z30 113-8 oz containers ready to feed PediaSure Enteral Medical Documentation Required	4	S95	Formula	48-8 oz containers ready to feed PediaSure Enteral (2 cases)
	2	S94	Formula	24-8 oz containers ready to feed PediaSure Enteral (1 case)
	1	S94	Formula	24-8 oz containers ready to feed PediaSure Enteral (1 case)
	3	S99	Formula	17-8 oz containers ready to feed PediaSure Enteral

PediaSure Enteral with Fiber and scFOS

Food Package Code	Rank	VC	Voucher Message	
Z37 30-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS Medical Documentation Required	4	N20	Formula	24-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS (1 case)
	2	N27	Formula	6-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS
Z38 60-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS Medical Documentation Required	2	N20	Formula	24-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS (1 case)
	4	N20	Formula	24-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS (1 case)
	4	N47	Formula	12-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS
Z39 90-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS Medical Documentation Required	4	N50	Formula	48 - 8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS (2 cases)
	2	N20	Formula	24 - 8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS (1 case)
	3	N27	Formula	6-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS
	1	N47	Formula	12-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS
Z40 113-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS Medical Documentation Required	4	N50	Formula	48 - 8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS (2 cases)
	2	N20	Formula	24 - 8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS (1 case)
	1	N20	Formula	24 - 8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS (1 case)
	3	N63	Formula	17 - 8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS

PediaSure with Fiber

Food Package Code	Rank	VC	Voucher Message	
X76 30-8 oz containers ready to feed PediaSure With Fiber Medical Documentation required	4	731	Formula	30-8 oz containers ready to feed PediaSure With Fiber
X85 60-8 oz containers ready to feed PediaSure With Fiber Medical Documentation Required	2	731	Formula	30-8 oz containers ready to feed PediaSure With Fiber
	4	731	Formula	30-8 oz containers ready to feed PediaSure With Fiber
X78 90-8 oz containers ready to feed PediaSure With Fiber Medical Documentation Required	2	731	Formula	30-8 oz containers ready to feed PediaSure With Fiber
	3	731	Formula	30-8 oz containers ready to feed PediaSure With Fiber
	4	731	Formula	30-8 oz containers ready to feed PediaSure With Fiber
X79 108-8 oz containers ready to feed PediaSure With Fiber Medical Documentation Required	4	731	Formula	30-8 oz containers ready to feed PediaSure With Fiber
	3	731	Formula	30-8 oz containers ready to feed PediaSure With Fiber
	2	731	Formula	30-8 oz containers ready to feed PediaSure With Fiber
	1	719	Formula	18-8 oz containers ready to feed PediaSure With Fiber (three 6-packs)

Peptamen Junior

Food Package Code	Rank	VC	Voucher Message	
X66 35-250 ml containers ready to feed Peptamen Junior Medical Documentation required	4	571	Formula	24-250 ml containers ready to feed Peptamen Junior (1 case)
	2	572	Formula	11-250 ml containers ready to feed Peptamen Junior
X67 59-250 ml containers ready to feed Peptamen Junior Medical Documentation Required	2	571	Formula	24-250 ml containers ready to feed Peptamen Junior (1 case)
	4	571	Formula	24-250 ml containers ready to feed Peptamen Junior (1 case)
	3	572	Formula	11-250 ml containers ready to feed Peptamen Junior
X68 107-250 ml containers ready to feed Peptamen Junior Medical Documentation Required	1	571	Formula	24-250 ml containers ready to feed Peptamen Junior (1 case)
	2	571	Formula	24-250 ml containers ready to feed Peptamen Junior (1 case)
	3	571	Formula	24-250 ml containers ready to feed Peptamen Junior (1 case)
	4	571	Formula	24-250 ml containers ready to feed Peptamen Junior (1 case)
	4	572	Formula	11-250 ml containers ready to feed Peptamen Junior

Peptamen Junior Fiber

Food Package Code	Rank	VC	Voucher Message	
Z05 30-250 ml containers ready to feed Peptamen Junior Fiber Medical Documentation Required	4	S49	Formula	24-250 ml containers ready to feed Peptamen Junior Fiber (1 case)
	2	S51	Formula	6-250 ml containers ready to feed Peptamen Junior Fiber
Z06 60-250 ml containers ready to feed Peptamen Junior Fiber Medical Documentation Required	4	S49	Formula	24-250 ml containers ready to feed Peptamen Junior Fiber (1 case)
	2	S49	Formula	24-250 ml containers ready to feed Peptamen Junior Fiber (1 case)
	4	S52	Formula	12-250 ml containers ready to feed Peptamen Junior Fiber
Z07 90-250 ml containers ready to feed Peptamen Junior Fiber Medical Documentation Required	4	S50	Formula	48-250 ml containers ready to feed Peptamen Junior Fiber (2 cases)
	2	S49	Formula	24-250 ml containers ready to feed Peptamen Junior Fiber (1 case)
	3	S51	Formula	6-250 ml containers ready to feed Peptamen Junior Fiber
	1	S52	Formula	12-250 ml containers ready to feed Peptamen Junior Fiber
Z08 90-250 ml containers ready to feed Peptamen Junior Fiber Medical Documentation Required	4	S50	Formula	48-250 ml containers ready to feed Peptamen Junior Fiber (2 cases)
	1	S49	Formula	24-250 ml containers ready to feed Peptamen Junior Fiber (1 case)
	2	S49	Formula	24-250 ml containers ready to feed Peptamen Junior Fiber (1 case)
	3	S54	Formula	11-250 ml containers ready to feed Peptamen Junior Fiber

Peptamen Junior with Prebio

Food Package Code	Rank	VC	Voucher Message	
X69 35-250 ml containers ready to feed Peptamen Junior with Prebio Medical Documentation required	4	576	Formula	24-250 ml containers ready to feed Peptamen Junior with Prebio (1 case)
	2	577	Formula	11-250 ml containers ready to feed Peptamen Junior with Prebio
X70 59-250 ml containers ready to feed Peptamen Junior with Prebio Medical Documentation Required	4	576	Formula	24-250 ml containers ready to feed Peptamen Junior with Prebio (1 case)
	2	576	Formula	24-250 ml containers ready to feed Peptamen Junior with Prebio (1 case)
	3	577	Formula	11-250 ml containers ready to feed Peptamen with Prebio
X05 107-250 ml containers ready to feed Peptamen Junior with Prebio Medical Documentation Required	1	576	Formula	24-250 ml containers ready to feed Peptamen Junior with Prebio (1 case)
	2	576	Formula	24-250 ml containers ready to feed Peptamen Junior with Prebio (1 case)
	3	576	Formula	24-250 ml containers ready to feed Peptamen Junior with Prebio (1 case)
	4	576	Formula	24-250 ml containers ready to feed Peptamen Junior with Prebio (1 case)
	4	577	Formula	11-250 ml containers ready to feed Peptamen Junior with Prebio

Peptamen Junior 1.5

Food Package Code	Rank	VC	Voucher Message	
Z01 30-250 ml containers ready to feed Peptamen Junior 1.5 Medical Documentation Required	4	S43	Formula	24- 50 ml containers ready to feed Peptamen Junior 1.5 (1 case)
	2	S45	Formula	6-250 ml containers ready to feed Peptamen Junior 1.5
Z02 60-250 ml containers ready to feed Peptamen Junior 1.5 Medical Documentation Required	4	S43	Formula	24-250 ml containers ready to feed Peptamen Junior 1.5 (1 case)
	2	S43	Formula	24-250 ml containers ready to feed Peptamen Junior 1.5 (1 case)
	4	S46	Formula	12-250 ml containers ready to feed Peptamen Junior 1.5
Z03 90- 50 ml containers ready to feed Peptamen Junior 1.5 Medical Documentation Required	4	S44	Formula	48-250 ml containers ready to feed Peptamen Junior 1.5 (2 cases)
	2	S43	Formula	24-250 ml containers ready to feed Peptamen Junior 1.5 (1 case)
	3	S45	Formula	6-250 ml containers ready to feed Peptamen Junior 1.5
	1	S46	Formula	12-250 ml containers ready to feed Peptamen Junior 1.5
Z04 107-250 ml containers ready to feed Peptamen Junior 1.5 Medical Documentation Required	4	S44	Formula	48-250 ml containers ready to feed Peptamen Junior 1.5 (2 cases)
	2	S43	Formula	24-250 ml containers ready to feed Peptamen Junior 1.5 (1 case)
	1	S43	Formula	24-250 ml containers ready to feed Peptamen Junior 1.5 (1 case)
	3	S48	Formula	11-250 ml containers ready to feed Peptamen Junior 1.5

Pediasure Peptide 1.0 Cal

Food Package Code	Rank	VC	Voucher Message	
Z10 30-8 oz containers ready to feed Pediasure Peptide 1.0 Cal Medical Documentation Required	4	S55	Formula	24-8 oz containers ready to feed Pediasure Peptide 1.0 Cal (1 case)
	2	S57	Formula	6-8 oz containers ready to feed Pediasure Peptide 1.0 Cal
Z11 60-8 oz containers ready to feed Pediasure Peptide 1.0 Cal Medical Documentation Required	4	S55	Formula	24-8 oz containers ready to feed Pediasure Peptide 1.0 Cal. (1 case)
	2	S55	Formula	24-8 oz containers ready to feed Pediasure Peptide 1.0 Cal (1 case)
	4	S58	Formula	12-8 oz containers ready to feed Pediasure Peptide 1.0 Cal
Z12 90-8 oz containers ready to feed Pediasure Peptide 1.0 Cal Medical Documentation Required	4	S56	Formula	48-8 oz containers ready to feed Pediasure Peptide 1.0 Cal (2 cases)
	2	S55	Formula	24-8 oz containers ready to feed Pediasure Peptide 1.0 Cal (1 case)
	3	S57	Formula	6-8 oz containers ready to feed Pediasure Peptide 1.0 Cal
	1	S58	Formula	12-8 oz containers ready to feed Pediasure Peptide 1.0 Cal
Z13 113-8 oz containers ready to feed Pediasure Peptide 1.0 Cal Medical Documentation Required	4	S56	Formula	48-8 oz containers ready to feed Pediasure Peptide 1.0 Cal (2 cases)
	1	S55	Formula	24-8 oz containers ready to feed Pediasure Peptide 1.0 Cal (1 case)
	2	S55	Formula	24-8 oz containers ready to feed Pediasure Peptide 1.0 Cal. (1 case)
	3	S60	Formula	17-8 oz containers ready to feed Pediasure Peptide 1.0 Cal

Vivonex Pediatric

Food Package Code	Rank	VC	Voucher Message	
Z23 30-1.7 oz packets powder Vivonex Pediatric Medical Documentation Required	4	S82	Formula	30-1.7 oz packets powder Vivonex Pediatric (five boxes, 6 packets each)
Z24 60-1.7 oz packets powder Vivonex Pediatric Medical Documentation Required	4	S81	Formula	36-1.7 oz packets powder Vivonex Pediatric (1 case)
	2	S83	Formula	24-1.7 oz packets powder Vivonex Pediatric (four boxes, 6 packets each)
Z25 90-1.7 oz packets powder Vivonex Pediatric Medical Documentation Required	4	S81	Formula	36-1.7 oz packets powder Vivonex Pediatric (1 case)
	2	S81	Formula	36-1.7 oz packets powder Vivonex Pediatric (1 case)
	4	S84	Formula	18-1.7 oz packets powder Vivonex Pediatric (three boxes, 6 packets each)
Z26 102-1.7 oz packets powder Vivonex Pediatric Medical Documentation Required	4	S81	Formula	36-1.7 oz packets powder Vivonex Pediatric (1 case)
	2	S81	Formula	36-1.7 oz packets powder Vivonex Pediatric (1 case)
	4	S82	Formula	30-1.7 oz packets powder Vivonex Pediatric (five boxes, 6 packets each)

Food Package III - Special Formulas for Women

Boost

Food Package Code	Rank	VC	Voucher Message	
X39 30-8 oz containers ready to feed Boost Medical Documentation required	4	555	Formula	24-8 oz containers ready to feed Boost (1 case)
	2	554	Formula	6-8 oz containers ready to feed Boost (one 6-pack)
X40 60-8 oz containers ready to feed Boost Medical Documentation Required	2	555	Formula	24-8 oz containers ready to feed Boost (1 case)
	4	555	Formula	24-8 oz containers ready to feed Boost (1 case)
	1	554	Formula	6-8 oz containers ready to feed Boost (one 6-pack)
	3	554	Formula	6-8 oz containers ready to feed Boost (one 6-pack)
X02 90-8 oz containers ready to feed Boost Medical Documentation Required	2	555	Formula	24-8 oz containers ready to feed Boost (1 case)
	3	555	Formula	24-8 oz containers ready to feed Boost (1 case)
	4	555	Formula	24-8 oz containers ready to feed Boost (1 case)
	1	554	Formula	6-8 oz containers ready to feed Boost (one 6-pack)
	1	554	Formula	6-8 oz containers ready to feed Boost (one 6-pack)
	1	554	Formula	6-8 oz containers ready to feed Boost (one 6-pack)
X42 112-8 oz containers ready to feed Boost Medical Documentation Required	1	555	Formula	24-8 oz containers ready to feed Boost (1 case)
	2	555	Formula	24-8 oz containers ready to feed Boost (1 case)
	3	555	Formula	24-8 oz containers ready to feed Boost (1 case)
	4	555	Formula	24-8 oz containers ready to feed Boost (1 case)
	4	556	Formula	16-8 oz containers ready to feed Boost

Ensure

Food Package Code	Rank	VC	Voucher Message	
X06 30-8 oz containers ready to feed Ensure Medical Documentation required	4	537	Formula	24-8 oz containers ready to feed Ensure (1 case)
	2	302	Formula	6-8 oz containers ready to feed Ensure (one 6-pack)
X38 60-8 oz containers ready to feed Ensure Medical Documentation Required	2	537	Formula	24-8 oz containers ready to feed Ensure (1 case)
	4	537	Formula	24-8 oz containers ready to feed Ensure (1 case)
	3	538	Formula	12-8 oz containers ready to feed Ensure (two 6-pack)
X45 90-8 oz containers ready to feed Ensure Medical Documentation Required	4	537	Formula	24-8 oz containers ready to feed Ensure (1 case)
	3	537	Formula	24-8 oz containers ready to feed Ensure (1 case)
	2	537	Formula	24-8 oz containers ready to feed Ensure (1 case)
	1	538	Formula	12-8 oz containers ready to feed Ensure (2-6 pack)
	1	302	Formula	6-8 oz containers ready to feed Ensure (one 6-pack)
X15 108-8 oz containers ready to feed Ensure Medical Documentation Required	1	537	Formula	24-8 oz containers ready to feed Ensure (1 case)
	2	537	Formula	24-8 oz containers ready to feed Ensure (1 case)
	3	537	Formula	24-8 oz containers ready to feed Ensure (1 case)
	4	537	Formula	24-8 oz containers ready to feed Ensure (1 case)
	4	538	Formula	12-8 oz containers ready to feed Ensure (two 6-pack)

Nepro

Food Package Code	Rank	VC	Voucher Message	
Z41 30-8 oz cans ready to feed Nepro Medical Documentation Required	4	N78	Formula	24-8 oz cans ready to feed Nepro (1 case)
	2	N79	Formula	4-8 oz cans ready to feed Nepro (one 4-pack)
	2	N80	Formula	2-8 oz cans ready to feed Nepro
Z42 60-8 oz cans ready to feed Nepro Medical Documentation Required	4	N78	Formula	24-8 oz cans ready to feed Nepro (1 case)
	2	N78	Formula	24-8 oz cans ready to feed Nepro (1 case)
	2	N77	Formula	12-8 oz cans ready to feed Nepro (three 4-packs)
Z43 90-8 oz cans ready to feed Nepro Medical Documentation Required	4	N81	Formula	48-8 oz cans ready to feed Nepro (2 cases)
	2	N78	Formula	24-8 oz cans ready to feed Nepro (1 case)
	1	N94	Formula	16-8 oz cans ready to feed Nepro (four 4-packs)
	3	N80	Formula	2-8 oz cans ready to feed Nepro
Z44 112-8 oz cans ready to feed Nepro Medical Documentation Required	2	N81	Formula	48-8 oz cans ready to feed Nepro (2 cases)
	4	N81	Formula	48-8 oz cans ready to feed Nepro (2 cases)
	4	N94	Formula	16-8 oz cans ready to feed Nepro (four 4-packs)

Nutren 1.5

Food Package Code	Rank	VC	Voucher Message	
Z45 30-250 ml containers ready to feed Nutren 1.5 Medical Documentation Required	4	N84	Formula	24-250 ml containers ready to feed Nutren 1.5 (1 case)
	2	N85	Formula	6-250 ml containers ready to feed Nutren 1.5
Z46 60-250 ml containers ready to feed Nutren 1.5 Medical Documentation Required	2	N84	Formula	24-250 ml containers ready to feed Nutren 1.5 (1 case)
	4	N84	Formula	24-250 ml containers ready to feed Nutren 1.5 (1 case)
	4	N86	Formula	12-250 ml containers ready to feed Nutren 1.5
Z47 90-250 ml containers ready to feed Nutren 1.5 Medical Documentation Required	4	N87	Formula	48 - 250 ml containers ready to feed Nutren 1.5 (2 cases)
	2	N84	Formula	24 - 250 ml containers ready to feed Nutren 1.5 (1 case)
	3	N85	Formula	6-250 ml containers ready to feed Nutren 1.5
	1	N86	Formula	12-250 ml containers ready to feed Nutren 1.5
Z48 107-250 ml containers ready to feed Nutren 1.5 Medical Documentation Required	4	N87	Formula	48 - 250 ml containers ready to feed Nutren 1.5 (2 cases)
	1	N84	Formula	24 - 250 ml containers ready to feed Nutren 1.5 (1 case)
	2	N84	Formula	24 - 250 ml containers ready to feed Nutren 1.5 (1 case)
	3	N89	Formula	11 - 250 ml containers ready to feed Nutren 1.5

Nutren 2.0

Food Package Code	Rank	VC	Voucher Message	
X54 35-250 ml containers ready to feed Nutren 2.0 Medical Documentation required	4	567	Formula	24-250 ml containers ready to feed Nutren 2.0 (1 case)
	2	568	Formula	11-250 ml containers ready to feed Nutren 2.0
X55 59-250 ml containers ready to feed Nutren 2.0 Medical Documentation Required	2	567	Formula	24-250 ml containers ready to feed Nutren 2.0 (1 case)
	4	567	Formula	24-250 ml containers ready to feed Nutren 2.0 (1 case)
	3	568	Formula	11-250 ml containers ready to feed Nutren 2.0
X56 107-250 ml containers ready to feed Nutren 2.0 Medical Documentation Required	1	567	Formula	24-250 ml containers ready to feed Nutren 2.0 (1 case)
	2	567	Formula	24-250 ml containers ready to feed Nutren 2.0 (1 case)
	3	567	Formula	24-250 ml containers ready to feed Nutren 2.0 (1 case)
	4	567	Formula	24-250 ml containers ready to feed Nutren 2.0 (1 case)
	4	568	Formula	11-250 ml containers ready to feed Nutren 2.0

Peptamen

Food Package Code	Rank	VC	Voucher Message	
X63 35-250 ml containers ready to feed Peptamen Medical Documentation required	4	569	Formula	24-250 ml containers ready to feed Peptamen (1 case)
	2	570	Formula	11-250 ml containers ready to feed Peptamen
X64 59-250 ml containers ready to feed Peptamen Medical Documentation Required	2	569	Formula	24-250 ml containers ready to feed Peptamen (1 case)
	4	569	Formula	24-250 ml containers ready to feed Peptamen (1 case)
	3	570	Formula	11-250 ml containers ready to feed Peptamen
X65 107-250 ml containers ready to feed Peptamen Medical Documentation Required	1	569	Formula	24-250 ml containers ready to feed Peptamen (1 case)
	2	569	Formula	24-250 ml containers ready to feed Peptamen (1 case)
	3	569	Formula	24-250 ml containers ready to feed Peptamen (1 case)
	4	569	Formula	24-250 ml containers ready to feed Peptamen (1 case)
	4	570	Formula	11-250 ml containers ready to feed Peptamen

Resource Breeze

Food Package Code	Rank	VC	Voucher Message	
Z19 30-8 oz containers ready to feed Resource Breeze Medical Documentation Required	4	S75	Formula	27-8 oz containers ready to feed Resource Breeze (1 case)
	2	S77	Formula	3-8 oz containers ready to feed Resource Breeze
Z20 60-8 oz containers ready to feed Resource Breeze Medical Documentation Required	4	S75	Formula	27-8 oz containers ready to feed Resource Breeze (1 case)
	2	S75	Formula	27-8 oz containers ready to feed Resource Breeze (1 case)
	4	S78	Formula	6-8 oz containers ready to feed Resource Breeze
Z21 90-8 oz containers ready to feed Resource Breeze Medical Documentation Required	4	S76	Formula	5-8 oz containers ready to feed Resource Breeze (2 cases)
	2	S75	Formula	27-8 oz containers ready to feed Resource Breeze (1 case)
	3	S77	Formula	3-8 oz containers ready to feed Resource Breeze
	1	S78	Formula	6-8 oz containers ready to feed Resource Breeze
Z22 113-8 oz containers ready to feed Resource Breeze Medical Documentation Required	4	S76	Formula	54-8 oz containers ready to feed Resource Breeze (2 cases)
	2	S75	Formula	27-8 oz containers ready to feed Resource Breeze (1 case)
	1	S75	Formula	27-8 oz containers ready to feed Resource Breeze (1 case)
	3	S80	Formula	5-8 oz containers ready to feed Resource Breeze

Suplena

Food Package Code	Rank	VC	Voucher Message	
Z14 30-8 oz containers ready to feed Suplena Medical Documentation Required	4	S69	Formula	24-8 oz containers ready to feed Suplena (1 case)
	2	S71	Formula	6-8 oz containers ready to feed Suplena
Z15 60-8 oz containers ready to feed Suplena Medical Documentation Required	4	S69	Formula	24-8 oz containers ready to feed Suplena (1 case)
	2	S69	Formula	24-8 oz containers ready to feed Suplena (1 case)
	4	S72	Formula	12-8 oz containers ready to feed Suplena
Z16 90 - 8 oz containers ready to feed Suplena Medical Documentation Required	4	S70	Formula	48 - 8 oz containers ready to feed Suplena (2 cases)
	2	S69	Formula	24 - 8 oz containers ready to feed Suplena (1 case)
	1	S72	Formula	12-8 oz containers ready to feed Suplena
	3	S71	Formula	6-8 oz containers ready to feed Suplena
Z18 113 - 8 oz containers ready to feed Suplena Medical Documentation Required	4	S70	Formula	48 - 8 oz containers ready to feed Suplena (2 cases)
	1	S69	Formula	24 - 8 oz containers ready to feed Suplena (1 case)
	2	S69	Formula	24 - 8 oz containers ready to feed Suplena (1 case)
	3	S74	Formula	17 - 8 oz containers ready to feed Suplena

Tracking Food Packages

The tracking packages can be given to women, children or infants.

Emory Genetics

Food Package Code	Rank	VC	Voucher Message	
099 Medical Documentation Required	9	099	Formula	This voucher has no cash value Grocers should not accept this voucher Client copy: Formula Provided by Emory Genetics. Emory Genetics 404-778-8519 Georgia WIC 800-228-9173
	9	299		This voucher has no cash value. Grocers should not accept this voucher Emory Genetics Copy : Formula provided by Emory Genetics Fax to Emory Genetics: 404-778-8562 Formula Name: _____ Cost: _____
	9	299		This voucher has no cash value. Grocers should not accept this voucher Emory Genetics Copy : Formula provided by Emory Genetics Fax to Emory Genetics: 404-778-8562 Formula Name: _____ Cost: _____
	9	399		This voucher has no cash value Grocers should not accept this voucher Chart Copy : / File in participants health record: Formula provided by Emory Genetics Contact Information: Emory Genetics- 404-778-8519 / Georgia WIC- 800-228-9173

Formula Provided from Stock on Hand

Food Package Code	Rank	VC	Voucher Message	
197	9	197	Formula	<p>This voucher has no cash value Grocers should not accept this voucher</p> <p>Formula provided from stock on hand. Document formula quantity and type issued in client's medical record and Formula Tracking Log</p>

Formula Ordered from Nutrition Section

Food Package Code	Rank	VC	Voucher Message	
199	9	199	Formula	<p>This voucher has no cash value Grocers should not accept this voucher</p> <p>Formula ordered from the Nutrition Unit Fax copies of voucher receipt to SWO</p> <p>Document formula quantity and type issued in client's medical record and Formula Tracking Log</p>

Special Formula Packages for Infants Age 6-11 Months Unable to Eat Solid Foods

Alimentum

Food Package Code	Rank	VC	Voucher Message	
S01 (Assign S01) 8-16 oz cans powder Similac Expert Care Alimentum	2	360	Formula	4-16 oz cans powder Similac Expert Care Alimentum
	4	360	Formula	4-16 oz cans powder Similac Expert Care Alimentum
Medical Documentation Required				
S03 (Assign S03) 28-32 oz containers ready to feed Similac Expert Care Alimentum	2	150	Formula	14-32 oz containers ready to feed Similac Expert Care Alimentum
	4	150	Formula	14-32 oz containers ready to feed Similac Expert Care Alimentum
Medical Documentation Required				

EleCare for Infants

Food Package Code	Rank	VC	Voucher Message	
S41 (Assign S41) 10-14.1 oz cans powder EleCare with DHA and ARA or EleCare for Infants	4	S33	Formula	6-14.1 oz cans powder EleCare with DHA and ARA or EleCare for Infants (1 case)
	2	S35	Formula	4-14.1 oz cans powder EleCare with DHA and ARA or EleCare for Infants
Medical Documentation Required				

Enfamil EnfaCare

Food Package Code	Rank	VC	Voucher Message	
S24 (Assign S24) 11-12.8 oz cans powder Enfamil EnfaCare	4	541	Formula	6-12.8 oz cans powder Enfamil Enfamil EnfaCare
	2	S11	Formula	5-12.8 oz cans powder Enfamil EnfaCare
Medical Documentation Required				
S26 (Assign S26) 28-32 oz containers ready to feed Enfamil EnfaCare	2	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	2	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	543	Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	S12	Formula	4-32 oz containers ready to feed Enfamil EnfaCare
Medical Documentation Required				
S20 (Assign S20) 444-2 oz containers ready to feed Enfamil EnfaCare	2	589	Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	2	589	Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	4	589	Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	4	589	Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 case)
	4	539	Formula	48-2 oz containers ready to feed Enfamil EnfaCare (1 case)
	2	S20	Formula	12-2 oz containers ready to feed Enfamil EnfaCare
Medical Documentation Required				

Enfamil Premature 20

Food Package Code	Rank	VC	Voucher Message	
S30 (Assign S30) 444-2 oz containers ready to feed iron fortified Enfamil Premature 20 Medical Documentation Required	2	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	2	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	595	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	545	Formula	48-2 oz containers ready to feed iron fortified Enfamil Premature 20 (1 case)
	2	S21	Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 20

Enfamil Premature 24

Food Package Code	Rank	VC	Voucher Message	
S40 (Assign S40) 444-2 oz containers ready to feed Enfamil Premature 24 Medical Documentation Required	2	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	2	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	597	Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	547	Formula	48-2 oz containers ready to feed iron fortified Enfamil Premature 24 (1 case)
	2	S22	Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 24

Enfaport

Food Package Code	Rank	VC	Voucher Message	
S12 (Assign S12) 112-8 oz cans ready to feed Enfaport Medical Documentation Required	4	N90	Formula	48-8 oz cans ready to feed Enfaport (2 cases)
	2	N91	Formula	24-8 oz cans ready to feed Enfaport (1 case)
	2	N91	Formula	24-8 oz cans ready to feed Enfaport (1 case)
	4	N92	Formula	12-8 oz cans ready to feed Enfaport (two 6-packs)
	2	N96	Formula	4-8 oz cans ready to feed Enfaport

Gerber Good Start Premature 24

Food Package Code	Rank	VC	Voucher Message	
S02 (Assign S02) 296 - 3 oz containers ready to feed Gerber Good Start Premature 24 Medical Documentation Required	4	S38	Formula	96-3 oz containers ready to feed Gerber Good Start Premature 24 (2 cases)
	2	S38	Formula	96-3 oz containers ready to feed Gerber Good Start Premature 24 (2 cases)
	4	S39	Formula	48-3 oz containers ready to feed Gerber Good Start Premature 24 (1 case)
	2	S39	Formula	48-3 oz containers ready to feed Gerber Good Start Premature 24 (1 case)
	4	S41	Formula	8-3 oz containers ready to feed Gerber Good Start Premature 24 (one 8-pack)

Neocate Infant DHA & ARA

Food Package Code	Rank	VC	Voucher Message	
S61 (Assign S61) 11-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA Medical Documentation Required	4	500	Formula	4-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA
	2	500	Formula	4-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA
	4	505	Formula	1-400 gram (14.1 oz) can powder Neocate Infant DHA & ARA
	4	505	Formula	1-400 gram (14.1 oz) can powder Neocate Infant DHA & ARA
	2	505	Formula	1-400 gram (14.1 oz) can powder Neocate Infant DHA & ARA

Similac Expert Care Neosure

Food Package Code	Rank	VC	Voucher Message	
S71 (Assign S71)	4	519	Formula	6-13.1 oz cans Similac Expert Care Neosure (1 case)
11-13.1 oz Similac Expert Care Neosure	2	S25	Formula	5-13.1 oz cans Similac Expert Care Neosure
Medical Documentation Required				
S73 (Assign S73)	4	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
28-32 oz containers ready to feed Similac Expert Care NeoSure	4	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	2	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
Medical Documentation Required	2	517	Formula	6-32 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	4	S09	Formula	4-32 oz containers ready to feed Similac Expert Care NeoSure
S70 (Assign S70)	2	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
448-2 oz containers ready to feed Similac Expert Care NeoSure	2	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	4	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
Medical Documentation Required	4	596	Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	4	515	Formula	48-2 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	2	516	Formula	16-2 oz containers ready to feed Similac Expert Care NeoSure

Nutramigen

Food Package Code	Rank	VC	Voucher Message	
S82 (Assign S82) 34-13 oz cans concentrate Nutramigen	2	N08	Formula	15-13 oz cans concentrate Nutramigen LIPIIL or Nutramigen
	4	N57	Formula	19-13 oz cans concentrate Nutramigen LIPIIL or Nutramigen
Medical Documentation Required				
S81 (Assign S81) 11-12.6 oz cans powder Nutramigen with Enflora LGG	2	156	Formula	5-12.6 oz cans powder Nutramigen LIPIIL with Enflora LGG or Nutramigen with Enflora LGG
	4	155	Formula	6-12.6 oz cans powder Nutramigen LIPIIL with Enflora LGG or Nutramigen with Enflora LGG
Medical Documentation Required				
S83 (Assign S83) 28-32 oz containers ready to feed Nutramigen	2	S03	Formula	14-32 oz containers ready to feed Nutramigen LIPIIL or Nutramigen
	4	S03	Formula	14-32 oz containers ready to feed Nutramigen LIPIIL or Nutramigen
Medical Documentation Required				

Nutramigen AA

Food Package Code	Rank	VC	Voucher Message	
S91 (Assign S91) 9-14.1 oz cans powder Nutramigen AA	4	706	Formula	4-400 gram (14.1 oz) cans powder Nutramigen AA
	2	706	Formula	4-400 gram (14.1 oz) cans powder Nutramigen AA
	4	707	Formula	1-400 gram (14.1 oz) can powder Nutramigen AA
Medical Documentation Required				

Pregestimil

Food Package Code	Rank	VC	Voucher Message	
S04 (Assign S04) 8-16 oz cans powder Pregestimil	2	140	Formula	4-16 oz cans powder Pregestimil LIPIIL or Pregestimil
	4	140	Formula	4-16 oz cans powder Pregestimil LIPIIL or Pregestimil
Medical Documentation Required				

Pregestimil 20 Calorie

Food Package Code	Rank	VC	Voucher Message	
S05 (Assign S05) 444-2 oz containers ready to feed Pregestimil 20 Calorie Medical Documentation Required	2	S61	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (2 cases)
	2	S61	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (2 cases)
	4	S61	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (2 cases)
	4	S61	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (2 cases)
	4	S63	Formula	48-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (1 case)
	2	S64	Formula	12-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (two 6-packs)

Pregestimil 24 Calorie

Food Package Code	Rank	VC	Voucher Message	
S06 (Assign S06) 444-2 oz containers ready to feed Pregestimil 24 Calorie Medical Documentation Required	2	S65	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (2 cases)
	2	S65	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (2 cases)
	4	S65	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (2 cases)
	4	S65	Formula	96-2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (2 cases)
	4	S67	Formula	48-2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (1 case)
	2	S68	Formula	12-2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (two 6-packs)

Similac PM 60/40

Food Package Code	Rank	VC	Voucher Message	
S14 (assign S14) 9-14.1 oz cans powder Similac PM 60/40	4	527	Formula	6-14.1 oz cans powder Similac PM 60/40 (1 case)
	2	528	Formula	3-14.1 oz cans powder Similac PM 60/40
Medical Documentation Required				

Similac Special Care 20

Food Package Code	Rank	VC	Voucher Message	
S10 (Assign S10) 448-2 oz containers ready to feed Similac Special Care 20 With Iron	4	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	2	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	4	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	2	598	Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	4	521	Formula	48-2 oz containers ready to feed Similac Special Care 20 With Iron (1 case)
	2	522	Formula	16-2 oz containers ready to feed Similac Special Care 20 With Iron
Medical Documentation Required				

Similac Special Care 24

Food Package Code	Rank	VC	Voucher Message	
S50 (Assign S50) 448- 2 oz containers ready to feed Similac Special Care 24 With Iron	2	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	2	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	4	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	4	594	Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	4	523	Formula	48-2 oz containers ready to feed Similac Special Care 24 With Iron (1 case)
	2	524	Formula	16-2 oz containers ready to feed Similac Special Care 24 With Iron
Medical Documentation Required				

Similac Special Care 30

Food Package Code	Rank	VC	Voucher Message	
S60 (Assign S60) 448-2 oz containers ready to feed Similac Special Care 30 With Iron Medical Documentation Required	2	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	2	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	585	Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	525	Formula	48-2 oz containers ready to feed Similac Special Care 30 With Iron (1 case)
	2	526	Formula	16-2 oz containers ready to feed Similac Special Care 30 With Iron

MAXIMUM MONTHLY AMOUNTS AUTHORIZED – Fully Formula Fed

FORMULA TYPES, SIZES, AND MAXIMUM AMOUNTS

FFF: Table for Concentrate Formula

TYPE ¹	Container SIZE ²	MAXIMUM AMOUNTS ³ (By Infant Age)		
		Age 0-3 Months	Age 4-5 Months	Age 6-11 Months
Concentrate Maximum listed in reconstituted fluid ounces	13 ounces	31 cans or 403 oz concentrate or 806 oz reconstituted or 26.9 oz per day	34 cans or 264 oz concentrate or 884 oz reconstituted or 29.5 oz per day	24 cans or 312 oz concentrate or 624 oz reconstituted or 20.8 oz per day
Maximum Allowed		806 fl oz	884 fl oz	624 fl oz
Concentrate Maximum listed in reconstituted fluid ounces	12.1 ounces	34 containers or 411.4 oz concentrate or 822.8 oz reconstituted or 27.4 oz per day	37 containers or 447.7 oz concentrate or 895.4 oz reconstituted or 29.8 oz per day	26 containers or 314.4 oz concentrate or 692.2 oz reconstituted or 21 oz per day
Maximum Allowed ⁴		822.8 fl oz	895.4 fl oz	629.2 fl oz

FFF: Table for Ready-To-Feed Formula

TYPE ¹	Container SIZE ²	MAXIMUM AMOUNTS ³ (By Infant Age)		
		Age 0-3 Months	Age 4-5 Months	Age 6-11 Months
Ready-To-Feed	32 ounces	26 cans	28 cans	20 cans
	2 ounces	416 bottles	448 bottles	320 bottles
	3 ounces	277 bottles	298 bottles	213 bottles
	4 ounces	208 bottles	224 bottles	160 bottles
	8 ounces	104 cans	112 cans	80 cans
Maximum Allowed		832 fl oz	896 fl oz	640 fl oz
Ready-To-Feed	33.8 ounces	25 4-packs	27 4-packs	19 4-packs
Maximum Allowed ⁴		845 fl ounces	912.6 fl ounces	642.2 fl ounces

¹ For each type listed, the most economical size is recommended

² Sizes listed are not all-inclusive

³ Maximum amounts are listed for each age group for each form

⁴ USDA has allowed an exception for these package sizes in order to provide the full nutrition benefit

FFF: Table for Powder Formulas with Standard Mixing Instructions⁴

TYPE ¹		MAXIMUM AMOUNTS ³ (By Infant Age in # of Cans of Powder)				
Powdered ⁴	Reconstituted fluid ounces per container	Age 0-2 months	Age 3 months	Age 4-5 months	Age 6 months	Age 7-11 months
	82-87	10	10	11	8	8
	90-96	9	9	10	7	7
	98-99	8	9	9	7	7
	101-103	8	8	9	7	6
	111-115	7	8	8	6	6
Maximum Allowed		870 fl oz	870 fl oz	960 fl oz	696 fl oz	696 fl oz

FFF: Table for Exempt Infant Formula and Medical Foods Without Standard Reconstitution Instructions

TYPE ¹	Container SIZE ²	MAXIMUM AMOUNTS ⁵ (By Infant Age in # of Cans of Powder)		
Powdered ⁵		Age 0-3 Months (128 oz maximum by can weight)	Age 4-5 Months (141 oz maximum by can weight)	Age 6-11 Months (102 oz maximum by can weight)
	12 ounces	10 cans (120 oz)	11 cans	8 cans
	12.8 ounces	10 cans- (128 oz)	11 cans	7 cans
	12.9 ounces	9 cans- (116.1 oz)	10 cans	7 cans
	14.1 ounces	9 cans- (126.9 oz)	10 cans	7 cans
	14.3 ounces	8 cans- (114.4 oz)	9 cans	7 cans
	16 ounces	8 cans- (128 oz)	8 cans	6 cans
	24 ounces	5 cans- (120 oz)	5 cans	4 cans
	25.7 ounces	4 cans- (102.8 oz)	5 cans	3 cans

Exempt infant formulas are those designed for low birth weight infants or infants with an inborn error of metabolism, or other medical or nutritional problem. To determine if a formula is exempt visit the WIC formula database at: <http://grande.nal.usda.gov/wicworks/formulas/FormulaSearch.php> . Each formula is categorized as an infant formula or an exempt infant formula.

¹ For each type listed, the most economical size is recommended

² Sizes listed are not all-inclusive

³ Maximum amounts are listed for each age group for each form

⁴ Formula yield per container based on standard mixing instructions (reconstituted). Refer to product label or manufacturer's website for reconstitution. If fluid ounce yield is not listed on label ask for assistance from Nutrition Unit

⁵ Use this table **only** for exempt infant formulas and medical foods that do **not** have standard instructions for reconstitution, such as metabolic formulas

MAXIMUM MONTHLY AMOUNTS AUTHORIZED – Mostly Breastfed

FORMULA TYPES, SIZES, AND MAXIMUM AMOUNTS

MBF: Table for Concentrate Formula

TYPE ¹	Container SIZE ²	MAXIMUM AMOUNTS ³ (By Infant Age)			
		Age 0-1 Month	Age 1-3 Months	Age 4-5 Months	Age 6-11 Months
Concentrate Maximum listed in reconstituted fluid ounces	13 ounces	4 cans or 52 oz concentrate or 104 oz reconstituted or 3.5 oz per day	14 cans or 182 oz concentrate or 364 oz reconstituted 12 oz per day	17 cans or 221 oz concentrate or 442 oz reconstituted or 14.5 oz per day	12 cans or 156 oz concentrate or 312 oz reconstituted or 10.4 oz per day
	12.1 ounces	4 containers or 48.8 oz concentrate or 96.8 oz reconstituted or 3.2 oz per day	15 containers or 181.5 oz concentrate or 363 oz reconstituted or 12.1 oz per day	18 containers or 217.8 oz concentrate or 435.6 oz reconstituted or 14.5 oz per day	13 containers or 157.3 oz concentrate or 314.6 oz reconstituted or 10.5 oz per day
Max. Allowed		104 fl oz	364 fl oz	442 fl oz	312 fl oz

MBF: Table for Ready-To-Feed Formula

TYPE ¹	Container SIZE ²	MAXIMUM AMOUNTS ³ (By Infant Age in # of Cans of Powder)			
		Age 0-1 Month	Age 1-3 Months	Age 4-5 Months	Age 6-11 Months
Ready-To-Feed	32 ounces	3 cans	12 cans	14 cans	10 cans
	33.8 ounces	3 4-packs	12 4-packs	14 4-packs	10 4-packs
	2 ounces	52 bottles	192 bottles	224 bottles	160 bottles
	3 ounces	34 bottles	128 bottles	149 bottles	106 bottles
	4 ounces	26 bottles	96 bottles	112 bottles	80 bottles
	8 ounces	13 cans	48 cans	56 cans	40 cans
Max. Allowed		104 fl oz	384 fl oz	448 fl oz	320 fl oz

¹ For each type listed, the most economical size is recommended

² Sizes listed are not inclusive

³ Maximum amounts are listed for each type

MBF: Table for Powder Formulas with Standard Mixing Instructions

TYPE ¹	Container SIZE ²	MAXIMUM AMOUNTS ³ (By Infant Age in # of Cans of Powder)				
		Age 0-1 Month	Age 1-2 Months	Age 3 Months	Age 4-5 Months	Age 6-11 Months
Powdered ⁴	Reconstituted fluid ounces per container					
	82-87	1	5	5	6	4
	90-96	1	4	4	5	4
	98-99	1	4	4	5	3
	101-103	1	4	4	5	3
	111-115	1	3	4	4	3
Max Allowed		104 fl oz	435 fl oz	435 fl oz	522 fl oz	384 fl oz

MBF: Table for Exempt Infant Formula and Medical Foods Without Standard Reconstitution Instructions

TYPE ¹	Container SIZE ²	MAXIMUM AMOUNTS ³ (By Infant Age in # of Cans of Powder)		
		Age 1-3 Months	4-5 months	6-11 months
Powdered ⁵				
Maximum based on can weight	12 ounces	5 cans (60 oz)	6 cans	4 cans
	12.8 ounces	5 cans- (64 oz)	5 cans	4 cans
	12.9 ounces	4 cans- (51.6 oz)	5 cans	4 cans
	14.1 ounces	4 cans- (56.4 oz)	5 cans	3 cans
	14.3 ounces	4 cans- (57.2 oz)	5 cans	3 cans
	16 ounces	4 cans- (64 oz)	4 cans	3 cans
	24 ounces	2 cans- (48 oz)	3 cans	2 cans
	25.7 ounces	2 cans- (51.4 oz)	2 cans	2 cans
Max Allowed	Weight of dry powder	64 oz	77 oz	56 oz

Exempt infant formulas are those designed for low birth weight infants or infants with an inborn error of metabolism, or other medical or nutritional problem. To determine if a formula is exempt visit the WIC formula database at: <http://grande.nal.usda.gov/wicworks/formulas/FormulaSearch.php>
 Each formula is categorized as an infant formula or an exempt infant formula.

- ¹ For each type listed, the most economical size is recommended
- ² Sizes listed are not inclusive
- ³ Maximum amounts are listed for each type
- ⁴ Formula yield per container based on standard mixing instructions (reconstituted). Refer to product label or manufacturer's website for reconstitution. If fluid ounce yield is not listed on label ask for assistance from Nutrition **Unit**
- ⁵ Use this table only for powdered products that do not have standard instructions for reconstitution, such as metabolic formulas

FORMULA TYPES, SIZES, AND MAXIMUM AMOUNTS - INFANT FOODS MAXIMUM MONTHLY AMOUNTS

(For Infants 6 through 11 Months)

INFANT FOOD	MAXIMUM AMOUNTS			
	Total Allowed	SIZE	FFF/MBF	EBF
Infant Cereal	24 ounces	8 ounces	3 boxes	3 boxes
Infant Fruit and Vegetable	128 ounces	4 ounces	32 jars	64 jars
		7 ounces	18 twin packs	36 twin packs
Infant Meats	77.5 ounces	2.5 ounces	N/A	31 jars

Voucher Codes for Special Formula Packages for Mostly Breastfeeding Infants – Maximum Amounts

Formula Name	Age (months)	Max Allowed	Voucher Code	Amount
Similac Expert Care Alimentum	0-1	1-powder	358	1 can
	1-2	3-powder	S01	3 cans
	3	4 powder	360	4 cans
	4-5	4-powder	360	4 cans
	6-11	3-powder	S01	3 cans
			N01	16 jars
			N26	16 jars 3 boxes
Similac Expert Care Alimentum	0-1	3-RTF	359	1 can
			359	1 can
			359	1 can
	1-2	12-RTF	359	1 can
			359	1 can
			N05	10 cans
	3	12-RTF	359	1 can
			359	1 can
			N05	10 cans
	4-5	14-RTF	150	14 cans
	6-11	10-RTF	N05	10 cans
			N01	16 jars
			N26	16 jars 3 boxes
	EleCare for Infants	0-1	1-powder	S36
1-2		4-powder	S35	4 cans
3		4-powder	S35	4 cans
4-5		5-powder	S35	4 cans
			S36	1 can
6-11		4-powder	S35	4 cans
			N01	16 jars
	N26		16 jars 3 boxes	
EnfaCare	0-1	1-powder	591	1 can
	1-2	5-12.8 powder	S11	5 cans
	3	5-12.8 powder	S11	5 cans
	4-5	6-12.8 powder	541	6 cans
	6-11	4-powder	542	4 can
			N01	16 jars
			N26	16 jars 3 boxes
EnfaCare	0-1	3-RTF	544	1 can
			544	1 can
			544	1 can
	1-3	12-RTF	543	6 cans
			543	6 cans

Voucher Codes for Special Formula Packages for Mostly Breastfeeding Infants – Maximum Amounts

Formula Name	Age (months)	Max Allowed	Voucher Code	Amount
	4-5	14-RTF	543	6 cans
			543	6 cans
			S13	2 cans
	6-11	10-RTF baby foods cereal	543	6 cans
			S12	4 cans
			N01	16 jars
			N26	16 jars 3 boxes
EnfaCare	0-1	48-2 oz	539	1 case
	1-3	192-2 oz	589	2 cases
			589	2 cases
	4-5	222-2 oz	589	2 cases
			589	2 cases
			540	18 bottles
			S20	12 bottles
	6-11	156-2 oz baby foods cereal	589	2 cases
			539	1 case
			S20	12 bottles
			N01	16 jars
	N26	16 jars 3 boxes		
Enfamil Premature 20	0-1	48-2 oz	545	1 case
	1-3	192-2 oz	595	2 cases
			595	2 cases
	4-5	222-2 oz	595	2 cases
			595	2 cases
			546	18 bottles
			S21	12 bottles
	6-11	156-2 oz baby foods cereal	595	2 cases
			545	1 case
			S21	12 bottles
N01			16 jars	
N26			16 jars 3 boxes	
Enfamil Premature 24	0-1	48-2 oz	547	1 case
	1-3	192-2 oz	597	2 cases
			597	2 cases
	4-5	222-2 oz	597	2 cases
			597	2 cases
			548	18 bottles
			S22	12 bottles
	6-11	156-2 oz baby foods	597	2 cases
			547	1 case
S22			12 bottles	
N01			16 jars	

Voucher Codes for Special Formula Packages for Mostly Breastfeeding Infants – Maximum Amounts

Formula Name	Age (months)	Max Allowed	Voucher Code	Amount
		cereal	N26	16 jars 3 boxes
Gerber Good Start Nourish	0-3	5-powder	L06	5 cans
	4-5	6-powder	L07	6 cans
	6-11	4-powder baby foods cereal	L08	4 cans
			N01	16 jars
			N26	16 jars 3 boxes
Neocate Infant DHA & ARA	0-1	1-powder	505	1 can
	1-3	5-powder	505	1 can
			500	4 cans
			505	1 can
	4-5	6-powder	505	1 can
			505	1 can
			500	4 cans
	6-11	4-powder baby foods cereal	500	4 cans
N01			16 jars	
N26			16 jars 3 boxes	
Nutramigen	0-1	4-conc	159	1 can
			159	1 can
			159	1 can
			159	1 can
	1-3	14- conc	159	1 can
			159	1 can
			163	12 cans
	4-5	17- conc	N67	16 cans
			159	1 can
	6-11	12- conc	163	12 cans
			N01	16 jars
			N26	16 jars 3 boxes
	Nutramigen	0-1	3-RTF	A67	1 can
A67				1 can
A67				1 can
1-3		12-RTF	S29	10 cans
			A67	1 can
			A67	1 can
4-5		14-RTF	S03	14 cans
6-11		10-RTF	S29	10 cans
			N01	16 jars
	N26		16 jars 3 boxes	
Nutramigen with Enflora LGG	0-1	1-powder	157	1 can
	1-3	5-powder	156	5 cans
	4-5	6-powder	155	6 cans

Voucher Codes for Special Formula Packages for Mostly Breastfeeding Infants – Maximum Amounts

Formula Name	Age (months)	Max Allowed	Voucher Code	Amount
	6-11	4-powder	S32	3 cans
			157	1 can
		baby foods cereal	N01	16 jars
			N26	16 jars 3 boxes
Nutramigen AA	0-1	1-powder	707	1 can
	1-3	4-powder	706	4cans
	4-5	5-powder	707	1 can
			706	4cans
	6-11	3-powder baby foods cereal	S14	3 cans
			N01	16 jars
N26			16 jars 3 boxes	
Pregestimil	0-1	1-powder	141	1 can
	1-2	3-powder	S08	3 cans
	3	4-powder	140	4 cans
	4-5	4-powder	140	4 cans
	6-11	3-powder	S08	3 cans
			N01	16 jars
N26			16 jars 3 boxes	
Similac Expert Care Neosure	0-1	1-powder	482	1 can
	1-3	5-powder	S25	5 cans
	4-5	6-powder	519	6 cans
	6-11	4-powder baby foods cereal	520	4 cans
			N01	16 jars
			N26	16 jars 3 boxes
Similac Expert Care Neosure	0-1	3-RTF	S10	2 cans
			518	1 can
	1-3	12-RTF	517	6 cans
			517	6 cans
	4-5	14-RTF	517	6 cans
			517	6 cans
			S10	2 cans
	6-11	10 RTF baby foods cereal	517	6 cans
			S09	4 cans
			N01	16 jars
N26			16 jars 3 boxes	
Similac Expert Care Neosure	0-1	48-2 oz	515	48 bottles
	1-3	192-2 oz	596	2 cases
			596	2 cases
4-5	224-2 oz	596	2 cases	

Voucher Codes for Special Formula Packages for Mostly Breastfeeding Infants – Maximum Amounts

Formula Name	Age (months)	Max Allowed	Voucher Code	Amount
	6-11	160-2 oz	596	2 cases
			516	16 bottles
			516	16 bottles
			596	2 cases
			515	1 case
			516	16 bottles
			N01	16 jars
			N26	16 jars 3 boxes
Similac PM 60/40	0-1	1-powder	483	1 can
	1-3	4-powder	529	4 cans
	4-5	5-powder	483	1 can
			529	4 cans
	6-11	3-powder baby foods cereal	528	3 cans
			N01	16 jars
			N26	16 jars 3 boxes
	Similac Special Care 20	0-1	48-2 oz	521
1-3		192-2 oz	598	2 cases
			598	2 cases
4-5		224-2 oz	598	2 cases
			598	2 cases
			522	16 bottles
			522	16 bottles
6-11		160-2 oz baby foods cereal	521	1 case
			598	2 cases
			522	16 bottles
			N01	16 jars
			N26	16 jars 3 boxes
Similac Special Care 24	0-1	48-2 oz	523	1 case
	1-3	192-2 oz	594	2 cases
			594	2 cases
	4-5	224-2 oz	594	2 cases
			594	2 cases
			524	16 bottles
			524	16 bottles
	6-11	160-2 oz baby foods cereal	523	1 case
			594	2 cases
			524	16 bottles
			N01	16 jars
			N26	16 jars 3 boxes

Formula	Age	Max Allowed	Voucher Code	Amount
Similac Special Care 30	0-1	48-2 oz	525	1 case
	1-3	192-2 oz	585	2 cases
			585	2 cases
	4-5	224-2 oz	585	2 cases
			585	2 cases
			526	16 bottles
			526	16 bottles
	6-11	160-2 oz	525	1 case
			585	2 cases
			526	16 bottles
			526	16 bottles
			N01	16 jars
			N26	16 jars 3 boxes

SUPPLEMENTAL FORMULA CONVERSION TABLE - MODULARS

Displacement Method

Monthly RX	Amount of Formula Replaced			
	Concentrate – 12 - 13 oz	Powder- 12 - 16 oz	Powder- 22 - 24 oz	Ready-to-Feed - 32 - 34 oz
Duocal (14.1 oz powder) 1 can contains 42 TBSP/1968 Calories				
1 can	4	1	1	4
2 cans	8	2	1	7
3 cans	12	3	2	10
4 cans	16	4	2	13
Polycose (12.3 oz powder) 1 can contains 59 TBSP/1330 Calories				
1 can	4	1	1	4
2 cans	8	2	1	7
3 cans	12	3	2	10
4 cans	16	4	2	13
BeneCalorie (1.5 oz cup) 1 packet contains 330 calories and 7 grams of protein				
1-2 packet(s)	1	1	1	1
3 packets	2	1	1	2
4-5 packets	3	1	1	3
6 packets	4	2	1	3
7-8 packets	5	2	1	4
9 packets	6	2	1	5
10-11 packets	7	2	1	6
12 packets	8	2	2	6
13-14 packets	9	2	2	7
15 packets	10	3	2	8
16-17 packets	11	3	2	9
18 packets	12	3	2	10
19-20 packets	13	3	2	10
21 packets	13	4	2	11
22-23 packets	14	4	2	12
24 packets	15	4	2	12
25-26 packets	16	4	3	13
27 packets	17	4	3	14
28-29 packets	18	5	3	15
30 packets	19	5	3	15

Monthly RX	Amount of Formula Replaced			
	Concentrate – 12 - 13 oz	Powder- 12 - 16 oz	Powder- 22 - 24 oz	Ready-to-Feed - 32 - 34 oz
BeneProtein (7 gr packet) 1 packet contains 25 calories and 6 grams of protein				
1-30 packets	1	1	1	1
31- 50 packets	2	1	1	2
51-60 packets	3	1	1	2
61-70 packets	3	1	1	3
71-80 packets	4	1	1	3
81-90 packets	4	2	1	4
91-100 packets	5	2	1	4
101-110 packets	5	2	2	4
111-120 packets	6	3	2	5
BeneProtein (8 oz can) 1 can contains 810 calories and 194 grams of protein				
1 can	2	1	1	1
2 cans	3	1	1	3
3 cans	5	2	1	4
4 cans	6	2	1	5
MCT Oil (32 fl oz bottle) 1 bottle contains 960 cc/64 TBSP/7392 Calories				
1 bottle	3	1	1	3
2 bottles	6	2	1	3

**MAXIMUM MONTHLY AMOUNTS of FORMULA AUTHORIZED for CHILDREN & WOMEN WITH QUALIFYING MEDICAL CONDITIONS
FOOD PACKAGE III**

See Also Children and Women Maximum Amounts Attachments FP-29 & FP-30

FORMULA TYPES, SIZES AND ADDITIONAL AMOUNTS

Formula Type:	Child Max
Concentrate-	455 fluid ounces
RTF-	910 fluid ounces
Powder-	910 fluid ounces reconstituted or 144 oz (if no standard dilution)

TYPE	CAN SIZE	Children & Women Maximum Amounts
Concentrate	13 ounces	35 cans or 455 ounces maximum concentrate or 910 fluid ounces reconstituted
	12.1 ounces	37 cans or 477.7 ounces concentrate or 895.4 fluid ounces reconstituted
Ready-To-Feed	32 ounces	28 cans or 910 fluid ounces
	33.8 ounces	26 4-packs or 878.8 fluid ounces

Table for Powder Formulas With Standard Mixing Instructions

Powdered⁴	Reconstituted fluid ounces per container	Maximum Number of Cans Allowed
	66-70	13
	71-75	12
	76-82	11
	83-91	10
	92-101	9
	102-113	8
	114-130	7
Maximum Allowed		910 fl oz

⁴ Refer to product label or manufacturer’s website for reconstitution.

Table for Powder Exempt Formulas and Medical Foods Without Standard Reconstitution Instructions for Children and Women

Powdered⁵	144 ounces Maximum by can weight	Maximum Number of Cans Allowed Per Month
	12 ounces	12 cans
	12.8 ounces	11 cans
	12.9 ounces	11 cans
	14.1 ounces	10 cans
	14.3 ounces	10 cans
	16 ounces	9 cans
	24 ounces	6 cans
	25.7 ounces	5 cans

⁵ Use this table only for powdered products that do not have standard instructions for reconstitution, such as metabolic formulas.

MAXIMUM MONTHLY AMOUNTS OF WIC FOODS AUTHORIZED FOR CHILDREN

Food Package IV	
FOOD	MAXIMUM AMOUNT PER MONTH
Milk ¹	16 quart equivalents ²
Cheese	4 pounds ³
Tofu	8 pounds ⁸
Eggs	1 dozen
Juice	2-64 ounce containers
Cereal	36 ounces (Maximum of 32 oz infant cereal)
Beans/Peas OR Peanut Butter	1 pound bag dried or 4 cans (14-16 ounces) OR 1 container (16-18 oz)
Fruits and Vegetables	\$6.00
Whole Grain Bread or alternative	32 ounces

¹ May substitute up to 16 quarts of lactose reduced milk for up to 4 gallons of milk.

² Substitution amounts for fluid milk include:

ITEM	FLUID MILK EQUIVALENTS
Cheese, 1 pound	3 quarts ³
Evaporated milk, whole or skim , 12 ounces	4 cans equal 3 quarts ^{4,5}
Nonfat or low-fat dry milk	1-3 quart container equal to 3 quarts ^{6,7}
Tofu, 1 pound	1 quart ⁸

³ Subtract from monthly milk allotment. A maximum of one (1) pound of cheese per month is allowed without medical documentation and a maximum of four (4) pounds with medical documentation of a qualifying condition.

⁴ If no cheese is issued, a maximum of 12 quarts of milk may be substituted with evaporated milk (16 cans). This leaves one gallon of fluid milk in the food package.

⁵ If one pound of cheese is issued, a maximum of 9 quarts of milk may be issued with evaporated milk (12 cans). This leaves one gallon of fluid milk in the food package.

⁶ If no cheese is issued, a maximum of 12 quarts of milk may be substituted with dry powder milk. This leaves one gallon of fluid milk in the food package.

⁷ If one pound of cheese is issued a maximum of 9 quarts of milk may be substituted with dry powder milk. This leaves one gallon of fluid milk in the food package.

⁸ Subtract from monthly milk allotment. Medical documentation required for a child to receive any tofu.

See Attachment FP-39 for more information on milk substitutions

MAXIMUM MONTHLY AMOUNTS OF WIC FOODS AUTHORIZED FOR WOMEN

FOOD	PREGNANT (Singleton), MOSTLY BREASTFEEDING	EXCLUSIVELY BREASTFEEDING¹¹, PREGNANT WITH MULTIPLE FETUSES, MOSTLY BREASTFEEDING MULTIPLES⁷	NON-BREASTFEEDING, SOME BREASTFEEDING
	Food Package V	Food Package VII	Food Package VI
Milk ²	22 quart equivalents ³	24 quart equivalents ³	16 quart equivalents ³
Cheese	6 pounds ^{4,5}	6 pounds ^{4,5,6}	4 pounds ^{4,5}
Tofu ⁸	12 pounds	12 pounds	12 pounds
Eggs	1 dozen	2 dozen	1 dozen
Juice	3 (46-48 oz) containers or 3-12 oz cans frozen or 3-11.5 oz cans pourable	3 (46-48 oz) containers or 3-12 oz cans frozen or 3-11.5 oz cans pourable	2 (46-48 oz) containers or 2-12 oz cans frozen or 2-11.5 oz cans pourable
Cereal	36 ounces	36 ounces	36 ounces
Beans/Peas and/or Peanut Butter	1 pound bag dried or 4 (14-16 oz) cans and 1 container (16-18 oz)	1 pound bag dried or 4 (14-16 oz) cans and 1 container (16-18 oz)	1 pound bag dried or 4 (14-16 oz) cans OR 1 container (16-18 oz)
Fruit and Vegetable	\$10.00	\$10.00	\$10.00
Whole Grain or Alternative	16 oz	16 oz	N/A
Fish ¹	N/A	30 oz	N/A

¹ Additional item authorized for Food Package VII only.

² May substitute up to maximum quart equivalents of lactose reduced milk for milk.

³ Substitution amounts for fluids milk include:

ITEM	FLUID MILK EQUIVALENTS
Cheese, 1 pound	3 quarts ^{4,5}
Evaporated milk, non-fat (12 oz)	4 cans equal 3 quarts ⁹
Nonfat or low-fat dry milk	1-3 quart container equal to 3 quarts ¹⁰
Tofu, 1 pound	1 quart ⁸

⁴ Subtract from monthly milk allotment. A maximum of one (1) pound of cheese per month is allowed without medical documentation of a qualifying condition. Women in Food Package VII are allowed up to a total of three (3) pounds of cheese per month without medical documentation.

⁵ Substitute up to six (6) pounds of cheese with medical documentation for Food Package V and VII and up to four (4) pounds of cheese for Food Package VI with medical documentation.

⁶ The standard package includes one (1) pound of cheese; staff may substitute up to an additional five (5) pounds of cheese with medical documentation for a total of six (6) pounds.

⁷ Women exclusively breastfeeding multiples can receive 1.5 times the amounts listed.

⁸ One (1) pound of tofu can be substituted for 1 quart of milk. Subtract from monthly milk allotment. Medical documentation must be on file to receive more than four (4) pounds of tofu for Food Packages V and VI and to receive more than six (6) pounds for Food Package VII.

⁹ For postpartum women not receiving cheese, a maximum of 12 quarts of milk may be substituted with evaporated milk or 9 quarts when one (1) pound of cheese is issued. In both cases this leaves one gallon of fluid milk.

For pregnant and breastfeeding women not receiving cheese, a maximum of 18 quarts of milk may substituted with evaporated milk or 15 quarts when one (1) pound of cheese is issued. In both cases, one gallon of fluid milk is left.

For exclusively breastfeeding women 21 quarts of milk may be substituted with evaporated milk. They would receive two (2) pounds of cheese with this package.

¹⁰ For postpartum women not receiving cheese a maximum of 12 quarts of milk may be substituted with dry powder milk or 9 quarts with one (1) pounds of cheese. In both cases one gallon of fluid milk is left.

For pregnant and breastfeeding women not receiving cheese, a maximum of 18 quarts of milk may substituted with dry powder milk or 15 quarts when one (1) pound of cheese is issued. In both cases one gallon of fluid milk is left.

For exclusively breastfeeding women 21 quarts of milk may be substituted with dry powder milk. They would receive two (2) pounds of cheese with this package.

¹¹ Women exclusively breastfeeding multiple infants receive 1.5 times the amounts of food listed in the table for women exclusively breastfeeding women. Items not in full packages can be averaged over two months (e.g., 1.5 jars of peanut butter with one jar being issued one month and two jars to next month).

**MAXIMUM MONTHLY AMOUNTS OF WIC FOODS AUTHORIZED FOR
ALTERNATIVE FOOD PACKAGES**

FOR FULLY FORMULA FED INFANTS (0-3 MONTHS)

Contract Standard Formulas

TYPE	SIZE	MAXIMUM AMOUNT
Ready-To-Feed	25-33.8 oz containers (4-pack)	832 fluid ounces
This food package consists of two vouchers per month.		

FOR FULLY FORMULA FED INFANTS (4-5 MONTHS)

Contract Standard Formulas

TYPE	SIZE	MAXIMUM AMOUNT
Ready-To-Feed	27-33.8 oz containers (4-pack)	896 fluid ounces
This food package consists of two vouchers per month.		

FOR FULLY FORMULA FED INFANTS (6-11 MONTHS)

Contract Standard Formulas

TYPE	SIZE	MAXIMUM AMOUNT
Ready-To-Feed	19-33.8 oz containers (4-pack)	640 fluid ounces
Cereal, Infant	3-8 oz boxes, dry	24 ounces
Infant fruit and vegetables	32-4 oz jars	128 ounces
This food package consists of four vouchers per month.		

**FOR CHILDREN AND WOMEN WITH QUALIFYING MEDICAL CONDITIONS:
MAXIMUM MONTHLY AMOUNTS AUTHORIZED FOR FORMULAS**

<u>FOOD</u>	<u>SIZE</u>	<u>MAXIMUM AMOUNTS</u>
Ready-To-Feed Formula	27-33.8 oz containers (4-pack)	910 fluid ounces

**ALTERNATIVE FOOD PACKAGES FOR CHILDREN AGES 1 THROUGH 5 YEARS
MAXIMUM MONTHLY AMOUNTS AUTHORIZED**

<u>FOOD</u>	<u>SIZE</u>	<u>MAXIMUM AMOUNTS</u>
UHT Milk	64-8 ounce OR half pint boxes	512 fluid ounces
Cereal	3-12 oz boxes	36 ounces
Juice	21 (5.5 to 6 oz) cans	128 fluid ounces
Peanut Butter	1 container (16-18 oz)	18 ounces
Whole Grain Bread or alternative	2-16 oz loaves	32 oz
This food package consists of six (6) vouchers.		

FOR PREGNANT AND MOSTLY BREASTFEEDING WOMEN

MAXIMUM MONTHLY AMOUNTS AUTHORIZED

FOOD	PREGNANT AND MOSTLY BREASTFEEDING Food Package V	EXCLUSIVELY BREASTFEEDING, MOSTLY BREASTFEEDING MULTIPLES, AND PREGNANT WITH MULTIPLE FETUSES Food Package VII	SOME BREASTFEEDING AND NON-BREASTFEEDING Food Package VI
UHT Milk, low-fat	88 - 8 ounce OR half pint boxes	96 - 8 ounce OR half pint boxes	64 – 8 ounce OR half pint boxes
Cheese		1 lb cheese	
Whole grains or Alternative	16 oz	16 oz	N/A
Cereal	3 - 12 oz boxes	3 - 12 oz boxes	3 - 12 oz boxes
Juice	24 (5.5 to 6 oz) cans	24 (5.5 to 6 oz) cans	16 (5.5 to 6 oz) cans
Peanut Butter	2 containers (16-18 oz each)	1 container (16-18 oz) and 4 (14-16 oz) cans	1 container (16-18 oz)
Beans/Peas	N/A		N/A
Fish	N/A	6 – 5 oz cans	N/A
Fruit and vegetable	\$10	\$10	\$10
Note* These food packages consist of 6-8 vouchers			

How to Convert Breastfeeding Packages

- Step 1: List food allowed in smaller package
- Step 2: Subtract amounts of foods on vouchers already cashed
- Step 3: Issue remaining foods using a 999 voucher

Sample 1: Mostly to Some for Standard Food Packages (W01 to W21)

(Mom returns voucher codes W02 and 040)

	Milk	Dry milk	Juice	Cheese	Eggs	Cereal	Beans/PB	F/veg
Allowed	2 ½ gal	1 pkg	2	1	1	36	1 or 1	\$10
041	1 gal		2		1	36		
Remaining	1 ½ gal	1 pkg	0	1	0	0	1 or 1	\$10
W01	1 gal	1		1			1 PB	
Issue	½ gal	0	0	0	0	0	0	\$10

Issue VC A34. Client may keep P02 voucher. Mom would return W02 and 040.

Sample 2: Exclusively to Mostly Breastfeeding (W41 to W01)

(Mom returns voucher codes 039, W03)

	Milk	Dry milk	Juice	Cheese	Eggs	Cereal	Beans/PB	Whole Grain	F/veg
Allowed	4	1	3	1	1	36 oz	1 and 1	16 oz	\$10
W82	2		2		1	36			
Remaining	2	1	1	1	0	0	1 and 1	16	\$10
W02	1						1 beans	16	
Remaining	1	1	1	1	0	0	1 PB	0	\$10

Issue VC 040 and A35. Mom returns 039, W03.

Special Voucher Codes Used in Converting Standard Food Packages

A34	Milk:	1 half gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand
A35	Dry Milk: Cheese: Peanut Butter:	1-3 quart container non-fat dry powder or 4-12 oz cans low-fat (fat-free, skimmed, 2%) evaporated 1-16 oz package 1 container (16-18 oz)
040	Milk: Juice:	1 gallon low fat (fat-free, 1%, 2%) No whole milk Least expensive brand 1-46 oz container or 1-12 oz can frozen or 1-11.5 oz can pourable concentrate
W71	Juice: Eggs: Cereal:	1 container (46 to 48 oz) or 1-12 oz can frozen or 1-11.5 oz can pourable concentrate 1 dozen No more than 36 oz

The following tables can be used for converting the most common breastfeeding food package changes Mostly BF (W01) to Some or Non BF (W21) and Exclusively BF (W41) to Mostly BF (W01).

Table 1: How to Convert Breastfeeding Packages Mostly BF (W01) to Some or Non BF (W21)

1. Determine which vouchers the mom has remaining from the W01 package.
2. Find the codes for the voucher not spent in the first column of the table below to determine if the change can be made in the middle of her pick-up.
3. If “yes”, follow the instructions on how to make the change for the mom. The infant should be issued the remainder of formula allowed for a fully formula-fed infant; remember to subtract the amount of formula already issued for the month. For the following pick-up, issue regular FP to mom (W21).
4. If “no”, the change cannot be made in the middle of the pick-up month. You can only exchange her next full set of vouchers for the new package (W21).

Vouchers left (Have not been spent)	Can you change mid- month?	How to make change:
5 VOUCHERS LEFT		
P02, 041, W01, W02, 040	Yes	Void all 5 vouchers. Issue W21.
4 VOUCHERS LEFT		
041, W01, W02, 040	Yes	Void all 4 vouchers. Re-issue using FP 999 sub 99 – voucher codes W41, W04, W05, W06.
P02, W01, W02, 040	Yes	Void vouchers W02, 040, W01. Give voucher P02 to client. Re-issue using FP 999 sub 99 – voucher codes W04, W06, 772.
P02, 041, W01, W02	Yes	Void vouchers W02, 041, W01. Give voucher P02 to client. Re-issue using FP 999 sub 99 – voucher codes W04, W05, W06, 778.
P02, 041, W02, 040	Yes	Void vouchers 041, W02, 040. Give voucher P02 to client. Re-issue using FP 999 sub 99 – voucher codes W05, A34, 273.
P02, 041, W01, 040	No	Must wait until the next issuance to issue W21.
3 VOUCHERS LEFT		
P02, W02, 040	Yes	Void vouchers W02, 040. Give voucher P02 to client. Re-issue using FP 999 sub 99 – voucher code A34.
P02, 041, W02	Yes	Void vouchers W02, 041. Give voucher P02 to client. Re-issue using FP 999 sub 99 – voucher codes W71, A34.

041, W01, W02	Yes	Void vouchers 041, W01, W02. Re-issue using FP 999 sub 99 – voucher codes W04, W05, W06, 778.
W01, W02, 040	Yes	Void vouchers W01, W02, 040. Re-issue using FP 999 sub 999 – voucher codes W04, W06, 772.
W02, 040, 041	Yes	Void vouchers W02, 040, 041. Re-issue using 999 sub 99 – voucher codes W05, A34, 273.
P02, 041, W01	No	Must wait until the following pick-up to issue W21.
P02, W01, W02	No	Must wait until the following pick-up to issue W21.
P02, 040, 041	No	Must wait until the following pick-up to issue W21.
P02, W01, 040	No	Must wait until the following pick-up to issue W21.
041, W01, 040	No	Must wait until the following pick-up to issue W21.
2 VOUCHERS LEFT		
W02, 041	Yes	Void vouchers W02, 041. Re-issue using FP 999 sub 99 – voucher codes W71, A34.
W02, 040	Yes	Void vouchers W02, 040. Re-issue using FP 999 sub 99 – voucher code A34.
P02, 041	No	Must wait until the following pick-up to issue W21.
P02, W01	No	Must wait until the following pick-up to issue W21.
P02, W02	No	Must wait until the following pick-up to issue W21.
P02, 040	No	Must wait until the following pick-up to issue W21.
041, W01	No	Must wait until the following pick-up to issue W21.
041, 040	No	Must wait until the following pick-up to issue W21.
W01, W02	No	Must wait until the following pick-up to issue W21.
W01, 040	No	Must wait until the following pick-up to issue W21.
1 VOUCHER LEFT		
No change can be made for any single voucher left.		

Table 2: How to Convert Breastfeeding Packages Exclusively BF (W41) to Mostly BF (W01)

1. Determine which vouchers the mom has left from the W41 package.
2. Find the codes for the voucher not spent in the first column of the table below to determine if the change can be made in the middle of her pick-up.
3. If “yes”, follow the instructions on how to make the change for the mom. The infant should be issued the remainder of formula allowed for a fully formula fed-infant; remember to subtract the amount of formula already issued for the month. For the following pick-up, issue regular FP to mom (W01).
4. If “no”, the change cannot be made in the middle of the pick-up month. You can only exchange her next full set of vouchers for the new package (W01).

Vouchers left (Have not been spent)	Can you change mid- month?	How to make change:
5 VOUCHERS LEFT		
P02, W82, 039, W02, W03	Yes	Void all 5 vouchers. Issue W01.
4 VOUCHERS LEFT		
W82, 039, W02, W03	Yes	Void vouchers 039, W03. Give vouchers W82 & W02 to client. Re-issue using FP 999 sub 99 – voucher codes W01, 778.
P02, 039, W02, W03	Yes	Void vouchers 039, W03. Give voucher P02 & W02 to client. Re-issue using FP 999 sub 99 – voucher codes A35, 040.
P02, W82, W02, W03	Yes	Void vouchers W82, W03. Give voucher P02 & W02 to client. Re-issue using FP 999 sub 99 – voucher codes 040, 040, A35, 780.
P02, W82, 039, W03	Yes	Void vouchers 039, W03. Give voucher P02 & W82 to client. Re-issue using FP 999 sub 99 – voucher codes 040, A35.
P02, W82, 039, W02	No	Must wait until the following pick-up to issue W01.
3 VOUCHERS LEFT		
039, W02, W03	Yes	Void vouchers 039, W03. Give voucher W02 to client. Re-issue using FP 999 sub 99 – voucher code A35, 040.
W82, W02, W03	Yes	Void vouchers W82, W03. Give voucher W02 to client. Re-issue using FP 999 sub 99 – voucher codes 040, 040, A35, 780.
W82, 039, W03	Yes	Void vouchers 039, W03. Give voucher W82 to client. Re-issue using FP 999 sub 99 – voucher codes 040, A35.
P02, 039, W03	Yes	Void vouchers 039, W03. Give voucher P02 to client. Re-issue using FP 999 sub 99 – voucher codes A35, 040.
P02, W82, W03	Yes	Void vouchers W82, W03. Give voucher P02 to client. Re-issue using FP 999 sub 99 – voucher codes 040, 040, 780, A35.
W82, 039, W02	No	Must wait until the following pick-up to issue W21.
P02, W02, W03	No	Must wait until the following pick-up to issue W21.
P02, 039, W02	No	Must wait until the following pick-up to issue W21.
P02, W82, W02	No	Must wait until the following pick-up to issue W21.
P02, W82, 039	No	Must wait until the following pick-up to issue W21.
2 VOUCHERS LEFT		
W82, W03	Yes	Void vouchers W82, W03. Re-issue using FP 999 sub 99 – voucher codes A35, 040, 040, 780.
039, W03	Yes	Void vouchers 039, W03. Re-issue using FP 999 sub 99 – voucher code A35, 040.

P02, W82	No	Must wait until the following pick-up to issue W21.
P02, 039	No	Must wait until the following pick-up to issue W21.
P02, W02	No	Must wait until the following pick-up to issue W21.
P02, W03	No	Must wait until the following pick-up to issue W21.
W82, 039	No	Must wait until the following pick-up to issue W21.
W82, W02	No	Must wait until the following pick-up to issue W21.
039, W02	No	Must wait until the following pick-up to issue W21.
W02, W03	No	Must wait until the following pick-up to issue W21.
1 VOUCHER LEFT		
No change can be made for any single voucher left.		

Infant Formulas with Sequencing Exceptions

Similac Special Care Alimentum, Pregestimil

Age at Issuance	Package Assigned	Package Issued	Amount Issued
0 – 2 month 15 days	R**	R**	7 powder
2 month 16 days – 5 months 15 days		S**	8 powder
5 months 16 days – 11 months 15 days		T**	6 powder +
*5 months 16 days – 11 months 15 days	S**	S**	8 powder

* Alternative package for infants unable to eat solids foods

** Insert package number for type of formula being issued

+ Receives infant cereal and infant fruits and vegetables in addition to formula

Nutramigen AA

Age at Issuance	Package Assigned	Package Issued	Amount Issued
0 – 2 month 15 days	R**	R**	8 powder
2 month 16 days – 5 months 15 days		S**	9 powder
5 months 16 days – 11 months 15 days		T**	7 powder +
*5 months 16 days – 11 months 15 days	S**	S**	9 powder

* Alternative package for infants unable to eat solids foods

** Insert package number for type of formula being issued

+ Receives infant cereal and infant fruits and vegetables in addition to formula

Similac PM 60/40

Age at Issuance	Package Assigned	Package Issued	Amount Issued
0 – 3 month 15 days	R14	R14	8 powder
3 month 16 days – 5 months 15 days		S14	9 powder
5 months 16 days – 6 months 15 days		V14	7 powder+
6 months 16 days – 11 months 15 days		T14	6 powder+
*6 months 16 days – 11 months 15 days	S	S14	9 powder

* Alternative package for infants unable to eat solids foods

+Receives infant cereal and infant fruits and vegetables in addition to formula

WIC Approved Formulas/Medical Foods

Contract Infant Formula: a,b	
Gerber Good Start Gentle	Nestlé HealthCare Nutrition
Gerber Good Start Soy	Nestlé HealthCare Nutrition
Gerber Good Start Soothe	Nestlé HealthCare Nutrition
Gerber Good Start 2 Gentle (age 9-11 months)	Nestlé HealthCare Nutrition
Gerber Good Start 2 Soy (age 9-11 months)	Nestlé HealthCare Nutrition

Non-Contract Formulas/Medical Foods Requiring Medical Documentation: a,b,c

Formula	Manufacturer
A-Soy	PBM Products
Acerflex	Nutricia
Add-Ins	Nutricia
Advera	Abbott Nutrition
AlitraQ	Abbott Nutrition
Benecalorie	Nestlé Nutrition
Beneprotein	Nestlé Nutrition
Boost	Nestlé Nutrition
Boost Glucose Control	Nestlé Nutrition
Boost High Protein	Nestlé Nutrition
Boost Kid Essentials	Nestlé Nutrition
Boost Kid Essentials 1.5	Nestlé Nutrition
Boost Kid Essentials 1.5 w / fiber	Nestlé Nutrition
Boost Plus	Nestlé Nutrition
Boost Pudding	Nestlé Nutrition
Bright Beginning Soy	PBM Products
Calcilo XD	Abbott Nutrition

Formula	Manufacturer
Carnation Instant Breakfast Essentials	Nestlé Nutrition
Carnation Breakfast Essentials, No Sugar Added	Nestlé Nutrition
Carnation Breakfast Lactose Free	Nestlé Nutrition
Carnation Breakfast Lactose Free Plus	Nestlé Nutrition
Carnation Breakfast Lactose Free VHC	Nestlé Nutrition
Compleat	Nestlé Nutrition
Compleat Pediatric	Nestlé Nutrition
Complex MSUD Amino Acid Bars	Applied Nutrition Corporation
Crucial	Nestlé Nutrition
Cyclinex 1	Abbott Nutrition
Cyclinex 2	Abbott Nutrition
Duocal	Nutricia

Formula	Manufacturer
EO28 Splash	Nutricia
EleCare Jr	Abbott Nutrition
EleCare (for Infants)	Abbott Nutrition
Enfamil A.R.	Mead Johnson
Enfamil EnfaCare	Mead Johnson
Enfamil Human Milk Fortifier Acidified Liquid	Mead Johnson
Enfamil Premature 20 with iron	Mead Johnson
Enfamil Premature 20 with iron	Mead Johnson
Enfamil Premature 24 with iron	Mead Johnson
Enfaport	Mead Johnson
Enlive	Abbott Nutrition
Ensure	Abbott Nutrition
Ensure High Protein	Abbott Nutrition
Ensure Plus	Abbott Nutrition

Formula	Manufacturer
Ensure Pudding	Abbott Nutrition
Fiber Source HN	Nestlé Nutrition
Gerber Good Start Nourish	Nestlé Nutrition
Gerber Good Start Premature 24	Nestlé Nutrition
Glucerna	Abbott Nutrition
Glutarex-1	Abbott Nutrition
Glutarex-2	Abbott Nutrition
Hominex-1	Abbott Nutrition
Hominex-2	Abbott Nutrition
Introlite	Abbott Nutrition
IsoSource 1.5	Nestlé Nutrition
IsoSource HN	Nestlé Nutrition
I-Valex-1	Abbott Nutrition
I-Valex-2	Abbott Nutrition
Jevity	Abbott Nutrition
KetoCal 3:1	Nutricia
KetoCal 4:1	Nutricia
Ketonex-1	Abbott Nutrition
Ketonex-2	Abbott Nutrition
KetoVolve	Solace Nutrition
L-Emental	Hormel Health Labs
L-Emental Hepatic	Hormel Health Labs
L-Emental Pediatric	Hormel Health Labs
Lipistart	Vitaflow
Lophlex LQ	Nutricia

Formula	Manufacturer
Lo*Pro	Med-Diet Labs
MCT Oil	Nestlé Nutrition
Methionaid	Nutricia
Microlipid	Nestlé Nutrition
Monogen	Nutricia
MSUD Analog	Nutricia
MSUD Maxamaid	Nutricia
MSUD Maxamum	Nutricia
MSUD-1	Nutricia
MSUD-2	Nutricia
Neocate Infant DHA & ARA	Nutricia
Neocate Junior	Nutricia
Neocate Junior with Prebiotics	Nutricia
Neocate Nutra	Nutricia
Nepro with Carb Steady	Abbott Nutrition
Nitro-Pro	Hormel Health Labs
NovaSource Renal	Nestlé Nutrition
Nutramigen AA	Mead Johnson
Nutramigen	Mead Johnson
Nutramigen with Enflora LGG	Mead Johnson
Nutren 1.0	Nestlé Nutrition
Nutren 1.0 with Fiber	Nestlé Nutrition
Nutren 1.5	Nestlé Nutrition
Nutren 2.0	Nestlé Nutrition

Formula	Manufacturer
Nutren Glytrol	Nestlé Nutrition
Nutren Junior	Nestlé Nutrition
Nutren Junior Fiber	Nestlé Nutrition
Nutren Pulmonary	Nestlé Nutrition
Nutren Replete with Fiber	Nestlé Nutrition
NutriHep	Nestlé Nutrition
Osmolite	Abbott Nutrition
Osmolite HN Plus	Abbott Nutrition
Parent's Choice Added Rice Starch	PBM Products
Parent's Choice Sensitivity	PBM Products
PediaSure	Abbott Nutrition
PediaSure w/Fiber	Abbott Nutrition
PediaSure 1.5 Cal	Abbott Nutrition
PediaSure 1.5 Cal with fiber	Abbott Nutrition
PediaSure Enteral	Abbott Nutrition
PediaSure Enteral w/Fiber and scFOS	Abbott Nutrition
Pepdite Junior	Nutricia
PediaSure Peptide 1.0 Cal	Ross
PediaSure Peptide 1.0 Cal (fiber)	Abbott Nutrition

Formula	Manufacturer
PediaSure Peptide 1.5 Cal	Abbott Nutrition
PediaSure Peptide 1.5 Cal with Fiber	Abbott Nutrition
Peptamen	Nestlé Nutrition
Peptamen 1.5	Nestlé Nutrition
Peptamen AF	Nestlé Nutrition
Peptamen Junior	Nestlé Nutrition
Peptamen Junior Fiber	Nestlé Nutrition
Peptamen Junior 1.5	Nestlé Nutrition
Peptamen Junior with Prebio	Nestlé Nutrition
Peptamen OS	Nestlé Nutrition
Peptamen OS 1.5	Nestlé Nutrition
Perative	Abbott Nutrition
Periflex Advance	Nutricia
Periflex Infant	Nutricia North America
Periflex Junior	Nutricia
Phenex-1	Abbott Nutrition
Phenex-2	Abbott Nutrition
PhenylAde 40Drink Mix	Applied Nutrition Corporation
PhenylAde 60Drink Mix	Applied Nutrition Corporation
PhenylAde Amino Acid Bars	Applied Nutrition Corporation

Formula	Manufacturer
PhenylAde Amino Acid Blend	Applied Nutrition Corporation
PhenylAde Drink Mixes	Applied Nutrition Corporation
PhenylAde Essential Drink	Applied Nutrition Corporation
PhenylAde MTE Amino Acid Blend	Applied Nutrition Corporation
Phenyl-Free 2	Mead Johnson
Phenyl-Free 2HP	Mead Johnson
Phlexy – 10 Bar	Nutricia
Phlexy – 10 Capsules	Nutricia
Phlexy – 10 Drink Mix	Nutricia
PKU-Express	Vitaflo Limited
PKU-Gel	Vitaflo Limited
Polycal	Nutricia
Polycose	Abbott Nutrition
Portagen	Mead Johnson
Pregestimil	Mead Johnson
Pregestimil 24	Mead Johnson
ProBalance	Nestlé Nutrition
Product 3200AB	Mead Johnson
Product 3232 A	Mead Johnson
Product 80056	Mead Johnson
ProMod	Abbott Nutrition
Promote	Abbott Nutrition
Promote with Fiber	Abbott Nutrition

Formula	Manufacturer
Pro-Peptide	Hormel Health Labs
Pro-Peptide for Kids	Hormel Health Labs
Pro-Peptide VHN	Hormel Health Labs
Pro-Phree	Abbott Nutrition
Propimex-1	Abbott Nutrition
Propimex-2	Abbott Nutrition
Protifar	Nutricia North America
ProViMin	Abbott Nutrition
Pulmocare	Abbott Nutrition
RE/GEN	Nutra/Balance
Renalcal	Nestlé Nutrition
Resource 2.0	Nestlé Nutrition
Resource Breeze	Nestlé Nutrition
RCF (No Added Carbohydrate Soy Infant Formula Base With Iron)	Abbott Nutrition
Scandical Calorie Booster	Aptalis
Scandishake	Aptalis
Scandishake Lactose Free	Aptalis
Scandishake Sugar Free	Aptalis
Similac Expert Care Alimentum	Abbott Nutrition
Similac Expert Care for Diarrhea	Abbott Nutrition

Formula	Manufacturer
Similac Expert Care NeoSure	Abbott Nutrition
Similac Human Milk Fortifier	Abbott Nutrition
Similac PM 60/40	Abbott Nutrition
Similac for Spit Up	Abbott Nutrition
Similac Special Care with Iron 20	Abbott Nutrition
Similac Special Care with Iron 24	Abbott Nutrition
Suplena with Carb Steady	Abbott Nutrition
Tolerex	Nestlé Nutrition
TwoCal HN	Abbott Nutrition
Tyrex-1	Abbott Nutrition
Tyrex-2	Abbott Nutrition
UCD Anamix Junior	Nutricia
UCD-2	Nutricia
Vital High Nitrogen	Abbott Nutrition
Vivonex Pediatric	Nestlé Nutrition
Vivonex Plus	Nestlé Nutrition
Vivonex T.E.N.	Nestlé Nutrition
XLeu Analog	Nestlé Nutrition
XLeu Maxamaid	Nutricia
XLeu Maxamum	Nutricia

Formula	Manufacturer
XLYS, XTrp Analog	Nutricia
XLys, XTrp Maxamaid	Nutricia
XLys, XTrp Maxamum	Nutricia
XMet Analog	Nutricia
XMet Maxamaid	Nutricia
XMet Maxamum	Nutricia
XMTVI Analog	Nutricia
XMTVI Maxamaid	Nutricia
XMTVI Maxamum	Nutricia
XPhe , XTyr Maxamaid	Nutricia
XPhe Maxamaid	Nutricia
XPhe Maxamum	Nutricia
XPhe Maxamum Drink	Nutricia
XPHE, XTyr Analog	Nutricia
XPTM Analog	Nutricia

- a. Ready-to-feed formula may be indicated in limited documented cases, such as:
 - (1) Unsanitary or restricted water supply
 - (2) Inadequate refrigeration
 - (3) Caregiver has a documented condition which inhibits the proper dilution of concentrated or powder formula.
 - (4) For participants in Food Package III with a qualifying medical condition and who are receiving exempt infant formulas or medical foods (a) if the ready-to-feed form better accommodates the participant's medical condition or (b) if the ready-to-feed form improves the participant's compliance in consuming the prescribed formula.
- b. If a health care provider with prescriptive authority orders a product that is not on this list, contact the Nutrition Unit to determine whether the product is authorized for distribution through Georgia WIC.
- c. Special formulas may be acquired through the Nutrition Unit. See Georgia WIC Procedures Manual, Food Package Section for appropriate procedure and forms.

Formula Manufacturers

<p>Hormel Health Labs 3000 Tremont Road Savannah, Georgia 31405 (800) 866-7757</p> <p>Mead Johnson Nutritional Group 2400 W. Lloyd Expressway Evansville, Indiana 47721-0001 (800) 247-7893 - Adult Products (800) BABY-123 [222-9123] - Pediatric Products</p> <p>Med-Diet Laboratories, Inc. 3050 Ranchview Lane Plymouth, Minnesota 55447 (612) 550-2020; FAX (612) 550-2022 (800) 633-3438: Consumer Telephone Number</p> <p>Nestlé Nutrition 12 Vreeland Road, 2nd Floor Florham Park, New Jersey 07932 (973) 593-7500 FAX (973) 593-7718</p> <p>Nutra/Balance Products 7155 Wadsworth Way Indianapolis, Indiana 46219 (800) 432-3134</p> <p>Nutricia North America 9900 Belward Campus Drive, Ste. 100 Rockville, MD 20850 (800) 365-7354 FAX (301) 795-2301</p>	<p>PBM Products 204 N. Main St. Gordonsville, VA 22942 (800) 485-9969</p> <p>Ross Products Division, Abbott Nutrition 625 Cleveland Avenue Columbus, Ohio 43216 (800) 551-5838 (800) 227-5767: Consumer Information</p> <p>Scandipharm, Inc. 2200 Inverness Center Parkway Suite 310 Birmingham, Alabama 35242 (800) 950-8085</p> <p>Solace Nutrition One Research Court , Suite 450 Rockville, MD 20850 (888) 876-5223 FAX (401) 633-6066</p> <p>Vitaflo Limited Distributed Through: Transitional Service and Operation 123 East Neck Road Huntington, New York 11743 (631) 547-5984</p>
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SPECIAL FORMULA ORDER FORM

I. TO BE COMPLETED BY DISTRICT/LOCAL STAFF Date Faxed: _____

Rush Delivery: YES NO

- Nutrition Unit called or emailed and notified of incoming fax.
- Written medical documentation with medical diagnosis attached.
- Returned packing slip to the Nutrition Unit when formula was received.

1. Name of WIC client & WIC ID Number _____
2. Birth Date _____
 - "First Day To Use" date on vouchers for current issuance month _____
 - Infant age (in months & days) as of "First Day To Use" date _____
3. Diagnosis (es) _____
4. Name of formula requested _____
 - Formula flavor (if applicable) _____
5. Product number/manufacturer of formula _____
6. Amount of formula **needed** for current month (number of cans / containers) _____
 - Amount of formula **prescribed** per month (total # of cans / containers) _____
 - Amount of formula **on hand** (number of cans / containers) _____
7. Type of formula: ready to feed, concentrate, powder, single use bottle, etc. (Provide justification for RTF formula) _____
8. Estimated time on formula _____
9. Formula issue month (based on voucher "First Day To Use" date) _____
10. Clinic name, contact person, and phone no. _____
11. Address/telephone number to ship formula _____
12. Prescribing Physician _____
13. District contact person _____
14. WIC/Nutrition Coordinator's signature or designee _____

II. TO BE COMPLETED BY NUTRITION UNIT

1. Formula Cost of this order (including price per case) _____
2. Date order placed to formula company _____
3. Clinic/District's account number _____
4. Contact person at formula company/phone no. _____
5. Anticipated date of delivery _____
6. State Nutrition Program Consultant's signature & date _____

III. TO BE COMPLETED BY STATE WIC BUDGET OFFICER

1. Purchasing authorization number/initial date _____
2. Field Purchase Order # / initial date _____
3. WIC Financial Director's signature _____

Special Formula Order Tracking Form

Sample

Clients Name: _____

Date of Last Rx	Next Rx Due Date	P/U Code	Next Pick Up Date	Date Order Faxed to State	Amt of Formula Ordered	Amt of Formula Received	Date Order Received	Date Packing Slip Faxed to State	Date Client Picked Up	Amt. of Formula Issued	Amt. of Formula Leftover
9/1/2008	3/1/2009	2A4	10/13/2008	9/29/2008	9 cans	12 cans (3 cases)	10/3/2008	10/3/2008	10/14/2008	9 cans	3 cans
			11/10/2008	10/31/2008	6 cans	8 cans (2 cases)	11/6/2008	11/6/2008	11/11/2008	9 cans	2 cans
			12/8/2008	11/24/2008	7 cans	8 cans (2 cases)	12/3/2008	12/4/2008	12/10/2008	9 cans	1 can
			1/12/2009	12/29/2008	8 cans	8 cans (2 cases)	1/6/2009	1/7/2009	1/9/2009	9 cans	0
			2/9/2009	1/30/2009	9 cans	12 cans (3 cases)	2/5/2009	2/5/2009	2/9/2009	9 cans	3 cans

Table: Cheese and Tofu Substitution

Note: When milk substitutions are provided, the full maximum monthly fluid milk allowance must be provided.

**Children/Non-Breastfeeding and Some Breastfeeding Women:
Standard Milk Allotment – 16 quarts**

Cheese Substitution			
For this amount of cheese (lb)	Give this amount of fluid milk (gallon)	Plus this amount of powder milk OR evaporated milk "CHOOSE ONE"	
		Powder Milk (3qt)	Evaporated Milk (12 oz)
0	4	0	0
1	3	1	4
2	2 ½	0	0
3	1	1	4
4*	1	0	0

Tofu Substitution	
For this amount of tofu (lb)	Give this amount of fluid milk (gallon)
0	4
2	3 ½
4	3
6	2 ½
8**	2

*Maximum amount of cheese which is allowed to be substituted for milk

**Maximum amount of tofu which is allowed to be substituted for milk

**Pregnant and Mostly Breastfeeding Women:
Standard Milk Allotment – 22 quarts**

Cheese Substitution			
For this amount of cheese (lb)	Give this amount of fluid milk (gallon)	Plus this amount of powder milk OR evaporated milk "CHOOSE ONE"	
		Powder Milk (3qt)	Evaporated Milk (12 oz)
0	5 ½	0	0
1	4	1	4
2	4	0	0
3	2 ½	1	4
4	2 ½	0	0
5	1	1	4
6*	1	0	0

Tofu Substitution	
For this amount of tofu (lb)	Give this amount of fluid milk (gallon)
0	5 ½
2	5
4	4 ½
6	4
8	3 ½
10	3
12**	2 ½

* Maximum amount of cheese which is allowed to be substituted for milk

** Maximum amount of tofu which is allowed to be substituted for milk

Exclusively Breastfeeding Women:

Standard Allotment – 24 quarts of milk and one (1) pound of cheese

Cheese Substitution			
For this amount of cheese (lb)	Give this amount of fluid milk (gallon)	Plus this amount of powder milk OR evaporated milk "CHOOSE ONE"	
		Powder Milk (3qt)	Evaporated Milk (12 oz)
0	6	0	0
1	4	1	4
2	4	0	0
3	2 ½	1	4
4	2 ½	0	0
5	1	1	4
6*	1	0	0

Tofu Substitution	
For this amount of tofu (lb)	Give this amount of fluid milk (gallon)
0	6
2	5 ½
4	5
6	4 ½
8	4
10	3 ½
12**	3

* Maximum amount of cheese which is allowed to be substituted for milk

** Maximum amount of tofu which is allowed to be substituted for milk

*** The amount is in addition to the standard one (1) pound of cheese issued to **all** exclusively breastfeeding women.

Form #1 Instructions***Medical Documentation Form for WIC Special Formulas and Approved WIC Foods***

A. Form Explanation

1. The *Medical Documentation Form for WIC Special Formulas and Approved WIC Foods* is designated as “Form #1,” as identified by the “1” in the box in the upper right corner on both the first and second page of the form.
2. The *Medical Documentation Form for WIC Special Formulas and Approved WIC Foods* (Form #1) is used to prescribe any formula/medical food requiring a prescription for issuance by Georgia WIC. These formulas/medical foods are outlined below:
 - a) Any exempt infant formula for an infant (e.g., **Enfamil EnfaCare**)
 - b) Any medical food prescribed for infants, children, or women (e.g., PediaSure, Hominex-1, Nutren Junior, Similac Special Care 24)
 - c) Any infant formula or exempt infant formula prescribed for children or women (e.g., Gerber Good Start Gentle or EleCare for Infants)
3. The *Medical Documentation Form for WIC Special Formulas and Approved WIC Foods* (Form #1) **should not** be used solely to provide medical documentation for issuance of food substitutions such as soy milk, tofu, or extra cheese. Please refer to Form #2 (*Referral Form and Medical Documentation for Special Food Substitutions*) for food substitutions.
4. The *Medical Documentation Form for WIC Special Formulas and Approved WIC Foods* (Form #1) consists of five parts – WIC participant information at the top of the form followed by four (4) sections for documentation of diagnoses, the prescribed formula/medical foods, the allowed WIC supplemental foods, and the provider’s information. All four (4) sections plus the participant information **must** be completed on the form in order for the form to be accepted by the WIC clinic. If information is missing or incomplete, the CPA should attempt to contact the prescribing medical office/clinic to obtain a verbal **clarification** and follow the instructions in Section VIII (Medical Documentation) of the Food Package Section for documenting verbal orders and obtaining necessary verification.
5. Formula products requiring a prescription, medical foods, and supplemental foods cannot be issued to WIC clients with qualifying medical conditions unless complete, up-to-date written medical documentation or a verbal order is present and documented. It is unacceptable and against program policy to issue formula, medical foods, or supplemental foods for one month until the client can provide the required documentation. Documentation must be present prior to issuance, except in the case of transfers whose medical documentation cannot be obtained at the time of Transfer In; such participants may only receive one (1) month of vouchers until documentation is received. (Refer to the Certification Section.)
6. Health care providers are not required to use the *Medical Documentation Form for WIC Special Formulas and Approved WIC Foods* (Form #1) for the prescription of formulas and medical foods, but its use is strongly encouraged to reduce the likelihood of missing information when other forms are used.

However, medical documentation can also be provided on a physician's prescription pad, private medical office letterhead, or District/County letterhead, as long as all of the required information is present.

7. The completed medical documentation may be faxed to the clinic, sent electronically, delivered in person, or mailed.
8. The *Medical Documentation Form for WIC Special Formulas and Approved WIC Foods* (Form #1) is available on Georgia WIC website at:
<http://wic.ga.gov/wicformula.asp>.

B. Form Components

1. WIC Participant Information: The WIC participant's first and last name, date of birth, and (for infants/children) the parent/caregiver's name must be listed at the top of the form.
2. Section #1: Qualifying Medical Conditions
 - a) This section is where the medical diagnosis (es) is documented that justifies the need for the special formula or medical food.
 - b) Both the name of the medical condition and the applicable ICD-9/ICD-10 code must be listed.
 - c) Resources for ICD-9/ICD-10 codes can be found at:
 - <http://www.who.int/classifications/icd/en/>
 - <http://www.cdc.gov/nchs/about/major/dvs/icd9des.htm>
 - http://en.wikipedia.org/wiki/List_of_ICD-9_codes
 - <http://en.wikipedia.org/wiki/ICD-10>
 - <http://icd9cm.chrisendres.com/>
3. Section #2: Special Formula Requested
 - a) This section is where the brand name of the prescribed special formula or medical food is listed. The full name of the prescribed product should be listed (e.g., "Neocate Infant DHA and ARA" or "Neocate Junior" rather than "Neocate") to avoid confusion. If the full product name is not specified, the CPA must call the prescribing health care provider for clarification and document the complete information on the form. The updated information must be signed and dated by the CPA.
 - b) The amount of the product must be listed in fluid ounces per day, unless there is no standard dilution (e.g., many metabolic formulas). If there is no standard dilution, the provider may list the amount prescribed per day in another form based on the patient's individualized mixing instructions (e.g., grams of powder per day). If the prescribed product is in concentrate or powdered form, the amount per day is listed in reconstituted fluid ounces (i.e., after preparation with water) based on standard dilution. Formula is issued based on standard reconstitution directions.
 - c) The prescribing health care provider **should** identify the form of

the product by checking the “powder,” “concentrate,” or “ready-to-feed” box. If “ready-to-feed” is selected, the CPA must determine if the participant meets WIC ready-to-feed issuance requirements and must document those reasons in the participant’s record. See page FP-14 for more details.

- d) The prescribing health care provider must indicate the intended length of time the participant will need to use the special formula/medical food product based on the participant’s condition. This is only an estimate. However, if the planned length of use is less than 6 months (e.g., 1 or 2 months), the participant must provide the WIC clinic with an updated medical documentation form to continue on the special formula/medical food beyond the 1 month or 2 months initially indicated. Clinics cannot issue vouchers beyond the period of time listed in the “planned length of use” in Section #2. For example, if an infant has medical documentation to receive EleCare for Infants for 2 months, the clinic may only issue 2 months worth of vouchers. New medical documentation must be presented to the clinic at the end of the 2-month time period in order for the infant to continue receiving EleCare for Infants.

4. Section #3: WIC Foods

- a) This section is where the prescribing health care provider indicates which WIC supplemental foods the participant can or cannot receive based on the participant’s medical condition.
- b) The provider must complete either “A” or “B” of this section.
- c) If the participant is allowed to consume all supplemental foods, the provider must initial the line in section “A.”
- d) If the participant cannot eat certain foods due to the medical condition, the provider must check all applicable boxes in section “B” to indicate which foods **cannot** be issued.
- e) The provider can list any special comments in the “Comments” box on the table. This area can be used to indicate special situations (e.g., the participant can only drink soy milk or goat milk).
- f) If the formula is to replace milk in the diet, then milk should be checked on the contraindicated supplemental food box.

5. Section #4: Health Care Provider Information

- a) This section is where the prescription date is recorded and the prescribing health care provider’s name, signature, credentials, and contact information are documented.
- b) All five boxes must be completed.
- c) The form can only be signed by the types of providers listed.
- d) The medical office/clinic contact information can be stamped.
- e) The provider’s signature cannot be a stamped signature.

6. Page 2: The back of the form contains information for completing the form, definitions, examples, and the non-discrimination statement.

C. Evaluation of Medical Documentation

1. The CPA must carefully evaluate the diagnosis, formula/medical food prescribed, supplemental foods allowed, and the WIC participant's existing anthropometric data and nutrition/health history.
2. The CPA must determine whether or not the prescription can be approved for WIC use based on WIC policies and procedures. Please refer to Section VIII (Medical Documentation) of the Food Package Section for additional guidance. CPAs must take into consideration:
 - a) Which formulas and medical foods are approved for issuance by Georgia WIC,
 - b) The maximum allowed quantities of special formulas and medical foods based on participant category (infant, child, or woman), age, feeding method, and product form,
 - c) The intended use of the formula or medical food,
 - d) The appropriateness of the diagnosis for the prescribed formula or medical food,
 - e) Non-specific diagnoses that are not acceptable for WIC prescriptions and diagnoses requiring additional information (see page 2 of the form),
 - f) The participant's age and existing health data.
3. The CPA must determine whether an appropriate state-created food package exists to meet the participant's needs or whether a 999 food package must be developed using state-created and/or District-created voucher codes.
4. The CPA must determine when the participant is required to bring updated medical documentation back to the clinic.
 - a) If section #2 of the form indicates a time period of less than 6 months, new documentation is required at the end of that time period (e.g., 1 or 2 months after the date in section #4) or at the next certification, whichever comes first.
 - b) If section #2 of the form indicates a time period of 6 or more months, new documentation is required in 6 months from the date listed in section #4 or at the next certification, whichever comes first.
5. Districts are encouraged to designate a contact person (e.g., Nutrition Manager, Nutrition Services Director) for CPAs to call when medical documentation questions arise.
6. Additional clarifying information can always be requested from the provider, if necessary, prior to the denial of a prescription.

D. Special Situations

1. Infants (ages 6-11 months) receiving exempt infant formulas or medical foods and who cannot tolerate any supplemental foods are eligible to receive formula at the higher maximum rate allowed for a 4-5 month old infant in place of the supplemental foods.
 - a) The infant must be age 6-11 months old.
 - b) The infant must be receiving an exempt infant formula or a medical food. Infants receiving standard infant formulas requiring medical

documentation are not eligible to receive the higher maximum formula rate in place of the infant foods, even if the infant is unable to consume those foods. **The ineligible formulas are Similac Sensitive for Spit Up, Enfamil A.R., and any store brand milk-based rice-added formulas approved by USDA (e.g., Parent's Choice Added Rice Starch).**

- c) The provider must indicate under section #3 (WIC Foods) on the medical documentation form that the infant cannot consume both "infant cereal" and "baby food fruits and vegetables" by checking both boxes. If the infant cannot tolerate just one of the supplemental foods, the infant is not eligible to receive the additional formula quantity.

2. Ready-to-Feed Products

- a) Infants with medical documentation who are receiving exempt infant formulas or medical foods are eligible for two additional reasons to be issued the ready-to-feed form of a product:
 - If the ready-to-feed product better accommodates the participant's medical condition
 - If the ready-to-feed product improves the participant's compliance in consuming the prescribed product.
- b)** Infants with medical documentation who are receiving the following formulas are **not** eligible for the additional two reasons listed above to issue the ready-to-feed version of a product: **Similac Sensitive for Spit Up, Enfamil A.R., and rice-added formulas approved by USDA (e.g., Parent's Choice Added Rice Starch).**
- c) The reason for issuance of a ready-to-feed product must be clearly documented in the participant's WIC record.

3. Milk Issuance

- a) Children and women with medical documentation who are receiving any formula or medical food **and** who have a qualifying medical condition (i.e., are in Food Package III) are eligible to receive whole milk. Milk must be allowed per the provider's medical documentation (i.e., the "milk" box must not be checked as contraindicated in section #3). If milk is allowed, children/women can be issued whole milk **when requested by physician on the medical documentation form.**
- b) If milk is allowed, children ages 12-23 months old **cannot** be issued low-fat milk for any reason, even with medical documentation.
- c) Tofu, soy milk, goat milk, lactose-reduced milk, or extra cheese can be substituted for milk for clients who are providing other medical documentation (Food Package III) by following the procedures for milk substitutions previously outlined by participant category in the Food Package Section.

4. Children and Women Needing Infant Cereal

- a) Children and women with medical documentation who are receiving any formula or medical food and who have a qualifying medical

condition (Food Package III) can be issued infant cereal in place of adult cereal.

- b) Children and women who, for example, have developmental delays or swallowing disorders may be issued up to 32 ounces of infant cereal in place of 36 ounces of adult cereal.
- c) The CPA can make this determination or the provider can make the substitution request in the comments section on the medical documentation form in section #3 (WIC Foods).


E. Formula Quantity To Issue

1. As stated on page 2 of the medical documentation form, infant WIC participants are to be issued the full maximum quantity of formula allowed per month regardless of the quantity prescribed per day under section #2 of the form. This ensures that the infants receive the full nutritional benefit. The full maximum quantity allowed depends upon the infant's age, feeding method (Mostly Breastfed or Fully Formula Fed), the product form (powder, concentrate, or ready-to-feed), and the product package size.
2. Child and woman WIC participants are to be issued the quantity of formula or medical food prescribed, up to the maximum quantity allowed by WIC regulations, under section #2 of the form.


F. Valid Dates

1. New medical documentation (Form #1) of a prescribed special formula or medical food is required every six (6) months, at a minimum, and at every recertification/certification / mid-certification (if the medical documentation on file was signed and dated by the health care provider more than 30 days prior to the recertification/certification / mid-certification). For example, if the caregiver of an infant client provides medical documentation on Form #1 when the infant is age 5 months 2 days old, a new, updated copy of the medical documentation must also be provided at the time of the mid-certification if it occurs when the infant is more than 6 months 2 days old. Likewise, if the caregiver of a child participant provides medical documentation for a prescribed formula/medical food using Form #1 at age 22 months 25 days, a new, updated copy of the medical documentation must also be provided at the next subcert, if that recertification occurs more than 30 days after the medical documentation was signed by the provider (e.g., when the child is age 24 months old).
2. Each time new medical documentation (Form #1) is submitted by a WIC participant, it must include all required information and must be signed and dated by the health care provider no more than 30 days ago. Clinics cannot accept medical documentation (Form #1) where the date under section #4 has simply had a line drawn through it and a new date added. A new form must be submitted.

Page 1 of Medical Documentation Form (Form 1)



Georgia WIC Program
Medical Documentation Form for WIC Special Formulas and WIC Foods



1

Patient's First & Last Name: _____ Date of Birth (MM/DD/YY): ____/____/____
 Parent/Caregiver's First & Last Name: _____

1. Qualifying Medical Condition(s)

List the **SPECIFIC** diagnosed or suspected medical condition(s) **and** the ICD-9 or ICD-10 code(s) justifying the formula/medical food prescription.

Qualifying diagnosed medical condition(s): _____
 And applicable ICD-9 or ICD-10 code(s): _____

Note: WIC approval and provision of prescription formulas and medical foods are based on Georgia WIC Program policies and procedures.

2. Special Formula Requested

Name of formula/medical food requested: _____
 Prescribed ounces per day: _____ oz/day* Form: Powder Concentrate Ready-to-feed[†]
 Special instructions/comments**: _____
If Applicable: Flavor: _____ With Fiber: Yes No N/A

Planned length of use: _____ months WIC prescription renewal is required periodically (every 1-6 months).
*Prescribed amount per day is based on reconstituted fluid ounces of the formula product at standard dilution. Instructions on reverse.
 **Prematurity: With documentation, premature infants can receive infant formula past one year to account for adjusted age. Medical documentation will need to be provided at the one year WIC certification.
[†]The use of ready-to-feed products requires additional justification for WIC unless ready-to-feed is the only available product form.

3. WIC Foods

Please complete section A or section B below. The patient may receive the supplemental foods – appropriate to his or her WIC participant category – listed below in addition to the approved special formula.

A. **No Supplemental Food Restrictions:** _____ (provider initials)
 If there are **no** prescribed food restrictions, please initial the "No Supplemental Food Restrictions" line above.

B. **If there are prescribed food restrictions due to the patient's medical condition(s):**
 In the "Contraindicated Supplemental Foods" column, please check () any supplemental foods that **cannot** be issued due to the patient's medical condition(s). Please describe any other prescribed restrictions or special requests in the "Comments" section below. (Developmental readiness, allergies, tube fed, NPO, etc.)

WIC Category	Contraindicated Supplemental Foods – Check the foods that should NOT be issued to the patient.					
Infants (6-11 mos.)	Infant Cereal	<input type="checkbox"/>	Baby Food Fruits and Vegetables	<input type="checkbox"/>		
	Milk	<input type="checkbox"/>	Beans / Peas	<input type="checkbox"/>	Vegetables / Fruits	<input type="checkbox"/>
Children (≥ 12 mos.) & Women	Cheese	<input type="checkbox"/>	Peanut Butter	<input type="checkbox"/>	Juice	<input type="checkbox"/>
	Cereal	<input type="checkbox"/>	Eggs	<input type="checkbox"/>	Canned Fish*	<input type="checkbox"/>
					Whole Grains (wheat bread, rice, or whole grain tortillas)	<input type="checkbox"/>
Comments:						

* Only for exclusively breastfeeding women, women pregnant with multiple fetuses, and women mostly breastfeeding multiple infants.

4. Health Care Provider Information (Please Complete All Boxes.)

Provider's Signature/Credentials:	*Title:
Provider's Name (Please Print):	Date: / /

Medical Office/Clinic Name: _____
 Street Address: _____
 City: _____
 Zip Code: _____
 Phone Number: _____
 Fax Number: _____

Original signature required. No stamped signatures or proxy signatures (e.g., by nursing staff) will be accepted.
***Note:** The Georgia WIC Program only accepts prescriptions authorized and signed by the following providers:

- Physicians (MD, DO)
- Physician Assistants (PA, PA-C)
- Nurse Practitioners (e.g., NP, APRN, CPNP, CNP, PNP, CNNP)

Page 2 of Medical Documentation Form (Form #1)

Instructions & Resources for Use of This Form:

1

Use this form to request special formulas and/or medical foods for patients with qualifying medical conditions. Please refer to Georgia WIC Form #2 (*Referral Form & Medical Documentation for Special Food Substitutions*) for children/women with food intolerances (e.g., lactose intolerance) or food allergies (e.g., milk protein allergy) that can be managed with food substitutions (e.g., soy milk, tofu, etc.).

If you have questions or need additional clarification when completing this form, please contact the local WIC agency where your patient is receiving WIC benefits. A directory of Georgia WIC clinics is available at: http://health.state.ga.us/wic_clinics/clinic_lookup.aspx. Information about formulas and medical foods approved for issuance by the Georgia WIC Program is located at: <http://wic.ga.gov/hcprovider.asp>.

Local agency WIC staff will review requests for special formulas and medical foods according to federal regulations and Georgia WIC Program policies and procedures. Diagnosis of a serious medical condition (e.g., Failure To Thrive) must be consistent with the patient's anthropometric data. Additional clarification or documentation may be necessary to complete the approval process. Denial of a request does not imply that WIC Program staff question the health care provider's clinical judgment. However, federal policy limits the issuance of special formulas and medical foods to cases of serious diagnosed medical conditions.

Provision of special formulas and medical foods by the Georgia WIC Program will be for intervals of one (1) to six (6) months. At a minimum, a new medical authorization is required at each renewal or formula change.

Definitions, Examples and Exclusions:

Qualifying Medical Conditions: SPECIFIC suspected or diagnosed life-threatening disorders, diseases and medical conditions that impair the ingestion, digestion, absorption or utilization of nutrients that could adversely affect the patient's nutritional status. Examples include, but are not limited to:

- Metabolic disorders (e.g. PKU)
- Malabsorption syndromes (e.g. Short Gut Syndrome)
- Low birth weight, premature birth, and failure to thrive (FTT)
- Severe food allergies requiring use of an elemental formula (e.g. Milk Protein Allergy, Eosinophilic Esophagitis)
- Gastrointestinal disorders (e.g. Gastroesophageal Reflux Disease)
- Immune system disorders (e.g. Celiac Disease)

Non-Qualifying / Excluded Conditions:

- Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition
- Non-specific formula intolerance or food intolerance
- Patient preference, parental preference, or food dislikes

Medical Diagnoses:

- Non-specific symptoms or diagnoses are insufficient for the purposes of Georgia WIC prescriptions (e.g., colic, milk allergy, multiple food allergies, spitting up, milk/formula intolerance, feeding problems, feeding difficulties, picky eater, poor appetite, inadequate intake, constipation, cramps, digestive disturbances, fussiness and gas).
- The following diagnoses require an **underlying medical condition** be present and documented: "underweight," "feeding disorder," "inadequate/poor weight gain," and "inadequate/poor growth." The Georgia WIC Program cannot accept these diagnoses alone – a more specific, primary medical condition **must** be present and listed among the diagnoses (e.g., Cerebral Palsy, Failure To Thrive, Oral-Motor Feeding Disorder, Prematurity, Dysphagia, etc.).
- The Georgia WIC Program may require additional documentation for prescription approval if diagnoses are missing, incomplete, non-specific, inconsistent with existing anthropometric data, or if clarification is needed.

Prescribed Formula Quantity:

- Infants (<12 months of age) enrolled in the Georgia WIC Program will receive the **full maximum quantity** of formula allowed per month regardless of the amount of formula prescribed per day under Section #2 of the form. The maximum quantity of formula allowed is based on age, feeding method (*Mostly Breastfed* or *Fully Formula Fed*), product form (concentrate, ready-to-feed, powder), and product package size. (*Note: Exclusively Breastfed* infants do not receive any formula from the WIC Program.)
- Children and women enrolled in the Georgia WIC Program will receive the quantity of formula or medical food prescribed under Section #2, **not to exceed** the maximum quantity allowed by federal regulations and Georgia WIC Program policy.
- The amount of prescribed formula or medical food provided by WIC is subject to the maximum allowable quantities determined by federal regulations and outlined in Georgia WIC Program policies. WIC is a supplemental program. Patients are responsible for acquiring any additional prescribed quantities of formulas or medical foods that exceed what is eligible for provision by WIC.

Approximate WIC Maximum DAILY Allowances of Reconstituted Formula for Infants*

Feeding Method:	Age 0 – 1 Month	Age 1 – 3 Months	Age 0 – 3 Months	Age 4 – 5 Months	Age 6 – 11 Months
Mostly Breastfed	3.5 fluid oz/day	12.0 fluid oz/day		14.5 fluid oz/day	10.5 fluid oz/day
Fully Formula Fed			27.0 fluid oz/day	29.5 fluid oz/day	21.0 fluid oz/day

*Fluid ounces based on reconstituted liquid concentrate formula. Amounts differ for ready-to-feed and reconstituted powder formulas. Refer to the federal regulations at www.fns.usda.gov/wic.

Use of Ready-To-Feed Products: Ready-to-feed products may be issued in cases where there is an unsanitary/restricted water supply, poor refrigeration, when the patient's caregiver has difficulty in correctly diluting concentrated or powdered formula, or when ready-to-feed is the only available product form. In a limited number of situations, ready-to-feed products (classified by USDA as "exempt infant formulas" or "medical foods") also may be issued to patient's with qualifying medical conditions if a ready-to-feed product (a) better accommodates the patient's medical condition or (b) improves the patient's compliance in consuming the prescribed product. The patient's local WIC clinic can provide additional guidance concerning which products qualify for issuance in the ready-to-feed form.

We appreciate your cooperation and partnership in serving the Georgia WIC population.

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.

Form #2 Instructions***Referral Form and Medical Documentation for Special Food Substitutions***

A. Form Explanation

1. The *Referral Form and Medical Documentation for Special Food Substitutions* is designated as "Form #2," as identified by the "2" in the box in the upper right corner on both the first and second page of the form.
2. The *Referral Form and Medical Documentation for Special Food Substitutions* (Form #2) is used for two primary purposes – to provide medical referral data on a WIC participant/applicant and to provide the required medical documentation needed to authorize special food substitutions in place of all or part of the milk allowance for women and children. The form may be used to provide referral data only, to authorize a special food substitution only, or for both.
3. The *Referral Form and Medical Documentation for Special Food Substitutions* (Form #2) **should not** be used to prescribe any formula/medical food requiring a prescription for issuance by Georgia WIC. Please refer to Form #1 (*Medical Documentation Form for WIC Special Formulas and Approved WIC Foods*) for prescribing special formulas or medical foods.
4. The *Referral Form and Medical Documentation for Special Food Substitutions* (Form #2) consists of four parts – WIC participant information and medical office contact information at the top of the form followed by three (3) sections for documentation of medical referral data, the prescription of milk substitutions for children, and the prescription of milk substitutions for women. Only the WIC participant information and the medical office contact information is required to be completed on every form. The applicable section(s) should be completed for each participant depending upon whether the form is being used for medical referral data only, for the prescription of special food substitutions only, or for both. If a special food substitution is being prescribed and any information is missing or incomplete in the applicable section, the CPA should attempt to contact the prescribing medical office/clinic to obtain a verbal order and follow the instructions in Section VIII (Medical Documentation) of the Food Package Section for documenting verbal orders and obtaining necessary verification.
5. Special food substitutions requiring medical documentation cannot be issued to WIC clients unless complete, up-to-date written medical documentation or a verbal order is present and documented. It is unacceptable and against program policy to issue special food substitutions for one month until the client can provide the required documentation. Documentation must be present prior to issuance except in the case of transfers whose medical documentation cannot be obtained at the time of Transfer In; such participants may only receive 1 month of vouchers until documentation is received. (Refer to the Certification Section.)
6. Health care providers are not required to use the *Referral Form and Medical Documentation for Special Food Substitutions* (Form #2) for the provision of medical referral data or for the prescription of special food substitutions for women and children, but its use is strongly encouraged to reduce the likelihood of missing information when other forms are used. However, referral data and

medical documentation for special food substitutions can also be provided on a physician's prescription pad, private medical office letterhead, or District/County letterhead, as long as all of the required information is present.

7. The completed referral form (Form #2) may be faxed to the clinic, sent electronically, delivered in person, or mailed.
8. The *Referral Form and Medical Documentation for Special Food Substitutions* (Form #2) is available on Georgia WIC website at:
<http://wic.ga.gov/wicformula.asp>.

B. Form Components

1. WIC Participant Information & Medical Office Contact Information: The WIC participant's first and last name, date of birth, and (for infants/children) the parent/caregiver's name must be listed at the top of the form along with the medical office/clinic contact information. This information must be completed on all referral forms regardless of what other information is being provided on the form (e.g., referral data only or prescription of special food substitutions or both).
2. Referral Data
 - a) This section is where the medical referral data are reported. Only applicable spaces should be completed based upon the WIC participant category (e.g., infant, child, or woman).
 - b) It is not mandatory to complete this section if prescribing a special food substitution.
 - c) If only referral data are being provided, the health professional who collected the data should sign the "Referral Data Provided By:" line and enter the date the form was completed.
3. Authorization of Special Food Substitutions for Children
 - a) This section is where special food substitutions are prescribed in place of all or part of the milk allowance for children ages 12 months and older. If a food substitution is prescribed, all parts of this section must be completed in full.
 - b) The diagnosed medical condition justifying the special food substitution is required. The diagnosis (e.g., lactose intolerance, vegan/vegetarian, milk protein allergy, etc.) should be consistent with the food substitution prescribed as outlined in Section VIII (Medical Documentation) of the Food Package Section.
 - c) The prescribing health care provider must check the box identifying which food substitution is being authorized. Federal regulations mandate that child WIC participants are required to have medical documentation authorizing the issuance of any quantity of soy milk, any quantity of tofu, or more than one (1) pound of cheese per month.
 - d) The exact quantity of the food substitution issued is determined by the CPA in conjunction with the participant or parent/caregiver. In some instances, only part of the milk allowance will be replaced with

the special food substitution, depending upon the participant's medical needs and the substitution rates. When providing food substitutions for milk, the full nutritional benefit must be provided, which may require the issuance of some powdered, evaporated milk, or fluid milk. See Attachment FP-39 for more information on how to calculate milk substitutions and the maximum amounts of milk allowed to be substituted.

- e) The prescribing health care provider must indicate the intended length of time the participant will need to use the special food substitution based on the participant's condition. This is only an estimate. However, if the planned length of use is less than 6 months (e.g., 4 months), the participant must provide the WIC clinic with an updated referral form (Form #2) containing medical documentation to continue on the special food substitution beyond the number of months initially indicated. Clinics cannot issue vouchers containing special food substitutions beyond the period of time listed in the "Planned Length of Use." For example, if a child has medical documentation to receive extra cheese for 2 months, the clinic may only issue 2 months worth of vouchers. New medical documentation must be presented to the clinic at the end of the 2-month time period in order for the child to continue receiving extra cheese.

4. Authorization of Special Food Substitutions for Women

- a) This section is where special food substitutions are prescribed in place of all or part of the milk allowance for women participants. If a food substitution is prescribed, all parts of this section must be completed.
- b) The diagnosed medical condition justifying the special food substitution is required. The diagnosis (e.g., lactose intolerance, vegan/vegetarian, milk protein allergy, etc.) should be consistent with the food substitution prescribed as outlined in Section VIII (Medical Documentation) of the Food Package Section.
- c) The prescribing health care provider must check the box identifying which food substitution is being authorized. Federal regulations mandate that women WIC participants are required to have medical documentation authorizing the issuance of extra tofu or extra cheese. Women are **not** required to have medical documentation in order to receive soy milk.
- d) Extra tofu is defined for women participants as the issuance of:
 - a. More than four (4) pounds of tofu per month for pregnant women and for postpartum women classified as Non-Breastfeeding, Some Breastfeeding, Mostly Breastfeeding.
 - b. More than six (6) pounds of tofu per month for women classified as Exclusively Breastfeeding (one or more infants), Pregnant with Multiples (e.g., twins, triplets, etc.), Mostly Breastfeeding Multiples.
- e) Extra cheese is defined for women participants as the issuance of:
 - a. More than one (1) pound of cheese per month for women who are pregnant with only one fetus and for postpartum

women classified as Non-Breastfeeding, Some Breastfeeding, or Mostly Breastfeeding.

- b. More than three (3) pounds of cheese per month for women who are classified as Exclusively Breastfeeding (one or more infants) or who are pregnant with multiple fetuses (e.g., twins, triplets, etc.) or Mostly Breastfeeding Multiples.
 - f) The exact quantity of the food substitution issued is determined by the CPA in conjunction with the participant. In some instances, only part of the milk allowance will be replaced with the special food substitution, depending upon the participant's medical needs and the substitution rates. When providing food substitutions for milk, the full nutritional benefit must be provided, which may require the issuance of some powdered, evaporated, or fluid milk. See Attachment FP-39 for more information on how to calculate milk substitutions and the maximum amounts of milk allowed to be substituted.
 - g) The prescribing health care provider must indicate the intended length of time the participant will need to use the special food substitution based on the participant's condition. This is only an estimate. However, if the planned length of use is less than 6 months (e.g., 4 months), the participant must provide the WIC clinic with an updated referral form containing medical documentation to continue on the special food substitution beyond the number of months initially indicated. Clinics cannot issue vouchers containing special food substitutions beyond the period of time listed in the "Planned Length of Use." For example, if a woman has medical documentation to receive extra cheese for 2 months, the clinic may only issue 2 months worth of vouchers. New medical documentation must be presented to the clinic at the end of the 2-month time period in order for the woman to continue receiving extra cheese.
5. Page 2: The back of the form contains information for completing the form, WIC policies, examples, and the non-discrimination statement.

C. Evaluation of Medical Documentation

1. The CPA must carefully evaluate the diagnosis, the food substitution authorized, and the WIC participant's existing anthropometric data and nutrition/health history.
2. The CPA must determine whether or not the prescription can be approved for WIC use based on WIC policies and procedures. Please refer to Section VIII (Medical Documentation) of the Food Package Section for additional guidance.
3. The CPA must determine whether an appropriate state-created food package exists to meet the participant's needs or whether a 999 food package must be developed using state-created and/or District-created voucher codes.
4. The CPA must determine when the participant is required to bring updated medical documentation back to the clinic.
 - c) If the form indicates a "planned length of use" of less than 6 months, new documentation is required at the end of that time period (e.g., 1

or 2 months after the form date) or at the next certification, whichever comes first.

- d) If the form indicates a “planned length of use” of ≥ 6 months, new documentation is required 6 months from the date listed on the form or at the next certification, whichever comes first.
5. Districts are encouraged to designate a contact person (e.g., Nutrition Manager, Nutrition Services Director) for CPAs to call when medical documentation questions arise.
6. Additional clarifying information can always be requested from the provider, if necessary, prior to the denial of a prescription.



D. Food Substitution Quantity to Issue

1. CPAs must use professional judgment to determine the amount of food substitution to be issued.
2. See Attachment FP-39 for the allowed maximum amounts of milk to be substituted. The amounts vary based on product being substituted, and WIC category and feeding type.

E. Valid Dates

1. New medical documentation for special food substitutions (Form #2) is required every six (6) months, at a minimum, and at every recertification/certification (if the medical documentation on file was signed and dated by the health care provider more than 30 days prior to the recertification/certification). For example, if the caregiver of a child participant provides medical documentation for the use of soy milk on Form #2 when the child is age 28 months 25 days old, a new, updated copy of Form #2 must also be provided at the time of the next recertification, even if the next recertification is due at age 30 months.
2. Each time new medical documentation for special food substitutions (Form #2) is submitted by a WIC participant, it must include all required information and must have been signed and dated by the health care provider no more than 30 days ago. Clinics cannot accept special food substitution prescriptions on Form #2 where the date has simply had a line drawn through it and a new date added. A new form must be submitted.

Page 1 of Referral Form (Form #2)

	<h2 style="margin: 0;">Georgia WIC Medical Documentation Form</h2>		2
Special Food Substitutions and Referrals for Breastfeeding Support and WIC Services			
Patient's First & Last Name: _____ Date of Birth (MM/DD/YY): ____/____/____			
(For Infants/Children) Parent/Caregiver's First & Last Name: _____			
Medical Office/Clinic Name: Street Address: City: Zip Code: Phone Number: Fax Number:		To locate your County Health Department, please visit http://health.state.ga.us/regional/ or call 1-800-228-9173.	
Referral Data: (Complete Applicable Information)		(Instructions on Reverse.)	
Length/Ht: ____ in. Wt: ____ lbs. ____ oz. Date: ____/____/____ Hgb/ Hct: ____ Date: ____/____/____ Birth weight: ____ lbs. ____ oz. Birth Length: ____ in. If premature, weeks gestation at birth: ____ (Prenatal) EDC: ____/____/____ Last Wt Prior to Pregnancy: ____ lbs. Multiple Gestation?: <input type="checkbox"/> Yes <input type="checkbox"/> No (Postpartum) Delivery Date: ____/____/____ Last Wt Prior to Delivery: ____ lbs. Breastfeeding?: <input type="checkbox"/> Yes <input type="checkbox"/> No (Infant/Child) Breastfeeding?: <input type="checkbox"/> Yes <input type="checkbox"/> No If Currently Breastfeeding: <input type="checkbox"/> Exclusively <input type="checkbox"/> Partially <input type="checkbox"/> Unknown Breastfeeding follow-up needed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mother/baby separation <input type="checkbox"/> Latch-on issues <input type="checkbox"/> Milk supply concerns <input type="checkbox"/> Other _____			
<i>If using this form to provide referral data only, please stop here and have the health professional who collected the above referral data sign and date the line below.</i>			
Referral data provided by: (signature) _____ Date: ____/____/____			
CHILDREN (≥12 Months Old): Authorization of Special Food Substitutions		(Instructions on Reverse.)	
<i>Note: Special food substitution will replace all or part of the child's milk/cheese allowance provided by the Georgia WIC Program.</i>			
Medical Condition(s) Justifying Food Substitution: _____			
Food Substitution Authorized (check one): <input type="checkbox"/> Soy Milk <input type="checkbox"/> Tofu <input type="checkbox"/> Extra Cheese			
Planned Length of Use: _____ Comments: _____			
Provider's Signature/Title:* _____			
Print Name: _____ Date: ____/____/____			
<i>*Note: In accordance with federal regulations, the Georgia WIC Program only accepts medical documentation signed by the following providers: physicians (MD, DO), physician assistants (PA, PA-C), and nurse practitioners (e.g., NP, APRN, CPNP, CNP, PNP, CNNP).</i>			
WOMEN: Authorization of Special Food Substitutions		(Instructions on Reverse.)	
<i>Note: Special food substitution will replace all or part of the woman's milk/cheese allowance provided by the Georgia WIC Program.</i>			
Medical Condition(s) Justifying Food Substitution: _____			
Food Substitution Authorized (check one): <input type="checkbox"/> Extra Tofu <input type="checkbox"/> Extra Cheese			
Planned Length of Use: _____ Comments: _____			
Provider's Signature/Title:* _____			
Print Name: _____ Date: ____/____/____			
<i>*Note: In accordance with federal regulations, the Georgia WIC Program only accepts medical documentation signed by the following providers: physicians (MD, DO), physician assistants (PA, PA-C), and nurse practitioners (e.g., NP, APRN, CPNP, CNP, PNP, CNNP).</i>			

Page 2 of Referral Form (Form #2)

Instructions & Resources for Use of This Form:

2

This form is intended for use as...

- A medical data referral form for infants, children and women for the Georgia WIC Program, *and/or*
- To authorize special food substitutions for children and women enrolled in the Georgia WIC Program.

To prescribe a special formula or medical food for an infant, child or woman, please refer to Georgia WIC Form #1 (*Medical Documentation Form for WIC Special Formulas and WIC Foods*).

To Provide Referral Information Only:

- Enter the patient's full name, date of birth, and (for infants/children) the parent/caregiver's name at the top of the form.
- Complete the "Medical Office/Clinic" contact information.
- Complete the applicable information under "Referral Data."
- Sign and date the form under "Referral Data."

To Authorize a Special Food Substitution For a Child or Woman:

- Enter the patient's full name, date of birth, and (for infants/children) the parent/caregiver's name at the top of the form.
- Complete the "Medical Office/Clinic" contact information.
- Provide all of the information requested under the applicable heading ("CHILDREN" or "WOMEN") to authorize the special food substitution. Please remember to sign your name and include your credentials, today's date, and your printed name. Incomplete forms will delay processing of the food substitution prescribed and will require WIC clinic staff to contact your office for additional documentation.
- Include any applicable referral information you would like to provide to the WIC clinic under "Referral Data." The provision of referral data is not mandatory in order to authorize special food substitutions for a WIC client.

In accordance with federal regulations, the Georgia WIC Program only accepts medical documentation/prescriptions signed by health care providers who have prescriptive authority based on the laws of the state of Georgia. Therefore, physicians (MD, DO), physician assistants (PA, PA-C), and nurse practitioners (e.g., NP, APRN, CPNP, CNP, PNP, CNNP) are the only providers authorized to sign medical documentation/prescriptions for Georgia WIC use.

If you have questions or need additional clarification when completing this form, please contact the local WIC agency where your patient is receiving WIC benefits. A directory containing Georgia WIC clinic contact information is available at http://health.state.ga.us/wic_clinics/clinic_lookup.aspx.

Georgia WIC Program Policies:

Prescribed Quantity of Supplemental Foods: *Exact amounts of authorized food substitutions will be determined by Georgia WIC Program staff.* The quantity of the supplement foods provided by the Georgia WIC Program is subject to the maximum allowable quantities determined by federal regulations and outlined in Georgia WIC Program policies. WIC is a supplemental program. Patients are responsible for acquiring any additional prescribed quantities of foods that exceed what is eligible for provision through WIC.

Medical Justification for Food Substitutions: Federal regulations require medical documentation of a qualifying medical condition for issuance of the special milk substitutions described below:

- The issuance of any quantity of soy milk or tofu to children (ages 1-5 years old)
- The issuance of more than one (1) pound of cheese per month to children (ages 1-5 years old)
- The issuance of more than one (1) or three (3) pounds of cheese per month to women*
- The issuance of more than four (4) or six (6) pounds of tofu per month to women*

***Note:** The exact quantity depends upon a woman's Georgia WIC Program participant category and her infant feeding method.

Milk: In accordance with federal regulations, younger children (ages 12-23 months) will receive whole milk while women and older children (ages ≥ 24 months) will receive low-fat milk from the Georgia WIC Program. Cow's milk and milk substitutes (e.g., soy milk, goat milk, tofu, cheese) cannot be issued to infants (ages birth – 11 months) by the Georgia WIC Program, even with a prescription.

Planned Length of Use: Please specify the expected length of time the child or woman will need to be prescribed the special food substitutions. The Georgia WIC Program requires renewal of medical documentation for special food substitutions at every WIC certification/recertification (approximately every 6 months).

We appreciate your cooperation and partnership in serving the Georgia WIC population.

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**GEORGIA WIC-APPROVED FOOD LIST
CRITERIA TO EVALUATE AN ELIGIBLE FOOD ITEM**

I. Administrative Adjustments

A. A food company interested in participating in Georgia WIC should submit product statewide availability, package size, unit cost per ounce and nutrient composition information to the Nutrition Unit*

*Address: Nutrition Unit, 2 Peachtree Street NW, Suite 11-222, Atlanta, GA 30303-3142

B. A review of potentially new food items shall be conducted biennially. Consequently, the WIC-Approved Food List shall be printed biennially. Biennial review of the WIC Food List does not necessarily constitute a change in the food list. Changes to the WIC-Approved Food List shall occur more frequently to accommodate Federal mandates and as deemed necessary by the state.

C. A product must be commercially available as a brand name, or a store brand, for a minimum of twelve (12) consecutive months prior to submission. Exceptions will be made if the state determines the new item significantly improves participant choices.

D. The food item cost cannot exceed 10 percent (10%) of the State average cost per ounce for that food group. Food groups include:

- | | |
|------------------|---|
| 1. Milk | 6. Cheese |
| 2. Eggs | 7. Juice |
| 3. Cereal | 8. Dried or canned Beans/Peas and Peanut Butter |
| 4. Infant Cereal | 9. Fruits and Vegetables |
| 5. Fish | 10. Whole Grains (bread, rice, tortillas) |
| 6. Soy beverage | |

E. The food item must be acceptable to participants

II. Nutrition Quality

A. Cereal - Adult

1. Contains a minimum of 28 mg of iron per 100 gm of dry cereal
2. Contains not more than 21.1 grams of sucrose and other sugars per 100 grams of dry cereal (less than 6 grams of sucrose and other sugars per ounce). At least one-half of the total number of approved cereals must have whole grain as the primary ingredient and meet labeling requirements for making a health claim as a "whole grain food with moderate fat content."
3. Contains not more than 500 mg of sodium per 1 ounce of dry cereal
4. Contains no artificial or non-nutritive sweeteners

B. Cereal - Infant

1. Contains a minimum of 45 mg of iron per 100 gm of dry cereal
2. Contains no added sugar
3. Contains no added fruit
4. Contains no added formula

- C. Milk
 - 1. Contains 400 IU Vitamin D per quart
 - 2. Contains 2,000 IU Vitamin A per quart
 - 3. Contains no added sugar or flavorings
 - 4. No Buttermilk

- D. Cheese
 - Domestic Cheese (pasteurized, processed American, Monterey Jack, Colby, Natural Cheddar, Mozzarella, Swiss)
 - Sliced Cheese (American, Cheddar, Swiss)
 - String Cheese (Mozzarella String Cheese)

- E. Peanut Butter and Canned/ Dried Beans and Peas
 - 1. Including, but not limited to: black, navy, kidney, garbanzo, soy, pinto, great northern, red, white, lima, black, broad, fava, cranberry, roman, and mung beans; crowder, cow, split, black eyed and pigeon peas, chickpeas, and lentils
 - 2. No flavored beans/peas allowed
 - 3. No peanut butter and jelly, honey, marshmallow, or chocolate combinations

- F. Juice
 - 1. Single strength or frozen concentrate or canned concentrate or pourable, 100% fruit juice
 - 2. 30 mg vitamin C per 100 ml of reconstituted juice, minimum.
 - 3. Contains no added sugar
 - 4. Calcium fortified juice allowed with counseling and CPA approval. See Attachment FP- 45 for distribution guidelines
 - 5. No infant juices allowed

- G. Eggs
 - Whole, large, grade A

- H. Fish
 - Tuna or Salmon
 - 100% tuna, water packed only. No albacore

- I. Fruit and vegetables
 - Fresh, frozen or canned

 - Any variety of fresh whole or cut fruit without added sugar or artificial sweeteners
 - Any variety of fresh whole or cut vegetable, except white potatoes without added, sugars, fats, and oils
 - Any variety of canned fruits, including applesauce; juice-pack or water pack without added sugars, fats, oils, or salt
 - Any variety of frozen fruits without added sugar
 - Any variety of canned or frozen vegetable, except white potatoes, without added sugars, fats, oils

- J. Whole Grains
 - 100% whole wheat bread or hamburger buns, brown rice, whole wheat or corn tortillas

- K. Soy milk -
 - 1. 276 mg calcium per cup
 - 2. 8 grams protein per cup
 - 3. 500 IU vitamin A per cup
 - 4. 100 IU vitamin D per cup
 - 5. 24 mg magnesium per cup
 - 6. 222 mg phosphorous per cup
 - 7. 349 mg potassium per cup
 - 8. 0.44 mg riboflavin per cup
 - 9. 1.1 mcg vitamin B12 per cup

III. Packaging

- A. Food must be prepackaged, no bins except for fresh fruits and vegetables.
- B. Cereal (adult and infant)
 - 1. No single serving containers.
 - 2. Adult cereal weight must be in whole numbers, minimum of 11 ounces, not to exceed 36 ounces.
 - 3. Infant cereal only in eight (8) ounce packages.
- C. Cheese
 - 1. Brick, sliced, **string** cheese only. No shredded cheese.
 - 2. Cheese from the dairy case only. No deli cheese.
 - 3. Plain cheese only, no additions of products such as jalapeno peppers.
 - 4. 16 ounce package only.
- D. Juice
 - 1. Containers must be easily and clearly identified as fortified with 30 mg of vitamin C per 100 ml of juice, except orange juice and grapefruit juice.
 - 2. Forty-six or forty-eight (46-48) ounce containers, 64 ounce containers, 12 ounce frozen cans, 12 ounce cans concentrate, or 11.5 oz pourable cans or 5.5 to 6 ounce can.
- E. Eggs
 - One dozen size carton only
- F. Milk- (Cow)
 - 1. Half gallon and one gallon size: Whole, Reduced Fat (2%), Low-fat (1%), Lite (0.5%), Skim (Non-Fat)
 - 2. Quart size containers only for goat milk.
 - 3. Twelve ounce cans only for Evaporated milk and goat milk.
 - 4. Three quart boxes for Powder milk.
 - 5. 8 ounce or half-pint box for ultra high temperature (UHT) milk.
 - 6. **96 ounce container only for reduced lactose milk.**

Milk - (Meyenberg Goat Milk)
Twelve ounce cans evaporated or quart
- G. Tuna
 - 5 ounce can only

- H. Salmon
6 oz or 14.75 oz only
- I. Peanut Butter
16 to 18 ounce container only
- J. Dried Beans/Peas
One pound bag or 14 to 16 ounce can

IV. Formula

- A. Complete Formula
 - 1. Iron fortified infant formula that contains at least 10 mg iron per liter of formula at standard dilution.
 - 2. 67 kcal per milliliter (approximately 20 kcal per fluid ounce at standard dilution).
- B. Formula Not Meeting the Requirements for a Complete Formula
 - 1. Formula intended for use as an oral feeding and prescribed by a physician when the participant has a medical condition that precludes the use of conventional formula or food.
 - 2. Allow supplements to be used in conjunction with an appropriate prorated food package. Substitute a specified amount of supplement per quart or can of milk or formula.



WIC approved Foods List Effective October 1, 2011
Only the following list of foods may be purchased with WIC vouchers

Food Item	Brand or Type		Container / Package size	Not allowed
Least Expensive Brand of type selected/ allowed MILK	Fat free/Skim, Low-fat (1%), Reduced Fat (2%)		One gallon half gallon (when listed on voucher)	<ul style="list-style-type: none"> Organic Flavored milk Buttermilk Rice milk Raw milk (non-pasteurized) No dried whole milk (Nido) No filled evaporated
	Whole Milk – (when listed on voucher)		One gallon half gallon	
	Lactose free milk, Acidophilus, Acidophilus and Bifidum (Fat free/skim, low fat (1%), Reduced Fat (2%)) Whole milk – (when listed on voucher)		96 oz (3 quart)	
	UHT- Ultra High Temperature Milk (when listed on voucher)		8 oz. or half-pint box	
	Nonfat dry milk		Makes 3 quarts	
	Evaporated milk		12 oz cans	
SOY MILK	8 th Continent	Original Vanilla	half gallon	<ul style="list-style-type: none"> Light Other Flavors
		Evaporated -whole milk	12 oz. can	
Least Expensive Brand of type selected/ allowed CHEESE	Slices (Wrapped or unwrapped)	American Swiss Cheddar	16 oz package (regular, low-fat, reduced-fat, fat-free allowed)	<ul style="list-style-type: none"> Organic Cheese products/spreads Flavored cheese Cheese food Shredded/cubed/shaped/strips Crumbles Delicatessen (deli) cheese Cheese with added ingredients Imported/waxed Any other size or quantity
	Block	American Cheddar Colby Monterey Jack Mozzarella Swiss (combination allowed i.e. Colby/Jack)		
		String			Mozzarella
TOFU – calcium set	Nasoya	Silken Extra Firm Super Firm (cubed)	8 oz 14-16 oz	<ul style="list-style-type: none"> Non-calcium set Any other size or quantity
	House Foods	Soft Firm Regular		
EGGS	Least Expensive Brand		1 dozen carton Grade A Large	<ul style="list-style-type: none"> Organic Low cholesterol Added Omega 3, DHA, or ARA No brown eggs
PEANUT BUTTER	Any brand Creamy, Crunchy, Extra Crunchy, Natural, or Low-salt		16-18 oz Jar	<ul style="list-style-type: none"> Organic Reduced fat or peanut butter spreads Marshmallow added Chocolate added Honey spread Jelly added Any other size or quantity
BEANS / PEAS / LENTILS	Dried	Any variety of plain, mature dry beans, peas or lentils	1 lb packages	<ul style="list-style-type: none"> Flavored beans or peas Any other size or quantity



WIC approved Foods List Effective October 1, 2011
Only the following list of foods may be purchased with WIC vouchers

Food Item	Brand or Type		Container / Package size	Not allowed
BEANS / PEAS / LENTILS	Canned	Any variety of plain, mature beans, peas, or lentils	14-16 oz can	<ul style="list-style-type: none"> Any with added sugar, fat, oil, or meat Soups Baked beans Immature varieties of legumes such as green peas, or snap beans
JUICE 100% Juice Vitamin C fortified Calcium fortified allowed	Least Expensive Brand	Orange	64 oz Ready to Serve (refrigerated cartons)	<ul style="list-style-type: none"> Organic Juice drink Infant juice Juice with sugar added Sports drink Cartons of juice other than orange V-8 Splash Vegetable juice cocktail
		Orange	46-48 oz Ready to Serve	
		Pineapple	64 oz Ready to Serve	
		Grapefruit	12 oz Frozen concentrate	
	100% Tomato	5.5-6 oz ready to serve		
	100% Vegetable Juice			
Nestle Juicy Juice	All Flavors (including apple, grape and white grape)	46-48 oz Ready to Serve Containers		
Nestle Juicy Juice Harvest Surprise		64 oz Ready to Serve Containers		
Welch's	Apple Grape White Grape	11.5 oz Non-frozen pourable concentrate		
Old Orchard Welch's	Apple Grape White Grape	11.5 - 12 oz frozen		
WHOLE GRAIN-BREAD	Roman Meal		16 oz package Loaf Bread	<ul style="list-style-type: none"> Honey wheat Hot dog rolls/buns Any other size or quantity
	Sun Grain 100% Whole Wheat			
	Sara Lee Classic 100% Whole Wheat Soft and Smooth 100% Whole Wheat			
	Nature's Own 100% Whole Wheat with Honey			
	Pepperidge Farm 100% Whole Wheat very thin sliced			
	Pepperidge Farm Stone Ground 100% Whole Wheat			
	Merita	100% Whole Wheat		
	Bimbo			
	Cobblestone Mill			
	Wonder			
Kroger				
100% Whole wheat sandwich rolls/buns	Nature's Own Pepperidge Farms - Soft 7-Grain	14-16 oz package		



WIC approved Foods List Effective October 1, 2011
Only the following list of foods may be purchased with WIC vouchers

Food Item	Brand or Type	Container / Package size	Not allowed
WHOLE GRAIN TORTILLA	Whole wheat Chi Chi's Kroger La Banderita Mi Casa Mission Ortega	16 oz	<ul style="list-style-type: none"> All other types Any other size or quantity
	Corn Chi Chi's La Banderita Mission		
BROWN RICE	Any brand	16 oz	<ul style="list-style-type: none"> White rice Flavored rice Any other size or quantity
CEREAL – *Whole Grain	General Mills <ul style="list-style-type: none"> *Cheerios *Multi-Grain Cheerios *Wheat Chex Kix Corn Chex Rice Chex Multi-Bran Chex 	11 – 36 oz	<ul style="list-style-type: none"> Other package sizes Any type, brand, or variety of cereal other than the ones listed Flavored grits
	Kellogg's <ul style="list-style-type: none"> *Frosted Mini-Wheats Bite-Sized *Frosted Mini Wheats Touch of Fruit *Frosted Mini-Wheats Little Bite Rice Krispies (Regular & Gluten Free) Special K Crispix Corn flakes 		
	Post <ul style="list-style-type: none"> *Grape-nuts *Grape-nut Flakes *Banana Nut Crunch Honey Bunches of Oats-Almond Honey Bunches of Oats-Honey Roasted *Honey Bunches of Oats - Vanilla Bunches 		
	Quaker <ul style="list-style-type: none"> *Life - original *Oatmeal Squares - brown sugar *Oatmeal Squares - cinnamon *Oatmeal - instant Instant Grits - original 		
	Malt-O-Meal <ul style="list-style-type: none"> *Frosted Mini-Spooners Honey and Oat Blenders Honey and Oat Blenders with Almonds *Strawberry Cream Mini Spooners Crispy Rice 		
	B & G <ul style="list-style-type: none"> Cream of wheat – instant 		



WIC approved Foods List Effective October 1, 2011
Only the following list of foods may be purchased with WIC vouchers

Food Item	Brand or Type		Container / Package size	Not allowed
FISH Least Expensive of type selected	Tuna – water packed		5 oz can	<ul style="list-style-type: none"> Organic Packed in oil No albacore Added flavorings Pouches Individual serving containers Any other size or quantity Fresh or frozen
	Pink Salmon		7.5 oz can or 14.75 oz can	
INFANT FORMULA	The WIC voucher lists the brand, size, and form (powder, concentrate, or ready to use) that you must buy.		As listed on voucher	<ul style="list-style-type: none"> Organic Formula not listed on the voucher
INFANT CEREAL	Brands: Beech Nut or Gerber Type: Rice, Oatmeal, Barley, Mixed, Whole Wheat		Dry cereal in 8 oz containers	<ul style="list-style-type: none"> Organic Baby cereal in jars Cereal with fruit added Cereal with formula added DHA ARA Any other size or quantity
INFANT FRUIT & VEGETABLES	Gerber 2 nd Foods	Single ingredient Apple & Cherries Apple Strawberry Banana Pear Pineapple Prunes with Apples Apricot with Mixed Fruits Banana with Mixed Berries Apple Blueberry Banana Orange Medley Banana Plum Grape	4 oz jars 2 x 3.5 oz twin packs	<ul style="list-style-type: none"> Organic Guava Papaya Sweet potato casserole No diced Any other size or quantity No desserts Any other combinations
	Beech Nut Stage 2 Foods Stage 2 1/2	Single ingredient Apricots with Peaches & Apples Pears & Raspberries Apples & Cherries Banana & Strawberries Pears & Pineapple Apples & Blueberries Apples & Bananas Apples, Mango & Kiwi Pears & Bananas Pears & Green beans Corn and Sweet Potato Country Garden Vegetables Mixed Vegetables Peas and Carrots	4 oz jars	
INFANT MEATS	Gerber 2 nd Foods Beech Nut Stage 1 Nature's Goodness 2	Meat with broth Meat with gravy	2.5 oz containers	<ul style="list-style-type: none"> Organic Meat and vegetable mixtures Meat and pasta mixtures Any other size or quantity



WIC approved Foods List Effective October 1, 2011
Only the following list of foods may be purchased with WIC vouchers

Food Item	Brand or Type	Container / Package size	Not allowed
FRUITS and VEGETABLES	<p>Any variety of fresh whole or cut fruit without added sugars</p> <p>Any variety of fresh whole or cut vegetable without added sugars, fats, and oils</p> <p>Applesauce – unsweetened only or “no added sugar”</p> <p>Any variety of canned fruits, including applesauce; juice-pack or water pack without added sugars, artificial sweeteners, fats, oils, or salt</p> <p>Any variety of canned vegetable without added sugars, fats, oils</p> <p>Any variety of frozen fruits without added sugar</p> <p>Any variety of frozen vegetable (including plain frozen beans / peas / legumes) without added sugars, meats, fats, or oils</p> <p align="center">Organic Allowed</p>		<ul style="list-style-type: none"> • Potato - except for yam and sweet potato • Any variety of canned or frozen vegetable with added sugars, fats, oils, or white potatoes • Herbs or spices • Edible blossoms/flowers • Fruit leathers • Fruit roll-ups • Catsup, salsa, or other condiments • Pickled vegetables and olives • Soups • Mixtures containing white potato • Creamed or sauced vegetables • Breaded vegetables • Peanuts • Canned or dried legumes (mature beans or peas) • Juice • Vegetable-grain mixtures (e.g., with rice, noodles, or pasta) • Purchases from salad bars • Fruit baskets or party trays • Any dried fruit or vegetable • Regular applesauce • Fruits packed in syrup • Fruits with artificial sweeteners

Formula Type: _____

Formula Tracking Log

Returned / Exchanged Formula

Date:	Action Taken Received "R" Issued "I" Destroyed "D"	*Number of Cans			Client's Name AND / OR Client's WIC ID #	Reason for Receiving, Issuing or Discarding Formula	Signature & Title of CPA
		Powder	Concentrate	RTF			
	Balance Forward						
	R I D						
	R I D						
	R I D						
	R I D						
	R I D						
	R I D						
	R I D						
	R I D						
	R I D						
	R I D						
	Inventory Total						
							Notes:

*Cases must be converted to cans

**Inventory verification must be completed at least quarterly.

Calcium Fortified Juices

Calcium-fortified Juices – Guidelines, Procedures & Recommendations

Calcium-fortified juice that meets the minimum Federal requirements for a WIC eligible juice (100 percent fruit/vegetable juice that contains 30 milligrams of vitamin C per 100 milliliters of juice) is WIC eligible. It may be used for the fruit/vegetable juice component of the WIC food packages up to the maximum quantities for juice. WIC State agencies have the option of approving calcium-fortified juice for inclusion on their lists of approved WIC juices, as they do with other WIC eligible foods. State agencies are encouraged to develop policies and procedures for local agencies to follow when issuing calcium-fortified juice.

Juice, including calcium-fortified juice, cannot be prescribed as a substitute for the dairy products in WIC Food Packages. Calcium-fortified juice also should not be offered routinely to all WIC women and children participants. It should be prescribed only to address specific nutritional need of individuals, whose dietary intake of calcium-rich food products is low due to reasons such as cultural food preferences, dislike of milk, or lactose intolerance.

Calcium fortified juice should not be highlighted as a juice on the approved food list. If the CPA determines a possible benefit to include calcium-fortified juice in the food package, that client can be instructed to purchase calcium-fortified juices. The vendor manual and training will indicate calcium-fortified juices that meet federal regulation above may be included in any food package (types, least expensive where appropriate, and container sizes all apply). Calcium-fortified juices are currently available in limited flavors and package sizes.

Counseling Recommendations:

1. If clients have never tried calcium-fortified juices, recommend they try just one container of calcium-fortified juice to see if they like the taste. Some have found this to be bitter compared to the 'regular' juices.
2. Provide counseling on other sources of calcium as part of the nutrition education session along with handouts.

The calcium-fortified juices can be purchased with any of the existing child and adult packages, but this is to be recommended secondary to the client assessment. We are not promoting this as a dairy alternative, but merely making it available as an option as deemed appropriate.

999 Single Item Voucher Codes

W5 = Prenatal/Mostly Breastfeeding Women
 W6 = Non-Breastfeeding Postpartum/Some Breastfeeding Woman
 W7 = Exclusively Breastfeeding Women/Prenatal with Multiples/
 Mostly Breastfeeding Multiples
 C1 = Child 12-23 months old
 C2 = Child >23 months old
 I = Infant

Supplemental Foods			
Voucher code	Voucher message		Allowed Category
775	Eggs:	2 dozen Least expensive brand	W7
703	Eggs:	1 dozen Least expensive brand	W5, W6, W7, C1, C2
778	Juice	1-46 oz container or 1-12 oz can frozen or 11.5 oz can pourable	W5, W6, W7
273	Juice:	2 containers (46 to 48 oz) or 2-12 oz cans frozen or 2-11.5 oz cans pourable	W5, W6, W7
A02	Juice:	3 containers (46 to 48 oz) or 3-12 oz cans frozen or 3-11.5 oz cans pourable	W5, W7
A03	Juice:	2-64 oz containers	C1, C2
A04	Juice:	1-64 oz container	C1,C2
779	Cereal:	No more than 24 oz	W5, W6, W7, C1, C2
780	Cereal:	No more than 36 oz	W5, W6, W7, C1, C2
A05	Cereal:	No more than 18 oz	W5, W6, W7, C1, C2
782	Beans:	1 lb dried or 4 cans (14 to 16 oz)	W5, W6, W7, C1, C2
A07	Peanut Butter:	1 container (16-18 oz)	W5, W6, W7, C2
781	Beans or peanut butter	1 lb dried or 4 cans (14 to 16 oz) beans or 1 container (16 to 18 oz) peanut butter	W6, C2
A08	Whole Grains:	Pick 2: 16 oz bread; 16 oz brown rice; 16 oz tortilla; or 14 to 16 oz bun	C1, C2
A09	Whole Grains:	Pick 1: 16 oz (bread, or brown rice or whole grain tortilla) or 14 to 16 oz bun	W5, W6, C1, C2
783	Fish:	No more than 30 ounces (canned tuna OR canned salmon)	W7
A10	Fish:	No more than 15 ounces (canned tuna OR canned salmon)	W7
772	Milk:	1 gallon low-fat (fat-free, 1%, 2%) No whole milk Least expensive brand	W5, W6, W7, C2
771	Milk:	2 gallons low-fat (fat-free, 1%, 2%) No whole milk Least expensive brand	W5, W6, W7, C2
774	Cheese:	1-16 oz package	W5, W6, W7, C1, C2

786	Milk:	1 gallon OR 2 half gallons low-fat (fat-free, 1%, 2%) Lactose free, Acidophilus, or Acidophilus and Bifidum. No whole milk Least expensive brand	W5, W6, W7, C2
785	Milk:	1 half gallon low-fat (fat-free, 1%, 2%) Lactose free, Acidophilus, or Acidophilus and Bifidum. No whole milk Least expensive brand	W5, W6, W7, C2
A11	Tofu:	No more than 4 pounds	W5, W6, W7, C1, C2
A12	Tofu:	1 pound	W5, W6, W7, C1, C2
205	Infant Cereal:	1-8 oz container	I, C1, C2
A13	Infant Cereal:	3-8 oz containers	I, C1, C2
A06	Milk:	1 gallon OR 4 quarts OR 2 half gallons whole lactose free, OR Acidophilus, OR Acidophilus and Bifidum No low-fat milk. Least expensive brand	C1, C2, W5, W6, W7
A29	Milk:	1-3 quart (96 oz) container low-fat (fat-free, 1%, 2%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole milk. Least expensive brand	C1, C2, W5, W6, W7
A31	Milk:	1-3 quart (96 oz) container whole lactose free, OR Acidophilus, OR Acidophilus and Bifidum No low-fat milk. Least expensive brand	C1, C2, W5, W6, W7
A14	Dry Milk	1-3 quart container box non-fat dry powder Least expensive brand	W5, W6, W7, C2
A15	Dry Milk	2-3 quart containers non-fat dry powder Least expensive brand	W5, W6, W7, C2
A16	Dry Milk	3-3 quart containers non-fat dry powder Least expensive brand	W5, W6, W7, C2
A17	Milk	4-12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated Least expensive brand	W5, W6, W7, C2
A18	Milk	1-12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated Least expensive brand	W5, W6, W7, C2
A19	Milk	4-12 ounce cans evaporated (whole) Least expensive brand	W5, W6, W7, C1, C2
A20	Milk	1-12 ounce cans evaporated (whole) Least expensive brand	W5, W6, W7, C1, C2
773	Cheese	2-16 oz packages	W5, W6, W7, C1, C2
776	Juice	4 containers (46 to 48 oz) or 4-12 oz cans frozen or 4-11.5 oz cans pourable	W7 (EBF twins only)
A01	Milk	1 gallon Whole milk Only Least expensive brand	W5, W6, W7, C1, C2
A21	Milk	2 gallons Whole milk Only	W5, W6, W7, C1, C2

		Least expensive brand	
A34	Milk	1 half gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand	W5, W6, W7, C2
A22	Goat Milk	4 quarts low-fat goat milk No whole milk	W5, W6, W7, C2
A23	Goat Milk	8 quarts low-fat goat milk No whole milk	W5, W6, W7, C2
A24	Goat Milk	1 quart low-fat goat milk No whole milk	W5, W6, W7, C2

A25	Goat Milk	4 quarts whole goat milk or 5-12 oz cans evaporated goat milk No low-fat milk	W5, W6, W7, C1, C2
A26	Goat Milk	1 quart whole goat milk or 1-12 oz can evaporated goat milk No low-fat milk	W5, W6, W7, C1, C2
A30 Prenatal Conversion to an Exclusively Breastfeeding Package	Milk: Eggs: Fish:	1 half gallon low-fat (fat-free, 1%, 2%) No whole milk Least expensive brand 1 dozen No more than 30 oz (canned tuna OR canned salmon)	W7
A37	Infant Cereal:	4-8 oz container	C1, C2
A33	Soy milk:	2 half gallons 8 th Continent (Original OR Vanilla flavors only)	W5, W6, W7, C1, C2
A38	Milk:	8-12 ounce cans low-fat (fat-free, skimmed, 2%) evaporated Least expensive brand	W5, W6, W7, C2
A39	Milk	8-12 ounce cans evaporated (whole) Least expensive brand	C1, C2, W5, W6, W7
A41	Soy milk	1 half gallons 8 th Continent (Original OR Vanilla flavors only)	W5, W6, W7, C1, C2
P09	Produce	\$6 for fresh, frozen, or canned fruit and vegetables, Baby fruits and vegetables without sugar, seasonings, fat, or oils are allowed.	C1, C2

Infant/Special Formulas			
Voucher code	Voucher message		Allowed Category
A43	Formula	1-8.25 oz container ready to feed Boost Kid Essentials	C1, C2
A44	Formula	4-8.25 oz containers ready to feed Boost Kid Essentials (one 4-pack)	C1, C2
A45	Formula	1-8 oz container ready to feed Boost Kid Essentials 1.5	C1, C2
A46	Formula	1-8 oz container ready to feed Boost Kid Essentials 1.5 With Fiber	C1, C2
A60	Formula	1-250 ml container ready to feed Compleat Pediatric	C1, C2
A64	Formula	1-8 oz can ready to feed EnfaPort	I, C1, C2
A56	Formula	1-32 oz container ready to feed Similac Expert Care for Diarrhea	I
A57	Formula	1-8 oz container ready to feed Similac Expert Care for Diarrhea	I
A69	Formula	6-32 oz containers ready to feed Similac Expert Care Alimentum	I, C1, C2
518	Formula	1-32 oz container ready to feed Similac Similac Expert Care NeoSure	I, C1, C2
544	Formula	1-32 oz container ready to feed Enfamil EnfaCare	I, C1, C2
707	Formula	1-400 gram (14.1oz) can powder Nutramigen AA	I, C1, C2
358	Formula	1-1 lb can powder Similac Expert Care Alimentum	I, C1, C2
359	Formula	1-32 oz container ready to feed Similac Expert Care Alimentum	I, C1, C2
553	Formula	1-8 oz container ready to feed Boost	W5, W6, W7
300	Formula	1-14.1 oz can powder EleCare Jr	C1, C2
307	Formula	1-12.9 oz can powder Enfamil AR	I, C1, C2
308	Formula	1-1 quart container ready to feed Enfamil AR	I, C1, C2
590	Formula	6-2 oz containers ready to feed Enfamil EnfaCare	I, C1, C2
591	Formula	1-12.8 oz can powder Enfamil EnfaCare	I, C1, C2
305	Formula	6-2 oz containers ready to feed iron fortified Enfamil Premature 20 (1-6 pack)	I, C1, C2
306	Formula	6-2 oz containers ready to feed iron fortified Enfamil Premature 24 (1-6 pack)	I, C1, C2
301	Formula	1-8 oz container ready to feed Ensure	W5, W6, W7
310	Formula	1-237 ml container EO28 Splash	C1, C2
474	Formula	1-400 gram (14.1 oz) can powder Neocate Junior	C1, C2
476	Formula	1-12.9 oz can powder Gerber Good Start	I, C1, C2

Infant/Special Formulas		
Voucher code	Voucher message	Allowed Category
	Gerber Good Start Soy	
477	Formula 1-13 oz or 1-12.1 oz container concentrate Gerber Good Start Soy	I, C1, C2
A62	Formula 1-8 oz can ready to feed Nepro	C1, C2, W5, W6, W7
157	Formula 1-12.6 oz can powder Nutramigen LIPIL with Enflora LGG or Nutramigen with Enflora LGG	I, C1, C2
159	Formula 1-13 oz can concentrate Nutramigen LIPIL or Nutramigen	I, C1, C2
A67	Formula 1-32 oz container ready to feed Nutramigen LIPIL or Nutramigen	I, C1, C2
A68	Formula 6-32 oz containers ready to feed Nutramigen LIPIL or Nutramigen	I, C1, C2
A63	Formula 1-250 ml container ready to feed Nutren 1.5	W5, W6, W7
563	Formula 1-250 ml container ready to feed Nutren 2.0	W5, W6, W7
557	Formula 1-250 ml container ready to feed Nutren Junior	C1, C2
558	Formula 1-250 ml container ready to feed Nutren Junior Fiber	C1, C2
716	Formula 1-8 oz container ready to feed Pediasure	C1, C2
717	Formula 6-8 oz container ready to feed Pediasure	C1, C2
A65	Formula 1-8 oz containers ready to feed PediaSure 1.5 Cal	C1, C2
A66	Formula 1-8 oz containers ready to feed PediaSure 1.5 Cal with fiber	C1, C2
A58	Formula 1-8 oz container ready to feed PediaSure Enteral	C1, C2
A59	Formula 1-8 oz container ready to feed PediaSure Enteral with Fiber and scFOS	C1, C2
720	Formula 1-8 oz container ready to feed Pediasure with Fiber	C1, C2
721	Formula 6-8 oz container ready to feed Pediasure with Fiber	C1, C2
479	Formula 1-250 ml container ready to feed Peptamen	W5, W6, W7
480	Formula 1-250 ml container ready to feed Peptamen Junior	C1, C2
A47	Formula 1-250 ml container ready to feed Peptamen Junior 1.5	C1, C2
A48	Formula 1-250 ml container ready to feed Peptamen Junior Fiber	C1, C2
578	Formula 1-250 ml container ready to feed Peptamen Junior with Prebio	C1, C2
259	Formula 1-1 lb can powder Portagen	I, C1, C2
141	Formula 1-1 lb can powder Pregestimil LIPIL or	I, C1, C2

Infant/Special Formulas			
Voucher code	Voucher message		Allowed Category
		Pregestimil	
A50	Formula	6-2 oz containers ready to feed Pregestimil LIPIL 20 Calorie or Pregestimil 20 Calorie (one 6-pack)	I, C1, C2
A51	Formula	6-2 oz containers ready to feed Pregestimil LIPIL 24 Calorie or Pregestimil 24 Calorie (one 6-pack)	I, C1, C2
A53	Formula	1-8 oz container ready to feed Resource Breeze	C1, C2, W5, W6, W7
A61	Formula	1-13 oz container concentrate RCF	I
N74	Formula	12-13 oz containers concentrate RCF (1 case)	I
S87	Formula	6-32 oz containers ready to feed Similac Expert Care for Diarrhea (1 case)	I
S91	Formula	24-8 oz containers ready to feed Similac Expert Care for Diarrhea (1 case)	I
481	Formula	4-2 oz containers ready to feed Similac Similac Expert Care NeoSure (1-4 pack)	I, C1, C2
482	Formula	1-13.1 oz can powder Similac Expert Care Neosure	I, C1, C2
483	Formula	1-14.1 oz can powder Similac PM 60/40	I, C1, C2
484	Formula	1-32 oz container ready to feed Similac Sensitive RS or Similac Sensitive for Spit Up (green and white label)	I, C1, C2
588	Formula	4-2 oz containers ready to feed iron fortified Similac Special Care 20 (1-4 pack)	I, C1, C2
587	Formula	4-2 oz containers ready to feed iron fortified Similac Special Care 24 (1-4 pack)	I, C1, C2
586	Formula	4-2 oz containers ready to feed iron fortified Similac Special Care 30 (1-4 pack)	I, C1, C2
A52	Formula	1-8 oz container ready to feed Suplena	W5, W6, W7
G11	Formula	1-33.8 oz (4-pack) ready to feed Gerber Good Start Gentle	I, C1, C2
G20	Formula	2-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle	I, C1, C2
G07	Formula	1-12.1 oz container concentrate Gerber Good Start Gentle	I, C1, C2
G08	Formula	2-12.1 oz containers concentrate Gerber Good Start Gentle	I, C1, C2
G09	Formula	3-12.1 oz containers concentrate Gerber Good Start Gentle	I, C1, C2
G01	Formula	12.7 oz can powder Gerber Good Start Gentle	I, C1, C2
476	Formula	1-12.9 oz cans powder Gerber Good	I, C1, C2

Infant/Special Formulas			
Voucher code	Voucher message		Allowed Category
		Start Soy	
G41	Formula	1-22 oz cans powder Gerber Good Start 2 Gentle	I, C1, C2
G23	Formula	2-12.1 oz containers concentrate Gerber Good Start Soy	I, C1, C2
G24	Formula	3-12.1 oz container concentrate Gerber Good Start Soy	I, C1, C2
G29	Formula	2-33.8 oz (4-packs) ready to feed Gerber Good Start Soy	I, C1, C2
G28	Formula	1-33.8 oz (4-pack) ready to feed Gerber Good Start Soy	I, C1, C2
G43	Formula	1-24 oz cans powder Gerber Good Start 2 Soy	I, C1, C2
L09	Formula	1-12.6 oz cans powder Gerber Good Start Nourish	I, C1, C2
A49	Formula	1-8 oz container ready to feed or Pediasure Peptide 1.0 Cal	C1, C2
A54	Formula	1-1.7 oz packet powder Vivonex Pediatric	C1, C2
A55	Formula	6-1.7 oz packets powder Vivonex Pediatric (one box, 6 packets each)	C1, C2

Modulars		
Voucher code	Voucher message	Allowed Category
511	Formula 1-400 gram (14.1 oz) can powder Duocal	All
512	Formula 4-400 gram (14.1 oz) cans powder Duocal	All
530	Formula 1 carton (50 packs per carton) Similac Human Milk Fortifier	C1, I
531	Formula 1 case (150 packs per case) Similac Human Milk Fortifier	C1, I
535	Formula 1-12.3 oz can Polycose	All
536	Formula 6-12.3 oz cans Polycose (1 case)	All
N75	Formula 1 carton (100 vials, 25 pouches with 4 - 5ml vials per pouch) Enfamil Human Milk Fortifier Acidified Liquid	I, C1
582	Formula 1-32 oz container MCT Oil	All
583	Formula 6-32 oz containers MCT Oil (1 case)	All

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I. PURPOSE

- A. This section of the Georgia WIC Program Procedures Manual defines the concept of nutrition education; states the goals for nutrition education; explains the requirements for providing nutrition education to WIC participants; outlines the criteria for developing nutrition education materials; and outlines guidelines for referring participants to other health care services.
- B. Nutrition education is considered a Georgia WIC Program benefit, and is made available at no cost to all participants.

II. DEFINITIONS

- A. “Nutrition Education” is a dynamic process delivered through individual or group sessions and the provision of materials by which participants gain the understanding, skills, and motivation necessary to promote and protect their nutritional well being through their food, physical activity, and behavioral choices. Nutrition education shall be focused on the participant’s interests and designed based on ethnic, cultural, and geographic preferences with consideration for language, educational, environmental factors, and nutritional risks.

- B. “Value Enhanced Nutrition Assessment” (VENA) is an initiative designed to improve nutrition services in the Georgia WIC Program. VENA reaffirms the necessity to conduct a complete nutrition assessment. VENA introduces an emphasis on a more qualitative rather than quantitative dietary assessment by promoting a participant-centered, positive approach to nutrition assessment – one that is based on desired health outcomes rather than deficiency findings. This shift allows for individualized strategies rather than establishing broad and general requirements. VENA serves to enhance existing WIC nutrition services. (Adapted from:
http://apha.confex.com/apha/135am/techprogram/session_21855.htm.)

VENA makes the nutrition education process more effective for both participants and Competent Professional Authorities (CPAs) by providing more opportunities for participant-centered dialogue. The intent of VENA is to complement nutrition assessment, education and counseling, which will lead to a more measurable method of client-centered goal setting. Additional information on VENA is available at the USDA WIC Works website (<http://www.nal.usda.gov/wicworks/>). The entire VENA manual can be downloaded as a PDF file at the following link:

http://www.nal.usda.gov/wicworks/Learning_Center/VENA/VENA_Guidance.pdf

III. GOALS

Nutrition education and counseling for WIC participants is designed to achieve two broad goals:

- A. Emphasize the relationship between proper nutrition, physical activity, and good health, with emphasis on the nutritional needs of pregnant, breastfeeding and

postpartum non-breastfeeding women, infants, and children less than five (5) years of age.

- B. Assist the individual who is at nutritional risk in achieving positive changes in food and physical activity behaviors, in order to improve nutritional status and to prevent nutrition-related problems, through the optimal use of supplemental foods and other nutritious foods.

IV. STATE AGENCY

A. State Nutrition Staff

The delegation of WIC nutrition education activities is vested within the Georgia Department of Public Health, Maternal and Child Health Program, Office of Nutrition and WIC and the Nutrition Services Unit.

Nutrition Program Consultants in the Nutrition Services Unit are available to local agencies as a resource in order to facilitate the state's efforts to strengthen and integrate Maternal and Child Health services (MCH) and WIC nutrition services. Current staff assignments are available from the Nutrition Services Unit.

B. State Nutrition Education Responsibilities

The state agency responsibilities for nutrition education:

1. Develop, implement, and evaluate the State Nutrition Education Plan. Periodically review, evaluate, and make appropriate revisions as necessary.
2. Develop guidelines for local agency Nutrition Education Plan development. Review each plan and provide feedback.
3. Monitor the progress of local agency Nutrition Education Plans on a periodic basis through on-site visits and annual reporting.
4. Evaluate the nutrition services of all local agencies.
5. Maintain a plan for providing training and technical assistance for WIC competent professional authorities (CPA's) and nutrition assistant staff at local clinics. Training and technical assistance provides WIC competent professional authorities with current information on the nutritional management of normal and high-risk participants, special problems, and emerging issues in nutrition.
6. Provide, as available, resources and committee leadership for obtaining or developing nutrition education materials.

7. Coordinate WIC nutrition education activities with related programs and professional groups such as the Cooperative Extension Service, Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps), professional organizations, advisory committees, etc.
8. Develop and implement procedures to assure that nutrition education is provided to all adult participants, to parents or caregivers of infant or child participants and, when appropriate, to child participants.
9. Perform and document evaluation of nutrition education activities on an annual basis. The evaluation shall include an assessment of participants' views concerning the usefulness of the nutrition education they received.
10. Establish standards for participants' education contacts that ensure the provision of adequate nutrition education (Refer to the nutrition portion of the State Agency Monitoring [MO] Section for standards).
11. Monitor local agency activities to ensure compliance with defined local agency responsibilities and participant nutrition education contacts.

V. LOCAL AGENCY

A. Local Nutrition Staff

1. Each of the WIC districts or contract agency (Grady) must be staffed with a District Nutrition Services Director who must be at minimum a (1) full-time equivalent (FTE) public health nutritionist, (2) a Licensed Dietitian (LD) in the state of Georgia and (3) be employed in either the class of Nutrition Services Director, Nutrition Program Manager, or Nutrition Manager. Duties include: planning, organizing, implementing, and evaluating the nutrition service component of WIC. This encompasses leadership in the development and approval of nutrition education materials, development of the nutrition education plan, and implementation of nutrition risk criteria and food package delivery.
2. Each WIC local agency must be staffed with a minimum of one (1) full-time equivalent (FTE) Competent Professional Authority (CPA) for every one thousand (1,000) participants, and one (1) full-time equivalent (FTE) Registered and Licensed Dietitian (RD, LD) or Licensed Dietitian (LD) for every five thousand (5,000) participants. District staff can only be counted towards these requirements when they provide direct services.
3. Nutrition positions should be appropriately classified according to the State Personnel Agency class specifications for nutrition personnel. The State Personnel Agency Nutritionist class specifications should be used for nutritionists providing direct client nutrition services, and these

nutritionists should receive supervision from a higher level public health nutritionist.

4. The class specifications for nutrition personnel and qualifications and compensation levels are to be according to State Personnel Agency and are available at <http://www.spa.ga.gov/jobdescriptionsapp/jobsalaryinfo.asp>.

B. Local Nutrition Education Responsibilities

The local agencies shall perform the following activities in carrying out their nutrition education responsibilities:

PARTICIPANT

1. Provide nutrition education to all adult participants, parents or caregivers of infant or child participants and, whenever appropriate, to child participants. WIC participants may be encouraged to participate in facilitative discussion. Individual or group sessions and/or education materials designed for program participants may be utilized for the delivery of nutrition education services to non-participating women, infants, and children who take part in other local agency health services.
2. Develop a system and/or utilize annual public comment responses for the regular assessment of participant views on nutrition education and breastfeeding promotion, at least on an annual basis. This data shall be used in the development and revision of the Nutrition Education Plan. The findings shall be reported annually in the Nutrition Education Plan as part of the district WIC plan that is due to the Nutrition Services Unit (end of May).
3. Online Nutrition Education

A local agency shall offer participants the option of completing a second nutrition education contact by using a kiosk within their clinic or by going to the Georgia WIC Program Online education website at www.gawiconline.org. Participants completing online education must be offered an opportunity to speak with a CPA to answer any questions at voucher pick up. While high-risk participants are eligible to use Georgia WIC Online, participants must still receive a high risk contact. The high risk nutrition education contact must include a care plan. Participants are not limited on the number of lessons or the frequency of visits, however they can only receive credit for a low risk contact that was completed in a valid certification period.

Internet Secondary Contact

When participants choose online nutrition education, staff will:

- a. Provide first time users with a GAWIOnline User's Guide or other approved GAWIOnline resources.
- b. Review the procedures and requirements for completing online nutrition education with the participant.

- c. Verify completion of the online nutrition education contact at voucher pick up through a review of the certificate, printed by the participant after completing the lesson or via online verification. With online verification clinics are **not** required to print a certificate for the medical record.
 - d. Verify that the date of the nutrition education contact is within the current certification period.
 - e. Offer participants an opportunity to speak with a CPA.
 - f. Document a secondary nutrition education contact in the nutrition education contact screen of your WIC front-end computer system.
 - 1) Enter the “date of completion” of the online nutrition education contact as the secondary nutrition education follow-up date.
 - 2) Enter the secondary nutrition education contact provided as “L” (low risk).
 - 3) Online nutrition education can be documented as “O” for online or “K” for kiosk. Enter the secondary nutrition education contact based on the method it was received. If the online nutrition education contact was completed on a kiosk in a health center enter “K” (Kiosk). All other locations should be documented as “O” for online.
 - 4) Select the online nutrition education topic(s) completed from the list of secondary nutrition education topics.
 - 5) Enter the secondary nutrition education provider as “Independent Education” (code = “P7”).
 - g. Offer a group or individual contact to participants if unable to verify online education.
 - h. Refer all high risk participants to the CPA for a high-risk secondary nutrition education contact, even if the participant completed the low-risk online nutrition education.
4. Develop a system and/or utilize annual public comment responses for the regular assessment of participant views on nutrition education and breastfeeding promotion, at least on an annual basis. This data shall be used in the development and revision of the Nutrition Education Plan. The findings shall be reported annually in the Nutrition Education Plan as part of the district WIC plan that is due to the Nutrition Services Unit (end of May).

STAFF/CPAs

1. Provide in-service training and technical assistance for competent professional authorities (CPAs) and nutrition assistants at local clinics.
2. Local WIC Agency shall develop a Nutrition Education Plan consistent with the nutrition education goals and objectives related to the provision of training that covers secondary nutrition education to participants and nutrition education for high risk participants.

3. Format should be similar and include goals, SMART objectives (Specific, Measureable, Achievable, Realistic and with targeted Time frame) and specific performance measures. Nutrition Education Plan is to be submitted as part of the district WIC plan that is due to the Nutrition Services Unit (end of May).

C. Training

1. Orientation

- a. Districts must use the CPA Orientation Checklist for training all CPAs hired on or after 9/1/2008. The Orientation Checklist must be completed within thirty days of the employee providing WIC services. **Refer to Attachment NE-7 for a copy of the Orientation Checklist.**
- b. The WIC CPA must also receive competency based nutrition training within twenty-four months of employment. This training should cover skills outside of the basic competencies required for holding CPA position, such as VENA competency skills or other competencies for special populations.

2. Continuing Education

- a. All WIC CPA and Nutrition Assistant (NA) staff, whether they work full time or part time, must receive at least twelve (12) hours of nutrition specific continuing education each year. Training must be approved by the local agency Nutrition Services Director (or designee). The twelve hours of nutrition specific continuing education can be met in the following ways:
 - (1) Through participation at local, state, or national workshops or meetings to develop and update skills and knowledge in nutrition and lactation management;
 - (2) Through completion of Internet based or home study nutrition related educational courses (developed and/or approved by a nationally recognized professional organization);
 - (3) Through establishment of a staff Nutrition Journal Club, where peer reviewed nutrition related research articles are shared, reviewed and discussed. A maximum of one (1) credit hour (or clock hour) will be allowed per meeting time. Examples of approved peer reviewed research journals include: Journal of the American Dietetic Association, the American Journal of Public Health and Journal of Nutrition Education and Behavior, etc.
 - (4) Special Note: Since the implementation of the Value Enhanced Nutrition Assessment (VENA) process, continuing education training received annually by the CPAs and other WIC staff

should address their self-identified training needs and in addition must include one or more of the following areas:

- i. Competency-based trainings in nutrition assessment, education and counseling (including critical thinking, motivational interviewing, reflective listening, rapport building, and goal setting) and breastfeeding education.
 - ii. In addition, updated trainings on WIC programmatic content areas (e.g., risk criteria, food package/approved foods, etc.) should be included.
- b. All nutrition training and continuing education activities conducted or attended by the local staff must be recorded and kept on file by the local agency.
- (1) Acceptable documents are: roster with signatures and/or certificates, agenda for training activities.
- c. The hours of continuing education required may be pro-rated for new hires, staff who terminate prior to the end of the reporting period, and in special circumstances (e.g., staff on medical leave). For example, a staff member who works in WIC for six months would be expected to have accumulated approximately six hours of continued education. However, the number of continuing education hours required per year cannot be adjusted based upon the percent of time the employee performs WIC duties (e.g., employee only performs WIC duties 50% of the time).

3. Reporting and Monitoring

- a. The WIC Local Agency Continuing Education Documentation Log (**Attachment NE-6**) should reflect training obtained by all CPAs in the local agency, be maintained in the local agency files, and must be available for review by State Nutrition Unit staff during the WIC program review. Districts are not mandated to use the state's log; this log is only an example. However, districts must track and be able to produce the same continuing education information required as outlined in the attached log.
- b. The file should include the following at a minimum for each CPA in the local agency:
 - (1) CPA name and title
 - (2) Clinic number(s)
 - (3) Yearly total of continuing education hours received
 - (4) Hire and termination date.
- c. Local agency training provided must include at a minimum:
 - (1) Training topics
 - (2) Agendas

- (3) Speaker(s) vitae (must show evidence of training in the area which they are presenting)
- (4) Staff trained (e.g. all CPA staff, Nutritionists only, etc.)
- (5) Sign-in roster

VI. PARTICIPANT NUTRITION EDUCATION

A. Participant Nutrition Education Requirements

1. All adult participants and caregivers of child participants must be provided with two (2) nutrition education contacts (must receive nutrition education on two different occasions) during each six (6) month certification period, **but not within the same day/clinic visit.** For prenatal women and parents/caregivers of infant participants certified for a period in excess of six (6) months, nutrition education contacts shall be made available at a quarterly rate, but not necessarily taking place within each quarter. Participants must be encouraged to attend and participate in nutrition education activities, but cannot be denied supplemental foods for failure to attend or participate in the provided activities.
2. Document "no shows" with the date the participant was scheduled to receive the nutrition education contact, but failed to appear for the contact. Participants who fail to keep their appointments must be offered a nutrition education contact at their next voucher pick up.
3. The nutrition education contacts shall be made available through individual or group sessions, which are appropriate to the individual participant's nutritional needs.
4. Printed and audio-visual materials may be used to support the educational messages. Use of the following reinforcements alone is **not considered to be effective and can not be counted as a nutrition education contact:** publications, pamphlets, take-home activities, newsletters, videotapes, posters, bulletin boards, displays, health fairs, public service announcements, radio, and TV advertisements.
5. A local agency must submit proposals for the development of new nutrition education projects and must contact the Nutrition Services Unit for technical assistance prior to initiating the implementation of a nutrition education program or strategy that is not conducted through individual or group, face-to-face sessions. Any non-direct nutrition education session, for example, Internet, self-direct computer module, etc., must be approved prior to implementation. Upon receipt of the local agency request, the Nutrition Services Unit staff will review the proposed nutrition education program/strategy and provide the local agency with initial feed back within thirty (30) days. Nutrition Services Unit approval of proposed special projects will be provided to the Office

of Nutrition and WIC within sixty (60) days of receipt of the final local agency proposal. If USDA approval is required, the Office of Nutrition and WIC will assist the local agency in obtaining the approval.

6. All participants shall receive at least one (1) nutrition education contact during each certification period which relates to their own (or their child's) dietary practices, as assessed by the CPA, from the state approved Nutrition Assessment Questionnaire. Visual aids, such as food models or measuring cups, should be used to obtain a good assessment of nutritional practices and to help the participant learn about portion sizes.
7. Counseling with regard to the need for regular physical activity may be documented as nutrition education, since physical activity relates to energy balance, and thus contributes to nutritional status. Encouragement to increase physical activity and decrease screen time should be provided.
8. All high-risk WIC participants (**as defined in Attachment NE-1 and NE-2**) must be scheduled to receive a high-risk nutrition education contact during the current certification period. The High Risk Nutrition Education contact must include a care plan. **Refer to Attachment NE-4 for the documentation components of the care plan.**
9. All women participants must receive exit counseling by the final nutrition education contact of the postpartum period (i.e., counseling at least one (1) time on each of the below topics between the initial prenatal certification and when the postpartum woman is terminated as a participant for the current pregnancy). Exit counseling is defined as counseling which includes the following topics which are to be discussed within the valid certification period:
 - a. Importance of folic acid intake
 - b. Health risks of using alcohol, tobacco, and other drugs
 - c. Breastfeeding as the preferred method of infant feeding or continued breastfeeding as the preferred method of infant feeding for those women who are currently breastfeeding
 - d. Importance of up-to-date immunizations
10. Parents or caregivers of WIC infants and children must also be provided with exit counseling. **Exit counseling is defined as counseling within an infant's certification period (birth to one year) or child's certification period (one to five years) and including the following topics:**
 - a. **Preventative information about abuse of drugs and other harmful substances.** However, it is a best practice to provide this

preventative information at the initial visit and on a more frequent basis, where applicable.

b. Importance of up-to-date immunizations

11. Each local agency must have an established nutrition reference guide available. Examples of approved nutrition reference guides include, but are not limited to:
 - a. ADA Nutrition Care Manual
 - b. Georgia Dietetic Association Nutrition Manual
 - c. Nutrition Care Process Manual**

12. Nutrition education contacts must be provided by a nutritionist, Registered and Licensed Dietitian (RD, LD), Licensed Dietitian (LD), or other Competent Professional Authority (CPA) that has been trained by the state or local agency. Nutrition Assistants (NAs) can provide low-risk nutrition education contacts when appropriate nutrition education training has been received. The Nutrition Services Unit must approve the training plan. **(See Attachment NE-3 for the Guidelines for Nutrition Assistant Training and list of items to be submitted for approval.)**

13. A class outline must be developed when group-facilitated classes are used to provide the nutrition education contact. The class outline must include learning objective(s). Class outlines must be kept at the clinic site for use by clinic staff and provided to the Nutrition Services Unit at the time of program reviews.

14. If the participant/caregiver is unable to receive services at the clinic for an extended period of time, providing the nutrition education contact to the proxy at the time of voucher issuance is the recommended method for providing secondary nutrition education contacts.

B. Documentation of Nutrition Education

1. All individual nutrition education services and contacts received by participants must be documented in the participant's health record.
 - a. In order to facilitate continuity of care, specific aspects of nutrition counseling must be documented for the topics discussed (e.g., introduction of solids; portion sizes for the 2-3 year old; ways to increase fluid intake).

 - b. The Nutrition Care Process includes the following steps:**
 - (1) Nutrition Assessment**
 - (2) Nutrition Diagnosis**
 - (3) Nutrition Intervention**
 - (4) Monitoring and Evaluation**

Documentation should follow the Nutrition Care Process. Approved forms include; ADIME (Assessment, Diagnosis, Intervention, Monitoring and Evaluation), and SOAP (Subjective Objective Assessment Plan). A flow sheet may be used as long as it contains all components of the Nutrition Care Process.

2. Group nutrition education contacts must be documented in the participant's health record. The name and credentials of the staff member conducting the group-facilitated class must also be documented in the participant's health record.
3. Documentation of secondary nutrition education contacts must be completed in the participant's electronic record and include the date, topic(s), care plan (if high risk), the title of the person providing the nutrition education, and method by which the nutrition education contact was provided (e.g., class, kiosk, individual counseling, etc.). Electronic documentation of all nutrition education contacts **is required**.
4. Missed appointments for nutrition education contacts and the refusal of a participant/caregiver to receive nutrition education must be documented in the participant's health record. Failed, missed, and refused secondary nutrition education appointments do not count as having provided secondary nutrition education.

VII. PARTICIPANT REFERRAL TO OTHER AGENCIES

Participants must be assessed for referrals during each certification appointment.

A. Participant Referrals

1. While receiving Georgia WIC, participants must be referred to the Supplemental Nutrition Assistance Program (SNAP; formerly Food Stamps), Medicaid and Temporary Assistance for Needy Families (TANF) at least one time. Participants shall be informed of these programs and, if needed, be provided with the addresses and telephone numbers of local/state offices.
2. Local agencies are encouraged to coordinate with and refer participants to the Cooperative Extension Service, Expanded Food and Nutrition Education Program (EFNEP), Head Start, Pre-K, and other programs.
3. Local agencies should refer participants to other health services offered within the health department system and other agencies and services. These include, but are not limited to:

<p>Maternal Health Programs</p> <p>High Risk Pregnancy Program Family Planning Program Sexually Transmitted Disease</p> <p>Assistance Programs</p> <p>Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps) Medicaid Right from the Start Temporary Assistance for Needy Families (TANF) Head Start</p>	<p>Child Health Programs</p> <p>Children 1st Children's Medical Services Immunization Program Lead Screening Program Health Check Dental Health Program Vision Screening Program</p> <p>Community Resources</p> <p>AIDS Program Private Physician Mental Health and Substance Abuse Program</p>
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4. Prenatal or breastfeeding participants needing additional breastfeeding information, assistance or support should be referred to the appropriate person(s) designated through the local agency breastfeeding program. General breastfeeding referrals should be documented as "W," while referrals to breastfeeding peer counselors should be documented as "X."
5. Any participant identified as high risk should be referred to a nutritionist or Registered Dietitian ("V") if one is not available in the clinic.

B. Participant Documentation

Referrals to and enrollment in other health services and programs must be documented in the participant's health record. A decision not to refer or a refusal by the participant must also be documented; reasons for not referring or participant's refusal should be included in documentation.

VIII. NUTRITION EDUCATION MATERIALS

A. Criteria for Development and Use

1. All nutrition education materials and forms used and developed locally for WIC participants must be:
 - a. Approved by the District Nutrition Service Director or designee.
 - b. Submitted to the Nutrition Services Unit for DPH approval **prior** to distribution.
 - c. Must have current non discrimination statement based on current Federal requirement.

See *Materials Evaluation Form* for guidance (**Attachment NE-5**). The Nutrition Services Unit is available for consultation and technical assistance to review nutrition education materials.

2. Sample copies of all nutrition education materials used by the local agency must be made available to the Nutrition Services Unit during the program review.
3. All nutrition education materials used must accurately reflect current documented scientific knowledge of nutrition.
4. Materials must be prepared to meet needs of the specific population group to be served, including prenatal, breastfeeding, postpartum women, infants, and children less than five, and when applicable, migrant farm workers and homeless persons. Consideration must be given to the reading level as well as to the cultural and language needs of clients.
5. The Nutrition Services Unit reserves the right to disapprove the use of nutrition education materials if it determines them to be inappropriate.
6. If a local agency develops materials that are applicable statewide, the Nutrition Unit may seek approval from the local agency to duplicate these materials.

WIC MATERNAL HIGH RISK CRITERIA

Any WIC prenatal, breastfeeding, or non-breastfeeding woman who has the following high-risk factors must receive nutrition counseling tailored to the participants' desired health outcomes, following VENA principles. In most instances, a nutritionist should provide this counseling. However, if the CPA determines that some other intervention or referral would be more appropriate, adequate documentation must be provided.

High Risk Criteria	Risk Code	Appendix
Hemoglobin or hematocrit at treatment level	201	B-1
Underweight <ul style="list-style-type: none"> ▪ Prenatal Women: Body Mass Index <18.5 ▪ Postpartum Women: Body Mass Index <18.5 	101	C-1 Body Mass Index Tables
Overweight <ul style="list-style-type: none"> ▪ Prenatal Women: Body Mass Index >29.9 ▪ Postpartum Women: Current Body Mass Index >29.9 	111	C-1 Body Mass Index Tables
Low maternal weight gain	131	C-2
Gestational weight loss during pregnancy greater than or equal to 2 pounds in the second and third trimester.	132	
Blood lead level > 10 µg/dl within the past 12 months.	211	
Hyperemesis Gravidarum	301	
Gestational diabetes	302	
EDC or delivery prior to 17 th birthday	331	
Multi-fetal gestation	335	
Fetal Growth Restriction	336	
Nutrition-related medical conditions; presence of any disease or condition affecting nutritional status that requires a therapeutic diet as ordered by a physician or health professional acting under standing orders of a physician	341-349; 351-360; 362	
Diagnosed pre-diabetes	363	
Breastfeeding complications; referral to appropriate BF counselor must be made	602	
Any condition deemed by the competent professional authority to place the woman at high risk for compromised nutritional status; adequate documentation required		

WIC HIGH-RISK CRITERIA FOR INFANTS AND CHILDREN

WIC infants and children who have the following high-risk factors must receive nutrition counseling tailored to the participants' desired health outcomes, following VENA principles. In most instances, a nutritionist should provide this counseling. However, if the CPA determines that some other intervention or referral would be more appropriate, adequate documentation must be provided.

High Risk Criteria	Risk Code	Appendix
Hemoglobin or hematocrit at treatment level	201	B-2
Underweight or At Risk of Underweight (Infants and Children) Infants <12 Months of Age: Weight for length < 2 nd percentile weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts Children <24 Months of Age: Weight for length < 2 nd percentile weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts Children 2-5 Years of Age: BMI for age <5 th percentile	103	
OBESE (Children 2-5 Years of Age) Body Mass Index for age >95 th %	113	
Short stature (length/height for age <5 th %)	121	
Failure to thrive	134	
Inadequate growth	135	
Low birthweight infant (infant weighing 2500 grams [5 ½ pounds] or less at birth). May only be used for infants as high risk criteria.	141	
Blood lead level > 10µg/dl within the past 12 months.	211	
Nutrition-related medical conditions; presence of any disease or condition affecting nutritional status that requires a therapeutic diet or special prescribed formula as ordered by a physician or health professional acting under standing orders of a physician	341-357; 359; 360; 362; 382	
Breastfeeding complications; infants only; referral to appropriate BF counselor must be made	603	
Any condition deemed by the competent professional authority to place the infant/child at high risk for compromised nutritional status; adequate documentation required		

GUIDELINES FOR NUTRITION ASSISTANT TRAINING

I. Qualifications for Nutrition Assistants:

Who can be trained to provide services to participants:

- A. WIC clerical staff and health services technicians.
- B. Expanded Food and Nutrition Education Program (EFNEP) agents.
- C. Volunteers with a background in Home Economics, Nutrition, Medical Science, and Health Education.
- D. Nursing students who have taken at least one (1) nutrition course.
- E. University students who have done nutrition/health course work.

II. Who can provide Nutrition Assistant Training

A nutritionist, Registered and Licensed Dietitian (RD, LD), Licensed Dietitian (LD), or other Competent Professional Authority (CPA) that has been trained by the state or local agency. Certified Nutrition Assistants may assist the facilitator to provide peer experiences and support.

III. Competencies for Nutrition Assistants

- A. Basic Georgia WIC Program Knowledge. The WIC Nutrition Assistant will be able to:
 - 1. Describe the basic goals of the Georgia WIC Program.
 - 2. List eligibility requirements for the Georgia WIC Program.
 - 3. Name the State and Federal agencies that fund and administer the Georgia WIC Program.
 - 4. Identify the district WIC staff, including the Nutrition Services Director or the Nutrition Program Manager, and where to locate the district WIC office (address and phone number).
 - 5. Locate: (a) the local WIC clinic policies and procedures; (b) list of local area WIC vendors; (c) USDA rules and regulations or the Georgia WIC Program Procedures Manual policies relating to supplemental foods and nutrition education.

6. Describe the process of how a WIC participant obtains WIC foods and list the various WIC approved foods.
 7. Demonstrate a thorough knowledge for any topic for which they will be providing of individual counseling or leading classes. The Nutrition Assistant should score ninety (90) percent or above on the written test.
 8. Demonstrate ability to apply VENA counseling skills during nutrition counseling.
- B. Communication Skills. The Nutrition Assistant will be able to:
1. Demonstrate each of the following skills during a participant interview or group-facilitated class:
 - Introduce him/her and make introductions among participants
 - Provide a clear explanation for the purpose of class/contact
 - Conduct the activity within a given time frame
 - Use Reflective Listening
 - Use open-ended questions
 - Conduct activities in a non-judgmental manner
 - Communicate using simple language
 - Convey sincere interest
 - Convey positive body language and attitude
 2. Identify problems, during the individual contact or group-facilitated classes, that are WIC, health, or staff-participant relationship oriented.
- C. Referral Skills. The Nutrition Assistant will be able to:
1. Refer participant for needs encountered during the group-facilitated class/individual contact to appropriate personnel.
 2. Refer participant with medical and nutrition related needs to the appropriate professional, as written in the class outlines.
 3. Refer any questions they were unable to address to the appropriate professional.

IV. Requirements for Nutrition Assistant Training/Continuing Education

Nutrition Assistants may provide low-risk secondary nutrition education contacts only if the following competencies have been met:

- A. A training session related to the nutrition topic is successfully completed.
 1. A test and clinic observation is completed for each nutrition topic area.
 2. The Nutrition Assistant can only provide information to participants that have been covered in their training sessions.
- B. Nutrition Assistants must receive at least twelve (12) hours of nutrition-specific continuing education per year. Training must be approved by the local Nutrition

Services Director (or designee). These hours can be attained through:

1. Participation in local agency Nutrition Assistant trainings
2. Other nutrition conferences/workshops/training

V. Parameters for Nutrition Assistants Conducting Low Risk Secondary Nutrition Education Contacts

Nutrition Assistants (NAs) will be trained to provide very specific nutrition information to WIC participants. Nutrition Assistants will only be permitted to provide information covered in completed training(s). Referrals by the NA to a nutritionist or CPA will be made based on guidance in class outlines and/or the training manual, and/or for questions beyond the scope of the training received by the Nutrition Assistant.

VI. Evaluation of the Nutrition Assistant

Competencies that will be evaluated include the following:

- A. The Nutrition Assistant must score 90% or above on a test for each topic area, before being able to proceed to the next topic.
- B. The Nutrition Assistant must observe a professional providing low-risk secondary nutrition education contacts for at least one (1) clinic day, before being allowed to provide any participants with secondary nutrition education contacts.
- C. The Nutrition Assistant must be observed conducting at least three (3) low-risk secondary nutrition education contacts before being allowed to provide any unaccompanied secondary nutrition education contacts on a routine basis. Observation criteria: to include at minimum: basic competencies for which NA has been trained to provide nutrition education for low risk participants, appropriate and accurate documentation, VENA principles, accurate content during nutrition education sessions and follows course outline when providing group education.
- D. The immediate supervisor (or designee) must be readily accessible to assist the Nutrition Assistant with problems.
- E. The Nutrition Services Director (or designee) will conduct quarterly record reviews and observe the Nutrition Assistant providing low-risk secondary nutrition education contacts. These quarterly record reviews and observations will be documented and made available for Nutrition Services Unit staff during WIC program reviews.
- F. The Nutrition Services Director (or designee) will be available to provide technical supervision and to act as a resource.

**NUTRITION ASSISTANT TRAINING PLAN
CHECKLIST FOR ITEMS TO SUBMIT FOR APPROVAL**

Training Plan:

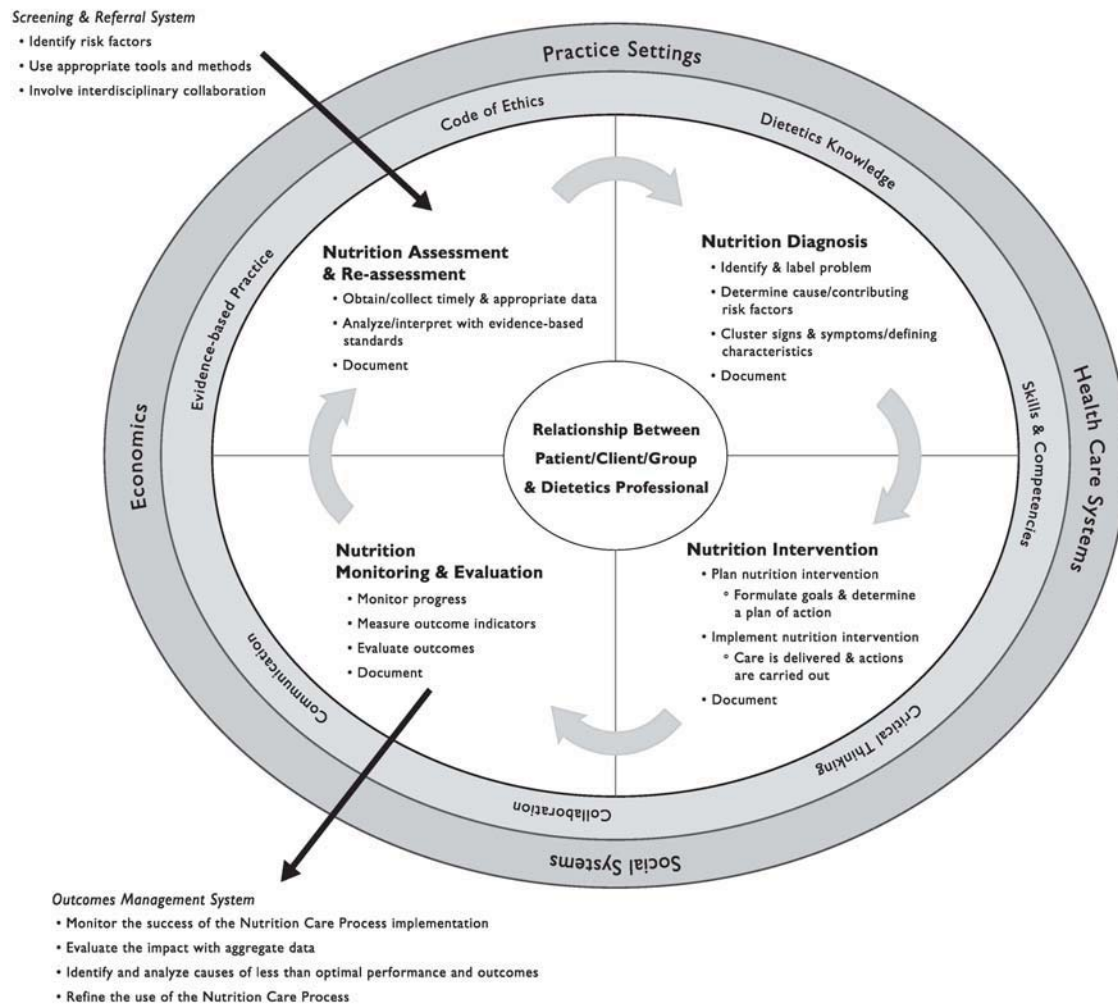
- _____ Class Outlines for use in training Nutrition Assistants, including post-tests.
 Note: These may be submitted on an on-going basis.
- _____ Evaluation Component
- _____ Plan for Nutrition Assistant to observe professional(s) providing low-risk secondary nutrition contacts.
- _____ Plan for Nutrition Service Director (or designee) to observe Nutrition Assistant(s) providing low-risk secondary nutrition education contacts.
- _____ Plan to conduct quarterly chart reviews, where applicable, and quarterly observations of Nutrition Assistant(s).
Record review to include the following:
 - Documentation of nutrition education is completed and accurate
 - Identification data completed accurately
 - Error corrections done to policy
 - All dates, signatures, title documented
- _____ Class Outlines for use by Nutrition Assistant(s) in providing low-risk secondary nutrition education contacts (group-facilitated classes or individual counseling).
- _____ Documentation Procedures to be used by Nutrition Assistants.

Additional Information:

- _____ Name(s) of Nutrition Assistant(s) being trained, and clinic(s) in which trainee is working.
- _____ Name(s) of direct supervisor(s).
- _____ Name of district nutritionist designated to provide technical assistance.

Nutrition Care process:

The Nutrition Care Process and Model



Nutrition Assessment

Nutrition Assessment is the first step of the Nutrition Care Process. It is defined as a systematic method for obtaining, verifying, and interpreting data needed to identify nutrition-related problems and their causes and significance (JADA 2008). It is an ongoing, nonlinear, dynamic process that involves initial data collection as well as continual reassessment and analysis of the patient's/client's status compared with specified criteria. Nutrition assessment data are obtained from a variety of sources,

Nutrition Diagnosis

Nutrition Diagnosis is the second step of the Nutrition Care Process. In this step, the registered dietitian (RD) identifies and labels an existing nutrition problem that the RD is

responsible for treating independently (JADA 2008). In diagnosing a nutrition problem, the RD organizes the

assessment data, clusters nutrition signs and symptoms, and compares them with the defining characteristics of suspected diagnoses as listed in the nutrition diagnosis reference sheets. Reference sheets that define each nutrition diagnosis are found in the *International Dietetics and Nutrition Terminology* (IDNT 2011). The nutrition diagnosis is expressed using nutrition diagnostic terms and the etiologies, signs, and symptoms that have been identified in the reference sheets describing each diagnosis.

Nutrition Intervention

The third step of the Nutrition Care Process is **Nutrition Intervention**, which is defined as purposefully planned action(s) designed with the intent of changing a nutrition-related behavior, risk factor, environmental condition, or aspect of health status (JADA 2008). Nutrition intervention consists of two interrelated components: planning and intervention. The nutrition intervention is typically directed toward resolving the nutrition diagnosis or the nutrition etiology. Less often, it is directed at relieving signs and symptoms.

Nutrition Monitoring & Evaluation

The fourth step of the Nutrition Care Process is **Nutrition Monitoring and Evaluation**. In this step, the registered dietitian (RD) identifies the amount of progress made if goals or expected outcomes are being met (JADA 2008). Nutrition monitoring and evaluation identifies outcomes relevant to the nutrition diagnosis and intervention plans and goals.

SOAP NOTE DOCUMENTATION FORMAT

Once the nutritional status of an individual has been determined, the assessment of the problem and intervention plans need to be communicated to other health professionals. The use of the SOAP Note format is an excellent way of conveying this nutritional information. The data gathered during the nutrition assessment can be incorporated into the SOAP Note in the following manner:

- S- Subjective Data:
 - Statement of the individual's thoughts and feelings
 - Individual complaints, "quotable" significant information, individual's description of his or her problem, individual's statement of needs
 - Information gained from talking with the individual, from others working with the individual, or from the individual's relatives
 - Dietary intake and reported nutritional practices

- O- Objective Data:
 - Facts, tangible findings, clinical observations, documented information
 - Physical findings, signs, symptoms
 - Anthropometric data
 - Laboratory data
 - Factual information regarding background, history
 - Environment, progress or problems

- A- Assessment:
 - Your assessment or impression of the individual's nutritional status, needs, problems; assessment of the overall situation
 - Summary and evaluation of dietary intake
 - Meaning, value of the information presented
 - Information still needed
 - Problem definition, interpretation

- P- Plan:
 - What the participant chooses as a goal in order to address their individual nutritional status, need, or situation
 - What you plan to do to obtain more information and/or educate and treat the individual
 - Referrals
 - Recommendations and plans for follow-up visits
 - Educational materials used and given to the individual

MATERIAL EVALUATION FORM

Material Name/Title: _____ Type: _____

Obtained from: _____ Date Received: _____ By: _____

EVALUATION CRITERIA	MINIMALLY ACCEPTABLE	ADEQUATE	SUPERIOR
SPONSOR BIAS OR PROMOTION Product name not visible			
CONTENT Complete non-discrimination clause present (refer to RO Section for wording)			
Accurate and up-to-date			
Learning Objectives <ul style="list-style-type: none"> • No more than 3 objectives • Should not promote undesirable behavior • Summary of learning objective matched with activities provided in the material 			
Scope <ul style="list-style-type: none"> • Topics deemed necessary • Useful and relevant to target audience • Appropriate for target audiences' lives and environments 			
Purpose of material clearly stated			
Organization <ul style="list-style-type: none"> • Main topic or ideas are clearly identified • Progression of information easy to follow 			
Learning Activities <ul style="list-style-type: none"> • Provides for learner involvement • Is appropriate for knowledge/skill level • Suggestions made for further learning opportunities 			

References are accurate, up-to-date, and available for use.			
LANGUAGE USAGE Reading level appropriate for audience present (determined with SMOG)			
If technical terms are used, definitions are provided.			
Style <ul style="list-style-type: none"> • Personalized • Few instances of negative wording • Respectful • Sentences simple, short, specific • Use of wording is consistent 			
STEREOTYPING Appropriate role models			
Minority representation are: <ul style="list-style-type: none"> • Presented in a factual manner Presented in a variety of roles, occupations, values			
Lifestyle and cultural differences are illustrated			
FORMAT Paper quality is acceptable for intended use			
Print/Font <ul style="list-style-type: none"> • Style acceptable • Size appropriate 			
Topic headings/typographic cueing			
Line width and spacing			
Placement and use of illustrations			
Placement and use of charts, table, graphs			

Color <ul style="list-style-type: none"> • Appropriate colors per DPH Stylebook guidelines and colors that are easy to read • Good quality per DPH Stylebook guidelines 			
Pages <ul style="list-style-type: none"> • Appropriate length 			
Overall visual appearance is pleasing			
Quality of sound track is good			

Other Areas to be considered Prior to Purchase/Development:

EVALUATION CRITERIA	MINIMALLY ACCEPTABLE	ADEQUATE	SUPERIOR
COST Original <ul style="list-style-type: none"> • Material cost • Shipping/handling • Discount for multiples • Easy to obtain • Time to obtain 			
Replacement <ul style="list-style-type: none"> • Reasonable work life (durability) • Predisposed to obsolescence • Ease of repair (include shipping/handling) • Cost of replacement 			
Duplication <ul style="list-style-type: none"> • Allowable/legal • Cost of duplication 			

<p>VIEWING/USAGE</p> <p>Space</p> <ul style="list-style-type: none"> • Appropriate for existing available space for viewing or use of materials • Adequate space available for storage 			
<p>Easy to Use By:</p> <ul style="list-style-type: none"> • Staff • Audience/participant 			
<p>Targets</p> <ul style="list-style-type: none"> • Group classes • Individual counseling/use • Waiting room use 			
<p>Is there an easier, more efficient way to stimulate learning?</p>			
<p>RECOMMENDATIONS:</p>			

SIGNATURE/TITLE OF EVALUATOR: _____ **DATE:** _____

Adapted from: E.M.P.O.W.E.R. (Evaluate Materials to Promote Optimal Use of WIC Education Resources), Massachusetts WIC Program, Department of Public Health, April 1985.

GEORGIA WIC PROGRAM 2013 PROCEDURES MANUAL
WIC LOCAL AGENCY CONTINUING EDUCATION DOCUMENTATION LOG

District _____
 CPA Staff: Minimum Requirement 12 Hours Yearly
 Year Reviewed: _____

Name	Title	Clinic	Training Type	Training Date	Training Hours
EX: Jane Doe	Nutritionist	625	Clinical Skills	8/25/2007	10 hours documented
Start Date 1/1/2008				Total Hours	10 hours

Comments: _____

Nutrition Assistants: Minimum Yearly Requirement 12 Hours Yearly
 Year Reviewed: _____

Name	Title	Clinic	Training Type	Training Date	Training Hours	*Quarterly Clinic Observations Documented
EX: Nancy Drew	Nutrition Assistant	625	Stress Free Feeding	1/1/2008	5 hours documented	1/1/2008 by TES
						4/17/2008 by TRS
						7/7/2008 by TES
						10/21/2008 by TRS
Start Date 1/1/2008				Total Hours	5 hours	

Comments: _____

Note: Total CPAs/Nutrition Assistants with adequate documentation divided by Total CPAs evaluated = % of CPAs with adequate documentation.
*** Documentation of Nutrition Assistant Clinic Observations must include the dates and signatures of the Nutrition Services Director or designees conducting the observations.**

WIC Orientation Checklist

Name _____ Hire Date: _____

District: _____ County/Clinic: _____

Orientation Items	Date Reviewed	Employee Initials	Trainer Initials	Comments
Job Description/Expectations				
WIC Overview				
Computer System Overview				
Data Entry				
WIC Procedure's Manual				
Nutrition Reference Guides - Nutrition Care Manual - Other as approved by the Nutrition Services Unit				
BREASTFEEDING				
State/District Breastfeeding Policy				
Breastfeeding Advantages - Infants, Mother, Society				
WIC Approved Educational Materials				
Breast Pumps and Accessories				
- Assembly instructions				
- Issuing/Tracking Logs				
- Care, Cleaning, Safety				
- Accessory information and Instructions				
- Issuing/Tracking Logs				
Common Concerns/Potential Issues				
Infants:				
- Normal eating patterns/habit				
- Weight Gain				
- Adequate intake assessment				
- Fussy baby				
- Normal stools/frequency				
- Gas				
- Other:				
Mothers				
- Dietary Needs/fluids				
- Smoking/Drugs				
- Working/Time away from infant				
- Other:				

Referrals for complications: <ul style="list-style-type: none"> - Sore breasts/nipples - Jaundice - Inadequate weight gain - Constipation - Diarrhea - Poor latch - Mastitis - Clogged ducts - Other: 				
Referrals for support: <ul style="list-style-type: none"> - Peer Counselors - Breastfeeding Coordinator - Designated clinic CPA 				
Approved Reference Books: <ul style="list-style-type: none"> - Breastfeeding Answer Book - Medications and Mother's Milk - Other: 				
WIC Hotline				
Clinic/District/Community Resources				
Other:				
Nutrition Risk Criteria				
Women: Prenatal				
Women: Breastfeeding				
Women: Postpartum				
Infants				
Children				
Priority Assignment per category				
Food Packages				
WIC Approved Foods				
Tailoring				
Special Formulas/Metabolic Foods				
999 Procedures <ul style="list-style-type: none"> - Documentation - Follow up 				
Infant formulas: <ul style="list-style-type: none"> - Contract - Exempt 				
Laboratory Data				
Anthropometrical Procedures <ul style="list-style-type: none"> - Measuring weight - Measuring length/height - Head circumference (if applicable) - Calculations: BMI, wt/length, prenatal weight gain - Plotting 				
Hemoglobin/Hematocrit Procedures				
Counseling Skills / VENA				
Establishes Rapport				

Invites participant questions, concerns, interests				
Asks open ended questions (Motivational Interviewing)				
Reflects/Summarizes participant concerns				
Sensitive to participant's cultural beliefs/practices				
Guides participant in goal setting				
Documentation				
Nutrition Care process: ADIME / SOAP				
Writes measurable goals				
Error Correction procedures				
Makes appropriate referrals- how and when <ul style="list-style-type: none"> - Medicaid - Food Stamps - TANF - Children's 1st - BCW - RD - CMS - Housing Authority - Head Start - Food Bank 				
Other:				
Online Nutrition Education GAWICOnline				
Completed WIC 101 Training				
Nutrition Specific Continuing Education (12 hours yearly)				
Motivational Interviewing				
Cultural Competency				
Customer Service				
Other:				

Employee Signature: _____

Supervisor Signature: _____

Note: All criteria listed above are not intended to be an exhaustive list. Districts may include additional WIC related topics to their checklists as they see necessary. All competencies listed must be reviewed with the new employee, checked and signed within 30 days of the employee providing WIC services.

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I. INTRODUCTION

This section of the manual outlines procedures for assuring access to WIC services and minimizing hardship for the segment of the population that requires non-traditional services. Federal regulations require that all eligible and potentially eligible individuals have equal access to WIC benefits and services. Therefore, the local agency must make every effort to identify and reduce barriers that prohibit enrollment and service to eligible and potentially eligible clients.

WIC defines a special population as a group of persons with common needs that require special assistance and/or specific services to access and participate in WIC related services. Special population groups referenced in this section are: migrants, loggers, applicants/participants residing in institutions, homeless people, Limited English Proficient People, Native Americans and persons with disabilities. Local Georgia WIC Program clinics are responsible for ensuring accessibility to WIC services for these populations.

A. Definitions

1. **Migrant Farm Workers** are individuals (and family members) employed seasonally in agriculture occupations, who establish temporary residence for the purpose of such employment, and have been employed in such occupation within the last twenty-four (24) months.
2. **Loggers** are individuals whose principal employment is seasonal harvesting of trees, who have been employed in this activity within the last twenty-four (24) months and for such employment established a temporary abode.
3. **Seasonal Farm Workers** are individuals employed in agriculture occupations who do not move from place to place establishing temporary residence for the purpose of work. **THEY ARE NOT** migrant farm workers as defined by the Georgia WIC Program.

B. Certification

The process for certifying migrant farm workers must comply with standard certification procedures (see Certification Section). **The local agency must issue an Electronic Verification of Certification (EVOC) Verification of Certification (VOC) card to every migrant at the time of certification.** A valid EVOC/VOC card helps migrant farm workers access WIC services (see Certification Section - Transfer of Certification). The VOC card is valid until the certification period expires.

WIC certification must be documented with an EVOC/VOC card or a copy of the Georgia WIC Program assessment form. In lieu of a VOC card, the receiving WIC clinic must verify the current certification information. Vouchers must only be issued for thirty (30) days if WIC clinic staff cannot verify certification information

with the originating clinic.

C. Food Delivery

Migrants frequently remain in a local area for a very short period. It is essential that migrant certification, transfer of eligibility, and receipt of WIC foods are received as expeditiously as possible. **Vouchers must be issued on the same day the migrant participant is certified.**

When a migrant presents WIC vouchers from another state, the certifying clinic should void the vouchers and issue Georgia WIC Program vouchers as replacements. The certifying clinic must send the voided vouchers back to the state in which the vouchers originated. The local agency must forward the voided vouchers to the appropriate state agency. If a migrant presents vouchers from another WIC clinic in Georgia, the clinic staff should instruct the migrant to redeem them if they have a valid issue date (see Food Delivery Section).

D. Outreach and Referral

In geographical areas where there is significant movement of migrants, the local agencies are required to make special effort to reach out and serve this population. The local agency should decide whether evening WIC clinics or certifications at migrant camps are necessary. This decision should be based on migrant outreach efforts and consultation with organizations serving migrants as well as other migrant activities in the service area. All services necessary to serve migrant populations should be implemented. Special outreach and referral efforts implemented by a local agency to provide access to health services for the migrants and their families should be documented.

E. Reporting and Monitoring

The number of migrants participating in the Georgia WIC Program is reported on the Racial/Ethnic Participation Report generated by the WIC Automated Data Processing (ADP) Contractor each month. Migrant information on the Turnaround Document (TAD) is completed with a Yes (Y) or No (N). To accurately determine the migrant status of an applicant or a participant, the Interview Script must be used to allow the applicant/participant to self declare (see Certification Section). If necessary, WIC's definition of a migrant should be explained to the applicant/participant.

Migrant activity is reported monthly on the Migrant Participation Report found in GWIS.net. The state agency is responsible for monitoring migrant services provided by local agencies. Migrant activities will be monitored according to the procedures outlined in the Monitoring Section of the Georgia WIC Program Procedures Manual. Local agencies with significant migrant populations, as outlined in the Monitoring Section, must conduct migrant specific outreach.

II. INDIVIDUALS RESIDING IN NON-TRADITIONAL HOUSING OR INSTITUTIONS

Local agencies must continue to serve and enroll eligible participants and applicants living in non-traditional housing environments. The Georgia WIC Program defines non-traditional housing as living accommodations where individuals or families reside for a particular purpose or need. These accommodations include, but are not limited to, private and public institutions, homeless shelters, temporary housing (including the residence of another person), and special drug rehabilitation homes for pregnant women. Both applicant/participant and non-traditional housing representatives must comply with WIC procedures and policies as outlined in Section SP-II, C.

Non-traditional housing representatives who provide accommodations for WIC participants must sign an **Assurance Statement (Attachment SP-4)**. The signed copy of this agreement, in accordance with USDA Federal Register, Volume 54, No. 239, must be on file with the Georgia WIC Program before participants may be served.

A. Definitions

WIC services benefits must be tailored to meet the special needs of individuals defined in these groups.

Institution is any residential accommodation, which provides meals and sleeping accommodations to a special group of people, or a facility designated as a residence for individuals intended to be in a controlled environment. Excluded are private residences and homeless facilities.

Homeless Facility is a public or private supervised facility, which provides temporary living accommodations and meal services for individuals who lack a fixed and regular night time residence.

Homeless Individual means a woman, infant or child:

1. Who lacks a fixed and regular night time residence.
2. Whose primary night time residence is:
 - a. A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designated to provide temporary living accommodations.
 - b. An institution that provides a temporary residence for individuals intended to be institutionalized.
 - c. A temporary accommodation of not more than 365 days in the residence of another individual.
 - d. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Temporary Housing refers to a residential facility or home for individuals who have lost their primary place of residence and relocate to a short-term lodging facility in a private or public residence. Individuals in this category include, but are not limited to: battered women and their children in temporary shelters; homeless persons; pregnant teenagers in group homes; and individuals whose primary residence is lost as the result of a disaster.

B. Services for Applicants or Participants Residing in Temporary Housing

Local Georgia WIC Program clinics are responsible for ensuring accessibility to WIC services for individuals who have lost their usual (or primary) place of residence or who may be residing in temporary housing. Individuals who reside in temporary housing represent a high-risk population due to their compromised health and nutrition status and high levels of anxiety and stress. Sensitivity should be displayed with these individuals when gathering application and certification information. WIC procedures should be explained thoroughly. Applicants and participants must be provided services in accordance with the regulations and requirements of the Georgia WIC Program (see Certification Section for Program Policies).

Individuals in this category include, but are not limited to: battered women and their children, homeless persons who may be residing in vehicles, parks, hallways, doorsteps, sidewalks, abandoned buildings, temporary shelters, hotels, motels, etc.; pregnant women residing in drug rehabilitation facilities and pregnant teenagers in a group home. Also included are individuals whose primary residence is lost as the result of a disaster (see Emergency Plan Section).

Local agencies should make every effort to certify these applicants immediately, e.g., during the initial clinic visit. Local agencies should be flexible when issuing vouchers. If a participant is no longer residing in the WIC clinic service area where they last received vouchers, the vouchers should be issued and the participant transferred to the nearest WIC clinic. **Employees of institutions may not serve as proxies for the residents.**

Due to the nature of temporary residence, cooking facilities, refrigeration, and acceptable storage areas may not be available. Therefore, special consideration must be given to the issuance of supplemental food packages in order to meet the participant's nutritional needs. The types of supplemental foods prescribed must take into account the cooking and storage facilities available to the participant. The food package should be tailored using alternative food packages or manual vouchers to:

1. Offer smaller amounts of more perishable foods and larger amounts of less perishable foods (amounts not to exceed Federal regulations).
2. Offer canned evaporated milk and/or dry powdered milk.
3. Offer ready-to-feed and/or powdered formula when sanitation or storage is a problem.

Education related to the use and storage of food is very important for WIC participants who reside in temporary residences. The educational information should include the following:

1. Discuss spreading out redemption of vouchers over a four (4) week period.

2. Offer information on food storage and sanitation, when applicable.

C. Meals in Institutions and Temporary Housing

Applicants/participants who reside in institutions or temporary housing, which serve meals, may participate in the Georgia WIC Program. This may be a permanent or temporary residence such as a homeless shelter, group home, shelter for battered women, rehabilitation facility, etc.

When determining eligibility for participation in the Georgia WIC Program, the institution or temporary housing facility and participant/applicant must adhere to the following requirements:

1. When determining income eligibility and family size of the individual(s) residing in temporary housing accommodations, do not include other residents of the institution or the temporary housing facility. The applicant's income is also separate from the general revenues of the institution or facility.
2. The institution or facility must not accrue financial or in-kind benefit from a person's participation in WIC. For example, the institution or facility may not transfer WIC foods to its general inventories or reduce the quantity of food provided to WIC participants.
3. Food items purchased with WIC vouchers must not be used in communal feedings. WIC foods are supplemental foods intended to enhance the participant's diet and nutritional needs. If WIC foods are used in the communal food supply, the intent of providing supplemental foods to eligible individuals is not fulfilled.
4. No institutional constraints may be placed on the WIC participant's ability to partake of the supplemental foods and WIC related services and benefits. Participants must have full, free, and direct access to all WIC benefits and services available.

The above conditions have been established to ensure that:

- a. Participants, rather than the institution or facility, benefit from the Georgia WIC Program.
- b. All eligible persons participate in WIC in the same manner and to the same degree as persons without institutional or facility affiliation. It is vital that adequate documentation regarding these applicants/participants is included in the medical record. This documentation includes, but is not limited to:
 1. The institution or facility where the applicant/participant resides.

2. The above conditions addressed in Section II C. 2, 3, and 4 were discussed and are understood by the applicant/participant.
3. Each applicant/participant has been informed of their rights and obligations, both verbally and in writing.

III. OTHER SPECIAL POPULATIONS

The local agencies must make every effort to alleviate barriers to WIC services for all eligible and potentially eligible individuals during critical times of growth and development. Other special population groups that the Georgia WIC Program seeks to serve include, but are not limited to, individuals who may experience barriers to WIC services due to physical conditions, language, vision and hearing impairment, and cultural differences.

A. Definitions

The following definitions define groups identified in this section as other special population groups.

Hearing Impaired refers to a person who cannot hear or has limited ability to hear.

Multilingual means the person speaks two or more languages fluently.

Native American is used to designate an American Indian or original inhabitant of America.

Non-English Speaking refers to an individual whose primary language is not English or an individual who speaks little or no English.

Vision Impaired refers to an individual with limited ability or the inability to see.

Refugee refers to someone who flees his or her country to another country to seek protection or relief from persecution because of race, religion, nationality, their political opinion, or membership in a social group.

B. Limited English Proficient (LEP) Population

Individuals whose primary language is not English, and who do not read or speak English well enough to have access to WIC services and benefits provided in local clinics, may be considered members of the Limited English Proficient population. The local agencies are responsible for ensuring that multilingual staff, volunteers, or other translation resources are available to serve Limited English Proficient (LEP) participants or LEP applicants (**see Attachments SP-3**).

In areas where a substantial number of persons have Limited English Proficiency, local agencies must carry out outreach activities to ensure that eligible members of such populations participate in WIC. Contact should be made with other agencies and community organizations serving LEP persons. A variety of nutrition education and breastfeeding materials should be available in

Spanish through the Nutrition Services Unit.

If there is a need for materials in other languages, the local agency should contact the Georgia WIC Program or the Nutrition Services Unit for assistance. The Refugee Health Program has developed and compiled a library of translated health education materials. These materials are distributed, upon request, to organizations and individuals (**see Attachment SP-3**).

Local agencies may contract with translators or interpreters as needed. However, local agencies are encouraged to first hire multilingual staff in their programs to provide these services. Limited language interpretation services are available through the State Refugee Health Program. Specific areas of the state have also identified available interpreters (**see Attachment SP-3**). The Nutrition Services Unit will assist local agencies in identifying multilingual translators or interpreters.

WIC applicants or participants shall not be denied WIC services or benefits because they did not bring an interpreter to their appointment. It is the responsibility of the Georgia WIC Program to provide interpreters for WIC applicants and participants. Free interpreter services are available through agencies of the Georgia Department of Public Health. Although free interpreter services are available, an applicant or a participant may choose his or her own interpreter, such as a family member or friend who may not be a qualified or certified interpreter to attend the WIC appointment. In this instance, the applicant or participant must sign the "Client Waiver of Rights to Free Interpreter Services" form (**see Attachment SP-6**).

The local agency staff must inform a WIC applicant or a participant of the availability of qualified or certified interpreter at no cost. After the information is communicated and the applicant or participant makes an informed choice to use the interpreter of his or her choice, the signed "Client Waiver of Rights to Free Interpreter Services" documents that choice.

The client's interpreter will sign an acknowledgement of his or her responsibility and provide an oral translation of the informed choices statement to the WIC applicant or participant. Documentation of the actions along with a copy of the signed document must be retained in the applicant's or participant's record.

Federal WIC regulations state that the cost of translators for materials and interpreters are allowable costs. Therefore, these services are allowable and WIC funds may be used to secure these services. (7 C.F.R. Section 246.14(c) (5)).

The local agency must post the Notice of Interpretation Services sign in the waiting room, front office, or voucher issuance area for WIC applicants. The purpose of this sign is to indicate to the applicant that WIC services are available in other languages at no charge to them upon request. The displaying of this sign will be monitored on program and self reviews (**see Attachment SP-5**).

C. Refugees

A refugee is someone who flees his or her country due to persecution or a well-founded fear of persecution because of race, religion, nationality, political opinion, or membership in a social group. With the significant number of refugees coming to the State, every effort will be made to ensure that services are extended to this population (**see Attachment SP-3**). Aliens (legal and illegal) are eligible to apply for WIC on the same basis as United States citizens.

Staff of the **Department of Public Health**, Refugee Health Program includes interpreters who speak Amharic, Bosnian, Cambodian, Russian, Somali, Tigrinya, and Vietnamese. WIC interpreters help refugees access health care by making appointments, arranging transportation, and providing interpretation at appointments.

D. Native Americans

The Georgia WIC Program should make every effort to locate and enroll all eligible Native Americans residing within a local agency service area.

E. Persons with Disabilities

The Georgia WIC Program is required to make services accessible to individuals covered by the Americans with Disabilities Act. Local agencies are responsible for ensuring that individuals with disabilities are accommodated in the Georgia WIC Program. All facilities where WIC and related services are provided must be physically accessible from the outside as well as on the inside. The local agencies are required to provide capabilities for communicating with vision and hearing impaired participants and applicants. Interpreters for the hearing impaired are available through the State Rehabilitation Program (**see Attachment SP-3**).

F. Proposed Language for the Low Literacy and Limited English Proficiency

The United States Congress passed the National Literacy Act in 1991 that defined literacy as “an individual’s ability to read, write, and speak in English, and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one’s goals, and develop one’s knowledge and potential”. In the state of Georgia, the low literacy rate is 20 percent to 30 percent. Materials must be prepared to meet needs of the specific population group to be served, including migrant farm workers and homeless persons. When developing educational materials, The Georgia WIC Program should assess its audience for literacy levels, language and culture. Attention should be paid to reading and/or writing abilities of individuals and assistance with even these adapted materials should be provided in a way that does not embarrass or bring attention to the WIC participant or applicant.

IV. REFERRAL AND OUTREACH TO SPECIAL POPULATIONS

Local agencies must develop a network for coordinating activities with local organizations and persons serving and providing resources to special population groups

and minority populations. Local agencies should advise the Georgia WIC Program of organizations and resources available in their local service area in order to maintain a current listing of statewide resources and services for migrants and special populations.

Using updated information provided by the local agencies, the State Georgia WIC agency will compile a statewide listing for persons and organizations serving migrants and other minorities (**see Attachments SP-1, SP-2, and SP-3**). Local agencies should contact and distribute outreach materials to other agencies offering services to persons who reside in temporary locations. Health care may not be accessible to individuals who reside in temporary locations. Therefore, these individuals should be referred to any and all health services provided by local agencies. These high-risk individuals must be referred to appropriate local health and human service agencies such as:

1. Temporary Assistance for Needy Families (TANF) and client assistance services
2. Food pantries and meal programs
3. Local shelters
4. Supplemental Nutrition Assistance program (SNAP)
5. Legal services

Other pertinent outreach and referral procedures may be found in the Outreach Section of the Georgia WIC Program Procedures Manual.

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 Phone: (229) 401-3096 Fax: (229) 401-3077

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 Tony Brown, Migrant Health Coordinator, Office of Rural Health Services, Email: tbrown@dch.state.ga.us
 Ted Meisner, Field Data Consultant, 478-746-9659, Email: laermita@asburyusa.net FAX: 630-929-1364

Project Sites	Migrant Program Staff	Telephone/Fax	Address	Counties Served 6/27/01
Ellaville	Mary Anne Shepherd, FNP, P/Coordinator Shelby Clark, RN. Angelica Carranza, ORW Angie McIlrath, ORW Rosa Cazares, ORW Shirley Jones, Office Manager Michelle Doggett, Accounting	Tel: (229) 937-5321 Fax: (229) 937-2232	Ellaville Primary Medicine Clinic 103 Broad Street P.O. Box 65 Ellaville, GA 31806-9428 E-Mail: mshepherd@sumterregional.org	Schley Sumter Macon Taylor Crisp
Ellenton	Blainette Hanson, FNP Dana Reddick, Nurse Manager Marisela Resendiz, Nurse's Aid Kathy French, Data Entry Jose Palomares, ORW Celines Quinones, ORW Jody Horne, Cost Reports Barbara Jackson, District Contact Mary Ann Bland, Accounting	Tel: (229) 324-2845 Fax: (229) 324-3383 Tel: (229) 891-7100 Tel: (229) 430-4575 Fax: (229) 912-430-5143	Ellenton Clinic 103 Baker Street P.O. Box 312 Ellenton, GA 31747 Colquitt Health Department Moultrie, GA 1109 N. Jackson Street Albany, GA 31701-2022	Colquitt Tift Cook Brooks

TELAMON CORPORATION
(Migrant and Seasonal Farmworker Association, Inc.)

Field Offices

Offices

Lyons Office
120 East Liberty Avenue
Lyons, GA 30436
(912) 526-3094
(912) 526-5906 (FAX)

Dublin Office
112 East Johnson Street
Dublin, GA 31021
(478) 275-0127
(478) 275-7548 (FAX)

Statesboro Office
105 Elm Street
P.O. Box 645
Statesboro, GA 30358
(912) 764-6169
(912) 489-6516 (FAX)

Supervisors

Elmira Reynolds
Employment and Training Specialist

Barbara Mosley
Employment and Training Specialist

Elsie Trethaway
Employment and Training Specialist

MIGRANT HEAD START PROGRAMS

- 1) Ms. Sandra Adams, Director
KIDDIE KASTLE I
684 N. Washington Street
Lyons, GA 30445
(912) 526-9556
(912) 526-3434 (FAX)

- 2) Ms. Betty Mincey, Director
KIDDIE KASTLE II
111 Oliver Lane
Glennville, GA 30427
(912) 654-2182
(912) 654-2190 (FAX)

- 3) Ms. Gloria Sandoval, Director
KIDDIE KASTLE III
133 Serena Drive
Norman Park, GA 31771
(229) 769-3627
(229) 761-3182 (FAX)



Sonny Perdue
GOVERNOR

Department of
Administrative Services
Customer Focused, Performance Driven

Brad Douglas
COMMISSIONER

State of Georgia announces new Statewide Translation (Interpretative) Services Contract

The Georgia Department of Administrative Services, State Purchasing Division, has established a new statewide **Translation (Interpretative) Services** contract with **the following suppliers:**

Person-to-Person Translation (Interpretative) Service Suppliers	Person-to-Phone Translation Service (Interpretative) Supplier
0003 - LATN, Inc. - 1.800.943.5286	0004 - Language Line Services - 1.800.316.5493
0001-Interpreters Unlimited - 1.800.726.9891	
Written Translation (Interpretative) ServiceSuppliers	Voice-Over Response Translation (Interpretative) Service Supplier
0003 - LATN, Inc. - 1.800.943.5286	0003 - LATN, Inc. - 1.800.943.5286
0002 - Carmazzi, Inc. - 1.888.452.6543	0004 - Language Line Services - 1.800.316.5493

This is a **mandatory** contract for all State of Georgia governmental entities subject to the State Purchasing Act. The contract is also available on a convenience basis to other Governmental Entities such as state authorities, local governments, municipalities, cities, townships, counties and other political subdivisions of the State of Georgia.

Statewide Contract Details:

What is the Contract Number?	Contract #s: 99999-SPD-S20100701-001 99999-SPD-S20100701-002 99999-SPD-S20100701-003 99999-SPD-S20100701-004
Is this a Renewal?	No
Does it Replace an Existing Contract?	Yes
What is the Contract Term?	Initial plus Four (4) Renewals
What is the Expiration Date?	06-30-2016
Does it Allow the Use of the P-Card?	Yes
Who is the person to Contact with Questions?	Contact's Name: Trudie E. Carmichael Contact's Email Address: TCarmich@doas.ga.gov Contact's Phone Number: 404-657-6879

Key benefits of the contract include:

- Lower pricing
- Ability to conduct business in varying languages
- 24-hour statewide accessibility
- Ability to pay using Agency P-Card

The contract is available for use through the State Purchasing Statewide Contract Index Listing under **Translation (Interpretative) Services**

http://ssl.doas.state.ga.us/PRSapp/PR_StateWide_contract_list_alpha.jsp



Department of
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Brad Douglas
COMMISSIONER

There you can view the terms and conditions, pricing information, distribution channels and specific information on how to use the contract.

SPD-CP031a
2-19-2009



Department of
Administrative Services
Customer Focused, Performance Driven

Sonny Perdue
GOVERNOR

Brad Douglas
COMMISSIONER

Contact Information:

SPD Contact Information	Vendor Contact Information
<p>Contact's Name and Title: Trudie E. Carmichael Associate Category Manager</p> <p>Contact's Email: TCarmich@doas.ga.gov</p> <p>Contact's Phone Number: 404-657-6879</p>	<p>(1) Interpreters Unlimited Vendor Contact's Name: Anita Tallman Vendor Contact's Email: Anita.tallman@iugroup.com Vendor Contact's Phone Number: 800.726.9891</p>
	<p>(2) Carmazzi, Inc. Vendor Contact's Name: Jen Weaver Vendor Contact's Email: jweaver@carmazzi.com Vendor Contact's Phone Number: 888.452.6543</p>
	<p>(3) LATN, Inc. Vendor Contact's Name: Alicia Mitchell Vendor Contact's Email: amitchell@latn.com Vendor Contact's Phone Number: 800.943-5286</p>
	<p>(4) Language Line Services, Inc. Vendor Contact's Name: Joe Matthews Vendor Contact's Email: JMatthews@languageline.com Vendor Contact's Phone Number: 800.316.5493</p>

SPD-CP031a
2-19-2009

ASSURANCE STATEMENT

In accordance with the Federal Register, Vol. 54, No. 239, regarding the homeless and provision of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC),

(Name of shelter/facility)

...assures the Georgia WIC Program that it will adhere to the following conditions:

1. **The facility will not accrue financial or in-kind benefits from resident’s participating in WIC.** For example, the facility may not transfer WIC foods to its own general inventories or reduce the quantity of food that would have otherwise been provided to the WIC participant.
2. **Food items purchased by the Georgia WIC Program will not be used in communal feedings.** WIC provides specific supplemental food intended to meet the individual needs of participants in crucial stages of growth and development. If WIC foods were used in communal feedings, they would not enhance the WIC participant’s diet to the degree intended.
3. **The facility places no constraints on the ability of the WIC participant to partake of supplemental foods and all associated WIC services made available to participants by the local WIC agency.** The participant must be given free, full, and direct access to all the Georgia WIC Program benefits such as is available to participants not associated with an institution.

The Georgia WIC Program or the local WIC agency may at its discretion, make site visits to monitor compliance to the above conditions and/or investigate complaints.

The “Assurance Statement” will remain on file in the Georgia WIC Program until such time as the shelter/facility notifies the Georgia WIC Program that it no longer wishes to participate according to the ascribed conditions and/or it is determined by the Georgia WIC Program that the agency is not in compliance.

The undersigned agrees to the conditions stated and declares that he/she is the duly authorized representative of the named shelter/facility, and as such, is authorized to enter into the agreement:

(Name of shelter/facility)

(Street address or P.O. Box)

(City, State, Zip County)

(Area code-telephone number)

(Hours of telephone coverage am to pm)

Signature (Authorized Representative)

Date

Title

Please return completed and signed statement to:

Georgia WIC Program
Georgia Department of Public Health
Two Peachtree Street, NW
10th Floor, Suite 10-476

Atlanta GA 30303



NOTICE OF FREE INTERPRETATION SERVICES

Free services are required by Title VI of the Civil Rights Act of 1964, 42 U.S.C Sec. 2000 et seq., Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990.

English	Free Interpretation Services are available. Please ask at the front desk for assistance.
Arabic العربية	الأمخدمات الترجمة الفورية متاحة، ويرجى التوجه إلى مكتب الاستقبال للمساعدة في هذا
Amharic አማርኛ	በነጻ አስተርጓሚ ይመደብልዎታል. እባክዎን በመቀበያው ዴስክ ላይ ያሉትን ግለሰብ ይጠይቁ.
Chinese 中文	我們提供免費的口譯服務。 請詢問前臺。
French Français	Nous offrons des services gratuits en interprétation. Pour obtenir de l'aide veuillez vous rendre à la réception.
German Deutsch	Kostenloser Dolmetscherservice verfügbar. Informationen erhalten Sie am Counter.
Gujarathi ગુજરાતી	અનુવાદક ની સેવા અહીં મફત માં આપવામા આવે છે. સ્વાગત-કક્ષ માં કોઈ કને પૂછવા વિનંતી |
Hindi हिन्दी	अनुवादक की सेवा यहाँ मुफ्त में मिल सकती है। कृपया अगली मेज पर किसीसे पुछिये।
Japanese 日本語	無料通訳サービスのご利用が可能です。ご依頼の際は、受付までどうぞ。
Korean 한국어	무료 통역 서비스가 제공됩니다. 안내 데스크에 문의하십시오.
Oromo Afaan Oromoo	Hikkaa afaanii (Turjumaana) kafaltii malee argattu. Yoo turjumaana barbaaddan bakka seennaa duraattii gargaarsa gaafadhaa.
Russian Русский	Мы предоставляем услуги переводчика бесплатно. Попроси об этом в приемной.
Spanish Español	Hay servicios gratis de interpretación disponibles. Por favor solicítele ayuda a la recepcionista.
Somali	Waxaad Heli Kartaa Turjubaan lacag la'aan ah. Fadlan tag miiska hore si lagu caawiyo
Swahili	Huduma ya mfasiri wa bure inapatikana hapa. Tafadhali eanda kwa deski ya mbele ili upate usaidizi.
Vietnamese Tiếng Việt	Dịch vụ thông dịch viên miễn phí. Để được hỗ trợ, vui lòng liên hệ bàn tiếp tân.

GEORGIA DEPARTMENT OF PUBLIC HEALTH
WAIVER OF RIGHTS TO FREE INTERPRETER SERVICES

Free interpreter services are available through agencies or programs of the Georgia Department of Public Health (DPH). DPH will call an interpreter after identifying the primary language in which you are able to communicate. You are entitled to bring your own interpreter, however, DPH or its representative agencies will not authorize payment for interpreter services not secured or approved by DPH.

I, _____, have been informed of my right to receive free interpretive
 (Client Name)

services from _____. I understand that I am entitled to
 (Agency or Program)

interpretive services at no cost to myself or to other family members, but do not wish to receive

DPH's free services at this time. I choose _____ to act as my
 (Interpreter's Name)

interpreter from _____ until _____.
 (Start Date) (End Date)

I understand that I may withdraw this waiver at any time and request the services of an

interpreter, which will be paid for by _____.
 (DPH Agency or Program)

To the best of my knowledge, the person I am using to act as my own interpreter is over the age of 18. I understand that this waiver pertains to interpreter services only and does not entitle my interpreter to act as my Authorized Representative. I also understand that the service agency may secure a qualified or certified interpreter to observe the interpreter of my choice during the interpreting session to ensure the accuracy of the communication and follow-up instructions.

The interpreter indicated below orally translated this form to me.	
_____	_____
(Client's Signature)	(Date)
_____	_____
(Interpreter's Signature)	(Date)
_____	_____
(Interpreter Printed or Typed Name)	(Date)
_____	_____
(Staff Person's Signature)	(Date)

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I. GENERAL

Outreach activities are those promotional efforts designed to encourage and/or increase participation in the Georgia WIC Program. The purpose of outreach is to:

1. Increase public awareness of the benefits of the Georgia WIC Program.
2. Inform potentially eligible persons about in order to encourage and promote their participation in WIC.
3. Inform health and social service agencies about WIC eligibility criteria for participation and to encourage referrals.
4. Ensure cooperation and coordination between WIC and other health-related and public assistance programs to benefit WIC applicants and participants.
5. Promote a positive image of the Georgia WIC Program.

Each local agency must conduct outreach and referral activities to coordinate the Georgia WIC Program with other health-related and public assistance programs that can serve potential WIC applicants. The outreach activities conducted must be documented and kept on file for three (3) prior years plus the current year. An Outreach Plan may be requested during a fiscal year according to need.

When funds are available, the Georgia WIC Program will develop and provide general outreach materials for use by other programs.

II. METHODS OF OUTREACH

Outreach activities should be aimed directly at potentially eligible persons through the use of informational posters, brochures, displays in public places, presentations at meetings and clubs, and advertisements through local newspapers, radio, or television. If a local agency serves a significant number of applicants/participants whose primary language is not English, the local agency must make outreach materials available to this population in their language. Additionally, the State and local agencies must contact grass root organizations such as the Latin American Association, the National Association for the Advancement of Colored People (NAACP), or churches to provide outreach information. All outreach materials must include the USDA full non-discrimination statement as follows:

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.

The WIC HOTLINE continues to be available for information on WIC services. The WIC HOTLINE was established to give vendors, clients, staff and the general public direct access to the Georgia WIC **Program** at no cost. This toll-free number, 1-800-228-9173, is available on printed materials and is provided during radio and television interviews about WIC.

The eighteen (18) Georgia Public Health Districts and **one** contracted WIC agency are encouraged to communicate regularly with other agencies that also provide services to families. These agencies are inclusive of governmental, quasi-governmental, private not-for-profit organizations, and citizen participation groups.

III. AGENCIES TO CONTACT FOR OUTREACH

State and local agencies shall provide the Georgia WIC **Program** applicants and participants, or their designated proxies, with information on other health-related and public assistance programs, and when appropriate, shall refer WIC applicants and participants to such programs.

Examples of agencies, offices, and organizations that should be contacted regarding outreach, referral, and coordination of services include:

- 1. Alcohol/Drug Abuse Counseling and Treatment Centers**
- 2. Family Planning Programs**
- 3. Child Abuse Counseling Centers**
- 4. Physicians, Obstetricians, Pediatricians, Family Practitioners, Nurses and Nurse Practitioners**
- 5. Health and Medical Organizations, Hospitals, Community Centers and Clinics**
- 6. Pharmacies**
- 7. Public Assistance Offices**
- 8. Unemployment Offices**
- 9. Social Service Agencies**
- 10. Religious and Community Organizations**
- 11. Agencies offering services for Homeless Families and Individuals**
- 12. Housing Authorities**
- 13. School-Based Health Clinics**
- 14. Migrant Health Centers, Migrant Offices, Logging, and Agricultural Communities**
- 15. Military Bases**
- 16. Retail Stores**
- 17. Day Care Centers**
- 18. Charitable Organizations (Goodwill, Salvation Army, etc.)**
- 19. Head Start Programs**

IV. PUBLIC NOTIFICATION

The State Agency, through the Department of Public Health Office of Communication, will distribute outreach information to every newspaper and radio station in Georgia, at least annually. All outreach materials must include the USDA full non-discrimination statement as follows:

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.

V. PUBLIC COMMENT PERIOD

Annually, the Georgia WIC Program has a Public Comment period. The purpose of the comment period is to solicit input from WIC participants, advocates, vendors and the general public. The comment period last one month. During that time, letters are mailed and e-mailed to WIC advocates and to the vendors. The advocates and vendors are given the opportunity to give their input by mail or electronically to www.wic.ga.us. WIC participants are also given the opportunity to respond by mail, e-mail or they may place their comments in a box located at all WIC clinics statewide. A poster is developed and placed in all clinics to make the announcement of when this comment period will take place.

During the comment period, the Georgia WIC Program regulations and guidelines will be made available to the public upon request. This includes Federal Regulations, the State Plan, the Procedures Manual and the Income Guidelines.

Once a year, the Office of Communications prepares News Releases to notify the general public of the Georgia WIC Program benefits and notices soliciting public comments on WIC operations. The news releases are sent to newspapers statewide annually.

VI. OUTREACH DURING A WAITING LIST

When a local agency is serving its maximum caseload of WIC participants, the local agency shall maintain a waiting list of individuals who express interest in receiving WIC and are likely to be served.

A. Outreach

The USDA and DPH are fully committed to the principle of integrating WIC and health and social services while protecting an individual's right to privacy.

B. Coordination With Government Entitlement Program

During the WIC application and certification process, WIC staff refers families as appropriate and collects data on participation in other governmental programs, e.g., Medicaid, Peachcare, SNAP and Temporary Assistance for Needy Families (TANF).

VII. PROGRAM COSTS

Costs of promotional efforts designed to encourage and increase participation in the Georgia WIC Program are reimbursable to the local agencies. Outreach efforts should be consistent with the health-oriented nature of WIC.

VIII. COORDINATION/INTEGRATION OF SERVICES

A. Outreach

Integration of WIC services with other health clinic services has been a major thrust for the Georgia WIC Program and the Department of Public Health. All districts have taken positive steps toward decentralization and the corresponding integration of WIC with existing services (**see Attachment OR-1**).

B. WIC/Medicaid Coordination

To date, several measures have been implemented statewide to address the coordination of the Georgia WIC Program and Medicaid Program. They include:

1. The WIC Certification process now uses the WEB portal for adjunctive eligibility. The toll free number for the Georgia WIC Program is 1-800-228-9173.
2. The State of Georgia "Right From The Start Medicaid" (RSM) program provides medical assistance to pregnant women and children ages 0 through 18 years. The toll free number for Georgia Medicaid Program is 1-800-809-7276.
3. Community-based health centers supported by the Georgia Association for Primary Health Care Inc., provide health and nutrition services, including WIC services in some areas (**see Attachment OR-2**).

C. WIC Coordination Strategies

Coordination Strategies Handbook – A Guide for WIC and Primary Care Professionals

Development of this handbook was funded through a grant from the Food and Nutrition Service (FNS), U.S. Department of Agriculture, for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). This project was one of a number of activities undertaken in response to the 1994 legislative mandate for enhanced coordination between WIC and health-related services. The legislation, the Healthy Meals for Healthy Americans Act of 1994 (P. L. 103-448), stipulated that the Secretaries of the U.S. Departments of Agriculture and Health and Human Services jointly establish and carry out initiatives to provide WIC services at substantially more Community and Migrant Health Centers (C/MHCS) (**see Attachment OR-3**) and improve coordination of WIC services with Indian Health Services (HIS) facilities. This publication can be found online at: <http://www.fns.usda.gov/wic/resources/strategies.htm>

D. WIC Works Resources Center

The WIC Works Resources Center is a USDA-sponsored site in which states share state-developed materials and best practices. This information can be accessed online at: <http://wickworks.nal.usda.gov>

The site consists of:

- **WIC Learning Online**- a series of 18 online learning modules designed for all levels of staff working in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- **WIC Database**
- **WIC Sharing Center**
- **WIC Learning Center**
- **WIC Topics A-Z**
- **WIC Talk**

E. Georgia WIC **Program** Fact Sheet

Why is WIC Important?

Georgia has one of the highest infant mortality rates in the nation. Good nutrition and regular prenatal care during pregnancy, and good nutrition and preventive healthcare for infants is key to preventing babies from dying or becoming ill.

- Low-income women in Georgia who receive both WIC and Medicaid have a significantly lower infant mortality rate than other low-income women in the State. They are more likely to get prenatal care early in their pregnancy and to seek preventive care, such as immunizations, for their children.

- Every dollar spent on WIC saves up to three dollars in healthcare costs, according to a national study.

Who Gets WIC?

To be certified as eligible for WIC, infants, children, and pregnant, postpartum, and breastfeeding women must meet all of the following eligibility requirements:

- Categorical
- Residential
- Income
- Nutrition Risk

Categorical Requirement

The following individuals are considered categorically eligible for WIC: prenatal women; breastfeeding women for up to one year's time; post-partum women for up to 6 months' time; children ages 1-5 years, and infants ages 0-12 months.

Residential Requirement

Applicants must live in Georgia (**see Attachment OR-4**). Applicants served in areas where WIC is administered by an Indian Tribal Organization (ITO) must meet residency requirements established by the ITO. Applicants are not required to live in the state or local service area for a certain amount of time in order to meet the WIC residency requirement.

Income Requirement

To be eligible for WIC, applicants and re-certifying participants must have income at or below an income level or standard set by the federal agency or be determined automatically income-eligible based on participation in other designated programs, (e.g., Medicaid, SNAP or TANF).

Nutrition Risk Requirement

Applicants must be seen by a health professional, such as a physician, nurse, or nutritionist, who must determine the individual's nutritional risk. This is done in the WIC clinic at no cost to the applicant. In addition, health referral information can be obtained from another health professional, such as the applicant's physician.

"Nutrition risk" means that an individual has medical-based or dietary-based conditions. Examples of medical-based conditions include, but are not limited to, anemia (low blood levels), underweight, or history of poor pregnancy outcomes. A dietary-based condition includes, but is not limited to, inappropriate nutritional practices.

At a minimum, the applicant's height and weight must be measured and blood taken to check for anemia as part of the eligibility determination. An applicant must have at least one of the medical or nutritional conditions on the State's list

of WIC nutrition risk criteria. When no nutritional risks are evident, applicants who are otherwise eligible based on income, residency, identification, and category may be presumed to be at nutritional risk and assigned Risk Code 401 (Other Dietary Risk) *except* for infants who are less than four (4) months of age. Infants less than four (4) months of age cannot use Risk Code 401 to establish their nutritional risk.

Georgia residents wishing to apply for WIC benefits for themselves or their children should contact their local health departments. In Atlanta, WIC applicants may also apply at the Grady Health System.

Income Eligibility Guidelines effective July 1, 2012 to June 30, 2013

Family Size	Yearly Income
1	\$20,665
2	27,991
3	35,317
4	42,643
5	49,969
6	57,295
7	64,621
8	71,947
Each Additional Member Add	+7,326

Length of Participation

WIC is a supplemental food program that provides nutrition education, and referrals to enhance the nutritional and health status of women, infants, and children. A certification period is the length of time for which a WIC participant is determined to be eligible to receive benefits. An eligible individual usually receives WIC benefits from 6 months to a year, at which time she/he must reapply.

Moving

WIC participants who move can continue to receive WIC benefits until their certification period expires, as long as there is proof that the individual received WIC benefits in another area or state. Before a participant moves, they should notify the Georgia WIC Program. In most cases, WIC staff will give the participant a Verification of Certification (VOC) Card, which enables the participant to continue receiving benefits at a new location. When the individual moves, they can call the WIC office in their new area or location for an appointment and take the VOC card to the WIC appointment for benefits.

Waiting List / Priority System

Sometimes WIC agencies do not have enough money to serve everyone who needs WIC or wishes to apply. When this happens, WIC agencies must keep a list, called a waiting list, of individuals who want to apply and are likely to be served. WIC agencies then use a special system, called a Priority System, to

determine who will first get WIC benefits when more participants can be served. The purpose of the Priority System is to make sure that WIC services and benefits are provided first to participants with the most serious health conditions, such as low hemoglobin/hematocrit, underweight, breastfeeding women, or women with problems during pregnancy. WIC participants who move from one area of the state to another are placed at the top of a waiting list when they move and are served first when the WIC agency can serve more individuals.



IMPORTANT: Clinics vary in range of services provided. Please contact the main site or the clinic(s) in which you are interested to verify the type of services offered as well as location and hours of operation.

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
Albany Area Primary Health Care, Inc	204 N. Westover Boulevard	Albany, GA 31707	(229) 888-6559	Admin Only	Primary Medical Care	CHC, ISDI
Clinics						
East Albany Medical Center	1712-A East Broad Avenue	Albany, GA 31705	(229) 639-3100	Year round		
East Albany Pediatric & Adolescent Center	1712-C East Broad Avenue	Albany, GA 31705	(229) 639-3103	Year round		
Rural HIV Model	2202 East Oglethorpe Boulevard	Albany, GA 31705	(229) 431-1423	Year round		
Dawson Medical Center	420 Johnson Street, S.E.	Dawson, GA 39842-1523	(229) 995-2990	Year round		
Edison Medical Center	19519 West Hartford Street	Edison, GA 31746-0849	(229) 835-2238	Year round		
Lee Medical Arts Center	235 Walnut Street	Leesburg, GA 31705	(229) 759-6508	Year round		
Baker County Primary Health Care Center	100 Sunset Boulevard	Newton, GA 39870	(229) 734-5250	Year round		
Dooly County Community Health Center	1212 E. Union Street	Vienna, GA 31092	(229) 268-8865	Year round		

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
West End Medical Centers, Inc	868 York Avenue, Southwest	Atlanta, GA 30310	(404) 756-8732	Admin/ Clinic	Dental Care Services, Enabling Services, Obstetrical and Gynecological Care, Other Professional Services, Primary Medical Care, Specialty Medical Care	CHC, PH
West End Medical Center	868 York Avenue, SW	Atlanta, GA 30318	(404) 752-1400	Year round		

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
Med-Link Georgia	11 Charlie Morris Road PO Box 459	Colbert, GA 30628	(706) 788-3234	Admin/ Clinic	Primary Medical Care	CHC
Clinics						
Med-Link Bowman Medical Center	206 East Church Street PO Box 430	Bowman, GA 30624	(706) 245-7361	Year round		
Med-Link Gainesville Medical Center	1211 Sherwood Park Drive, NE	Gainesville, GA 30501	(770) 287-0290	Year round		
Med-Link Hartwell Medical Center	63 West Gibson Street	Hartwell, GA 30643	(706) 376-6100	Year round		
Med-link Oglethorpe Medical Center	247 Union Point Street PO Box 264	Lexington, GA 30648	(706) 743-8171	Year round		
Med-Link Washington	123 B Gordan Street	Washington, GA 30673	(706) 678-1411	Year round		
Med-Link Winder	563 Jefferson Highway	Winder, GA 30680	(706) 867-6633	Year round		
Med-Link Royston	625 Cook Street	Royston, GA 30662	(706) 245-5050	Year round		
Med-Link Rabun	896 Hwy 441 South	Clayten, GA 30525	(706) 782-5991	Year round		
Med-Link Banks	1244 Historic Horner Highway	Horner, GA 30547	(706) 677-4568	Year round		

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
Valley Healthcare System, Inc	Building No 120 1440 Benning Drive 1315 Delaunay Suite 201 Columbus, GA 31901	Columbus, GA 31903	(706) 322-9456	Admin/Clinic	Dental Care Services, Enabling Services, Mental Health/Substance Abuse Services, Obstetrical and Gynecological Care, Other Professional Services, Primary Medical Care, Specialty Medical Care	CHC
Clinics						
Valley Healthcare System, Inc	3473 N. Lumpkin Bldg C	Columbus, GA 31903		Year round		

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
Georgia Highlands Medical Services, Inc	260 Elm Street PO Box 307	Cumming, GA 30028	(770) 887-1668	Admin/Clinic	Primary Medical Care	CHC
Clinics						

Main Site	Address		City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
Palmetto Health Council, Inc	Suite 200 547 Ponce de Leon Ave	Atlanta, GA 30308-1880	(404) 929-8824	Admin Only	Enabling Services, Obstetrical and Gynecological Care, Primary Medical Care		CHC
Clinics							
Community Medical Center of Barnesville	Suite 1 101 Commerce Place	Barnesville, GA 30204	(770) 358-4408	Year round			
Community Medical Center of Hogansville	200 N Hwy 29	Hogansville, GA 30230	(706) 675-3481	Year round			
Community Medical Center of Palmetto	507 Park Street	Palmetto, GA 30268	(770) 463-4644	Year round			
Community Medical Center of Zebulon	1601 Barnesville Street	Zebulon, GA 30295	(770) 567-3323	Year round			
Community Medical Center of Carrollton	115 Ambulance Drive	Carrollton, GA 30117	(770) 834-2255	Year round			

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
Tendercare Clinic	803 South Main Street	Greensboro, GA 30642	(706) 453-1201	Admin/Clinic		CHC, CHC
Clinics						

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
Georgia Mountains Health Services, Inc	75 Bypass Road PO Box 540	Morganton, GA 30560	(706) 374-6898	Admin/ Clinic	Primary Medical Care	CHC
Clinics						
Georgia Mountains Health Services, Inc	Suite 101 526 Maddox Drive	Ellijay, GA 30540	(706) 635-6898	Year round		

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
Clinics						
South Central Primary Care Center, Inc	2016 Ocilla Rd	Douglas, GA 31533	(912) 384-2252	Year round		
South Central Primary Care Center No 3	200 South Cherry Street	Ocilla, GA 31774	(229) 468-5911	Year round		
South Central Primary Care Center No 2	202 South Cherry Street	Ocilla, GA 31774	(229) 468-7762	Year round		
South Central Primary Care Center	105 Fleet Wood Avenue	Willacoochee, GA 31650	(912) 534-5993	Year round		

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
Stewart Webster Rural Health, Inc	220 Alston Street PO Box 357	Richland, GA 31825	(229) 887-3324	Admin/ Clinic	Dental Care Services, Enabling Services, Mental Health/Substance Abuse Services, Obstetrical and Gynecological Care, Primary Medical Care	CHC
Clinics						
Quitman Health Care	41 Old School Road	Georgetown, GA 39874	(229) 334-9353	Year round		
Plains Medical Center	107 Main Street PO Box 389	Plains, GA 31780	(229) 824-7757	Year round		

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
Oakhurst Medical Centers, Inc	770 Village Square Drive	Stone Mountain, GA 30083-3380	(404) 298-8998	Admin/Clinic	Primary Medical Care	CHC
Clinics						
Decatur Medical Office	1760 Candler Road	Decatur, GA 30032	(404) 286-2215	Year round		

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
East Georgia Healthcare Center, Inc	316 North Main Street PO Box 807	Swainsboro, GA 30401	(478) 237-2638	Admin/Clinic	Dental Care Services, Mental Health/Substance Abuse Services, Primary Medical Care	CHC, MHC
Clinics						

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
Primary Health Care Center of Dade, Inc	13570 North Main Street	Trenton, GA 30752	(706) 657-7575	Admin/Clinic	Primary Medical Care	CHC
Clinics						

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
Tri-County Health System, Inc	1008 Atlanta Highway	Warrenton, GA 30828	(706) 465-3253	Admin/ Clinic	Dental Care Services, Obstetrical and Gynecological Care, Primary Medical Care	CHC
Clinics						
Tri-County Health System, Inc	156 Alexander Street	Crawfordville, GA 30631	(706) 456-2925	Year round		
Tri-County Health System, Inc	437-C East Main Street	Gibson, GA 30810	(706) 598-3359	Year round		
Hancock County Primary Health Care	323 Hamilton Street PO Drawer J	Sparta, GA 31087	(706) 444-5241	Year round		

20. Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
McKinney Community Health Center, Inc	218 Quarterman Street PO Box 1902	Waycross, GA 31501-3547	(912) 287-0301	Admin/ Clinic	Dental Care Services, Enabling Services, Other Professional Services, Primary Medical Care	CHC, MHC
Clinics						
McKinney Community Health Center, Inc	122 North Main Street	Nahunta, GA 31553	(912) 462-6222	Year round		
McKinney Community Outreach Center	935 McDonald Street	Waycross, GA 31501	(912) 285-5080	Year round		

Main Site	Address	City, State, ZIP	Phone	Notes	Service Types	BPHC Supported Programs
Community Health Care Systems, Inc	508 West Elm Street PO Box 371	Wrightsville, GA 31096	(478) 864-2600	Admin/ Clinic	Obstetrical and Gynecological Care, Primary Medical Care	CHC
Clinics						
Tennille Community Health Center	116 Smith Street	Tennille, GA 31096	(478) 552-7384	Year round		

Related Primary Care References

[Go to Bureau of Primary Health Care \(BPHC\)](#)

[Go to Health and Human Services \(HHS\) | Go to Health Resources and Services Administration \(HRSA\)](#)

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Abany Area Primary Health Care, Inc.

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 Linda Leeson, COO
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Baker County Health Center
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 (229) 734-5250
 (229) 734-5606/FAX
Baker County

Dawson Medical Center
 420 Johnson Street
 Dawson, GA 39842
 (229) 995-2990
 (229) 995-2993/FAX
Terrell County

East Albany Medical Center
 1712-A East Broad Avenue/ P.O. Box 50098
 Albany, GA 31705/31703
 (229) 639-3100
 (229) 888-6516/FAX
Dougherty County

East Albany Pediatric & Adolescent Center
 1712-C East Broad Avenue/P.O. Box 50098
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 (229) 888-8935
Dougherty County

Edison Medical Center
 19159 West Hartford Street/P.O. Box 849
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 (229) 835-2238
 (229) 835-3032/FAX
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Lee Medical Arts Center
 235 Walnut Street
 Leesburg, GA 31763
 (229) 759-6508
 (229) 759-9950/FAX
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Rural HIV Model

2202 E. Oglethorpe Blvd.
 Albany, GA 31705
 (229) 431-1423
 (229) 438-0738/FAX
Dougherty County

Athens Neighborhood Health Center

675 College Avenue/P.O. Box 147
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 (706) 546-5687/FAX
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 & Medical Director
Clarke County

East Athens Satellite
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 Athens, GA 30603/30608
 (706) 543-1145
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Community Health Care Systems, Inc.

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(706) 635-6888/FAX
Gilmer County

Blue Ridge Medical
809 East Main Street
Blue Ridge, GA 30513
(706) 632-3007
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McKinney Community Health Center
218 Quarterman Street/ P.O. Box 1902
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(912) 287-0301 (CEO)
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McKinney Community Outreach Center
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Bowman Medical Center
206 East Church Street/P.O. Box 430
Bowman, GA 30624
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(706) 245-4054/FAX
Elbert County

Colbert Medical Center
11 Charlie Morris Road./P.O. Box 609
Colbert, GA 30628
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(706) 788-2815/FAX
Madison County

Georgia Pines Medical Center
212 Hospital Drive
Washington, GA 30673
(706) 678-1411
(706) 678-3620/FAX
Wilkes County

Hartwell Medical Center
127 West Gibson Street
Hartwell, GA 30643
(706) 376-6100
(706) 376-3394/FAX
Hart County

Oglethorpe Medical Center
247 Union Point Street/P.O. Box 264
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(706) 743-3000/FAX
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(770) 567-0332/FAX
Pike County

Community Medical Center of Barnesville
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(770) 358-0002/FAX
Lamar County

Community Medical Center of Hogansville
200 N Hwy 29
Hogansville, GA 30230-1142
(706) 675-3481
(706) 675-8253/FAX
Heard County

Community Medical Center of Carrollton
115 Ambulance Drive
Carrollton, GA 30117-3855
(770) 834-2255

Primary Health Care Center of Dade

13570 North Main Street
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(706) 657-7575
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(229) 468-7762/(229) 468-9302/FAX
Irwin County

South Central Primary Care Center
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(229) 384-8888/FAX
Coffee County

South Central Primary Care Center
Fleetwood Avenue
Willacoochee, GA 31650
(912) 534-5993
(912) 534-5703/FAX
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South Columbus, Inc., Community Health Center of

1315 DeLaunay Avenue, Suite 201
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 (404) 622-9769/FAX
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Clinica de la Mama – Austell
 1680 Mulkey Road, Suite E
 Austell, GA 30106
 (770) 732-1880
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Clinica de la Mama – Norcross
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 Norcross, GA 30093
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Tender Care Clinic, Inc.
 803 South Main Street

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 (706) 598-3403/FAX
Glascocock County

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West End Medical Centers, Inc.
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 (404) 756-8732 (CEO)/(404) 752-7296/FAX
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 Daisy S. Harris, Chief Executive Officer
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Fulton County

West End Medical Group
 361 North Marietta Pkwy
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 (678) 569-0228/FAX
Cobb County

**Georgia Farmworker Health Program
Migrant Worker Health Clinic Sites**

<i>Project Site & Address</i>	<i>Project Coordinator</i>	<i>Contact Information</i>
Decatur County Health Department 928 West Street PO Box 417 Bainbridge, Georgia 39818	Sherrie Hutchins, RN, Director	Tel: 229-248-3055 Fax: 229-248-3010 slhutchins@dhr.state.ga.us
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Ellenton Clinic 185 Baker Street PO Box 312 Ellenton, Georgia 31747	Cynthia Hernandez	Tel: 229-324-2845 Fax: 229-324-3383 cyhernandez@dhr.state.ga.us
Rochelle Healthcare Center 636 2 nd Avenue SW PO Box 481 Rochelle, Georgia 31079	H. Scott Jobe, MBA, CMPE	Tel: 229-365-2570 (Clinic) Fax: 229-365-2571 (Clinic) Scott Jobe: Tel: 229-271-4676 hsjobe@crispregional.org
Reidsville East Georgia Healthcare Center 222 South Main Street Main Street Reidsville, Georgia 30453	Sandra Durrence, FNP	Tel: 912-557-3300 Fax: 912-557-3328 smdurrence@gdph.state.ga.us

District Map

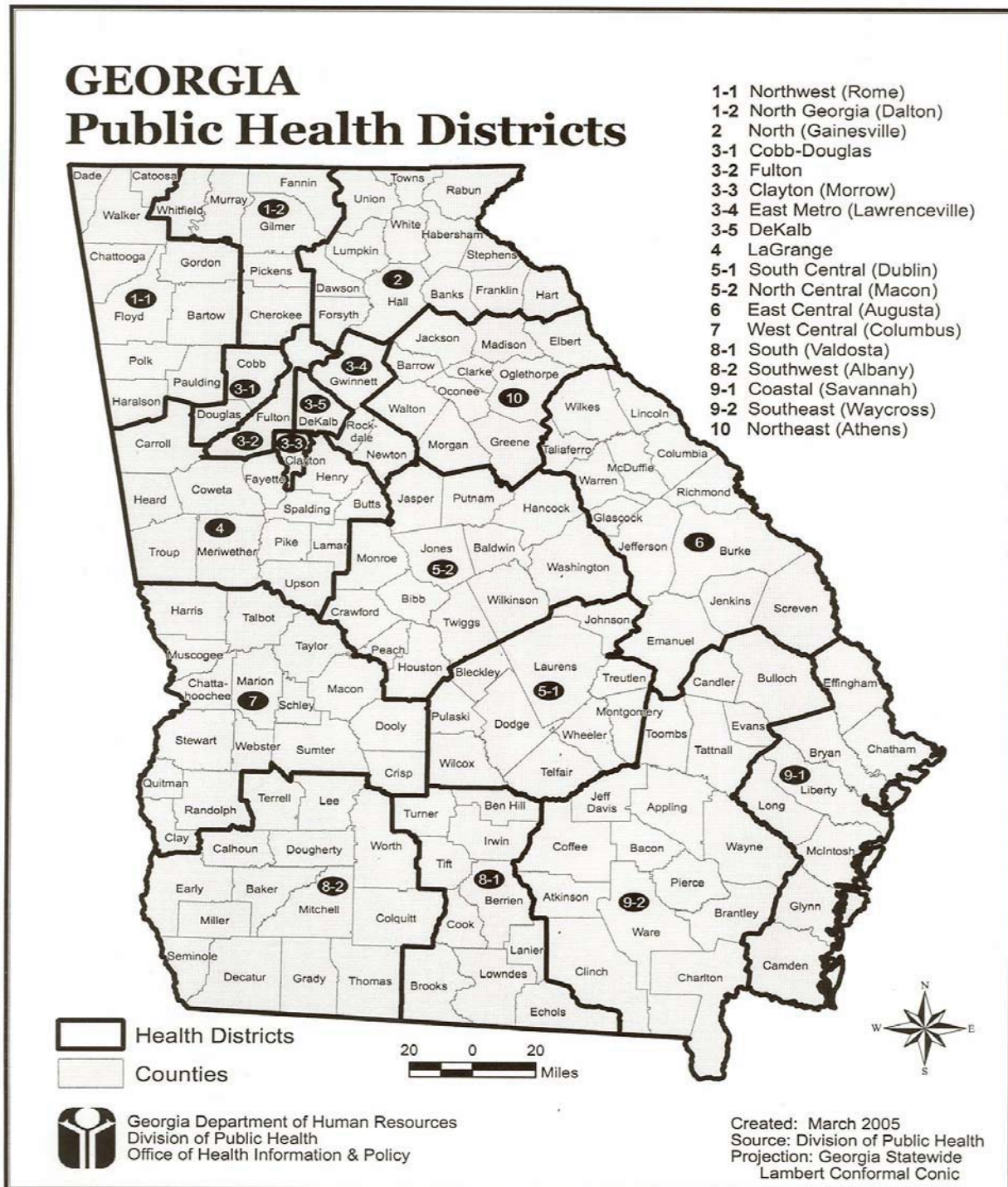


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I. GENERAL

The Georgia WIC Program uses a uniform retail food delivery system. Participants are issued Food Instruments (FI) in the form of vouchers, which are redeemed at authorized vendors for WIC foods. Clinics issue vouchers to participants, or their proxies, on a one, two, or three-month interval. Georgia has a fully automated food delivery and management information system. The Georgia WIC Program contracts with a third party data processing firm, CSC Covansys. CSC Covansys maintains the participant master file, produces a wide range of monthly and quarterly reports, and performs reconciliation of all issued food instruments. Local agencies **must** electronically transmit WIC voucher issuance records to CSC Covansys daily.

Participants redeem the vouchers for specified types and quantities of foods at authorized vendors. Vendors deposit redeemed vouchers into their local bank accounts just as they would any other check. The vouchers proceed through the banking system to a central clearing bank where they are edited for missing or invalid information. Vouchers that are not paid are returned to the bank of first deposit and the vendor's account is reduced by the value of the vouchers. Vendors may request payment for returned vouchers by submitting them along with a completed Returned Voucher Payment log to the Georgia WIC Program. Vouchers paid, but flagged as suspect, are investigated by the state agency.

In February 2008, the Georgia WIC Program initiated the mandatory Automated Clearing House (ACH) process for making payments for vouchers presented with a requested value over the maximum allowable cost.

When such a voucher reaches the bank, it will be paid at a rate equal to the average for the vendor's peer group.

While those vouchers must still be returned to the bank of first deposit and a return check fee imposed, ACH greatly reduces the time and expense involved in paying over the maximum rejected vouchers.

CSC Covansys reconciles individually issued and redeemed vouchers as required by federal regulations and maintains a voucher master file that tracks the status of all vouchers. CSC Covansys also produces participation, financial, vendor, and other management reports at regular intervals for use by state and local agencies.

The Georgia WIC Program currently utilizes four (4) front-end clinic systems as well as CSC for data processing and voucher reconciliation.

The systems used by local agencies to produce FI as well as to complete all participant transactions are:

- Aegis: State-developed system designed to meet requirements of Y2K. Only front-end system authorized by FNS. Serves: Dublin (D/U 05-1); Valdosta (D/U 08-1) and contracted agency at Grady Hospital (D/U 12-0)
- Mitchell & McCormick: Contractor currently operating in the following areas: Rome (D/U 01-1); Dalton (D/U 01-2) Gainesville (D/U 02-0)

Cobb/Douglas (D/U 03-1); Fulton County (D/U 03-2); Clayton County (D/U 03-3); Gwinnett/Newton/Rockdale (D/U 03-4); LaGrange (D/U 04-0); Macon (D/U 05-2); Augusta (D/U 06-0); Columbus (D/U 07-0); Albany (D/U 08-2); Coastal Health (D/U 09-1); and Waycross (D/U 09-2)

- Insight: Developed by NetSmart. Serves DeKalb County (D/U 03-5).
- HealthNet2 (HN2): Developed by Athens district (D/U 10-0).

The state-contracted data processor, CSC, also has the capability to produce vouchers for local agencies in an emergency situation.

Each local agency producing Food Instruments is responsible for ensuring data is backed up on a daily basis. Most systems are automated to perform this function at a specified time after normal work hours. For local agencies, the IT Directors and/or Clinic supervisors are tasked with ensuring backups are performed.

CSC has a sub-contract with Iron Mountain to perform backup and off-site storage of Georgia WIC data.

Local agencies are required to submit written confirmation to the state office that their clinical systems adhere to the provisions of the Functional Requirements document (FReD) as well as the WIC Systems Edits Manual/Data dictionary. Additionally all WIC Clinical systems are required to submit an electronic copy of the most recent User Manual for their system along with a detailed security plan for tier system, including the name and contact information for the person responsible for the plan.

Manuals and security plans are to be updated and provided to the state office as needed.

Security reviews for computer systems, including backup of data, physical security of equipment, data integrity and security of users are a part of the bi-annual program review conducted by the Systems Information Section.

II. TYPES OF WIC VOUCHERS

A. Vouchers Printed On Demand (VPOD)

Vouchers Printed On Demand (VPOD) are produced on site by the clinic's automated system for each qualified participant (**see Attachment FD-3**). The receipts generated from printing these vouchers are maintained by the clinic. VPOD serial numbers must be entered into the VPOD inventory log within three (3) days of receipt (**see Attachment FD-9**).

B. Blank Manual Vouchers

Blank Manual Vouchers may be issued in cases when automated systems are inoperable or otherwise unavailable. These vouchers may be completed for:

- 1.) New or transferring WIC participants;
- 2.) To replace voided computer printed vouchers;
- 3.) To adjust a food package in the event of late pick up by a participant;
- 4.) To supplement the preprinted manual voucher food package (see FD-V., Manual Vouchers and FD-V.-F. Issuance of Manual Vouchers for procedures). The district/unit/clinic identification number is preprinted on blank manual vouchers (**see Attachment FD-2 and FD-20**). These vouchers must be stored in a secure location and must be logged in the Manual Inventory Log within three (3) days of receipt (**see Attachment FD-8**).

There are eight (8) types of Standard Manual Vouchers and two (2) types of Blank Manual Vouchers that may be issued to WIC participants:

C. Preprinted Standard Manual Vouchers

Standard Manual Vouchers are produced by CSC Covansys in separated sets of eight (8) food package types. These vouchers contain a preprinted standard food package (**see Attachment FD-1**). Standard manual voucher sets must not be broken to issue single vouchers. Use a blank manual voucher(s) when a partial food package needs to be issued. These vouchers must be stored in a secured location and must be logged in the Manual Inventory Log within three (3) days of receipt (**see Attachment FD-8**). The five types of food packages are:

1. Infants (Food Package A17, B17, D17).
2. Pregnant and Mostly Breastfeeding Women (Food Package W01).
3. Postpartum, Non-Breastfeeding Women (Food Package W21).
4. Children (Food Package C01, C21).
5. Exclusively Breastfeeding Women and Prenatal Women Pregnant with Multiples (Food Package W41).

Clinics must keep a three-month supply of all Manual Voucher sets. Hospital sites must maintain a one-month supply of blank manual voucher sets.

D. Vegetable and Fruit Voucher

Vegetable and Fruit Vouchers are part of the expanded food packages that became effective on October 1, 2009. The vouchers may be redeemed for fresh, frozen, or canned vegetables and fruit. A child or woman participant will receive a Vegetable and Fruit Voucher in the amount of \$6, \$7, \$8 or \$10. If the purchase amount exceeds the amount of the voucher, the participant will be allowed to use cash or other accepted forms of payment to make up the difference.

E. WIC Farmers Market Nutrition Program (FMNP)

FMNP coupons are printed in the WIC clinic and issued to participants to allow them to purchase fresh fruit and vegetables from participating Farmers

Markets. Coupons Printed On Demand (CPOD) differs from Vegetable and Fruit Vouchers in appearance, value and redemption process (see Attachment FD-4). CPOD coupons may only be redeemed during the FMNP season which runs from approximately May to October of each year. They may not be used in grocery stores.

F. Senior Farmers Market Nutrition Program (SFMNP)

SFMNP coupons are either printed at the WIC clinic or may be pre-printed depending on the clinic's situation (see Attachment FD-5). SFMNP coupons are issued to Senior Citizens over the age of 60 years. This Program is run jointly with the Georgia Department of Aging.

III. VOUCHER ISSUANCE - GENERAL

A. Valid Certification Period

Vouchers may only be issued to participants who are within a valid certification period.

Valid Certification Periods	
Category	Valid Certification Period
Pregnant	From the date of certification until six (6) weeks after delivery
Post Partum	From the actual date of delivery until six (6) months after delivery
Breast feeding	From the date of certification until the infant's First (1st) birthday or breastfeeding is discontinued a mid-assessment must be completed at six (6) months.
Children	From the date of certification then every year until five (5) years of age (a half-certification must be completed every six (6) months
Infants (< six (6) months)	From the date of certification until First (1st) birthday
Infants (≥ six (6) months)	For a one-year period starting from the date of certification.

Vouchers must not be issued past the end of the certification period. The issuance period is twelve (12) months of vouchers for women and children and up to twelve (12) months of vouchers for infants, e.g., if a participant is certified on January 15 and receives a 3b pickup code, (see Edit's Manual for pick-up codes, Field 58) he/she is entitled to receive vouchers through the month of December because he/she has received twelve (12) months of vouchers, January through December. An issuance month is defined by vouchers having been issued to a participant during the month regardless of the number of vouchers. Children and Breast-feeding women must receive mid-assessments at six (6) months intervals.

Postpartum women who are due for recertification are often being over issued vouchers. This situation occurs when women are issued vouchers during the prenatal period for two or three month increments that extend beyond their pregnancy period. When they are subsequently recertified as a postpartum woman, vouchers must not be issued for the postpartum period without first checking the last voucher issuance date. Women must not be issued two sets of vouchers for the same month. This will prevent the woman from being over issued vouchers at the postpartum period.

B. Identification of Person Picking Up Vouchers

ID cards must be checked for signatures of participants/proxies (**see Attachment FD-12**):

The proxy/authorized representative must also present acceptable form of identification and the WIC ID Card to verify that he/she is the person authorized by the participant to pick up vouchers. (See Edits Manual, Table 31 for proof of identification.)

If a participant/parent/guardian /caregiver does not possess, or has lost his/her WIC ID card, other identification may be accepted as verification and a new ID card issued.

A proxy may not be issued WIC ID Card.

A proxy must be at least 16 years old.

If a child is placed in foster care, the foster parent must bring in guardianship papers from DFACS to confirm the child has been placed in their care before a new WIC ID card or vouchers can be issued. (See Edits Manual, Table 33 for proof of identification for Parent/Guardian/Caregiver.)

Documentation of ID for Voucher Pickup

Document the types of ID presented by the person picking up the vouchers, not the ID of the participant for whom the vouchers were issued.

1. Voucher Printed on Demand (VPOD) - Document the proof code on the voucher receipt under the user's ID.
2. Manual Vouchers - Document the proof code on the manual voucher under the **date the vendor must deposit by on WIC clinic copy only.**

C. Corrections

Vouchers must not be corrected or altered. If an error is made during issuance, the voucher(s) must be voided. **Correction fluid ("white-out") must not be used on vouchers for any reason.**

D. Issuance

Local agencies have the option to issue vouchers to participants at a one, two, or three-month interval. With the two or three-month issuance, WIC clinic staff must explain to participants not to use vouchers prior to the "First Day to Use" date on the vouchers.

E. Categorically Ineligible

“Categorically ineligible” refers to the period of time a WIC client is no longer in a valid certification period and, therefore, is not eligible to receive WIC benefits. Participants who are categorically ineligible are postpartum women at six months postpartum, children who have reached their fifth (5th) birthday and breastfeeding women who stop breastfeeding and are greater than or equal to six (≥ 6) months postpartum or up to 12 months postpartum.

Benefit issuance periods are measured by month, one week at a time, starting with the first date of certification and ending with the last date of eligibility, i.e., the termination date. If the termination date occurs before a full week ends, the participant is eligible for benefits for that entire week. For example: If a participant is eligible for vouchers for one or more days within the week, the participants should receive vouchers for that entire week.

When a participant becomes categorically ineligible before the end of the month, they will only receive vouchers up to the categorical term date. For example, if a participant’s category term date is January 15 and his/her pick-up is January 2, the participant will only receive two vouchers. If the participant’s pick-up date is after the categorical term date the participant will receive no vouchers. Vouchers must not be issued past the month of categorical eligibility. The categorical ineligible message will appear on the voucher receipt for the last set of vouchers one month prior to the termination date.

Category	Categorical Eligibility	Last Voucher Issuance
Postpartum Non-Breastfeeding Women	Six (6) months postpartum from delivery date	Up to week that includes the categorical termination date.
Mostly and Exclusively Breastfeeding Women	Twelve (12) months postpartum or greater than six (6) months postpartum if breastfeeding stops.	Up to week that includes the categorical termination date.
Some Breastfeeding (SBF) Women	Twelve (12) months postpartum or greater than six (6) months postpartum if breastfeeding stops.	Receives a SBF Woman food package up to the week that she becomes 6 months postpartum. Then she receives a tracking food package (CPA FPC W80) without foods up to the week she becomes 12 months postpartum.
Children	Fifth (5) Birthday	Up to week that includes the categorical termination

		date:
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Note: Children due to be recertified in the month of their fifth birthday must be recertified. Certification must be done prior to the date of the fifth birthday, and vouchers issued up to the week that includes the categorically termination date only. Vouchers must be prorated to last only through the end of the month in which the child turns age 5 years. For example, if there are only 2 weeks remaining in the month, the child is only allowed to be issued half of their food package (e.g., usually 2 vouchers plus the produce/fruit & vegetable voucher). Vouchers cannot be issued if the pickup code is after the birthdate.

F. Issuance of Vouchers to Family Members

An employee must never issue vouchers to family members or other persons residing in their household. Family members include:

- | | |
|------------------|-------------------------------------|
| 1. Children | 8. Uncles |
| 2. Grandchildren | 9. Parents |
| 3. Sisters | 10. Spouses |
| 4. Brothers | 11. First Cousins |
| 5. Nieces | 12. In-laws |
| 6. Nephews | 13. Grandparents |
| 7. Aunts | 14. Individuals related by marriage |

IV. VOUCHER PRINTED ON DEMAND (VPOD) AND COMPUTER GENERATED VOUCHERS

A. Data Elements

The following data elements appear on the face of the vouchers:

- District/Unit/Clinic. The district is represented by a two-digit number, the unit by a one-digit number, and the clinic by a three-digit number.
- WIC ID Number. The participant's unique nine (9) digit identification number that corresponds to the number on the Turn-Around Document (TAD).
Self-Check Digit. Calculated by the ADP contractor or front end system.
Participant Number (P). This is a one-digit number that specifies an individual family member in a multi-WIC participant family.
- Participant's Name. The full name of the participant (last name, first name, middle initial).
- First Day to Use (MMDDYY). The first valid date when the voucher may be used to purchase foods.

5. Last Day to Use (MMDDYY). The last valid date, after which the voucher can no longer be used by the participant. The voucher may be used on this date, but not after this date.
6. Voucher Number. A unique eight (8)-digit serial number printed on each voucher.
7. Voucher Message. A description of the food items and the quantities that may be purchased. Also, the food package and voucher codes are printed here.
8. WIC Vendor Stamp. Stamped by the vendor prior to deposit.
9. Participant/Guardian/Proxy Signature. The participant/proxy signs his/her name in this space when the voucher is redeemed at a WIC vendor.
10. The reverse side of the vouchers contains an area for endorsement by the authorized WIC vendor location.
11. Food Package Code
12. Rank

B. Voucher Cycles

The clinic staff and participant determine the voucher pickup day. This day is entered as a Pickup Code on the TAD.

Voucher interval codes are entered on the TAD (1= monthly; 2= two months even; 3 = two months odd; 4 = three months).

C. Voucher Packaging

In emergency situations where clinics are unable to print vouchers for more than 30 days, CSC Covansys has the capability of producing vouchers. In cases of emergency clinic closing due to natural or man-made disasters, vouchers will be delivered to **the** identified sites by overnight or ground postal delivery.

Computer printed vouchers are received by the clinic in alphabetical order of the last name of the lead family member within each Sort Code. The lead family member is the one with WIC type P, N, or B or with the lowest Participant ID Number (usually #1).

1. The following items will be transmitted to each clinic (or clinic package #1 if there is more than one [1]).
 - a. Voucher Cycle Packing List
The (2-ply) Packing list provides the specific beginning and ending voucher numbers for all the computer printed and manual vouchers for the clinic. Two copies of the packing list are provided. The clinic must retain one copy and send one signed copy to the district office as acknowledgement/proof of receipt of the vouchers (**see Attachment FD-6**).

D. Voucher Issuance

The following procedures must be followed when issuing vouchers:

1. Identification. Verify the identity of the person picking up the vouchers. Please refer to FD-III.B. "Identification of Person Picking Up Vouchers," for procedures. Record the ID proof for the person picking up the vouchers in the appropriate place.
2. Vouchers Issuance. Vouchers are only to be issued to participants who are in a valid certification period. **(See FD-III. A. "Valid Certification Period")**.
The serial numbers on the VPOD vouchers must match the serial numbers on the VPOD receipt. The name on the vouchers and the receipt must be identical.

The following items must be completed on the VPOD receipt each time vouchers are issued:

- a. Signature of Participant or Proxy. The participant or proxy must sign his/her name on the signature line to indicate that the proper person has received those specific vouchers. This signature must match the signature of the participant or proxy on the ID card.
 - (1) Vouchers must **not** be issued until **after** the participant/proxy signs the receipt.
 - (2) If a participant or proxy leaves the clinic without signing the receipt, voucher copy, or voucher register, clinic staff must document the issuance by writing "Failed To Sign". "Failed To Sign" must not be abbreviated.
 - (3) During a monitoring review, if one (1%) percent or more "Failed To Sign" notations appear on the VPOD receipts in a clinic, a corrective action will be issued to the clinic. Therefore, clinic staff must be extremely careful to ensure that participants sign the VPOD receipt every time.
 - (4) If the participant or proxy is unable to write, he/she must enter his/her mark in lieu of a signature. Clinic staff will print the person's name next to the mark and initial and date the mark to indicate that it has been witnessed.
3. Voucher Participant/Proxy Signature. The participant or proxy must sign only manual vouchers in the left signature space, in the presence of the issuing staff person.
4. When VPOD vouchers are printed, the printer produces a receipt along with the vouchers. The receipt contains the following information:

- a. Client's WIC ID number
- b. Name
- c. Issue date
- d. First date to use
- e. Food package number
- f. Voucher code
- g. Voucher number(s)
- h. Any appropriate message
- i. Signature line for the client/proxy to sign
- j. Initials of issuing clerk or user ID
- k. Clinic/Sort Code

The receipt takes the place of the voucher register. The client signs the receipt(s) and only then is handed the vouchers. The receipt must then be immediately filed in numerical order. All receipts must be reconciled with the daily activity report. Any voucher numbers that are missing must have an explanation. "Failed To Print" is not an acceptable explanation. Documentation for missing voucher numbers must include the reason the numbers are missing, i.e. vouchers voided before printing, computer error, vouchers printed on wrong paper.

E. Transporting VPOD Vouchers from a Site within a Site

When VPOD vouchers are transported to a site that has no printer (voucher issuance clinic only), the vouchers must be printed the afternoon prior to going to the clinic or printed the day of the clinic visit.

Vouchers not issued on site must be voided immediately and voided in the system prior to batching for that day. (See transporting procedures in the Compliance Analysis Section of the Procedures Manual).

V. **MANUAL VOUCHERS (Blank and Standard)**

Manual vouchers are different from VPOD vouchers in the following ways:

1. Manual vouchers are three (3) part forms. The parts are color-coded for distribution as follows:
 - a. First copy (blue) - Participant.
 - b. Second copy (red) - ADP contractor (or clinic copy if automated transfer is used.)
 - c. Third copy (black) – Serves as clinic proof of issuance.
2. All manual vouchers require completion of participant and issuance data.
3. Blank manual vouchers require entry of food quantities. All blocks must be filled in with a number or an X for those items not assigned.

A. Blank Manual Vouchers

Blank Manual Vouchers are issued for the following reasons:

1. To provide vouchers for a food package other than those provided by the preprinted manual vouchers.
2. To replace one or more vouchers that have been destroyed or damaged (**see Lost, Stolen or Damaged Vouchers FD-XI.A.2.**).
3. In the event of system failure, loss of power at the clinic or other condition when the clinic system is not available.

B. Preprinted Manual Vouchers

Preprinted Manual Vouchers are issued for the following reasons:

1. To provide vouchers for standard food packages.
2. In the event of system failure, loss of power at the clinic or other condition when the clinic system is not available.

C. Ordering Manual Vouchers

Local agencies must order manual vouchers from the ADP contractor. Orders must be made using the "Form and Manual Voucher **Supply Order**" Form (**see Attachment FD-7**) and must be received by the ADP contractor by the 10th or 25th of each month. The ADP contractor will fill manual voucher orders twice a month and will ship them with each cycle of computer printed vouchers.

D. Receipt of Manual Vouchers

1. Clinic

Clinics will compare beginning and ending voucher numbers to those on the Clinic Voucher Cycle Packing List. Any discrepancies must be reported to the ADP contractor and the Georgia WIC Program immediately. The packing list must be signed and dated to verify receipt. A copy of the signed/dated packing list must be mailed to the local agency/district office within five (5) days of receipt of the vouchers. The original must be retained by the clinic for one (1) year plus the current Federal Fiscal Year.

2. District/Unit

The district/unit receives a copy of each detailed clinic packing list for control, and a summary copy showing total vouchers received from the ADP Contractor. Any discrepancies must be reported to the ADP contractor immediately. Missing shipments must also be reported to

the Georgia WIC Program. All packing lists received by the district must be reconciled with the clinic's copy, and the district's copy must be signed and dated.

E. Inventory Control of Manual Vouchers

When manual vouchers are received, the serial numbers must be recorded in the "Received" column of the "Manual Voucher Inventory" Log (**see Attachment FD-8**). The numbers must be recorded exactly as is stated on the packing list. This documentation must be completed the same day the vouchers are received **but no more than three (3) days after receipt by the responsible WIC staff person**.

Vouchers must be used in the order in which they were received: first in, first out. All vouchers must be used in sequential order until depleted. Do not use two voucher batches at the same time. Complete one batch before using another.

1. Perpetual Inventory (Weekly) (Manual Vouchers)

The perpetual inventory accounts for the voucher numbers issued, voided, and on hand. The perpetual inventory should be conducted daily, and must be done at a minimum weekly and documented on the Manual Voucher Inventory Log Sheet (**see Attachment FD-8**). If vouchers are issued during the month, a perpetual inventory must be conducted weekly. If no manual vouchers are issued, only a physical inventory is required. **All columns of the log must be completed accurately, legibly, and initialed, by a responsible staff member. Always record the voucher numbers immediately after receiving them from the ADP contractor on the Log Sheet.**

2. Physical Inventory (Blank and Standard Manual Vouchers)

A monthly physical inventory of all manual vouchers must be conducted. Another staff person must verify the inventory and initial the inventory log. Physical inventory documentation must include the serial numbers of the vouchers and the total number of vouchers on hand. The physical inventory must be documented on the "Manual Voucher Inventory Log" and labeled "Physical Inventory Conducted and Verified by." Two staff members must initial and date the physical inventory.

When discrepancies are discovered during a manual voucher inventory, they must be reported to the District Nutrition Services Director. Manual Voucher Inventory Logs must be retained for three (3) years plus the current Federal Fiscal Year. Inventories must be completed in black or blue ink.

F. Issuance of Manual Vouchers

Manual vouchers **must** be issued in complete sets, in consecutive order. When preparing manual vouchers, all items must be printed clearly and legibly, using a black or blue ballpoint pen. If an error is made on a voucher, void the voucher and issue a blank manual voucher.

The pickup code is generally the same day as the day on which vouchers are issued. The dates on the second and third set of vouchers must correspond to the pick-up code of the first set of vouchers.

Pre-printed standard/ blank manual vouchers must include the following information:

1. The participant's WIC ID number, including check digit and participant code.
2. Participant's name (last, first).
3. First Day to Use (MMDDYY).
4. Last Day to Use (MMDDYY), which is thirty (30) days from the "First Day to Use."
5. Vendor must deposit by (MMDDYY) which is sixty (60) days from the "First Day to Use."
6. CPA Food Package Code (FPC) internal (system), Food Package Code and Voucher Code. If blank manual vouchers are issued to replace damaged computer printed vouchers, the CPA Food Package Code (FPC), internal (system) Food Package Code and Voucher Code from the damaged VPOD vouchers must be written on the manual voucher to retain the original information.

On a blank manual voucher, the following additional information must be completed: Food Prescription Data blocks. Enter quantities for appropriate foods; enter an "X" in all unassigned blocks.

G. Distribution of Manual Voucher Copies (Only when Handwriting Vouchers)

1. The red copy must be counted in numerical order, and mailed to the ADP contractor using a Batch Control Form (**see Attachment FD-10**). Do not separate or fold the red copies. **DO NOT BATCH VOUCHER COPIES WITH TADs.** They may be mailed together, **but must be batched separately. When sending via Express Mail, do not use a Post Office Box. The clinic address must be used for this process.**
2. When a batch is mailed to the ADP contractor, the black copy of the Manual Vouchers must be retained by the clinic and attached to a copy of the Batch Control Form, creating a Batch Control Module (BCM). BCM's must remain intact until they are reconciled.

Upon receipt of a manual voucher BCM, the ADP contractor will send an acknowledgement receipt to the clinic on a monthly basis (with a TAD shipment).

If there are discrepancies, the ADP contractor will send the clinic a "Batch Control Exception Report "(**see Attachment FD-11**), describing

the discrepancy. Discrepancies should be resolved by recounting vouchers, and contacting the ADP contractor to resolve count differences by WIC ID if necessary.

When the signed Batch Control Form is returned to the clinic, the copy of the Batch Control Form may be discarded. Voucher copies must be organized by type and stored neatly in serial number order. It is recommended that voucher copies be stored in binding materials such as vinyl lined binders, post binders, or expanding file folders in order to maintain them.

Voucher copies must be retained for three (3) years plus the current Federal Fiscal Year.

H. Voided Manual Vouchers

Vouchers marked VOID must be returned to the Contract Bank. Package the vouchers securely to prevent breakage and ensure that they arrive at the Contract Bank by noon of the fifth (5th) workday of the following month.

Voided Manual Vouchers

Manual vouchers, blank vouchers, or preprinted vouchers must be voided if:

- The participant's name is misspelled
 - Any of the participant information is entered incorrectly
 - Damaged during issuance
 - Any voucher(s) is returned unused by participant
 - There is a food package change
1. Voided Manual Vouchers that were reported to the ADP contractor as Issued. The system contains an issuance record that must be voided. To accomplish this, the clinic must return the original voucher (s), if possible, to the contract bank stamped "VOID." The ADP contractor will input this voided voucher information into the system to void the issuance record. If the original is not available, the Lost/Stolen/ Destroyed Voided Form must be used to report the void to the ADP contractor.
 2. Voided Manual Vouchers that were not reported to the ADP contractor as Issued. These voids are due to errors made while completing the voucher, which prevent the voucher from being issued. All three (3) manual voucher copies must be marked "VOID". Complete a Batch Control Form and return the original and the second copy to the ADP contractor. Please refer to Section FD-V.G. for information on batching manual voucher copies.

Although there are no issuance records on these vouchers, the ADP contractor will input this voided information into the system to identify the disposition of the vouchers. All Voided and Destroyed vouchers must be reported to the ADP contractor's Bank. Do not send out- of- date vouchers

back to the bank, (only those vouchers that are voided due to package changes, formula changes, etc). The ADP contractor will provide addressed envelopes or labels to be used when returning vouchers.

VI. VPOD PROCEDURES

A. General

Vouchers Printed on Demand (VPOD) are generated on site by the WIC clinic's automated system for participants on the Georgia WIC Program. The receipt generated as part of the printing process becomes the voucher register.

B. Receipt of VPOD Serial Numbers

VPOD serial numbers are sent from CSC Covansys. The confirmation notice for serial numbers sent from CSC Covansys will take the place of the Packing list but must be maintained in the same manner as the Packing list (see Receipt of Manual Vouchers FD-V., D). Each clinic must log all numbers on the VPOD Inventory Log and in the computer the same day that they are received but no more than three (3) days after receipt. A computer screen must be printed and stapled to the corresponding packing slip to show date of entrance. The confirmation notice must be signed and dated and a copy sent to the district office within five(5) days of receipt. The confirmation notice must also be kept on file in the clinics in the same manner as the packing list. Voucher ranges or numbers not issued within thirteen (13) months of receipt will be automatically voided by the system.

C. Ordering VPOD Serial Numbers and/or Stock Paper

Local agencies must order VPOD Serial Numbers and/or VPOD stock paper from the ADP contractor. Orders must be made using the "Form and Manual Voucher Supply Order Form" (see Attachment FD-7) and must be received by the ADP contractor by the 10th or 25th day of each month.

D. Issuing VPOD Vouchers

The following procedures must be followed when issuing VPOD Vouchers:

1. Identification - Verify the identity of the person picking up the vouchers.
2. Issuance - Before vouchers are printed, the clerk must check the client's WIC History to determine if the participant is in a valid certification period, has a nutrition education appointment, or any other follow-up appointments; that the food package code is correct and that the correct number of vouchers will be printed.
3. The serial numbers on the VPOD vouchers must match the serial numbers on the VPOD receipt. The name of the participant will be

compared to the participant's name on the WIC ID card and as it appears on the vouchers.

4. The client **must** sign the receipt **before** receiving the VPOD vouchers. Vouchers **must** not be issued until after the participant/proxy/parent/guardian signs the receipt
5. The receipt must be filed in numerical order immediately after issuing the vouchers

E. Voucher Reconciliation

At the end of each day, the WIC clinic staff must print a Daily Activity Report that includes:

1. Voucher numbers
2. Participant's name
3. Issue date
4. Initials of issuing clerk
5. Status of voucher (Issued or Voided)

All receipts must be reconciled with the Daily Activity Report. The receipts must be filed in numerical order. Each clinic must maintain a file for the activity reports and keep it in the clinic. If vouchers are voided, they must be stamped "VOID" before filing them with the receipts. Clinic staff must staple or paperclip the voided vouchers to the back of the receipt. If the voucher does not print or the receipt is lost, use a blank voucher receipt to write those numbers, the date, the participant's name, the participants WIC ID number and the clerk's initials on the receipt. The Activity Report must be signed and dated to verify reconciliation each day.

F. Voiding VPOD Vouchers

If it becomes necessary to void VPOD vouchers, the vouchers in question must be voided in the computer system. The information will be transmitted to CSC Covansys during the daily batching routine.

DO NOT send the voided copies of those vouchers to the WIC banking center for further processing. Doing so will create a bank exception of PREVIOUSLY VOID.

If the VPOD vouchers have been voided in the system before batching, paper copies do not need to be sent to the banking facility. If the VPOD vouchers have been voided after the batch has been transmitted, the paper copies of the VPOD vouchers must be sent to the banking facility. Expired vouchers may not be sent back to the bank directly. Only those vouchers that are voided due to package changes, formula changes, etc., may be sent back to the bank directly.

G. VPOD Inventory Log Sheets

The VPOD inventory log sheet must be completed daily or at a minimum weekly (only for those clinics who are open less than two days a week: all others must complete the log sheet daily). The log is used to keep track of the voucher numbers issued, voided or not printed. Always record the voucher numbers received from the ADP contractor on the log sheet. The top of the log sheet must reflect the packing list beginning and ending number for the series of vouchers being used. Separate log sheets can be used for each batch, but they must be kept in the inventory logbook. The confirmation notice of numbers sent will take the place of the voucher-packing list and should be maintained in the same manner. All columns of the log sheet must be completed accurately, legibly, and initialed by a responsible staff member. The bottom of the VPOD log must be completed with the remaining stock and clerk initials.

H. Corrective Actions for VPOD

1. Missing receipts
2. Incomplete log sheets
3. More than one percent "Fail to Sign" on receipts
4. Vouchers issued during an invalid certification period
5. Missing and/or any incomplete Daily Activity reports
6. Any vouchers filed with receipts that do not have "VOID" stamped or written on them
7. Voucher printing problems that are not documented properly
8. Voucher numbers that did not print, and are not voided in the computer
9. Missing participant signatures

VII. MAILING/DELIVERY OF WIC VOUCHERS

A. Conditions for Mailing/Delivering Vouchers

1. Vouchers may be mailed or otherwise delivered to participants on an individual hardship basis or, in special circumstances, may be mailed in mass. If vouchers are mailed to a participant for hardship reasons, they will be done so on a temporary/short-term basis. There is no standard, on-going reason to mail vouchers (i.e., permanent difficulty accessing the clinic(s)).
2. Vouchers must not be mailed or delivered in the following situations:
 - a. Participant is due for re-certification
 - b. Participant is due for nutrition education
 - c. Participant is unable to offer a current address, e.g., homeless shelter participant.

B. Acceptable Reasons for Mailing/Delivering Vouchers

1. Difficulties of the participant and his/her proxy in obtaining vouchers for reasons such as illness
2. Imminent or recent childbirth requiring bed rest and no proxy is available
3. Environmental crisis as a result of a tornado, hurricane, flood, snow-storm, ice storm or other natural disaster
4. Closure of clinic due to structural damage, relocation, etc...
5. Other special circumstances approved by the Nutrition Services Director

C. Mailing/Delivery Procedures

The procedures to be followed when mailing vouchers are as follows:

1. Prior to mailing/delivering vouchers, the issuing professional must obtain approval from the District Nutrition Services Director or a designated Competent Professional Authority (CPA). Written approval must be maintained on file in the form of a local agency policy memorandum
When delivering vouchers, the participant must sign a copy of the voucher receipt. Once the receipt is signed by the participant, it must be returned to the clinic to be filed
Original copies of the receipt must not be taken from the clinic; a copy of the receipt must be taken to the participant to sign
Upon returning to the clinic, the copy must be attached to the original receipt
2. The hardship condition and the District Nutrition Services Director approval must be documented in the participant's health record. Once the initial hardship has been resolved, the mailing or delivery of WIC Vouchers must be discontinued and the action documented
3. Confirm valid certification
4. Confirm the mailing address
5. Give the participant their next appointment
6. Each district or local agency must have a post office box as well as a return address for all vouchers mailed. The "return to sender name" on the mailing envelope must be a staff person other than the one who prepared the vouchers for mailing. The envelope must specify, "Do Not Forward, Return to Sender", and a return receipt must be requested on all vouchers sent by certified mail
7. A staff person other than the one who prepared and mailed the vouchers must pick-up returned vouchers from the post office box; and must note on the mail roster the participant's name, identification number and sequence of voucher numbers returned in the mail and a full signature of the person documenting this information

8. A roster must be maintained on a weekly basis by the local office noting all vouchers mailed and participant names and identification numbers. This roster should be mailed to the district office (**see Attachment FD-13**)

The procedures for delivering a voucher(s) are as follows:

- The VPOD vouchers and receipts (when transporting vouchers) must be copied
- The original receipt must be left in the clinic
- Once the participant signs the copied page, the copy must be attached to the original VPOD receipt
- The original VPOD receipt must have the statement "See Attachment" on the receipt

D. Voucher Mailing Process

- When mailing vouchers, the VPOD receipt, or voucher copy must be documented with the disposition of the vouchers
- The WIC official must document the signature line(s) with the statement "mailed vouchers" or "delivered vouchers"
- The reason(s) for mailing, the date mailed, and the signature of the person preparing vouchers for mailing
- Vouchers must be mailed via certified mail with return receipt
- Mailed vouchers will not be replaced

E. Returned Vouchers

When vouchers are returned by the postal service, the following steps must be followed:

1. If the voucher(s) are still valid for redemption, the local agency must attempt to contact the participant in an effort to issue. The attempt to contact must be recorded on the voucher receipt. If the local agency is unable to contact the participant, "VOID" the voucher(s) immediately, and retain them on site until the time that they are scheduled to be mailed to the bank (non-VPOD vouchers only). The only exception is for manual vouchers that are returned to Data Processing. If a record of manual vouchers has been sent to the ADP contractor, those vouchers must be voided and sent to the bank
2. If the vouchers have expired, they must be stamped "VOID". Note on the receipt, "returned by postal service" next to the corresponding voucher numbers and retain them on site until the scheduled to be mailed to the bank (non-VPOD vouchers only). Voucher(s) must be stamped "VOID" immediately and processed in accordance with the procedures described above

VIII. PRORATED VOUCHERS

The objective of prorated vouchers is to ensure that participants receive benefits only during a valid certification period. Vouchers are issued based on the number of weeks within a valid redemption time period. A voucher is only valid for thirty (30) days from the date of issuance.

Prorating is the issuance of partial food packages by eliminating one or more vouchers from the designated food package. Vouchers must be prorated when:

- (1) A participant is late picking up vouchers (procedures for voiding vouchers must be followed as outlined in FD-IX - Late Pickup of Vouchers)
- (2) Vouchers are being replaced if they are damaged as a result of agency error.
- (3) A participant is categorically ineligible (see FD-III.-E.-Categorically Ineligible)

Note: The procedures in Section FD-XI. A must be followed when replacing vouchers.

<u>Number of Days Late</u>	<u>Women & Children</u>	<u>Infants</u>
Less than 7 days late	full package	full package
7-13 days late	Vouchers issued = 3/4 package plus Produce (Fruit/Vegetables) voucher	full package
14-20 days late	Vouchers issued = 1/2 package plus Produce (Fruit/Vegetables) voucher	(1/2) package (deduct one(1) half of formula vouchers plus one food voucher)
21-31 days late	Vouchers issued = 1/4 package plus Produce (Fruit/Vegetables) voucher	(1/2) package (deduct one(1) half of formula vouchers plus one food voucher)

***Note: Cash Value Vouchers (Fruit/Vegetables) cannot be prorated. They must always be issued for the full value (e.g., \$6, \$7, \$8 or \$10) if the participant is eligible to receive any vouchers for that month.**

Vouchers should be prorated following the rank order system in the Food Package Section. A voucher with a rank of “1” in a food package should be removed first. A voucher with a rank of “9” is never prorated; if the participant is eligible for any vouchers that month, a voucher with a rank of “9” must be issued. Cash Value/Produce (Fruit/vegetable) vouchers all have a rank of “9.”

Ranks of 1-4 correspond to the week of the month, with “1” representing the voucher(s) to be prorated after the participant is late by 7-13 days, “2” representing the voucher(s) to be prorated (in addition to the rank “1” vouchers) after the participant is late by 14-20 days, and so on. Food packages containing more than 5 vouchers will have more than 1

voucher with the same rank; all vouchers with the same rank must be prorated at the same time. For example, if a participant is 2 weeks late, then all vouchers with ranks of "1" and "2" must be prorated and not issued, regardless of how many vouchers there are with ranks of "1" or "2." The vouchers were ranked based on the contents of the voucher to ensure as even a distribution of formula and/or foods removed per week as possible.

IX. LATE PICK-UP OF VOUCHERS

Participants who are late picking up their vouchers **must** be issued a prorated food package based on the schedule in FD-VIII. The food package must be prorated to reflect the period of time left until the participant's next scheduled pickup date. To determine the number of days that a participant is late for pickup, the following guidelines must be followed:

1. Count calendar days, including weekends
2. If the participant's *scheduled* pickup day was *before* the "First Day to Use" on the vouchers, begin counting days late from the "First Day to Use" date
3. If the participant's *scheduled* pickup day was *after* the "First Day to Use" on the vouchers, begin counting days late from the appointment date

The appointment date must be documented on the receipt in addition to the required pickup date.

Change pickup interval code

When a participant is late picking up vouchers, the pickup code must not be changed to avoid prorating vouchers. When it becomes necessary to change the pickup code, the code is changed to the date the vouchers are picked up, and a full set of vouchers are issued with the current date. WIC clinic staff are not encouraged to change pickup codes because of the affects doing so may have on participation.

There are two reasons when pickup codes should be changed during a valid certification period:

1. **Adding a new family member**
2. **A change in circumstances such as a change in job or working hours that results in a hardship on the participant.**

The decision to change pickup codes will be based on district policy.

To change the participant's pickup code the clinic staff must:

1. Document the appointment date changes on the voucher receipt.
2. Complete an update TAD to change the pickup code and submit to the data-processing contractor.
3. Immediately stamp or write "VOID" on the voucher(s).
4. Give the participant an appointment for next month's pickup with the new pickup date.

5. Document in participant's record the reason for change in pickup code.

X. COORDINATION OF HEALTH SERVICES AND VOUCHER ISSUANCE

Every effort must be made to coordinate the issuance of WIC vouchers with the delivery of health services. (7C.F.R. §246.12(d); §§246.11 (a) (1) and (2)). Efforts must be made to provide health services so that the patients/families will not have to return more than once a month. However, vouchers may be issued for one month, if the participant/caregiver is to return for services at that time (**This is the exception, not the rule**).

Under no circumstances are vouchers to be withheld or denied nor are any services to be forced upon participant/caregiver (7C.F.R. §246.11 (a) (2)) Participants/caregivers have the right to refuse other health services, but we have the responsibility to frequently offer and strongly encourage the use of all available health services (7 C.F.R. §246.6 (6) (3) and (5); §246.7(j)(2)(iii); §§246.12(S)(7) and (8).)

XI. LOST, STOLEN OR DAMAGED VOUCHERS

A. Replacement of Vouchers

1. Lost or Stolen vouchers will not be replaced.
2. Damaged Vouchers - When a participant/parent/guardian/caregiver reports that their vouchers have been damaged, the following procedure may be implemented:
 - a. If vouchers are damaged, any pieces of the vouchers that can be salvaged should be brought to clinic. Vouchers that can be identified by voucher numbers may be replaced.
 - b. Vouchers destroyed due to fire will be replaced with a copy of the fire report.

B. Replacement Vouchers Due to a Declared Emergency

Policy allows the reissuance of lost vouchers for those participants who live in a emergency declared area. Below is the procedure that must be followed:

1. Determine if the participant resides in an area that has been designated as an area affected by a Declared Emergency:
2. Determine which vouchers the participant has lost and need replacement.
3. Call the CSC Help Desk to determine which lost vouchers have been cashed and processed by the bank. Listed below is the information that staff will need to provide to CSC:

- Voucher numbers
 - Participant ID number
 - Name of participant
 - Clinic, County and District number
 - Name of staff member requesting the information
- a. Phone number is 1-800-796-1850.
 - b. Hours of operation are from 7:30 am to 5:00 pm, Eastern Standard Time (EST).
4. After receiving the verification information of lost vouchers that have been cashed or not cashed from the CSC Help Desk, document the voucher information for lost vouchers that have **NOT BEEN CASHED** on the **Lost/Stolen/Destroyed Voided Voucher Report**, per family/participant (see **Attachment FD-18**). Use as many pages as necessary to document information.
 5. Replacement vouchers will only be issued for vouchers that have NOT BEEN CASHED by the participant and document on all voucher receipts, **“Replacement Vouchers-Declared Emergency.”**
 6. Make and distribute up to four copies of the Lost/Stolen/Destroyed Voided Voucher Report:
 - a. Place original in the participant’s file.
 - b. Place one copy in the Lost/Stolen/Destroyed Voided Voucher file.
 - c. Send one copy to your district office for their Lost/Stolen/Destroyed file.
 - d. Send one copy to the State WIC Office to the Compliance Unit.
 - e. Send one copy to the clinic that originally issued the vouchers if the participant picked up replacement vouchers at a different clinic.
 7. Void all copies of previously issued vouchers that have been replaced (vouchers that have NOT BEEN CASHED) in the computer system.
- C. Lost/Stolen/Destroyed/Voided Voucher Report

When vouchers are reported as lost, stolen, or destroyed, complete the Lost/Stolen /Destroyed/ Voided Voucher Report (see **Attachment FD-18**) with the following items:

1. District/Unit/Clinic
2. Current Date
3. Beginning Voucher Number in Range*
4. Ending Voucher Number in Range*
5. Quantity of Vouchers in Range
6. Participant's WIC ID Number
7. Participant's Status Code

8. Participant's Last Name and Replacement Voucher Numbers in the "Comments" block.

*If a participant reports that part of a voucher package was lost/stolen/destroyed and the other portion was cashed, but cannot determine which voucher serial numbers were lost/stolen/destroyed, include all of the voucher serial numbers on the form. Note in the comment section of the Lost/Stolen Destroyed Voided Voucher Report that between 1-4 vouchers may have been cashed.

Mail the completed Lost/Stolen/Destroyed Voided Voucher Report to the ADP contractor, retain a copy in the clinic, and forward a copy to Georgia WIC Program State Office-System Unit and a copy to the district office within five (5) days of completion. Upon receipt of the Report, the ADP contractor will enter this information into the system. If the contract bank subsequently pays the vouchers, they will be identified on the Bank Exception Report during the monthly reporting process.

The Georgia WIC Program cannot initiate "stop payments" on lost/stolen/destroyed vouchers. When fraud is suspected, the local agency should notify the Compliance Analysis Unit to request assistance with an investigation. To obtain copies of suspect vouchers, the local agency must submit a Georgia WIC Program Voucher Investigation Log (**see Attachment CA-2**) to the Compliance Analysis Unit (see Compliance Analysis Section, X).

D. Vouchers Lost, Stolen, or Destroyed Prior to Issuance

When a clinic determines that vouchers have been lost, stolen, or destroyed prior to issuance, the following procedure must be implemented:

1. Complete the Lost/Stolen/Destroyed Voided Voucher Report (**see Attachment FD-18**) with the following items:
 - a. District/Unit/Clinic
 - b. Current Date
 - c. Beginning Voucher Number in Range
 - d. Ending Voucher Number in Range
 - e. Quantity of Vouchers in Range.

2. Mail the completed Lost/Stolen/Destroyed Voided Voucher Report to the ADP contractor, retain a copy in the clinic, and forward a copy to the district office and Georgia WIC Program, System Information Unit, 2 Peachtree Street, Suite 10.476 Atlanta, GA 30303 within five (5) days of completion. Upon receipt of the Report, the ADP contractor will enter this information into the system. If the contract bank subsequently pays the vouchers, they will be identified on the Bank Exception Report during the monthly reporting process.

The System Information Unit will review Lost, Stolen, or Destroyed voucher reports in conjunction with the Cumulative Unmatched Redemption (CUR) report and Bank Exception report to identify potential fraud and refer findings to the Compliance Analysis Unit. The Compliance Analysis Unit will work in conjunction with the local agency

to investigate potential fraud, when a block of 25 or more vouchers are missing (see “Compliance Analysis” at Section X).

E. Security Destroyed Vouchers

When vouchers are security destroyed, the Lost/Stolen /Destroyed/ Voided Voucher Report must be completed (see Attachment FD-18) with the following information:

1. District/Unit/Clinic
2. Current Date
3. Beginning Voucher Number in Range*
4. Ending Voucher Number in Range*
5. Quantity of Vouchers in Range
6. Status Code
7. Total Amount of Vouchers Destroyed

F. Change of Formula Order/Formula Purchased In Error

In the event that a formula order is changed after a participant has been issued vouchers for an original formula order, or formula was purchased in error, replacement vouchers must be issued if the original vouchers and/or incorrect formula purchased are returned. When vouchers are replaced within the same month of original issuance, the following procedures must be implemented:

Standard Formula, Special Formula

1. Participants must return unused formula to the clinic if available, and/or
2. Return unredeemed voucher(s) to the clinic for voiding.
3. Supplemental vouchers issued must equal the amount of unused formula returned in reconstituted fluid ounces and vouchers voided for the current issuance period. Supplemental vouchers are issued on a reconstituted fluid ounce for a reconstituted fluid ounce basis.
4. Document the amount, type, and disposition of formula returned on the “Formula Tracking Log” located in the Food Package section of the WIC Procedures Manual.

Hospital Based Formula

If a physician changes a formula, the participant must return all unopened cans of formula to the clinic.

The Clinic must then:

1. Issue supplemental vouchers equal to the reconstituted fluid ounces of formula returned in the issuance period.
2. Document the amount, type, and disposition of formula returned to the clinic on the Voucher Receipt or on the WIC clinic’s copy of the manual voucher.

3. Document formula change and receipt of an updated written or verbal order from the physician in the participant's health record.
4. Document returned formula on the "Formula Tracking Log" located in the Food Package section of the WIC Procedures Manual. All returned formula must be accounted for when issued to another client, destroyed or returned to the manufacturer. The "Formula Tracking Log" will be monitored by the Nutrition Services Unit for accuracy during District Program Reviews conducted by the state.

XII. BORROWED VOUCHERS

Vouchers may be borrowed from another WIC clinic within **the same** district by a WIC clinic whose current stock is depleted (see Attachment FD-14). This applies to manual vouchers only. VPOD numbers **and VPOD stock paper** cannot be borrowed by one clinic from another.

Submitting the form in a timely manner is important. The ADP contractor must be notified of all manual voucher reassignments as soon as possible. Any borrowed voucher reassignments not received by the ADP contractor before reconciliation (usually around the eighth working day of the month) may result in new check issues received from clinics being rejected because the issue clinic fails to match the check issue master file. Accordingly, any of these vouchers that were cashed would result in unmatched redemption the first month and would be listed on the Cumulative Unmatched Redemptions Report if not corrected by the second month.

Those borrowed voucher reassignments that fail the required edits will also be subject to the unmatched redemption process described in the previous paragraph. If a borrowed voucher reassignment does fail the edits, the districts will be contacted to correct the discrepancy for the next reconciliation.

The ADP contractor will accept the new **Borrowed Voucher Report** input form from the districts, edit the required fields for validity, and reassign clinic numbers on the check issue master file on a monthly basis before reconciliation.

XIII. CRITICAL ERRORS

If a TAD or ETAD is submitted to the ADP contractor with a critical error, the system rejects the file and does not update the client master file. This can cause voucher(s) issued to that participant to show up on the Unmatched Redemption Report followed the next month by the Cumulative Unmatched Redemption (CUR) report if not corrected. Clinic staff must correct the error and re-submit the TAD or ETAD immediately. Failure to correct critical errors and unmatched redemptions may result in loss of funding to the district.

WIC clinic staff is encouraged to review critical error reports and batch rejection reports in GWISnet daily and resubmit a corrected TAD transaction or voucher issuance record as appropriate.

XIV. CUMULATIVE UNMATCHED REDEMPTION (CUR) REPORT

A. Introduction

The Cumulative Unmatched Redemption (CUR) report identifies redeemed VPOD and manual vouchers that have not matched a valid client or issuance record. Local agencies are required to review the redeemed manual vouchers appearing on the CUR Report monthly. The vouchers must be reconciled with the ADP contractor or a manual reconciliation must be performed with the Georgia WIC Program, depending on how much time has elapsed since the voucher was redeemed. The CUR Report has two parts:

- Part 1: A cumulative list of vouchers issued by clinics and cashed by the participant, when there is no record that the voucher was issued on the ADP contractor's mainframe computer system (**see Attachment FD-15**).
- Part 2: A cumulative list of vouchers issued by the clinics and cashed by the participants, which have not matched to a valid WIC ID number or participant certification record on the ADP contractor's mainframe computer system (**see Attachment FD-16**).

The local agency may correct a CUR that is over thirty (30) days old with the ADP contractor. The second month the item appears on the CUR Report, the local agency must manually reconcile the items described below. These manually reconciled items must not be submitted to the ADP contractor since the items are purged from the system after they are listed the second time.

B. Procedures for Reconciliation

Cumulative Unmatched Redemptions that have not matched to an issuance record.

CUR Part 1: Provides an example of vouchers that are not matched to an issuance record (**see Attachment FD-15**).

- Column 1: Voucher Number. This is the serial number of the voucher in question.
- Column 2: <Month> Amount. This column contains the redeemed amount for vouchers that are now in their 30-Day Month. Vouchers in this column can still be reconciled with the ADP contractor.
- Column 3: <Month> Amount. This column contains the redeemed amount for vouchers that are now in their Close-Out Month. Vouchers in this column have been purged from the ADP contractor's system and can only be manually reconciled with the state office.

To reconcile vouchers in the second column:

1. Look in the Clinic Feedback - Batch Rejection Section of GWISnet to confirm that the batch containing vouchers appearing in Column 2 had not been rejected by the ADP contractor.
2. If the batch is not showing as having been rejected, look in the Clinic Feedback – Batch Acknowledgement Section of GWISnet. If there is no acknowledgment from the ADP contractor that the batch was received, resubmit the entire batch to the ADP contractor.
3. If there is acknowledgement that the ADP contractor received the batch, the vouchers may have contained an error or been processed incorrectly by the bank. (For manual vouchers, photocopy the entire set of vouchers that were issued to that participant even if all the vouchers are not listed on the report, and make the necessary corrections on the photocopy.) Correct only those voucher(s) listed in Column 1 with the ADP Contractor.

The ADP contractor must receive corrections and resubmitted batches by the end of the month cut-off which is the seventh working day of the month following the month in which the report was received.

For paper vouchers: Complete a Batch Control Form. Batch and submit to the ADP contractor. **Do not submit copies of the CUR Report to the ADP contractor and do not send copies of those vouchers to the Georgia WIC Program.**

C. Manually Reconciling CUR Part 1

Those voucher(s) listed in the second dollar amount column are too old to correct through the ADP contractor and must be manually reconciled by the clinic.

1. Locate a copy of the voucher(s) listed in the second dollar amount column.
2. Record the issue date only of the voucher (the actual date as it appears on the voucher) on the dotted line adjacent to the voucher number on the CUR Part 1 Report, sign and date the report. If there are no vouchers appearing on the CUR Part 1 Report that have to be manually reconciled, the report should still be forwarded to the Georgia WIC Program. The CUR Report should always be submitted to the Georgia WIC Program in its entirety. **Do not send copies of vouchers to the Georgia WIC Program.**

Cumulative Unmatched Redemptions that have not been matched to a valid certification record or valid WIC ID number:

CUR Part 2: Provides an example of a cumulative unmatched redemption that is not matched to a valid certification record or valid WIC ID number (**see Attachment FD-16**).

- Column 1: Voucher Number. This is the serial number of the voucher in question.

- Column 2: Issue Date. Date on which the voucher was printed. Usually coincides with the “First day to use” date on the voucher use.
- Column 3, 4, 5: WIC ID. Col 3: Family WIC ID number, Col 4: Check digit, Col 5: Participant number.
- Column 6: <Month> Amount. This column contains the redeemed amount for vouchers that are now in their 30-Day Month. Vouchers in this column can still be reconciled with the ADP contractor.
- Column 7: <Month> Amount. This column contains the redeemed amount for vouchers that are now in their Close-Out Month. Vouchers in this column have been purged from the ADP contractor’s system and can only be manually reconciled with the state office.
- Column 8: Reconciliations. Provides space for clinic staff to indicate how the voucher was reconciled. This is only for vouchers appearing in the Close-Out Month.
- Column 9: Reason: Indicates the reason that the vouchers appeared on the CUR Part 2. This information is provided by the ADP contractor.
- Column 10: Total. Provides a count of the total number of vouchers (30-Day + Close-Out) that appear on the CUR Part 2 report.

To reconcile vouchers in the sixth column:

1. Refer to the Reason in Column 9. This will indicate why the voucher appeared on the report and will give the clinic staff a starting point for research.
2. If the reason for appearing on the report is “Issued After Term” check the Clinic Feedback – Batch Acknowledgement Section in GWISnet. If the batch containing the voucher(s) in question does not appear, go to the Batch Reject Section. If the batch is not located in either section re-submit the batch to the ADP contractor.
3. If the batch appears in the rejected section look to determine the reason. If possible, correct the error and re-submit the batch.
4. In the case where the batch appears in the Acknowledgement Section review the critical errors for the time that the batch was sent. If the client’s ETAD transaction appears, correct the error and re-submit only that transaction. Re-submitting the entire batch will result in numerous critical errors.
5. Verify that the issue date and/or the ID number are correct as it appears on the voucher and the CUR Report. If both or either the issue date or the ID number is incorrect, complete only the appropriate column of the CUR Part 2 Correction Form with the correct issue date and/or ID number for the entire set of vouchers listed. Mail the top copy of the form to the ADP contractor. Retain

the bottom copy for your files. **Do not submit a copy of the CUR Part 2 Correction Form to the Georgia WIC Program.**

6. When the issue date and the ID number on the voucher(s) and the CUR Part 2 Report are correct:
 - Verify that the participant was in a valid certification period on the date the voucher was issuance. If the participant was not within a valid certification period when the voucher was issued, there is no correction to be made and the voucher will appear on the next CUR Report. Briefly document on the dotted line adjacent to the voucher number on the CUR Report why the vouchers were issued outside of a valid certification period.
 - If the vouchers were issued within a valid certification period, verify whether the TAD transaction creating the valid certification was batched and submitted to the ADP contractor (see above). If there is no batch acknowledgment, resubmit the entire batch to the ADP contractor.
 - If the TAD was submitted to the ADP contractor, it may have contained a critical error. Review critical error reports and resubmit a corrected TAD transaction as appropriate.
 - Correct only those voucher(s) listed in the 30-Day column (Column 4) on the report with the ADP contractor. The ADP contractor must receive corrections and resubmitted batches by the end of the month cut-off which is the seventh working day of the month following the month in which the report was received.

D. Manually Reconciling CUR Part 2

Vouchers listed in the seventh column have expired and cannot be corrected through the ADP contractor. These vouchers must be manually reconciled to the Georgia WIC Program.

- Locate the copy of the voucher receipt and check the ID number, name, and issue date. If the issuance date or the ID number on the receipt or the CUR Part 2 report is erroneous, record only the corrected information on the dotted line adjacent to the voucher number on the CUR Part 2 report.
- If the issuance date and the ID number on the CUR Part 2 are correct, record briefly the reason the voucher(s) were issued.
- The first voucher of a set of vouchers issued to a participant appearing in the seventh column must be manually reconciled with the Georgia WIC Program (**see Attachment FD-16**).
- Sign and date the completed report and submit to Georgia WIC Program. If there are no vouchers on the report to be manually reconciled, the CUR Report should still be forwarded to the Georgia WIC Program in its entirety. **Do not send CUR Reports to the ADP contractor.**

- E. Procedures for Both Reports
1. Clinics must submit the completed reports to the district office and the district office will submit all the reports in one batch to Georgia WIC Program by the 22nd of the month following the report's run date month (i.e., if the run date is 2/18/08, the manually reconciled CUR Report is due to Georgia WIC Program by 3/22/08). Clinics must not submit their reports directly to the state office.
 2. If you are unable to locate a copy of a specific voucher or vouchers, send a memo to Georgia WIC Program requesting a copy of the voucher(s). Please include the redemption month along with the voucher number(s).

XV. UNMATCHED REDEMPTION REPORT

In order to reduce the cases of CUR's, Georgia WIC Program began issuing the Unmatched Redemption Report (**see Attachment FD-19**). This report acts as an issue month CUR.

Vouchers appearing without a participant's name have been cashed but no issue record has been received. These are potential CUR Part 1 vouchers. Vouchers with client information are potential CUR Part 2.

The Unmatched Redemption Report must be corrected monthly in the same manner as the CUR Reports.

XVI. RECONCILIATION OF WIC REPORTS AND DAILY PROGRAM OPERATIONS


Nutrition Services Directors and Clinic Managers are responsible for ensuring daily verification, daily reconciliation of WIC reports and daily program operations for accuracy. Districts must immediately report discrepancies to Georgia WIC Program Systems Information Unit. Reconciliation includes, but is not limited to, conducting the following daily and monthly verifications.

- A. Daily Verifications
1. Verify vouchers issued.
 2. Match numbers on the computer with vouchers issued.
 3. Ensure all vouchers contain required voucher numbers.
 4. Ensure that numbers received are properly entered into the system.
 5. Ensure that vouchers do not skip numbers. If a number(s) is skipped, document the number on activity log and in the VOIDED section of the inventory log.
 6. Verify that duplicate numbers have not been issued.
 7. Batching must be done daily or on any day when vouchers have been issued.
 8. Review and correct critical errors.
- B. Monthly Verifications

1. Ensure that all vouchers are appropriately issued and/or voided. "Did not print" is not an acceptable voucher status.
2. Review Unmatched and CUR Reports and reasons indicated.
3. Assure voucher redemption reports are verified and resubmitted in the required time frame.

Clinic managers should report all discrepancies to the District Nutrition Services Director immediately. In addition, it is the responsibility of the District Nutrition Services Director to conduct periodic self-reviews as well as review any discrepancies or problems reported by the clinic manger.

PREPRINTED STANDARD MANUAL VOUCHER

DIST / UNIT / CLINIC	WIC ID NUMBER	PARTICIPANT NAME	RSN	VOUCHER NO.	ISSUED BY
				81060759 8	
 GEORGIA WIC PROGRAM			81060759		
PAY TO THE ORDER OF ANY AUTHORIZED GEORGIA WIC VENDOR FOR THESE ITEMS / QUANTITIES ONLY - NO SUBSTITUTIONS					
1 FOOD PACKAGE 021 VOUCHER 001					
MILK: 1 gallon low-fat (fat-free, 1%, 2%) No whole milk. Least expensive brand.					
JUICE: 2-64 oz containers					
			FIRST DAY TO USE		
			LAST DAY TO USE		
			VENDOR MUST DEPOSIT BY		
PAY EXACTLY					
		DOLLARS		CENTS	
SIGN HERE AT WIC OFFICE		IF PROPER USE OF THIS VOUCHER IS SUBJECT TO STATE AND FEDERAL PROSECUTION		SIGN HERE AT GROCERY STORE	
@B 10607599 @ :061119684: 2072112382 @					
UNITED COMMUNITY BANK 64-1968-611					

BLANK MANUAL VOUCHER

DIST / UNIT / CLINIC	WIC ID NUMBER	PARTICIPANT NAME	RSN	VOUCHER NO.	ISSUED BY
WIC GEORGIA WIC PROGRAM PAY TO THE ORDER OF ANY AUTHORIZED GEORGIA WIC VENDOR				FIRST DAY TO USE	
FOR THESE ITEMS / QUANTITIES ONLY - NO SUBSTITUTIONS				LAST DAY TO USE	
PAY EXACTLY				DOLLARS CENTS	
SIGN HERE AT WIC OFFICE				SIGN HERE AT GROCERY STORE	
IMPROPER USE OF THIS VOUCHER IS SUBJECT TO STATE AND FEDERAL PROSECUTION				UNITED COMMUNITY BANK 64-1968-611	

MILK (circle one)		WHOLE	LOW FAT	GOAT MILK EVAP	12 oz cans	BEANS	14 to 16 oz canned
		<input type="checkbox"/>	<input type="checkbox"/>	SOY MILK	half gallon		16 oz dried
		<input type="checkbox"/>	<input type="checkbox"/>	UHT MILK	8 oz boxes		46 to 48 oz cans
3 QUART POWDERED		boxes		CEREAL	oz		64 oz containers
EVAPORATED MILK		12 oz cans		CHEESE	16 oz package		11.5 to 12 oz cans frozen
LACTOSE FREE, ACIDOPHILUS, OR ACIDOPHILUS WITH BIFIDUM		gallon		EGGS	dozen		11.5 oz cans pourable
		half gallon		TOFU	pounds	WHOLE GRAIN BREAD	16 oz package
		quart		FISH	oz	TORTILLA	16 oz package
GOAT MILK		quart		PEANUT BUTTER	16 to 18 oz	BROWN RICE	16 oz package

⑆ 9 1058 2263 ⑆ ⑆ 06 1 1 1968 4 ⑆ 2072 1 1238 2 ⑆

VOUCHER PRINTED ON DEMAND
(VPOD VOUCHER)



DO NOT CASH UNLESS THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND AND A FOIL LOGO

<small>DIST/UNIT/CLINIC</small>	<small>WIC ID NO.</small>	<small>C</small>	<small>P</small>	<small>PARTICIPANT</small>	<small>VOUCHER NO.</small>	<small>ISSUED BY</small>	
United Community Bank 06-1119-684 GEORGIA WIC PROGRAM PAY TO THE ORDER OF ANY AUTHORIZED GEORGIA WIC VENDOR FOR THESE ITEMS/QUANTITIES ONLY - WIC APPROVED FOODS ONLY - NO SUBSTITUTIONS				NOT NEGOTIABLE WITHOUT WIC VENDOR STAMP HERE		MYCL FIRST DAY TO USE 01/27/2012 LAST DAY TO USE 02/27/2012	
CPA FPC A17 FPC B17 VC G06 FORMULA: 6-12.7 oz cans powder Gerber Good Start Gentle						VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE	
GEORGIA						PAY EXACTLY	
						DOLLARS	CENTS
<small>IMPROPER USE OF THIS VOUCHER IS SUBJECT TO STATE AND FEDERAL PROSECUTION</small>				<small>PARTICIPANT/GUARDIAN/PROXY SIGNATURE</small>		<small>rev. 7-2009</small>	

⑈ 105930324 ⑈ ⑆061119684⑆ 2072112382⑈

WIC FMNP Check

GEORGIA FARMERS MARKET NUTRITION PROGRAM		UNITED COMMUNITY BANK	64-1968	00000103
		KENNESAW, GEORGIA	611	
CID - 1/9999	Zar, Lomb	FIRST DAY TO USE: 03/23/12		
0000000020933		LAST DAY TO USE: 03/31/12		
		VENDOR MUST DEPOSIT BY: 04/15/12		
PAY TO THE ORDER OF GEORGIA AUTHORIZED FARMERS				\$15
FIFTEEN DOLLARS AND				NO CHANGE PERMITTED

NO/100				
Good only for fresh fruits and vegetables. NOT GOOD AT GROCERY STORES.				
Valid only at Authorized Farmers' Markets.				
		<div style="border: 1px solid black; width: 200px; height: 30px; margin: 0 auto;"></div>		<small>AUTHORIZED PROGRAM VENDOR NUMBER:</small>
		Participant/Guardian/Proxy Signature		<small>PAYMENT WILL BE DENIED WITHOUT GEORGIA AUTHORIZED VENDOR STAMP</small>
				

Senior FMNP Check

GEORGIA FARMERS MARKET NUTRITION PROGRAM	UNITED COMMUNITY BANK KENNESAW, GEORGIA	64-1968 611	00000103
CID - 1/9999 0000000020933	Zar, Lomb	FIRST DAY TO USE:03/23/12 LAST DAY TO USE:03/31/12 VENDOR MUST DEPOSIT BY:04/15/12	
PAY TO THE ORDER OF GEORGIA AUTHORIZED FARMERS - - - - -			\$10
TEN DOLLARS AND - - - - - NO/100			NO CHANGE PERMITTED
Good only for fresh fruits and vegetables. NOT GOOD AT GROCERY STORES. Valid only at Authorized Farmers' Markets.			AUTHORIZED PROGRAM VENDOR NUMBER: .
GEORGIA SENIOR Farmers' Markets Nutrition Program	<div style="border: 1px solid black; width: 150px; height: 30px;"></div> Participant/Guardian/Proxy Signature	PAYMENT WILL BE DENIED WITHOUT GEORGIA AUTHORIZED VENDOR STAMP	
<div style="border: 1px solid black; padding: 5px;"> @00000 103 @ 106 1 1 9684 2072 1 2390 @ </div>			

VOUCHER CYCLE PACKING LIST

PAGE 60	STATE OF GEORGIA WIC PROGRAM SYSTEM	CLINIC PAGE 2
REPORT ENCR2006	VOUCHER CYCLE PACKING LIST (CLINIC)	D/U/CL
	FOR THE SECOND CYCLE OF JULY	

DISTRIBUTION:

CLINIC KEEPS TOP COPY CLINIC RETURN SECOND COPY TO DISTRICT/UNIT

() VOUCHER REGISTER PGS 1508 – 1566

() COMPUTER PRINTED VOUCHER FROM 1006547 TO 1008499

IF THE ACTUAL CONTENTS OF THIS SHIPMENT DIFFER FROM THIS PACKING SLIP.
CONTACT CSC COVANSYS - WIC IMMEDIATELY. TELEPHONE 1-800-899-7913
CONTENTS VERIFICATION

_____	_____	_____
WIC REPRESENTATIVE SIGNATURE	DATE	COMMENTS

CSC COVANSYS SHIPPING USE

NUMBER OF PIECES FOR THIS DISTRICT/UNIT _____

CSC QUALITY CONTROL INITIALS _____

Revised 06/12

GEORGIA WIC PROGRAM
FORM AND MANUAL VOUCHER SUPPLY ORDER FORM

Return to: CSC Covansys Phone 1-800-899-7913
 1499 Windhorst Way, Suite 240
 P.O. Box 2507
 Greenwood, Indiana 46142 FAX: 1-317-859-7150

Your District/Unit: _____ This order is for clinic #: _____

Clinic name: _____

Address: _____

Contact person: _____ Phone: _____ Date : _____

Mailed/Faxed _____

Note: CSC processes Georgia WIC Program orders weekly. All orders received at CSC by the end of the business day on Friday will be processed and shipped the following week.

Manual Voucher Order

Blank Manual Vouchers for Hand Completion

_____ Blank Manual Vouchers for WIC Foods GAC9-EE
 _____ Blank Manual Vouchers for Formula, Infant Foods, and Produce GAC9-FIP

Preprinted Manual Voucher Package Sets for Hand Completion

_____ Sets of Prenatal/Mostly Breastfeeding Woman Package (W01) GAC6 P, B
 _____ Sets of Postpartum/None Breastfeeding Woman Package (W21) N, B
 _____ Sets of Exclusively Breastfeeding/Prenatal with Multiples
 Woman package (W41) B, P
 _____ Sets of Infant Birth - 3 Months Old Fully Formula Fed Package (A17) I
 _____ Sets of Infants 4 – 5 Months Old Fully Formula Fed Package (B17) I
 _____ Sets of Infant 6 – 11 Months Old Fully Formula Fed Package (D17) I
 _____ Sets of Child 1 – 2 Years Old Package (C01) C
 _____ Sets of Child 2 – 5 Years Old Package (C21) C

Certification Form (TAD) Order

_____ Blank TAD (with no preprinted ID number)
 _____ Prenumbered TAD (with preprinted ID number)

Other Forms

_____ Form and Manual Voucher Supply Order Forms
 _____ Lost/Stolen/Destroyed/Voided Voucher Report Form
 _____ CSC Return Envelopes (for mailing voided vouchers only)
 _____ Borrowed Voucher Report Forms

VPOD Supplies

_____ Boxes of Paper Stock
 _____ Voucher Serial Numbers

Revised 3/11

VOUCHER PRINTED ON DEMAND LOG SHEET

DATE RECEIVED # _____ BEGINNING # _____ ENDING # _____ TOTAL # REC'D _____

SERIAL NUMBER EXPIRATION DATE _____

DATE (when vouchers were printed.)	BEGINNING (the number of the first voucher printed for that day.)	ENDING (the number of the last voucher printed for that day.)	ISSUED (the number of vouchers issued for that day.)	VOIDED (the number of vouchers that were voided for that day.)	ON HAND (total amount of numbers on hand)	INITIALS (always sign your initials for that day.)

GRAND TOTAL OF NUMBERS REMAINING IN STOCK. (After completing this form.)

REMAINING STOCK _____
INITIALS _____

Revised 3/12

BATCH CONTROL FORM

GEORGIA WIC PROGRAM		BATCH CONTROL FORM	
		DATE	NUMBER
		/ /	/ /
DISTRICT/UNIT	CLINIC		
INSTRUCTIONS	1. USE THIS FORM AS A COVER SHEET TO FORWARD ALL TADS (CERTIFICATIONS, UPDATES, TRANSFERS AND TERMINATIONS) AND ISSUED/VOIDED MANUAL VOUCHERS.		
	2. DO NOT BATCH TADS WITH MANUAL VOUCHERS		
	3. SUBMIT THIS FORM WITH THE TADS AND ISSUED MANUAL VOUCHERS TO: CSC COVANSYS P.O. BOX 2507 GREENWOOD, IN 46142 SUBMIT THIS FORM WITH THE VOIDED MANUAL VOUCHERS TO: CSC COVANSYS 1000 COBB PLACE BLVD BUILDING 100, SUITE 190 KENNESAW, GEORGIA 30144		
	4. RETAIN A COPY OF THIS FORM IN THE CLINIC WITH COPIES OF THE TADS, ISSUED MANUAL VOUCHERS OR VOIDED MANUAL VOUCHERS, CREATING A BATCH CONTROL MODULE.		
CSC COVANSYS INPUT SECTION	TYPE OF DOCUMENT	NUMBER IN BATCH	
	TURNAROUND		
	ISSUED MANUAL VOUCHERS		
	VOIDED MANUAL VOUCHERS		
COMMENTS:			
DATE SENT BY DISTRICT/UNIT		PREPARER'S SIGNATURE	
DATE RECEIVED AT CSC COVANSYS		SIGNATURE	
DATE ENTERED AT CSC COVANSYS		SIGNATURE	

Revised 3/12

BATCH CONTROL EXCEPTION REPORT

GEORGIA WIC PROGRAM		VOUCHER BATCH EXCEPTION FORM	
DISTRICT/UNIT	CLINIC	DATE	NUMBER
<p style="text-align: center;">THIS FORM HAS BEEN GENERATED AS A RESULT OF:</p> <p>_____ THE QUANTITY ON THE CLINIC COMPLETED BATCH CONTROL FORM DOES NOT AGREE WITH THE ACTUAL QUANTITY RECEIVED.</p> <p>_____ THE VOUCHERS WERE RECEIVED IN A BATCH OF TADS.</p> <p>_____ ONLY ONE (1) COPY OF THE BATCH CONTROL FORM WAS RECEIVED WITH THE VOUCHERS.</p> <p>_____ NO BATCH CONTROL FORM WAS RECEIVED WITH THE VOUCHERS.</p>			
CSC COVANSYS INPUT SECTION	TYPE OF DOCUMENT		APPROXIMATE NUMBER IN BATCH
	ISSUED MANUAL VOUCHERS		
	VOIDED MANUAL VOUCHERS		
DATE BATCH RECEIVED AT: _____			

Revised 06/12

**Department of Public Health
Georgia WIC Program**

RIGHTS AND OBLIGATIONS

1. The rules for signing up and taking part in Georgia WIC Program are the same for everyone, regardless of race, color, national origin, sex, age, or disability.
2. You may appeal any decision made by the WIC clinic about your eligibility for WIC or disqualification from WIC by asking for a fair hearing.
3. The WIC clinic will give you information about food that is healthy for you. Health service referrals are also available to you. The clinic would like you to use these services.
4. Information on your WIC form will be used to review WIC services and tell us how many people are on WIC.
5. The food you get from WIC is only for WIC participant(s).
6. You may be taken off WIC if:
 - You do not tell the truth about eligibility criteria.
 - **You get vouchers from more than one (1) WIC clinic at the same time.**
 - You do not keep your certification appointments. (Rescheduling WIC appointments may take from 7 to 20 days depending on the clinic schedule).
 - You do not get your vouchers for two (2) months in a row.
 - You sell or trade your WIC vouchers or WIC food for money or any product, good, or service not authorized by Georgia WIC Program.
 - You use your vouchers to buy food that is not on the authorized WIC food list.
 - You exchange your WIC food items after purchase for any item(s) not listed on the voucher.
 - You use abusive language with WIC clinic staff, store clerks, or managers.
 - You are physically violent with WIC clinic staff, other WIC clients, or store personnel.
 - If you do not keep your appointments, the number of vouchers issued to you or your child(ren) will be reduced.
8. **A proxy cannot provide services for more than two families.**
9. **Lost and destroyed/stolen vouchers will not be replaced.**

How to File a Complaint

If you feel you have been treated unfairly, please let us know by using the information listed below. Georgia WIC Program will assist you as well as notify the proper authorities if necessary.



ANY COMPLAINT

You may call Georgia WIC Program about any complaints at the toll free phone number below:

1-800-228-9173

and/or write about your complaint to the address below:

**Georgia WIC Program Policy Unit
2 Peachtree Street, Suite 10-293
Atlanta, GA 30303**

DISCRIMINATION AND/OR CIVIL RIGHTS

If you feel that you have been discriminated against or that your civil rights have been violated, you may contact Georgia WIC Program by calling the toll free number 1-800-228-9173, and/or write about your complaint to the address below:

**Georgia WIC Program Policy Unit
2 Peachtree Street, Suite 10-293
Atlanta, GA 30303**

And/or you may contact the Federal Office of Adjudication directly by calling the phone numbers below:

1-866-632-9992

and/or you may write the Office of Adjudication at the address below:

**Office of Adjudication
1400 Independence Avenue, SW
Washington, DC 20250-9140**

"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."

VOUCHER INFORMATION

- Failure to keep appointments will reduce the number of vouchers you receive.
- The fruit and vegetable/cash value voucher can not be prorated. It must always be issued and must be issued in full value (e.g., \$6, \$10, \$15).
- Food packages will be prorated based on the total number of vouchers in the package.

Verification of Certification (VOC) Card

Please go by the local clinic and ask for a VOC Card if you are:

- Moving out-of-state
- A Migrant Farm Worker

The WIC Program is a Special Supplemental Nutrition Program for Women, Infants and Children (WIC) which improves the health and nutritional status of low-income, pregnant, breastfeeding and postpartum women, infants, and children up to age five (5).

Revised 06/12

DAILY ROSTER/MONTHLY MAILED VOUCHER REPORT

	Participant's Name	I.D. Number	Voucher Number (Range)	Number of Vouchers Returned	Signature of CPA	Date Returned	Replaced Voucher Numbers Lost/Stolen	Redemption Value of Lost Vouchers
D A I L Y								
	End of Month Totals Date: _____	Total # of Participants: _____		Total # Issued: _____	Total # Returned: _____			Total # Replaced: _____	Total Redemption Value: $ _____

*Redemption Rate must be completed by the District Office.

Revised 06/12

CUMULATIVE UNMATCHED REDEMPTIONS
PART I

PAGE 7
 REPORT EWRR350G DALTON
 STATE OF GEORGIA WIC PROGRAM SYSTEM CUMULATIVE UNMATCHED REDEMPTIONS FOR THE MONTH
 OF FEBRUARY 2008
 VOUCHER JANUARY DECEMBER
 NUMBER S AMOUNT S AMOUNT

23377883	R	11.92	
23378827	R	10.53	
23382633	R	11.74	
23384228	R	10.53	
23385118	R	11.92	
23391403			R 72.45
23393798	R	7.90	

CLINIC PAGE 1 D/U/CL 01-2-061 RUN DATE 03/13/08

Revised 06/12

CUMULATIVE UNMATCHED REDEMPTIONS

PART II

PAGE 6 STATE OF GEORGIA WIC PROGRAM SYSTEM CLINIC PAGE 1
 REPORT EWRR351G CUMULATIVE UNMATCHED REDEMPTIONS D/U/CL 01-2-105
 DALTON FOR THE MONTH OF FEBRUARY 2008 RUN DATE 03/13/08
 PART 2 NOT MATCHED TO VALID CERTIFICATION RECORD

VOUCHE R NUMBER	ISSUE DATE	WIC ID FAMILY	C P	JANUARY S AMOUNT	DECEMBER S AMOUNT	RECONCILIATIONS	REASON	TOTAL
31223935	01/01/08	105012196	9 1	V			NO MASTER RECORD	
31223936	01/01/08	105012196	9 1	V			NO MASTER RECORD	
31223938	01/01/08	105012196	9 1	V			NO MASTER RECORD	
31223939	01/01/08	105012196	9 1	V			NO MASTER RECORD	
31223940	02/01/08	105012196	9 1	V			NO MASTER RECORD	
31223941	02/01/08	105012196	9 1	V			NO MASTER RECORD	
31223942	02/01/08	105012196	9 1	V			NO MASTER RECORD	
31223943	02/01/08	105012196	9 1	V			NO MASTER RECORD	
31223944	02/01/08	105012196	9 1	V			NO MASTER RECORD	
31224978	12/04/07	155308830	1 2		| 12.09	.....	ISSUED AFTER	TERM
31224979	12/04/07	155308830	1 2		| 14.85	.....	ISSUED AFTER	TERM
31224980	12/04/07	155308830	1 2		| 16.90	.....	ISSUED AFTER	TERM
31224981	12/04/07	155308830	1 2		| 15.45	.....	ISSUED AFTER	TERM
31224982	01/01/08	105012275	1 1	R14.09			ISSUED BEFORE CERT	
31224983	01/01/08	105012275	1 1	R14.86			ISSUED BEFORE CERT	
31224984	01/01/08	105012275	1 1	R19.66			ISSUED BEFORE CERT	
31224985	01/01/08	105012275	1 1	R16.23			ISSUED BEFORE CERT	

Revised 06/12

UNMATCHED REDEMPTION REPORT

PAGE 2 STATE OF GEORGIA WIC PROGRAM CLINIC PAGE 1
 REPORT EWRR300G SYSTEM UNMATCHED REDEMPTION REPORT D/U/CL 01-1-023
 ROME FEBRUARY 2008 RUN DATE 03/13/08

VOUCHER NUMBER	ISSUE DATE	WIC ID FAMILY	C/P	DATE REDEEMED	AMOUNT	STATUS
19955351				02/29/08	78.65	REDEEMED
19957683				02/29/08	12.76	REDEEMED
19957686				02/29/08	16.26	REDEEMED
19957713				02/29/08	12.76	REDEEMED
19958770				02/29/08	8.48	REDEEMED
19958772				02/29/08	12.27	REDEEMED
19960920				02/29/08	8.68	REDEEMED
22705948				02/29/08	78.63	REDEEMED
22706194				02/29/08	13.46	REDEEMED
22707346				02/29/08	10.17	REDEEMED
22707347				02/29/08	10.17	REDEEMED
22707356				02/29/08	13.16	REDEEMED
22708545				02/29/08	78.63	REDEEMED
22711805				02/29/08	76.04	REDEEMED
22711810				02/29/08	8.48	REDEEMED
22712915				02/29/08	15.75	REDEEMED
22718917	02/01/08	146010279	9 1	02/26/08	9.93	REDEEMED-NO CERT
22718918	02/01/08	146010279	9 1	02/26/08	17.65	REDEEMED-NO CERT
22718919	02/01/08	146010279	9 1	02/26/08	11.21	REDEEMED-NO CERT
22718920	02/01/08	146010279	9 1	02/05/08	10.45	REDEEMED-NO CERT
22718921	02/01/08	146010279	9 1	02/14/08	11.52	REDEEMED-NO CERT
27561122				02/29/08	76.17	REDEEMED
27561126				02/29/08	80.82	REDEEMED
27567877	02/01/08	023006381	0 1	02/14/08	15.89	REDEEMED-NO CERT
27567878	02/01/08	023006381	0 1	02/07/08	11.86	REDEEMED-NO CERT
27567879	02/01/08	023006381	0 1	02/22/08	11.22	REDEEMED-NO CERT
27567880	02/01/08	023006381	0 1	02/27/08	16.59	REDEEMED-NO CERT
27570243	02/01/08	023010507	4 1	02/05/08	17.17	REDEEMED-NO CERT
27570244	02/01/08	023010507	4 1	02/05/08	21.21	REDEEMED-NO CERT
27570247	02/01/08	023010507	4 1	02/20/08	16.56	REDEEMED-NO CERT
27570452	02/01/08	023010027	3 1	02/06/08	11.59	REDEEMED-NO CERT
27570453	02/01/08	023010027	3 1	02/26/08	10.73	REDEEMED-NO CERT
27570454	02/01/08	023010027	3 1	02/06/08	16.24	REDEEMED-NO CERT
27570455	02/01/08	023010027	3 1	02/12/08	11.32	REDEEMED-NO CERT
27570456	02/01/08	023010027	3 1	02/22/08	9.21	REDEEMED-NO CERT
30556834	02/21/08	023005374	6 1	02/25/08	11.39	REDEEMED-NO CERT

TOTALS

	VOUCHERS	AMOUNT	REDEEMED	VOm/UNCL
NO MATCHING ISSUE	18	611.34	18	0
NO VALID CERT	18	241.74	18	0

Revised 06/12

**GEORGIA WIC PROGRAM
LOST/STOLEN/DESTROYED**

VOIDED VOUCHER REPORT

GEORGIA WIC PROGRAM				LOST/STOLEN/DESTROYED VOIDED VOUCHER REPORT	
DISTRICT/UNIT/CLINIC:				DATE:	
INSTRUCTIONS	<ul style="list-style-type: none"> • USE THIS FORM TO REPORT VOUCHERS (COMPUTER OR MANUAL) WHICH HAVE BEEN LOST, STOLEN, OR DESTROYED BY EITHER THE PARTICIPANT OR THE CLINIC. • SUBMIT AT LEAST MONTHLY. • MAIL TO CSC COVANSYS <ul style="list-style-type: none"> • GEORGIA WIC PROGRAM • P.O. BOX 2507 • GREENWOOD, IN 46142 			Status Codes LOST/STOLEN/DESTROYED – 2 VOIDED - 3	
BEGINNING VOUCHER NO.	ENDING VOUCHER NO.	QUANTITY	WIC I.D. NUMBER	STATUS	COMMENTS
TOTAL VOUCHERS:					

Voucher Printed on Demand
(VPOD) Receipt

GEORGIA WIC PROGRAM DEPARTMENT OF HUMAN RESOURCES				Clinic/Sort Code: _____	
WIC ID#: _____		Name: _____		Date Printed: _____	
				User ID: _____	
Voucher#	Date	FPC	VC	Message 1	Message 2
14985054	04/26/2012	C21	C01-1		
14985055	04/26/2012	C21	C02-4		
14985056	04/26/2012	C21	P03-9		
14985057	04/26/2012	C21	W04-2		
14985058	04/26/2012	C21	W05-3		
14985059	05/24/2012	C21	C01-1		
14985060	05/24/2012	C21	C02-4		
14985061	05/24/2012	C21	P03-9		

I CERTIFY THAT I HAVE RECEIVED THE VOUCHERS LISTED ON THIS RECEIPT (_____)

Participant/Guardian/Proxy Signature

Revised 06/12

INFANT BLANK MANUAL

or

VEGETABLE AND FRUIT VOUCHER

DIST / UNIT / CLINIC		WIC ID NUMBER		PARTICIPANT NAME		RSN	VOUCHER NO.	ISSUED BY
FORMULA		INFANT FOODS		FRUITS AND VEGETABLES		GACS-FIP 0/11		
Name		INFANT CEREAL		4 oz infant		FIRST DAY TO USE		
Form (circle one)		INFANT FRUITS AND VEGETABLES		4 oz jars		LAST DAY TO USE		
CONCENTRATE		INFANT MEATS		2.5 oz jars		VENDOR MUST DEPOSIT BY		
CONTAINER SIZE		NOTE: If using as a fruit and vegetable voucher then do not issue formula and/or infant foods.		Fresh, frozen, or canned. No potatoes except sweet potatoes or yams. No products with added sugar, seasoning, fats, or oils. No creamed vegetables. No stewed or diced tomatoes.		PAY EXACTLY		
NUMBER OF CONTAINERS				Not to exceed \$15.00		DOLLARS CENTS		
SIGN HERE AT WIC OFFICE				IMPROPER USE OF THIS VOUCHER IS SUBJECT TO STATE AND FEDERAL PROSECUTION		SIGN HERE AT GROCERY STORE		

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I. INTRODUCTION

The Office of Inspector General (OIG) assesses programmatic compliance for all retail grocery stores that are authorized WIC Vendors in Georgia. OIG performs overt and covert investigations to deter potential abuse and to ensure the appropriate delivery of Georgia WIC Program approved food items.

OIG is responsible for the investigation of vouchers reported missing or stolen from WIC clinics.

OIG also investigates participant and employee fraud associated with Georgia WIC Program clinics. Report analysis is performed to determine dual participation and system related fraud and abuse.

II. MONITORING

Clinic reviews are conducted to assess the security of WIC vouchers and voucher issuance materials in WIC clinics during issuance, staff breaks, and at the close of business.

1. Annually, the local District Nutrition Services Director or designee will visit each WIC clinic for the purpose of reviewing clinical procedures, as outlined in the Self Review Monitoring Tool.
2. If the review of vouchers/voucher-related materials causes suspicion, and the District Nutrition Services Director determines that an investigation is needed, the District Nutrition Services Director shall notify the Director of the Georgia WIC Program and OIG. OIG may notify USDA-Food and Nutrition Services (FNS) of the impending investigation and keep them informed of case progress on a periodic basis or as requested.
3. The Closeout Reconciliation Report (**see Attachment CA-1**) is generated for the local agency and indicates the final disposition of all computer-printed vouchers. This report should be used to monitor the disposition of any vouchers that have a questionable status, e.g., voids, fail to sign, etc. If findings lead to suspicion and the District Nutrition Services Director determines an investigation is needed, the District Nutrition Services Director shall notify Georgia WIC Program and OIG.
4. Georgia WIC Program shall retrieve voucher copies when the District Nutrition Services Director determines the need during an investigation. These vouchers will be reviewed by OIG for compliance prior to being forwarded to the local agency. A Georgia WIC Program Voucher Investigation Log should be used when requesting voucher copies from Georgia WIC Program (**see Attachment CA-2**).
5. Investigations may include, but are not limited to, review of the voucher inventory, cashed vouchers, certification records, employee/relative participation in Georgia WIC Program, and, if necessary, contacting WIC participants to verify that vouchers were picked up.
6. Investigative/monitoring clinical reviews will be conducted in conjunction with the monitoring team, and when deemed necessary.

III. PARTICIPANT ABUSE

Report Analysis: OIG conducts monthly reviews of Dual Participation Reports that may lead to the investigation of WIC participants. Financial penalties may be assessed to participants found guilty of violations. Other system reports, including system-generated reports, manual reports, and ad hoc reports, are also analyzed.

A. Dual Participation

Dual participation occurs when a participant concurrently receives services from one or more WIC clinics. The WIC automated data system generates a monthly "Dual Participation Report." This report specifies possible duplicate enrollment in alphabetic sequence (see Georgia WIC Program Reports on GWIS for details). The report data is compiled into a composite state report as well as a report for each local agency.

The ADP contractor downloads a Composite Dual Participation Report monthly to Georgia WIC Program, **OIG** and to each local agency. The local agency must investigate and reconcile each possible dual enrollment. The reconciled report must be submitted to **OIG** within fifteen (15) days from the run date of the report. The report must include the status of the participant (active or terminated), last voucher pickup date, participant's mother, guardian's or caregiver's name, and termination date, if applicable. The Dual Participation Report must be signed and dated by the person completing the report. The Dual Participation Report Investigation Form must be used (see Attachment CA-13) and attached to the Dual Participation Report. Upon receipt of these completed reports, **OIG** will eliminate obvious false duplicates by:

1. Transferring all actions taken by local agencies onto the statewide or composite report.
2. Notifying local agencies that have participants whose enrollment has not been reconciled.

The local agency must conduct further investigation until all alleged dual participation is resolved.

The following are examples of possible dual participation situations and the procedures for reconciliation:

1. Participant(s) enrolled in the same local agency at the same clinic site.

Investigate to determine if there is any difference in the spelling of the first name. If so, twins may be enrolled. If the first names are spelled exactly the same, then investigate clinical records to determine if it is the same participant or different participants. Document dual participation information obtained and the final action taken on each case in the participant's health and issuance records.

The current TAD field code #54 allows the system to identify multiple births. This should reduce, if not eliminate, twins from appearing on the dual participation report.

2. Participant (s) enrolled in the same local agency at different clinic sites.

Investigate to determine if the participant has received vouchers at both clinic sites. If not, it is possible that two turnaround documents (TAD's) were inadvertently printed. The TAD that is incorrect (based on the clinic site the participant is attending) must be deleted. If the participant has picked up vouchers in both sites for the same month, a possible case of participant abuse exists. Refer to the "Participant Abuses and Sanctions" section below for procedures regarding this type of abuse. Documentation must be forwarded to **OIG** as a part of

the Dual Participation Report, and a copy of the same documentation must be placed in the participant's clinic file.

3. Participant Enrolled in Different Local Agencies

Contact the other local agency and together investigate the possibility of dual participation. Each local agency should review health and issuance records. If the participant has moved, the local agency from which the participant moved must terminate the participant. If dual participation and/or intentional fraud is involved refer to the section on Participant Abuses and Sanctions for procedures regarding how to proceed with this type of abuse. Documentation of dual participation information and final action on each case must become a part of the participant's clinic file and sent to **OIG**.

B. Duplicate Participation Verification Form

The Duplicate Participation Verification Form (**see Attachment CA-10**) is printed and distributed by the ADP contractor. The local agencies will use this form to notify the ADP contractor to terminate a dual participant from the specified clinic.

The Duplicate Participation Verification Form must be completed when dual participation has been verified by the local agency. The form should be mailed to the ADP contractor as soon as dual participation has been verified. Route the form as follows: white copy- ADP contractor, yellow copy- **OIG**, pink copy-district Office, gold copy-WIC Clinic.

C. Detecting Dual Participation Along Bordering States

Georgia WIC Program has an agreement with states bordering Georgia to detect Dual Participation; these states are Alabama, Florida, North Carolina, South Carolina, and Tennessee. Georgia WIC Program will compare lists of WIC participants who live near the state line who may receive benefits from the program in both states. Georgia WIC Program will routinely exchange list of program participants in an electronic file format and coordinate punitive action against any individual who are determined to be dual participating in compliance with federal WIC regulations. This list will be exchanged quarterly.

D. Participant Abuses and Sanctions

Georgia WIC Program **and OIG** will assess claims and penalties against a participant when the participant has abused WIC guidelines. All actions taken as a result of participant abuse must be documented in the participant's health record. This includes, but is not limited to, verbal warnings, written warnings, suspensions, and terminations.

In all cases of suspension or termination from Georgia WIC Program, the participant must receive notice of suspension or termination. The Notice of Termination /Ineligibility/Waiting Form (**see Attachment CT-14**) must be completed. The specific WIC abuse must be entered in the appropriate space. A copy of the form must be filed in the participant's health record.

Exceptions

Before disqualifying a participant from WIC, the local agency may warn a participant (**see**

Attachment CA-3) or decide not to impose a mandatory sanction if:

1. The case of an infant, child, or participant under the age of eighteen (18) years, and the local agency approves the designation of a proxy.

Terminations

The local agency may permit a participant to reapply for WIC before the end of a mandatory disqualification period if:

1. Full restitution is made.
2. In the case of a participant who is an infant or child under age of eighteen (18) years, and the local agency approves the designation of a proxy.

At the time of disqualification, the local agency must advise the participant of the procedure to follow to obtain a fair hearing (see Rights and Obligations, Fair Hearing Section).

When appropriate, the local agency should refer participants who violate WIC requirements to federal, state, or local authorities for prosecution under applicable statutes.

1. **ABUSE:** Dual Participation – participation in more than one Georgia WIC Program clinic simultaneously

SANCTION: When dual participation is suspected, the state or local agency must take follow up action within one hundred twenty (120) days of detecting instances of suspected dual participation.

The local agency shall notify the state agency of any suspected dual participation, including dual participation resulting from a WIC participant's intentional misrepresentation to obtain improperly issued WIC benefits. All facts must be documented in writing. The local agency shall provide the state agency with the following information in writing:

- a. Copy of the front and back sides of the WIC Assessment/Certification Form signed by the WIC participant or authorized representative.
- b. The serial number of all WIC vouchers issued manually or by computer to the WIC participant or authorized representative within the certification period.
- c. Copy of all documentation used to certify the WIC participant, e.g., participant's ID, parent/guardian's ID, proof of residency and income, etc.
- d. A written summary of comparison between information that was provided by the WIC participant or authorized representative and what the actual information is believed to be, along with a statement from the Nutrition Services Director as to whether intentional misrepresentation is suspected.

Based upon information provided by the local agency, the state agency shall make a determination of dual participation and a determination of whether the WIC participant intentionally misrepresented information to participate in more than one WIC clinic simultaneously in order to obtain improperly issued WIC benefits.

If the state agency determines a violation of dual participation has occurred, a WIC participant who is otherwise eligible will be immediately terminated from participation in all but one WIC clinic. An individual who is not otherwise eligible for WIC benefits will be immediately terminated from participation in any WIC clinic.

If the state agency determines that dual participation results from intentional misrepresentation, a claim shall be established against the WIC participant for the full value of improperly obtained WIC benefits, and the WIC participant shall be disqualified from participation in all WIC clinics for one (1) year if otherwise eligible to receive WIC benefits. An individual who is not otherwise eligible will be immediately terminated from WIC.

If the state agency determines that WIC benefits were improperly obtained as the result of a participant violation, such as dual participation, including intentional misrepresentation to participate in more than one WIC clinic simultaneously to obtain improperly issued WIC benefits, the state agency must establish a claim against the WIC participant for the full value of such benefits. To establish a claim, the state agency shall determine the total value of the cashed WIC vouchers from the contract bank and/or WIC banking and advise the local agency accordingly.

Within seven (7) days of advisement from the state agency as to the dollar amount of any dual participation, the local agency shall issue a letter by mail advising the WIC participant of the determination of dual participation and any intentional misrepresentation; the dollar amount of the improperly obtained WIC benefits; and a demand for repayment of the total dollar amount (**see Attachment CA-11 and CA-12** for Sample Letters). The letter shall include advisement as to disqualification or denial/termination of WIC participation and as to the WIC participant's right to a fair hearing. In no instance will repayment arrangements be extended beyond ninety (90) days from the date of notification to the WIC participant.

The state agency shall maintain all records of WIC participant fraud or abuse, regardless of dollar amount. A list of dual participants will be distributed to Nutrition Services Directors monthly. The Nutrition Services Directors must distribute the list to their local agencies, which must review the list for all certified WIC participants to ensure they will not be enrolled in the local agency's WIC clinics.

Participant fraud and abuse, such as using WIC benefits in any way other than the method and purpose for which they were intended, violates WIC regulations and constitutes a participant violation under 7 CFR 246.2. Making a verbal offer of sale to another individual or posting WIC foods, benefits and/or EBT cards for sale in print or online, or allowing someone else to do so, is evidence that the participant committed a participant violation. The State Agency shall sanction and issue claims against

participants for all program violations. Participant violations listed in CFR 246.2 is not an exhaustive list of participant violations.

2. **ABUSE:** Intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts. This includes, but is not limited to, information concerning income, family size, personal ID, residence, diet intake, and medical history.

SANCTION: When proof of abuse has been established, the participant will be suspended from WIC for a period not to exceed one (1) year. The participant must be notified of his/her right to a fair hearing (see Rights and Obligation Section-Fair Hearing Procedures). If the total value of benefits is \$100 or greater, the repayment procedures outlined above (Sanction #2C4) will be implemented.

3. **ABUSE:** Sale or exchange of vouchers or WIC food items with other individuals or parties. Making a verbal offer of sale to another individual or posting WIC foods and benefits for sale in print or online, or allowing someone else to do so, is evidence that the participant committed a participant violation.

SANCTION: When proof of abuse has been established, the participant will be suspended from WIC for a period not to exceed one (1) year. The participant must be notified of his/her right to a fair hearing (see Rights and Obligation Section Fair Hearing Procedures). If the total value of benefits is one hundred dollars (\$100) or greater, the repayment procedures outlined above (Sanction #2C4) will be implemented.

4. **ABUSE:** Receiving cash for vouchers from food vendors, or credit toward purchase of unauthorized food or other items of value in place of approved WIC foods.

SANCTION: When proof of abuse has been established, the participant will be suspended from WIC for a period not to exceed one (1) year. The participant must be notified of his/her right to a fair hearing (see Rights and Obligation Section-Fair Hearing Procedures). If the total value of benefits is \$100 or greater, the repayment procedures outlined above (Sanction #2C4) will be implemented.

OIG must be notified if this abuse is occurring in order for appropriate action to be taken with the vendor.

5. **ABUSE:** Speaking to clinic staff, vendor personnel, and/or other WIC participants in an obnoxious, threatening, obscene or derogatory manner.

SANCTION: The participant should be warned, in writing, of the inappropriate behavior and the action that will be taken if the problem continues.

If the problem does continue, the participant may be suspended from WIC for a period not to exceed one (1) year.

6. **ABUSE:** Physically hurting, pushing, or inappropriate physical handling of clinic staff, vendor personnel or property, and/or other WIC participants in the clinic/store.

SANCTION: If local agency staff determines that the abuse is extensive and/or detrimental to clinic staff, the local agency may contact the local law enforcement authorities and may also suspend the participant(s) from WIC for a period not to exceed one (1) year

IV. PROCEDURES FOR REPAYMENT OF WIC FUNDS

- A. Repayments will be submitted to the local agency and *must* be in the form of a cashier's check or money order payable to: DPH/ Georgia WIC Program.
 1. The local agency will immediately forward all repayments received to **OIG** for processing.
 2. If total payment is not made within the ninety (90) day timeframe, the local agency will notify Georgia WIC Program, which will in turn, proceed with recovery actions prescribed under Georgia Statute. When appropriate, Georgia WIC Program must refer participants who violate Georgia WIC Program requirements to federal, state or local authorities for prosecution under applicable statutes (7 C.F.R. § 246.12(ii) (5)).
 3. Georgia WIC Program shall continue collection procedures until it determines it is no longer cost effective. Georgia WIC Program Abuse Claims Payment Report will be used to document repayment of funds **(see Attachment CA-14)**.
 4. Georgia WIC Program **will maintain records of all participant abuse regardless of dollar amount.**
- B. Collection of claims for repayment of benefits is suspended if an appeal for a fair hearing is requested.
 1. The suspension remains in effect until a fair hearing decision is rendered.
 2. If a fair hearing decision at the local level is rendered in favor of the local agency, efforts to collect repayment must be resumed.
 3. Repayment efforts must be resumed even if the local level decision is being appealed to the next level.

V. GUIDELINES FOR INVESTIGATING EMPLOYEE ABUSE

Department of Public Health Policy 1201 Standard Code of Conduct states that any employee who violates WIC policies and procedures will be terminated required paying

back funds to the agency, and facing possible prosecution.

When intentional employee abuse is found, it may be considered employee misconduct. Suspected intentional abuse shall be investigated by the **Office of Inspector General**.

Intentional abuse is a deliberate effort to defraud Georgia WIC Program (for example: illegally taking WIC vouchers; giving false/misleading information in order to become certified for WIC; etc).

- A. Employees participating in Georgia WIC Program shall have the same rights and obligations as any other WIC participant, however, employees are not allowed to issue vouchers or certify themselves or family members.
- B. Employees participating in Georgia WIC Program shall adhere to the rules and regulations for WIC participation and job responsibilities.
- C. Action to be taken as a result of **OIG** investigation findings shall **be based on State Law and DPH policy**.
- D. Prosecution shall be processed through the District Attorney's Office. The local agency requesting an order of prosecution, shall notify Georgia WIC Program and Georgia WIC Program shall notify USDA-FNS.
- E. Georgia WIC Program recommends that any employee found to be abusing Georgia WIC Program should be removed promptly from issuing or processing WIC vouchers, without reappointment rights.
- F. Georgia WIC Program shall inform USDA of WIC related employee fraud **at the conclusion of the investigation**.
- G. Georgia WIC Program **will maintain all records of employee abuse regardless of dollar amount**. **Said records will be furnished to OIG during the course of an investigation**.

VI. PROCEDURES TO REQUEST AN EMPLOYEE INVESTIGATION

- A. The District Health Director shall forward a letter requesting an investigation directly to the DPH-OIG and a copy of the letter must be forwarded to the Department of Public Health Director's Office and Georgia WIC Program.
- B. Contract agencies requesting an employee investigation shall submit their letter to the Department of Public Health Director's Office and a copy to Georgia WIC Program. The Director's Office shall then forward the request for investigation along with a cover letter to **OIG**.
- C. **OIG** investigation results will be forwarded to the **employee's office director**. **OIG** shall submit the results to the Nutrition Services Director, Program Manager, Health Director and a copy to Georgia WIC Program.

VII. VENDOR COMPLIANCE INVESTIGATION

Compliance investigations will be initiated by **OIG**.

Investigations will occur at stores that have been identified as "High Risk" by **OIG** through the use of ADP system reports, complaints, the Request for Investigation Forms received from the districts and random selection.

A Request for Investigation Form (**see Attachment CA-5**) should be completed on any store **or participant** the local agency has reason to believe is violating WIC procedures. A copy of the Request for Investigation Form should be **sent** as soon as possible to **OIG** for **investigation**. (see "Complaints Against Vendors" in the Vendor Procedures section of this manual).

Vouchers to be used by **OIG** in compliance investigations will be generated by Georgia WIC Program and from the local agencies designated personnel. Investigations will be documented using a WIC Transaction Report (WTR) (**see Attachment CA-6**).

VIII. COMPLIANCE INVESTIGATION FOOD PURCHASES

WIC foods and other food items purchased as a result of compliance investigations must be donated to non-profit organizations. Such non-profit organizations include but are not limited to:

1. City and County Fire Department(s)
2. City and County Police Department(s)
3. Retirement Homes
4. Battered Women Shelters
5. Church Organizations
6. Homeless Shelters
7. Salvation Army
8. Food Pantry (Bank)
9. Head Start Program
10. Boy Scouts
11. Girl Scouts

The compliance investigator must complete a Food Donation List (**see Attachment CA-8**) and submit it to a non-profit organization for verification. A representative of the non-profit organization must sign the donation list to confirm the receipt of foods and may obtain a copy of the list for their records.

IX. DISQUALIFIED VENDOR/PARTICIPANT ACCESS

If a vendor is found in violation of Georgia WIC Program policies and Federal WIC regulations following compliance investigation(s), the vendor will be assessed sanctions for violations occurring during each investigative visit. If a vendor accumulates the maximum allowable sanctions, the store shall be disqualified from Georgia WIC Program participation (see Vendor Sanctions-Vendor Section of the Procedure Manual). In the event a vendor disqualification creates inadequate participant access for WIC participants, procedures

outlined in the Vendor Handbook (inadequate participant access cases) will be implemented. Procedures and guidelines for vendor disqualification, as a result of an investigation, are found in the Vendor Handbook-Terminations/Disqualification Section.

To assess inadequate participant access in obtaining WIC foods as the result of a vendor disqualification, Georgia WIC Program will initiate the verification process by completing the Participant Access Form (**see Attachment CA-7**). The purpose of the "Access Form" is: (a) to verify if a disqualified vendor's absence will create inadequate access for WIC participants; and/or (b) to verify that there is adequate participant access. Verification of inadequate participant access will be in accordance with Inadequate Participant Access Procedures as stated in the Vendor Section.

X. INVESTIGATION OF MISSING VOUCHERS/VERIFICATION OF CERTIFICATION

CARDS (VOC)

Vouchers/VOC cards reported missing or stolen from WIC clinics will be investigated by **OIG**. Local agencies may be subject to corrective action(s) and/or financial penalties if WIC regulations are violated.

When twenty-five (25) or more WIC vouchers or five (5) or more VOC Cards are missing, the Notification Summary of Missing Vouchers/VOC Cards (**see Attachment CA-9**) must be completed. However, if five (5) or fewer cards are reported missing again from the same clinic, **OIG** will make a special site visit. **When vouchers/VOC cards are discovered missing, immediately notify the supervisor, District Nutrition Services Director, and OIG.**

The Nutrition Services Director or designee must submit the Notification Summary to Georgia WIC Program **and OIG** within three (3) working days of the discovery of missing vouchers/VOC cards. Immediately following initial contact from the local agency, Georgia WIC Program will notify WIC vendors and instruct the contract bank to place a stop payment on the missing vouchers. For additional instructions on VOC cards, refer to the Certification Section of the Procedures Manual.

A. MANUAL VOUCHER INVENTORY

Document the serial numbers of the vouchers that are lost or stolen on the manual voucher inventory.

B. GEORGIA WIC PROGRAM VOUCHER INVESTIGATION LOG

1. To request WIC voucher copies, complete the Georgia WIC Program Voucher Investigation Log (**see Attachment CA-2**) with the following:
 - a. District/Unit
 - b. Current date
 - c. Reason for investigation (suspected fraud, etc.)
 - d. List voucher numbers
 - e. Issue date (date missing if manual voucher)
 - f. Clinic number
 - g. Sign and date.

This form should be completed whenever any voucher copies are being requested **with the**

exception of active OIG investigations.

2. Mail the completed Georgia WIC Program Investigation Log to Georgia WIC Program, OIG, along with the Lost/Stolen/Destroyed/Voided Voucher Report. OIG will follow up with the local agency immediately on reports that indicate potential fraud.
3. Upon receipt of special request voucher copies, the local agency should conduct a review to determine if potential fraud exists, and to notify OIG if further review or an investigation is required, within ten (10) days of receipt.
4. The local agency shall work in conjunction with OIG during an investigation of missing vouchers. When a determination has been made that potential employee fraud exist, OIG must be contacted (see Compliance Analysis Section V. and VI.).

C. STOP PAYMENT OF WIC VOUCHERS

Georgia WIC Program will immediately upon notification, place a stop payment on WIC manual vouchers reported stolen from WIC clinics by notifying the contract bank to stop payment.

XI. SECURITY OF ISSUANCE MATERIALS**A. Georgia WIC Program Stamps**

1. Georgia WIC Program stamps must be stored in a locked desk, cabinet, or closet. The key which locks the desk, cabinet, or closet must be stored in a secure location.
2. Georgia WIC Program stamps must be stored in a location separate from WIC vouchers, ID cards, and VOC cards.

B. VOC Cards

1. VOC cards must be stored in a locked desk, cabinet, or closet. The key that locks the desk, cabinet, or closet must be stored in a separate and secure location.
2. VOC cards must be stored separately from the VOC card inventory log.

C. Georgia WIC Program ID Cards

1. ID cards must be stored in a locked desk, cabinet, or closet. The key that locks the desk, cabinet or closet must be stored in a separate and secure location.
2. ID cards must be stored separately from VOC cards, WIC vouchers, and Georgia WIC Program stamps.

Note: ID cards must not be pre-stamped for usage in the clinic.

XII. VOUCHER ISSUANCE SECURITY

A. WIC Vouchers

WIC vouchers are food instruments (checks, coupons, etc.) that are used by a participant to obtain supplemental foods. Georgia WIC Program and the local agency have the responsibility to maintain control and provide accountability for the receipt and issuance of supplemental foods and food instruments. Georgia WIC Program and the local agency must also ensure that there is secure transportation and storage of un-issued food instruments.

In the event that unused vouchers are lost or stolen as a result of failure to follow security regulations, the local agency may be issued a repayment letter for the value of the lost or stolen vouchers in question.

1. All vouchers must be stored in a locked cabinet, desk, or closet, with the key stored in a secure location (change location of keys occasionally).
2. When issuing vouchers from a computer, the clerk must log out before leaving the workstation.
3. When more than one person is using the same terminal, each person must log out upon completion of their printing job.
4. Passwords must be changed every ninety (90) days at a minimum.
5. When a voucher issuance employee resigns or is no longer authorized to issue vouchers, the following procedures should be implemented:
 - a. **Immediately** delete employee's name from the system.
 - b. Change all passwords used by or accessed by the employee.
 - c. Change key to voucher security door (when applicable).
 - d. Change location of all security keys.
6. Only authorized persons may be given access to WIC vouchers.

B. Voucher Security

Voucher stock must not be accessible to participants or other unauthorized persons. Except for the vouchers issued to the participant being served, multiple vouchers must not be placed on top of the issuance counter. One of the following methods must be used to assure at least minimum security for voucher issuance station(s):

1. **Service Delivery Counter**, which will provide a shield between the issuance clerk and the participant;
2. **Half Door** may be used in a small clinic with only one clerk;
3. Vouchers must be kept three (3) feet out of the reach of the participants, or there must be a physical barrier between the vouchers and the participant.

C. Voucher Storage

At a minimum, when WIC clinics are closed, districts must utilize at least one of the following voucher storage methods:

1. If vouchers are locked in a standard cabinet, the cabinet must be in a locked room, within a locked building;
2. A locked cabinet in a locked building with an alarm system;
3. A fire proof insulated security file cabinet with combination lock, securely attached to the floor, in a locked building;

4. A safe securely attached to the floor in a locked building;
5. A vault in a locked building.

D. Voucher Printing on Demand (VPOD)

VPOD Printers must not be accessible to participants or other unauthorized personnel. The printers must be in a secure location and exclusively used to print VPOD vouchers.

E. Transporting Georgia WIC Program Vouchers

When transporting WIC vouchers, Georgia WIC Program stamps, and VOC cards, to a clinic site, they must be secured in a locked box or locked briefcase (**see Food Delivery Section FD.IV.E**). When vouchers are being delivered to a client in a hospital setting, the vouchers must be kept in a locked box, locked clipboard or locked brief case.

XIII. CHANGE OF CUSTODY

Below are the procedures for the use of the Change in Custody Form
(See Attachment CA-16):

Section I. Change of Custody Documentation Provided: When a caregiver brings proper custody documentation, (e.g. court documentation), enroll the participant on the WIC program and document the type of documentation provided in section I. All court documentation and changes to the Custody Form must be placed in the participant's chart.

Section II. Change of Custody Documentation Not Provided: If a caregiver does not have court documentation, Section II must be completed. The child can be placed on the WIC program for thirty (30) days. In addition, a Thirty (30) Day form must be issued. If a caregiver cannot provide guardianship documentation after thirty (30) days, the participant must be terminated from the program (**See Attachment CA-17**).

Section III. Certification by Parent/Legal Guardian: If a parent or legal guardian is no longer providing care for the child and would like someone else, (e.g., grandparents) to provide care for the child, complete this section.

In an effort to maintain custody documentation for each WIC participant, clinic staff must maintain file called Custody Documentation. This file will be reviewed on State and Federal audits. On a monthly basis, if the WIC participant fails to bring back this documentation, terminate the participant. (**See Attachment CA-16**).

CLOSEOUT RECONCILIATION REPORT

D/U #: _____ CL #: _____

PAGE 20634
REPORT EWRR840G
GRADY MATL & INFANT CARE

STATE OF GEORGIA WIC PROGRAM SYSTEM
CLOSEOUT RECONCILIATION REPORT
FOR THE CLOSEOUT MONTH OF JUNE 1995

CLINIC PAGE 9
D/U/CL 09-1-259
RUN DATE 07/13/95

VOUCHER		REFERENCE		FAMILY		C P		LAST		FIRST		VCHR	REDMO	DATE	STATUS	CMNTS
NUMBER	NUMBER											TYPE	AMT	ISSUED	DATE	
25709399	55236263	999054588	2	1								055	10.61	04/06/95	05/10/95	
26499328	48629635	697012089	2	1								047	12.14	04/14/95	04/18/95	
26488329		697012089	2	1								039	.00	04/14/95		EXP
26488330	48629615	697012089	2	1								025	9.82	04/14/95	04/14/95	04/18/95
26488331	48629626	697012089	2	1								039	6.33	04/14/95	04/18/95	VOID
25709404	63771576	699126861	3	1								028	8.20	04/06/95	04/10/95	
25709405	63771588	699126861	3	1								031	8.92	04/06/95	04/10/95	
25709406	63771592	699126861	3	1								037	14.54	04/05/95	04/10/95	VOID
25709407	63771629	699126861	3	1								054	12.26	04/06/95	04/10/95	
25709412	63771624	999043937	5	1								047	12.14	04/06/95	04/10/95	
25709413	63771617	999043937	5	1								039	6.33	04/06/95	04/10/95	
25709414	63771570	999043937	5	1								025	9.82	04/06/95	04/10/95	
25709415	63771616	999043937	5	1								039	6.33	04/06/95	04/10/95	
25709420	52185535	697010260	1	1								047	12.22	04/12/95	04/19/95	
25709421	52185541	697010260	1	1								039	6.13	04/12/95	04/19/95	
25709422	52185557	697010260	1	1								025	10.37	04/12/95	04/19/95	
25709423	52185542	697010260	1	1								039	6.13	04/12/95	04/12/95	
26488336	63951793	697008023	7	1								031	8.92	04/11/95	04/13/95	
26488337	67212999	697008023	7	1								037	13.71	04/11/95	05/01/95	
26488338	63851787	697008023	7	1								039	6.33	04/11/95	04/13/95	
26488339	67213000	697008023	7	1								055	9.10	04/11/95	05/01/95	
26488344	67212970	699148954	0	1								028	7.18	04/06/95	05/01/95	
26488345	42701052	699148954	0	1								031	7.23	04/06/95	05/26/95	
26488346	63778323	699148954	0	1								037	14.54	04/06/95	04/10/95	
26488347	67212998	699148954	0	1								054	8.37	04/06/95	05/01/95	
26488352	63951800	695100454	5	1								068	59.87	04/11/95	04/13/95	
26488353	63951799	695100454	5	1								072	51.40	04/11/95	04/13/95	
25709428	63867366	697004511	5	1								031	8.92	04/11/95	04/13/95	
25709429	63867371	697004511	5	1								037	14.54	04/11/95	04/13/95	
25709430	63867382	697004511	5	1								039	6.33	04/11/95	04/13/95	
25709431	63857574	697004511	5	1								055	9.91	04/11/95	04/13/95	
25488356	42501104	999051530	7	1								031	8.92	04/11/95	05/12/95	
26488357	68637805	999051530	7	1								037	14.54	04/11/95	05/05/95	
26488358	42502548	999051530	7	1								039	6.33	04/11/95	05/12/95	
26488359	68637825	999051530	7	1								055	9.91	04/11/95	05/05/95	
26488364	42501097	697009847	8	1								031	8.92	04/10/95	05/12/95	
26488365	68637806	697009847	8	1								037	14.54	04/10/95	05/05/95	
26488366	42502547	697009847	8	1								039	6.33	04/10/95	05/12/95	
26488367	68637826	697009847	8	1								055	9.91	04/10/95	05/05/95	
25709436	63827114	999047451	3	1								031	6.87	04/06/95	04/10/95	
25709437	63827113	999047451	3	1								037	6.95	04/06/95	04/10/95	

CLINIC TOTALS

	VOUCHERS	AMOUNT	
TOTAL VOUCHERS CASHED	805	11,199.66	
TOTAL VOUCHERS EXPIRED	73		
TOTAL UNMATCHED TO CERT RECORDS	0	.00	
TOTAL VOUCHERS ISSUED	878	11,199.66	(TOTAL OF CASHED AND EXPIRED)
VOIDED	135		
UNCLAIMED	0		
TOTAL VOUCHERS CREATED	1,013	11,199.66	(COMPUTED AND MANUAL VOUCHERS)

Revised 06/12

GEORGIA WIC PROGRAM
VOUCHER INVESTIGATION LOG

DISTRICT/UNIT: _____ DATE: _____

REASON FOR INVESTIGATION: _____

VOUCHER NUMBER	ISSUE DATE	CLINIC #	STATE WIC OFFICE USE ONLY		
			BOX #	PAID YES/NO	COMMENTS

COMPLETED BY: _____ DATE: _____

Routing : White Copy - State WIC Program, Yellow - Local Agency

Revised 3/12

Dual Participation Sample Warning Letter

Dear Participant:

Our records show that you have participated in two Georgia WIC Program^s. You were certified and enrolled on _____ Georgia WIC Program on (date) _____, and you were also certified and enrolled on _____ Georgia WIC Program on (date) _____.

As indicated on your Georgia WIC Program ID card, participating ⁱⁿ more than one Georgia WIC Program violates programs regulations. Information concerning this will be forwarded to the **Office of Inspector General** to determine if you will be required to **repay** money back to **the** Georgia WIC Program.

Should you have any questions, contact me at _____.

Sincerely,

District Nutrition Services Director

“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).”
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Revised 06/12

GENERAL APPOINTMENT LETTER

Date: _____

(Insert Responsible Party name) _____

(Insert mailing address) _____

(Insert city, state & zip) _____

Dear _____

Your record was selected for review as it pertains to your WIC benefits eligibility. Therefore, on _____ (insert day, date, and time) _____, you are hereby requested to report to _____ (insert clinic or interview location name & address) _____ in order to resolve any discrepancies. You must bring your WIC ID card/folder to the appointment.

Please contact me at _____ (insert phone #) _____ if you have any questions.

Sincerely,

Nutrition Services Director
District _____ Unit _____

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Rev 4/12

REQUEST FOR INVESTIGATION FORM

OFFICE OF INSPECTOR GENERAL		DATE:
REQUEST FOR INVESTIGATION		
TO: Ondray Jennings, Deputy Inspector General 2 Peachtree Street NW, 9 th Floor Atlanta, GA 30303 onjennings@dhr.state.ga.us	FROM:	
NAME AND ADDRESS OF STORE or PARTICIPANT (INCLUDE STREET, CITY, STATE AND COUNTY)	VENDOR NUMBER	
	WIC ID/PARTICIPANT DOB/SSN	
NAME OF OWNER OR MANAGER		
ETHNIC MAKEUP OF STORE'S CLIENTELE		
HAS STORE BEEN PREVIOUSLY INVESTIGATED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARE THERE OTHER STORES UNDER THE SAME OWNERSHIP WHICH ARE AUTHORIZED FOR PARTICIPATION? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, fill in their names and address.		
TYPES OF ABUSES/ ALLEGATIONS FOR WHICH INVESTIGATION IS REQUESTED:		
OTHER INFORMATION USEFUL TO THE INVESTIGATOR (PROVIDE ADDITIONAL SHEETS IF NECESSARY)		

Revised 06/12

Georgia Department of Public Health Office of Inspector General		Vendor <input style="width: 100%;" type="text"/>	
Voucher Number <input style="width: 90%;" type="text"/>			
WIC TRANSACTION REPORT (WTR)			
Store Name and Address:- <input style="width: 95%;" type="text"/>	WTR Returned to WIC Agency: <input style="width: 95%;" type="text"/>		
1. At the Check-out counter there (was/were) person(s) in line ahead of me. On _____, at about _____, I entered the subject's store. I selected the item(s) specified below. The food instrument indicated above was used for this transaction. The clerk sold the item(s) below at a total cost of (if available) \$ _____. During checkout, the voucher was in plain view of the clerk who served the investigator. The price of the item(s) were marked on the item(s) or shelf, for item(s) not marked, they were verified by:			
2. Time Entered Store: <input style="width: 50%;" type="text"/>	Time Approached Checkout: <input style="width: 50%;" type="text"/>	Time Left Store: <input style="width: 50%;" type="text"/>	
3. <u>Check List</u>	Y / N	Y / N	
Prices Marked on Foods or Shelf	<input type="checkbox"/>	Rang up Sale	
Recorded Price on Voucher	<input type="checkbox"/>	Adequate Supply of WIC Foods on Shelf	
		Gave Receipt to Investigator	
4. Comments	<input style="width: 95%;" type="text"/>		
5. Description of Clerk (Approximate)			
SEX	RACE	AGE	
HEIGHT	WEIGHT	HAIR COLOR	
6. Other Identifying Information: <input style="width: 95%;" type="text"/>			
7. Identified During Transaction as (Title/Name): <input style="width: 95%;" type="text"/>			
ELIGIBLE ITEMS SUMMARY OF PURCHASE			
QUANTITY	BRAND NAME	ITEM	PRICE
INELIGIBLE ITEMS			
QUANTITY	ITEM		PRICE
ITEMS REFUSED			
QUANTITY	ITEM		
I _____, an investigator with the Office of Inspector General makes the above statement freely and voluntarily knowing that this statement may be used as evidence.			
Name:		Date:	
Title:	Investigator Signature:		

Form 3773 (06/12)

GEORGIA WIC PROGRAM

PARTICIPANT ACCESS VERIFICATION FORM

District/Unit _____ Vendor Number _____

Name of Vendor under Investigation _____

Address (Street/Hwy) _____

WIC Vendor(s) within ten (10) miles of Investigated Vendor

Vendor Name _____

Address _____

Distance in Miles _____

List any Geographical Barriers

Comments _____

Investigator's Signature _____ Date _____

Revised 06/12

**GEORGIA DEPARTMENT OF PUBLIC HEALTH
GEORGIA WIC PROGRAM
FOOD DONATION LIST**

Vendor Number:	Date:
----------------	-------

Milk

Type	Brand	Quantity/Size	Comment

Cereal

Type	Brand	Quantity/Size	Comment

Beans

Frozen
Canned
Fresh

Type	Brand	Quantity/Size	Comment

Cheese

Type	Brand	Quantity/Size	Comment

Juice

Canned/ Bottle
Frozen
Pourable

Type	Brand	Quantity/Size	Comment

Bread

Loaf
Buns
Tortilla

Type	Brand	Quantity/Size	Comment

Non-WIC Foods

Type	Brand	Quantity/Size	Comment

--	--	--	--

Tuna/Salmon

--	--	--	--

Eggs

Type	Brand	Quantity/Size	Comment

Baby Foods

- Foods
- Formula
- Cereal

Type	Brand	Quantity/Size	Comment

Peanut Butter

Type	Brand	Quantity/Size	Comment

Fresh

- Fruits
- Vegetables

Type	Brand	Quantity/Size	Comment

GEORGIA WIC PROGRAM DONATION LIST

Organization Name:

Organization Representative Signature:

Phone#: _____

Address: _____

City: _____

Zip Code: _____

WIC Representative:

GEORGIA WIC PROGRAM

**Duplicate Participation
Verification Form**

DISTRICT/UNIT: CLINIC: DATE:

INSTRUCTIONS	<ul style="list-style-type: none"> - USE THIS FORM TO REMOVE PARTICIPANTS FROM THE DUPLICATE PARTICIPATION REPORT RETURN TO COVANSYS AS SOON AS POSSIBLE. - MAIL TO: COVANSYS COMPUTING, INC. GEORGIA WIC PROGRAM Unit 1499 WINDHORST WAY, SUITE 240 GREENWOOD, IN 46142 - OR FAX TO: (317) 889-9485
---------------------	---

THE FOLLOWING CLIENT(S) LISTED BELOW ARE LEGITIMATE PARTICIPANTS. PLEASE REMOVE THEM FROM SUBSEQUENT DUAL PARTICIPATION REPORTS

PARTICIPANT ID NUMBER										PARTICIPANT NAME

Revised 3/12

Participant Repayment Letter
SAMPLE LETTER

Date:

Name
Address
City, State, Zip

Dear _____:

Georgia Women, Infants & Children (WIC) determined as a responsible party you have _____:

- A. Participated in dual clinics/counties/states
- B. Intentionally made a false or misleading statement or intentionally misrepresented, concealed, or withheld facts
- C. Sold or exchanged vouchers or WIC food items with other individuals or parties
- D. Received cash from food vendors or credit toward other non-WIC items
- E. Other: _____

The total amount you owe is \$ _____ during the time period from _____ to _____. If you are unable to make restitution for this amount within 30 days of receipt of the letter demanding repayment, then please adhere to the attached repayment agreement. The repayment agreement cannot extend more than 90 days.

You will be disqualified from the WIC program for 12 months during the time period of _____ to _____.

Please send a cashier's check or money order payable to:

Georgia WIC Program
(Insert Your Address)

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Sincerely,

District Nutrition Services Director's

Name

Address

Revised 06/12

Participant Repayment Schedule SAMPLE LETTER

Date _____

CERTIFIED MAIL RETURN
RECEIPT REQUESTED

Ms.

Dear Ms. _____ :

This letter confirms your proposal to repay \$_____ to the Georgia WIC Program in monthly installments of \$_____. If you fail to make payments on time, the full amount will be due immediately. The following is the payment schedule that we will require you to follow until the full amount is recovered:

<u>DATE</u>	<u>AMOUNT</u>	<u>DATE</u>	<u>AMOUNT</u>
-------------	---------------	-------------	---------------

Total

Please send a cashier's check or money order payable to the Georgia WIC Program and mail it to the following address:

Georgia WIC Program
Your address

If you have any questions, please call me at _____.

Sincerely,

District Nutrition Services Director's Name
Address

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DUAL PARTICIPATION REPORT INVESTIGATION FORM

Please complete and return the following information listed below. Please send the information to the requesting clinic as soon as possible.

DU/Clinic: _____

Name: _____

WIC ID: _____

Birth date: _____

Mother's Name: _____

Date of last voucher pickup: _____

Date of Issue: _____

Is this client active or terminated? _____
 (If terminated, indicate term date and term code)

Termination Date: _____ Term code: _____

Has the client transferred into your area recently? _____

(If yes, give date; _____)

Date of last certification: _____

Social Security number: _____

Revised 06/12

Georgia WIC Program Abuse Claims Payment Report

Name of Participant: _____ ID# _____ DU# _____

Name of Vendor _____ Vendor# _____ DU# _____

Reason for claim: _____

Amount of claim: _____

Date of notification to participant: _____ Date fair hearing requested: _____

Date of final disposition of fair hearing/court mandate: _____

Repayment Schedule Agreement

Due Date: _____ Amount Due: _____

Payment to be submitted by : Clerk of Court Participant Vendor

Date Paid:	Amount Paid:	Balance Due:	Initials

COLLECTED FUNDS ARE DEPOSITED IN A GENERAL ACCOUNT FOR FARMER'S MARKET MATCH FUND

Collection ceased due to:

- No longer cost effective Date: _____ Initials _____
- Unable to locate participant Date: _____ Initials _____
- Other _____ Date: _____ Initials _____

Was In-kind Service performed: YES NO

If yes explain: _____

Revised 6/12

Participant Violation Sample Warning Letter

Date:

Participant Name
 Parent/Guardian
 Address
 City, State, Zip

It has come to the attention of the Georgia WIC Program that your behavior in (clinic name) on (Date) was in violation of the rules and Rights and Obligations of the Georgia WIC Program.

This letter serves as a warning for your behavior. **Use of abusive language and/or physical abuse with WIC staff, other WIC clients, or store personnel is not an acceptable behavior.** Failure to comply with the rules and Rights and Obligations of the program may cause you and your family members to be terminated from the program. Attached please find a copy of the Rights and Obligations. Please review this document.

If you have any questions, please contact Name of Nutrition Services Director at phone number.

Sincerely,

District Nutrition Services Director
 Title

cc: Participant's record
 Ondray Jennings, Deputy Inspector General

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Revised 6/12

**Georgia WIC Program
Change in Custody Form**

Section I – Change of Custody Documentation Provided

Type of document provided: _____
(Example: court documents etc.)

By signing this form, I confirm that the above information is an accurate statement.

(Relationship to child/children) (Date)

(Name and signature of person applying on behalf of child) (Date)

Section II - Change of Custody Documentation Not Provided

I, _____ certify that _____ is currently in my care.
(Child/Children's name)
The parent(s) is not available due to _____. I do not have documentation because _____

Check all that apply:

- We all lived together before this change occurred
- I have WIC vouchers for the child/children for the months of _____.

By signing this form, I confirm that the above information is an accurate statement.

(Relationship to child/children) (Date)

(Name and signature of person applying on behalf of child) (Date)

The Custody/Termination form must be completed. (See Attachment CA-17)

Section III – Certification by Parent/Legal Guardian

This section should be completed by the parent/legal guardian no longer caring for the child/children, if present.

I, _____ certify that _____ is now caring for my
(Name of parent/legal guardian) (Name of person caring for the child)
child/children: _____ and will continue to do so until _____

Check all that apply:

- We all lived together before this change occurred
- I have WIC vouchers for the child/children for the months of _____.

By signing this form, I confirm that the above information is an accurate statement.

(Name and signature of parent/guardian/spouse/caregiver) (Date)

(Name and Signature of WIC Staff) (Date)

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Revised 3/12

**GEORGIA WIC PROGRAM
Custody /Termination Form**

This Custody/Termination Form allows you to remain on the Georgia WIC Program for thirty (30) days only. This period will be extended if the required documentation is brought back to the clinic within 30 days and proof of custody is confirmed.

DATE _____

NAME:	DATE OF BIRTH:
ADDRESS:	
CITY/ZIPCODE:	PHONE NUMBER
<p>____ You will be terminated from the Georgia WIC Program if you fail to bring Proof of Custody to the clinic information by _____ (date)</p> <p>WIC Representative Name _____ Date _____</p> <p>FAILURE TO BRING THIS DOCUMENTATION BACK THE WIC CLINIC ON OR BEFORE THE ABOVE DATE WILL RESULT IN TERMINATION FROM THE GEORGIA WIC PROGRAM.</p>	
<p>FAIR HEARING SECTION:</p> <p>You have the right to a fair hearing if you do not agree with the reason for your termination. A request for a fair hearing must be made within 60 days of the date of this notice. Fair hearing requests should be addressed to:</p> <p align="center"> _____ Georgia WIC Program _____ Address _____ City/Zip Code Phone Number </p>	
_____ Participant Signature/Parent/Caregiver/Guardian	_____ WIC Representative Signature/Title

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Revised 3/12

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I. STATE AGENCY MONITORING

A. Introduction

The State agency will conduct an on-site monitoring visit every two (2) years at each of the twenty (20) local agencies, for the purpose of reviewing local WIC agency operation. Local agencies that are not monitored for the year will receive priority for on-site technical assistance. The purpose of the monitoring visit is to ensure local agency compliance with State WIC policies and Federal WIC regulations. The review will consist of an evaluation of program administration, staff training, voucher issuance, certification, clinic observation, record review, systems, equipment, food package assignment, nutrition education, and breastfeeding.

In order for the above areas to be thoroughly evaluated, it is necessary for the monitoring team to observe at least three (3) clinics in full operation. A minimum of three (3) certifications/subsequent certifications must be observed (one per clinic). If the monitoring team is unable to make these observations, they must reschedule that part of the review. The review cannot be closed until the clinic observations have been completed.

The monitoring team from the Georgia WIC Program and Department of Public Health Office of Inspector General (DPH-OIG) will complete the on-site visit. Every effort will be made to conduct Policy, Compliance Analysis, Nutrition and Breastfeeding portions of the review at the same time. Systems and Fiscal portions of the review are conducted individually.

District reviews may be conducted yearly for clinics with specific problems (See Monitoring Section, I. State Agency Monitoring, I. Special Site Visits).

B. Monitoring Schedule

A schedule of on-site monitoring visits will be developed and coordinated by the Georgia WIC Program prior to the start of each Federal Fiscal Year (FFY). A statewide schedule containing the dates and monitoring teams for each review will be sent to all local agencies.

The Nutrition Services Director will be notified by phone, approximately one (1) month prior to the review. A letter will then be sent to the Nutrition Services Director and the District Health Officer to confirm the dates and specifics of the review, the time and place for the entrance and exit conferences, etc. All reviews will start at the District Office. A list of additional information that will be requested for the review (by the State) will be attached to the letter sent to the Nutrition Services Director. This list identifies "prior to" information that must be submitted to the appropriate unit of the Georgia WIC Program two (2) weeks before the scheduled review.

C. Clinic and Health Record Selection

1. Clinic Site

Every two (2) years, twenty percent (20%) of the total number of clinics in the local agency are randomly selected for monitoring. The largest clinic in each local agency will be monitored during each WIC review.

- a. Each local agency may have a maximum of six (6) clinics selected for review. If more than six (6) clinics are randomly selected, those in excess will be eliminated from the selection.
- b. Clinics that have not been reviewed for at least four (4) years may be selected in place of randomly selected clinics, to ensure regular reviews of all clinics.

2. Record Selection

Health records monitored during the WIC reviews will be randomly selected. The following constraints will be applied to the random selection:

- a. Ten (10) records will be randomly selected for each clinic with caseloads of 500 or less, and additional two (2) records will be selected for each one-hundred (100) participants enrolled in a clinic with five hundred and one (501) up to one thousand participants. If a clinic has more than one thousand participants, an additional two (2) records will be selected for each five hundred (500) participants above one thousand. **Note:** a minimum of ten (10) records through a maximum of thirty-two (32) records will be reviewed in each clinic. All records must be located and given to State staff within two hours of receipt of the record list being given to staff. The time of issue will be recorded on the records list. In addition, all records must be returned to state staff with the list of record attached. Failure to follow these procedures will result in a corrective action.
- b. Due to the October 2009 food package implementation, the infant's chart must be pulled for each post-partum woman's chart and the post-partum woman's chart must be pulled for each infant on the Participants Records List.
- c. Fifty percent (50%) of the records selected must be women's records. The remaining fifty percent (50%) will include infants and children. **Note:** If a record selected for review cannot be located in the clinic the day of the review, the local agency will be cited for a corrective action. Each criterion will be marked as missing for each chart that is not located. If a significant number of selected records cannot be located during the day of the review, a financial penalty based on the cash value total amount of vouchers per client per certification could be assessed against the District/Agency. Please reference Annex I (Agreement between your District and the Georgia WIC Program) located in section AD-1 of the Georgia WIC Program Procedures Manual, Number 12, which states "the district must

provide the Georgia WIC Program immediate and complete access to all clinics and all records maintained by WIC clinics within the District". Records selected for review must be delivered to the reviewer as is without any corrections or modifications. Any corrections or modifications noted could be viewed as falsification of records. Falsification charges could lead to dismissal for the employee who modified or corrected the record. The only exception to the rules for not locating records the same day would be District who has off-site storage for non-active WIC participant. If off site storage is being used, the District has 24 hours to locate the record for the review team.

- d. Records for the WIC review will be pulled based on the last day of the review or re-review plus a one hundred twenty (120) day grace period. Example: If a District's last day of the review was 07/24/04, the record to be pulled will be dated on or after 11/25/04 (calendar day).

Note: If the District has any controversy about dates, the State will continue to review based on the "three (3) year plus current" procedure. All records must remain on file for three (3) years plus current year for other audits (i.e., USDA, OIG, State, etc.).

3. Migrant Health Records

The Georgia WIC Program must review migrant health records during a local agency WIC review visit. The Georgia WIC Program will randomly select migrant health records for review.

- a. Where there is at least one clinic site with a minimum of twenty-five (25) migrants participating in the Georgia WIC Program, records are randomly selected according to the clinic and health record selection procedures (See MO-Section I.C.).
- b. If a clinic site serving a significant number of migrants is not selected for review, migrant health records will be selected and reviewed according to the clinic and health record selection procedures (See MO-Section I.C.).
- c. If a significant number of the migrant population is in a local agency service area and is not participating in the Georgia WIC Program, the state must evaluate the local agency's outreach efforts related to migrants. Prior to a review, the Georgia WIC Program will review the migrant report.

D. Pre-Review Activities

Prior to the on-site visit, state staff will review local agency reports and files in the State office. The Nutrition Services Director will be contacted about materials

that need to be made available during the on-site review. (See I. State Agency Monitoring, B. Monitoring Schedule, second paragraph).

E. Files

Documentation and files to be considered during an on-site review include, but are not limited to, the following areas:

1. Past WIC Review Reports and Responses
2. Clinic Self-Reviews
3. Health Department Employee WIC Participation Form
4. Ethnic Enrollment Participation Report
5. Clinic Schedules
6. Outreach Activities
7. Waiting List(s)
8. Georgia WIC Program Procedures Manual
9. Georgia WIC Program Policy Memorandums
10. Federal WIC Regulations
11. Fair Hearing and Civil Rights Complaints
12. Participant Abuse Reports
13. Manual Voucher Inventories
14. Verification of Certification (VOC) Cards and Inventory
15. Batch Control Modules
16. Completed Computer Voucher Registers
17. Voucher Packing Lists
18. Copies of Manual Vouchers
19. Daily Activity Reports
20. Demographic Information
21. Vouchers Printed On Demand (VPOD) Receipts
22. Ineligibility Files
23. District Specific Policies and Procedures
24. Local Agency Nutrition Education and Breastfeeding Plan
25. Nutrition Education Materials
26. Breastfeeding Education Materials
27. Class Outlines
28. Staff Training Files
29. Equipment Inventory (current year)
30. Voter's Registration Files
31. Agreements with Other Agencies (other than Health Departments) Where WIC is Located.
32. Temporary Thirty (30) Day Certification Files
33. Formula Tracking Logs

- 34. No Proof File
- 35. Prenatal Re-appointment Documentation
- 36. Initial Contact Date Log
- 37. Home Visit Approval Forms
- 38. Separation of Duties/District Office Forms
- 39. Complaint File
- 40. CPA Orientation Checklist
- 41. CPA and Nutrition Assistant Continuing Education Records
- 42. District/Clinic-Created 999 Food Packages
- 43. Voucher Print On Demand (VPOD) Inventories
- 44. Lost/Stolen/Destroyed Voucher Reports
- 45. Dual Participation File

F. Timeframes

The program review process will be conducted within the following timeframes:

<u>ACTIVITY</u>	<u>TIMEFRAME</u>
Notification of intent to conduct a review, the Georgia WIC Program contacts the local agency to discuss possible review dates.	Thirty (30) days prior to the scheduled date
The Georgia WIC Program prepares and submits a report of program observation and review to the local agency after the site visit/exit interview.	Within sixty (60) days of the exit interviews
The local agency submits a corrective action report to the Georgia WIC Program.	Within sixty (60) days of the date of receipt of program review report is received
The Georgia WIC Program submits a written response to the local agency report.	Within thirty (30) days of the receipt of local agency response
The local agency submits a written response to the Georgia WIC Program requests for additional information.	Within thirty (30) days of the date of the written request
Program review is closed.	Within one-hundred eighty (180) days of the exit interview, unless an extension was negotiated

Note: Failure to resolve any outstanding deficiency found during the review could result in a delay of funding for the next fiscal year.

G. On-Site WIC Review Visits

During the on-site visit, the local agency will provide the WIC staff immediate and

complete access to clinics and all records maintained by the WIC clinics within the local agency. Local agency staff will be asked to respond to questions asked by State staff. Staff must be available to answer questions during the clinic visit. The average review for a district will take three (3) to five (5) days.

1. Entrance Conference

An Entrance Conference may be requested by the district to officially begin the review. The District Health Director, Program Manager, Nutrition Services Director, and any other pertinent staff are invited to participate in the entrance conference. During this conference, District staff will have the opportunity to provide an overview of their district and ask questions of the state monitoring team. State staff will:

- a. Make introductions
- b. Explain the purpose of the visit
- c. Briefly explain what will take place during the review
- d. Discuss pertinent district specific information/data

2. Point Assignment

The District (Administrative and Clinics) will be reviewed using the attached Monitoring tool. Each clinic will have it own individual Monitoring tool and points assigned. The Monitoring tool is broken down into four sections. Each section of the tool has a certain amount of points assigned. The total amount of points per District is 1,000 (Administrative – 265 and District Clinic – 735). Each clinic reviewed has 735 points available. At the end of the review, the total points for each clinic will be added together and the average will be added to the Administrative score for the final District rating. The following is a break down for each section:

Administrative

- 1. Nutrition Unit – 170 Points
- 2. Policy Unit – 55 Points
- 3. Compliance Analysis Unit - 25 Points
- 4. Systems Unit – 15 Points
- Total Points – 265

District Clinic

- 1. Nutrition Unit – 230 Points
- 2. Policy Unit – 205 Points
- 3. Compliance Analysis Unit - 155 Points
- 4. Systems Unit – 145 Points
- Total Points – 735

The District ratings are listed below:

Exemplary (950 - 1000) – The District provides efficient and effective quality services in all areas. Training may be needed.

Excellent (900 – 949) – The District provides exceptional and proficient quality services. However, there are recommendations that should be implemented. Training may be needed.

Good (800- 899) – The District has managed well. However, there are corrective actions that must be implemented. Training may be needed.
 Fair (700 – 799) – The District needs to provide more management support and a correction action plan must be implemented. Training **must be** conducted.

Unsatisfactory (699 and below) – The District is not following policies/procedures in several areas. Training **must be** conducted.

A passing score still may result in a Revisit (**see Monitoring Section I-H – Revisit WIC Review**).

3. Exit Conference

An Exit Conference with clinic staff may be held in each clinic monitored (e.g., mini Exit Conferences) or at the District Office at the conclusion of the entire program review. Findings reported by the reviewers at the Exit Conference are preliminary. The final report will be forwarded to the local agency within sixty (60) days. The following will be discussed at this conference:

- a. Areas deserving commendation
- b. Achievements
- c. Corrective actions
- d. Recommendations

Note: A District-wide Corrective Action Plan is due to the Georgia WIC Program sixty days (60) from the date that the Program Review Plan of Correction Report was received. Below is a list of the Corrective Action Training Requirements:

- One clinic average < ninety percent (90%) requires clinic specific training
- Two highlighted clinics < one-hundred percent (100%) require clinic specific training
- Three or more highlighted clinics < one-hundred percent (100%) requires District-wide training and/or District-wide average < ninety percent (90%) requires District-wide training
- Highlighted black - < one-hundred percent (100%)
- Highlighted red - requires corrective action training

H. Revisit – WIC Review

A revisit may be necessary due to the results of a program review. Listed below are some of the criteria, which will determine that a revisit is necessary:

Revisit WIC Review List

- 1. Policy Unit
 - a. Processing Standards
 - b. No Proof Form
 - c. Thirty-Day Form

- d. Missing VOC Cards
 - e. Missing Signatures on Records
 - f. Missing Participant Records
2. Nutrition Unit
 - a. Secondary Nutrition Education
 - b. Primary Nutrition Education
 - c. Risk Criteria
 - d. Missing Signatures or Documentation on Records
 - e. Inappropriate Nutrition Practices
 3. Compliance Analysis Unit
 - a. Stolen or Missing Vouchers
 - b. No Inventory
 - c. Missing Signatures on Vouchers
 - d. Security Measures
 - e. Employee/Relative Certification/Voucher Issuance Process

Any other items as needed.

The District Nutrition Services Director will be notified by phone, approximately one (1) month prior to the re-visit. A letter will then be sent to the District Nutrition Services Director and the District Health offices to confirm the dates of the revisit, the time and place for the exit conference, etc. An entrance conference will not be conducted. Revisits will start at the District office if the District office is being reviewed or a clinic scheduled for the revisit that is located near the District Office will be chosen as the starting point and the District Nutrition Services Director will be notified by telephone one (1) week before the revisit.

I. Special Site Visits

The Georgia WIC Program, in accordance with Federal WIC regulations requirements, may make special site visits at any time.

Special Site Visit Procedures:

In the event of a special site visit by the Georgia WIC Program the following procedures must be followed:

1. The Georgia WIC Program may contact the District Nutrition Services Director the day of visit.
2. After careful observation and investigation, a report will be generated and mailed to the District Nutrition Services Director within thirty (30) days of the site visit.
3. Upon receipt of the report from the Georgia WIC Program, the District Nutrition Services Director must respond in writing to the Georgia WIC Program within thirty (30) days of receipt. All district responses must provide a resolution to the existing problem. Supporting documentation must also be included in the plan:

- a. Submit an agenda with dates of training and a list of staff that have attended the training.
- b. Submit copies of all the memorandums sent out to local agency staff by the District Nutrition Services Director addressing problems found during the special site visit. Copies of any information that could not be located during the special site visit that relate to the specific corrective actions must be forwarded to the site.
- c. The District Nutrition Services Director using the Procedures Manual (for each clinic agency involved) must conduct training to close a special site visit. The District Nutrition Services Director may also contact the State Staff Development Training Coordinator for technical assistance.

NOTE: The review will not be closed until all corrective actions have been completed.

Once the State agency has received the local agency response to the written report, it may elect to do one or more of the following, based on the action plan:

- a. Close the review after another site visit within thirty (30) days.
- b. Request additional information. This information will be due within thirty (30) days from the date of the request.
- c. Make all the follow-up monitoring visits within fifteen (15) days of the exit conference.
- d. Offer technical assistance to help develop a corrective plan or train local agency staff.

The local agency will receive written notification of the above from the state agency, within fifteen (15) days from the receipt of the action plan.

J. Written Reports

The State will send an electronic report of the review to the District Health Director within sixty (60) days of the exit conference. The report will address areas of special achievement, recommendations, and corrective actions. The district will respond to all corrective actions within sixty (60) days from the date of the state agency report (see page MO-4, F. Timeframes).

A written plan of action must be developed for all program deficiencies identified during the program review. A District-wide Corrective Action Plan is due to the Georgia WIC Program sixty days from the date that the Program Review Plan of Correction Report was received. Below is a list of the Corrective Action Training Requirements:

- One clinic average < ninety percent (90%) requires clinic specific training
- Two highlighted clinics < one-hundred percent (100%) require clinic specific training
- Three or more highlighted clinics < one-hundred percent (100%) requires District-wide training and/or District-wide average < ninety (90%) requires District-wide training

- Highlighted black - < one-hundred percent (100%)
- Highlighted red - requires corrective action training

The plan must ensure that the questions Who? What? When? Where? and How? are addressed. For example: who will be trained, what will the training be on, when will they be trained, where will the training be held, and how will the training be conducted?

NOTE: All training must be performed within sixty (60) days from the date the WIC Review Report is received by the district. Contact the Staff Development Training Coordinator for technical assistance in conducting trainings.

All supporting documentation must be included in this plan. Supporting documentation includes:

1. An agenda, dates of training and a list of staff that have attended the training.
2. A copy of all the memorandums sent out to local agency staff by the Nutrition Services Director addressing problems found during the program review.
3. Copies of information that could not be located during the on-site monitoring visit that relate to specific corrective actions.

NOTE: The review will not be closed until all planned trainings have been conducted.

Once the State agency has received the local agency response to the written report, it may elect to do one or more of the following, based on the action plan:

1. Close the review.
2. Request additional information. This information will be due fifteen (15) days from the date of the request.
3. Make a follow-up-monitoring visit within six (6) months of the exit conference.
4. Offer technical assistance to help develop a corrective action plan or train local agency staff.

The local agency will receive written notification of the above from the State agency, within fifteen (15) days from the receipt of the action plan.

K. Close-Out Report

A written close-out report will be sent to the local agency upon the satisfactory resolution of all corrective actions. The close-out report is written documentation that the corrective action plan has been accepted and the program review is closed. All program reviews must be closed within one-hundred eighty (180) days of the exit interview.

L. Establish New Clinic Procedures

See Establish New Clinic Procedure in the Administrative Section.

II. QUALITY ASSURANCE SELF-REVIEWS

A. Purpose

The purpose of Self-Reviews is to improve the quality of local agency program operations. Self-Reviews allow local agencies to assess compliance of program operations with the Georgia WIC Program policies and procedures. Early identification and resolution of non-compliance improves the quality and strengthens the operations of the local agency.

B. Conducting Self-Reviews

The local agency must conduct an internal Self-Review annually by September 30th. Half of the District Clinics must be reviewed one year and all other clinics must be reviewed the following year. A schedule of review dates and clinics, and name of person conducting the self reviews, must be submitted to the Georgia WIC Program by September 30th of each year.

The assessment will include all phases of the program operations. The "State of Georgia WIC Program Local Agency Monitoring Tool" must be utilized to evaluate operations of each clinic in the district.

Note: The Financial Monitoring Tool must be used. The District is responsible for conducting Financial Annual Self-Reviews by June 30th of each year.

During the local agency Program Review, the State Review Team will review all documentation pertaining to the Self-Reviews. If repeated errors are found on a Self-Review, the District must conduct additional monitoring reviews and one-on-one training (e.g., errors in issuance of VOC Cards or the prorating of vouchers). Special attention must be given in the area of Voucher Registers and VPOD receipts. This is an area where the coordinator could detect potential fraud. USDA recommends that a Nutritionist be a member of the Local Agency Quality-Assurance team conducting Self-Reviews.

A list of sites that will be reviewed, the dates of the reviews, and the name of person conducting the reviews must be submitted to the Georgia WIC Program by September 30th of each year. Self-Reviews are not required on clinic sites that were monitored by the State during that same fiscal year.

Note: The Nutrition Services Director must request the names of employees and family members enrolled on the Georgia WIC Program for internal audit purposes. This information is confidential and must be seen by the Nutrition Services Director only.

STATE OF GEORGIA
DEPARTMENT OF PUBLIC HEALTH

GEORGIA WIC PROGRAM

LOCAL AGENCY
FFY 2013
MONITORING TOOL

SECTIONS:

POLICY UNIT

COMPLIANCE ANALYSIS UNIT (FOOD INSTRUMENT ACCOUNTABILITY)

NUTRITION SERVICES UNIT

SYSTEMS INFORMATION UNIT

MANAGEMENT EVALUATION TOOL FINAL SCORING SUMMARY					
DISTRICT RATING					
Exemplary (950 - 1000) – The District provides efficient and effective quality services in all areas. Training may be needed.					
Excellent (900 – 949) – The District provides exceptional and proficient quality services. However, there are recommendations that should be implemented. Training may be needed.					
Good (800- 899) – The District has managed well. However, there are corrective actions that must be implemented. Training may be needed.					
Fair (700 – 799) – The District needs to provide more management support and a correction action plan must be implemented. Training must be conducted.					
Unsatisfactory (699 and below) – The District is not following policies/procedures in several areas. Training must be conducted.					
ADMINISTRATIVE					
DISTRICT:			DATE:		
	POSSIBLE POINTS	POINTS AWARDED		POSSIBLE POINTS	POINTS AWARDED
Policy	55		Nutrition	170	
Compliance	25		Systems	15	
Total Possible Points: 265			Total Awarded Points:		
DISTRICT CLINIC (S)					
1. Clinic:			4. Clinic:		
	POSSIBLE POINTS	POINTS AWARDED		POSSIBLE POINTS	POINTS AWARDED
Policy	205		Policy	205	
Compliance	155		Compliance	155	
Nutrition	230		Nutrition	230	
Systems	145		Systems	145	
Total Score:	735		Total Score:	735	
2. Clinic:			5. Clinic:		
	POSSIBLE POINTS	POINTS AWARDED		POSSIBLE POINTS	POINTS AWARDED
Policy	205		Policy	205	
Compliance	155		Compliance	155	
Nutrition	230		Nutrition	230	
Systems	145		Systems	145	
Total Score:	735		Total Score:	735	
3. Clinic:			6. Clinic:		
	POSSIBLE POINTS	POINTS AWARDED		POSSIBLE POINTS	POINTS AWARDED
Policy	205		Policy	205	
Compliance	155		Compliance	155	
Nutrition	230		Nutrition	230	
Systems	145		Systems	145	
Total Score:	735		Total Score:	735	
FORMULA FOR CLINIC AVERAGE SCORE:					
CLINIC #1 _____ + CLINIC #2 _____ + CLINIC #3 _____ + CLINIC #4 _____ + CLINIC #5 _____ + CLINIC #6 _____ = _____ DIVIDE BY (/) # OF CLINICS REVIEWED _____ = AVERAGE SCORE FOR DISTRICT CLINICS: _____					
Is follow-up required? Yes _____ No _____ (Please review the Plan of Correction Report)					

POLICY UNIT "PRIOR TO" FORM – ADMINISTRATIVE MANAGEMENT EVALUATION

DISTRICT: _____

DATE: _____

	S	S N	U	N/A	See Quality Assurance District Review Work Sheet
1. Did the district conduct Self Reviews? (Attach a copy of the Review Schedule)					Self Review Section
2. Was a Self Review plan submitted to the Georgia WIC Program by September 30th? Date _____					
Comments:					
3. Is documentation on file for any Fair Hearings?					Fair Hearing Section
Comments:					
4. Were complaints handled/ resolved according to program procedures?					Complaints Section
Comments:					
5. Were VOC cards ordered by the district/clinic since the last review?					VOC Card Inventory Section
6. Were any VOC cards report lost or stolen since the last review?					
Comments:					
7. Did the district receive an extension for Processing Standards? From _____ to _____ (document dates)					Clinic Review – Processing Standards
8. Did the district develop a quarterly Processing Standards plan and submit it to the Georgia WIC Program?					
9. Were Processing Standards met for each clinic the last reported quarter?					
10. Was a Processing Standards Non-compliance letter sent to the district?					
Comments:					
11. Were any Civil Rights complaints on file?					Civil Rights Section
12. Were posters, brochures, pamphlets, and flyers in the district in compliance with the current Non-Discrimination statement?					
Comments:					

POLICY UNIT "PRIOR TO" FORM – DISTRICT CLINIC EVALUATION

CLINIC: _____ DATE: _____

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

	Clinic #						See Section:
1. Does the clinic have a waiting list?							Clinic Observation – Waiting List
Comments:							
2. Does the local population include migrants?							Clinic Staff Questions – Special Population
Comments:							
3. Does the population include Limited English Proficient (LEP) persons?							Clinic Staff Questions – Special Population
Comments:							
4. Are the race codes being utilized?							Clinic Observation – Check In Procedures
Comments:							
5. Are participants/applicants physically present for certification?							Clinic Observation – Check In Procedures
Comments:							
6. Does the clinic meet Staffing Standards? (Clinic staff ration is one (1) administrative support staff per every 800 clients served)							AD Section (IV) – no points at this time (Review summary submitted by district prior to visit)
Comments:							

**POLICY UNIT ADMINISTRATIVE MANAGEMENT EVALUATION
WORK SHEET**

ADMINISTRATIVE FILES REVIEW

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

Total Points for District Review

- 55 - 50 Points (S)
- 49 - 44 Points (SN)
- 43 - 0 Points (U)

DISTRICT: _____

DATE: _____

REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded
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A. INTERNAL COMMUNICATIONS

Introduction Section V.	1. Is a copy of the current Procedures Manual located at the district office?					1	
	2. Is a copy of the current fiscal year's Policy and Action Memorandums located at the district office?					1	
	3. Are staff meetings conducted?					1	
	4. Was an Organizational chart available? (Attach a copy)					1	

Comments:

B. HOME VISITS

Certification Section XXVI.	1. Were WIC Home Visits being made? (Request a copy of the approval forms).					1	
	2. Were procedures followed for vouchers that are issued to participants in the home?					1	

Comments:

C. OUTREACH

Outreach Section I.	1. Has the district or local clinic conducted outreach activities within the last 12 months?					2	
	2. Were all outreach activities documented and available for review?					2	
Outreach Section II.	3. Were grassroots organizations (Churches, Boys and Girls Clubs, etc.) contacted?					1	

Comments:

D. SEPARATION OF DUTIES

Certification Section XXVI., B.	1. Was separation of duties practiced at each clinic in the district?					2	
	2. Was the Separation of Duties/District Office form completed and received at the district office within 3 days? (See documentation)					1	
	3. Was the Separation of Duties/ District Office Form completed by the Nutrition					1	

**POLICY UNIT ADMINISTRATIVE MANAGEMENT EVALUATION
WORK SHEET**

ADMINISTRATIVE FILES REVIEW

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

Total Points for District Review

- 55 - 50 Points (S)
- 49 - 44 Points (SN)
- 43 - 0 Points (U)

DISTRICT: _____

DATE: _____

REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded
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	Services Director/Designee and located at the district office?						
	4. Was the documentation in compliance with WIC rules and regulations? (See logs and certification documents).					2	

Comments:

E. TRAINING

	1. Is Procedures Manual training conducted annually for WIC staff? When? _____ By Whom? _____					3	
	2. Is the documentation for in-service training for WIC and non-WIC staff available? (See documentation)					2	

Comments:

F. SELF-REVIEWS

Monitoring Section II., B.	1. Were Self Reviews conducted in the district? (See Policy Unit "Prior To" Form – Administrative Management Evaluation)					2	
	2. Was the Self Review Plan submitted to the Office of Nutrition and WIC by September 30 th ? (See Policy Unit "Prior To" Form – Administrative Management Evaluation)					2	
	3. Was the Monitoring Tool completed in its entirety?					2	
	4. Was the State's Monitoring Tool used?					1	

Comments:

G. FAIR HEARING

Rights and Obligations Section V.	1. Is Fair Hearing documentation available for review at the district level? (See Policy Unit "Prior To" Form – Administrative Management Evaluation)					2	
	2. Were procedures followed?					2	

**POLICY UNIT ADMINISTRATIVE MANAGEMENT EVALUATION
WORK SHEET**

ADMINISTRATIVE FILES REVIEW (S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable) Total Points for District Review 55 - 50 Points (S) 49 - 44 Points (SN) 43 - 0 Points (U)							
DISTRICT: _____				DATE: _____			
REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded

	3. Were timelines met?					1	
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Comments:

H. COMPLAINTS

Certification Section XXV.	1. Were procedures followed for complaint resolution? (See Policy Unit "Prior To" Form – Administrative Management Evaluation)					2	
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Comments:

I. CIVIL RIGHTS

Rights and Obligations Section IV., B.	Training 1. Were Civil Rights training conducted annually for local WIC staff? (district) When? _____ By Whom? _____					2	
--	---	--	--	--	--	---	--

Rights and Obligations Section IV., B.	2. Did the district's Civil Rights training meet the subject matter requirements? (Review documentation)					3	
--	--	--	--	--	--	---	--

Rights and Obligations Section IV., B.	3. Is Civil Rights training a part of new employee orientation? (Review list of new employees and documentation of Civil Rights Training).					2	
--	--	--	--	--	--	---	--

Administrative Section Three, XIII.	New Clinics 1. When local agencies open a new clinic, were Civil Rights Pre-Approved/Pre Award Compliance Review conducted by district office?					1	
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Administrative Section Three, XIII.	2. Was the documentation sent to the Georgia WIC Program? (Review documentation)					1	
-------------------------------------	--	--	--	--	--	---	--

Administrative Section Three, XIII.	3. Was the agreement(s) sent to the state for approval prior to the site visit? (Review documentation)					1	
-------------------------------------	--	--	--	--	--	---	--

Rights and Obligations Section II.	Literature 1. Was the full Non-Discrimination statement on all district created materials? Effective May 1, 2009 (See Policy Unit "Prior To")					2	
------------------------------------	--	--	--	--	--	---	--

**POLICY UNIT ADMINISTRATIVE MANAGEMENT EVALUATION
WORK SHEET**

ADMINISTRATIVE FILES REVIEW

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

Total Points for District Review

- 55 - 50 Points (S)
- 49 - 44 Points (SN)
- 43 - 0 Points (U)

DISTRICT: _____

DATE: _____

REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded
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	Form – Administrative Management Evaluation).						
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Comments:

J. VOC CARD INVENTORY

Certification Section XVII., F.	1. Were VOC Cards ordered and distributed by the district office?					1	
Certification Section XVII., G.	2. Was an inventory maintained?					1	
	3. Was the inventory accurate and contain all required components for receipt and distribution of VOC Cards?					1	
	4. Was the state’s VOC Card Inventory Form utilized?					1	

Comments:

K. LOCAL AGENCY CONTRACTS/AGREEMENTS

Administrative Section Three, XXX., D.	1. Was Special Project (s) Agreement (s) available for review?					1	
--	--	--	--	--	--	---	--

Comments:

L. PROCESSING STANDARDS

State Plan - Goals	1. Is the district quarterly monitoring Processing Standards? (Review documentation of method used).					2	
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Comments:

Total Rating /Points						55	
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POLICY UNIT CLINIC EVALUATION WORK SHEET

CLINIC EVALUATION

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

Total Points for Clinic Review _____

- 205 – 184 Points (S)
- 183 – 163 Points (SN)
- 162 – 0 Points (U)

Use Forms 1 – 8 to determine awarded points for each section. Record points from Forms 1 – 8 on the worksheet. Total worksheet to determine clinic score above.

CLINIC: _____ **DATE:** _____

REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded
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A. INELIGIBILITY/TERMINATION

Certification Section XVI., A.	<p>1. Notice of Termination/Ineligibility Forms</p> <ul style="list-style-type: none"> • Was the Notice of Termination/Ineligibility /Waiting List Form used appropriately if applicable? (See Form 1 – Chart Review for point assignment for this question) • Were the Termination Notices and applicable documentation in the Ineligibility file present and completed per procedures? (See Form 1 – Ineligibility File Review for point assignment for this question) 					6	
	<p>2. Notification of Termination</p> <ul style="list-style-type: none"> • Are participants who are terminated during a valid certification period notified prior to termination? • Are participants notified that their WIC certification is about to expire before termination and how are they notified? 					1	

Comments: _____

B. TRANSFERS/VOC/EVOC

Certification Section XVII., I.	<p>1. Were the following items stored in a separate, secure location?</p> <ul style="list-style-type: none"> a. Program Stamp b. VOC Cards c. VOC Card Inventory 					3	
	<p>2. Were voided VOC cards marked VOID on the VOC Card Inventory Log?</p>					1	

POLICY UNIT CLINIC EVALUATION WORK SHEET

Certification Section XVII., H. and I.	3. Were procedures followed for VOC Card issuance and security? (See Form 2 for point assignment for this question)					1	
Certification Section XVII., G.	4. Were procedures followed for VOC Card Inventory maintenance? (See Form 2 for point assignment for this question)					1	
Certification Section XVII., I.	5. Was the old stock of VOC cards security destroyed in the event VOC cards were revised?					1	
Certification Section XVII., J.	6. Were any VOC Cards missing? _____ If so, were they reported to the Georgia WIC Program?					2	
Certification Section XVII., E.	7. Were procedures followed for EVOC Card issuance? (See Form 2 for point assignment for this question)					1	
Certification Section XVII., E., c.	8. Were procedures followed for EVOC Card reports? (See Form 2 for point assignment for this question)					1	
Comments:							
C. VOTER REGISTRATION							
Rights and Obligations Section VIII.	1. Are Voter Registration Declaration forms available for each day certifications are conducted in the clinic?					1	
	2. Were Voter Registration Batch forms completed and submitted to the Secretary of State's office?					1	
Comments:							
D. NO PROOF							
Certification Section VIII., C., 3., m.	1. Was the No Proof form used appropriately if applicable? (See Form 5 for point assignment for this question)					5	
Comments:							
E. THIRTY-DAY							
Certification Section VIII., C., 3., n.	1. Was the Thirty-Day form used appropriately if applicable? (See Form 6 for point assignment for this question)					6	
Comments:							
F. REFERENCE MATERIALS							
Introduction Section V.	1. Are Policy /Action memos current in the clinic?					1	
	2. Is the current fiscal year Procedures Manual in the clinic?					1	

POLICY UNIT CLINIC EVALUATION WORK SHEET

Comments:						
G. RECORD REVIEW						
Certification Section	1. Were procedures appropriately applied for WIC certifications? (See Form 3 for point assignment for this question)				70	
Comments:						
H. CLINIC OBSERVATION						
Certification Section	1. During the observation were appropriate procedures used to complete the certification process? (See Form 4 for point assignment for this question)				50	
Comments:						
I. PROCESSING STANDARDS						
Certification Section IV., A.	1. Is there a system (a personal visit log, WIC Certification/Assessment Form or an appointment book) available for documenting and tracking initial contact dates and Processing Standards? Was the system/log completed in its entirety? (See Form 7 for point assignment for this question)				2	
Certification Section III., B.	2. Did the initial contact date recorded on the log and the Certification Form match? (See Form 7 for point assignment for this question)				2	
Certification Section IV. A. and C.	3. Are Processing Standards being met? (See Form 7 for point assignment for this question) If not, was an extension requested by district? (See Policy Unit "Prior To" Form – Administrative Management Evaluation)				4	
Comments:						
J. MISSED APPOINTMENTS						
Certification Section III., G.	1. Was a Prenatal Missed Appointment Log maintained? Was the log completed in its entirety? (See Form 7 for point assignment for these questions)				2	
	2. Did the original prenatal certification appointment meet Processing Standards? (See Form 7 for point assignment for this question)				2	

POLICY UNIT CLINIC EVALUATION WORK SHEET

Certification Section IV., A.	3. Were missed certification appointments rescheduled for prenatal women? (See Form 7 for point assignment for this question)					2	
	4. Did the rescheduled appointment meet processing standards for prenatal women? (See Form 7 for point assignment for this question)					2	
Administrative Section Three, VII.	5. If postcards are mailed to participants for any reason, are they in compliance with HIPPA regulations? View postcards or other documents mailed. (See Form 7 for point assignment for this question)					1	
Comments:							
K. CIVIL RIGHTS							
Rights and Obligations Section IV., D.	1. Is the local agency in compliance with program policy regarding racial ethnic coding and filing of participants' records? (Review Clinic Records)					2	
Rights and Obligations Section II.	2. Was the full current non-discrimination statement on all Clinics created materials?					1	
Comments:							
L. CLINIC STAFF QUESTIONS							
	1. Was the staff knowledgeable of the procedures required to serve WIC applicants/participants? (See Form 8 for point assignment for this question)					32	
Comments:							

POLICY EVALUATION FORMS

- Form 1 Ineligible Certification Work Sheet
- Form 2 VOC/EVOC Security & Issuance Report
- Form 3 Record Review
- Form 4** Clinic Observation
- Form 5 No Proof Monitoring Form
- Form 6 Temporary Thirty (30) Day Certification Record Review
- Form 7 Processing Standards / Prenatal Missed Appointment Logs
Review
- Form 8..... Clinic Staff Questions

INELIGIBLE CERTIFICATION WORK SHEET

Review five (5) records in each clinic of individuals found ineligible at the time of certification and/or of individuals who were terminated from the Program within the last year. *Note: This information may be retrieved from the Ineligibility file.*

- 90 – 100% 6 Points (S) 50 – 79% 2 Points (U)
- 80 – 89% 4 Points (SN) 0 – 49% 0 Points (U)

CLINIC: _____

DATE: _____

CHART REVIEW – N/A (check N/A if terminations are not available for review time period)	Possible %	% Awarded
Participant's Name	100	
Termination Date		
COMPLETION OF TERMINATION NOTICE		
1. Was the date documented?	2	
2. Was the demographic information recorded?	2	
3. Was "You are not eligible" or "You are being terminated" checked?	2	
4. Was the reason for termination checked?	2	
6. Was the Fair Hearing Section completed?	5	
7. Was the participant/parent/guardian signature recorded?	2	
7. Was the WIC representative's signature recorded?	2	
Comments:		
NOTIFICATION		
1. Was the Notice of Fair Hearing given?	10	
Comments:		
TERMINATION CODE		
1. What was the termination code submitted for ineligibility or termination? _____ Was the code correct? _____	3	
Comments:		
CERTIFICATION FORM & SUPPORTING DOCUMENTATION		
1. Was the income section of the Certification Form completed, dated and signed if the reason for termination or ineligibility was "A"?	5	

2. Did the Certification Form contain the signature and date of the person that determined eligibility?							5	
3. Was a copy of income proof present with the Certification Form if the reason for termination or ineligibility was "A"?							5	
4. Were proof copies stamped with the date of receipt?							5	

Comments:

INELIGIBILITY FILE REVIEW – N/A (check N/A if terminations are not available for review time period)
 (check the Termination Notices and applicable documentation in the Ineligibility file)

COMPLETION OF TERMINATION NOTICE	Yes/No/NA	Possible %	% Awarded
1. Was the date documented?		2	
3. Was the demographic information recorded?		2	
3. Was "You are not eligible" or "You are being terminated" checked?		2	
4. Was the reason for termination checked?		2	
8. Was the Fair Hearing Section completed?		5	
9. Was the participant/parent/guardian signature recorded?		2	
7. Was the WIC representative's signature recorded?		2	

Comments:

NOTIFICATION

1. Was the Notice of Fair Hearing given?		10	
--	--	----	--

Comments:

TERMINATION CODE

1. What was the termination code submitted for ineligibility or termination? Was the code correct?		3	
--	--	---	--

Comments:

CERTIFICATION FORM & SUPPORTING DOCUMENTATION

1. Was the income section of the Certification Form completed, dated and signed if the reason for termination or ineligibility was "A"?		5	
2. Did the Certification Form contain the signature and date of the person that determined eligibility?		5	
3. Was a copy of income proof present with the Certification Form if the reason for termination or ineligibility was "A"?		5	
4. Were proof copies stamped with the date of receipt?		5	

Comments:

VOC/EVOC SECURITY & ISSUANCE REPORT

- 90 – 100% 4 Points (S)
- 80 – 89% 3 Points (SN)
- 50 – 79% 1 Point (U)
- 0 – 49% 0 Points (U)

CLINIC: _____

DATE: _____

DISTRICT/CLINIC ISSUED VOC CARDS/PHYSICAL INVENTORY										
State/District Issued VOC Cards		Amount Issued	Date Issued	VOC Cards on Hand		# of Cards on Hand	Requested Cards Accounted For?	2 Staff Initials Recorded?	District & Clinic #'s Match?	Is Inventory Accurate?
Beg #	End #			Beg #	End #		5%	5%	5%	10%
Comments:									Possible % – 25 % Awarded -	
VOC CARD SECURITY REPORT (Pull 5 Participant Records)- N/A _____ (check N/A if VOC cards were not issued during review time period)										
Participant's Name										
Participant's Birth Date										
Date VOC Card was Issued										
Was the Parent/Guardian/Caregiver Signature on the Log?										5%
Did the Signature on the Log and Certification Form Match?										5%
Was the Termination Notice issued?										10%
Did the Termination Notice contain the required signatures?										5%
Comments:									Possible % – 25 % Awarded -	
CLINIC EVOC CARD REPORTS										
Are the EVOC Reports printed quarterly and filed by year?									Yes ___ N/A No ___	
Comments:									Possible % – 15 % Awarded -	
EVOC CARD SECURITY REPORT (Pull 5 Participant Records)- N/A _____ (check N/A if EVOC cards were not issued during review time period)										
Participant's Name										
Participant's Birth Date										
Date EVOC Card was Issued										
Was a copy of the EVOC Card Filed in the Participant's Chart?										5%
Was the Clinic Information Stamped or Printed on the EVOC Card?										5%
Was the EVOC Card Signed by the Participant/Parent/Guardian?										5%
Was the EVOC Card Signed by the WIC Representative?										5%
Was the Termination Notice issued?										10%
Did the Termination Notice contain the required signatures?										5%
Comments:									Possible % – 35 % Awarded -	

RECORD REVIEW

Review the following criteria in the records randomly selected.

- 90 – 100% 70 Points (S)
- 50 – 79% 50 Points (U)
- 80 – 89% 60 Points (SN)
- 0 – 49% 0 Points (U)

CLINIC: _____

DATE: _____

An average (~) of 90 - 100 for each criteria receives the assigned possible %.									
PARTICIPANT'S NAME & WIC ID Number							~	Possible %	% Awarded
CERTIFICATION DATE								100	
DEMOGRAPHICS									
1. Were the demographics (Name, Address, etc.) completed?								2	
2. If P.O Box was recorded as the address, was the form for Applicants with a P.O. Box completed and filed in health record?								2	
Comments:									
PROCESSING STANDARDS									
1. Was the initial contact date recorded?								6	
2. Did a break in service occur? _____ <ul style="list-style-type: none"> • If so, was the initial contact date changed? 								6	
3. Were processing standards met?								10	
Comments:									
PROOFS									
1. Was proof of residency recorded and a copy stamped dated and filed in the record?								4	
2. Was proof of identification for the participant recorded and a copy stamped dated and filed in the record?								4	
3. Was proof of identification for the parent/guardian recorded and a copy stamped dated and filed in the record?								4	
Comments:									
INCOME									
1. Was the date recorded for the income information?								1	
2. Was Medicaid eligibility recorded?								3	
3. Was Medicaid number recorded?								3	
4. Was TANF documented?								3	

5. Was the TANF verification filed in the record?								3	
6. Was SNAP documented?								3	
7. Was the SNAP verification filed in the record?								3	
8. Was the number in family recorded?								1	
9. Was income information recorded?								1	
10. Was zero income accepted? _____ <ul style="list-style-type: none"> If yes to the above, was the following question answered? How do you obtain food, shelter, clothing and medical care? 								2	
11. Was the income source recorded and a copy stamped dated and filed in the record?								4	
12. Was a letter from employer accepted as proof of income? _____ <ul style="list-style-type: none"> If yes, was the letter from employer on letterhead or attached to a No Proof form? 								2	
13. Were staff initials recorded for residency, identification and income verification?								1	
14. Was only one income reported checked?								1	
15. If no to the above, was the Income Calculation Form used?								1	

Comments:

CERTIFICATION VALIDATION

1. Was participant physically present? _____ <ul style="list-style-type: none"> If no, was the exempt reason documented in the record? 								2	
2. Was the printed name/title of staff person verifying the participant/parent/guardian signature recorded?								3	
3. Was the signature/title of staff person verifying the participant/parent/guardian signature recorded?								3	
4. Was the participant/parent/guardian's printed name and date recorded?								3	
5. Was the participant/parent/guardian's signature/date recorded?								3	
6. If proxy signed above, was proxy letter completed and filed in record?								2	
7. Was choice to authorize disclosure of sharing participant information initialed?								3	

Comments:

ELIGIBILITY								
1. Was participant categorically eligible?							4	
2. Was it documented that participant was income eligible/ineligible?							4	
Comments:								
SUPPORTING DOCUMENTATION								
1. Was current immunization status recorded?							1	
2. Was the error correction procedure used?							1	
3. Was a VOC/EVOC card issued? (Migrants only)							1	
Comments:								
Note: Make copies of this form for Record Review.								

CLINIC OBSERVATION

CLINIC: _____		DATE: _____					
<input type="checkbox"/> 90 – 100% 50 Points (S) <input type="checkbox"/> 50 – 79% 20 Points (U) <input type="checkbox"/> 80 – 89% 40 Points (SN) <input type="checkbox"/> 0 – 49% 0 Points (U)							
Name of Person Observed: _____							
REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible %	% Awarded
						100	
A. ENVIRONMENT							
Special Population Section III., E.	1. Are WIC facilities accessible to persons with special needs (ADA)?					3	
Emergency Plan Section V., A. and B.	2. Is this a new or renovated facility that is accessible and operational during power failures?					1	
Comments:							
B. CONFIDENTIALITY							
Certification Section VIII., A., 2.	1. Does the clinic offer privacy for the certification process (income screening, health screening and counseling)?					10	
Comments:							
C. SIGNS							
Certification Section I.	1. Is the “No Charge for WIC Services” sign posted in the clinic?					5	
Rights and Obligations Section IV., F.	2. Is the “How to File a Complaint” sign posted in the clinic?					5	
Administrative Section Three, IX.	3. Are “No Smoking” signs posted? (N/A if a DPH Building)					5	
Special Population Section III., B.	4. Is the “Interpreter” sign posted in a visible place?					5	
Rights and Obligations Section IV., A.	5. Is the “Justice for All” sign posted in a visible place?					5	
Comments:							
D. CUSTOMER SERVICE							
Administrative Section Three, XXVII.	1. Were scheduled participants waiting for long periods of time? Is a Patient Flow Analysis required?					1	
Rights and Obligations Section I.	2. Are all applicants treated the same?					4	
Comments:							

CLINIC OBSERVATION

CLINIC: _____		DATE: _____					
<input type="checkbox"/> 90 – 100% 50 Points (S) <input type="checkbox"/> 50 – 79% 20 Points (U) <input type="checkbox"/> 80 – 89% 40 Points (SN) <input type="checkbox"/> 0 – 49% 0 Points (U)							
Name of Person Observed: _____							
REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible %	% Awarded
						100	
A. ENVIRONMENT							
Special Population Section III., E.	1. Are WIC facilities accessible to persons with special needs (ADA)?					3	
Emergency Plan Section V., A. and B.	2. Is this a new or renovated facility that is accessible and operational during power failures?					1	
Comments:							
B. CONFIDENTIALITY							
Certification Section VIII., A., 2.	1. Does the clinic offer privacy for the certification process (income screening, health screening and counseling)?					10	
Comments:							
C. SIGNS							
Certification Section I.	1. Is the “No Charge for WIC Services” sign posted in the clinic?					5	
Rights and Obligations Section IV., F.	2. Is the “How to File a Complaint” sign posted in the clinic?					5	
Administrative Section Three, IX.	3. Are “No Smoking” signs posted? (N/A if a DPH Building)					5	
Special Population Section III., B.	4. Is the “Interpreter” sign posted in a visible place?					5	
Rights and Obligations Section IV., A.	5. Is the “Justice for All” sign posted in a visible place?					5	
Comments:							
D. CUSTOMER SERVICE							
Administrative Section Three, XXVII.	1. Were scheduled participants waiting for long periods of time? Is a Patient Flow Analysis required?					1	
Rights and Obligations Section I.	2. Are all applicants treated the same?					4	
Comments:							

CLINIC OBSERVATION

E. CERTIFICATION PROCEDURES (CHECK-IN)							
Certification Section II., B.	1. Was the applicant present at certification?					2	
Certification Section XXX.	2. Was the staff in the clinic using the Interview Script to determine Race and Ethnicity?					5	
Rights and Obligations Section IV., D.	3. Are the current race codes being utilized? (See Policy "Prior To" Form – District Clinic Evaluation)					2	
Certification Section XXVI., C., 6.	4. Were participants informed of their rights and obligations?					5	
Certification Section XXV., B.	5. Were the applicants/participants informed on "How to File a Complaint" at the initial contact, certification, and/or recertification?					5	
Rights and Obligations Section VIII.	6. Is each participant offered an opportunity to register to vote?					1	
Comments:							
F. SPECIAL POPULATION/INTERPRETERS							
Special Population Section III., B.	1. Was the Interpreter sign discussed or shown to the applicant/participant?					2	
	2. Were waivers completed when the applicant or participant brought their own interpreter?					1	
	3. Were services available for LEP clients? (See Policy "Prior To" Form – District Clinic Evaluation)					2	
Comments:							
G. PROOFS							
Certification Section V.	1. Was proof of ID required for certification /re-certification or pickup? Was it an approved form of ID? Was the proof copied and stamped with the date of receipt? Woman ___ Infant ___ Child ___ Type of proof accepted _____					4	
Certification Section II., C.	2. Was proof of residence required for certification/re-certification? Was it an approved form of residency? Was the proof copied and stamped with the date of receipt? Type of proof accepted _____					4	
Certification Section II., D	3. Was proof of income required for certification/re-certification? Was it an approved form of income? Was the proof copied and stamped with the date of receipt? Type of proof accepted _____					4	
Comments:							

CLINIC OBSERVATION

H. INCOME							
Certification Section VIII., B.	1. Was Medicaid/SNAP/TANF verified?					1	
Certification Section VIII., A., 3.	2. Is income determined prior to nutritional risk assessment?					1	
Certification Section VIII., C., 3., m and n	3. Was the correct form (Thirty-Day, Income Calculation and No Proof) used for income?					1	
Certification Section VIII., C.	4. Was the income calculated according to procedures? Were the right questions asked?					1	
Certification Section VIII., A., 3.	5. Was the applicant asked? (a) How many people are in the family? (b) Who contributed to the income of the family?					1	
Certification Section VIII., C., 3.	6. Was income assessed according to the definition of family?					1	
Certification Section VIII.	7. Was proof of income verified at certification/re-certification?					1	
	8. Did the clinic staff ask the applicant to report income for the entire family?					1	
Certification Section VIII., B.	9. Does the clinic determine an applicant/participant to be income eligible based on presumptive eligibility requirements? Was a self-declared income required?					1	
Comments:							
I. CLOSURE OF CERTIFICATION							
Rights and Obligations Section I.	1. Was the applicant asked to read the certification statement before signing?					1	
Certification Section XV., B., 18., g.	2. Was the applicant asked to make a selection of their preference in authorizing disclosure of sharing participant information?					5	
Certification Section VII.	3. Was the applicant offered the opportunity to have a proxy? If so, were procedures followed for documentation of proxies (i.e. Certification Form, Computer or Tickler File)?					1	
Comments:							
J. CLINIC FLOW							
Administrative Section Three, XXVII.	1. Were there any noticeable bottlenecks that interfered with the clinic flow?					2	
Comments:							

CLINIC OBSERVATION

K. WAITING LIST							
Certification Section XXII., A.	1. Is there a current Waiting List since the last review? _____ • If so, were procedures followed for maintaining a waiting list?					1	
Comments:							

NO PROOF MONITORING FORM

- 90 – 100% 5 Points (S) 50 – 79% 1 Point (U)
- 80 – 89% 3 Points (SN) 0 – 49% 0 Points (U)

CLINIC: _____ **DATE:** _____

In each clinic randomly select five (5) records, from the No Proof File, to review the following criteria:

CHART REVIEW - N/A _____ (check N/A if No Proof is not available for review time period)						
CRITERIA TO REVIEW						
PARTICIPANT'S NAME						
CERTIFICATION DATE						
MISSING PROOF(S) - Check all that apply	ID R INC	ID R INC	ID R INC	ID R INC	ID R INC	
COMPLETION OF NO PROOF FORM						
1. Was the missing proof documented?						5%
2. Was the income information recorded						5%
3. Was the reason for no documentation recorded?						5%
4. Was the list of family members applying completed?						5%
5. Was the applicant's signature and date recorded?						5%
6. Was the WIC representative's signature and date recorded?						5%
Comments:					Possible % - 30 % Awarded -	
COMPLETION OF THE CERTIFICATION FORM						
1. Was "NP" recorded on the Certification Form for the missing proof?						5%
2. Was self-declaration allowed and documented on the Certification form if income was the missing proof?						5%
3. Did the income recorded on the No Proof form equal the income recorded on the Certification form?						10%
Comments:					Possible % - 20 % Awarded -	
VALID USE						
1. Was the No Proof form used correctly?						10%
Comments:					Possible % - 10 % Awarded -	

NO PROOF FILE REVIEW - N/A (check N/A if No Proof is not available for review time period)			
COMPLETION OF NO PROOF FORM	Yes/No	Possible %	% Awarded
1. Was the missing proof documented?		5%	
2. Was the income information recorded?		5%	
3. Was the reason for no documentation recorded?		5%	
4. Was the list of family members applying completed?		5%	
5. Was the applicant's signature and date recorded?		5%	
6. Was the WIC representative's signature and date recorded?		5%	
Comments:			Possible % - 30 % Awarded -
VALID USE			
1. Was the No Proof form used correctly?		10%	
Comments:			Possible % - 10 % Awarded -

TEMPORARY THIRTY (30) DAY CERTIFICATION RECORD REVIEW

- 90 – 100% 6 Points (S)
- 80 – 89% 4 Points (SN)
- 50 – 79% 2 Point (U)
- 0 – 49% 0 Points (U)

CLINIC: _____

DATE: _____

Use one form per clinic in each clinic and randomly select five records from the Temporary Thirty (30) Day Certification Report to review the following criteria:

CHART REVIEW- N/A (check N/A if Thirty-Day is not available for review time period)						
PARTICIPANT'S NAME AND BIRTH DATE						
CERTIFICATION DATE						
MISSING PROOF(S) - Check all that apply						
	ID__ R__ INC__	ID__ R__ INC__	ID__ R__ INC__	ID__ R__ INC__	ID__ R__ INC__	
COMPLETION OF THE THIRTY-DAY FORM						
1. Was the date recorded?						3%
2. Was the name, date of birth, address and telephone number completed?						3%
3. Was "You will be terminated from the Georgia WIC Program ..." checked?						3%
4. Was the date (that information is due back to the clinic) recorded?						3%
5. Was the type of proof(s) client is to bring back to the clinic checked?						3%
6. Were the date and the WIC Representative's signature completed?						3%
7. Was the Fair Hearing Section completed?						3%
8. Was the participant or parent/guardian/caregiver's signature completed?						3%
9. Was the WIC Representative's signature/title completed?						3%
Comments:					Possible % – 27 % Awarded -	
COMPLETION OF THE CERTIFICATION FORM						
1. Was "NO" placed in the missing proof(s) field?						3%
2. If income was the missing proof, is self-declared income documented?						3%
3. Did the participant or parent/guardian/caregiver sign the WIC assessment form?						3%
4. Did the WIC Representative sign and date the WIC assessment form?						3%
Comments:					Possible % – 12 % Awarded -	
VOUCHER ISSUANCE						
1. Was the participant issued only thirty (30) days of vouchers?						5%

2. Did the temporary thirty (30) day certification end before or at the recorded return date (no extension and no extra vouchers issued)?					5%
Comments:				Possible % – 10 % Awarded -	
WITHIN THE THIRTY-DAY PERIOD					
1. If the participant or parent/guardian/caregiver returned with the missing proof(s) was the actual document(s) presented recorded in the appropriate "UP" field?					5%
2. If income documentation was the missing proof, is the adjustment made on the WIC assessment form? (up field for income source/amount and Medicaid/SNAP/TANF eligibility/number)					3%
3. Did the WIC Representative date and initial the updated adjustment?					3%
4. Was the adjustment entered into the computer?					3%
Comments:				Possible % – 14 % Awarded -	
TERMINATION					
1. If the participant is income ineligible, was "You are being terminated from the Georgia WIC Program ..." checked on the Thirty (30)-Day Form?					3%
2. Were the date and the WIC Representative's signature completed on the Thirty (30) -Day Form?					3%
3. If the participant or parent/guardian/caregiver did not return with the missing proof(s), was the participant terminated in the computer system?					4%
Comments:				Possible % – 10 % Awarded -	
THIRTY-DAY FILE REVIEW- N/A _____ (check N/A if Thirty-Day is not available for review time period)					
COMPLETION OF THE THIRTY-DAY FORM		Yes/No	Possible %	% Awarded	
1. Was the date recorded?			3		
2. Was the name, date of birth, address and telephone number completed?			3		
3. Was "You will be terminated from the Georgia WIC Program ..." checked?			3		
4. Was the date (that information is due back to the clinic) recorded?			3		
5. Was the type of proof(s) client is to bring back to the clinic checked?			3		
6. Were the date and the WIC Representative's signature completed?			3		
7. Was the Fair Hearing Section completed?			3		
8. Was the participant or parent/guardian/caregiver's signature completed?			3		
9. Was the WIC Representative's signature/title completed?			3		
Comments:				Possible % – 27 % Awarded -	

PROCESSING STANDARDS / PRENATAL MISSED APPOINTMENT LOGS REVIEW

- 90 – 100% 17 Points (S)
- 50 – 79% 6 Point (U)
- 80 – 89% 12 Points (SN)
- 0 – 49% 0 Points (U)

CLINIC: _____ DATE: _____

Source for Participant Names: Log ___ System Printout ___ Random Names ___ Other ___ (specify)				
PROCESSING STANDARDS SYSTEM/LOG REVIEW		Yes/No	Possible %	% Awarded
1. Is there a system/log available for documenting and tracking initial contact dates and Processing Standards? Was documented proof available to show Processing Standards are being met?			10	
2. Was the system/log completed in its entirety?			4	
3. Are Processing Standards being met for all WIC types?			15	
Comments:		Possible % – 29 % Awarded -		

PROCESSING STANDARDS CHART REVIEW (Check two charts for each WIC type)					
Participant Name	WIC Type	Initial Contact Date	Scheduled Appointment Date	Do Initial Contact Dates Match? (Certification Form & Log)	Were Processing Standards Met?
Comments:				Possible % – 5 % Awarded -	Possible % – 15 % Awarded -

PRENATAL MISSED APPOINTMENT LOG REVIEW - N/A _____ (Check N/A if a prenatal did not miss a certification appointment for review time period)		Yes/No	Possible %	% Awarded
1. Was a Prenatal Missed Appointment Log maintained?			10	
2. Was the log completed in its entirety?			4	
3. If postcards are mailed to participants for any reason, are they in compliance with HIPPA regulations? (View postcards or other documents mailed)			2	
Comments:		Possible % – 16 % Awarded -		

PRENATAL MISSED APPOINTMENT REVIEW (check 5) – N/A _____ (Check N/A if a prenatal did not miss a certification appointment for review time period)						
Participant Name	Initial Contact Date	Scheduled Appointment	Were Processing Standards Met?	Date of Contact to Reschedule Missed Appointment	Rescheduled Appointment Date	Were Processing Standards Met?
Comments:			Possible % – 15 % Awarded -	Possible % – 5 % Awarded -	Possible % – 15 % Awarded -	

CLINIC STAFF QUESTIONS

CLINIC: _____

DATE: _____

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

- 90 – 100% 32 Points (S) 50 – 22% 6 Points (U)
- 80 – 89% 27 Points (SN) 0 – 49% 0 Points (U)

Name of Person Interview: _____

REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible %	% Awarded
A. ENVIRONMENT							
Certification Section XXIV.	1. Are WIC services coordinated or integrated with other health department services?					1	
Emergency Plan Section V., A. and B.	2. If the clinic has power failure, what are your operating procedures?					1	
	3. Does the electronic door convert to a manual door in the event of a power failure?					1	
Comments:							
B. WAITING LIST							
Certification Section XXII.	1. Do you have a waiting list? (See Policy Unit "Prior To" Form – District Clinic Evaluation)					1	
Comments:							
C. SPECIAL POPULATION							
Certification Section II., C. and VII., C., 3., I.	1. Are migrants being served? (See Policy Unit "Prior To" Form – District Clinic Evaluation)					1	
	2. Is the staff knowledgeable of procedures to complete migrant certifications?					5	
Special Population Section III., B.	3. Are the Language Lines interpreters or bilingual staff available for the LEP clients, if applicable? (See Policy Unit "Prior To" Form – District Clinic Evaluation)					5	
	4. Are waivers completed when the applicant or participant bring their own interpreter?					5	
Comments:							
D. CERTIFICATION PROCEDURES							
Certification Section	1. What is the definition of "family"?					1	

VIII., C., 3.								
Certification Section VII.	2. Under what circumstances are proxies allowed to bring a child in for re-certification?						1	
Certification Section XVII., B.	3. Describe the process of accepting an out-of-state transfer (with a valid VOC card).						1	
Certification Section XXVI.	4. Do employees complete WIC certification or Referral forms with a home visit? (Request a copy of the procedures).						1	
Certification Section XXX.	5. How is the race of a participant determined?						1	
Comments:								
E. CIVIL RIGHTS								
Certification Section XXV.	1. How do you handle Civil Rights complaints?						10	
Comments:								
F. APPOINTMENTS								
	1. Do you contact all participants that miss a certification appointment? How are they contacted?						10	
Certification Section III., F.	2. Have special provisions been made for scheduling the Participants Who Work, Migrant or Rural Participants? Please explain your answer. (i.e. Saturdays or late clinic) Hours of Operation _____ Extended Hours _____						10	
Certification Section IV., A.	3. When is the next available appointment for a walk-in applicant requesting WIC benefits? Women(P) _____ Women(PP) _____ Women(B) _____ Infant _____ Child _____						15	
Comments:								
G. PROCESSING STANDARDS								
Certification Section IV., A.	1. What are the processing standards time frames for each category below? Prenatal _____ Breastfeeding _____						15	

	Postpartum _____ Infants _____ Children _____ Migrants _____						
Certification Section XIII.	2. Is the staff knowledgeable of certification periods? (Staff interviews) Women(P) _____ Women(B) _____ Women(PP) _____ Infant _____ Child _____				15		
Comments:							

FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET

ADMINISTRATIVE MANAGEMENT EVALUATION							
(S=Satisfactory, SN=Satisfactory needs improvement, U=Unsatisfactory, and NA=Not Applicable)							
Total Points for District Review							
<input type="checkbox"/> 23-25 Points (S) <input type="checkbox"/> 20-22 Points (SN) <input type="checkbox"/> 19- 0 Points (U)							
DISTRICT _____				DATE _____			
REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded
A. EMPLOYEE RELATIVE FORM (VOUCHER ISSUANCE EMPLOYEES/FAMILY MEMBERS)							
Certification Section III.,E	1. What is the District's policy for issuing vouchers to eligible WIC employees and their family members?					1	
Certification Section III.,E	2. Are any local agency staff receiving WIC benefits at the clinic site where they work?					1	
Certification Section III.,E	3. Are any family members of WIC staff receiving benefits at the local clinic where the staff is employed?					1	
Certification Section III.,E	4. Are employees Disclosure forms completed in its entirety and kept on file at the District office?					2	
Comments:							
B. PACKING LIST/CONFIRMATION NOTICE							
Food Delivery V.,D.,2.	1. Are signed, dated and reconciled voucher Packing List/Confirmation Notice received by the District within five days of clinic verification?					2	
Comments:							
C. LOST/STOLEN/DESTROYED/VOIDED VOUCHER REPORT (MISSING VOUCHER/VPOD RECEIPT)							
Compliance Analysis X.	1. Has the District Office received notice of any missing vouchers/VPOD receipts/ VPOD stock paper from any WIC clinic since the last Program Review?					1	
Compliance Analysis X.	2. Are the Lost/Stolen/Destroyed/Voided Voucher reports completed in its entirety?					2	
Compliance Analysis X.	3. Were Lost/Stolen/Destroyed/Voided Voucher Reports investigated and sent to the Georgia WIC Program within five days of receipt?					2	
Comments:							

FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET

D. COMPLIANCE SELF REVIEWS							
State Agency Monitoring II.,B	1. Were Self Reviews conducted in the District?					1	
State Agency Monitoring II.,B	2. Was the Food Instrument Accountability Section completed in its entirety?					1	
State Agency Monitoring II.,B	3. Was the State's Monitoring Tool used?					1	
Comments:							
E. DUAL PARTICIPATION/PARTICIPANT AND/OR EMPLOYEE ABUSE							
Compliance Analysis III.,A.	1. Has the District received any reports of program abuse by the participants and/or employees since the last Program Review?					1	
Compliance Analysis III.,A.	2. Was the report of abuse investigated?					2	
Compliance Analysis III.,A.	3. Was the report sent to the Georgia WIC Program?					2	
Comments:							
F. CUMULATIVE UNMATCHED REDEMPTION REPORT (CUR)							
Food Delivery XIV.,A.	1. Does the District monitor the Unmatched Redemption and Cumulative Unmatched Redemption reports on a monthly basis?					3	
Food Delivery XIV.,A.	2. Does the District complete and/or monitor the Bank Exception Reports received from the Georgia WIC Program on a monthly basis?					2	
Comments:							

FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET

CLINIC EVALUATION							
(S=Satisfactory, SN=Satisfactory needs improvement, U=Unsatisfactory, and NA=Not Applicable)							
Total Points for Clinic Review <input type="checkbox"/> 139-155 Points (S) <input type="checkbox"/> 138-124 (SN) <input type="checkbox"/> 123-77 Points (U) <input type="checkbox"/> 0-76 (U)							
CLINIC				DATE			
REFERENCE	AREAS OF REVIEW	S	SN	U	NA	POSSIBLE POINTS	POINTS AWARDED
A. RECONCILED PACKING LIST/CONFIRMATION NOTICES							
Food Delivery V.,D.,1.	1. Is the Packing List/Confirmation Notice verified, signed, and dated?					2	
Food Delivery V.,E.	2. Are Packing List serial numbers recorded on the Manual Voucher Inventory Logs within three days of receipt?					2	
Food Delivery VI.,A.	3. Are Confirmation Notices serial numbers recorded on the VPOD Inventory Logs within three days of receipt?					2	
Food Delivery VI.,A.	4. Was the computer screen printed and stapled to the corresponding Confirmation Notice to show date of entrance is within three days of receipt?					2	
Food Delivery VI.,D.1.	5. Are any Packing List/Confirmation Notice missing?					3	
Comments:							
B. MANUAL VOUCHER INVENTOY LOG							
Food Delivery V.,E.	1. Is the log being completed on all vouchers?					5	
Food Delivery V.E.,1.	2. Are clerk initials present on the Manual Inventory Log(s)?					2	
Food Delivery V.,E.	3. Are the beginning and ending numbers documented correctly on the log(s)?					5	
Comments:							
C. MANUAL VOUCHER PHYSICAL INVENTORY							
Food Delivery V.,E.2.	1. Are the Physical Inventories conducted/verified monthly and match the inventory log?					3	

FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET

Food Delivery V.,E.2.	2. Does the Manual Voucher Inventory Log contain second verifying initials for physical inventory?					2	
Food Delivery II.,C.	3. Does the clinic have an adequate supply of preprinted standard and blank Manual Vouchers?					3	
Food Delivery V.,E.2.	4. Are any Manual Vouchers missing?					5	

Comments:

D. MANUAL VOUCHER COPIES

Food Delivery V.,G.2.	1. Are Manual Voucher copies filed in serial number order?					2	
Food Delivery V.,F.	2. Are any Manual Voucher Copies Missing?					3	
Food Delivery V.,F.	3. Have vouchers been altered with write over's or scratch-outs?					3	
Food Delivery V.,F.	4. Were Manual Voucher copies submitted to Covansys for processing?					3	
Food Delivery V.,3.	5. Are Manual Vouchers completed accurately? (Demographics, appropriate food quantities and/or unassigned blocks marked with an "X"?)					3	
Food Delivery III.,B.,2.	6. Does the Manual Vouchers contain the correct ID proof codes and/or any missing participant's signatures?					3	

Comments:

E. VPOD INVENTORY LOGS

Food Delivery VI.,D.	1. Is the VPOD Inventory Log completed in its entirety?					5	
Food Delivery VI.,D.	2. Are the beginning and ending numbers documented correctly on the log?					5	

Comments:

F. VOUCHERS PRINTED ON DEMAND (VPOD VOUCHERS) RECEIPTS

Food Delivery IV.,D.,4.	1. Are receipts filed in serial number order, missing or misfiled?					3	
Food Delivery	2. Do receipts contain the correct ID proof codes and/or any missing					5	

FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET

IV.,D.,1.	participant signatures?						
Food Delivery IV.,D.,2.,(2)	3. Does the VPOD receipts contain the entry "Failed to Sign" more than 1% for the entire month?					2	
Food Delivery VI.,C.	4. Are voided vouchers stamped "void" and attached to the receipts?					3	
Comments:							
G. DAILY ACTIVITY REPORTS							
Food Delivery VI.,C.	1. Are Daily Activity Reports maintained correctly (gaps, missing numbers, signatures, columns or dates)?					3	
Comments:							
H. VOUCHER SECURITY							
Compliance Analysis XII.,A.1.	1. During office hours, are vouchers securely stored or in the possession of authorized staff?					1	
Compliance Analysis XII.,A.1.	2. Is the key properly secured at all times only with authorized personnel?					2	
Compliance Analysis XI.,C.,2.	3. Are vouchers securely stored separately from ID cards and voucher receipts?					1	
Compliance Analysis XI.,C.,2.	4. Are WIC ID cards securely stored separately from the WIC Stamp?					1	
Compliance Analysis XI.C.	5. Are WIC ID cards pre-stamped?					2	
Compliance Analysis XII.,B.	6. What security measures are currently in place to prevent voucher theft by participants?					1	
Compliance Analysis XII.,E.	7. Are manual vouchers borrowed within the district? If yes, how are they transported and by whom? (See transportation method).					1	
Compliance Analysis XII., E.	8. If vouchers are issued to participants in the home and/or hospital sites, how are they delivered and by whom?					1	
Comments:							

FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET

I. PRORATING (VOUCHERS ISSUANCE)							
Food Delivery VIII.	1. Were vouchers prorated accordingly for late voucher pick up and categorically ineligible participants?					5	
STAFF INTERVIEW QUESTIONS							
Name of Person Interviewed: _____							
Food Delivery VIII.	2. PRORATION A. Is staff knowledgeable of the proper procedures for prorating? • Less than 7 days late (Women/Child/Infant) _____ • 7-13 days late (Women/Child/Infant) _____ • 14-20 days late (Women/Child/Infant) _____ • 21-31 days late (Women/Child/Infant) _____					5	
Comments:							
J. LOCAL AGENCY POLICIES							
Compliance Analysis III.,E.	1. Are Employee Disclosure Forms completed accurately, and kept on file at the clinic?					3	
Food Delivery III., F.	2. Were procedures appropriately applied for WIC certifications and voucher issuance? (See Form 2-Chart Review for point assignment for this question)					9	
CLINIC STAFF INTERVIEW QUESTION							
Name of Person Interviewed: _____							
Certification Section III., E.	3. LOCAL AGENCY POLICIES A. What is your policy for issuing vouchers to employees/family members?					1	
Comments:							
K. VOUCHER ISSUANCE (RECERT OVERDUE)							
Food Delivery III., A.	1. Were the demographics (Name, Address, etc.) and supporting documents (Proof of Identification, Residency and Income) appropriately applied for the WIC certification?					4	

FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET

	(See Form 1- Record Review for point assignment for this question)						
Food Delivery III.,A.	2. Are any participants issued vouchers past certification overdue date without a current certification completed? (See Form 1-Record Review for point assignment for this question)					4	
Food Delivery III.,A.	3. Was current certification processed and sent to Covansys? (See Form 1-Record Review for point assignment for this question)					4	
Comments:							
L. ISSUANCE PROCEDURES (CUR)							
Food Delivery XIV.	1. Were the demographics (Name, Address, etc.) and supporting documents (Proof of Identification, Residency and Income) appropriately applied for the WIC certification? (See Form 3- Record Review for point assignment for this question)					4	
Food Delivery XIV.	2. Are vouchers issued to participants who were terminated for thirty-day issues and/or categorically ineligible? (See Form 3- Record Review for point assignment for this question)					4	
Food Delivery XIV.	3. Are vouchers issued to participants without a valid certification processed with Covansys? (See Form 3- Record Review for point assignment for this question)					4	
Comments:							
M. PARTICIPANT ABUSE/DUAL PARTICIPATION							
Compliance Analysis III.,C.	1. Did the participant receive notice of repayment, suspension and/or termination?					3	
Compliance Analysis III.,C.	2. Were participant's that were found to be in violation of the Georgia WIC Program terminated for a period of one year?					3	
	3. Does the clinic maintain the monthly Dual Participation List to prevent certifications and/or voucher issuance to dual participants?					2	
Comments:							

FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET

N. OBSERVATION OF DUAL PARTICIPATION							
Name of Person Observed:							
Rights and Obligation Section I.	1. Did staff emphasize dual participation during certification and re-certification?					5	
Comments:							
O. LOST/STOLEN/DESTROYED VOUCHER REPORT							
Compliance Analysis XI., C.	1. Were Lost/Stolen/Destroyed Voucher Reports completed in its entirety for vouchers that were security destroyed, lost, or damaged?					4	
Compliance Analysis XI., C.	2. Was the Lost/Stolen/Destroyed Voucher Report sent to the district office and Georgia WIC Program within five days of completion?					1	
Comments:							
P. VOUCHER REGISTERS							
Emergency Plan XII., D.	1. Were voucher registers reconciled with the participant's signature and/or marked as void, followed by the clerk's initials and date?					1	
Comments:							

RE-CERT OVERDUE RECORD REVIEW FORM

Select a random sample of at least eight (8) records for which the following message "RECERT OVERDUE MMDDYY" appears and to whom vouchers were issued. It is important that six-week postpartum women be in the sample.

- 90 – 100% =12 Points (S)
- 80 – 89% =9 Points (SN)
- 50-79% =6 Points (U)
- 0-49% =0 Points (U)

CLINIC: _____

DATE: _____

100% compliance = Available Possible points for each criteria.								
PARTICIPANT'S NAME						%	Possible Points	Points Awarded
WIC STATUS							12	
DEMOGRAPHICS								
1. Were the demographics (Name, Address, etc.) and supporting documents (Proof of Identification, Residency and Income) appropriately applied for the WIC certification?							4	
Comments:								
CERTIFICATION DATES								
2. Were the participant's delivery and/or EDC date recorded?							1	
3. What is the participant's re-cert due date?							2	
4. What is the participant's re-certification date?							1	
Comments:								
VOUCHER ISSUANCE								
5. Was the participant issued vouchers past the certification overdue date without a current certification completed?							3	
6. Was current certification processed and sent to Covansys?							1	
Comments:								

EMPLOYEE/RELATIVE RECORD REVIEW

Review the following criteria in **all** Employee/ Relatives **records that receive WIC benefits**

Note: Make copies of this for the Record Review as needed.

90 – 100% =12 Points (S)

80 – 89% =9 Points (SN)

50-79% =6 Points (U)

0-49% =0 Points (U)

CLINIC: _____

DATE: _____

100% compliance = Available Possible points for each criteria.								
PARTICIPANT'S NAME						%	Possible Points	Points Awarded
CERTIFICATION DATE							12	
DEMOGRAPHICS								
1. Were the demographics (Name, Address, etc.) completed?							1	
Comments:								
PROOFS								
2. Was proof of residency recorded and a copy stamped dated and filed in the record?							1	
3. Was proof of identification for the participant recorded and a copy stamped dated and filed in the record?							1	
4. Was proof of identification for the parent/ guardian recorded and a copy stamped dated and filed in the record?							1	
5. Was proof of income for the parent/guardian recorded and a copy stamped dated and filed in the record?							1	
Comments:								
CERTIFICATION VALIDATION								
6. Was the signature/title of staff person verifying the participant/parent/ guardian signature recorded?							1	
7. Was the participant's signature/date recorded?							1	
8. If proxy signed above, was proxy letter completed and filed in record?							1	
Comments:								

SUPPORTING DOCUMENTATION								
9. Was a current Disclosure Form on file at the clinic?							3	
10. Did the staff member issue vouchers or process certification for themselves and/or family member?							1	
Comments:								

CUR REPORT RECORD REVIEW

Select a random sample of at least eight (8) records from the most recent CUR Part II

- 90 – 100% =12 Points (S)
- 80 – 89% =9 Points (SN)
- 50-79% =9 Points (U)
- 0-49% =0 Points (U)

CLINIC: _____

DATE: _____

100% compliance = Available Possible points for each criteria.									
PARTICIPANT'S NAME							%	Possible Points	Points Awarded
WIC STATUS								12	
DEMOGRAPHICS									
1. Were the demographics (Name, Address, etc.) completed?								4	
Comments:									
CERTIFICATION PROCEDURES									
2. Was valid certification processed and sent to Covansys?								4	
Comments:									
VOUCHER ISSUANCE									
3. Were vouchers issued to a categorically ineligible participant?								2	
4. Were vouchers issued to a participant who was terminated for thirty day issues?								2	
Comments:									

NUTRITION UNIT MONITORING TOOL

Nutrition Services: 400 points or 40% of Total Program Review Score				
A)	District Nutrition Office		Points Available for Each Section	Score Based on Points available/Total Nutrition points available (400)
		Secondary Nutrition Education Provided <ul style="list-style-type: none"> • Low Risk Secondary Nutrition Education • High Risk Secondary Nutrition Education 	70 (35) (35)	17.5%
		District Created Food Packages (999 Review)	15	3.75%
		Breastfeeding Promotion and Support	20	5%
		Nutrition Education Materials	15	3.75%
		Nutrition Education Plan	15	3.75%
		Orientation Checklist	5	1.25%
		Continuing Education	20	5%
		- CPA (% Meeting Standard)		
		- Nutrition Assistant (% Meeting Standard)		
			160	
B)	(Clinic) Breastfeeding	Chart Review Percentage for documentation Assigned Breastfeeding Coordinator Clinic Environment supportive of breastfeeding Breastfeeding Referral system in place	30	7.5%
			30	
C)	(Clinic) - Clinic Observation	Nutrition Education Observation (Certifications, low and high risk secondary contacts) Anthropometric Equipment / Hematological Equipment Anthropometric Observation Hematological Observation	75 5 5 5	18.75% 1.25% 1.25% 1.25%
			90	
D)	(Clinic) Food Package	Formula Tracking Log High Risk / Special formulas/Medical Documentation	5 15	1.25% 3.75%
			20	
E)	(Clinic) Record Review	Record Review Summary - 100 Points Total per Chart. <ul style="list-style-type: none"> - One highlighted clinic average <90% requires <i>Clinic Specific Training</i> - Two highlighted clinics <100% requires <i>Clinic Specific Training</i> - Three or more highlighted clinics <100% District-wide and /or District-wide average <90% requires <i>District-wide Training</i> - Highlighted black <100% - Highlighted red requires <i>Corrective Action Training</i> 	100	25%
			100	
		Total Available (from each section above)	400	100%

NUTRITION UNIT MONITORING TOOL

OFFICE OF NUTRITION / WIC PROGRAM REVIEW

Date:

Notes:

District Program Review Notes:

Clinic Program Review Notes:

Note: District, Clinic, and Office of Nutrition review questions are completed for background tracking and education.

District / Prior To Information				
AREAS OF REVIEW	Information Provided			COMMENTS
	S	U	NA	
1. A copy of the Employee Orientation Checklist for all new employees hired after September 1, 2008.				NE Section (V)
2. District training plan for Competent Professional Authorities (CPAs) and Nutrition Assistant (NAs).				NE Section (VI) (Attachment NE-3 (IV) is training plan for NAs)
3. A list of all CPAs by Clinic (Nutrition and Nursing) and documentation of continuing education.				NE Section (V), Attachment NE-6
4. A list of all Nutrition Assistants and documentation of continuing education.				NE Section, Attachment NE-3 (IV), Attachment NE-6
5. A copy of all class outlines for group facilitated classes offered in the District.				NE Section (VI), Breastfeeding Section (V)
6. A list of all nutrition education materials used by the local agency and District procedures used by clinics for ordering materials.				NE Section (VIII)
7. A current copy of all District /Clinic 999 food packages and voucher codes.				FP Section (References food package rules)
8. Summary of nutrition-related findings from self reviews.				AD Section (IV)
9. Summary of outreach activities.				Outreach Section (I)
10. Summary of all nutrition trainings/in-services provided by the District office since the last review.				NE Section (V)

NUTRITION UNIT MONITORING TOOL

<p>11. Nutrition Staffing Standards: Summary of current CPAs and how it relates to the district's ability to meet staffing standards. The information should include full time equivalents. (Part time staff as well as individuals that do not work in WIC full time should be considered in total numbers reported.) Manager's time should only be included in proportion to the amount of time they are providing direct services to participants.</p> <p>A. One (1) CPA per every 1,000 participants served.</p> <p>B. One (1) RD/LD per every 5,000 clients served.</p>				<p>AD Section (IV)</p>
<p>12. Documentation to support that all staff (Clerical and CPA) received yearly breastfeeding continuing education.</p>				<p>BF Section</p>
<p>13. A list of all Peer Counselors by Clinic and a summary of continuing education.</p>				<p>BF Section</p>
<p>14. A copy of the district breast pump policy and procedures for issuing pumps.</p>				<p>BF Section</p>
<p>15. A copy of the District Breastfeeding Equipment inventory log.</p>				<p>BF Section</p>

NUTRITION UNIT MONITORING TOOL

DISTRICT REVIEW QUESTIONS				
AREAS OF REVIEW	S	U	NA	COMMENTS
I. FOOD PACKAGE ASSIGNMENT				Food Package Section (III, IV, V, VI)
A. Describe the protocol for infant food package changes from the contract formula to a non-contract formula.				
B. How are food packages assigned?				Food Package Section (III, IV, V, VI)
C. What procedures are used for obtaining and tracking the use of prescription formulas/medical foods, and providing follow-up for participants on special formulas/medical foods?				Food Package Section (VIII)
II. NUTRITION EDUCATION				AD (VII)
A. Training				
1. Describe the process for evaluating staff training needs.				
2. How do you assess the effectiveness of the training over time?				AD (VII)
B. Competent Professional Authority (CPA)				
1. Describe the process used to evaluate if CPA staff met the required 12 hours of continuing education yearly.				NE Section (V), Attachment NE-6
2. Describe the process utilized when CPAs receive less than the required 12 hours of continuing education.				NE Section (V), Attachment NE-6 Not directly addressed
C. Nutrition Assistants (NAs)				NE (IV), NE-Attachment III
1. Describe how Nutrition Assistants are utilized in your District.				
2. Has the training plan for NAs been approved by the Office of Nutrition? If yes, the date: _____				NE (VI)
D. Participant Nutrition Education Contacts				NE (VI)
1. Describe the system used to provide two (2) nutrition education contacts for each six (6) month certification period or quarterly for certification greater than 6 months.				
2. Describe the method used to document secondary nutrition education contacts.				NE (VI)

NUTRITION UNIT MONITORING TOOL

DISTRICT REVIEW QUESTIONS				
AREAS OF REVIEW	S	U	NA	COMMENTS
3. Describe how failed secondary nutrition education contacts are documented.				NE (VI)
4. List nutrition references used by your District. (e.g., ADA Nutrition Care Manual)				BF (V) Gives examples for BF NE Section
5. Describe the system used to provide secondary nutrition education contacts to participants identified as high risk.				NE (VI)
E. Nutrition Education Materials Are adequate and appropriate nutrition education materials available? <ul style="list-style-type: none"> All participant groups represented (Woman/Infant/Child) Evaluate all District materials for meeting nutrition education guidelines. Compare topics available related to Nutrition Risk Criteria and nutrition education documentation topics. 				NE Section (VIII)
III. Breastfeeding Promotion and Support				
Breastfeeding Coordination 1. Describe the major responsibilities and activities of the Breastfeeding Coordinator.				BF (IV), BF Attachment 3
2. Does the Breastfeeding Coordinator conduct activities District-wide or primarily in one location?				BF (IV)
3. How does the Breastfeeding Coordinator document participant contacts (i.e., counseling, classes)? What is the lag time between counseling and actual documentation, if any?				BF (IV)
<u>Encouragement to Breastfeed</u> 1. Describe how breastfeeding is encouraged and documented during the prenatal period. <ul style="list-style-type: none"> Take into consideration individual contacts, prenatal/breastfeeding classes, and other (Please specify.) 				BF (IV, V)

NUTRITION UNIT MONITORING TOOL

DISTRICT REVIEW QUESTIONS				
AREAS OF REVIEW	S	U	NA	COMMENTS
C. <u>Breastfeeding Education and Training</u>				
1. Describe how clinic staff is kept abreast about current breastfeeding information.				BF (IV)
2. Describe the referral system for participants who request additional support/information or who require more in-depth counseling or assistance on breastfeeding.				BF (IV)
3. Describe what the local agency is doing to create a clinic atmosphere that is supportive of breastfeeding.				BF (IV)
4. Please describe any breastfeeding activities not addressed above (e.g., peer counseling, special projects, media exposure, etc.).				BF (IV)
IV. SPECIAL REQUESTS				Looking for District best practices.
A. What public health nutrition services are available in your local agency?				
B. Describe any special projects, initiatives, and/or accomplishments in the areas of breastfeeding, nutrition education and training being implemented in the local agency.				Looking for District best practices.
C. Does your District have an agreement or partnership with services/programs that serve the WIC population? Daycare _____ Head Start _____ Extension Services _____ Other Health Services Programs / List if applicable. _____				Looking for District best practices. Not required – no points
D. How can the Office of Nutrition staff assist in improving or enhancing Nutrition Education and Breastfeeding Plans and providing nutrition services?				Looking for District best practices. Not required – no points

NUTRITION UNIT MONITORING TOOL

CLINIC REVIEW QUESTIONS				
AREAS OF REVIEW	S	U	NA	COMMENTS
I. FOOD PACKAGE ASSIGNMENT				
A. How are food packages assigned to meet participant needs?				Food Package Section (III, IV, V, VI)
B. Describe the protocol for infant food package changes from the contract formula to a non-contract formula.				FP (II)
C. What procedures are used for obtaining and tracking the use of prescription formulas/medical foods, and providing follow-up for participants on special formulas/medical foods?				FP (IV & VIII)
II. NUTRITION EDUCATION				
A. Participant Nutrition Education Contacts				
1. Describe the system used to provide two (2) nutrition education contacts for each six (6) month certification period or quarterly for certification greater than 6 months.				NE (VI)
2. Describe the method used to document secondary nutrition education contacts.				NE (VI)
3. Describe how failed secondary nutrition education contacts are documented.				NE (VI)
4. List nutrition references used by your District. (e.g., ADA Nutrition Care Manual)				BF (V) Gives examples for BF NE section
5. Describe the system used to provide secondary nutrition education contacts to participants identified as high risk.				NE (VI)
B. Nutrition Education Materials				
1. Describe the process for requesting and or replenishing nutrition education materials.				NE section (VIII)
2. Are materials available that meet the needs of specific population groups? Describe how the materials available meet their needs.				NE section (VIII)

NUTRITION UNIT MONITORING TOOL

CLINIC REVIEW QUESTIONS				
AREAS OF REVIEW	S	U	NA	COMMENTS
III. Breastfeeding Promotion and Support				
A. <u>Encouragement to Breastfeed</u> Describe how breastfeeding is encouraged and documented during the prenatal period. <ul style="list-style-type: none"> • Take into consideration individual contacts, prenatal/breastfeeding classes, or other (Please specify.) 				BF (IV & V)
B. <u>Breastfeeding Education and Training</u>				
1. Describe how you kept abreast about current breastfeeding information.				BF (IV)
2. Describe the referral system for participants who request additional support/information or who require more in-depth counseling or assistance on breastfeeding.				BF (IV)
3. Describe how your clinic creates a supportive breastfeeding friendly atmosphere.				BF (IV)

NUTRITION UNIT MONITORING TOOL

Administrative Management Evaluation											
Nutrition Unit											
(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)											
DISTRICT: _____			DATE: _____								
REFERENCE:	AREAS OF REVIEW										
A. Secondary Nutrition Education Provided:						S	SN	U	NA	Possible Points	Points Awarded
NE (VI), CT Attachment VI • % estimated from Program Review chart review OR • District Total % from CSC data when available (Calculated from latest FFY total cumulative percentage)	Secondary Nutrition Education Overall Rating:									70	
	1. Low Risk Secondary Nutrition Education Rate from Electronic Documentation. ____ % • 90-100% 40 Points (S) • 80-89% 35 Points (SN) • 50-79% 20 Points (U) • 0-49 % 0 Points (U)									35	
	2. High Risk Secondary Nutrition Education Rate from Electronic Documentation. ____ % • 90-100% 40 Points (S) • 80-89% 35 Points (SN) • 50-79% 20 Points (U) • 0-49 % 0 Points (U)									35	
Comments:											
B. Breastfeeding Promotion and Support:						S	SN	U	NA	Possible Points	Points Awarded
BF (IV, V)	Breastfeeding Promotion and Support Overall Rating:									20	
	1. Is the assigned District Breastfeeding Coordinator a full-time position?									8	
	2. Is the District Breastfeeding Coordinator a Certified Lactation Counselor (CLC) or International Board Certified Lactation Consultant (IBCLC)?									2	
	3. All staff interacting with WIC participants (CPAs, Nutrition Assistants, Peer Counselors, Clerical) receiving breastfeeding continuing education?									5	
	4. District have Breastfeeding Peer Counselors supporting prenatal and breastfeeding women?									2	
	5. Local agency keeps: a. An inventory of all breast pumps and kits? b. Appropriate policies and procedures for issuing pumps?									2	
	6. Local agency has developed a breastfeeding									1	

NUTRITION UNIT MONITORING TOOL

Administrative Management Evaluation									
Nutrition Unit									
(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)									
DISTRICT: _____				DATE: _____					
REFERENCE:	AREAS OF REVIEW								
	resource list for prenatal and breastfeeding women?								
Comments:									
C. District-Created 999 Food Package Review:				S	SN	U	NA	Possible Points	Points Awarded
FP (II), Attachments 23-31	District-Created 999 Food Package Review Overall Rating:							15	
	1. District / Clinic created food packages available for review?							2	
	2. Food packages followed existing state and federal guidelines? - Food packages issued within existing minimums and/or maximums?							10	
	3. Designated coordinator for District created food packages and approval process. (Best Practice)							3	
Comments:									
D. Nutrition Education Materials / Class Outlines:				S	SN	U	NA	Possible Points	Points Awarded
NE (VIII)	Nutrition Education Materials / Class Outlines Overall Rating:							15	
	1. Are class outlines available for review and did they include learning objectives?							3	
	2. Are all participant groups represented by available nutrition education materials (Women / Infant / Child)? *When applicable- some clinics serve only specific populations.							3	
	3. Evaluate all District created Nutrition Education materials for meeting nutrition education guidelines. (Full non-discrimination statement on all district created materials. Effective May 1, 2009)							3	
	4. Appropriate and adequate variety of nutrition education materials available to meet participant category needs? (English, Spanish, other)							3	
	5. All District created materials were approved by the Nutrition Services Unit and DPH.							3	
Comments:									

NUTRITION UNIT MONITORING TOOL

Administrative Management Evaluation											
Nutrition Unit											
(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)											
DISTRICT: _____				DATE: _____							
REFERENCE:	AREAS OF REVIEW										
E. <u>Nutrition Education Plan:</u>						S	SN	U	NA	Possible Points	Points Awarded
NE (VI)	Nutrition Education Plan Overall Rating:					15					
	1. Did the Nutrition Services Unit receive an annual Nutrition Education Plan by the assigned deadline?					15					
Comments:											
F. <u>Orientation Checklist:</u>						S	SN	U	NA	Possible Points	Points Awarded
NE (V)	Orientation Checklist Overall Rating:					5					
	1. District CPA orientation includes all components of the "State Orientation Checklist"?					2					
	2. Orientation Checklist: Documentation of required components provided to all new staff since date of last program review.					3					
Comments:											
G. <u>Continuing Education:</u>						S	SN	U	NA	Possible Points	Points Awarded
NE (V), Attachment NE-6	Continuing Education Overall Rating for CPA's or CPA's & NA's:					18					
	Nutrition Assistant Observations					2					
	1. % of CPA's Meeting Minimum Standard					1. _____ %					
	Information Needed:					<ul style="list-style-type: none"> • 90-100% 18 Points (S) • 80-89% 14 Points (SN) • 0-80% No Points (U) 					
	a. Total number of CPA's evaluated for continuing education? b. Number of CPA's that received the required 12 hours of nutrition specific continuing education? c. Number of CPA's that received less than the required 12 hours of nutrition specific continuing education? d. Calculate the District average for CPA's receiving the required Nutrition Specific Continuing Education.										
	Total CPA's meeting requirements ÷ CPA's = % of CPA's Meeting Minimum Standard										
	Districts with Nutrition Assistants:										
	2. % of CPA's & Nutrition Assistants (NA) Meeting Minimum Standard					2. _____ %					

NUTRITION UNIT MONITORING TOOL

Administrative Management Evaluation

Nutrition Unit

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

DISTRICT: _____ DATE: _____

REFERENCE:	AREAS OF REVIEW	
	Information Needed: a. Total number of CPA's & NA's evaluated for continuing education? b. Number of CPA's & NA's that received the required 12 hours of nutrition specific continuing education? c. Number of CPA's & NA's that received less than the required 12 hours of nutrition specific continuing education? d. Calculate the District average for CPA's & NA's receiving the required Nutrition Specific Continuing Education. Total CPA's & NA's meeting requirements ÷ CPA's & NA's = % of CPA's & NA's Meeting Minimum Standard	<ul style="list-style-type: none"> • 90-100% 18 Points (S) • 80-89% 14 Points (SN) • 0-80% No Points (U)
	1. Were observations conducted as required for NA's? Subtract 2 points if observations were not conducted as required.	<ul style="list-style-type: none"> • 2 points (If NA points automatically added to total)

Comments: (Required - 12 hours of nutrition specific continuing education yearly.)

H. Breastfeeding Clinic Evaluation:		S	SN	U	NA	Possible Points	Points Awarded
<ul style="list-style-type: none"> • NE (IV, V) • BF (IV, V) 	Breastfeeding Clinic Evaluation Overall Rating:					30	
	1. Encouragement to Breastfeed -						
	<ul style="list-style-type: none"> • Establish a clinic environment that clearly supports breastfeeding; breastfeeding friendly posters, bulletin boards, cups, pens, badge holders displayed throughout? 					10	
	<ul style="list-style-type: none"> • Designated private space for nursing mothers? 					5	
	<ul style="list-style-type: none"> • Breastfeeding Peer Counselors available to provide additional support to prenatal and breastfeeding women? 					4	
	<ul style="list-style-type: none"> • Prenatal /breastfeeding classes offered? 					4	
	2. Breastfeeding Referral System -						
	<ul style="list-style-type: none"> • Clinic level staff accurately described district referral system. (Prenatal or breastfeeding woman needing additional support are referred to the designated breastfeeding person; 					3	

NUTRITION UNIT MONITORING TOOL

Administrative Management Evaluation Nutrition Unit (S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)							
DISTRICT: _____				DATE: _____			
REFERENCE:	AREAS OF REVIEW						
	Breastfeeding Coordinator, Nutritionist, Nurse, Peer Counselor.)						
	3. Breastfeeding Equipment – <ul style="list-style-type: none"> • Local agency has written policies and procedures for issuing breast pumps? 					2	
	<ul style="list-style-type: none"> • Local agency keeps an inventory of all breast pumps and kits? 					2	
Comments:							

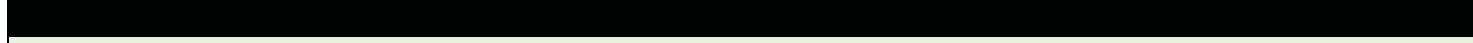
NUTRITION UNIT MONITORING TOOL

Administrative Management Evaluation Nutrition Services Unit – Clinic Review						
(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)						
I. Nutrition Education Observation:	S	SN	U	NA	Possible Points	Points Awarded
Nutrition Education Overall Rating:					75	
1. Individual and Group observations are scored at 100 points for each observation. 2. An average score of all observations conducted in a clinic will determine that clinics score. 3. An average of clinic scores will determine the district nutrition observation score. (Reference Excel worksheet for calculating observation score) • 90-100% 75 Points (S) • 80-89% 65 Points (SN) • 50-79% 55 Points (U) • 0-49 % 0 Points (U)						
Comments:						
CLINIC OBSERVATION: INDIVIDUAL NUTRITION EDUCATION SESSION DATE: _____ CLINIC: _____ REVIEWER: _____ Time estimated for total contact: _____ Time estimated for NE contact: _____ Service Type: Certification <input type="checkbox"/> OR Secondary NE: (Low Risk <input type="checkbox"/> High Risk <input type="checkbox"/> Participant status (Individual): P <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> C <input type="checkbox"/>						
AREAS OF REVIEW						
A. Establishing Rapport 10 Points	S	SN	U	N A	Points Available	Points Awarded
1. Made eye contact (when culturally Appropriate).					2	
2. Displayed respect for other cultures and used translator appropriately.					2	
3. Used appropriate non-verbal communication.					2	
4. Ensured privacy (quiet enough to talk, adequate space, closed door, unobstructed view of participant)					2	
5. Expressed appreciation for participant's time.					2	
B. Completing Assessment Forms 30 Points	S	SN	U	N A	Points Available	Points Awarded
1. Thoroughly reviewed participant's responses to the Nutrition Questionnaire.					10	
2. Asked probing questions to collect missing information on the Nutrition Questionnaire.					10	
3. Shared findings (growth patterns, iron, eating patterns, physical activity).					10	
C. Counseling Skills/Topics Covered 30 Points	S	SN	U	N A	Points Available	Points Awarded

NUTRITION UNIT MONITORING TOOL

1. Asked open- ended questions to gain information and determine participant’s concerns.					5	
2. Praised participant for positive accomplishments.					5	
3. Client was allowed to lead the discussion when applicable.					5	
4. Utilized reflective listening skills to clarify what was heard.					5	
5. If nothing was offered by the participant, attempted to lead discussion based on nutrition risks while maintaining rapport.					5	
6. Mandatory exit topics covered. Appropriate referrals made (TANF, Food Stamps, Medicaid, Housing Authority, Food Bank, etc)					5	
D. Goal Setting 30 Points	S	SN	U	N A	Points Available	Points Awarded
1. Summarized the discussion					10	
2. Worked with participant to create achievable goal(s) using client’s ideas and language.					10	
3. Documented goal(s) on Nutrition Questionnaire or progress notes (electronic or paper)					10	
Total Score:					100	

Comments:



CLINIC OBSERVATION: GROUP NUTRITION EDUCATION SESSION
 DATE: _____ CLINIC: _____ REVIEWER: _____
 Time estimated for total contact: _____ Time estimated for NE contact: _____
 Participant status (Group – Check all that apply): P B N I C

A. Group Nutrition Education Sessions 100 Points	S	SN	U	N A	Points Available	Points Awarded
1. Had outline of topic related questions/used topic suggested by participants.					10	
2. Made introduction of self and topic of discussion.					10	
3. Invited questions and encouraged participation.					10	
4. Explained discussion ground rules.					10	
5. Guided the group discussion (used open end-ended questions).					10	
6. Gave accurate information and appropriate materials.					10	
7. Displayed respect for other cultures and used translator appropriately.					10	
8. Used summary and closing.					10	
9. Is there an evaluation of learning included in the class? (Best Practice)					10	
10. Documented group education in the electronic medical record.					10	
Total Score:					100	

Comments:

J. Anthropometric & Hematological Equipment:		S	SN	U	NA	Possible Points	Points Awarded
Looking for: Anthropometric:	Anthropometric & Hematological Equipment Overall Rating:					5	

NUTRITION UNIT MONITORING TOOL

<ul style="list-style-type: none"> Mounting error ¼ inch or larger for length or height boards. Scales not calibrated within last year. <p>Hematological:</p> <p>Old Style Hemocue</p> <ul style="list-style-type: none"> Control log appropriately documented when equipment is in use Equipment checked for accuracy using manufacturer's guidelines Equipment checked by appropriate staff <p>New Style Hemocue</p> <ul style="list-style-type: none"> Equipment in good working order 	<p>Scoring is based on district summary:</p> <ul style="list-style-type: none"> All equipment in good working order 5 Points (S) One (1) to two (2) pieces of equipment with issues 4 Points (SN) Three (3) to four (4) pieces of equipment with issues 3 Points (U) Five (5) or more pieces of equipment with issues 0 Points (U) 						
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ANTHROPOMETRIC & HEMOTOLOGICAL EQUIPMENT:
(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

Clinic															
Date															
Reviewer															
Length Board:	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C
<ul style="list-style-type: none"> Movable foot piece that slides easily Foot piece at 90 degree angle Fixed headboard 															
Height Board:	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C
<ul style="list-style-type: none"> Fixed measuring device (fixed to vertical flat surface/no skirting) Right angle head board Accuracy of placement (for boards mounted to wall) 															
Standing Scales:	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C
Calibrated in last 12 months (use scale test report or sticker)															
Beam (B) or Digital (D)															
Infant Scale:	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C
Calibrated in last 12 months (use scale test report or sticker)															
Beam (B) or Digital (D)															
Hematological Equipment:															
Document Brand															
Number of units															
Rating-See above															

NUTRITION UNIT MONITORING TOOL

S / SN / U / NA					
Comments:					

K. Anthropometric Observation:		S	SN	U	NA	Possible Points	Points Awarded
Recommendation: <ul style="list-style-type: none"> When possible complete five (5) observations per clinic. At minimum complete 5 observations per District. 	Anthropometric Observation Overall Rating: Scoring is based on district summary: <ul style="list-style-type: none"> All observations conducted according to standards 5 Points (S) One (1) to two (2) observations with noted deficiencies 4 Points (SN) Three (3) to four (4) observations with noted deficiencies 3 Points (U) Five (5) or more observations with noted deficiencies 0 Points (U) 					5	

ANTHROPOMETRIC OBSERVATION: Woman / Child
 (S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

	WOMEN			CHILD		
Clinic:						
Date:						
Reviewer:						
Standing Height: Circle Status or Enter Age	P B N	P B N	P B N	Age:	Age:	Age:
<ul style="list-style-type: none"> Participant measured without shoes Proper stance used for reading measurement Headboard is level, touches top of head Measurement taken and recorded accurately (to at least nearest 1/8 inch) Two (2) measurements taken 						
Standing Weight:						
<ul style="list-style-type: none"> Participant dressed in minimal clothing Scale zeroed, prior to measurement Correct angle used for reading measurement Measurement taken and recorded accurately (to at least the nearest 1/4 pound) Two (2) measurements taken 						
Comments:						

ANTHROPOMETRIC OBSERVATION: Infant
 (S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

	INFANT					
Clinic:						
Date:						
Reviewer:						
Recumbent Length: Enter Age	Age:	Age:	Age:	Age:	Age:	Age:

NUTRITION UNIT MONITORING TOOL

<ul style="list-style-type: none"> Participant measured with minimal clothing Body straight, lined up with measuring board Head is against headboard throughout measurement Footboard resting firmly against heels Proper stance used for reading measurement Measurement taken and recorded accurately (to at least nearest 1/8 inch) Two (2) measurements taken 						
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Infant Scale Weight:						
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<ul style="list-style-type: none"> Participant dressed in minimal clothing (without wet diaper) Scale zeroed, prior to measurement Correct angle used for reading measurement Measurement taken and recorded accurately (to at least the nearest 1/2 ounce) Two (2) measurements taken 						
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Comments: (Note reference observation as participant status and observation number. Ex. Infant 2- wt not checked)

L. Hemoglobin Determination / Universal Precautions:	S	SN	U	NA	Possible Points	Points Awarded
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Recommendation: <ul style="list-style-type: none"> When possible complete five (5) observations per clinic. At minimum complete 5 observations per District. Looking For: <ul style="list-style-type: none"> Staff observed using universal precautions? Followed correct procedures for collecting hematological data? Hemoglobin was collected when required? 	Hemoglobin Determination / Universal Precautions Overall Rating: Scoring is based on district summary: <ul style="list-style-type: none"> All observations conducted according to standards 5 Points (S) One (1) to two (2) observations with noted deficiencies 4 Points (SN) Three (3) to four (4) observations with noted deficiencies 3 Points (U) Five (5) or more observations with noted deficiencies 0 Points (U) 				5	

Hemoglobin Determination / Universal Precautions:
 (S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

Clinic						District Average:
Date						
Reviewer						
Rating: (S / SN / U / NA)						
Clinic Points Awarded:						

Comments: (Note additional observations under comments if the clinic was rated as unsatisfactory)

M. Formula Tracking Log:	S	SN	U	NA	Possible Points	Points Awarded
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Looking For:	Formula Tracking Log Overall Rating:				5	
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NUTRITION UNIT MONITORING TOOL

<ul style="list-style-type: none"> • Does the formula inventory match current stock on hand? • Was the inventory log book completed according to guidelines? • Was inventory verified at least quarterly? • Was there a procedure in place for issuing formula from stock intended to limit excess stock? • No expired formula in inventory? • Is formula issued/exchanged based on reconstituted fluid ounces? 	<p>Clinic scoring by the following criteria:</p> <ul style="list-style-type: none"> • Formula Tracking logged according to standards 5 Points (S) • One (1) to two (2) criteria with noted deficiencies 4 Points (SN) • Three (3) to four (4) criteria with noted deficiencies 3 Points (U) • Five (5) or more criteria with noted deficiencies 0 Points (U) <p>District points are assigned by averaging clinic scores according to the following.</p> <ul style="list-style-type: none"> • 4.5 – 5 average - 5 Points (S) • 4.0 – 4.4 average - 4 points (SN) • 3.0 – 3.9 average - 3 points (U) • < 3.0 - 0 points (U) <p>Recommendations for improving Formula Tracking Log. (Note findings under comments for each clinic)</p>						
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Formula Tracking Log:							
(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)							
Clinic:							District Average:
Date:							
Reviewer:							
Rating: (S / SN / U / NA)							
Clinic Points Awarded:							
Comments:							

N. <u>High Risk Chart Evaluation / Special Formulas / Medical Documentation:</u>	S	SN	U	NA	Possible Points	Points Awarded
<p>Looking For:</p> <ul style="list-style-type: none"> • Was nutrition education completed as required? • Was a care plan documented for clients identified as high risk? • Was medical documentation, if required, accepted correctly? (Current form with all required information correctly completed) • Were appropriate referrals completed? (Children 1st, etc) 					15	
<p>High Risk Chart Evaluation / Special Formulas / Medical Documentation Overall Rating:</p> <ol style="list-style-type: none"> 1. Charts randomly selected from total available R**, X**, 097, 098, 099, 199, 999 food packages. (999 Special Formulas / Emory Genetics / State Ordered 199) 2. Review a minimum of five (5) charts for each clinic reviewed if available. <ul style="list-style-type: none"> • Total points awarded per chart equals 15. • All charts in a clinic are averaged to provide a clinic category percent as well as a clinic weighted average. • District weighted average is calculated from all clinics reviewed. • Points are awarded based on the overall District weighted score. • District Score equals District weighted average. (Ex. Weighted average = 4 / Points awarded = 4) <p>District points are assigned by averaging clinic scores according to the following.</p> <ul style="list-style-type: none"> • 13 – 15 average - 15 Points (S) • 10 – 12 average - 10 points (SN) • 7 – 9 average - 5 points (U) • < 7.0 - 0 points (U) 						

Clinic Record Review: High Risk Chart Evaluation / Special Formulas / Medical Documentation

NUTRITION UNIT MONITORING TOOL

DISTRICT: CLINIC: DATE: NUMBER RECORDS REVIEWED:											Total	Weight	Category Percent	Weighted Score
	1	2	3	4	5	6	7	8	9	10				
Participant Category (P/N/B/I/C)														
1. Nutrition Education/High Risk Completed												1		
2. Care Plan												1		
3. Medical Documentation Form Complete												2		
4. WIC Food Authorization / Restriction is clear without conflicting information												2		
5. Medical Documentation in a valid date for intended certification.												1		
6. Diagnosis matches Indicated Use for Formula												1		
7. Issuance Matches Medical Documentation – Formula												2		
8. Issuance Matches Medical Documentation – Food												2		
9. Appropriate Referrals Made												1		
10. Food package changes adjusted correctly.												2		
Total Points												15		
Clinic Total % Awarded														
District Record Review Summary: High Risk Chart Evaluation / Special Formulas / Medical Documentation														
DISTRICT: DATE:	Clinic #	Clinic #	Clinic #	Clinic #	Clinic #	Clinic #					Total	Weight	Category Percent	Weighted Score
NUMBER RECORDS REVIEWED:														
1. Nutrition Education/High Risk Completed												1		
2. Care Plan Documented												1		
3. Medical Documentation Form Complete												2		

NUTRITION UNIT MONITORING TOOL

4. WIC Food Authorization / Restriction is clear without conflicting information													2		
5. Medical Documentation in a valid date for intended certification.													1		
6. Diagnosis matches Indicated Use for Formula													1		
7. Issuance Matches Medical Documentation – Formula													2		
8. Issuance Matches Medical Documentation – Food													2		
9. Appropriate Referrals Made													1		
10. Food package changes adjusted correctly.													2		
Total Points													15		

Clinic Total % Awarded

O. Record Review Summary:

		S	SN	U	NA	Possible Points	Points Awarded
Record Review Summary Overall Rating:						100	
1. Total points awarded per chart equals 100. 2. All charts in a clinic are averaged to provide a clinic category percent as well as a clinic weighted average. 3. District weighted average is calculated from all clinics reviewed. 4. Points are awarded based on the overall District weighted score. District Score equals District weighted average. (Ex. Weighted average = 96 / Points awarded = 96)							

Clinic Record Review Summary

DISTRICT: CLINIC: DATE: NUMBER RECORDS REVIEWED:	1	2	3	4	5	6	7	8	9	10	Total	Weight	Category Percent	Weighted Score
Participant Category (P/N/B/I/C)														
1. Medical Data Date												1		
2. Length/Ht Recorded												1		
3. Weight Recorded												1		

NUTRITION UNIT MONITORING TOOL

4. Hct/Hgb Recorded												1		
5. Age Recorded												1		
6. All Nutritional Risks Checked												10		
7. All Nutritional Risks Documented												10		
8. Priority Correct												2		
9. High Risk Identified Correctly												3		
10. Food Package Assigned												2		
11. Ref/Enrollment Documented												3		
12. Today's Date												1		
13. Professional's Signature/Title (Certification Form & Nutrition Questionnaire)												1		
14. Breastfeeding Weeks Recorded												1		
15. Breastfeeding Encouraged												3		
16. Inappropriate Nutrition Practices (Evaluation / Documentation)												5		
17. Primary NE Contact												5		
18. Plan / Goal(s) Documented												10		
19. Secondary NE Contact S = Satisfactory (Includes Only Kept Appointments) U = Unsatisfactory (Includes Missed, Failed & Refused)												15		
20. HR Follow-up Documented S = Satisfactory (Care Plan / SOAP Note Required) U = Unsatisfactory (Includes Missed, Failed & Refused)												15		
21. Exit Counseling Documented (Women / Infant / Child)												5		
22. Plotting (Infant/Child/Women)												4		
Total Points												100		

NUTRITION UNIT MONITORING TOOL

Clinic Total % Awarded										
District Record Review Summary										
DISTRICT: DATE:	Clinic #	Clinic #	Clinic #	Clinic #	Clinic #	Clinic #	Total	Weight	Category Percent	Weighted Score
NUMBER RECORDS REVIEWED:										
Participant Category (P/N/B/I/C)										
1. Medical Data Date								1		
2. Length/Ht Recorded								1		
3. Weight Recorded								1		
4. Hct/Hgb Recorded								1		
5. Age Recorded								1		
6. All Nutritional Risks Checked								10		
7. All Nutritional Risks Documented								10		
8. Priority Correct								2		
9. High Risk Identified Correctly								3		
10. Food Package Assigned								2		
11. Ref/Enrollment Documented								3		
12. Today's Date								1		
13. Professional's Signature/Title (Certification Form & Nutrition Questionnaire)								1		
14. Breastfeeding Weeks Recorded								1		
15. Breastfeeding Encouraged								3		
16. Inappropriate Nutrition Practices (Evaluation / Documentation)								5		
17. Primary NE Contact								5		
18. Plan / Goal(s) Documented								10		
19. Secondary NE Contact S = Satisfactory (Includes Only Kept Appointments) U = Unsatisfactory								15		

NUTRITION UNIT MONITORING TOOL

(Includes Missed, Failed & Refused)										
20. HR Follow-up Documented S = Satisfactory (Care Plan / SOAP Note Required) U = Unsatisfactory (Includes Missed, Failed & Refused)								15		
21. Exit Counseling Documented (Women / Infant / Child)								5		
22. Plotting (Infant/Child/Women)								4		
Total Points								100		
Clinic Total % Awarded										

NUTRITION UNIT MONITORING TOOL

RECORD REVIEW: INTERPRETATION

Areas on the record review are classified **S** (Satisfactory), **U** (Unsatisfactory), or **NA** (not applicable). Corrective action must be taken for an area of review as described below under Record Review Evaluation. The satisfactory percentage is calculated for each individual area.

Record Review Evaluation

- One clinic average <90% requires Clinic Specific Training
- Two clinics <100% requires Clinic Specific Training
- Three or more clinics <100% requires District-wide Training and/or District-wide average <90% requires District-wide Training

Participant Category: CT (XI)

Document the participant category for each record reviewed.

1. Medical Data Date : CT-(IX)
 The date must be recorded by mm/dd/yy.
 The date recorded must be when the required anthropometric measurements (height/length, weight) were determined.
 The date must not be more than 60 days prior to certification date.
 The data must be reflective of the applicant’s status at the time of the application.
2. Length/Height Recorded: CT (IX, X)
 Length or Height must be entered to the nearest 1/8 of an inch.
3. Weight Recorded: CT (IX, X)
 Weight must be entered in pounds and ounces.
4. Hematocrit/Hemoglobin Recorded: CT (IX, X)
 Hematocrit/hemoglobin must be entered to one decimal place.
 The date of the hematological measurement, if different than the medical data date, must be documented in the health record. The date must not be more than 90 days prior to certification date.
 For women, the data must be reflective of the applicant’s status at the time of the application.
5. Age Recorded: CT (Attachment VI, Appendix I)
 The participant’s birth date must be recorded on the WIC Assessment/Certification Form. Age calculation must be based on the birth date.
 A woman’s age need not be recorded.
 Infant’s and children’s ages must be documented in their health records, preferably on the appropriate growth grids.
 An infant’s age may be entered in days, in months and days, or rounded appropriately. A child’s age may be entered in years, months and days, or rounded appropriately.
6. All Nutritional Risks Checked: CT (Attachment VI)
 All applicable nutritional risks must be evaluated during each certification appointment and at the infant’s mid-certification nutrition assessment.
 All evident nutritional risks must be checked YES on the WIC Assessment/Certification Form.
 If a nutritional risk is not present, the risk category must be checked NO on the WIC Assessment/Certification Form (except for systems in which only risks present are printed).
 If a nutritional risk is not assessed/not applicable, a NA must be written/entered by the appropriate risk category on the WIC Assessment/Certification Form (except for systems in

NUTRITION UNIT MONITORING TOOL

which only risks present are printed).

If documentation for a nutritional risk is found in the health record, the risk must be checked on the WIC Assessment/Certification Form.

7. All Nutritional Risks Documented: CT (Attachment CT-6)
All nutritional risk criteria checked on the WIC Assessment/Certification Form must be supported by the appropriate documentation.
8. Priority Correct: CT XI (Attachment CT-6)
The correct priority must be assigned according to a participant's status and nutritional risks. A priority is determined to be incorrectly assigned if nutritional risks are present that would change the priority, even if these are not checked on the WIC Assessment/Certification Form.
9. High Risk Identified Correctly: A WIC participant who has any nutritional risk factors designated as high risk must have the "High Risk" box marked "Yes" unless the CPA documents the reason(s) why in his or her professional judgment that this client should not be categorized as high risk (e.g., long history of short stature, following established growth curve, parents of short stature [list heights], etc). Likewise, a WIC participant who does not have any nutrition risk factors designated as high risk must have the "High Risk" box marked "No" unless the CPA documents the reason(s) why in his or her professional judgment that this client requires high risk follow-up.
10. Food Package Assigned: FP (III-VI)
A food package must be assigned in a series that is appropriate to the participant's status. Appropriate documentation and prescriptions must be in the health record, for those food packages and nutritional conditions requiring them.
11. Referrals/Enrollment Documented: NE (VII), BF (VI)
All applicants to the WIC Program must be screened for referral to or enrollment in the Food Stamp Program, Medicaid and TANF. Applicants should also be referred to other appropriate health and social services.
Referrals to other programs or services, current enrollment in other programs or services and/or a decision not to refer must be documented in the **applicant's health record**.
12. Today's Date: CT (XII)
Today's Date corresponds to the date the certification process is completed.
Today's Date must be the same as or no more than 60 days later than the **Medical Data Date**.
13. Professional Signature and Title (Certification Form & Nutrition Questionnaire): CT (XI, XV, and CT Attachments 1-4)
The signature and title of the assessing professional must be entered accurately on the certification form and the nutrition assessment questionnaire.
An appropriate signature consists of first initial and last name or first and last names.
14. Breastfeeding Weeks Recorded: CT (XV)
The questions Ever Breastfed, Currently Breastfeeding, and Weeks Breastfed must be completed as follows:
 - a. Breastfeeding women: initial and six-month certification visit (the weeks breastfed at six months after the initial certification must be more than the weeks breastfed at certification).
 - b. Postpartum, non-breastfeeding women: certification visit.

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- c. Infants: initial certification and mid-certification assessment visits (the weeks breastfed at mid-certification must be the same or more than the weeks breastfed at certification).
- d. Children: one year of age certification (11-16 months of age).
- e. **Breastfeeding weeks should remain the same or increase with time.**

15. Breastfeeding Encouraged: NE (IV, V)

All pregnant participants must be encouraged to breastfeed unless contraindicated for health reasons.

If a pregnant participant is not encouraged to breastfeed based on health reasons or the refusal of the participant to receive nutrition education, the reason(s) must be documented in the participant's health record.

It is not acceptable to **not** encourage a woman to breastfeed based simply on her answering no to whether she plans to breastfeed or is interested in breastfeeding.

Documentation must include all aspects of breastfeeding discussed (not, "Breastfeeding encouraged").

The breastfeeding education must follow the ADA Nutrition Care Manual or other state approved nutrition reference resources.

16. Inappropriate Nutrition Practices (Evaluation / Documentation)

Evaluation of Inappropriate Nutrition Practices: CT (Attachment VI, Appendix G)

If inappropriate nutrition practices are present, they must be correctly identified on the Nutrition Assessment Questionnaire or medical record. If no inappropriate nutrition practices and no other risk factors are identified, nutrition risk 401 (Other Dietary Risk/Failure to Meet Dietary Guidelines) must be assigned.

Documentation of Inappropriate Nutrition Practices: CT (Attachment VI, Appendix G)

All inappropriate nutrition practices must be correctly documented (e.g., describe the precise behavior that qualifies a participant as having the identified general Inappropriate Nutrition Practice category) on the Nutrition Assessment Questionnaire or medical record.

17. Primary Nutrition Education Contact, Current Certification: CT (VI)

Individual nutrition education contacts must be documented in the participant's electronic health record (i.e., the front-end computer system used by the District).

Documentation of group classes may consist of a participant's signature on a class attendance sheet, voucher register or class roster which contains the lesson objective(s) and the original signature of the staff person conducting the class. The method used must have the approval of the Office of Nutrition.

The education must be appropriate to the individual participants' individual or group needs.

The primary nutrition education contact must be provided by a competent professional authority (CPA), not by a paraprofessional/Nutrition Assistant. Specific aspects of nutrition counseling must be documented (not "Nutrition education provided").

Missed appointments or refusal of nutrition education must be documented in the health record.

The nutrition education must follow the ADA *Nutrition Care Manual* or other state approved nutrition reference resources.

18. Plan/Goal(s) Documented [Nutrition Education Section, VI. B and Attachment NE-4]

All primary and high risk nutrition education contacts must conclude with documentation of an individualized care plan. This care plan must include a measurable participant centered goal, which encourages at least one change in current health and/or social behaviors.

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19. Secondary Nutrition Education Contact, Current or Prior Certification: NE (III)

If a secondary contact is not documented for the current certification period, documentation must be present for a secondary contact provided during the previous period (infants, children, postpartum breastfeeding and non-breastfeeding women).

For infants, the mid-certification nutrition assessment will be equivalent to a certification visit for the purpose of evaluation of secondary contacts.

At least one secondary contact must be provided during each six-month certification period.

For certification periods that exceed six months (prenatal women), secondary contacts must be provided at a quarterly rate (i.e., a prenatal woman who is on the Program for greater than six months would have to receive a minimum of two secondary contacts) but not necessarily within each quarter.

Secondary contacts for prenatal women will be assessed when the expected date of confinement (EDC) has been reached or a delivery date has been recorded.

Individual and group nutrition education contacts must be documented in the participant's electronic health record (i.e., the front-end computer system used by the District).

Documentation of secondary nutrition education contacts must be completed in the participant's electronic record and include the date, topic(s), the title of the person providing the nutrition education, and method by which the nutrition education contact was provided (e.g., class, kiosk, individual counseling, etc.). Electronic documentation of all nutrition education contacts **is required**.

The education should be appropriate to the individual participant's health needs, but must be client-led when determining discussion topics and setting goals.

Parents and/or caregivers of WIC infants and children must also be provided with information about abuse of drugs and other harmful substances during the nutrition education contact.

Nutrition education must be provided by a competent professional authority (CPA). Paraprofessional staff (i.e., Nutrition Assistants) can provide these low-risk contacts when nutrition education training approved by the Office of Nutrition has been received. The method used must have the approval of the Office of Nutrition.

Missed appointments or refusal of nutrition education must be documented in the health record. Failed, missed, and refused secondary nutrition education appointments do not count as providing secondary nutrition education. The expectation is that 100% of clients will receive secondary nutrition education.

Specific aspects of nutrition counseling must be documented (not "Nutrition education provided").

The nutrition education must follow the *ADA Nutrition Care Manual* or other state approved nutrition reference resources.

20. High Risk Follow-Up Documented: CT (Attachment VI, NE (VI))

A WIC participant who has any of the high risk factors identified in the Procedures Manual must receive an individual care plan that includes goal setting.

Documentation should indicate nutrition counseling specific to their nutritional condition and problems identified in their diet, but must be client led when setting goals.

Documentation of high risk secondary nutrition education contacts must be completed in the participant's electronic record and include the date, topic(s), care plan, the title of the person

NUTRITION UNIT MONITORING TOOL

providing the nutrition education, and method by which the nutrition education contact was provided (e.g., individual counseling, etc.). Electronic documentation of all nutrition education contacts is required.

Failed, missed, and refused secondary high risk appointments do not count as providing secondary high risk nutrition education. The expectation is that 100% of clients will receive secondary nutrition education.

The nutrition education must follow the *ADA Nutrition Care Manual* or other state approved nutrition reference resources.

21. Exit Counseling Documented: NE (VI)

From the prenatal through the postpartum (breastfeeding or non-breastfeeding) period, a woman participant must receive education at least one time on each of the following topics:

- a. Importance of folic acid intake
- b. Health risks of using alcohol, tobacco and other drugs
- c. Continued breastfeeding as the preferred method of infant feeding
- d. Importance of up-to-date immunizations

Parents and/or caregivers of WIC infants and children must also receive education at least one time on each of on the following topics during an infant/child's enrollment on the WIC program:

- a. Health risks of using alcohol, tobacco and other drugs
- b. Importance of up-to-date immunizations.

22. Plotting (Infant / Child / Women)

Length/Height Plotted: CT (Attachment VI, Appendix L, M)

The length/height for age must be plotted accurately by plotting as closely as possible to the exact age.

Length/height values must be plotted as accurately as possible.

Weight Plotted CT (Attachment VI, Appendix L, M)

Weight for age must be plotted accurately, by plotting as closely as possible to the exact age.

Weight values must be plotted as accurately as possible.

Weight for gestational age must be plotted to the nearest completed week of gestation and nearest half pound.

Weight for Length/Height Plotted CT (Attachment VI, Appendix L, M)

Weight for length/height must be plotted as accurately as possible.

SYSTEMS INFORMATION UNIT MONITORING TOOL

ADMINISTRATIVE MANAGEMENT EVALUATION (S=Satisfactory, SN=Satisfactory needs improvement, U=Unsatisfactory, and NA=Not Applicable)							
DISTRICT				DATE			
REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded
A. ACCOUNTABILITY							
	Inventory					2	
	1. Does the number of computers, printers and monitors in the clinic match the number on the inventory?					1	
	2. Are proper inventory records maintained?					1	
	3. Has a physical inventory been conducted within the last year?					1	
	4. Has USDA and / or the Georgia WIC Program approval been obtained for equipment purchase as required?					1	
	5. Are proper procedures followed to dispose of obsolete or damaged equipment?					1	
	6. Are proper procedures followed when equipment is discovered to be lost, or stolen?					1	
	7. Have any pieces of equipment been reported lost or stolen within the past 12 months?					1	
	8. In cases of stolen equipment, has a police report been filed?					1	
	9. Have Flash cards been removed from surplus or unused MICR printers? (Return surplus Flash cards to state office. If printer will be used again – store card in a secure location until needed).					1	
	Decals / Tags					5	
	1. Are inventory decals / tags in place?						
Comments:							

SYSTEMS INFORMATION UNIT MONITORING TOOL

CLINIC EVALUATION							
(S=Satisfactory, SN=Satisfactory needs improvement, U=Unsatisfactory, and NA=Not Applicable)							
CLINIC					DATE		
REFERENCE	AREAS OF REVIEW	S	SN	U	NA	POSSIBLE POINTS	POINTS AWARDED
A. PAPER FORMS							
	TADs					5	
	1. Does the clinic have an adequate supply of Pre-numbered and blank TADs?						
	2. Are TADs kept in a secure area?					5	
	VPOD Stock					10	
	1. Does the clinic have an adequate supply of blank VPOD stock to operate for a minimum of 15 days?						
	2. Is the VPOD stock kept in a secure area?					5	
	Standard Manual Package					5	
	1. Does the clinic have an adequate supply of the Standard Manual Packages?						
	2. Are the Standard Manual Packages kept in a secure area?					5	
	Blank Manual (999)					5	
	1. Does the clinic have an adequate supply of Blank Manuals (999)?						
	2. Are the Blank Manuals (999) kept in a secure area?					5	
Comments:							
B. CLIENT REGISTRY							
	1. Does the process of searching for a client operate as it should?					5	
Comments:							

SYSTEMS INFORMATION UNIT MONITORING TOOL

C. ACCESSIBILITY TO DATA							
	1. Has staff encountered difficulties in accessing client data necessary to perform their job?					5	
Comments:							
D. CLINIC STAFF QUESTIONS							
	1. Is there an established and effective means for staff to address questions pertaining to their job duties and responsibilities?					5	
Comments:							
E. PHYSICAL SECURITY							
	1. Are PC's away from client traffic?					5	
	2. Are printers away from client traffic?					5	
	3. Are computers connected to a UPS / surge protector?					5	
Comments:							
F. SYSTEM FUNCTIONALITY							
	EVOC						
	1. How many staff are authorized to print EVOC Cards? _____					N/A	
	2. Does review of EVOC log indicate any irregularities?					5	
	ETAD						
	1. Have all work orders / ETAD changes been implemented?					N/A	
	2. Are they functioning properly?					N/A	
	Race / Ethnicity						
	1. Is a drop down box in place?					N/A	
	System Clinic Listing						
	1. Is the Systems Clinic Listing complete and accurate?					5	
	Income Guidelines						
	1. Does the system have the up-					5	

SYSTEMS INFORMATION UNIT MONITORING TOOL

	to date income guidelines?						
	Food Package Table 1. Is the FPC / VC table complete and accurate?					N/A	
	GWIS 1. Is GWISnet access available to staff?					5	
	2. Are clinic staff able to use GWISnet effectively?					5	
	Internet Access 1. Is internet access available in the clinic?					N/A	
	Batches (Voucher Serial Numbers) 1. Does the system contain old voucher batches that should have been used or VOIDED?					5	
	2. Have staff used more recent voucher number batches when older batches or partial batches exist?					10	
Comments:							
G. SYSTEMATIC							
	Password Confidentiality 1. Are User Passwords kept confidential?					10	
	User Lists 1. Are former employees removed from the clinic system(s) immediately upon their departure?					5	
	2. Does a review of the system show users who are still active but are no longer employed by the clinic and/or health department?					5	
	System Back-Up 1. Is the system backed-up on a daily basis? (paper back-up)					5	

SYSTEMS INFORMATION UNIT MONITORING TOOL

	2. Is a copy of the back-up kept in a secure, off-site location?						5		
--	--	--	--	--	--	--	---	--	--

Comments:

CLINIC OBSERVATION
Georgia WIC Program
Systems Information Unit
Monitoring Tool

A. Preliminary Information Pre-Visit: (See Page 10 for list of items)

Date of Review: ____/____/____

D/U: _____ Clinic: _____

Clinic Information:

Participation (Most recent Issue Month):

 Pre-natal: _____

 Non-Breastfeeding: _____

 Breastfeeding: _____

 Total Women: _____

 Infants: _____

 Children: _____

TOTAL: _____

Number of Critical Errors over previous 4 months: _____

Number of Critical Errors not reviewed, previous 4 months: _____

Critical Error Rate (Current month): _____

Top 5 critical errors (field): _____

 (Current Month) _____

CLINIC OBSERVATION

A. Preliminary Information Pre-Visit:

Top 5 critical errors (transaction):	_____
(Current Month)	_____

Number Un-Reviewed:	_____
Batch Rejections Previous 4 months:	_____
Number Un-reviewed:	_____
Unreconciled Original:	_____ % (Current Close-Out Month)
Unreconciled Final:	_____ % (Current Close-Out Month)
Unmatched Redemptions:	_____ # (Current Issue Month)

CLINIC OBSERVATION

B: Background:

System:	_____
Version (if known):	_____
Web-based:	Y N
Single Server:	Y N
The following items are to be completed by a walk through the clinic with the clinic supervisor:	
Number of WIC/WIC Related Work Stations:	
WIC Only	_____
WIC Related:	_____
Number of WIC/WIC Related Users:	
WIC Only	_____
WIC Related:	_____
Types/Number of Equipment:	
Computers:	_____
Monitors:	
CRT:	_____
Flat Screen:	_____
Dumb Terminals:	_____
VPOD Printers:	_____
Laser Printers:	_____
Dot Matrix Printers:	_____

CLINIC OBSERVATION

B: Background (cont'd):

Does Clinic provide FMNP?	Y	N
Number of Personnel Authorized to Issue FMNP Coupons:	_____	
FMNP Caseload:	_____	
Does Clinic Have Internet Access?	Y	N
Do Clinic Staff have access to GWISnet?	Y	N
Authorized Users:	_____	

**CLINIC OBSERVATION
Reports
For
Background Information**

1. Participation: Report EWRR990G-045: Ethnic Participation By Priority – Clinic. Located in GWIS or GWISnet under Caseload Management.
2. Critical Errors: Report CPRECCES-012: Critical Error Summary Located in GWIS or GWISnet under Operations.
3. Unreconciled Original/Final: Report EWER900G-051: System Maintenance Indicators. Located in GWIS or GWISnet under Operations.
4. Unmatched Redemptions: Report EWRR300G-030: Unmatched Redemptions. Located in GWIS or GWISnet under Food.
5. To review Critical Errors, Batch Rejections, and Batch Acceptance reports: Look under CLINIC FEEDBACK section of GWISnet. For each category select the date ranges and the clinic number, click on SEARCH. Look for items that have not been reviewed.
6. The Edits Manual is located at: K:\SystemWIC\Edits_2008. Locate the page required in the table of contents, put the cursor over the items and press **CTRL+Click**. The program will take you to that page.
7. Download the following databases onto laptops:
 - FPC/VC database.
 - Inventory database
8. Generate Computer Issues report for the clinic(s) under review.

STATE OF GEORGIA

DEPARTMENT OF PUBLIC HEALTH

GEORGIA WIC PROGRAM

LOCAL AGENCY

FFY 2013

MONITORING TOOL

FINANCIAL REVIEW SECTION

I. FINANCIAL REVIEWS

A. Introduction

The Department of Public Health (DPH), Office of Audits, will conduct on-site Financial Reviews every two (2) years at each of the eighteen Public Health Districts and two contract agencies for the purpose of reviewing local WIC Financial Management. The purposes of the Financial Review are to determine the appropriateness of the WIC Grant expenditures, to reconcile the District and/or local agency (county) WIC allocations and to examine the intra/inter contracts of WIC funds to the counties within the District. The Districts that were not selected for review will have a follow-up visit to ensure that corrections stated in their Corrective Action Plans (CAP) were implemented.

B. District Selection

1. District Site

Every two (2) years, fifty percent (50%) of the Districts are selected by Office of Audits with concurrence from the Georgia WIC Program for financial review.

- a. The lead county in each District will always be reviewed during each financial site visit. In addition to the lead county three (3) counties within the District will also be reviewed. These counties will be reviewed to ensure that the intra/inter WIC contract requirements are being met, financial accountability of WIC funds is maintained and that all capital equipment is managed in accordance with DHR requirements for equipment accountability.
- b. Counties that have not been reviewed for at least four years may be selected in place of randomly selected counties to ensure regular reviews of all counties within the district.

C. Pre-Review Activities

Prior to the on-site visit, the Office of Audits' staff will review district reports and files in the Georgia WIC Program. The Public Health District Administration will be contacted regarding materials that must be available for the on-site review.

D. Financial Review Schedule

A schedule of on-site financial reviews will be developed and coordinated by the DPH, Office of Audits and the WIC Program prior to the beginning of each Federal Fiscal Year (FFY). A statewide schedule containing the dates of each financial review will be sent to all Public Health Districts.

II. FINANCIAL TIMEFRAMES

The financial review process will be conducted within the following timeframes:

<u>ACTIVITY</u>	<u>TIMEFRAME</u>
Notification of intent to conduct a review. Financial Review and mutually agreed review date.	20 days prior to the scheduled date
Financial Review	As Needed
Auditors will submit the Final Review Report to the Georgia WIC Program.	Within 10 days of Exit Conference
The Georgia WIC Program submits to the local agency a copy of the Financial Review. The Georgia WIC Program Financial Review Conference calls with the agency that was reviewed.	Within 20 days of Exit Conference
The local agency submits Corrective Action Plan to the Georgia WIC Program.	Within 30 days of Exit Conference
The Georgia WIC Program submits to DPH's Office of Audits Correction Action plan with recommendation.	Within 40 days of Exit Conference
DPH's Office of Audits disposes of review findings. If findings are monetary, execute letter-withholding funds from agency. Close Financial Review	Within 60 days of Exit Conference

III. LOCAL AGENCY COLLECTIONS

Local agency collections are funds recovered through the collection of local agency claims. Under 7 CFR 246.19(b), the State agency is responsible for monitoring local agency operations, including financial management systems. If any food or NSA funds provided to a local agency was misused, diverted from program purposes, or lost as a result of thefts, embezzlements, or unexplained causes, the State agency should assess a claim against the local agency, as well as require the local agency to submit a corrective action plan.

IV. FINANCIAL SELF REVIEWS

The District is responsible for conducting annual Self-Reviews by June 30 of each year using the Financial section of the monitoring tool. The review must be kept on file at the local agency and a copy forwarded to the Georgia WIC Program by September 30th annually.

**GEORGIA WIC PROGRAM
FINANCIAL REVIEW FORM**

AREAS OF REVIEW	YES	NO	NA	COMMENTS
A. Review of Previous Audit Findings				
1. Has an audit been performed recently by an independent accounting firm?				
2. Were any findings noted? (If yes, attach a copy of the audit containing the findings.)				
B. General Accounting Practices				
1. Are accounting records maintained by WIC paid staff or by the district accounting personnel?				
2. Does the local agency maintain a separate account for WIC funds?				
3. If not, is adequate documentation maintained to identify revenues and disbursements for WIC?				
4. Are revenues for the WIC deposited in an interest bearing account?				
5. Are hard copies of all accounting transactions printed and maintained for reference?				
6. Is there a separation of duties for the various accounting tasks?				
7. Is the bank reconciliation performed by an employee who is independent of cash disbursements or receipts and general ledger maintenance?				
8. Is the signing of checks independent from the approval of invoices?				
9. Is the preparation of checks independent from the approval of invoices?				
10. Are the receiving duties independent of the purchasing function?				
11. Is there a limitation on the dollar amount for checks which only require one signature?				
12. Are invoices and supporting documentation examined at the time of signing and marked "paid" to prevent duplication of payment?				
13. Are records maintained for the required length of time? (3years plus current).				

AREAS OF REVIEW	YES	NO	NA	COMMENTS
C. OPERATIONAL COST				
1. Does WIC pay a share of Administrative position salaries to a District budget through an Intra/Inter Agency Agreement?				
2. Are administrative costs based on a logically developed cost allocation plan or methodology which provides fair and equitable distribution of applicable costs?				
3. Does the District have a Cost Allocation Plan on file that has been approved by DPH within the last two years?				
4. Does the District have a contract for WIC eligibility and enrollment processing?				
5. What is the contract cost to WIC for computer services for enrollment and eligibility determination?				
6. How is WIC's share of the cost determined?				
D. EXPENDITURES				
1. General Review				
A. Are all WIC costs allowable under USDA standards?				
B. Are there any incorrect charges?				
C. Did any expenditures require prior approval of the State WIC Office, i.e.; 1. Capital expenditure over \$5,000; 2. Computer expenditure; 3. Capital improvements				
D. If yes, is there documentation of State WIC approval?				
E. Do all payments include adequate supporting documentation including: Nature of expenditure Amount Date service was provided Payee Date of Invoice				
F. Are unliquidated obligations being posted on MEIR each month?				
G. Have any MIERs been revised? Why?				

H. If applicable, is Program Income (i.e., interest) properly accounted for?				
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AREAS OF REVIEW	YES	NO	NA	COMMENTS
2. 301 - Cost Pool Budget				
A. Are all salary expenses being charged to this budget?				
B. Are all Intra/Inter Agency Agreements being charged to this budget?				
C. Are copies of all Intra/Inter Agency Agreements on file?				
D. Are other expenses being charged to this budget?				
E. If yes, are these expenses a direct benefit to multiple programs other than WIC?				
3. 643 - Direct WIC Budget				
A. Are costs that are a direct benefit to WIC being charged?				
B. Are such items as rent, telecom and equipment being charged?				
4. 007 - Nutrition Education				
A. Are costs that are a direct benefit to WIC NE being charged?				
5. 009 - Breastfeeding				
A. Are costs that are a direct benefit to WIC Breastfeeding being charged?				
B. Is a Breast Pump report being sent to the Georgia WIC Program as required?				
6. Self Review				
A. Was a Financial Self Review conducted by June 30th?				
B. By whom was the review conducted?				
C. Was a Corrective Action plan required and developed?				

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I. INTRODUCTION

This section of the Procedures Manual defines the concept of breastfeeding promotion, education and support; and explains the requirements for providing lactation services to the Georgia WIC Program participants.

Health professionals recognize that, in almost all circumstances, breastfeeding is the optimal method for ensuring proper infant nutrition, while simultaneously benefiting the lactating mother. The advantages of breastfeeding range from biochemical, immunological, and endocrinologic to psychosocial, developmental, hygienic, and economic. Human milk contains the ideal balance of nutrients, enzymes, immunoglobulins, anti-infective agents, anti-allergic substances, hormones, and growth factors. Further, breastmilk changes to match the changing needs of the infant. Breastfeeding provides a time of intense maternal-infant interaction. Lactation also facilitates the physiologic return to the pre-pregnant state for the mother.¹

Public Health staffs have a responsibility to provide services designed to optimize the health of their clients. Through the Georgia WIC Program they have a unique opportunity to influence decisions on infant feeding. As stated in the Division of Public Health Position Paper on Breastfeeding (**Attachment BF-1**) a sound program of information and support is necessary to promote the successful establishment and maintenance of breastfeeding. Such a program should be integrated into the health care system and should encompass both the prenatal and postpartum periods.

II. DEFINITIONS

Breastfeeding promotion, education and support are components of a process through which individuals gain the understanding, skills and motivation necessary to be able to select breastfeeding as the preferred method of feeding, as well as to initiate and maintain breastfeeding for a significant period of time.

Federal Regulations (7 C.F.R. §246.2) define a woman as breastfeeding if she feeds breastmilk to her infant(s) on average at least once every 24 hours. Re-lactation/induced lactation after a period of not breastfeeding or lactation by a woman who is not the biological mother of the infant also qualifies the woman as a breastfeeding mother.

Exclusively Breastfed (EBF) Infant: an infant who is being fed breastmilk and who receives no formula (infant formula, exempt infant formula, or medical foods) from the Georgia WIC Program.

Mostly Breastfed (MBF) Infant: an infant being fed breastmilk and receiving from the Georgia WIC Program formula in amounts that do not exceed the maximum allowances for mostly breastfed infants which is approximately half (50%) of the formula allowance for fully formula fed (FFF) infants.

1 Healthy People 2010: National Health Promotion and Disease Prevention Objectives, U.S. Department of Health and Human Services, 1990.

Fully Formula Fed (FFF) Infant: an infant receiving from the Georgia WIC Program formula in amounts that exceed the maximum allowances for mostly breastfed (MBF) infants.

Postpartum Woman: a woman up to six (6) months postpartum who is not providing breastmilk to her infant (who is classified as a fully formula fed [FFF] infant).

Mostly Breastfeeding Woman: a woman up to twelve (12) months postpartum who is providing mostly breastmilk to her infant and whose infant receives formula from the Georgia WIC Program in amounts that do not exceed the maximum formula allowances for mostly breastfed (MBF) infants.

Some Breastfeeding Woman: a woman up to twelve (12) months postpartum who is providing breastmilk to her infant on average at least one (1) time per day and is accepting for her infant formula that exceeds the maximum amount of formula allowed for mostly breastfed (MBF) infants. Her infant is classified as a fully formula fed (FFF) infant. After six (6) months postpartum, breastfeeding women described as doing “some breastfeeding” under this definition will not be issued WIC supplemental foods. However, such women are eligible to be recertified for the Georgia WIC Program as participants and to continue to receive nutrition education and breastfeeding support.

Exclusively Breastfeeding Woman: a woman up to twelve (12) months postpartum who is providing breastmilk to her infant and whose infant – classified as an exclusively breastfed (EBF) infant – is not receiving any infant formula, exempt infant formula, or medical foods from the Georgia WIC Program.

III. STATE AGENCY

A. Breastfeeding Coordinator

The responsibility for coordination of Statewide WIC breastfeeding activities is vested within the Georgia Department of Public Health, Maternal and Child Health, **Office of Title V and Integration**.

A qualified nutritionist or nurse is designated as the state WIC Breastfeeding Coordinator. The responsibilities of this person are to plan, direct and coordinate the breastfeeding promotion, education and support component of the Georgia WIC Program.

B. Breastfeeding Promotion, Education and Support Responsibilities

The following are the state agency responsibilities for breastfeeding promotion, education and support:

1. Develop, implement and evaluate the state breastfeeding promotion, education and support plan. Periodically review and evaluate the plan, and make appropriate revisions as necessary.
2. Develop guidelines for local agency breastfeeding promotion, education and support plan development. Review each plan and provide feedback.
3. Monitor the progress of local agency breastfeeding promotion, education

and support plans on a periodic basis through on-site visits and reports.

4. Evaluate breastfeeding promotion, education and support services of all local agencies.
5. Develop and implement a plan for providing training and technical assistance for Competent Professional Authorities (CPAs), paraprofessional staff, and clerical staff at local clinics. Training and technical assistance provide CPAs with current information on the management of normal breastfeeding issues and special problems in lactation. It provides all staff with an understanding of the importance of promoting, and ways to promote, breastfeeding in a clinic setting.
6. Identify and develop resource and education materials for use by local agencies. Provide materials in languages other than English in areas where a substantial number of participants are non-English speaking.
7. Coordinate WIC breastfeeding promotion, education and support activities with related programs and professional groups such as hospitals, private medical organizations, the Cooperative Extension Service, professional organizations, advisory committees, La Leche League, and other breastfeeding support and advocacy groups, private lactation consultants, etc.
8. Develop and implement procedures to assure that encouragement to breastfeed is offered to all prenatal participants, unless medically contraindicated.
9. Perform and document evaluation of breastfeeding promotion, education and support activities for each local agency on an annual basis. The evaluations shall include an assessment of the participant's views concerning the effectiveness of the education they received.
10. Establish standards for participant contact that ensure adequate breastfeeding education.
11. Monitor local agency activities to ensure compliance with defined local agency responsibilities and participant breastfeeding education contacts.
12. Establish breastfeeding promotion, education and support standards that include, at a minimum, the following:
 - a. A policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding.
 - b. A requirement that each local agency designate a staff person to coordinate the breastfeeding promotion and support activities.
 - c. A requirement that each local agency incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients.

- d. A plan to ensure that women have access to breastfeeding promotion, education, and support activities during the prenatal and postpartum periods.

IV. LOCAL AGENCY

A. Breastfeeding Coordinator

1. Each local agency must designate a staff person to coordinate breastfeeding promotion, education and support activities. The breastfeeding coordinator position may be a qualified nutritionist, nurse, health educator, Certified Lactation Counselor (CLC), or International Board Certified Lactation Consultant (IBCLC). **Attachment BF-2** lists a job description for Health Educator Senior/Lactation Consultant, which may be used to assure an individual is qualified to fill this position. A Georgia Gain job classification sample job description entitled **District Breastfeeding Coordinator** can be found in **Attachment BF-3**.
2. It is recommended that this position be designated as a full-time position in order to facilitate coordinating services throughout the local agency and across program lines and to adequately meet Federal requirements.
3. It is recommended that the breastfeeding coordinator be, or work towards becoming an International Board Certified Lactation Consultant (IBCLC). **At a minimum, the breastfeeding coordinator should pass a Certified Lactation Counselor (CLC) course.**
4. It is recommended that the breastfeeding coordinator work across program lines to provide breastfeeding services, thus increasing opportunities for all current and potential WIC participants to be reached. This will also serve to integrate services, and assure that all clinic staff receive appropriate training and deliver consistent information on breastfeeding.

B. Breastfeeding Promotion, Education and Support Responsibilities

The Georgia WIC Program is committed to the implementation of the *Guidelines for Breastfeeding Promotion and Support in the WIC Program*, developed by the National WIC Association (NWA) Breastfeeding Promotion Committee (**Attachment BF-4**). The local agencies are encouraged to use the Guidelines in carrying out the following breastfeeding responsibilities:

1. Establish and maintain a positive clinic environment that clearly endorses and supports breastfeeding as the preferred method of infant feeding (NWA Guidelines #2, #4).
 - a. It is important to assure that relevant education materials available to participants portray breastfeeding as the preferred infant feeding method. The following items must be free of formula product names: print and audiovisual materials, and office

supplies such as cups, pens, badge holders, pins, posters and note-pads.

- b. Staff should be careful not to communicate overt or subtle endorsements of formula. Such messages may influence a mother's decision about infant feeding or her breastfeeding pattern. Once a mother initiates infant feeding, staff should support her decision, and provide appropriate information.
 - c. The local agency must minimize the visibility of formula and bottle-feeding equipment through storing supplies of formula, baby bottles and nipples out of view of participants.
 - d. Staff must not accept formula from formula manufacturer representatives for personal use.
 - e. Staff should make every effort to provide a supportive environment in which women feel comfortable breastfeeding their infants. The clinic waiting area should be used advantageously to motivate women to recognize breastfeeding as the "norm" rather than the exception. The clinic area should, where space permits, also be used to provide worksite support for staff who is breastfeeding.
2. Incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC participants (NWA Guideline #1).
 3. Develop a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods (NWA Guidelines #3, #5-9).
 4. Submit, on an annual basis, a local agency plan of activities (see IV. D. below).

C. Training

1. Orientation

All staff that interacts with WIC applicants and participants must receive basic information on breastfeeding, during their orientation to the Georgia WIC Program.

- a. Clerical and other non-CPA staff must receive training on maintaining a positive clinic environment, a positive and supportive attitude towards breastfeeding, and what they can do to promote and support breastfeeding in the clinic.
- b. CPAs must receive, in addition to the above information, training on basic skills in getting women started with breastfeeding, assessment, problem solving, and follow-up and referrals.

2. Continuing Education
 - a. All staff must attend local, state or National workshops for the purpose of developing and updating skills and knowledge in lactation management.
 - b. All breastfeeding training and continuing education activities conducted or attended by local staff must be recorded and kept on file by the local agency. The file should include the names and titles of the workshop participants, and the titles and dates of the workshops. See **Attachment NE-6** for recommended forms.

D. Breastfeeding Promotion, Education and Support Plan

1. Annual Plan of Activities
 - a. The state agency, with participation from district staff, develops the Georgia WIC Program State Plan that is annually submitted to USDA no later than August 15 of each year. In order to integrate efforts being conducted at both the state and the local levels, local agencies shall submit to the state, a Breastfeeding Plan of activities based on the State Plan goals and objectives. The district or local agency Breastfeeding program plan must be submitted, as part of the district WIC and nutrition plan, to the Georgia WIC Program by May 31, unless another date has been designated as the due date for that year for inclusion in the annual state plan.
 - b. In addition to the district or local agency annual plan, a Breastfeeding Peer Counselor plan is due from those districts or local agencies who have received designated Breastfeeding Peer Counselor funds. The plan must provide the number of Peer Counselors and their salaries, hours they work, trainings attended, activities the Peer Counselors have participated in and items purchased using Budget 329 for that particular fiscal year. Districts must also provide the percentage of time the Breastfeeding Coordinator or designated supervisor spends on Peer Counseling responsibilities. The Breastfeeding Peer Counselor plan must be submitted in conjunction with the district or local agency Breastfeeding program plan and follow the same schedule.

V. PARTICIPANT EDUCATION

A. Participant Education Requirements

1. Each local agency must have an established reference guide for breastfeeding education. Examples of approved breastfeeding reference guides include, but are not limited to:
 - La Leche League International "The Breastfeeding Answer" Made Simple"
 - "Breastfeeding and Human Lactation" by Jan Riodan

- “Breastfeeding A Guide For The Medical Profession” by Ruth and Robert Lawrence
 - “Medications and Mother’s Milk” by Thomas Hale, Ph.D.
2. All pregnant participants must be encouraged to breastfeed unless contraindicated for health reasons. As recommended in the established reference materials, encouragement to breastfeed should continue throughout the prenatal period.

As stated in the Healthy People 2010 National Health Promotion and Disease Prevention objectives for breastfeeding, breastfeeding is not appropriate for infants whose mothers use drugs illicitly, or who receive certain therapeutic or diagnostic agents such as radioactive elements and cancer chemotherapy.² Women who are HIV positive, according to the Centers for Disease Control and Prevention guidelines, should also avoid breastfeeding.

3. As part of the prenatal breastfeeding education, the following information should be offered on WIC benefits for breastfeeding women:
- a. Breastfeeding women are at a higher level in the priority system than non-breastfeeding postpartum women, and are more likely to be served than these women when local agencies do not have the resources to serve all qualified individuals.
 - b. Exclusively breastfeeding women (whose infants receive no formula from the Georgia WIC Program) and mostly breastfeeding women (whose infants receive formula from the Georgia WIC Program in amounts that do not exceed the maximum formula allowance for mostly breastfed [MBF] infants) may receive WIC supplemental food benefits for up to twelve (12) months postpartum, or until breastfeeding is discontinued. Non-breastfeeding women and women classified as “Some Breastfeeding” are both receiving formula from the Georgia WIC Program that exceeds the maximum allowance for mostly breastfed (MBF) infants and thus are eligible for supplemental foods for only six (6) months postpartum.
 - c. The Georgia WIC Program offers a greater variety and quantity of food to those breastfeeding participants who are classified as “mostly” or “exclusively” breastfeeding than to non-breastfeeding, postpartum participants and to women classified as doing “some breastfeeding.”
 - d. If a mother chooses to both breastfeed and formula feed her infant, powder formula is recommended. However, liquid concentrate formula is available. The CPA should assign a food

² Healthy People 2000: National Health Promotion and Disease Prevention Objectives, U.S. Department of Health and Human Services, 1990.

- package with only the amount of formula the infant requires (one can, two cans, or three cans powder). The CPA should reassess the infant's needs any time the mother requests more formula. Any problems with breastfeeding should be addressed at this time. Requests for increases in the amount of formula should not be honored without assessment and counseling of the mother/baby dyad. Refer to **Attachment BF-10** to estimate how much formula a Mostly Breastfeeding Infant will need.
4. Breastfeeding women should be taught hand expression of breastmilk. All CPAs, breastfeeding counselors and nutrition assistants should be trained to teach hand expression of breastmilk. However, if a staff person is not skilled in this area, a referral should be made to trained staff or the local agency breastfeeding coordinator.
 5. Breastfeeding women must be taught signs of adequate intake by the breastfed infant. Signs of adequate intake are:
 - a. baby is nursing 8-12 times per 24 hours
 - b. baby wets diaper at least six (6) or more times per 24 hours
 - c. baby has three (3) or more stools per 24 hours, in first month
 - d. baby has visible and audible signs of swallowing
 - e. mother's breasts feel softer after feeding
 - f. baby has adequate weight gain over time (for infants who are presented for weight checks)
 6. Breastfeeding education contacts must be provided by a nutritionist, registered dietitian, competent professional authority, or other certified health professional, peer counselor or nutrition assistant who has been trained by the state or local agency. Peer Counselors can assist the instructor. When providing breastfeeding education contacts, the CPA must attempt to assess and solve the problem before automatically referring to the designated breastfeeding specialist or Peer Counselor. **At the same time, it is important for the peer counselor or CPA to refer mom and baby to the breastfeeding coordinator or MD if the problem requires more expertise or medical treatment.**
 7. Local agencies are encouraged to use peer counselors trained by the state or local agency to provide encouragement, education, and support to prenatal and breastfeeding women.
 8. Nutrition assistants can also provide breastfeeding education and support when appropriate training has been received. The Nutrition Services Unit must approve the training plan (**see Attachment NE-3**) for the Guidelines for Nutrition Assistant Training and list of items to be submitted for approval.
 9. An individual care plan should be developed for a participant based on the need, as determined by the competent professional authority. The Care Plan should be written in the progress notes, preferably using the SOAP (Subjective - Objective - Assessment - Plan) note format.

10. Class outlines must be developed when group-facilitated classes are used to provide the breastfeeding education contact. Class outlines must be kept at the clinic site for use by clinic staff and provided to the State WIC Breastfeeding Coordinator at the time of program reviews.
11. If the participant/caregiver is unable to receive services at the clinic for an extended period of time, home visits are the recommended method for providing breastfeeding education contacts.
12. Local agencies are also encouraged to provide ongoing lactation support for prenatal and breastfeeding women by telephone. If possible, a breastfeeding help line should be established to facilitate access to information and support services.

B. Documentation of Breastfeeding Services

1. All breastfeeding education and support contacts received by participants must be documented electronically in the participant's health record.
 - a. In order to facilitate continuity of care, documentation of encouragement to breastfeed should include all aspects of breastfeeding discussed with the participant (e.g., barriers to breastfeeding, emotional/nutritional advantages, positioning).
 - b. Documentation should follow the Nutrition Care Process. Approved formats include: ADIME (Assessment, Diagnosis, Intervention, Monitoring and Evaluation), and SOAP (Subjective Objective Assessment Plan) A flow sheet may be used as long as it contains all components of the Nutrition Care Process. ADIME format is the preferred method of documentation for Registered Dietitians.
 - c. Group-facilitated breastfeeding education classes must be documented in the participant's health record. The name and credentials of the staff member conducting the group-facilitated class must also be documented in the participant's health record.
2. Missed appointments for breastfeeding education contacts and the refusal of a participant/caregiver to receive breastfeeding education must be documented in the participant's health record. Documenting missed appointments and refusal to receive education is important for the purpose of monitoring and further education efforts. However, failed, missed, and refused breastfeeding education contacts do not count as having provided breastfeeding education or secondary nutrition education.
3. When an infant and mother comes in for midcerts, food package changes and high risk appointments breastfeeding weeks must be updated.

VI. PARTICIPANT REFERRAL

A. Referrals

1. Prenatal or breastfeeding participants needing additional breastfeeding information, assistance or support should be referred to the appropriate person(s) designated through the local agency breastfeeding program.
2. Local agencies are encouraged to identify and develop a list of breastfeeding resources for prenatal and breastfeeding women. This list may include hospital staff, physicians, local support groups (both informal and organized, such as La Leche League), public health staff with expertise in handling breastfeeding questions, sources for breast pumps, peer counselors, etc.

B. Documentation

Referrals to and enrollment in other health services and programs must be documented in the participant's health record. A decision not to refer or a refusal by the participant must also be documented.

VII. BREASTFEEDING MATERIALS AND RESOURCES

A. Printed and Audio-Visual Materials

Standards for the development and use of printed and audio-visual breastfeeding materials are the same as those used for Nutrition Education materials (see VIII. in the Nutrition Education Section for information). In addition:

1. It is important to assure that relevant educational materials available to participants portray breastfeeding as the preferred infant feeding method.
2. The following items must be free of formula product names: print and audiovisual materials, and office supplies such as cups, pens and note-pads. Staff should be careful not to communicate overt or subtle endorsements of formula. Such messages may influence a mother's decision about infant feeding or her breastfeeding pattern.
3. **Stored** supplies of formula, baby bottles and nipple must be kept out of view anywhere WIC participants are served.

Attachment BF-5 provides a list of resources that are recommended for use by the Nutrition Services Unit.

B. Breastfeeding Equipment and Supplies

1. Allowable Costs

Local agencies are encouraged to assess the need for breastfeeding equipment and supplies. Providing equipment and supplies should not generally be the primary means by which the state and local agencies

meet their breastfeeding promotion and support target expenditures. Breastfeeding aids should be used in conjunction with appropriate counseling, education, and follow-up provided by trained staff.

Breast pumps and other breastfeeding aids may not be provided to all pregnant or breastfeeding women solely as an incentive to consider or to continue breastfeeding.

The policy on allowable costs for the promotion and support of breastfeeding is explained in VIII. below, and in the Administrative Responsibilities section of the Procedures Manual. **Attachment BF-6** provides a list of allowable and unallowable costs, as specified in the Federal Regulations.

2. Breast Pumps

Local agencies are encouraged to have a supply of manually operated and electric pumps on hand for situations that merit their use. It is neither necessary nor desirable to give breast pumps to every breastfeeding or potential breastfeeding mother. Some situations in which availability of a breast pump may be necessary to assure continuation of milk production are:

- a. Mothers who have temporary breastfeeding problems, such as engorgement. These are situations in which hand expression or a manual pump may be all that is needed.
- b. Mothers who are having difficulty in establishing or maintaining an adequate milk supply due to maternal illness or a premature/sick infant.
- c. Mothers with inverted/flat nipples that are having latch-on problems.
- d. Mothers attempting to build their milk supply for any reason.
- e. Mothers choosing to express breastmilk for missed feedings due to work, school or maternal hospitalization, or if temporary weaning is necessary.

Breast pumps are not a direct program benefit that state agencies are required to provide but rather are aids that may be offered to certain WIC participants to facilitate breastfeeding. The pumps may be offered free or at cost to WIC participants. Issues to consider when providing breast pumps are explained in **Attachment BF-7**.

3. Instructions for Breast Pump Use

Local agencies with breast pump loan and give-away programs must establish written policy and procedures regarding appropriate use, and instructions to be provided to breast pump recipients. The following must be included in the policy and procedures:

- a. A trained, designated staff person is to provide instructions to the breast pump recipient on the proper use, assembly and cleaning of the breast pump.
- b. The participant receiving the breast pump should be able to demonstrate the proper usage of the breast pump before leaving the issuing facility.
- c. Follow-up within a 24-hour period is recommended, to assure that the pump is operating correctly and that the mother is using it properly.

4. Computer Tracking of Breast Pump Issuance

Breast pumps can be tracked in the WIC system by using the fields **Date Breast Pump Assigned, Date Breast Pump Returned and Type of Breast Pump Assigned.**

Use codes to define the types of breast pumps assigned to a WIC participant:

Enter "N"(no tracking) if pump issued does not need to be returned (e.g., manual pump)

If the pump needs to be returned, enter appropriate code to identify type of pump

- a. **Date Breast Pump Assigned** is completed when a breast pump is issued to a participant..
- b. **Date Breast Pump Returned** is completed, when a WIC participant returns a breast pump. This filed can be completed even if the pump is returned during the next pregnancy. Local agencies must document the return pump on their breast pump inventory log.
- c. **Type of Breast Pump Assigned** is a list of codes. Choose appropriate code. The list can be found in **Attachment BF-11.**

5. Equipment and Supplies Inventory

Local agencies must maintain an inventory of all breastfeeding equipment and supplies. It is recommended that the inventory be updated on a quarterly basis. During program reviews, districts will be required to provide an inventory list. A report of purchased breast pumps must be sent to the State WIC Budget Officer by October 8th, January 8th, March 8th and June 8th of each year. Local agencies can create monthly reports, maintain inventory of breastfeeding equipment by using the **Date Breast Pump Assigned field.**

VIII. ALLOWABLE COSTS FOR THE PROMOTION AND SUPPORT OF BREASTFEEDING

A. Allowable Breastfeeding Promotion and Support Costs

The Georgia WIC Program expenditures that are classified and reported as breastfeeding promotion and support, and may count toward the BFPS spending requirement include, but are not limited to, the following:

Salaries:

1. Salary and other costs for time, including preparation and travel time, spent on BFPS training and consultations, both individual and group.
2. Salary and other costs, for staff to organize volunteers and community groups to support breastfeeding WIC participants.
3. Salary and benefit expenses of peer counselors and individuals hired to undertake home visits and other actions intended to assist women to continue breastfeeding.
4. Salary and other costs incurred in developing the BFPS portion of the State Plan and local agencies' BFPS action plans.
5. Interpreter or translator services to facilitate breastfeeding promotion and support.

Training:

6. Costs of training BFPS educators, including costs related to conducting training sessions and purchasing and producing training materials.

Space and Facilities:

7. Costs of clinic space devoted to BFPS education and training activities, including space set aside for breastfeeding WIC infants.

Materials and Equipment:

8. Costs of procuring and producing BFPS materials and equipment.
9. Breastfeeding aids which directly support the initiation and continuation of breastfeeding. A list of allowable and unallowable breastfeeding aids. **(See Attachment BF-6.)**

Monitoring and Evaluation:

10. Costs of documenting, monitoring, and/or evaluating BFPS staff, activities, methods and materials. This includes the cost of collecting, analyzing and evaluating data concerning WIC participants' opinions on the effectiveness of the BFPS they received and the incidence and duration of breastfeeding for WIC participants, to assess the effectiveness of breastfeeding promotion, education and support efforts.

Travel:

11. Travel and related expenses incurred by WIC staff to conduct any BFPS activity.

Other Sources:

12. Costs of reimbursable agreements with other organizations, public or private, to undertake training and direct service delivery to WIC participants concerning breastfeeding promotion and support.

B. Documentation of Costs

The state and local agencies must document all Federal WIC grant funds expended to meet the minimum BFPS requirement. Documentation is necessary so that the WIC state agency can clearly demonstrate the expenditure requirement has been satisfied. Salary costs identified and reported as being for BFPS activities must be supported with employee payroll and time distribution records. Costs such as equipment purchases and travel must be supported with accounting records, including source documents such as invoices and travel statements.

IX. DOCUMENTATION OF BREASTFEEDING RATES

The Georgia WIC Program documents breastfeeding rates by two different methods: percentage of women who are certified as breastfeeding (WIC Type B), and self-reported information on weeks breastfed (initiation & duration). It is important that documentation be accurate in both instances since they have a major impact on administration of the Georgia WIC Program. These two methods are described below:

A. Documentation of WIC Type

The state agency must have breastfeeding promotion and support expenditures which are based on the number of prenatal (WIC Type P) and breastfeeding women (WIC Type B) on the Georgia WIC Program. In addition, the Southeast Regional Office of USDA monitors changes in breastfeeding rates based on the number of women who are listed as breastfeeding (WIC Type B on the WIC System). Breastfeeding women should be entered into the system in the following ways:

1. Status Change from Prenatal (P) to Breastfeeding (B) During Subsequent Certification: A prenatal woman gives birth and is being certified as breastfeeding, within six weeks postpartum.
2. Status Change from Prenatal (P) to Breastfeeding (B) Without a Subsequent Certification: When a prenatal participant delivers her infant(s) and initiates breastfeeding, the local agency is encouraged to change the participant's status from that of **Prenatal (P)** to **Breastfeeding (B)** through an **Update** to the system. This should occur as soon as the local agency is made aware of the participant's change in status, as it will enable the program to capture those women who initiate breastfeeding, but may discontinue breastfeeding by their subsequent certification. A

subsequent certification is **not** required in order to simply change the participant's status from P to B, as long as she is less than six (6) weeks postpartum.

Note: This action does not exclude the participant from the required postpartum subsequent certification. For instructions on making the status change see **Attachment BF-8**.

3. Assignment of Breastfeeding Status During Certification: A woman was not on the program while she was pregnant but is being certified as a breastfeeding woman.

Note: A woman and her infant(s) can be certified as breastfeeding: (1) if the definition of breastfeeding is met, and (2) based on the quantity of formula her infant is receiving from the Georgia WIC Program. (See II. DEFINITIONS.)

B. Documentation of Weeks Breastfed

The state agency uses this information to monitor changes in breastfeeding initiation and duration rates by state, local agency and individual clinic sites. This information is very useful in program planning and targeting of resources. The Infant Breastfeeding Characteristics Report, which includes this information, is sent to the local agencies on a monthly basis.

It is critical that all staff that completes the WIC Assessment/Certification Forms and the Turnaround Documents be instructed on the importance of, and the process for, accurate documentation of weeks breastfed.

It is a requirement that the weeks breastfed be recorded on the WIC Assessment/Certification Form and the Turnaround Document for:

1. Breastfeeding women: initial and six-month certification visits
2. Postpartum, non-breastfeeding women: certification visit
3. Infants: initial certification and mid-certification assessment visits
4. Children:
 - ◆ one year of age subsequent certification visit (11-24 months of age), if they participated as infants
 - ◆ at initial certification (any age), if they did not participate as infants

Participants/caregivers should be asked about weeks breastfed, using the following, or similar words: "How long have you breastfed this baby/child?" or "How long has this baby/child been breastfed?" The length of time breastfed **must be entered in weeks**. When the answer to the question is given in days or months, this information must be converted to weeks. Appropriate codes to use for weeks breastfed can be found in **Attachment BF-9**.

POSITION PAPER ON BREASTFEEDING

If the children of Georgia are to be healthy and strong, it is essential that they receive the best possible nutrition when they are infants. Breast milk is the preferred first food for the human infant. In addition to the nutritional benefits for the infant, this method of feeding offers unique physiological and psychological advantages to both the mother and the infant. Every infant, therefore, should receive the benefits of this ideal choice for infant feeding. This paper presents the recommendations of the State of Georgia for encouraging breastfeeding and defines the advantages of breastfeeding for the health of mothers and infants.

No formula, no matter how "humanized", can take the place of human milk. Decreased infant mortality and optimum infant health are the most important goals of the Division of Public Health. Breastfeeding can contribute significantly to the achievement of these goals because:

- ◆ breast milk provides an ideal balance of nutrients for the human infant
- ◆ the nutrients in breast milk are easily absorbed and digested
- ◆ breast milk contains immune factors and anti-infective properties that protect against infections
- ◆ breastfeeding allows the satiety mechanism in the infant to develop naturally.
- ◆ infants who are breastfed have fewer allergies
- ◆ breastfeeding promotes increased bonding between mother and infant.
- ◆ breast milk is safe, sanitary food

A sound program of information and support is necessary to promote the successful establishment and maintenance of breastfeeding. Such a program should be integrated into the health care system and should encompass both the prenatal and postpartum periods. Based on the World Health Organization/United Nations International Children's Fund (WHO/UNICEF) 1979 meeting on Infant and Young Child Feeding, the WHO 1981 Resolution and the recommendation of the American Academy of Pediatrics Committee on Nutrition, the Georgia Department of Community Health recommends that:

- ◆ breast milk be the "house formula" in all hospitals in Georgia where maternity services are offered
- ◆ all expectant parents be informed of the numerous advantages (both to infant and mother) of breastfeeding
- ◆ every expectant mother receive practical information on how to initiate and maintain lactation
- ◆ obstetrical procedures and practices be consistent with the policy of promoting breastfeeding
- ◆ breastfeeding be initiated as soon as possible, preferably during the first hour after birth
- ◆ every hospital permit and encourage rooming-in and on-demand feeding of breastfed infants
- ◆ infant formulas not be marketed or distributed in ways that may interfere with the protection and promotion of breastfeeding
- ◆ places of business, including government offices, facilitate the maintenance of lactation through liberalized policies that would promote breastfeeding

All the available knowledge indicates that breastfeeding is the best choice for infant feeding and should be promoted for mothers and infants of the state. Breast milk as this choice for infant nutrition will promote optimum health for future generations of Georgians.

**SAMPLE JOB DESCRIPTION
SENIOR PUBLIC HEALTH EDUCATOR - LACTATION CONSULTANT**

The examples of work given are illustrative of the duties assigned to positions of this class. No attempt is made to be exhaustive. The intent of the listed examples is to give a general indication of the levels of difficulty and responsibility common to all positions of this class.

The standards for training and experience express the minimum background necessary as evidence of an applicant's ability to qualify for positions of this class. Unless otherwise stated, the Applicant Services division may allow substitution of appropriate education or experience for the training and experience minimum listed.

DEFINITION

Under direction, performs work of moderate difficulty in planning and implementing breastfeeding education activities related to public health programs; and performs related work as required.

EXAMPLES OF DUTIES

- I. Coordinates breastfeeding promotion project. Writes, revises, and evaluates the district's breastfeeding services.
 - A. Establishes relationships with community health centers and/or hospital staff to provide breastfeeding services.
 - B. Provides in-service education material and/or needed equipment on breastfeeding for staff development.
 - C. Responsible for keeping daily communication sheets regarding telephone calls, correspondence, patients seen, meetings, and work related to breastfeeding funds.
- II. Promotes breastfeeding services as an integral part of perinatal care.
 - A. Encourages all prenatal women, on their initial visit, to breastfeed by providing an array of educational material and counseling.
 - B. Provides additional breastfeeding counseling to prospective breastfeeding women during the last trimester through breastfeeding classes and/or individual counseling.
 - C. Provides postpartum assessment of breastfeeding dyad, education, and assistance in resolving problems upon request. Provides adequate documentation of services and makes appropriate referrals for continuity of care.
 - D. Develops and implements continuing education and support networks through a variety of methods, such as support groups, peer counselors, etc.
 - E. Supervises and trains peer counselors.
 - F. Has ability to communicate effectively in writing, including grant proposals.
- III. Evaluates effectiveness of breastfeeding program activities.

- A. Produces reports to determine breastfeeding rate and duration.
 - B. Assists District Nutrition Services Director in writing the breastfeeding promotion plan and annual update of breastfeeding activities.
 - C. Shares reports at local district meetings and state wide breastfeeding conferences.
- IV. Attends in-service education programs and annual statewide breastfeeding conferences.
- V. Other miscellaneous duties, activities and responsibilities as program needs develop and change, and as assigned.

MINIMUM QUALIFICATIONS: NECESSARY KNOWLEDGE, SKILLS, AND ABILITIES

Considerable ability to assess the effectiveness and needs of a lactation promotion and education program and to plan and implement appropriate changes and improvement; and to assess and counsel an individual.

Considerable skill in the organization and preparation of lactation literature and visual aids; in making oral presentations of instructional programs to the general public and to other health specialists.

Good knowledge of educational program development and implementation as related to the preparation of health education displays, lectures, written material, and classroom programs; of data collection and evaluation techniques appropriate to the assessment of the breastfeeding program.

Good working skills in communicating effectively with the professional staff, general public and para-professionals; in use of educational literature and visual aids; in making oral presentations of instructional programs; in making recommendations for equipment needs; and in ability to budget.

TRAINING AND EXPERIENCE

Completion of a master's degree in public health, education, nursing, nutrition or a field directly related to public health activities. Certified as an International Board Certified Lactation Consultant or eligible for certification within two years. Has successfully completed the state certified lactation counselor (CLC) course or equivalent.

SAMPLE JOB DESCRIPTION

JOB TITLE: DISTRICT BREASTFEEDING COORDINATOR

GENERAL SUMMARY:

Under general supervision, plans, develops, implements and evaluates strategies for promoting and supporting breastfeeding among the high risk, low income population, especially prenatal/breastfeeding women and infants.

RESPONSIBILITIES AND STANDARDS**Responsibility Number 1 (All)**

Develops long and short-term goals for breastfeeding promotion and supports activities for the district.

STANDARDS:

1. Works closely with the supervisor to develop an appropriate district Breastfeeding Promotion and Support Plan.
2. Coordinates breastfeeding services among all clinic sites to ensure efficiency of services provided.
3. Accurately interprets federal/state regulations to ensure adherence to these.
4. Makes sound and defensible recommendations to the supervisor regarding the breastfeeding budget.
5. Develops continuing education, support networks for mothers and networks for professionals in breastfeeding promotion and support.

Responsibility Number 2 (Some)

Implements breastfeeding promotion and support plans, to include staff development, community networks and services to clients.

STANDARDS:

1. Provides in-service education, materials and/or needed equipment for staff development in a timely manner.
2. Establishes a good working relationship with community health centers and/or hospital staff to assure continuity of breastfeeding services to clients.
3. Serves as the district's primary resource person regarding breastfeeding education and support by providing prompt responses to inquiries.
4. Provides direct services to clients through prenatal classes, individual instruction, referral for appropriate case, telephone consultations according to established laws and guidelines.
5. Coordinates pump loan program to ensure maximum usage of available pumps and instructs both staff and clients on use of breast pumps as needed.

6. Serves as primary resource person to health department staff regarding current recommendations and information in breastfeeding management.

Responsibility Number 3 (All)

Works closely with the supervisor to evaluate the effectiveness of breastfeeding program activities.

STANDARDS:

1. Monitors reports to accurately determine breastfeeding rates by county, district, and state.
2. Writes the annual progress report on the breastfeeding promotion and support plan by providing appropriate input in a timely manner.
3. Maintains necessary reports and data for the purpose of documenting incidence and duration of breastfeeding, client-centered activities, activities conducted with other agencies, community groups and local hospitals, and training conducted.

Responsibility Number 4 (All)

Creates and maintains a high performance environment characterized by positive leadership and a strong team orientation.

STANDARDS:

1. Defines goals and/or required results at beginning of performance period and gains acceptance of ideas by creating a shared vision.
2. Communicates regularly with staff on progress toward defined goals and/or required results, providing specific feedback and initiating corrective action when defined goals and/or results are met.
3. Confers regularly with staff to review employee relations climate, specific problem areas and actions necessary for improvement.
4. Evaluates employees at scheduled intervals, obtains and considers all relevant information in evaluations and supports staff by giving praise and constructive criticism.
5. Recognizes contributions and celebrates accomplishments.
6. Motivates staff to improve quantity and quality of work performed and provides training and development opportunities as appropriate.

Responsibility Number 5 (All)

Maintains responsibility for personal professional continuing education to enable application of current practice.

STANDARDS:

1. Participates in professional workshops, seminars, staff meetings and other in-services as scheduled. Summarizes relevant information received in training sessions; shares with other staff either in verbal or written form.

2. Remains knowledgeable and up-to-date in the field of nutrition through reading nutrition and medical journals and textbooks.
3. Maintains CPR certification and proficiency by renewing certification bi-annually.

MINIMUM QUALIFICATIONS:

Completion of an undergraduate degree in dietetics, nursing, community health nutrition, or health education at a four year college or university

AND

Two years of professional experience in the provision of nutrition or nursing services, one of which was in a community health setting.

Licensure/Certification: Registered Dietitian; Registered Professional Nurse; CHES

Preferred Qualifications:

Current status as an International Board Certified Lactation Consultant or Certified Lactation Counselor

A minimum of one year of experience providing breastfeeding education, lactation counseling and assessments and peer counselor supervision in a hospital or community health setting.

**POSITION PAPER
NATIONAL WIC ASSOCIATION**

Guidelines for Breastfeeding Promotion and
Support in the Georgia WIC Program

These guidelines were developed to assist local and state WIC agencies initiate and strengthen breastfeeding promotion and support programs. The guidelines address training, clinic environment, coordinated efforts, program evaluation, breastfeeding education and support, and the food packages for breastfed infants and breastfeeding women. The guidelines are numbered for easy reference and are listed in random order. Therefore, the numbering system does not reflect rank order or priority.

GUIDELINE #1

Breastfeeding promotion and support are enhanced when local agency WIC staff receive orientation and task-appropriate training on breastfeeding as the preferred method of infant feeding.

GUIDELINE #2

Breastfeeding promotion and support are enhanced when policies encourage a positive clinic environment and endorse breastfeeding as the preferred method of infant feeding.

GUIDELINE #3

Breastfeeding promotion and support are enhanced when WIC agencies coordinate with the private and public health care systems, educational systems, and community organizations.

GUIDELINE #4

Breastfeeding promotion and support are enhanced when positive breastfeeding messages are incorporated in relevant educational activities, materials, and outreach efforts.

GUIDELINE #5

Breastfeeding promotion and support are enhanced when activities are evaluated on an annual basis.

GUIDELINE #6

Breastfeeding promotion and support are enhanced when appropriate breastfeeding education and support is offered to all pregnant WIC participants.

GUIDELINE #7

Breastfeeding promotion and support are enhanced when policies allow breastfeeding women to receive all WIC services regardless of their breastfeeding patterns.

GUIDELINE #8

Breastfeeding promotion and support are enhanced when policies allow breastfeeding infants to receive a food package consistent with their nutritional needs.

GUIDELINE #9

Breastfeeding promotion and support are enhanced when breastfeeding support and assistance is provided throughout the postpartum period, particularly at critical times when the mother is most likely to need assistance.

SUGGESTIONS FOR IMPLEMENTATION

GUIDELINE #1

Breastfeeding promotion and support are enhanced when local agency WIC staff receive orientation and task-appropriate training on breastfeeding promotion and support.

Suggestions for Implementation

1. It is important to develop orientation guidelines for new WIC employees that address:
 - ◆ clinic environment policies
 - ◆ program goals and philosophy regarding breastfeeding
 - ◆ task-appropriate information

Rationale: All new employees (support staff, paraprofessionals and professionals) must be familiar with program policies, goals and philosophy regarding breastfeeding. When all program staff project a positive attitude about breastfeeding, clients will be more comfortable discussing their breastfeeding questions and concerns.

2. It is important that the state agency develop guidelines for on-going training that address:
 - ◆ culturally appropriate breastfeeding promotion strategies
 - ◆ current breastfeeding management techniques to
 - ◆ encourage and support the breastfeeding mother and infant
 - ◆ appropriate use of breastfeeding education materials
 - ◆ identification of individual needs and concerns about breastfeeding

Rationale: Ongoing training for staff providing breastfeeding education is needed because information about breastfeeding education continues to evolve. Addressing specific ethnic and culturally based needs fosters appropriately targeted messages in print and audiovisual materials.

3. It is important that local agency staff participate in breastfeeding training such as:
 - ◆ statewide and local conferences and workshops
 - ◆ events sponsored by other agencies and organizations

Rationale: Local agencies' participation in breastfeeding training is essential to successful implementation of breastfeeding promotion programs.

4. It is important that the local agency and state agency appoint a breastfeeding coordinator.

Rationale: Appointing a breastfeeding coordinator helps ensure that breastfeeding promotion and support activities are integrated into the Georgia WIC Program operations. The specific responsibilities and tasks of breastfeeding coordinators will vary from agency to agency based on their breastfeeding promotion and support activities. Breastfeeding coordinators should participate in training opportunities related to their job responsibilities.

GUIDELINE #2

Breastfeeding promotion and support are enhanced when policies encourage a positive clinic environment and breastfeeding as the preferred method of infant feeding.

Suggestions for Implementation

1. It is important to assure that relevant educational materials available to participants portray breastfeeding as the preferred infant feeding method. Consider:
 - ◆ print and audiovisual materials free of formula product names
 - ◆ office supplies such as cups, pens, and note-pads free of formula product names

Rationale: Use of materials with product names sends a mixed message to clients and staff and might unconsciously put up barriers to breastfeeding.

2. It is important to establish a positive attitude toward breastfeeding in WIC clinics.

Rationale: Health care workers should be careful not to communicate overt or subtle endorsements of formula. Such messages may influence a mother's decision about infant feeding or her breastfeeding pattern. Once a mother initiates infant feeding, WIC staff should support her decision.

3. It is important that the local agency minimize the visibility of formula and bottle-feeding equipment. Consider:
 - ◆ storing supplies of formula out of view of participants
 - ◆ storing baby bottles and nipples out of view of participants

Rationale: Formula and bottle-feeding equipment in clear view of participants may influence a mother's decision on infant feeding.

4. It is important that staff not accept formula from formula manufacturer representatives for personal use.

Rationale: Acceptance of formula for personal use may influence staff to endorse a particular product, either consciously or unconsciously. Acceptance of formula also conflicts with the program's breastfeeding promotion and support activities.

5. It is important that the local agency try to provide a supportive environment in which women feel comfortable breastfeeding their infants. Consider:
 - ◆ chairs with arms
 - ◆ a breastfeeding area away from the entrance

Rationale: The clinic waiting area can be used advantageously to motivate women to recognize breastfeeding as the "norm" rather than the exception. The clinic area can also be used to provide worksite support for breastfeeding WIC staff.

6. It is important that the state agency assist local agencies in obtaining culturally sensitive and appropriate and translated breastfeeding education materials.

Rationale: The language and pictures in breastfeeding education materials should be relevant to the target population served by the program.

GUIDELINE #3

Breastfeeding promotion and support are enhanced when WIC agencies coordinate with the private and public health care systems, educational systems, and community organizations providing care and support for women, infants and children.

Suggestions for Implementation

1. It is important for local and state agencies to participate in and support coordinated activities with appropriate groups such as:
 - ◆ task forces, networks, or steering committees to exchange information and strategies
 - ◆ professional health organizations to secure resources and expertise and assure communication with health professionals serving pregnant and breastfeeding women
 - ◆ existing peer support groups to facilitate local exchange of breastfeeding information across the state
 - ◆ community leaders and citizen groups who support breastfeeding
 - ◆ the Breastfeeding Promotion Consortium and its efforts, including a national breastfeeding promotion campaign

Rationale: A collaborative approach to breastfeeding promotion can create a strong supportive climate and help ensure more effective use of all available resources.

2. It is important that the state agency disseminate information such as the NAWD position paper, *Breastfeeding Promotion in the WIC Program* and the *Guidelines for Breastfeeding Promotion in the WIC Program* to state and local affiliates of groups such as:
 - ◆ American Academy of Pediatrics
 - ◆ American Academy of Family Physicians
 - ◆ American college of Nurse Midwives
 - ◆ American College of Obstetricians and Gynecologists
 - ◆ American Dietetic Association
 - ◆ American Hospital Association
 - ◆ American Nurses Association
 - ◆ American Public Health Association
 - ◆ Association of Pediatric Nurse Practitioners
 - ◆ Association of Women's Health and Obstetrics Nurses
 - ◆ Healthy Mothers, Healthy Babies Coalitions
 - ◆ International Lactation Consultants Association
 - ◆ La Leche League International
 - ◆ Maternal and Child Health Directors
 - ◆ Medicaid Directors
 - ◆ National Association of Pediatric Nurse Associates and Practitioners

Rationale: Serving as an adjunct to health care is a vital component of the WIC Program. Therefore, it is important that the program's health-related policies be shared with appropriate health care programs and professional organization. such interaction encourages a strong cooperative working relationship with the health community to accomplish mutual goals.

3. It is important for local and state WIC agencies to participate in and support coordinated breastfeeding promotion and support activities such as:
 - ◆ co-sponsoring training and continuing education programs
 - ◆ sharing breastfeeding education materials for clients
 - ◆ developing local or state documents such as position statements, policies, model hospital policies and counseling and referral protocols

GUIDELINE #4

Breastfeeding promotion and support are enhanced when positive breastfeeding messages are incorporated in relevant educational activities, materials and outreach efforts.

Suggestions for Implementation

It is important that positive breastfeeding messages are used in:

- ◆ participant orientation programs and materials
- ◆ printed and audiovisual materials for professional audiences
- ◆ printed, audiovisual, and display materials for potential clients

Rationale: Including positive breastfeeding messages promotes breastfeeding as the preferred infant feeding choice and reinforces WIC's position on breastfeeding.

GUIDELINE #5

Breastfeeding promotion and support are enhanced when activities are evaluated on an annual basis.

Suggestions for Implementation

1. It is important that evaluation include measures of incidence and duration such as:
 - ◆ incorporation of data collection into current WIC systems
 - ◆ periodic sample surveys of program participants
 - ◆ Centers for Disease Control and Prevention surveillance systems
 - ◆ state surveillance systems
 - ◆ birth certificate information

Rationale: Since few data are available, data collection will help identify and direct further breastfeeding promotion efforts for this population. Assessment of successful strategies will help agencies measure progress toward meeting the health objectives for the nation.

2. If more in-depth information on the incidence and duration of breastfeeding is desired, it is important that information be collected on at least the following categories:
 - ◆ exclusive breastfeeding
 - ◆ patterns of combined breastfeeding and formula feeding
 - ◆ mostly breastfeeding
 - ◆ equal parts breastfeeding and formula feeding
 - ◆ mostly formula feeding
 - ◆ exclusive formula feeding

Rationale: Collecting data on breastfeeding patterns gives a better picture of the WIC population's infant feeding practices. This will help states better focus their breastfeeding promotion activities.

3. It is important that questions regarding breastfeeding attitudes, infant feeding decisions, and the Georgia WIC Program breastfeeding support activities are included in the annual participant survey.

Rationale: Collecting data on breastfeeding attitudes, infant feeding practices and WIC-related promotion activities about breastfeeding assists state and local agencies

design more effective breastfeeding promotion program components.

4. It is important that the state agency management evaluation process reviews local agency breastfeeding promotion and support activities such as:
 - ◆ participant orientation and education materials
 - ◆ policies regarding formula samples and food package tailoring for breastfeeding mothers and infants
 - ◆ clinic environment, including display materials and posters, and visibility of formula supplies
 - ◆ staff interaction with participants regarding the infant feeding decision and breastfeeding support
 - ◆ local agency linkages with other community programs providing services to breastfeeding women
 - ◆ staff training plans

Rationale: Guidelines and policies must be implemented in order to affect breastfeeding initiation and duration rates of WIC participants.

GUIDELINE #6

Breastfeeding promotion and support are enhanced when appropriate breastfeeding education and support is offered to all pregnant WIC participants.

Suggestions for Implementation

1. It is important that a breastfeeding protocol is established to:
 - ◆ integrate breastfeeding promotion into the continuum of prenatal nutrition education
 - ◆ include an initial assessment of participant knowledge, concerns and attitudes related to breastfeeding
 - ◆ provide breastfeeding education and support sessions to each prenatal participant based on the above assessment
 - ◆ define the roles of all staff in the promotion of breastfeeding
 - ◆ define situations when breastfeeding is contraindicated
 - ◆ establish referral criteria

Rationale: Making informed choices regarding the best methods of infant feeding is, in part, dependent on staff's ability and efforts to address women's needs and concerns throughout the prenatal period.

2. It is important to develop a mechanism to incorporate positive peer influence into the prenatal period, such as:
 - ◆ peer counselors
 - ◆ an honor roll of successful breastfeeding WIC participants
 - ◆ an opportunity to watch other WIC participants breastfeed
 - ◆ group-facilitated classes with currently breastfeeding WIC participants talking about their experiences

Rationale: Positive peer influence has been shown to be a factor in a woman's decision to breastfeed.

3. It is important to include the participant's family and friends in breastfeeding education and support sessions.

Rationale: Assistance and emotional support from family and friends are helpful to a woman's initiation and continuation of breastfeeding.

4. It is important to encourage the mother to communicate her decision to breastfeed to appropriate hospital staff and physicians.

Rationale: To overcome potential barriers due to hospital and physician practices, women should be aware of the need to request the services that will facilitate successful breastfeeding, e.g., baby put to the breast soon after delivery.

5. It is important for the local WIC agency to coordinate prenatal breastfeeding education activities with primary care providers by:
 - ◆ discussing WIC's position about breastfeeding as optimal for most women and infants
 - ◆ encouraging the sharing of educational materials between WIC and primary care providers
 - ◆ identifying the breastfeeding promotion and support services available in the community and referring participants as needed

Rationale: Coordinating activities in the community increases the likelihood of women and families receiving consistent messages and information about breastfeeding.

6. It is important that the local WIC agency know the breastfeeding practices of their community hospitals and primary health care providers.

Rationale: Local agency WIC staff should be part of the prenatal care team preparing women for their early breastfeeding experiences. Positive breastfeeding practices and policies facilitate successful breastfeeding.

GUIDELINE #7

Breastfeeding promotion and support are enhanced when policies allow breastfeeding women to receive all WIC services regardless of their breastfeeding patterns.

Suggestions for Implementation

1. It is important that eligible women who meet the definition of breastfeeding (the practice of feeding a mother's breast milk to her infant(s) on the average of at least once a day) be certified to the extent that caseload management permits.

Rationale: Breastfeeding women are among the highest priority groups of WIC participants.

2. It is important that breastfeeding women receive a food package consistent with their nutritional need.

Rationale: Breastfeeding women have the highest nutritional needs of any category of women participants and should receive a food package to meet those needs.

3. It is important that breastfeeding women receive support and assistance in order to maintain

or increase breastfeeding.

Rationale: All breastfeeding women, regardless of their breastfeeding pattern, need ongoing support so that they feel positive about their breastfeeding experience.

GUIDELINE #8

Breastfeeding promotion and support are enhanced when policies allow breastfeeding infants to receive a food package consistent with their nutritional needs.

Suggestions for Implementation

1. It is important that the use of supplemental formula for breastfed infants be minimized.

Rationale: Support that encourages breastfeeding is more effective than offering more formula than the baby is currently using. Clear support which continues to build confidence includes praise and encouragement for her current level of breastfeeding.

2. It is important that vouchers with infant formula are not issued to exclusively breastfed infants. If a food instrument must be distributed to enroll the infant, consider printing a positive breastfeeding message on the voucher.

Rationale: A blank voucher emphasizes that the breastfeeding dyad may not be receiving as much food as the formula-feeding dyad and makes the mother feel as though she is missing out on some of the food available to her. A voucher with even a small amount of formula on it sends a message to the mother that she is expected to supplement. A positive breastfeeding message will reinforce the importance of breastfeeding.

3. It is important to encourage the issuance of vouchers for powdered formula to breastfeeding mothers who wish to supplement.

Rationale: Powdered formula can be prepared in as small a quantity as needed. However, the minimum amount of the concentrated fluid formula that can be prepared is 26 ounces. This amount must be used within 48 hours, which could encourage more supplementation than originally intended.

4. It is important that breastfeeding women receive information about the potential impact of formula on lactation and breastfeeding before formula is given.

Rationale: Breastfeeding mothers may not fully understand the impact formula supplementation has on breastmilk supply. This is especially important during the first few critical weeks when the milk supply is being established.

5. It is important that formula vouchers or samples be given only when specifically requested.

Rationale: Offering formula to a breastfeeding woman undermines her confidence that she can breastfeed successfully, particularly in the first few weeks. She also may find it difficult to refuse the free formula even though she had not planned to use it.

GUIDELINE #9

Breastfeeding promotion and support are enhanced when breastfeeding support and assistance is provided throughout the postpartum period, particularly at critical times when the mother is most likely to need assistance.

Suggestions for Implementation

1. It is important to develop a plan to provide women with access to locally available breastfeeding support programs, making sure support is available early in the postpartum period and throughout lactation to:
 - a. Include professional support, such as management of lactation problems, hotline contacts and telephone counselors
 - b. include peer support, such as peer counselors and resource mothers

Rationale: Professional support programs assist the mother experiencing lactation problems to resolve questions and problems with lactation management. Peer support programs use individuals who have successfully breastfed an infant and who express a positive, enthusiastic viewpoint of breastfeeding.

2. It is important to provide or identify education and support for breastfeeding women in special situations. Consider:
 - a. mothers returning to paid employment or school; mothers separated from their infants due to hospitalization or illness; mothers of multiples; infants with special needs
 - b. support program at times in keeping with the mother's schedule

Rationale: Breastfeeding mothers who are separated from their infants need support programs which include situation-specific information and support.

3. It is important that postpartum contacts with breastfeeding women provide positive reinforcement for the continuation of breastfeeding. Consider:
 - a. using appropriate posters and messages placed in the clinic waiting and nutrition education areas
 - b. including a special breastfeeding message, on vouchers, encouraging the continuation of breastfeeding

Rationale: Encouragement from professional staff and peers can provide motivation to succeed at breastfeeding.

4. It is important to coordinate breastfeeding support with other health care programs and providers, such as:
 - a. Maternal and Child Health
 - b. Family Planning
 - c. hospitals
 - d. Indian Health Service
 - e. community health providers

Rationale: Collaborative relationships result in consistent messages supporting breastfeeding, more efficient services and decreased lactation problems; and reach a larger number of women. These efforts will have a more far-reaching effect as the incidence of breastfeeding increases.

5. It is important that the state agency develop a protocol or guidelines regarding the distribution of breastfeeding aids, including:
 - a. circumstances when the breastfeeding aid might be provided
 - b. guidelines for participant instruction about using the breastfeeding aid

Rationale: Many women have successful breastfeeding experiences without using breastfeeding aids. Breastfeeding aids can enhance breastfeeding success when their distribution is based on individual need and when instruction about the aid is provided.

BREASTFEEDING RESOURCES RECOMMENDED BY THE NUTRITION SERVICES UNIT

PAMPHLETS & TEAR SHEETS

Childbirth Graphics Ltd., P.O. Box 21207, Waco, TX 76702-1207
www.ChildbirthGraphics.com

- ◆ 20 Great Reasons to Breastfeed (English and Spanish)
- ◆ Breastfeeding: Getting Started in 5 Easy Steps (English and Spanish)
- ◆ Breastfeeding and Returning to Work
- ◆ Helpful Hints on Breastfeeding (English and Spanish)
- ◆ Positions for Breastfeeding
- ◆ The Diaper Diary Tear Pad
- ◆ How Long Should I Breastfeed My Baby? Tear Pad

BOOKS AND MANUALS

- ◆ *Breastfeeding: A Guide for the Medical Profession*, by Ruth Lawrence, C.V. Mosby Co., St. Louis, MO, 2005 edition.
- ◆ *Breastfeeding: A Parent's Guide*, 8th Edition, by Amy Spangler Amy Spangler/Amy's Babies, Atlanta, GA, 2006; English & Spanish
- ◆ *Breastfeeding: Keep It Simple* by Amy Spangler Amy Spangler/Amy's Babies, Atlanta, GA, 2006; English & Spanish
- *Breastfeeding: Your Guide to a Happy, Healthy Baby*, by Amy Spangler, Amy's Babies, Atlanta, GA; English, Spanish & Chinese
- ◆ *Breastfeeding and Diseases: A Reference Guide* by Stephen Buescher, MD and Susan W. Hatcher, RN, BSN, IBCLC; Hale Publishing, Amarillo, TX, 2008
- ◆ *Breastfeeding & Human Lactation*, by Jan Riordan and Kathleen Auerbach Jones & Bartlett, Publishers, Boston, MA, 4th Edition, June 2009
- ◆ *The Breastfeeding Answer Book*, by La Leche League International La Leche League International, Franklin Park, IL, 2003.
- ◆ *Counseling the Nursing Mother: A Reference Handbook for Health Care Providers and Lay Counselors*, by Judith Lauwers and Candace Woesner. Avery Publishing Group, New York, NY, 4th Edition, 2005
- ◆ *Clinical Guidelines for the Establishment of Exclusive Breastfeeding*, International Lactation Consultants Association, June 2005.
- ◆ *Medications and Mothers' Milk*, by Thomas Hale, Hale Publishing, Amarillo, TX, 13th Edition, 2008.
- ◆ *Nursing Mother's Companion*, by Kathleen Huggins Harvard Common Press, Boston, MA, 4th Edition, 1999
- ◆ *Best Medicine: Human Milk in the NICU*, by Nancy Wight, MD, Jane Morton, MD and Jae H. Kim, MD, Hale Publishing, Amarillo, TX, 2008
- ◆ *The Pediatric Clinics of North America: Breastfeeding 2001, Part I (The Evidence for*

BOOKS & MANUALS, (continued)

- Breastfeeding) and Part II (The Management of Breastfeeding)*, W.B. Saunders Company, Philadelphia, PA, 2001.
- ◆ *Pocket Guide to Breastfeeding and Human Lactation, Second Edition*, by Jan Riordan and

Kathleen G. Auerbach, Jones and Bartlett Publishers, Sudbury, MA, 2002.

- ◆ *The Womanly Art of Breastfeeding*, La Leche League International, Franklin Park, IL, 2004.
- ◆ *The Breastfeeding Answer Book*, La Leche League International, Franklin Park, IL, 2003.
- ◆ *The Breastfeeding Answer Pocket Guide*, La Leche League International, Franklin Park, IL, 2005.
- ◆ *Continuity of care in Breastfeeding: Best Practices in the Maternity Setting*, by Karin Cadwell, Jones and Bartlett Publishers
- ◆ *Ten Steps to Successful Breastfeeding, Second Edition*, by Karin Cadwell, Jones & Bartlett
- ◆ *Breastfeeding A-Z: Terminology and Telephone Triage*, by Karin Cadwell, Jones & Bartlett
- ◆ *Impact of Birthing Practices on breastfeeding: Protecting the Mother and Baby Continuum*, by Mary Kroeger, Jones & Bartlett

VIDEOTAPES & DVDs

Better Breastfeeding: Your Guide to Healthy Start, Injoy Videos, 800-326-2082, Ext. 2, English & Spanish, 2009

- ◆ *Better Breastfeeding: A Guide for Teen Parents*, Injoy Videos, 800-326-2082, Ext. 2, English & Spanish, 2009
- ◆ *Better Breastfeeding: PowerPoint© Presentation*, Injoy Videos, 800-326-2082, Ext. 2, 2009
- ◆ *Breastfeeding Best Practice: Teaching Latch and Early Management*, (for staff training,) Injoy Videos, 800-326-2082, Ext. 2, video or DVD
- ◆ *Breastfeeding for Working Mothers: Planning, Preparing and Pumping*; Injoy Videos, 800-326-2082, Ext. 2, English & Spanish, 2009
- ◆ *Breastfeeding: The Why-To, How-To Video or DVD set*, VIDA Health Communications, 1998, English & Spanish. (Can be purchased separately.)
- ◆ *Clinical Management of Breastfeeding: 2-volume set*. VIDA Health Communications
- ◆ *Infant Cues: A Feeding Guide*, Platypus Media, produced in association with Texas Department of Health, 10 minutes, Video/ DVD with English & Spanish subtitles
- ◆ *Delivery Self Attachment*, Geddes Productions, 2007, DVD with English, Spanish, Chinese, Japanese and French subtitles, 6 minutes
- ◆ *Breastfeeding: A Special Relationship*, English/Spanish, 24 minutes

TEACHING TOOLS

Childbirth Graphics Ltd., P.O. Box 21207, Waco, TX 76702-1207

www.ChildbirthGraphics.com

- ◆ *Breast Model*
Breastfeeding Chart Collection, 36 panels with presentation notes, English/Spanish
- ◆ *Baby Model*

TELEPHONE INFORMATION SERVICES FOR HEALTH PROFESSIONALS

- ◆ *Georgia Poison Control Center*
Grady Memorial Hospital, Atlanta, GA
(404) 616-9000 or (800) 222-1222
Service Provided: Answers to questions on Drugs and Lactation
Charge: There is no cost for this service.
- ◆ *Breastfeeding and Human Lactation Study Center*
University of Rochester School of Medicine & Dentistry,

Box 777, Rochester, New York, 14642
(585) 275-0088; www.bestfedbabies.org

Service Provided: Database to assist with questions about pharmaceutical drugs and breastfeeding. Provides bibliographies on breastfeeding and lactation.

Charge: None, beyond cost of telephone call.

◆ *The Lactation Program*

4600 Hale Parkway
Suite 140
Denver, CO 80220
(303) 377-3016

Service Provided: Phone consultation with lactation consultants for difficult breastfeeding questions.

Charge: None, beyond cost of telephone call.

ALLOWABLE AND UNALLOWABLE COSTS OF BREASTFEEDING AIDS USED FOR THE PROMOTION AND SUPPORT OF BREASTFEEDING

The cost of breastfeeding aids that **directly** support the initiation and continuation of breastfeeding are allowable WIC nutrition services and administration (NSA) expenses. Such expenses can be applied to the state agency's breastfeeding spending target and/or its overall nutrition education expenditures.

Breastfeeding aids which are allowable NSA costs include:

- ◆ Breast pumps
- ◆ Breast shells
- ◆ Nursing supplementers
- ◆ Nursing bras
- ◆ Nursing pads
- ◆ Costs associated with the purchase and availability of breastfeeding aids through the Georgia WIC Program, such as insurance and service fees in providing breast pumps
- ◆ Items used for training and demonstration purposes to promote breastfeeding or assist participants in using breastfeeding aids. For example: breast models, breastfeeding aids, posters, videos or DVDs, and dolls to illustrate nursing, etc.
- ◆ Other items which can be shown to **directly** support the initiation and continuation of breastfeeding.

UNALLOWABLE COSTS

Breastfeeding aids that **do not** directly support the initiation and continuation of breastfeeding and are not within the scope of the Georgia WIC Program **cannot** be purchased with NSA funds. Such items include, for example: topical creams, ointments, Vitamin E, other medicinals, foot stools, infant pillows, blankets or nursing blouses.

ISSUES TO CONSIDER WHEN PROVIDING BREAST PUMPS

WIC state agencies are currently making breast pumps available to WIC participants in a variety of ways, including:

- a. giving away manual breast pumps or electric pump attachment kits;
- b. selling manual breast pumps or electric pump attachment kits for a nominal charge;
- c. loaning hospital-grade electric breast pumps;
- d. contracting with a third party to provide manual or electric breast pumps to WIC participants; and
- e. referring WIC participants to providers who rent breast pumps directly to them for a fee.

While all of the above options are available to the Georgia WIC Program, the following issues should be considered in reference to each:

Giving Away Breast Pumps

Local agencies may give away breast pumps without any reimbursement from participants. This option applies to inexpensive manual breast pumps, small electric pumps, or electric pump attachment kits which do not represent a significant investment of program resources.

Selling Breast Pumps

Local agencies may provide breast pumps by charging a fee to WIC participants, i.e., the purchase price or a portion of the cost to the Georgia WIC Program, to partially or totally offset their cost. Since breast pumps are not a direct program benefit, they are not subject to the legislative requirement that WIC benefits must be provided at no cost to participants. Such a plan must be submitted to the **WIC Breastfeeding Coordinator** for approval. A local agency that sells breast pumps to WIC participants must treat the receipts as an "applicable credit" against expenditures for program costs. As applicable credits, these receipts must be used to offset or reduce charges made to the Federal grant for such cost. Applicable credits against expenditures for program costs are discussed in Federal Regulations 2 CFR 225 and 2 CFR 230.

Loaning Breast Pumps and Liability Issues

Manual breast pumps, attachment kits for electric pumps and small electric or battery operated pumps should **not** be reused, due to the possibility of cross-contamination from improper sterilization. The possible liability cost is high when compared to the cost for a one-person use of a manual pump. In addition, the small electric/battery-operated pumps are often not durable enough to be used repeatedly and their cost is minimal.

Since hospital grade electric breast pumps represent a significant investment of WIC resources, loaning them is the only option. However, under this option, local agencies that directly purchase breast pumps for loan to participants may incur the financial liability of lost or damaged breast pumps. These pumps should be loaned in combination with some means to insure against loss or damage, such as:

- a. establishing procedures to ensure that participants fully understand their rights

- and responsibilities when signing liability release forms;
- b. developing an agreement between the program and the participant which stipulates the participant's responsibility to reimburse the program for the value of a lost or damaged pump;
 - c. monitoring through periodic visual inspection, frequent inventory counts and records, and telephone check-ins; or
 - d. limiting pump loans only to special circumstances, e.g., after a minimum duration of breastfeeding or for certain medical conditions; and
 - e. charging a refundable deposit. This deposit must not present a barrier to the participant that would prevent her from being able to borrow the pump. While a lower deposit is encouraged, it must not exceed \$20.00, for a hospital grade pump.

Participants may not be terminated or suspended for unreimbursed loss or damage to loaned pumps. While a financial penalty, if included in the original agreement, could be imposed on a participant for failure to return or damage to a pump, the Georgia WIC Program recommends that this approach not be taken. The resources required to recover the cost of the lost or damaged breast pump could easily exceed the value of the pump itself. Building a relationship of trust with WIC participants may minimize the risk of the participant not fulfilling the obligation to return the pump.

If it provides breast pumps, the Georgia WIC Program may also be liable for injury to a WIC participant resulting from improper breast pump use, even when there is a signed release of liability. This is true whether pumps are given, sold, or loaned. **All participants provided with breast pumps by the Georgia WIC Program must be instructed on safe pump use, including proper cleaning of pump and attachment kits and milk storage guidelines.**

Contracting with a Third Party

Local agencies may contract with a third party, such as a breast pump manufacturer, hospital pharmacy, or private lactation consultant, to loan or provide breast pumps to WIC participants. WIC employees must not be affiliated with the third party with whom they are contracting.

A major advantage to contracting with a third party is that it transfers liability for equipment loss or damage from the Georgia WIC Program to the third party provider, for example, through a loss or damage waiver or insurance fee.

Referrals

A local agency may opt to refer WIC participants to providers who rent breast pumps directly to participants at a fee, such as breast pump manufacturers, hospital pharmacies, and private lactation consultants. This option avoids the liability and financial issues for the program. However, it is likely to pose a financial barrier to WIC participants. In the Georgia WIC Program, this does not meet the requirement for the provision of support to breastfeeding women.

Medicaid Reimbursement

The cost of manual pump purchase and electric pump rentals are generally not covered as a separate benefit under the Medicaid Program. However, in Georgia, the state Medicaid Program

does cover the rental of an electric pump and the price of an attachment kit in some cases. Coverage is based on the mother's Medicaid eligibility and so is limited by the period of time the mother is covered by Medicaid in the postpartum period. In addition, coverage is provided for those cases in which the mother and infant are separated by hospitalization, i.e., premature birth.

The electric breast pump and attachment kit must be obtained by a Medicaid Durable Goods provider. It does not require that the provider give instructions to the client on proper use, maintenance and cleaning of the equipment. In these cases, the local agency staff should provide the necessary information and follow-up to the WIC participant. **This includes instruction on safe pump use, including proper cleaning of pump and attachment kits and milk storage guidelines.**

**STATUS CHANGE FROM PRENATAL TO BREASTFEEDING AND
ASSIGNMENT OF PRIORITY TO BREASTFEEDING MOTHER AND INFANT****I. Status Change from Prenatal (WIC Type “P”) to Breastfeeding (WIC Type “B”) Without a Subsequent Certification:**

When a prenatal participant delivers her infant(s) and initiates breastfeeding, the local agency is encouraged to change the participant’s status from that of **Prenatal (P)** to **Breastfeeding (B)** through an **update** to the system. This should occur as soon as the local agency is made aware of the participant’s change in status. A subsequent certification is **not** required in order to simply change the participant’s status, as long as she is less than six (6) weeks postpartum. **Note:** This action does not exclude the participant from the required subsequent certification, in order to continue on the program past the six weeks postpartum.

Listed below are examples of situations in which the simple status change from Prenatal to Breastfeeding might occur:

- ◆ A woman calls the clinic to state she has delivered her infant and is breastfeeding
- ◆ A parent of a newborn breastfeeding infant comes to the clinic to enroll the infant in the program
- ◆ A local agency does in-hospital certification of infants only
- ◆ A breastfeeding peer counselor notifies the clinic that a participant has delivered her infant and is breastfeeding

Follow the steps listed below to change the status of a prenatal women, prior to her subsequent certification:

- A. Change TYPE from P to B, since subsequent certification may not take place until 6 weeks postpartum.
- B. Change/add the following: DELIVERY DATE, PREGNANCY OUTCOME, and NUMBER OF WEEKS BREASTFED.
- C. Change the following if determined to be appropriate (these are optional changes):
 1. PRIORITY. A breastfeeding woman’s priority can be upgraded if one or more breastfeeding risk factors are identified. The risk factor(s) must be documented in the participant’s health record. (See Attachment BF-8 Section II., “Assignment of Priority to Breastfeeding Dyad,” below.)

FOOD PACKAGE. If the Competent Professional Authority (CPA) determines that a food package change is needed, assign a new food package. Participants who are exclusively breastfeeding (receiving no infant formula through WIC) should be assigned Food Packages W40-W59. If this participant has already picked up the current month’s prenatal vouchers (W01) and is assigned the standard W41 food package, you may print one “A30” voucher for her. This voucher includes the additional foods which are part of the W41 food package. If the woman has been on or assigned other food packages, a 999 voucher(s) must be issued to complete the conversion.

II. Assignment of Priority to Breastfeeding Dyad

When a participant's status is changed from **Prenatal (P)** to **Breastfeeding (B)**, prior to her postpartum certification, it may not be possible to assign the same priority to both mother and infant at this time. Please follow these steps in assigning the priorities:

- A. When a participant's status is changed from **Prenatal (P)** to **Breastfeeding (B)** through a systems update, her priority may be upgraded if there is appropriate documentation. This is optional, however, and she can maintain her Prenatal priority until the subsequent certification.
- B. When a breastfeeding infant is certified for, and enrolled in the Georgia WIC Program prior to its mother being subsequently certified, the infant may be assigned one of the following priorities:
 1. If the infant has a risk factor of its own that would result in it's being a Priority I, the infant **must** be assigned a **Priority I**.
 2. If the infant has only nutritional risk factor 701 (Infant of a WIC Mother or Mother with Nutritional Risk During Pregnancy), assign a **Priority II**. It may be helpful to "flag" the infant's name/record through an internal tracking system (tickler card, computer, voucher register, etc.) to alert staff to the need to re-evaluate the infant's priority at the mother's postpartum certification.
 3. If the infant's mother was assigned a Priority I based on documented postpartum breastfeeding risk factors, assign a **Priority I** to the infant.
- C. When the mother of a breastfeeding infant is certified at a **later time** than the infant, one of the following actions **must** be taken:
 1. If the mother is no longer breastfeeding, she must be assessed as a non-breastfeeding postpartum woman (status is changed from P to N), and she must be assigned the appropriate priority based on the assessment. Her infant retains the priority assigned at its enrollment.
 2. If the mother is still breastfeeding, she must be assessed as a breastfeeding woman (status is changed from P to B). The highest priority of either the mother or her infant(s) **must be** assigned to **both** the mother and her infant(s). This priority and the supportive risk criteria **must** be documented in the health record of **both** the mother and her infant(s).

KEY FOR ENTERING WEEKS BREASTFED

The number of weeks breastfed must be manually entered when completing paper WIC Assessment/Certification Forms and paper Turnaround Documents for:

- ◆ Breastfeeding Women: initial and six-month certification visits
- ◆ Postpartum, non-breastfeeding women: certification visit
- ◆ Infants: initial certification and mid-certification nutrition assessment visits
- ◆ Children: one-year of age certification visit (11 to 24 months of age)

Length of time breastfed **must be entered in weeks (two-digit)**. When the answer to the question "how long have you breastfed this baby/child?" or "how long has this baby/ child been breastfed?" is given in days or months, use the following key to determine appropriate codes:

I. Codes to Enter When Breastfeeding is Given in Days

Convert Days to Weeks		
Fewer than 7 days	=	00 weeks
7 - 13 days	=	01 week
14 - 20 days	=	02 weeks
21 - 27 days	=	03 weeks
28 - 34 days	=	04 weeks
35 - 41 days	=	05 weeks
42 - 48 days	=	06 weeks

Source: Georgia WIC Program ETAD Change Number 08-12b, 2008.

II. Codes to Enter When Breastfeeding is Given in Months

1 month	=	04 weeks
2 months	=	08 weeks
3 months	=	13 weeks
4 Months	=	17 weeks
5 Months	=	22 weeks
6 Months	=	26 weeks
7 Months	=	30 weeks
8 Months	=	35 weeks
9 Months	=	39 weeks
10 Months	=	43 weeks
11 Months	=	48 weeks
12 Months	=	52 weeks
13 Months	=	56 weeks
14 Months	=	61 weeks
15 Months	=	65 weeks
16 Months	=	69 weeks
17 Months	=	74 weeks
18 Months	=	78 weeks
19 Months	=	82 weeks
20 Months	=	87 weeks
21 Months	=	91 weeks

22.5 Months + = 98 weeks or more

Source: Enhanced Pregnancy Nutrition Surveillance System User's Manual. Division of Nutrition, Center for Chronic Disease Prevention & Health Promotion, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Public Health Service. February 2000.

Estimating Formula Needs

Amount of Powder Formula to Issue	Daily Formula Intake	Weekly Formula Intake	Monthly Amount Needed
1 can	3 oz	14 – 20 oz	80 - 90 oz
2 cans	6 oz	27 – 41 oz	116 - 180 oz
3 cans	9 oz	40 – 62 oz	172 - 270 oz
4 cans	12 oz	54 – 83 oz	232 - 360 oz
5 cans	16 oz	68 – 104 oz	292 - 450 oz

One can of powder formula equals approximately 3.5 cans of concentrate. One can of powder formula equals approximately 3 cans of ready to feed.

Maximum Amounts Allowed for Standard Formula – Fully Formula Fed Infant

Age (months)	0-3	4-5	6-11
Powder (12.7 oz)	9	10	7
Concentrate (12.1 oz)	34	37	26
Ready to feed (33.8 oz)	25	27	19

Maximum Amounts Allowed for Standard Formula – Mostly Breastfed Infant

Age (months)	0-1	2-3	4-5	6-11
Powder (12.7 oz)	1	4	5	4
Concentrate (12.1 oz)	3	15	18	13
Ready to feed (33.8 oz)	3	12	14	10

Types of Breast Pump Codes

Type of Breast Pump	Input Code
No tracking required	N
Bailey Nuture III	B
Elite	E
Lactina	L
Pedal	P
Symphony	S
Purely Yours	Y
Other	O

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I. INTRODUCTION

The following information is provided to the districts for incorporation into the District Emergency Plan. In contrast to commodity distribution of food stamps, the Georgia WIC Program is a limited grant supplemental food program that serves a specific population with special nutritional needs. The Georgia WIC Program is not designed or funded to meet the basic nutritional needs of emergency victims who would not otherwise be eligible for the program. Unlike the distribution of commodities or the emergency issuance of food stamps, there is no legislatively mandated role for the Georgia WIC Program in emergency relief, nor is there legislative authority for using the Georgia WIC Program food funds for purposes other than providing allowable food benefits to categorically eligible participants.

No additional WIC funds are designated by law for WIC emergency relief, and WIC must operate in an emergency situation within its current program context and funding. For these reasons, WIC is not to be considered a first responder or first line provider of infant formula or the nutritional needs of emergency victims.

The Georgia WIC Program may briefly suspend WIC operations during some instances and rely entirely on other emergency relief feeding operations (e.g. American Red Cross, Salvation Army, churches, etc.) until it is feasible to operate a direct distribution system or until retail distribution returns to normal conditions.

The Georgia WIC Program staff should participate in Emergency Planning activities and exercises, including floods, tornadoes, hurricanes, etc; prior to a declared emergency if it benefits WIC and it is included in the State/District Emergency Plan(s). However, WIC staff can not perform non-WIC duties prior to an emergency being declared or after the emergency declaration is no longer in effect.

A. Purpose

The Purpose of this Emergency Plan is to:

1. Restore WIC services to current participants as soon as possible.
2. Expand services to the eligible population in emergency affected areas.
3. Respond in a manner consistent with the Georgia Department of Public Health.

B. Scope

These guidelines incorporate the Georgia Department of Public Health, Public Health Emergency Response Plan (PHERP), Georgia Public Health Internal Operating Procedures Volume I, and the Georgia WIC Program Operating Plan. These plans should be followed in the event of an emergency or emergencies that disrupts service delivery at local agency (ies). The actions of local agency WIC staff should be guided by the procedures developed within their respective county public health departments. Private agencies that contract to provide WIC services should follow the emergency plans consistent with those policies that have been developed by their parent agencies. The Georgia WIC Program guidelines will

reflect the purpose, authority, and responsibilities developed by Georgia Department of

Public Health.

The Georgia WIC Program and local agency (ies) must also make an initial and on-going assessment as to the feasibility of distributing ready-to-feed infant formula. The decision to use ready-to-feed infant formula will be made on a day-by-day assessment of the situation and type of emergency.

II. POLICIES

Concept of Operations: Operations will be conducted in three phases that may overlap as outlined in the Georgia Department of Public Health, Public Health Emergency Response Plan (PHERP). **Phase One** is Detection and Investigation. **Phase Two** is Assessment of Magnitude. **Phase Three** is Response to the Emergency. In all three phases, the order of preference for voice communications is landline, radio, and cellular communications. Voice communications may be supplemented by complementary and redundant e-mail, internet, or fax. When none of these are available, satellite communications or amateur radio systems may provide redundancy. Each agency is to provide an accurate and complete accounting of costs associated with the incident.

Phase One begins when a suspected or possible emergency having withstood clinical review is reported to the Director of the Department of Public Health or detected by the public health system in Georgia. The Department of Public Health will contact and/or assist the Health District(s) in determining the nature of the emergency. Phase one is complete when the appropriate state or federal agency either confirms or refutes the emergency. For a natural emergency, Phase One will be complete when a determination is made of health consequences associated with the emergency. The Office of the Director, Department of Public Health, will provide direction for the use of any public health assets involved in any investigation. District Health Directors are responsible for ensuring that the efforts of district and provider resources are managed effectively in the detection and investigation of the possible health emergency.

Phase Two begins with confirmation of the incident. It may begin before identification of the source or agent of the outbreak or incident. County, District and State Public Health with support from health provider organizations and others, will determine the potential scope of the emergency. The assessment will include determining the availability of facilities, staff and equipment. County Health Departments will determine local response status, needs and priorities. District and State Public Health Officials will do likewise for their respective levels. This phase will require close coordination between County, District and State Public Health, health care providers, mental health care providers and other.

Phase Three begins with allocation of additional resources (i.e. personnel, supplemental foods, and other resources). Phase Three will be completed when the emergency is contained and the community begins to return to normal functions as determined by local, District and State officials.

The District Nutrition Services Director or designee serves as the local lead and is responsible for coordinating local WIC responses to an emergency.

Specific decisions concerning the Georgia WIC Program actions during an emergency depends upon the duration and magnitude of the emergency, and upon specific directions from the Chief of the Office of Nutrition and WIC. The focus of the Georgia WIC Program activity is to support local agency service delivery. These guidelines primarily reflect the Georgia WIC Program responsibilities in the event of disruption of services in one local agency. In the event of an emergency at the State agency, the Georgia WIC Program personnel will follow the rules developed by the State Health Director. In the event of an emergency or emergency involving both local and State agencies, the initial focus of the Georgia WIC Program will be to estimate the impact and determine the measures needed to support the restoration of services by the local agency. The State and local agencies will develop provisional operational policies following an emergency that respond to the specific needs created by the emergency.

III. ASSESSING IMPACT OF THE EMERGENCY

The extent of damage caused by the emergency or emergencies must be assessed by the local agency. To determine if delivery of services is feasible, the following questions should be answered:

1. What type of assistance does the local agency need?
2. Are the issuance sites operational? How many participants are affected? Can participants reach food instrument issuance sites?
3. How many grocery stores are closed due to the Emergency? Is retail purchase still feasible?
4. Are electric, water, communication, and/or transportation services disrupted?
5. How long will services be disrupted?
6. How best can the Georgia WIC Program assist with aiding the health district?
7. Has the area been declared a Federal emergency?

IV. CONCEPT OF OPERATION

A. General

The Office of Nutrition and WIC Director and / or designee shall keep an Emergency Plan folder. The Emergency Plan folder provides the current home addresses and telephone numbers for the Georgia WIC Program staff, the Regional Food and Nutrition Services Offices, District/County Public Health Unit Emergency Planning Coordinators, State Health Office Emergency Planning Coordinators, District Nutrition Services Directors, statewide and local chapters of the American Red Cross, U.S. Department of Agriculture Food Distribution Program, and other non-profit and private programs. Home addresses and telephone numbers are confidential and will be used only in an emergency.

B. Organization**Director of the Office of Nutrition and WIC Responsibilities:**

1. Contact the Division of Public Health Emergency Coordinator.
2. Contact the Regional Food and Nutrition Services Office.
3. If needed, contact the formula manufacturers to secure ready to feed (RTF) formula with nipples and bottles.
 - a. Follow through on receipt and delivery of formula
 - b. Visit area to make on-site assessment of support staff, etc.

State Level Responsibilities

Various Office of Nutrition and WIC staff members have responsibilities in the Georgia WIC Program Emergency Plan. The overall responsibilities for implementation and reporting on WIC's response to the emergency lies with the Chief of the Office of Nutrition and WIC. The Chief of the Office of Nutrition and WIC will use a telephone tree to notify staff of the emergency and provide instructions for responding to the emergency. The telephone tree is as follows:

1. **Director** of the Office of Nutrition and WIC calls all Unit Directors, WIC Legal Officer(s), Executive Secretary, and Breastfeeding Coordinator.
2. Each Unit Director and Executive Secretary calls each of their subordinate staff.

WIC Unit managers and consultants will be responsible for coordinating staff and analyzing the emergency as follows:

The Systems Information Unit Manager (in conjunction with local District Nutrition Services Directors) will be responsible for ensuring that infant formula contracts contain a clause addressing alternative measures for acquisition and distribution of infant formula in the case of an emergency, coordinating mass shipment of supplies, storage, and coordinating the issuance of food vouchers to participants, including remote printing, equipment issues and emergency procurement of vouchers.

The Financial Unit Manager will be responsible for tracking and reconciling emergency related costs.

The Compliance Analysis Unit Manager will be responsible for documenting the use of the vouchers, ensuring that inventories are used appropriately, and ensuring that manual vouchers are available.

The Vendor Management Unit Manager will be responsible for informing local agency (ies) of authorized WIC vendors open for business.

The Nutrition Services Unit Manager will be responsible for assisting in

certification and food package issuance, nutrition education, and food safety preparation information.

The Breastfeeding Coordinator will be responsible for assisting with breastfeeding education support information.

Staff will be assigned to serve locations according to availability and needs.

State and Local Agencies

The State and local agencies will coordinate efforts to determine the appropriate assignments of staff to assist the local agency in need. Staff may be assigned from within the county, from another county, from another District or from the Office of Nutrition and WIC to meet a specific county's needs during an emergency.

The State and local agencies may be asked to assign staff to designated emergency assistance location(s) (not always a health department facility) in order to provide WIC services more expediently.

When an emergency causes State or local agency offices to be closed, staff should contact one of their supervisors as soon as possible to report their situation and availability for duty. If none of the local agency's immediate supervisors can be reached, local agency staff can call the Georgia WIC Program at 1-800-228-9173 to report their status and phone number where they can be reached. **Attachment EP-1** is a form designed to collect data for this purpose.

Staff Documentation Requirements:

1. Any office that has staff working on emergency activities must maintain a Staff Availability Form (**see Attachment EP-1**), Employee Personnel Time Tracking Form (**see Attachment EP-2**), and a current Communication Log (**see Attachment EP-3**). One log per office should be maintained per pay period and kept on file.
2. The Staff Availability Form (**see Attachment EP-1**) must show which employees are available for emergency operations and when they were notified.
3. Each employee should maintain and retain an Emergency Personnel Time Tracking Form (**see Attachment EP-2**) to document hours worked during an emergency. If the Federal Emergency Management Agency (FEMA) or other funding sources become available, the Emergency Daily Work Activity Logs will be used to help document hours worked (**see Attachment EP-4**).
4. The Communication Log (**see Attachment EP-3**) should show the communication made with respect to and during the documented emergency.

Contractors

Each entity that has a contract with the Georgia WIC Program must have a Plan of Operation for Emergencies, including H1N1, and submit the plan by April 30 of each year. The plan must contain at least the following:

1. Assurance that notification will be provided to the Georgia WIC Program by contacting the following within 24 hours of an emergency situation occurring:

- Interim State WIC Director, Seema Csukas at 404-657-2872; BB 678-733-3164;and
- Emergency Plan Coordinator, Candace Jones, at 404-657-8754; BB 678-429-4867

The notice must include the reason for the emergency, and confirmation that the plan will be implemented.

2. A contact list with at least two persons listed with name, work phone number, cell or home phone number and work e-mail address included.
3. Assurance that notification will be provided to the Georgia WIC Program of any services that will be delayed due to the emergency situation and the anticipated date or an assurance that those services will resume as soon as practicable.
4. Assurance that notification will be provided to the Georgia WIC Program that the emergency has ended, and that the Emergency plan is no longer in effect.

The status of emergency plans with contractors is listed below:

1. Fulton-DeKalb Hospital Authority (Grady): plan submitted and on file
2. Southside Medical Center: plan submitted and on file
3. CSC: plan submitted and on file
4. Federation of Southern Cooperatives: plan submitted and on file

C. Notification

Lines of communication during an emergency begin with local WIC offices contacting the main local agency office. Local agencies would contact their District Nutrition Services Director, who will contact the District Emergency Coordinator. The Georgia WIC Program Emergency Plan will be implemented following notification from the local District Nutrition Services Director, who has cleared these plans with his or her District Emergency Coordinator. The Georgia WIC Program will contact the State Health Office Emergency Coordinator and

appropriate WIC retail vendors.

V. RESPONSIBILITIES

A. Facilities

During an emergency, it is imperative that the safety of staff and participants be considered. Therefore, it may be necessary to move to another location. In the event of a move, an immediate survey should be taken of all State buildings and offices in the affected area(s) to identify damage or the nature of the incident.

Necessary emergency action should be taken to protect the Georgia WIC Program property where State buildings or offices have been damaged. This may include, but is not limited to, moving contents and equipment files, acquiring security services, securing buildings, or any other necessary activities.

The records and invoices of any damage to facilities, equipment, supplies, repair or replacement should identify the site location address and identification numbers of the item(s) to assist in filing insurance claims. This information must be reported to the Georgia WIC Program Financial Unit, within seventy-two (72) hours after the emergency area returns to normal.

The Georgia WIC Program staff must respond to an emergency situation, in cooperation with the State Office of Emergency Preparedness, to assist the local agency to identify buildings, equipment, medical services, general supplies, and any other resources required to continue service delivery. Portable weighing and measuring equipment may be critical in an emergency situation. This will include assisting in finding potential locations for direct distribution of infant formula and food that are most accessible to participants. Whenever possible, the Georgia WIC Program will coordinate communications and services with other state program offices, such as Maternal and Child Health, TANF, SNAP, and Emergency Assistance Centers.

B. Issuance

During periods of an emergency, every effort will be made to continue issuance of food vouchers to participants. When adverse circumstances persist, such as the lack of available facilities, records or food instrument supplies, the Georgia WIC Program will coordinate efforts with the local agency to ensure that a minimum supply of food or food vouchers are available for participants if such action is necessary. Staff must maintain and update the number of infants on special formula at all times. Securing formula for WIC infants affected by the emergency is the top priority of any the Georgia WIC Program emergency relief plan. Ready-to-feed formula may be necessary if the area's water supply is contaminated and/or electrical power is disrupted. State government and local agencies will collaborate daily (or as needed) to determine the most appropriate food distribution method. In the event that ready-to-feed infant formula is required, efforts will be made to order appropriate amounts (along with disposable nipples and bottles). As soon as the emergency area returns to normal or if another agency accepts responsibility for formula (e.g., American Red Cross), distribution of ready-to-feed formula will be discontinued. Adult and child participants will be directed to emergency food centers in the event that direct distribution is

necessary.

1. Retail Vendors (Grocery Stores): The State and local agency will share information to establish and maintain a list of retail grocery stores that remain in operation following the emergency. The State and local agency will notify participants of available stores in their vicinity, hours of operation and a detailed listing of available WIC approved foods.
2. Direct Distribution: If retail purchase is not viable, then direct distribution measures will be considered. The local agency, state staff, and emergency coordinator will determine that retail purchase is not viable when a significant number of clients are unable to purchase WIC approved foods. This could be due to the closure of many retail stores, the inability of many clients to get to a retail store, or disruption of the supply of food to stores.

State and local agencies will coordinate efforts to contact the Red Cross and other relief agencies to arrange for methods of food distribution to current participants and to newly eligible participants. The Georgia WIC Program will arrange for the supply and distribution of food items and/or food vouchers to the local agency in need. For those local agencies in close proximity to the Georgia WIC Program, the State Agency may become directly involved with the distribution. If the District office is closer in proximity, efforts will be made by the Georgia WIC Program to coordinate distribution to the local agency through the District office. When District offices are affected by the emergency, the Georgia WIC Program may elect to take other appropriate measures to supply the local agency with infant formula, other food, e.g., alternate food packages or food vouchers. Ready-to-feed formula will be used if the water supply is contaminated or limited.

All contracts for formula procurement by the Georgia WIC Program will contain a clause addressing alternative measures for acquisition and distribution of infant formula in the case of an emergency.

3. Special Formula/Hospital Based Formula: The Georgia WIC Program and local agency (ies) will estimate the quantity of special formula and hospital based formula needed to sustain services until normal operations are restored. The Georgia WIC Program will then take measures to ensure that affected local agencies have supplies in the types and quantities needed. This may include the Georgia WIC Program contracts with manufacturers, wholesalers, suppliers, retailers, and other local agencies. Procurement, shipment, and local storage of infant formula will be the responsibility of the Georgia WIC Program.
4. Food Vouchers: Local agencies should maintain at all times a minimum back up supply of preprinted and blank manual food vouchers. These manual food vouchers should be secured in such a way that they will be safe and accessible during emergencies. Based on the local agency needs, the Georgia WIC Program will help to sustain the local agency's inventory of food vouchers. Local agency staff must complete an inventory of vouchers, at the end of each day, to account for usage.

5. Food Package: The WIC Competent Professional Authority (CPA) determines the type of food package to be issued consistent with the Food Package Section of the Georgia WIC Program Procedures Manual (see alternative food package section.) Local agencies have the option of converting participants to a special food package (e.g., homeless package) under any of the following circumstances:
 - a. Lack of refrigeration, or
 - b. Lack of food preparation facilities (e.g., living in a shelter, motel, etc.).

C. Certification and Voucher Issuance

1. Depending upon the duration and severity of the emergency, appropriate measures will be taken by the Georgia WIC Program to minimize the disruption of certification services at the local agency.
2. When facilities' medical services, equipment, general supplies and staff are available, the Georgia WIC Program will assist local agencies in maintaining services. When specific facilities, medical services, or staff is needed, the Georgia WIC Program will enact measures to meet those needs through other local agencies or the Georgia WIC Program resources.
3. Special provisions for expedited certifications may be authorized with approval from the Georgia WIC Program.
4. The Georgia WIC Program gives local agencies the right to extend the length of certification of applicants when no proof of residency or identity exists (such as when an applicant or an applicant's parent is a victim of theft, loss, emergency, or emergencies, a homeless individual, or a migrant farm worker). In these cases, the State or local agency must require the applicant to confirm in writing his/her residency or identity.
5. Districts/Clinics should consider requesting an extension of the processing standards for up to 15 days, for pregnant and breastfeeding women and infants.
6. Districts/Clinics should also consider implementing the thirty (30) day extension period for clients due for a recertification that have appointment scheduling difficulties. One month's worth of vouchers must be issued and a new recertification appointment must be provided to the participant.
7. Districts/Clinics should consider mailing one (1) month of vouchers to participants. (Refer to the Food Delivery Section of the Procedures Manual, VII. Mailing/Delivery of WIC Vouchers procedures).

D. Nutrition Education Contacts

Nutrition education may be provided in group or individual settings during certification and voucher issuance while in emergency situations.

Nutrition education during an emergency should address:

1. Food safety
2. Meal planning
3. Food preparation
4. Nutrition needs of the individual
5. Safe water supply
6. General sanitation
7. Relocation shelters for emergency purposes

VI. RESOURCE REQUIREMENTS

The requirements for providing services to the Georgia WIC Program participants during an emergency includes providing: staff, certification equipment, computers, voucher issuance printers, supplies, infant formula, manual vouchers, TADs (pre-numbered and blank), a data set and /or Masterfile list of participants available electronically or hard copy, and transportation. See the information below:

A. Staff Requirements

1. Analyze the needs caused by the emergency as well as to monitor and control the response.
2. Coordinate the Georgia WIC Program staff and nutrition volunteers from around the state.
3. Schedule shifts for volunteers and help to obtain lodging at the emergency site.
4. Schedule and coordinate staff at the local office and the Georgia WIC Program.
5. Coordinate with local agency financial staff, as well as to monitor and track all emergency recovery related costs.

B. Certification Equipment, Computers, Voucher Issuance Printers, and Supplies

1. Plan to procure, borrow or reassign certification equipment, computers, voucher issuance printers and corresponding supplies for alternate location, if needed.
2. Plan to provide an electronic or hard copy of all procedures, forms, and documents that an alternate location may need in order to provide services either electronically or manually.

C. Infant Formula

1. Obtain storage facilities near the affected emergency area for storing an extra supply of infant formula. Obtain manpower to move formula from

trucks to storage to shelter.

2. Plan to procure, ship, store and distribute infant formula and food to emergency areas.
3. Contact distribution personnel (e.g., helicopters, airplanes, over land all terrain trucks).

D. Food Vouchers and TADs

1. Obtain a supply of blank voucher paper stock for the Georgia WIC Program remote printing.
2. Obtain a supply of blank and manual food vouchers for issuance.
3. Print and ship pre-printed food vouchers to the emergency area.
4. Obtain a supply of both blank and pre-numbered TADs specific to the county or clinic.

E. Operational Retail Vendors

1. Local agencies should share information concerning which retail vendors are open or closed with the State office to ensure that up to date retail vendor information is available for participants.
2. The State office should share information concerning which retail vendors are open or closed with Local agencies to ensure that up to date retail vendor information is available for participants.

F. Clinic Data Set and/or Masterfile List

1. If possible, create an electronic data set of all WIC participants for the District /County/clinics that includes the certification status, last date of voucher issuance, and voucher numbers for each participant to be used to continue certifications and voucher issuance.
2. If an electronic data set is not possible, then ensure that the District and each County/clinic has a list of all WIC participants that includes certification status either in electronic or hard copy format. If necessary, pull the Masterfile list. However, understand that the Masterfile list is not an up to date report.
3. If possible, request your front end computer system contactor to generate these electronic data sets, lists, or hard copies for your District/Counties/clinics.

G. Transportation

1. Arrange transportation for volunteer staff.

2. Arrange transportation for local distribution of infant formula.

VII. TYPES OF EMERGENCIES

There are many types of emergencies that may occur in the State of Georgia. **Attachment EP-5** lists the type and probability of their occurrences.

VIII. MANUAL CERTIFICATION WITH VPOD OR MANUAL VOUCHER ISSUANCE

- A. CPA manually completes the appropriate Certification Form (Pregnant, Postpartum, Breastfeeding, Infants and Children). Complete Demographic information, Proof fields and Income Information (see Income Guidelines).
 1. If an applicant does not qualify for WIC, have the applicant sign the Certification Form, and complete the Notice of Termination/Ineligibility/Waiting List form. Copy and date the Proof and place them in the file.
 2. If a participant does qualify for the program, complete the same information above and begin to complete a Turnaround Document (TAD). Use a pre-numbered TAD for new participants and a blank TAD for participants being added to a family using an existing family number. Use the Edits Manual Data Dictionary to reference required fields for each transaction type.
- B. CPA manually completes the nutrition assessment, food package assignment, and nutrition education and record this information on the Certification Form, Nutrition Questionnaire, Nutrition Education Flow Sheet, Growth Chart, and any other documentation forms necessary.
 1. Infant
 - a. Calculate infant's age at first day to use for each food package to be issued (Coordinate CPA Food Package Code (FPC) and food package code (FPC)).
 - b. Confirm correct food package code (FPC) to issue.
 - c. Look up voucher codes and messages for food package.
 2. Women and Children
 - a. Look up voucher codes and messages for food package.
 - b. Watch for special situations – turning 1 year old, turning 2

- years old, postpartum breastfeeding type, 6 months postpartum, and breastfeeding infants.
3. Participants with qualifying conditions on special formulas
 - a. Review that Medical Documentation is complete.
 - b. Look up voucher codes and messages for both halves of food package when applicable.
 - C. Complete the Turnaround Document (TAD). Enter all fields that must be completed for WIC type. Always complete Date Form Completed and Transaction Code.
 - D. Issue VPOD or Manual Vouchers (Refer to Food Delivery Section).
 - E. Issue WIC ID card and WIC Approved Food List.
 - F. Explain Vouchers, Dual Participation, WIC Approved Foods List and location of grocery stores.

IX. NUTRITION EDUCATION, FOOD PACKAGE CHANGE OR OTHER MANUAL CHANGES WITH VPOD OR MANUAL VOUCHER ISSUANCE

- A. Verify that a client is in a valid certification period and last date vouchers were issued using the data set or Masterfile list of participants.
- B. CPA performs assessment and/or provides nutrition education if needed and documents in record.
- C. Assign new food package code (FPC), if needed.
 1. Infant
 - a. Calculate infant's age at first day to use for each food package to be issued (Coordinate CPA Food Package Code (FPC) and food package code (FPC)).
 - b. Confirm correct food package code (FPC) to issue.
 - c. Look up voucher codes and messages for food package.
 2. Women and Children
 - a. Look up voucher codes and messages for food package.
 - b. Watch for special situations – turning 1 year old, turning 2 years old, postpartum breastfeeding type, 6 months postpartum, and breastfeeding infants.

3. Participants with qualifying conditions on special formulas
 - a. Review that Medical Documentation is complete.
 - b. Look up voucher codes and messages for both halves of food package when applicable.
- D. Complete the Turnaround Document (TAD). Enter all fields that must be completed for WIC type. Always complete Date Form Completed and Transaction Code.
- E. Issue VPOD or Manual Vouchers (Refer to Food Delivery Section).
- F. Update WIC ID card and provide WIC Approved Food List, if needed.
- G. Explain Vouchers, Dual Participation, WIC Approved Foods List and location of grocery stores, if needed.

X. VPOD OR MANUAL VOUCHER ISSUANCE ONLY

- A. Ask participant/parent/guardian for WIC ID Card and verify identity of the person picking up the vouchers.
- B. Verify that client is in a valid certification period and last date vouchers were issued using the clinic data set or Master file list of participants.
- C. Review food package to ensure correct package is issued.
 1. Infant
 - a. Calculate infant's age at first day to use for each food package to be issued (Coordinate CPA Food Package Code (FPC) and food package code (FPC)).
 - b. Confirm correct food package code (FPC) to issue.
 - c. Look up voucher codes and messages for food package.
 2. Women and Children
 - a. Look up voucher codes and messages for food package.
 - b. Watch for special situations – Turning 1 year old, turning 2 years old, postpartum breastfeeding type, 6 months postpartum, and breastfeeding infants.
 3. Participants with qualifying conditions on special formulas

- a. Review that Medical Documentation is complete.
 - b. Look up voucher codes and messages for both halves of food package when applicable.
- D. Issue VPOD or Manual Vouchers (Refer to Food Delivery Section, FD-9).
- E. Update WIC ID card and provide WIC Approved Food List, if needed.
- F. Explain Vouchers, Dual Participation, WIC Approved Foods List and location of grocery stores, if needed.

XI. REPLACING LOST VOUCHERS

- A. Policy allows the reissuance of lost vouchers for those participants who live in a declared emergency area.
- B. Process for replacing lost vouchers:
1. Determine if the participant resides in an area that has been designated as an area affected by a Declared Emergency:
 2. Determine which vouchers the participant has lost and need replacement.
 3. Call the CSC Help Desk to determine which lost vouchers have been cashed and processed by the bank.
 - a. Listed below is the information that staff will need to provide to CSC:
 - Voucher numbers
 - Participant ID number
 - Name of participant
 - Clinic, County and District number
 - Name of staff member requesting the information
 - b. Phone number is 1-800-796-1850.
 - c. Hours of operation are from 7:30 am to 5:00 pm, Eastern Standard Time (EST).
 4. After receiving the verification information of lost vouchers that have been cashed or not cashed from the CSC Help Desk, document the voucher information for lost vouchers that have NOT BEEN CASHED on the **Lost/Stolen/Destroyed Voided Voucher Report** (per family/participant). Use as many pages as necessary to document information.

5. Replacement vouchers will only be issued for vouchers that have NOT BEEN CASHED by the participant and document on all voucher receipts, **“Replacement Vouchers-Declared Emergency.”**
6. Make and distribute up to four copies of the Lost/Stolen/Destroyed Voided Voucher Report:
 - a. Place original in the participant’s file.
 - b. Place one copy in the Lost/Stolen/Destroyed Voided Voucher file.
 - c. Send one copy to your district office for their Lost/Stolen/Destroyed file.
 - d. Send one copy to the State WIC Office to the Compliance Unit.
 - e. Send one copy to the clinic that originally issued the vouchers if the participant picked up replacement vouchers at a different clinic.
7. Void all copies of previously issued vouchers that have been replaced vouchers that have NOT BEEN CASHED) in the computer system.

XII. VOUCHER ORDERING, RECEIPT, AND CLOSE-OUT OF ADP CONTRACTOR PRINTED VOUCHERS

A. Ordering ADP Contractor Printed Vouchers

1. In emergency situations when clinics are unable to print vouchers for a period of time, the ADP contractor has the capability of producing vouchers. In cases of emergencies, vouchers can be ordered from the ADP contractor through the Georgia WIC Program.
2. ADP contractor printed vouchers must be ordered through the Georgia WIC Program by contacting the Systems Information Unit Manager and copying the **Director** of the Office of Nutrition and WIC.
3. ADP contractor printed vouchers will be delivered to identified sites by overnight delivery.

B. Receipt of ADP Contractor Printed Vouchers

1. ADP contractor printed vouchers will be delivered to each clinic (or box #1, if there is more than one (1) box) along with a Voucher Cycle Packing List and Voucher Registers.
2. Clinics will compare beginning and ending voucher numbers to those on the Clinic Voucher Cycle Packing List.
3. Any discrepancies must be reported immediately by telephone to the ADP contractor and to a Systems Information Unit staff member of the Georgia WIC Program.
4. The Packing List must be signed and dated to verify receipt. A copy of the signed/dated Packing List must be mailed to the District office within five days of receipt of the vouchers. The original

must be retained by the clinic for one (1) year plus the current Federal fiscal year.

5. The District receives a copy of each detailed Clinic-Packing List for control, and a summary copy showing total vouchers received within the District.
6. All Packing Lists received by the District must be reconciled with the clinic's copy and the District's copy must be signed and dated. Any discrepancies must be reported to the ADP contractor and the Georgia WIC Program immediately. Missing shipments must also be reported to the ADP contractor and the Office of Nutrition and WIC.
7. All vouchers must be stored in a locked cabinet, desk, or closet when not being issued. Voucher Registers and Computer Printed vouchers must be stored and locked in separate locations.
8. ADP contractor printed vouchers are received by the clinic in alphabetical order of the last name of the lead family member within each Sort Code. The lead family member is the one with WIC type P, N, or B or with the lowest Participant ID Number (usually #1).

C. Issuing of ADP Contractor Printed Vouchers

1. Ask participant/parent/guardian for WIC ID Card and verify identity of the person picking up the vouchers.
2. Verify that client is in a valid certification period and status of last vouchers issued using the Masterfile List of participants.
3. Pull participant vouchers and recheck that vouchers are the correct ones for the participant.
4. Locate the participant's name and voucher numbers on the voucher register.
5. Prorate if applicable:
 - a. Fruit and Vegetable Voucher **must** be issued (**Do not include in the proration**) – This voucher code begins with a "P".
 - b. Write or stamp "VOID" on the prorated voucher(s) not issued.
 - c. Circle the corresponding voucher number(s) on the voucher register and write "VOID" near the circled voucher number(s) for the vouchers that were not issued.
 - d. Make a correction on the Voucher Register to reflect the number of vouchers issued for the month based on proration.
6. Have the participant/parent/guardian sign the Voucher Register for each

month of vouchers issued.

7. Staff issuing the vouchers will initial and date the Voucher Register next to the participant/parent/guardian's signature.
8. Document the ID proof code on the left side of the Voucher Register.
9. Update ID Card and provide WIC Approved Food List, if needed.
10. Explain Vouchers, Dual Participation, WIC Approved Foods List and location of grocery stores, if needed.

D. End of Month Close-Out for ADP Contractor Printed Vouchers and Voucher Registers

1. When completing end of month closeout, the clerk must assure that all voucher register entries contain a participant's signature. Entries that are missing the participant's signature must be marked "Failed to Sign", followed by the clerk's initials and date.
2. All vouchers not issued to participants must be voided during the end of the month close out and documented as "Void" on the voucher registers, followed by the clerk's initials and date.
3. All voided vouchers must be stamped "Void" and mailed to the ADP contractor. (These vouchers should not be batched)
Mail all voided vouchers to:

CSC Covansys
1000 Cobb Place Blvd
Building 100, Suite 190
Kennesaw, Georgia 30144

Attn: John Reynolds
4. Voucher registers **should not** be mailed to the ADP contractor and must be retained by the clinic for three years plus the current Federal fiscal year.
5. Close-out must be completed by the fifth working day of the following month.

E. Batching and Processing Manual TADs

1. If a clinic can not enter TAD information into the front end computer system within fifteen (15) days of service, mail paper copies of TADs to the ADP contractor after receiving written approval from the Georgia WIC Program.
2. Count completed paper TADs and separate copies.

3. Complete Batch Control Form (**see Attachment EP-6**) for TAD copies, do not batch TADs with Manual Vouchers.
 4. Mail top copy of TADs with Batch Control Form to:

Covansys/CSC
P O Box 2507
Greenwood, IN 46142
 5. Create a Batch Control module with copies of the TADs and a copy of the Batch Control Form by date for future reference and verification.
 6. When TADs are received in the clinic from the ADP contractor, clerk must verify information against clinic copy of TAD. Correct any errors and resubmit information electronically.
- F. Batching and Processing Manual Vouchers
1. Count completed paper Manual Vouchers (both issued and voided) and separate copies.
 2. Complete Batch Control form for Manual Voucher copies, do not batch Manual Vouchers with TADs.
 3. Mail second copy of Manual Vouchers with Batch Control form to:

Covansys/CSC
P O Box 2507
Greenwood, IN 46142
 4. Create a Batch Control module with copies of the Manual Vouchers and a copy of the Batch Control form by date for future reference and verification.

XIII. TIPS FOR OPERATING A MANUAL SYSTEM

- A. Verify the Manual Voucher beginning number daily to ensure that you start with the correct batch. (Remember that there are now ten sets of vouchers)
- B. Set up cycle vouchers and Manual Vouchers on a long table with labels and large signs (e.g. ,W01-Issue five vouchers per set) in a secure location that is out of reach of clients but easy for staff to use.
- C. Maintain voids and unissued vouchers in numerical order at all times.
- D. Separate voucher copies by using an organizer system to keep in numerical order.

Staff Availability

Date	Time Call Received	District/Unit Clinic	Staff Name	Staff Telephone	Return to Work Date	Return to Work Time	Closure of Issue

Emergency Personnel Time Tracking Form			
Summarize incident related activities:			
Affected district/County(ies):			
Federal Disaster Declaration:			
Name/SSN	Dates	Location Deployed District/Unit/Clinic	Total Hours
Total			
Form completed by:			
Date			

Retain to document future federal disaster relief claims

Communications Log

Date	Time	Name of Communicator	Message	Person Receiving Communication	Action Taken	Lead Person	Closure of Issue

EMERGENCY DAILY WORK ACTIVITY LOG

DATE: ___/___/___

NAME: _____ SSN: _____

DISTRICT: _____ OFFICE: _____

NEW ACTIVITY TIME: ___:___ ^{AM} PM to ___:___ ^{AM} PM BLDG: _____ OTHER: _____

ACTIVITY LOCATION:

Activity
Description:

NEW ACTIVITY TIME: ___:___ ^{AM} PM to ___:___ ^{AM} PM BLDG: _____ OTHER: _____

ACTIVITY LOCATION:

Activity
Description:

NEW ACTIVITY TIME: ___:___ ^{AM} PM to ___:___ ^{AM} PM BLDG: _____ OTHER: _____

ACTIVITY LOCATION:

Activity
Description:

SIGNATURE: _____ DATE: _____

Note: MUST ATTACH TO DISASTER EMPLOYEE LOG.

RETAIN COMPLETED LOG FOR USE IN DOCUMENTING FUTURE FEDERAL CLAIMS

EMERGENCY PROJECTIONS AND PLANNING ASSUMPTIONS

Basic Disaster Plan Hazard Probability			
Georgia is subject to many hazards, which could result in an emergency or disaster. The most current statewide composite hazards analyses follow:			
	Probability of Occurrence		
	High	Moderate	Low
Nuclear Attack			X
Tornado	X		
Flood	X		
Haz Mat Transportation	X		
Winter Storm	X		
Drought	X		
Power Failure			X
Urban Fire		X	
Wild Fire		X	
Transportation Incident (air, rail, sea)			X
Dam Failure			X
Hurricane/Tropical Storms			X
Haz Mat Fixed Facility		X	
Civil Disturbance		X	
Radiological Incident Fixed Facility		X	
Radiological Incident Transportation			X
Earthquake			X
Landslide			X
Subsidence (sink holes)			X
Other Hazards			X
*Repatriation			
*Heat Emergency			
*Airplane crash in a congested area			
*Train derailment in a congested area			
*Terrorist/bomb threat			

*These hazards have not been considered by GEMA.

Source: GEMA GEOP, 1995

GEORGIA WIC PROGRAM		BATCH CONTROL FORM	
		DATE	NUMBER
		/ /	/ /
DISTRICT/UNIT	CLINIC		
INSTRUCTIONS	<p>1. USE THIS FORM AS A COVER SHEET TO FORWARD ALL TADS (CERTIFICATIONS, UPDATES, TRANSFERS AND TERMINATIONS) AND ISSUED/VOIDED MANUAL VOUCHERS.</p> <p>2. DO NOT BATCH TADS WITH MANUAL VOUCHERS</p> <p>3. SUBMIT THIS FORM WITH THE <u>TADS AND ISSUED MANUAL VOUCHERS</u> TO:</p> <p style="padding-left: 40px;">CSC COVANSYS P.O. BOX 2507 GREENWOOD, IN 46142</p> <p>SUBMIT THIS FORM WITH THE <u>VOIDED MANUAL VOUCHERS</u> TO:</p> <p style="padding-left: 40px;">CSC COVANSYS 1000 COBB PLACE BLVD BUILDING 100, SUITE 190 KENNESAW, GEORGIA 30144 ATTN: JOHN REYNOLDS</p> <p>4. RETAIN A COPY OF THIS FORM IN THE CLINIC WITH COPIES OF THE TADS, ISSUED MANUAL VOUCHERS OR VOIDED MANUAL VOUCHERS, CREATING A BATCH CONTROL MODULE.</p>		
CSC COVANSYS INPUT SECTION	TYPE OF DOCUMENT	NUMBER IN BATCH	
	TURNAROUND		
	ISSUED MANUAL VOUCHERS		
	VOIDED MANUAL VOUCHERS		
COMMENTS:			
DATE SENT BY DISTRICT/UNIT		PREPARER'S SIGNATURE	
DATE RECEIVED AT CSC COVANSYS		SIGNATURE	
DATE ENTERED AT CSC COVANSYS		SIGNATURE	



Georgia WIC Program
GLOSSARY

999 - A food package number or voucher code within the range of 900-999 that is created by a WIC District or WIC clinic; also called a "District/Clinic-Created Food Package or Voucher Code."

Above 50% Vendors – Authorized vendors who receive more than 50% of their annual sales revenue from the sale of WIC food instruments.

Acceptable Proof - Documentation reviewed by clinic staff to determine the qualification or disqualification of a WIC participant.

ADIME - An acronym for the steps of providing and charting nutrition care. A (nutrition Assessment), D (nutrition Diagnosis), I (nutrition Intervention), and ME (nutrition Monitoring and Evaluation).

Adjunctive Eligibility - Automatic income eligibility for WIC applicants (**SNAP, TANF, and Medicaid**).

ALJ – Administrative Law Judge.

Administrative and Program Service Costs
Direct and indirect costs, exclusive of food costs, which State and local agencies determine to be necessary to support Program operations.

Administrative Review – A hearing process offered to a vendor to appeal adverse actions taken by the Georgia WIC Program. (See Georgia WIC Program Vendor Handbook.)

Adopted Child - Child who lives with a family that has court-ordered permanent legal custody and legal responsibility.

ADP – Advance Planning Documents.

AEGIS – The State-developed automated clinic computer system.

Affiliates – Any partner, member, owner, officer, director, employee, relative by blood or

marriage, heirs, or assigns. (See Georgia WIC Program Vendor Handbook.)

Affirmative Action Plan - Portion of the State Plan which describes how the Georgia WIC Program will be initiated and expanded within the State's jurisdiction.

Age at Voucher Issuance – An infant's age in months and days (based on calendar months) as of the "First Day To Use" date on each set of vouchers.

Agricultural Occupation - Employment related to the production, growth, and harvesting of commodities grown in or on land, or an adjunct to a part of a commodity grown in or on land.

Allocation of Funds - The allocation of funds based on a methodology that includes an analysis of the district's participation at the beginning of the fiscal year by WIC type, within priority. The projected amount to be spent for the total fiscal year is then calculated and, based on priorities; the Allocation Advisory Committee determines which types will be served. The allocation of administrative funds is based on an average cost per participant and is distributed to the local agencies after state administrative costs have been deducted.

Alphabetic Client Master file - Enrollment report which lists selected participant information for all active participants.

Alternate Parent – The other parent of the child. A spouse and the biological parent can be an alternate parent.

Alternative Food Packages – Additional food package options available for homeless participants, migrants, and disaster situations.

AAP – American Academy of Pediatrics.

And Justice For All Poster - Poster which must be displayed in a conspicuous location in

each WIC Clinic site indicating the WIC non-discriminatory clause.

Annual Training – An annual mandatory participation for all vendors to receive program updates and reminders and verify their receipt and understanding for program updates and reminders. (See Georgia WIC Program **Vendor Handbook**.)

Applicants - Pregnant women, breastfeeding women, postpartum women, infants, and children who are applying to receive WIC benefits. Applicants include individuals who are currently participating in the program but are re-applying because their certification period is about to expire.

Automated Termination Action - The system which automatically terminates a participant when a child reaches his/her fifth birthday, a non-breastfeeding woman at six months, a breastfeeding woman at twelve months from delivery, failure to pickup vouchers for two full consecutive months, transfer out of clinic or district/unit, terminated from waiting list, pregnant woman at EDC + 75 days, or overdue for certification. Participants are automatically terminated 45 days from the certification date.

Automatic Clearing House (ACH) – An electronic funds transfer network which enables participating financial institutions to distribute electronic credit and debit entries to bank accounts and to settle such entries. (See Georgia WIC Program **Vendor Handbook**.)

Automatic Update of Infant to Child - The system automatically updates an infant to a child when the infant reaches his/her first birthday.

Auto Dialer System (IAS) – A system that gives health providers technology tools to remind, schedule and call participants.

BAQ - Basis Allowance for Quarters – Housing allowance for military families living on base.

BASD - Basic Active Service Date for someone in the military.

Batch Control Form - A three-ply form which is completed for each transmitted batch of TADs and sent to the **WIC contractor**. A completed form contains the date the batch was assembled, and a four-digit sequence number assigned to this batch (cannot be duplicated within the same date). The date and the sequence number combined is the Batch Control Number. This number is printed on the computer printed TAD. The person who prepares the batch should sign and date the Batch Control Form upon completion (do not mix TADs and vouchers in a batch). The top copy of the form goes to the ADP contractor. The second and third copies are retained by the clinic. The form is rarely used but must be retained for emergency use.

Blank Manual Vouchers - Vouchers that require manual entry of certain information by the clinic prior to issuance. They are commonly used for issuance at times when clinic is unable to produce VPOD vouchers.

BMI – Body Mass Index.

Break in Enrollment – The period or lapse of time between a valid certification period and the subsequent certification.

Breastfeeding Women - Women up to one year postpartum who are breastfeeding their infants. Federal regulations (7 CFR 246.2) define a woman as breastfeeding if she feeds breastmilk to her infant(s) on average at least once every 24 hours. Re-lactation/induced lactation after a period of not breastfeeding or lactation by a woman who is not the biological mother of the infant also qualifies the woman as a breastfeeding mother for WIC.

BRFSS – Behavior Risk Factor Surveillance System.

Budget - Itemized summary of probable expenditures and income for a given period.

Calendar Year - Period of time between January 1st and December 31st.

Caregiver – The person who looks after an infant or child that they have taken into their household.

Case Worker – An individual certified by the Department of Family and Children Services (DFACS) to act on behalf of a guardian with legal rights given to them by the state.

Cash Income - Applicants/participants who are paid money on site for services rendered.

Cash Value Voucher – A fixed-dollar amount check, voucher electronic benefit transfer (EBT) card or other document which is used by a participant to obtain authorized fruits and vegetables. (See Georgia WIC Program Vendor Handbook.)

Categorical Eligibility - Woman, Infant and Child who meet the definitions of pregnant women, breastfeeding women, postpartum women, infants or children.

Categorical Termination - Child who has reached his/her fifth birthday; postpartum non-breastfeeding woman six months after delivery; postpartum breastfeeding woman twelve months after delivery.

CAU – Compliance Analysis Unit.

CDC – Centers for Disease Control and Prevention

Certification Period – Pregnant Women: for the duration of their pregnancy and for up to six (6) weeks postpartum. There is no extension granted beyond the six (6) week postpartum cutoff. **Breastfeeding Women:** for six (6) months from the date of initial and/or subsequent certification as a postpartum, breastfeeding woman. Eligibility ends when the certification period is over, when the breastfed infant turns one (1) year old or when breastfeeding is discontinued, whichever comes first. **Postpartum, Non-Breastfeeding Women:** for up to six (6)

months from the termination of their pregnancy. **Infants:** certified at age six (6) months or younger: until their first birthday. **Infants:** certified at age greater than six (>6) months: for six (6) months from date of certification. **Children:** for six (6) months from the date of each certification may continue eligibility until they reach their fifth birthday, if assessed at nutritional risk.

CDPHP – Chronic Disease Prevention and Health Promotion Program.

Certification - Implementation of criteria and procedures to assess and document each applicant's eligibility for WIC.

CFO – Chief Financial Officer.

Children - Children who have had their first birthday but have not yet attained their fifth birthday.

Civil Money Penalty (CMP) - May be assessed in lieu of disqualification. The amount of the penalty will be established using a standard formula. CMPs cannot exceed \$10,000 per violation or \$40,000 per investigation.

Civil Rights –The personal rights of the individual citizen to have equal treatment and equal opportunities.

Client Staff Ratio - Clinic staff ratio is used for administrative purposes. It list the number of staff (CPA, administrative staff and RD LD) required for a set number of clients.

Clinic - A facility where WIC business is conducted (Certification and Voucher Issuance)

Closeout Month - Third month (sixty days) after vouchers were issued.

Closeout Reconciliation Report - Report generated at the clinic level to give the final disposition of all VPOD vouchers.

CMIA – Cash Management Improvement ACT.

Coding of Records - Documenting special codes on records for special treatment for applicants/participants.

Collections - Repayment of WIC funds that were fraudulently obtained and must be paid by cashier's check or money order.

Communal Feeding - Group meals or food supplies.

Competent Professional Authority (CPA) - Individual on the staff of the local agency authorized to determine nutritional risk and prescribe supplemental foods. The following persons are the only persons the State agency and local agencies may authorize and train to serve as a competent professional authority: physicians, nutritionists, (Bachelors or Masters Degree in Nutritional Sciences, Community Nutrition, Clinical Nutrition, Dietetics or , Public Health Nutrition), registered dietitians, licensed dietitians, registered nurses, LPNs, and physician assistants (certified by the National Committee on Certification of Physicians Assistants or certified by the State medical certifying authority), or State or local medically trained health officials. This definition also applies to an individual who is not on the staff of the local agency but who is qualified to provide data upon which nutritional risk determinations are made by a CPA on the staff of the local agency.

Computer-Generated Vouchers - These vouchers contain a specific food package, individually tailored for each participant's nutritional needs. These vouchers are produced by the ADP contractor and contain information based on the TAD submitted by the clinic. District/Clinic identification numbers are also printed on the vouchers. Rarely used since the inception of VPOD. Contractor must retain the ability to produce vouchers in case of emergency.

Computer-Printed Voucher Register - Listing of participants who have computer-generated vouchers produced during a cycle. The register provides space for the participant's signature upon distribution of vouchers.

Computing Income - Review documents (e.g., check stubs, IRS forms, etc.) to determine the income eligibility of the WIC participant.

Confidentiality - WIC may provide participant certification information to other Public Assistance providers to determine if the participant is eligible for services. No other information may be provided to any other person or entity without obtaining the participant's permission.

Contract Brand Infant Formula – All infant formula (excluding exempt infant formula) produced by a manufacturer awarded the infant formula cost containment contract by the State agency on a rebate basis.

Corporate Vendor – A WIC authorized vendor that has more than one store with the same FEIN. (See Georgia WIC Program Vendor Handbook.)

Cost Containment Measure - Competitive bidding, rebate or direct distribution implemented by a State agency as described in its approved State Plan of operations and administration.

CSFP - Commodity Supplemental Food Program administered by USDA.

Court Order – Request by a judge or – requesting documents or physical presence of an individual in court.

CSC Covansys – EDP firm contracted by the State Agency to manage all computer requests and data reports.

Covert Compliance Investigation or Compliance Buy: A covert, onsite investigation in which a representative of the

Georgia WIC Program poses as a participant, parent, or caregiver of an infant or child participant, or proxy, to transact one or more food instruments without revealing during the visit that he or she is a WIC representative. (See Georgia WIC Program **Vendor Handbook**.)

CPA FPC – Competent Professional Authority Food Package Code. Umbrella term for the food package code assigned by the CPA; reflects the types and quantities of foods to be issued over a certification period; may represent multiple internal food package codes (e.g., as in the case of infant participants who are assigned one CPA FPC but who are transitioned through multiple internal food packages with varying quantities of formula and supplemental foods from birth through age 11 months without making any change to the CPA FPC).

Cumulative Unmatched Redemption - Redeemed manual vouchers, which have not matched to either an issuance record (Part 1) or with a valid client ID number or valid certification. Local agencies are required to review the redeemed vouchers appearing on the CUR reports. The vouchers must be reconciled with the data processor or a manual reconciliation must be done, depending on how much time has elapsed since the voucher was issued.

CUR Part 1 - Cumulative Unmatched Redemptions which have not been matched to an issuance record.

CUR Part 2 - Cumulative Unmatched Redemptions which have not been matched to a valid certification record or valid WIC ID number.

Customized Training – training which vendors can request to suit their specific training needs. (See Georgia WIC Program **Vendor Handbook**.)

Days – For WIC purposes it means calendar days, unless otherwise noted. (See Georgia WIC Program **Vendor Handbook**.)

Day Worker - Individual who contracts for labor or services on a daily basis.

DCH – Department of Community Health.

Declination Statement Forms - Form used to document refusal to want to register to vote.

Delivery – The act of transferring a product from a seller to its buyer outside the confines of the retail food establishment.

Delivery Date - Date of actual delivery of an infant (or the date the pregnancy ended for a postpartum woman).

Disability - Physically incapacitating or disabling condition which prevents or restricts normal accessibility or activity; included are visual and hearing impaired individuals.

Discrimination - The act of treating someone differently on the basis of that individual's race, religion, ethnicity, national origin, age, physical ability, gender, or sexual orientation.

Disqualification - Act of ending WIC participation of a certified participant, authorized food vendor, or authorized State or local agency, whether as a punitive sanction or for administrative reasons.

Disqualified Vendors – Vendors whose WIC authorization ends as consequence of punitive sanction for violation of WIC regulations and policies or for administrative reasons.

District / Clinic-Created Food Package or Voucher Code – A food package number or voucher code within the range of 900-999; also called a “999” food package or voucher code.

DMA - Division of Medical Assistance.

DOAS – Department of Administrative Services.

Documentation – The presentation of written or electronic documents which substantiate statements made by an applicant or participant or a person applying on behalf of an applicant.

DOD - Department of Defense.

DOL – Department of Labor.

Donations - WIC foods and other food items purchased as a result of the compliance investigations. These items are donated to non-profit organizations within the city(ies) where the purchases are made by the investigator.

DMP – Division of Payment Management.

Dual Participation Report – Report that specifies possible dual participants in alphabetic sequence, which must be investigated by the local agency and submitted to the Georgia WIC Program.

Dual Participation - WIC participants who receive benefits twice in the same clinic or from more than one clinic at the same time.

EBT - Electronic Benefit Transfer.

EDC (Estimated Date of Confinement) - Date of expected delivery for a pregnant woman.

Education Level - Highest level or grade completed, for women participants only.

Enrollee - Client who is active and in a valid certification period, but did not receive vouchers during the reporting month.

Ethnicity of Participant – 1=Yes, Hispanic/Latino, 2=No, Not Hispanic/Latino.

Equipment Inventory - Detailed listing of all computer equipment or property purchased with WIC funds and valued at a minimum of \$1000.00.

EDP – Electronic Data Processing.

ETAD – Electronic Turn Around Document.

EVOC – Electronic verification of certification: An electronic system for documenting the issuance of verification of certification. Produced by computer interface with the GWISnet masterfile. EVOC cards do not require inventories.

Exclusively Breastfed (EBF) – Infant feeding type; an infant who receives no formula from WIC.

Exclusively Breastfeeding (EBF) – Woman feeding method; a breastfeeding woman whose infant receives no formula from WIC.

Exempt Infant Formula - Infant formula designed for infants with medical conditions (e.g., prematurity, low birth weight, metabolic disorders, etc.). Some exempt infant formulas are also classified as medical foods. All exempt infant formulas require medical documentation for issuance by WIC.

Fair Hearings - Procedures which a person or his/her guardian uses to enact the right to appeal a decision or action by the State or local agency which results in the individual's denial of participation, suspension, or termination from WIC.

Family - Group of related or non-related individuals who are living together as one economic unit, except that residents of a homeless facility or an institution shall not all be considered as members of a single family.

Department of Family and Children Services (DFACS) – State government agency responsible for the welfare of children.

Family Size - Total number of individuals in a family unit (whether related or un-related as defined above).

Fiscal Year - WIC operates under the constraints of both the Federal Fiscal Year

(October 1 through September 30) and the State fiscal year (July 1 through June 30).

FMS – Financial Management System.

FNS - Food and Nutrition Service of the United States Department of Agriculture.

Food Delivery System - Method used by State and local agencies to provide supplemental foods to participants.

Food Costs - Costs of supplemental foods.

Food Instrument - Voucher, check, coupon or other document, which is used by a WIC participant to obtain supplemental foods.

Food Package I – Federal food package designation for infants from birth to <6 months of age who do not qualify for Food Package III.

Food Package II – Federal food package designation for infants from 6 months to <12 months of age who do not qualify for Food Package III.

Food Package III – Federal food package designation for medically fragile women, infants, and children with qualifying medical conditions who are prescribed special formulas/medical foods.

Food Package IV – Federal food package designation for children ages one to five years who do not qualify for Food Package III.

Food Package V – Federal food package designation for pregnant and mostly breastfeeding women who do not qualify for Food Package III.

Food Package VI – Federal food package designation for non-breastfeeding postpartum women and women breastfeeding some who do not qualify for Food Package III.

Food Package VII – Federal food package designation for exclusively breastfeeding women (single or multiple infants), women

pregnant with multiple fetuses, and women mostly breastfeeding multiples who do not qualify for Food Package III.

Food Sales – Sales of all SNAP eligible foods intended for home preparation and consumption, including meat, fish, and poultry; bread and cereal products; dairy products; fruits and vegetables. Food items such as condiments and spices, coffee, tea, cocoa, and carbonated and noncarbonated drinks may be included in food sales when offered for sale along with foods in the categories identified above. Food sales do not include sales of any items that cannot be purchased with food stamp benefits, such as hot foods or food that will be eaten in the store. (See Georgia WIC Program **Vendor Handbook**.)

Food Sales Establishment License – A license granted by Georgia Department of Agriculture which permits the retail food vendor to sell food items. (See Georgia WIC Program **Vendor Handbook**.)

Form #1 - Medical Documentation Form for WIC Special Formulas and Approved WIC Foods; form used to provide medical documentation for standard infant formulas requiring medical documentation (e.g., Similac Sensitive), exempt infant formulas and medical foods as well as any WIC supplemental foods issued to clients prescribed such products.

Form #2 - Referral Form and Medical Documentation for Special Food Substitutions; form used to provide medical referral data and/or to authorize special milk substitutions for women and children.

Foster Care - A program that provides temporary substitute homes for children whose families cannot provide a safe and nurturing environment for them.

Foster Child - A child placed by a State agency or a court in the care of someone other than his or her natural parents.

Fraud - Intentional deception.

FReD – Functional Requirement Document for computer changes.

Full Nutritional Benefit – The maximum amounts of allowed WIC supplemental foods.

Fully Formula Fed (FFF) – Infant feeding type; an infant who receives formula from WIC that exceeds the maximum monthly formula allowance for Mostly Breastfed infants; Fully Formula Fed infants can also receive breastmilk. The mother of a FFF infant is classified as either “Fully Formula Feeding / Non-Breastfeeding” (WIC Type N) or as “Some Breastfeeding” (WIC Type B), depending on whether or not the mother is providing any breastmilk.

GAAAP – Georgia Chapter American Academy of Pediatrics.

Georgia WIC Program – Special Supplemental Nutrition Program for Women, Infants and Children (WIC) that operates in Georgia.

GPAN – Georgia Coalition for Physical Activity and Nutrition.

GPHA – Georgia Public Health Association.

GRITS – Georgia Registry of Immunization Transactions and Services.

Grant Award (Formula Grant/Grant Allocation) - Total (food and administrative) dollars allocated to the State for the Federal Fiscal Year based on funding formula.

Guardian - An individual who has been given legal responsibility for a minor child.

GWIS – Georgia WIC Information System. Desktop reporting system containing all of the monthly and quarterly reports produced by the State’s data processing contractor as well as custom client reports.

GWISnet – Georgia WIC Information System-Network.

GUI – Graphic User Interface.

Health Services - Ongoing, routine pediatric and obstetric care (such as infant, children, prenatal and postpartum examinations) or referral for treatment.

Height - Vertical length (depending on the age) of a participant to the nearest eighth inch.

Hematocrit – Hematological measurement used to screen for nutritional risk of anemia.

Hemoglobin - Hematological measurement used to screen for nutritional risk of anemia.

HN2 – Healthnet2. Automated Computer clinic/System used in D/U 10-0.

High-Risk Vendor – A vendor identified as having a high probability of committing a vendor violation through application of the criteria established in § 246.12(j)(3) and any additional criteria established by the State agency. (See Georgia WIC Program **Vendor Handbook**.)

HIPAA – (Health Insurance Portability and Accountability Act) Protects the privacy of individually identifiable health information, and the confidentiality provisions of the Patient Safety Act, which protects identifiable information being used to analyze patient safety events and improve patient safety.

HMO – Health Maintenance Organization.

Home Visit Certification – Certifications conducted in the applicant/participant’s home.

Homeless Individual - Woman, infant or child who lacks a fixed and regular night time residence; or whose primary night time residence is: a supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designated to provide temporary living accommodation; an institution

that provides a temporary residence for individuals intended to be institutionalized; a temporary accommodation in the residence of another individual; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Homeless Facility - Supervised publicly or privately operated shelter (including a welfare hotel or congregate shelter) designed to provide temporary living accommodations; a facility that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or normally used as, a regular sleeping accommodation for human beings.

Hospital Certification - Reviewing hospital documentation for eligibility of applicants/participants for receipt of WIC services and benefits.

Hotline – A phone line designated for WIC applicants/participants to request WIC services or to place a complaint or discuss discriminatory matters.

How to File a Complaint Flyer – A flyer given to the applicants and participants at the service delivery point that advises them of their rights to file a complaint, how to file a complaint, and the complaint procedures.

ICD-9 / ICD-10 Codes – Medical diagnostic coding system from the *International Classification of Diseases, 9th Revision / 10th Revision*.

ICIV – Internet Check Image Viewer.

Identification - Valid picture ID or other valid ID such as Driver’s License, Birth Certificate, Immunization record, etc.

ILSI – International Life Science Institute.

Immigrant – A person who leaves one country to settle permanently in another.

Immunization - Vaccines that are given to children to help them develop antibodies as protection against specific infections.

Inadequate Participant Access - Condition that exists when the nearest authorized WIC vendor is ten (10) miles or more away from another authorized WIC vendor.

Incident/Complaint Form – A Form used to document complaints/incidents from participants, vendors, USDA, etc.

Income - Gross cash income before deductions for income taxes, employee’s social security taxes, insurance premiums, bonds, etc.

Income Exclusion - Income or benefits received that are not counted as income.

Income Inclusion - Monetary compensation for services including wages, salary, commissions or fees that are counted as income.

Income Tax Form - Legal statement of earnings and deductions as prescribed by the IRS Tax Codes.

Ineligible – Not eligible or disqualified for the Georgia WIC Program benefits on the basis of residency, category, income or nutritional risk

Infant – Participants from birth to less than 12 months of age.

Infant Feeding Type – Georgia WIC Program designation for the infant feeding method: Exclusively Breastfed (EBF), Mostly Breastfed (MBF), and Fully Formula Fed (FFF).

Infant Food Fruit and Vegetables – Jars of baby food fruits and vegetables issued to infant participants.

Infant Meat – Jars of baby food meat issued only to Exclusively Breastfed infant participants.

Infant Formula – A food which purports to be or is represented for special dietary use solely as a food for infants by reason of its simulation of human milk or its suitability as a complete or partial substitute for human milk.

Infant Mid-Certification Nutrition Assessment - Assessment to be completed between five and seven months of age for an infant. The infant’s weight, height, nutritional practices, nutritional risk, and food package needs are evaluated during this assessment. This assessment ensures accessibility to quality health care services.

Initial Contact Date - Date an applicant first visits or calls the WIC clinic and requests WIC benefits.

Institution - Residential facility designed to provide meals and living accommodations for individuals intended to be institutionalized but excludes private residences or homeless facilities.

Institutionalize - Reside in, by choice or otherwise, an established residential facility that provides accommodations and meals.

Internal Food Package Code (Internal FPC)
The system food package codes used within a CPA FPC for the computer system to automatically transition the participant between different food packages based on the infant participant’s age or on the special food package situation (such as a woman exclusively breastfeeding multiple infants).

Interpreter - Someone who converts one spoken language into another.

Interview Script - Provides WIC applicants/participants with general WIC information.

Inventory - Detailed list of all goods and materials on hand.

Inventory Audit – The examination of food invoices or other proofs of purchase to determine whether a vendor has purchased

sufficient quantities of supplemental foods to provide participants the quantities specified on food instruments redeemed by the vendor during a given period of time. (See Georgia WIC Program **Vendor Handbook**.)

Issue Month - Month in which voucher’s “First Day To Use” date appears.

Joint Custody - Child who resides in more than one home as a result of a joint custody situation shall be considered part of the household of the parent who is applying on behalf of the child.

LASP – Local Agency Special Project.

Last Date of Use - The last date on which the food instrument may be used to obtain authorized foods. (See Georgia WIC Program **Vendor Handbook**.)

Late Entry – Missing documentation added to WIC records received from another clinic.

LQA - Living Quarter Allowance for military applicant/participant living off base.

Leave and Earnings Statement (LES) – Military paycheck stub.

Legal Custody - Court ordered custody of a person.

LEP - Limited English Proficient.

Letter of Household Income - Statement attesting to household income by wage earner(s).

Local Agency - A public or private, nonprofit health or human service agency, which provides health services, either directly or through contract.

Logger - Individual whose primary employment is the harvests of trees seasonally; and for such works the person establishes temporary residence.

Mandatory Sanction – Penalty imposed by USDA for certain violations of WIC regulations. (See Georgia WIC Program Vendor Handbook.)

Manual Voucher Inventory Log - Documentation that vouchers are inventoried on a weekly and monthly basis.

MDF – Medical Documentation Form.

MDS – Minimum Data Set.

Medical Care Start Date - Month of pregnancy in which woman began receiving prenatal care.

Medical Diagnosis – Identification of a disease or condition by a scientific evaluation of physical signs, symptoms, history, laboratory test results, and procedures; the translation of data gathered by clinical evaluation into an organized, classified definition of the conditions present; can only be provided by a health care provider with prescriptive authority in the State of Georgia for use by the **Georgia WIC Program**.

Medical Documentation – Medical information provided by a health care provider with prescriptive authority in the State of Georgia; documents the medical need for and authorizes the use of special formulas, medical foods, special milk substitutions, and WIC supplemental foods that are not contraindicated by the participant’s medical condition; can only be signed by physicians, physician assistants, or nurse practitioners.

Medical Food - A WIC-eligible medical food refers to certain enteral products that are specifically formulated to provide nutritional support for individuals with a diagnosed medical condition when the use of conventional foods is precluded, restricted, or inadequate. Such WIC-eligible medical foods may be nutritionally complete or incomplete, but they must serve the purpose of a food, provide a source of calories and one or more nutrients, and be designed for enteral digestion via an oral or tube feeding. All medical foods require medical documentation

for issuance by WIC. Some medical foods are also classified as exempt infant formulas.

Members of Populations - Persons with a common special need who do not necessarily reside in a specific geographic area, such as off-reservation Indians or migrant farm workers and their families.

Memorandum of Agreement - Written operational agreement between the State of Georgia and the Health District or local agency where WIC services are delivered.

MIER (Monthly Income and Expense Report) - An itemized summary of all WIC expenditures reported monthly by each local agency.

Migrant Farm Workers - Individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.

Migrant - Seasonal farm or agricultural worker or family member who travels from place to place for the purpose of work and such work requires the establishment of temporary residence.

Minimum Inventory – Required inventory that all vendors must carry everyday at all times, including, but not limited to, fruits and vegetables, and whole grains. Pharmacies are exempt from keeping minimum inventory. (See Georgia WIC Program Vendor Handbook.)

Minimum Inventory Requirement Waiver - Waiver is granted to reduce the minimum inventory when a WIC vendor has difficulty selling WIC food items.

M&M – (Mitchell and McCormick) – Privately developed automated clinic computer system.

Mostly Breastfed (MBF) – Infant feeding type; an infant who receives formula from WIC that does not exceed the maximum monthly

formula allowance for a Mostly Breastfed infant (up to approximately half the amount of formula issued to a Fully Formula Fed [FFF] infant).

Mostly Breastfeeding (MBF) - Woman feeding method; a breastfeeding woman whose infant receives a Mostly Breastfed food package.

Mother / Baby Dyad – The process of thinking of a mother and her infant as a single unit or pair instead of as two separate individuals for the purposes of assigning food packages and feeding methods. A mother’s food package must be based upon her infant’s or infants’ feeding method(s) and the amount of formula, if any, that the infant(s) receive from WIC.

Motor Voter Act - Act that mandates WIC’s obligation to offer voter registration opportunities to anyone entering a clinic for WIC benefits.

Motor Voter Forms - Form issued to applicants who wish to register to vote.

Native American - Original inhabitants of America; an American Indian.

Netsmart – Privately developed automated clinic computer system used in D/U 03-5.

Natural Disaster – An occurrence in nature causing wide spread destruction (e.g., tornado, flood, hurricane, etc.)

No Proof Form - Form used when an applicant for WIC cannot provide documented proof of identification, residence or income.

Non-Breastfeeding - Postpartum woman who is not breastfeeding an infant.

Non-Contract Brand Infant Formula – All infant formula (including exempt infant formula) that is not covered by an infant formula cost containment contract awarded by the State agency and is not subject to rebates.

Non-Corporate Vendor – A WIC authorized vendor that has only one store or a vendor with more than one store, each with a different FEIN. (See Georgia WIC Program Vendor Handbook.)

Non-Participation – Participant in a valid certification period who did not pick up (manual or computer) vouchers is counted as a non-participant.

Non-Discrimination Statement – A statement used to ensure compliance with the law not to discriminate on the basis of race, color, national origin, sex, age or disability.

Non-English Speaking - Individual whose primary language is not English or who speaks little English.

Nonprofit Agency - Private agency which is exempt from income tax under the Internal Revenue Code of 1954, as amended.

Non-WIC Inventory – Food items that are not a part of the WIC minimum inventory or the WIC Approved Foods List. (See Georgia WIC Program Vendor Handbook.)

NPM – National Performance Measure.

NSA – Nutrition Services and Administration.

NSU - Nutrition Services Unit.

NTD – Neural Tube Defect.

NTIWL - Notice of Termination/Ineligibility/Waiting List

Numeric Client Master file - Enrollment report, which lists all active participants by WIC ID number and by clinic within a District. This report is a cross reference for the Alphabetic Client Master file.

Nutrition Assessment - A systematic process of obtaining, verifying, and interpreting data in order to make decisions.

Nutrition Care Process - A systematic approach to providing high quality nutrition care.

Nutrition Diagnosis - nutrition problem the dietitian is responsible to treat.

Nutrition Education - Individual or group education sessions which include the provision of information and educational materials designed to improve health status, achieve positive change in nutritional habits, and emphasize relationships between nutrition and health.

Nutrition Intervention - Actions designed with the intent of changing a nutrition-related behavior, risk factor, environmental condition, or aspect of health status.

Nutrition Monitoring and Evaluation - Comparison of current findings with previous status, goals, and/or reference standards.

Nutritional Risk - Detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements; other documented nutritionally related medical conditions; nutritional deficiencies that impair or endanger health; or conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions.

Offense or Violation – A vendor’s act against WIC rules, regulations, policies or procedures. (See Georgia WIC Program **Vendor Handbook**.)

OFS – Office of Financial Service.

OIG - Office of the Inspector General.

Overseas WIC Program - Program similar to the USDA-operated program that qualifies military persons, their dependents and government civilians for WIC benefits overseas.

Overt Monitoring or Routine Monitoring – Overt, onsite monitoring during which WIC representatives identify themselves to vendor personnel. (See Georgia WIC Program **Vendor Handbook**.)

Parent – The mother or father of an infant or child.

Participant - Person who has been issued at least one voucher during the reporting period.

Participation - Sum of the number of persons who have received supplemental foods or food instruments during the reporting period and the number of infants breastfed by participant breastfeeding women (and receiving no supplemental foods or food instruments) during the reporting period.

Patient Flow Analysis - Tool to analyze the time ranges for a certification, voucher issuance, appointments and challenges.

Patient Flow Form - Form used to collect data and measure patient flow from entry to exit.

Paid Cash - Applicant/Participant paid in cash for work or services rendered.

Pay Stub - Statement of paid income earned.

PedNSS - Pediatric Nutrition Surveillance System (PedNSS) is a national nutrition surveillance system administered by CDC.

Peer Group – Vendors’ classification assignment based on square footage, the type of store, or other USDA-approved criteria determined by the State agency.

Pharmacy Vendor – A WIC authorized vendor that is only allowed to redeem exempt infant formulas and medical foods. No contract formula, standard infant formula requiring medical documentation (e.g., Similac Sensitive), or other standard WIC food sales are allowed for these vendors. (See Georgia WIC Program **Vendor Handbook**.)

Physical Presence - Applicant for WIC services must be present in the clinic to request WIC services unless a valid exemption is documented.

PNNS Data - Pregnancy Nutrition Surveillance System (PNSS) is a national nutrition surveillance system administered by CDC.

P.O. Box - Post Office Box.

Policy – A written document which explains procedures, principles or gives guidance.

PSP – Physician Sponsor Plan.

Post Vendor Training Evaluation - Test pertaining to WIC vendor requirements given to all vendors when attending the initial and annual vendor training.

Postpartum Women - Women up to six months after termination of pregnancy.

Poverty Income Guidelines - Guidelines prescribed by the U. S. Department of Health and Human Services that adjusts the guidelines annually. These Guidelines are effective July 1 of each year for WIC.

PHSO – Public Health State Office.

PRAMS – Pregnancy Risk Assessment and Monitoring System.

Pre-Approval Visit – An on-site visit to a vendor’s retail food establishment to verify location and inventory. **(See Georgia WIC Program Vendor Handbook.)**

Pregnancy Outcome - Results of the just ended pregnancy for the postpartum woman participant.

Pregnant / Prenatal Women - Women determined to have one or more embryos or fetuses in utero regardless of the woman’s age.

Prenatal Weight - Prenatal woman’s weight prior to delivery.

Prescription - Written instruction provided by a physician, physician assistant, or certified nurse practitioner for administration or preparation of medicine, infant formula, or medical food. See also medical documentation.

Prescriptive Authority – Health care provider licensed to write medical prescriptions according to State law. In Georgia, the only health care providers with prescriptive authority and who can sign medical documentation for the purposes of the Georgia WIC Program are doctors (e.g., MD, DO), nurse practitioners (e.g., NP, APRN, CNP, PNP, CPNP, CNNP, etc.) and physician assistants (e.g., PA, PA-C).

Presumptive Eligibility - Individual presumed eligible for Medicaid benefits based upon information presented.

Price Adjustment – An adjustment made by the State agency, in accordance with the vendor agreement, to the purchase price on a food instrument which complies with the State agency’s price limitations. **(See Georgia WIC Program Vendor Handbook.)**

Priority I - Pregnant women, breast-feeding women, and infants at nutritional need determined by measuring height/weight, a blood test and by assessing nutrition status and nutrition related medical history.

Priority II (Breastfeeding women) - Women who do not qualify under priority I but who are breastfeeding Priority I infants.

Priority II (Infants) - Infants up to six months of age born to women who were WIC participants during their pregnancy, or infants born to women who were not WIC participants during their pregnancy but had a nutritional need.

Priority III (Children) - Children (under the age of five [5] years) with a nutritional need.

This need is determined by measuring height/length, weight, a blood test and assessing nutrition status and nutrition related medical history.

Priority III (Postpartum) - Postpartum teenagers who are not breastfeeding and whose delivery date was prior to their being 18 years and 10 months of age.

Priority IV - Pregnant women, breastfeeding women, and infants with a nutritional need because of inappropriate nutrition practices or homeless/migrancy status.

Priority V - Children with a nutritional need because of inappropriate nutrition practices or homeless/ migrancy status.

Priority VI - Postpartum, non-breastfeeding women with a nutritional need or homeless/migrancy status.

Privacy/Privacy Rights – The condition of being secluded from view.

Procedures Manual - Document that lists Federal and State procedures for WIC.

Processing Standards - Period of time between an applicant's requesting WIC services in person or by telephone and the time he/she receives services.

Product Yield - The number of reconstituted fluid ounces of concentrate or powdered formula per container. For example, one 12.6 oz. can of powder Similac Sensitive, when mixed at standard dilution, yields 90 fluid ounces of reconstituted formula.

Proof - Documentation that identifies ID, Residency and income.

Program - Special Supplemental Nutrition Program for Women, Infants and Children (WIC) authorized by section 17 of the Child Nutrition Act of 1966, as amended.

Program Review – Audit of Local Agency.

Prorate - Partial issuance of vouchers. The most common cause for the partial issuance of vouchers is missed appointments for voucher pick up. The number of vouchers withheld depends on the number of days the participant is late picking up their vouchers.

Protective Services – DFACS program that protects the rights of children.

Proxy - Responsible person whom the participant/parent/guardian/caregiver chooses to act on his/her behalf. A participant may designate up to two persons to act as proxies. The proxies must sign the proxy space on the participant's WIC ID card. An authorized proxy may pick up or redeem vouchers and may bring the child in for subsequent certifications, in restricted situations.

Public Comment Period – A time required by federal regulation to offer the general public the opportunity to comment on the Georgia WIC Program.

Purchase Price – A space for the purchase price to be entered. (See Georgia WIC Program **Vendor handbook**.)

Qualifying Medical Condition – Life-threatening disorders, diseases, or medical conditions that impair the ingestion, digestion, absorption, or utilization of nutrients that could adversely affect the client's nutritional status. Examples include – but are not limited to – premature birth, low birth weight, metabolic disorders, gastrointestinal disorders, immune system disorders, failure to thrive (FTT), and malabsorption syndromes.

Racial Group of Participant - 1=White, 2=Black/ African American, 3=Asian, 4=American Indian/ Alaska Native, 5=Native Hawaiian/Other Pacific Islander.

RBB – Results Based Budgeting

RCCI – Residential Child Care Institution.

Ready-To-Feed Formula – An infant formula or medical food that does not require the addition of water prior to consumption.

Reason for Certification - Participant's nutritional need for WIC, based on the medical/nutritional data collected at the time of certification.

Re-authorization Training – A mandatory re-certification training that all vendors participate in every three (3) years. (See Georgia WIC Program **Vendor Handbook**.)

Reconstituted Fluid Ounces – The number of fluid ounces of concentrate or powdered formula after mixing with water.

Redemption - Exchange of WIC vouchers for supplemental foods at participating grocery stores. Only types and amounts authorized foods listed on the face of the voucher may be purchased.

Redemption Period – The date by which the vendor must submit the food instrument for redemption. This date must be no more than 60 days from the first date on which the food instrument may be used. (See Georgia WIC Program **Vendor Handbook**.)

Refugee - Person who flees his or her native country due to persecution or well-founded fear of persecution because of race, religion, nationality, political opinion, or membership.

Release of Information – Legal document that gives staff permission to provide confidential WIC information.

Residency - Determined by using the applicant's documented proof of address.

Residual Funds - Funds available for allocation to State agencies after every State agency has received stability funding.

Return Voucher Payment Form - Form #3760 used by Vendor when sending vouchers that have been returned to them

from the bank, to the State WIC Branch for payment.

RFP – Request for Proposal.

RMSS – Random Moment Sample Study.

Sanction – A penalty that is imposed when the Georgia WIC Program rules, regulations, policies or procedure are violated. (See Georgia WIC Program **Vendor Handbook**.)

Seasonal Farmworker - Worker employed in agriculture occupation whose residence is temporary for the purpose of such work.

Secretary - The Secretary of Agriculture.

SFF – Stress free feeding.

SFPD - Supplemental Food Programs Division of the Food and Nutrition Service of the United States Department of Agriculture.

Sign and Signature – A handwritten signature on paper or an electronic signature. (See Georgia WIC Program **Vendor Handbook**.)

SIU – Systems and Information Unit.

SNAP/SNAP Benefits – (formerly Food Stamp Program/Food Stamps) Federal program that supplements the food-purchasing ability of low-income households through the distribution of electronic benefits transferring the funds of which can be used to purchase food for human consumption.

Some Breastfeeding (SBF) - Woman feeding method; a breastfeeding woman whose infant receives a Fully Formula Fed (FFF) food package in addition to breastmilk.

Special Formula – See “Exempt Infant Formula” in Glossary.

Special Population - Individual or a group of individuals with common needs who require

special assistances or services to access and participate in WIC related services.

Special Site Visit - Official District/clinic visit requested by the Georgia WIC Program due to various clinic problems. A District/clinic may be called one day and a site visit may take place the next day due to the severity of the problem identified.

SPM – State Performance Measure.

Spouse – A marriage partner; husband or wife.

Stability Funds - Funds allocated to any State agency for the purpose of maintaining its preceding years' Program operating level.

Staff Signature - Official signature that verifies the income residency, identification and family size are correct as stated by the participant. The Staff signature also verifies/witnesses the participant signature and that the participant has been advised to read (or have read to them) their rights and obligations.

Standard Dilution - Following the regular mixing instructions for the preparation of concentrate or powdered formula (i.e., not adding more or less water than the standard mixing instructions). For example, the standard dilution of concentrate formula is to mix 13 ounces of water with 13 ounces of concentrate formula (i.e., one can of concentrate formula) to produce 26 ounces of reconstituted formula containing 20 calories/ounce.

State - Any of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Northern Marianas Islands and the Trust Territory of the Pacific Islands.

State Agency - The health department or comparable agency of each State. In this instance, the Georgia WIC Program. (See Georgia WIC Program **Vendor Handbook**.)

State-Created Food Package or Voucher Code – A three-digit food package number or voucher code. State-created food package numbers and voucher codes can begin with either a letter (e.g., A-Z) or be within the numerical range of 000-999.

Stimulus Check – Money issued by the government to revitalize the economy.

State Plan - Plan of WIC operations and administration that describes the manner in which the State agency intends to implement and operate all aspects of WIC administration within its jurisdiction.

Supplemental Foods – WIC foods that promote health as indicated by relevant nutritional science, public health concerns, and cultural eating patterns containing nutrients determined to be beneficial for pregnant, breastfeeding, and postpartum women, infants, and children.

TANF - Temporary Assistance for Needy Families Program.

TCOYH – Take Charge of Your Health.

Temporary Accommodation - Public or private shelter or the residence of another person used for temporary living and sleeping accommodations.

Temporary Relocation - Establishment of a temporary residence for individuals whose primary place of residence is lost as the result of disaster, or other privation.

Termination – Discontinuance of vendor participation in the Georgia WIC Program. (See Georgia WIC Program **Vendor Handbook**.)

Thirty (30) Day Issuance - Issuance of vouchers to participants for thirty (30) days until documentation is received.

Transfers – Act of moving a WIC participant currently receiving WIC services to another WIC location.

Turnaround Documents (TADs), Blank - TAD which only has the Clinic Code field preprinted on it. This TAD is used for enrolling any additional family members into the computer system through the use of either an Initial Certification, Waiting List, or Out of State Transfer input transaction. TAD may also be used to complete an in-state transfer or any time a Computer Printed TAD is not available.

Turnaround Documents (TADs), Prenumbered - TAD has the clinic code field and the complete WIC ID number field (with participant code 1) preprinted on it. The remainder of the form is blank. This TAD is used for enrolling the first member of a family into the computer system through the use of either an Initial Certification, Waiting List, or Out of State Transfer input transaction. TAD may also be used to complete an in-state transfer or any time a Computer Printed TAD is not available.

Unemployed - Individual who is not currently being paid for labor or services.

Update - Transaction used to change, correct, or update information for a participant already assigned an ID number on the computer system.

USDA - United States Department of Agriculture.

USDHHS - United States Department of Health and Human Services.

VC - Voucher Codes.

VPOD - Vouchers printed on demand/on-site.

VHA - Variable Housing Allowance.

VENA - Value Enhanced Nutritional Assessment.

Vendor - A grocery store that provides WIC approved food items.

Vendor Authorization - The process by which the State agency assesses, selects and enters into agreements with stores that apply or subsequently reapply to be authorized as WIC vendors. (See Georgia WIC Program **Vendor Handbook**.)

Vendor Compliance Investigation - Vendors that have been identified as "High Risk" by the Georgia WIC Program through the use of VIP'S, complaints, or request for investigation forms received from the districts.

Vendor Identification - A number assigned to all authorized vendors. Redemption activity must be identified by the vendor that submitted the food instrument. Each vendor operated by a single business entity must be identified separately. (See Georgia WIC Program **Vendor Handbook**.)

Vendor Materials - List of resources available through the Georgia WIC Program that pertains to vendor management.

Vendor Monitoring - Overt compliance visit that is conducted on site by WIC representatives.

Vendor Number - A unique four-digit number that is used to identify vendors authorized to provide WIC food items. (See Georgia WIC Program **Vendor Handbook**.)

Vendor Overcharge - Intentionally or unintentionally charging the State agency more for authorized supplemental foods than is permitted under the Vendor Agreement. It is not a vendor overcharge when a vendor submits a food instrument for redemption and the State agency makes a price adjustment to the food instrument. (See Georgia WIC Program **Vendor Handbook**.)

Vendor Peer Group System - A classification of authorized vendors into groups based on common characteristics or criteria that affect food process, for the purpose of applying appropriate competitive price criteria to vendors at authorization and

limiting payments for food to competitive levels. (See Georgia WIC Program **Vendor Handbook**.)

Vendor Profile - Summary of information about a vendor designed to show their overall standing within WIC.

Vendor Registry Update - Form used to update information regarding authorized WIC vendors.

Vendors Review Form - Tool used to document a vendor's shelf prices and inventory of WIC approved foods.

Vendor Sanctions - Penalties that are assessed against an authorized WIC vendor for violating WIC policy and/or regulations that may lead to disqualification.

Vendor Stamp - Uniquely numbered instrument that is used by vendors to prepare vouchers for payment.

Vendor Training – The procedures the State agency will use to train vendors in accordance with Federal regulations 246.12(i). (See Georgia WIC Program **Vendor Handbook**.)

Vendor Training Checklist - Form that lists topics which are covered during a training session.

Vendor Training Sign-In Sheet -Form used to document attendance at a training session.

Vendor Violation – Any intentional or unintentional action of a vendor's current owners, officers, managers, agents, or employees (with or without the knowledge of management) that violates the vendor agreement or Federal or State statutes, regulations, policies, or procedures governing WIC. (See Georgia WIC Program **Vendor Handbook**.)

Verbal Order – Temporary medical documentation provided verbally (instead of in writing) from an authorized health care

provider with prescriptive authority in the State of Georgia.

VIPS (Vendor Integrity Profile System) - Computerized database that contains information on all vendors in Georgia.

VMU – Vendor Management Unit.

VOC - Verification of certification confirming that all requirements for WIC participation have been met.

VOC Card - Certification card from a WIC clinic verifying that the named person is a valid WIC participant entitling that individual to transfer certification to another WIC clinic.

Vouchers – Instrument used or issued by clinic staff to WIC participants to acquire food from vendor/ grocery store.

Voided Vouchers - Computer generated and manual vouchers may be voided for a variety of reasons. There are three different categories of voids: Voided Computer Generated Vouchers; Voided but issued manual vouchers; and Voided but Unissued Manual Vouchers.

Vouchers Printed On Demand (VPOD) - Vouchers printed as the participant appears in the clinic.

Voucher Security - Vouchers are negotiable items, which are presented to the bank as a check for cash reimbursement. All vouchers must be securely protected as checks or cash in order to help prevent voucher theft, and deter WIC fraud.

Voucher Number - Serial numbers of the vouchers produced for a participant.

Waiver – A decision to waive a minimum inventory requirement which will replace the vendor's basic WIC inventory requirements. (See Georgia WIC Program **Vendor Handbook**.)

Weight - Total weight in pounds and ounces of a participant.

Weight, Prior to Delivery - Woman's final pregnancy weight immediately prior to delivery.

WIC – The Special Supplemental Nutrition Program for Women, Infants and Children authorized by section 17 of the Child Nutrition Act of 1966, 42 U.S.C. 1786. (See Georgia WIC Program **Vendor Handbook**.)

WIC Approved Foods – Supplemental Foods containing nutrients determined to be beneficial for pregnant, breastfeeding, and postpartum women, infants and children. (See Georgia WIC Program **Vendor Handbook**.)

WIC Caseload - The total number of active participants on the Georgia WIC Program.

WIC-Eligible Medical Foods - Certain enteral products that are specially formulated to provide nutritional support for individuals with a diagnosed medical condition, when the use of conventional foods is precluded, restricted, or inadequate.

WIC Enrollment - The total number of active WIC participants by category (prenatal women, post partum women, breastfeeding women, infants and children)

WIC ID Folder – Is completed and issued to any person who is enrolled in the Georgia WIC Program.

WIC ID Number – Number that uniquely identifies the participant consists of three data elements: A nine-digit family identification number, a one-digit check digit, and a one-digit participant code. All members of a family should be assigned the same family identification number to facilitate voucher distribution.

WIC Participant - A person who has met the income guideline and nutritional risk requirements of the program and issued at least one set of vouchers during the reporting period.

WIC Type - Classifies participants into 5 categories: P=Pregnant Woman (Prenatal), N=Non-breastfeeding postpartum woman, B=Breastfeeding postpartum woman, I=Infant, and C=Child.

YRBS – Youth Risk Behavior Survey.

Zero Income - Applicant/participant who receives no income from any source as defined at 246.7 d(2)(ii).

**Georgia Division of Public Health
 Statewide Standard List
 ABBREVIATIONS, ACRONYMS, AND SYMBOLS**

Abbreviation or Acronym	Definition
(L)	left
(R)	right
/hpf	per high power field
ā	before
A and O	alert and oriented
A and P	auscultation and percussion
aa	of each
AACRN	Advanced AIDS Certified Registered Nurse
AAHIVM	American Academy of HIV medicine
AB	abortion
abd	abdomen
ac	before meals
ACHES	Abdominal pain, chest pain, headache, eye problems, and severe leg pains (early danger signs of oral contraceptive adverse effects)
ACRN	AIDS Certified Registered Nurse
ACTG	AIDS Clinical Trial Group
ADA	American Dietetic Association
ADAP	AIDS Drug Assistance Program
ADC	AIDS Dementia Complex
ADLs	Activities of daily living
AED	automated external defibrillator
AETC	AIDS Education and Training Centers
AF	anteflexed
AFB	acid-fast bacilli
AGCUS	atypical glandular cells of undetermined significance
AGN	Acute glomerulonephritis
AHYD	Adolescent Health and Youth Development
AIDS	acquired immunodeficiency syndrome
AIN	anal intraepithelial neoplasia
AlkPhos	alkaline phosphatase
ALT	alanine aminotransferase
amb	ambulatory
AMBU	air-shields manual breathing unit
amnio	amniocentesis

Abbreviation or Acronym	Definition
amt	amount
ant	anterior
Anti-HBc	Hepatitis B antibodies to the core antigen
Anti-HBs	Hepatitis B antibodies to the surface antigen
Anti-HCV	Hepatitis C Virus Antibodies
AP	ante partum
appt	appointment
APRN	Advanced Practice Registered Nurse
ARC	AIDS-Related complex
ART	antiretroviral therapy
ARV	antiretroviral
ASAP	as soon as possible
ASCUS	atypical squamous cells of undetermined significance
ASQ	Ages and Stages Questionnaire
AST (formally SGOT)	aspartate aminotransferase
AV	anteverted
AV nicking	arteriovenous nicking (or arterial narrowing)
AVN	avascular necrosis
BA	bacillary angiomatosis
bact	bacterial
BAMT	Blood assay for <i>Mycobacterium tuberculosis</i>
BBS	bilateral breath sounds
BBT	basal body temperature
BC	Board Certified
BCA	bichloroacetic acid
BCCP	Breast and Cervical Cancer Program
BCM	body cell mass
BCW	Babies Can't Wait
b-DNA test	branched DNA Assay
BF	breastfeeding
BFC	breastfeeding class
BFR syndrome	body fat redistribution syndrome
bid	twice a day
bilat	bilateral
bili	bilirubin
BM	bowel movement
BMD	bone mineral density
BMI	body mass index
BP	blood pressure

Abbreviation or Acronym	Definition
BRAIDED	benefits, risks, alternatives, inquiries, decision, explanation, documentation
BS	bowel sounds
BS and O	bilateral salpingectomy and oophorectomy
BSE	breast self exam
BTB	break through bleeding
BTL	bilateral tubal ligation
BTM	BreastTest and More
BUM	back-up method
BUN	blood urea nitrogen
BUS	Bartholin's, Urethral, and Skene's Glands
BV	bacterial vaginosis
Bx	biopsy
c	with
C	Celsius
C and S	culture and sensitivity
c/o	complains of
Ca	calcium
CA	carcinoma or cancer
CAD	coronary artery disease
caps	capsules
cath	catheter/catheterization
CBC	complete blood count
CBE	clinical breast exam or Child Birth Educator (when used behind a name)
CBO	Community Based Organization
CC	chief complaint
CCR5	Cell surface molecule, which is needed along with the primary receptor, the CD4 cell, in order to fuse with the membranes of the immune system cells.
CD4 percentage	percentage of T-lymphocytes with the CD4 surface receptor
CD4:CD8 ratio	ratio of CD4 T-lymphocytes to CD8 T-lymphocytes
CD4+ count	CD4+ T-lymphocyte count, CD4+ T-helper/inducer cells.
CD8 count	CD8 T-lymphocyte count, CD8 T-suppressor cells
CDC	Centers for Disease Control and Prevention
CDC-NAH	Centers for Disease Control and Prevention National AIDS Hotline

Abbreviation or Acronym	Definition
cert	certification
CF	Children 1 st
CHD	coronary heart disease
CHF	congestive heart failure
chla	chlamydia
CHO	carbohydrate
chol	cholesterol
cig	cigarette
CIN I, II, or III	cervical intraepithelial neoplasia, grade 1, 2, or 3
circ	circumcision
CIS	carcinoma in situ
CKC	Cold-knife cone/conization
CLD	chronic lung disease
cm	centimeter
CME	continuing medical education
CMO	care management organization
CMT	cervical motion tenderness
CMV	cytomegalovirus
CMS	Children's Medical Services
CNM	Certified nurse midwife
CNS	central nervous system
colpo	colposcopy
cong	congenital
CoNM	county nurse manager
cont	continued
contra(s)	contraindication(s)
COPD	chronic obstructive pulmonary disease
cp	chest pain
CP	Cerebral Palsy
CPD	cephalopelvic disproportion
CPK	creatine phosphokinase
CPR	cardiopulmonary resuscitation
CrCl	creatinine clearance
cryo	cryotherapy
CS	cesarean section
CSF	cerebral spinal fluid
CT scan	computed tomography scan
CTA	clear to auscultation
CTL	Cytotoxic T Lymphocyte; also known as Killer T-cells
CVA	cerebrovascular accident
CVAT	Costovertebral angle tenderness
CVD	cardiovascular disease

Abbreviation or Acronym	Definition
CWSN	Children with Special Needs
cx	cervix
CXR	chest X-ray
D	deltoid
D and C	dilation and curettage
D and E	dilation and evacuation
d/f	dark field
D/T	due to
DASH	Dietary Approaches to Stop Hypertension Meal Plan
DBP	diastolic blood pressure
del	delivery
dept	department
derm	dermatology
DFA	direct fluorescent antibody
DFCS	Division of Family and Children's Services
DHHS	Department of Health and Human Services
disc	discussed
dist	distilled
DJD	degenerative joint disease
dk	dark
dL	deciliter (100mL)
DM	diabetes mellitus
DMAC	Disseminated Mycobacterium Avium Complex
DNA	deoxyribonucleic acid
DNKA	did not keep appointment
DOB	date of birth
DOE	dyspnea on exertion
DOT	directly observed therapy
DRE	digital rectal exam
DSPS	Diagnostic, Screening and Preventive Services
DTR	deep tendon reflexes
DUB	dysfunctional uterine bleeding
DVT	deep vein thrombosis
DX	diagnosis
e.g.	for example
EAB	elective abortion
EBF	exclusively breastfed
EBV	Epstein-Barr virus
EC	emergency center

Abbreviation or Acronym	Definition
ECC	endocervical curettage
ECG	electrocardiogram
ECHO	echocardiogram
ECP	emergency contraceptive pill
EDC	estimated date of confinement
educ	education
EEG	electroencephalography
EENT	ear, eyes, nose, throat
EFW	estimated fetal weight
EGA	estimated gestational age
EIA	enzyme immunosorbent assay
EL	early latent
elec	elective
ELISA	enzyme linked immunosorbent assay
EMS	emergency medical system
enc	encourage
ENT	ear, nose, throat
EOMI	extraocular movements intact
EPA	Environmental Protection Agency
EPI	epidemiology or epidemiologist
epith	epithelial
EPSDT	Early Periodic Screening, Diagnosis and Treatment (Program)
ER	emergency room
ESIP	engineered sharps injury protection
ESR	erythrocyte sedimentation rate
ET	estrogen therapy
ETOH	alcohol
eval	evaluation
ext	external
ext gen	external genitalia
F	fahrenheit
F # P # A # L #	full-term, pre-term, abortions, living
F and C	foam and condoms
FBG	fasting blood glucose
FDA	Food and Drug Administration
Fe	iron
FF	force fluids
FFF	fully formula fed
FH	Family Health
FHT	fetal heart tones
Fis	fusion inhibitors
fl	fluid
fm	family

Abbreviation or Acronym	Definition
FNP	Family Nurse Practitioner
FOB	father of baby
FOBT	fecal occult blood test
FP	family planning
FPC	food package code
FPS	family planning services
FS	food stamps
FSH	follicle stimulating hormone
FT	full term
F/T	full time
FTA	fluorescent treponema antigen (test for syphilis)
FTA-ABS	fluorescent treponemal antibody absorption
FTP	failure to progress
FTT	failure to thrive
F/U	follow-up
FUO	fever of unknown origin
F/V	fruits and vegetables
Fx	fracture
FYI	for your information
G # P # A #	gravidity, parity, abortions
G6-PD	glucose 6 phosphate dehydrogenase
GA	Georgia
GB	gallbladder
GBHC	Georgia Better Health Care
GBS	group B strep
GC	gonorrhea (gonorrhea cocci)
G-CSF	granulocyte-colony stimulating factor
GE	gastroesophageal
GERD	gastroesophageal reflux disease
gest	gestational
GF	grandfather
GFR	glomerular filtration rate
GGT	gamma glutamic transpeptidase
GI	gastrointestinal
glu	glucose
gm	gram
gm/dL	grams per deciliter
GM-CSF	granulocyte macrophage-colony stimulating factor
GNID	gram negative intracellular diplococci
GNRH	gonadotropin releasing hormone
GP	glycoprotein

Abbreviation or Acronym	Definition
GRITS	Georgia Registry of Immunization Transactions and Services
GS	gram stain
GTT	glucose tolerance test
gtt	drop
GU	genitourinary
GYN	gynecology
H and P	history and physical
H. influenza	<i>Haemophilus influenzae</i>
H/A	headache
H ₂ O	water
HAART	highly active antiretroviral therapy
HAD	HIV-associated dementia
HAV	hepatitis A virus
HbA1c	hemoglobin A1c
HBIG	hepatitis B immune globulin
HBP	high blood pressure
HBsAg	hepatitis B surface antigen
HBV	hepatitis B virus
HC	Health Check
HCG	human chorionic gonadotropin
Hct	hematocrit
HCV	hepatitis C virus
HD	health department
HDL	high density lipoproteins
HEENT	head, eyes, ears nose, & throat
Helper T Cells	Lymphocytes bearing the CD4 marker that are responsible for many of the immune responses.
Hg	mercury
Hgb	hemoglobin
HGH	human growth hormone
HGSIL	high grade squamous intra epithelial lesions
HHV-8	human herpesvirus-8
Hi-cal	high calorie
Hi-pro	high protein
HIV	human immunodeficiency virus
HIV-1 RNA	HIV viral load
HIVAN	HIV-associated nephropathy
Hi-vit	high vitamin
HLA	Human Leukocyte Antigen
HMO	health maintenance organization
H/O	History of

Abbreviation or Acronym	Definition
hosp	hospital
HPI	history of present illness
HPTN	HIV Prevention Trials Network
HPV	human papilloma virus
HR	heart rate
hr	hour
HRT	hormone replacement therapy
HRIFU	(High Risk Infant Follow-Up)
HRNE	high risk nutrition education
HRSA	Health Resources and Services Administration (U.S.)
HSV	herpes simplex virus
HSV 1 or 2	Herpes simplex virus 1 or 2
ht	height
HT	hormone therapy
HTLV 1 or 2	Human T Cell Lymphotropic Virus Type 1 or 2
HTN	hypertension
HVTN	HIV Vaccine Trials Network
hx	history
I and D	incision and drainage
I and O	intake and output
IAS	International AIDS Society
IAS-USA	International AIDS Society-U.S.A
IBCLC	International Board Certified Lactation Consultation
ICS	intercostal space
ICTF	Indigent Care Trust Fund
ID	intradermal
IDDM	insulin-dependent diabetes mellitus
IDSA	Infectious Diseases Society of America
IDU	injection drug users
i.e.	that is
IFN-g	Interferon-gamma
Ig	Immunoglobulin
IgA	Immunoglobulin A
IgE	Immunoglobulin E
IgG	Immunoglobulin G
IgM	Immunoglobulin M
IGRA	Interferon-gamma release assay tests
IHD	ischemic heart disease
IHS	Indian Health Service
IL-2	Interleukin 2
IM	intramuscular

Abbreviation or Acronym	Definition
Imm	immunizations
in	inch
IN	intranasal
infl	inflammation
info	information
inst	instruction, instructed
int	internal
intravag	intravaginal
invol	involution
IOP	intraocular pressure
IRB	Institutional Review Board
irreg	irregular
ITP	Idiopathic Immune Thrombocytopenia Purpura
IUD	intrauterine device
IUFD	intrauterine fetal demise
IUFGR	intrauterine fetal growth restriction
IUI	intrauterine insemination
IUP	intrauterine pregnancy
IV	intravenous
IVDA	IV drug abuse
IVIG	intravenous immune globulin
JTPA	Job Training Partnership Act
JVD	jugular vein distention
kg	kilogram
KS	Kaposi's sarcoma
KUB	kidney, ureter, bladder (x-ray)
L	liter
L and D	labor and delivery
LA	left arm
lab	laboratory
lap	laparoscopy
Lat	lateral
LAT	left anterolateral thigh
lax	laxative
lb(s)	pound(s)
LCM	left costal margin
LD	left deltoid
LD	Licensed Dietitian (when used behind a name)
LDL	low-density lipoproteins
LE	lower extremities
LEEP	loop electro-excisional procedure
LF	low fat

Abbreviation or Acronym	Definition
LFA	left forearm
LFT	liver function test
LFTS	liver function test series
LG	left gluteal/gluteus
LGA	large for gestational age
LGM	left upper outer gluteus maximus
LGSIL	low-grade squamous, intra-epithelial lesion
LGV	lymphogranuloma venereum
LH	luteinizing hormone
LL	late latent
LLE	left lower extremity
LLFA	left lower forearm
LLL	left lower lobe
LLQ	left lower quadrant
LLSB	left lower sternal border
LMP	last menstrual period
LNG IUS	a specific type of intrauterine system
LNMP	last normal menstrual period
LOC	level of consciousness
LPN	Licensed Practical Nurse
LR	low risk
LRNE	low risk nutrition education
LPC	lactation peer counselor
LRSB	lower right sternal border
LS	lumbosacral
LSB	left sternal border
LT	left thigh
LTBI	latent TB infection
LUL	left upper lobe
LUQ	left upper quadrant
LUT	left upper thigh
LVH	left ventricular hypertrophy
LVL	left vastus lateralis
LWA	last WIC appointment
M	murmur
m	meter
M. tb	Mycobacterium tuberculosis
M/C	Medicaid
M/S	musculoskeletal
MAC	mycobacterium avium complex
MAI	mycobacterium avium intracellular
MAL	mid-axillary line
mammo	mammogram

Abbreviation or Acronym	Definition
MAP	mean arterial pressure
mcg	microgram
MCL	mid-clavicular line
MCV	Mean corpuscular volume
MD	medical doctor
MDR	Multidrug-resistant
MDR-TB	multidrug-resistant tuberculosis
med	medicine, medication
mEq	milliequivalent
mg	milligram
mg/dL	milligrams per deciliter
MGF	maternal grandfather
MGM	maternal grandmother
MH	mental health
MHC	major histocompatibility complex
MI	myocardial infarction
mid	middle
min	minute
ML	midline
mL	milliliter
MLE	midline episiotomy
mm	millimeter
mm ³	cubic millimeter
mmHg	millimeters of mercury
MMWR	Mortality and Morbidity Weekly Review
mo	month
mod	moderate
MP	menstrual pain
MPC	mucopurulent cervicitis
MRI	magnetic resonance imaging
MRSA	methicillin-resistant <i>Staphylococcus aureus</i>
MSAFP	maternal serum alpha-fetoprotein
MSM	men having sex with men
MTD	amplified Mycobacterium tuberculosis direct test
mthy	monthly
multip	multipara
MVA	motor vehicle accident
MVP	mitral valve prolapse
N and T	nose and throat
N/A	not applicable
N/V	nausea and vomiting
Na	sodium

Abbreviation or Acronym	Definition
NAAT	nucleic acid amplification tests
NAEPP	National Asthma Education and Prevention Program (U.S.)
NB	newborn
NDA	next doctors appointment
NE	not evaluated/not examined
NEFS	nutrition education flowsheet
neg	negative
NET	non emergency transport
NFP	natural family planning
NGU	non-gonococcal urethritis
NHL	Non-Hodgkin's Lymphoma
NHLBI	National Heart, Lung, and Blood Institute
NI	not indicated
NIAID	National Institute of Allergy and Infectious Diseases (U.S.)
NIDDM	non-insulin-dependent diabetes mellitus
NIH	National Institutes of Health (U.S.)
NK Cells	natural killer cells
NKA	no known allergies
NKDA	no known drug allergies
NKFA	no known food allergies
NP	nurse practitioner
NPNC	no prenatal care
NPO	nothing by mouth
NS	normal saline
nsg	nursing
NSR	normal sinus rhythm
NSSP	normal size, shape, position
NSU	non-specific urethritis
NSV	non-specific vaginitis
NSVD	normal, spontaneous, vaginal delivery
NT	non-tender
NUG	necrotizing ulcerative gingivitis
nullip	nullipara
NUP	necrotizing ulcerative periodontitis
nut educ	nutrition education
nutr	nutritionist (when used behind a name)
NWA	next WIC appointment
O/R	oral, rectal
O ₂	oxygen
OB	obstetrics or obstetrical
OB-Gyn	obstetrics and gynecology

Abbreviation or Acronym	Definition
OC	oral contraceptive
occ	occasional
OD	overdose
OGTT	oral glucose tolerance test
OHL	oral hairy leukoplakia
OI	opportunistic infection
oint	ointment
OM	otitis media
OR	operating room
OSHA	Occupational Safety and Health Administration
OTC	over the counter
outpt	outpatient
oz	ounce
P	pulse
\bar{p}	after
PA	physician's assistant
pap	Papanicolaou smear
path	pathology
PBF	partially breastfed
pc	after meals, after food
PCM	Perinatal Case Management
PCP	<i>Pneumocystis jiroveci (carinii)</i> pneumonia
PCR	polymerase chain reaction test
PDR	Physician's Desk Reference
PE	physical examination
PEM/CAID	presumptive eligibility Medicaid
PEP	postexposure prophylaxis
PERRLA	pupils equal, round, react to light & accommodation
pg/mL	picogram per milliliter
PGF	paternal grandfather
PGL	persistent generalized lymphadenopathy
PGM	paternal grandmother
pH	potential of hydrogen (measure of acidity/alkalinity)
PH	public health
PHN	public health nurse
PHP	primary health care provider
PHT	Public Health Technician
PI	present illness
PID	pelvic inflammatory disease

Abbreviation or Acronym	Definition
PIH	pregnancy induced hypertension
pks	packs
PKU	phenylketonuria
pm	afternoon, evening
PMH	past medical history
PML	Progressive multifocal leukoencephalopathy
PMS	premenstrual syndrome
PN	prenatal
PNC	prenatal care
PO	by mouth, orally
POS	problem oriented system
poss	possible
post	posterior
post-op	after operation
POTx	proof of treatment
PP	post partum
PPD	purified protein derivative (antigen used for TB skin test)
PPE	personal protective equipment
PPNG	penicillinase producing <i>Neisseria gonorrhea</i>
pptl	post-partum tubal ligation
PR	per rectum
preg	pregnant
preg prev	pregnancy prevention
prep	preparation
primip	primipara
prn	as often as necessary
prob	probably or probable
PROM	premature rupture of membranes
PRS	Pregnancy Related Services
PSA	prostate specific antigen
psych	psychiatry
PT	prothrombin time
PTL	preterm labor
pt	patient
PTT	partial thromboplastin time
P/U	pick up
PVC	premature ventricular contraction
PWA	person with AIDS
q	every
q2h	every two hours
q3h	every three hours

Abbreviation or Acronym	Definition
q4h	every four hours
QFT	QuantiFERON - a type of blood assay for <i>Mycobacterium tuberculosis</i>
QFT-G	QuantiFERON Gold
qh	every hour
qhs	at bedtime
qid	four times daily
qn	every night or nightly
qns	quantity not sufficient
QPNG	quinolone-resistant <i>Neisseria gonorrhoea</i>
qs	quantity sufficient
R/F	refill
R/O	rule out
R/S	reschedule
R/T	related to
RA	right arm
RAT	right anterolateral thigh
RBC	red blood cells
RCM	right costal margin
RD	Registered Dietitian (when used behind a name)
RD	right deltoid
RDA	recommended daily allowance
rec	recommend or recommended
reck	recheck
ref	referral/refer
reg	regular
rel	related
REM	rapid eye movement
resp	respiration(s)
RF	retroflexed
RG	right gluteal/gluteus
RGM	right upper outer gluteus maximus
Rh	Rhesus blood factor
RIBA	recombinant immunoblot assay
RLFA	right lower forearm
RLL	right lower lobe
RLQ	right lower quadrant
RN	Registered Nurse
RNA	ribonucleic acid
RNC	Registered Nurse Certified
ROI	Release of information
ROM	range of motion
ROS	review of systems

Abbreviation or Acronym	Definition
RPR	rapid plasma reagin
RRR	regular rate and rhythm
RSM	Right from the Start Medicaid
RSR	regular sinus rhythm
RSV	Respiratory syncytial virus
RT	right thigh
RTC	return to clinic
RTF	ready to feed
RTI	reverse transcriptase inhibitors
RT-PCR	reverse transcriptase-polymerase chain reaction
RUQ	right upper quadrant
RUT	right upper thigh
RV	retroverted
RVT	right vastus lateralis
Rx	therapy, treatment
Ryan White CARE Act	Ryan White Comprehensive AIDS Resources Emergency Act
\bar{s}	without
S/P	status post
S/S	signs and symptoms
S=D	size equals date
SA	stomach ache
SAB	spontaneous abortion
SBP	systolic blood pressure
SCJ	squamous columnar junction
SCM	sternocleidomastoid
SCr	serum creatinine
SE	side effects
SEATEC	Southeast AIDS Education and Training Center
sed rate	erythrocyte sedimentation rate
SENDSS	State Electronic Notifiable Disease Surveillance System
SF	sugar free
SGA	small for gestational age
SGOT	serum glutamic oxaloacetic transaminase
SGPT	serum glutamic-pyruvic transaminase
SHAPP	Stroke and Heart Attack Prevention Program
SIDS	sudden infant death syndrome
SIL	squamous intraepithelial lesion
sl	slightly
sm	small

Abbreviation or Acronym	Definition
SMBG	self monitoring blood glucose
SOAP	Subjective, Objective, Assessment, Plan
SOB	shortness of breath
sono	sonogram
sp	species
spec	specimen
SPF	sun protective factor
SST	Social Services Technician
staph	<i>Staphylococcus aureus</i>
STAT	immediate and once only (latin:statim)
STD	sexually transmitted disease
STI	structured treatment interruption
strep	<i>Streptococcus</i>
STS	serological test for syphilis
surg	surgery or surgical
subQ	subcutaneous
SVD	spontaneous vaginal delivery
SVR	sustained virologic response
sx	symptoms
T-cell count	CD4+ T-lymphocyte count
T and A	tonsillectomy and adenoidectomy
TAB	therapeutic abortion
tab	tablet
TAH	total abdominal hysterectomy
TAM	teenage mother
TANF	Temporary Assistance for Needy Families
TB	tuberculosis
TBW	total body weight
TCA	trichloroacetic acid
TD	transdermal
TE	toxoplasmic encephalitis
temp	temperature
TFZ	transformation zone
TG	triglycerides
TIA	transient ischemic attack
tid	three times daily
tl	tubal ligation
TLC	total lymphocyte count
TM	tympanic membrane
TNF-a	Tumor Necrosis Factor - alpha
TNTC	too numerous to count
TOP	termination of pregnancy
TPPA	<i>Treponema pallidum</i> particle

Abbreviation or Acronym	Definition
	agglutination
TPR	temperature, pulse, respiration
Trich	<i>Trichomonas</i>
TSE	testicular self exam
TSH	thyroid stimulating hormone
TST	tuberculin skin test
TU	tuberculin unit
TUPP	Tobacco Use Prevention Program
TVH	total vaginal hysterectomy
tx	treatment
UA	urinalysis
UCG	urine chorionic gonadotropin
ULNS	upper limits of normal size
umb	umbilicus or umbilical
UOQ	upper outer quadrant
URI	upper respiratory infection
US	ultrasound
USPHS	United States Public Health Services
ut	uterus
UTD	up to date
UTI	urinary tract infection
UV	ultraviolet
V and H ₂ O	vinegar and water
VAERS	vaccine adverse event reporting system
vag	vagina or vaginal
VAIN	vaginal intraepithelial neoplasia
VC	voucher code
VCF	vaginal contraceptive film
VD	venereal disease
VDRL	Venereal Disease Research Laboratory flocculation test for syphilis, quantitative
via	by way of
VIN	vulvar intraepithelial neoplasia
VIP	voluntary interruption of pregnancy
Viral Load Test	Test that measures the quantity of HIV RNA in the blood. Results are expressed as the number of copies per millimeter of blood.
Vit	vitamin
VL	viral load
VS	vital signs
vs	versus
VVC	vulvovaginal candidiasis
VZIG	Varicella-zoster immune globulin

Abbreviation or Acronym	Definition
VZV	Varicella Zoster Virus
WBC	white blood cells
w/c	wheelchair
WG	whole grain
WH	women's health
WHMP	Women's Health Medicaid Program
WHNP	Women's Health Nurse Practitioner
WHO	World Health Organization
WIC	Women, Infants and Children
wk	week
WN	well nourished
WNL	Within normal limits
wt	weight
y.o.	year(s) old
yr	year

Symbol	Definition
∅	none
⊖	with no
♀	female
♂	male
↑	increase
↓	decrease
#	number
%	percent
Δ	change
∞	infinity
1°	primary or first degree
2°	secondary or second degree
3°	tertiary or third degree
÷	divided by or division
~	approximately
(-)	negative
(+)	positive
°	degree
=	equals
≠	not equal to
X	times
@	at
√	check or checked

Patient Safety-Error Prone Abbreviations and Dose Expressions

The table below contains a select number of common abbreviations and dose designations used in public health documentation that are associated with being “error prone” according to the Institute of Safe Medication Practices, the National Coordinating Council for Medication Error Reporting and Prevention, and the Joint Commission.

NOTE: These abbreviations and dose designations are not to be used in public health documentation.

Abbreviation	Intended Meaning
AD, AS, AU	right ear, left ear, each ear ▲
cc	cubic centimeter ▲
D/C	discontinue ▲
HS	half strength or hour of sleep ▲
IU	international unit * ▲
QD or qd	every day * ▲
QOD or qod	every other day * ▲
SC or SQ	subcutaneous ▲
TIW	three times a week ▲
U or u	unit * ▲
ug	microgram ▲
Dose Designations	Intended Meaning
Trailing zero after the decimal point (e.g. 1.0)	1 mg * ▲
No leading zero before a decimal dose (e.g. .5mg)	0.5 mg * ▲
Symbols	Intended Meaning
<	less than
≤	less than or equal to
>	greater than
≥	greater than or equal to
&	and

* Included on the Joint Commission’s “minimum list” of dangerous, abbreviations, acronyms, and symbols that must be included on an organization’s “Do Not Use” list, effective January 1, 2004. An updated list of frequently asked questions about this Joint Commission requirement can be found on their website at www.jointcommission.org.

▲ Included on the chart of dangerous abbreviations from the National Coordinating Council for Medication Error Reporting and Prevention www.nccmerp.org/council/council2002-06-11.html. The American Society of Health Care Pharmacists and the FDA endorse the recommendations from this council.

NOTE: Symbols listed on the “Do Not Use” list may only appear on laboratory generated reports and can not be documented in the clinical health record.